

## Minutes of the Quality Assurance Group (QAG) Thursday 9<sup>th</sup> September 2021

<b>Present:</b>	
Dr Liz Dawson	Medical Director of Primary Care
Harriet Ddungu	Deputy Lead Nurse for Infection and prevention Control
Nicola Hoad	Service Development Manager
Rosana Ibrahim	Lead Nurse at CMC
Louise Cole	Practice Manager LRS
Louise Little	Practice Manager NTP
Gautam Bagga	Clinical Lead at CMC
Dorothy Briffa	Clinical Lead GP at Greenhouse
Matthew Burrige	GP and Clinical Lead HE1
Sultan Ahmed	Practice Manager Outreach and People Participation lead for east London
Ella Webster	Quality Assurance Manager
<b>In attendance:</b>	
Marion Savariaud	Executive assistant – Minute taker
<b>Apologies:</b>	
Mohit Venkataram	Executive Commercial Director
Emma Dirken	Lead Nurse Practice Manager HE1 and Greenhouse
Duncan Trathen	Lead GP NTP
Joanne Alder-Pavey	Quality & Compliance lead
Marina Muirhead	Primary Care Director

*Note: The minutes are presented in the order of the Agenda.*

<b>1</b>	<b>Welcome/Introductions/Apologies</b>
1.1	Liz Dawson welcomed everyone. Apologies noted and introductions made. Harriet Ddungu (Deputy Lead Nurse for Infection and Prevention Control) joined the meeting for the first time. She works Trust wide but mainly covers Luton and Bedford.
<b>2</b>	<b>Minutes and actions of previous QAG Meeting</b>
2.1	Minutes agreed as accurate and actions marked as completed.
<b>3</b>	<b>Matters Arising</b>
3.1	<u>Afghanistan Relocation and Assistance Program</u> <ul style="list-style-type: none"> <li>• Liz circulated some information (within papers)</li> <li>• Asylum seekers relocating across the country – reasonable to expect that the Bedfordshire practices will encounter this cohort of people.</li> <li>• Key things to look at for – Different kinds of infections, Polio, childhood immunisation programme is different etc.</li> </ul>

	<ul style="list-style-type: none"> <li>• 6000 Afghans arrived in UK recently and 50% of those are children – huge levels of psychological trauma</li> <li>• Very few people on the list over the age of 50</li> <li>• Lots of multi-agency effort</li> </ul>
<b>4</b>	<b>Safety</b>
4.1	<u>Safety alerts</u> <ul style="list-style-type: none"> <li>• Joanne Sims circulated the paper for everyone’s information</li> <li>• Tend to focus on the medication alerts (Agenda item 7)</li> </ul>
4.2	<u>Quality report</u> <ul style="list-style-type: none"> <li>• Paper was circulated for everyone’s information</li> <li>• Reminder about “celebrating the good stuff”</li> <li>• Datix – few outstanding for Managers to sign-off. Liz asked Managers to try to keep on top of that.</li> <li>• Extranet – important to feedback/report things that are not working</li> <li>• Training compliance is going up – thanks to everyone</li> <li>• Sickness data is increasing at an expected level – people are getting more tired (Need to focus on wellbeing and looking after each other’s)</li> <li>• Risk registers – 15 risks escalated on the LRS register</li> <li>• Low number of complaints – Reminder to record them on Datix, which enable to analyse themes.</li> </ul> <u>Breakaway training</u> <ul style="list-style-type: none"> <li>• Liz confirmed that it is mandatory for primary care staff to do this training.</li> <li>• Managers asked to prepare their teams to undertake this training.</li> </ul>
<b>5</b>	<b>Serious incidents (Sis)</b>
5.1	No SI raised at this meeting.
<b>6</b>	<b>Lessons learned from complaints</b>
6.1	No lessons learned on this occasion
<b>7</b>	<b>CAS Alerts</b>
7.1	Liz went through all the clinical alerts received since the last QAG: <ul style="list-style-type: none"> <li>• Senna rebranded to Sinnosides – concerned about the potential for abuse with stimulant laxatives, now much more regulated by MHRA. The name will change on prescribing system.</li> <li>• Actions for primary care - Inappropriate anticoagulation of patients with a mechanical heart valve - NatPSA/2021/006/NHSPS</li> <li>• Clinical Alert 23: Ligature Risk From Fire/Smoke Alarm Cabling</li> <li>• Clinical Alert No 24: Personal Protective Equipment and Heat: Risk of Heat Stress</li> <li>• Clinical Alert No 25: Manufacturing Issue With FFP3 Mask - Check Batch Numbers</li> <li>• Clinical Alert No 26: Clinell Universal Wipes Recall</li> <li>• Clinical Alert No 27: Medicines Supply Notification: Clexane® (Enoxaparin) Pre-filled Syringes</li> <li>• Clinical Alert No 28: Potent Synthetic Opioids Implicated in Increase in Drug Overdose</li> <li>• Clinical Alert No 29 - Becton Dickinson Blood Specimen Collection Supply Disruption</li> </ul>

