

**CLINICAL GOVERNANCE COMMITTEE MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
THURSDAY 1ST AUGUST 2019
AT 9:30AM
LOUNGE BAR, GRIMSBY TOWN HALL, GRIMSBY**

PRESENT:	Jan Haxby, Director of Quality & Nursing (Chair) Lydia Golby, Nursing Lead for Quality Philip Bond, Lay Member of Public and Patient Involvement Dr Anne Spalding, Deputy Medical Director of Quality & Caldicott Guardian Julie Wilburn, Designated Nurse for Safeguarding Adults & Children Nic McVeigh, Service Lead: Carers & Communities Julie Wilson, Assistant Director Programme Delivery & Primary Care Zoe Wray, Quality & Experience Team Manager Caroline Reed, Note taker
APOLOGIES:	Dr. Ekta Elston, Medical Director John Berry, Quality Assurance Lead

Item		ACTION
1.	Apologies	
	Apologies were noted as above.	
2.	Declarations of Interest	
	P Bond made a declaration of interest in relation to Item 11 - Quality Surveillance. He stated his interest in the item as the Chair of the practice PPG. The Chair deliberated and, as a decision was not being made, it was determined that it was appropriate for B Bond to remain for the update.	
2.1	Conflict of Interest Training Reminder	
	Members were reminded to complete the statutory online conflict of interest training.	
3.	Notes of Previous Meeting – 16.05.2019	
	The notes of the previous meeting were agreed as an accurate record. B Henry confirmed that he did not attend the last meeting due to concerns regarding membership eligibility. S Czabaniuk has confirmed that Bernard is able to be a member.	
	<i>9:38am – J Wilson joined the meeting.</i>	
4.	Matters Arising from Previous Notes – 16.05.2019	
	The Matters Arising document was noted. The Committee discussed the outstanding actions and any further updates: <i>Item 4 - Matters Arising – 17.01.2019 Terms of Reference (ToR)</i>	

	<p>options. The FFT data for April was at 97% which was a significant improvement. Focused work has been undertaken to improve the results.</p> <ul style="list-style-type: none"> • TASL FFT – results have improved from 27% to 75%, with a big increase in timeliness, effective communication and how accommodating they were to service users’ needs. • Clarendon Hall – a complaint was upheld by the Ombudsman. The Ombudsman was pleased with the CCG’s response and action plan. A further visit will take place involving a CCG contracts officer and quality team member. The Committee queried whether this issue was preventable from a CCG perspective. It was noted that equipment sharing occurs in a lot of care homes, but that action has been taken to address this, including a new proactive process for recouping kit, eg, from deceased clients and the development of a draft crib sheet (links to IPC, environment etc). The crib sheet has been circulated to MIFS members for comment with a view to rolling it out from September. It was proposed that the crib sheet reflect The Fifteen Steps Challenge framework used within other health and care settings. N McVeigh to action this. <p>Effectiveness Review Group</p> <ul style="list-style-type: none"> • NICE - there is insufficient capacity within the quality team to complete all of the NICE quality standards within a timely manner. Priority is currently given to the most up to date standards and those that reflect the CCG’s priorities and work areas. ERG were assured on the plans in place to reassess or take action in the non-compliant areas, eg, the children and safeguarding standard is being addressed via the Ofsted plan and this will be reviewed in 6 months’ time. • CAS – there are no open alerts in Q1 and 2. The group were assured by management decisions. The Committee queried whether the level of CCG oversight is necessary if other organisations also have oversight? L Golby advised that this might change with the implementation of the National Patient Strategy. Action may be required with some of the providers who are not very active in CAS (eg, care and nursing homes). • R&D – the quarterly report detailed opportunities for innovation, eg, with Allied Health. This will be explored further. The 2018/19 annual report will be submitted to the next meeting of the Clinical Governance Committee. • IPC – the deep dive meeting requested at the last meeting took place with L Golby, A Spalding and H Wood. Focused areas for the coming year were agreed, particularly around E.coli. A proposal was submitted to Clinical Leads regarding a GP practice audit of practices that appear to be high prescribers in UTI antibiotics. H Wood will visit practices and look at cases to establish if prescribing is appropriate. • The IPC Q1 report will follow. Key elements include: <ul style="list-style-type: none"> • C difficile – current indications demonstrate that the target of less than 35 cases will be met. This is being closely monitored. • E.coli – it is likely that the ambition will not be met this year; however there are likely to be fewer cases than last year. 	<p>N McVeigh</p> <p>Forward plan</p>
--	---	--------------------------------------