	<p>Liz explained she would always assume that all leads have received and read the clinical alerts with a red banner – she asked anyone not receiving them to alert her. These alerts go to everyone having an aligned ELFT email address.</p> <p>Louise Cole at LRS does not receive them.</p> <p><b>Action: Each practice to have a senior Manager with an aligned ELFT email address. Louise Cole to speak to Glenn.</b></p>
7.2	<p><u>Blood test bottles</u></p> <ul style="list-style-type: none"> <li>• National shortage</li> <li>• Asked not to do any routine blood test monitoring</li> <li>• Focus only on urgent blood test</li> </ul> <p>Liz asked each practice how they are managing this:</p> <p>Leighton road surgery (amber rated)</p> <ul style="list-style-type: none"> <li>• 100 bottles kept for really urgent cases</li> <li>• Keeping an eye on which routine bloods will need to be done later on</li> <li>• Diabetics checks are still done but they stood down the ones that can wait</li> <li>• Notified patients, texted everyone and put up alert on the website as well as the front door. Patients taking it well so far.</li> </ul> <p>Cauldwell Medical centre</p> <ul style="list-style-type: none"> <li>• Clinicians to decide which bloods are urgent or not</li> <li>• Issue with patients asking clinicians to mark it as urgent</li> <li>• External pharmacists requesting many blood tests / misunderstanding about what is urgent vs what is not – Gautam raised it at their meeting.</li> <li>• They are still to send a message to their patients (Louise Cole to chase this)</li> <li>• Not doing this in-house / Patients sent to community phlebotomy service</li> </ul> <p>Greenhouse</p> <ul style="list-style-type: none"> <li>• Clinicians are telling the patients that this is a short-term problem and explaining them if their blood test is deemed as urgent or non-urgent.</li> <li>• Asking non-urgent patients to come back in October to collect the form. (This is Dorothy's way of avoiding to have to keep a separate list)</li> <li>• Not doing this in-house / Patients sent to community phlebotomy service</li> </ul> <p>Health E1</p> <ul style="list-style-type: none"> <li>• Good supply already</li> <li>• Sticking to guidance of not doing any routine checks; only urgent or needed to adjust medication.</li> <li>• Worried their patients do not always come in good stead, which will affect their screening later.</li> <li>• Have plenty of spare bottles that will soon expire – Emma asked whether they could send them where they are needed the most.</li> </ul> <p>Outreach</p> <ul style="list-style-type: none"> <li>• Letting clinicians decide what is urgent</li> <li>• Keeping a list of everything non-urgent – they will contact these patients as soon as the shortage is over.</li> </ul>
8	<b>Safeguarding</b>
8.1	No item raised on this occasion.

<b>9</b>	<b>People participation and patient experience</b>
9.1	<p><u>PREM report</u></p> <ul style="list-style-type: none"> <li>• The paper was circulated by Joanne</li> <li>• 471 responses</li> <li>• Louise Cole raised the fact the form cannot be access through older mobile phones and QA is aware.</li> <li>• Bigger theme for the larger practices – Struggling to respond to phone calls or answering quickly but patients generally satisfied after getting through.</li> <li>• GH, HE1 and NTP – good experience with booking apps and with clinicians</li> </ul> <p>Teams are doing an amazing job in difficult circumstances. Liz thanked them.</p>
9.2	<p><u>GP Patient Survey Improvement Plan</u></p> <p>Liz received NTP and HE1. She asked Louise and Emma to talk through their plan in order to help Gautam and Rosana complete theirs.</p> <p>The plans were screen-shared and discussed.</p> <p><b>Action: Gautam and Rosana to submit their plan at October’s QAG</b>  <b>Action: Dorothy to present Greenhouse’s plan at next QAG. Emma to discuss it with Dorothy at next team meeting.</b>  <b>Action: NTP to present their plan at the next DMT.</b></p>
<b>10</b>	<b>QI Update</b>
10.1	<ul style="list-style-type: none"> <li>• Nicola Ballingall and Nicky Durrant to run a 1-day (face-to-face) QI training in December. Plans are being made and people will be sent information asap</li> <li>• Improvement Leaders programme is open to recruiting at the moment</li> <li>• Recently recruited 2 coaches</li> <li>• QI is open to anyone (Admin or clinical)</li> <li>• Leaders encouraged to find ways to help release their teams to attend</li> <li>• QI lunches are continuing to talk about what is working well and not so well.</li> </ul>
<b>11</b>	<b>Clinical effectiveness</b>
11.1	<p><u>Infection Prevention and Control</u></p> <p>Harriet joined the meeting from an infection prevention control point of view. She asked practices about their needs and the sort of input they need from her team:</p> <p><u>Space issue at HE1 (Emma Dirken)</u></p> <ul style="list-style-type: none"> <li>• not having much space, problem with the stock levels and keeping space tidy (Things in boxes with nowhere to put them.</li> <li>• Emma to introduce Marion John to Harriett to discuss the issue.</li> <li>• Don’t have a one-way system or enough rooms for patients</li> </ul> <p><u>CQC readiness (Marina Muirhead)</u></p> <ul style="list-style-type: none"> <li>• Every practice should have an annual statement of compliance with audit and action plan which should be run through at their Clinical Governance meetings. (She only saw that at CMC so far)</li> <li>• Practices should all have a common template</li> </ul> <p><u>Policy on uniforms for Primary Care Directorate (Marina Muirhead)</u></p> <ul style="list-style-type: none"> <li>• Don’t have a policy on uniforms yet (This is IPC domain)</li> <li>• Need to have a policy in place</li> </ul>

	<p><u>Covid-19 control measures (Marina Muirhead)</u></p> <ul style="list-style-type: none"> <li>• Marina visited a few practice – concerned they are not so prudent anymore in terms of IPC and Covid-19. Still adhering to masks but not so much to other measures</li> <li>• Lack of continuous rigour is a risk</li> <li>• Marina to send the National Covid SOP</li> <li>• Important to spot check common templates for people to use for their annual statement</li> <li>• People to get ready – every practice within directorate due CQC inspection within the next six months.</li> </ul> <p><b>Action: Harriet to take all points raised into consideration and to make sure they carry out visits.</b></p> <p><b>Action: Emma to invite Harriet to their Lead Nurse Forum.</b></p> <p><u>Respiratory Management</u></p> <ul style="list-style-type: none"> <li>• Harriet spoke about NHSE and concerned about respiratory management in wintertime.</li> <li>• Asked practices to look into this</li> </ul> <p>Liz concluded this is impossible to make sites “no risks” – This is about making them as low risk as possible.</p> <ul style="list-style-type: none"> <li>• The priority this winter is to stream people who are presenting with respiratory illness to a particular area.</li> <li>• Unlikely to go back to having green and red sites like at the beginning of pandemic</li> <li>• Been a lot of non-Covid harm done during Covid and we need to go back to face-to-face models where possible to prevent that from spiralling further.</li> <li>• LRS position in terms of streaming is fine but CMC, GH and HE1 is terrible and some work need to be done there.</li> </ul>
11.2	<p><u>GP induction template for sign off</u></p> <ul style="list-style-type: none"> <li>• Sent around to all Leads and GPs</li> <li>• Standardised template that needs to be populated by the practice</li> <li>• Ready for CQC (Safe domain)</li> </ul> <p>The template has been signed off.</p>
11.3	<p><u>Primary Care Audit Report Q2</u></p> <p>Ella asked how everyone felt about completing the audit and how they managed. She pointed the fact that the medicine safety audit did not seem to be completed.</p> <ul style="list-style-type: none"> <li>• Emma raised she did not receive the medicine safety audit – who are they sent to?</li> <li>• Confusion about who they are meant to go out to – wrong links were sent in the first email but new email was sent around.</li> <li>• Liz and Emma went through the list – Decided that audits should go out to service managers, Lead GPs and lead Nurses. They then decide who should action.</li> <li>• Liz raised that the Resus Equipment audit isn't on the report</li> </ul> <p><b>Action: Ella to send link to the Resus equipment audit as part of the Q3 audit cycle</b></p> <ul style="list-style-type: none"> <li>• Audits will stay the same for the next cycle. Search should already be up and running on the systems.</li> </ul> <p>Team agreed it worked very well for them and was easy to complete. Only issue has been with them not receiving the correct links and not receiving the Equipment audit.</p>
11.4	<p><u>Primary Care Audit Report Q3</u></p> <ul style="list-style-type: none"> <li>• Next round of audits will start on 18<sup>th</sup> October</li> <li>• Practices will have 6 weeks to complete it</li> </ul>

	<p>Liz queried whether the QA team would be able to pull a report should CQC decides to inspect them in October.</p> <p><b>Action: Ella to check with QA and get back to Liz (Report turnaround in case of CQC inspection)</b></p>
11.5	<p><u>Peer reviews</u></p> <p>Ella asked the practices where they were in terms of peer reviews. HE1 and Outreach completed so far.</p> <p>Does the end of September goal for completion still stands?</p> <ul style="list-style-type: none"> <li>• CMC and LRS struggled in terms of clinical staff, which means peer reviews have not been their priority. This was booked on 3 occasions but had to be cancelled due to service demands. A follow up meeting has been booked with Marina in two weeks.</li> <li>• CMC and LRS are aiming to carry it in October. (Rosana is new to CMC and LRS lead GP is gone)</li> <li>• HE1 and OT inspected each other's – good/beneficial experience but is laborious and time consuming. They are short of staff and added on pressures.</li> <li>• NTP and HE1 not completed due to capacity and demand too. They aim to do it after mid-October.</li> <li>• Dorothy recognised it is worth the investment of time and that this should be on the top of the list as practices should always be ready for CQC.</li> </ul> <p>Ella encouraged the teams to contact them if they need any support.</p>
<b>12</b>	<b>NICE Guidance</b>
12.1	<p>The June NICE guidance has been circulated in the papers and are updated guidelines on:</p> <ul style="list-style-type: none"> <li>• Management of Acne Vulgaris</li> <li>• Shared decision making</li> <li>• Covid-19</li> <li>• Autism Spectrum disorder in under 19s</li> <li>• Patient experience in Adults in NHS</li> <li>• Atrial fibrillation</li> </ul> <p>Liz checked that everyone received this notification via email, as she is still concerned that the information is not always circulated to the right people.</p> <p><b>Emma and Dorothy did not received this email.</b></p> <p><b>Action: Liz and Ella to meet and make sure that everyone is on the appropriate mailing list.</b></p>
<b>13</b>	<b>Clinical policies</b>
13.1	Discussed in next agenda item 14.
<b>14</b>	<b>Policies for sign off</b>
14.1	<ul style="list-style-type: none"> <li>• Digital working policy 1</li> <li>• Covid-19 Infection Prevention and Control Policy 8.0</li> <li>• Fire Safety Policy 12.0</li> <li>• Health and Safety Policy 8.0</li> <li>• Lone Worker Policy 6.2</li> <li>• Manual Handling Policy 2.6</li> <li>• Anaphylaxis Recognition &amp; Treatment policy 1.0</li> <li>• Heatwave plan 4.0</li> <li>• Lower Limb prevention and management guidelines 6.0</li> <li>• Security Policy 6.1</li> <li>• ELFT Safeguarding Adults Supervision Policy 1.0</li> </ul>

	<ul style="list-style-type: none"> <li>• Fridge and Clinical room temperature monitoring for safe storage of Medicine 5.0</li> <li>• Safeguarding allegations policy</li> <li>• Bank Agency staff process chart</li> </ul> <p><b>All those policies have gone through ratification processes and group agreed for them to be signed off.</b></p> <p><u>Alcohol Detox Policy</u></p> <p>Emma added in the papers her Alcohol Detox Policy that has been developed at HE1:</p> <ul style="list-style-type: none"> <li>• One of their service was to provide Alcohol detox for Acorn House, which is a rehab project run by Housing First.</li> <li>• They decided to have a look at their very old protocol for the detox and updated it so it is workable. This policy is only offered for this client group, leaving at Acorn House and having their rehab there.</li> <li>• HE1 and GH do not offer alcohol detox for people in the community or hostels.</li> </ul> <p><b>The policy has been ratified and Liz is happy for it to be signed off.</b></p>
<b>15</b>	<b>Service Clinical Governance meetings</b>
15.1	The minutes have been submitted to Liz for review – Nothing to be discussed at QAG
<b>16</b>	<b>AOB</b>
16.1	No other business.