	<p>There is a lot of work underway with Public Health England to try and understand the incidence of E.coli and the socio-economic background. H Wood is also working on the Support to Care Homes project to look at E.coli and the links to poor hydration and cleanliness.</p> <ul style="list-style-type: none"> • NELCCG led a NL system bid for HEE funding (up to 25k) to support anti-microbial education in our locality. The bid focused on UTIs/prescribing. • MRSA – there were no cases in Q1. An increase in MSSA is anticipated in 2019/20. This mirrors the national position. • A large number of care homes are not meeting essential steps or environmental audits. This is being monitored or managed via contracts. The Committee raised concerns regarding this and queried whether care homes be asked to clearly display their IPC ratings as part of their contract? It was confirmed that IPC compliance forms part of the contract. N McVeigh advised that the compliance level could be as a result of paperwork and is not necessarily linked to cleanliness/hygiene. The Committee discussed the possibility of an improved TripAdvisor type website/app for care homes, possibly with HealthWatch involvement; to be considered at MIFS. <p>The Committee noted the update.</p>	<p>N McVeigh</p>
<p>7.</p>	<p>Whistleblowing</p>	
	<p>L Golby provided a verbal update:</p> <ul style="list-style-type: none"> • The policy has been reviewed and approved. There were no significant national changes in terms of legislation or guidance. • The CCG is required to report the numbers of whistleblowing incidences. There has been no internal whistleblowing. This could be linked to the incident app or internal resolution with line managers. This will be included in the Governing body report. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • A reminder to be circulated to staff via the weekly global regarding the policy and how to use it. • Consideration to be given to whistleblowing from a Union perspective. J Haxby to pick this up outside of the meeting. • Consideration to be given to whistleblowing from a PCN perspective. J Wilson to pick this up outside of the meeting. <p>The Committee noted the update.</p>	<p>L Golby J Haxby J Wilson</p>
<p>8.</p>	<p>National Patient Safety Strategy</p>	
	<p>A presentation was shared for information. L Golby provided a summary:</p> <ul style="list-style-type: none"> • The National Patient Safety Strategy was published in July 2019 with a focus on safer culture, safer systems and safer patients (staff behaviours - kindness and civility, learning from what works as well as what doesn't, uniting to deliver a safe service, improving the way we learn, treat staff and involve patients). • There are 3 strategic aims: insight, involvement and improvement. • Key agendas for CCGs and providers include: 	

	<ul style="list-style-type: none"> ○ Replacement of NRLS with a new safety learning system ○ New Patient Safety Incident Response Framework ○ New –Medical Examiner System ○ Establish 2 scales of harm for use across the NHS – one for physical, one for psychological ● Improvement agendas include: high risk medication practices, specifically in relation to GPs, restrictive practice, sexual safety, safety of older people etc. ● There will be a focus on primary care nationally, linking to the new safety system. The management of patient safety alerts will be key. NELCCG wrote to all practices during Q4 to seek assurance that they have patient safety alerts in place and are managing these. Assurance will be provided in Q2. A new medical examiner system for patient deaths will be implemented in primary care from March 2021. ● Further work is required to identify actions for the CCG in response to the strategy and how these will work into local plans. The CCG will also require assurance that providers are creating their own action plans and need to understand what their approach will be. It was agreed that the Safety Review group will do some work to drill down into some of the key areas to understand what is required from commissioners. A report will be submitted to the next meeting. <p>The Committee noted the update.</p>	<p>SRG</p> <p>Forward plan</p>
<p>9.</p>	<p>Safeguarding Arrangements and Child Death Review Arrangements Update</p>	
	<p>An update report was circulated for consideration. J Wilburn provided a summary:</p> <ul style="list-style-type: none"> ● The Local Safeguarding Arrangements Plan for Children and Young People 2019/20 and the Northern Lincolnshire Child Death Review Arrangements 2019/20 have now been published. ● The Multi-agency Safeguarding Children Partnership (SCP) has replaced the Safeguarding Children’s Board and meetings of the Executive Board and sub groups has commenced. Work is ongoing to shape the SCP with weekly meetings taking place to progress this. Further discussions are required regarding the Multi-Agency Innovation Hub (engine room of the Board). Northern Lincolnshire are 6 months further ahead with the arrangements and have an Innovation hub which requires capacity and resources. ● Child Death Review arrangements will be implemented by the end of September. Briefings are taking place across NL and NEL to update providers on the changes. The changes will encompass the STP footprint which should improve shared learning across the different boards. Recruitment for a designated doctor for child deaths will commence shortly. <p>The Committee provided the following feedback:</p>	

	<ul style="list-style-type: none"> The “help” numbers within the e-CDOP system were incorrect. A Spalding to pull together a user guide which can be shared with other practitioners. <p>The Committee noted the update.</p>	A Spalding
10.	Quality Profiles Update	
	<p>A report was circulated for information, including an example of a provider profile. A one page quality profile for each provider will be submitted to this Committee for assurance, however the full profile will include additional data boards.</p> <p>The EMAS profile will be shared with the Committee.</p> <p>The Committee noted the update.</p>	Forward plan
11.	Quality Surveillance	
	<p>L Golby provided a verbal update.</p> <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> Is it normal practice for the CQC to speak to the PPG chair when they carry out an inspection? Chris Cherry to be asked the question. <p>The Committee noted the update.</p>	J Wilson
12.	Escalations/De-escalations and actions agreed to/from Committees/ Governing Body	
	<p>It was agreed that the following will be escalated to the Governing Body:</p> <ul style="list-style-type: none"> Ratification of CGC ToR Ophthalmology Serious Incidents (early learning) Concerns regarding digital systems Safeguarding annual report Whistleblowing policy National Patient Strategy and the CCG’s intentions IPC (recommendation to maintain the current pace from a patient safety perspective) Safeguarding Arrangements and Child Death Review Arrangements Update (this will also be submitted to the Union Board) NICE – plan in place; however additional resource is required. 	
	FOR INFORMATION	
13.	Safeguarding Annual Report 2018-19	
	<p>Circulated for consideration. The Committee were asked to send comments to J Wilburn. The report will then be submitted to the Governing Body.</p>	ALL
14.	Customer Care Report	
	<p>Circulated for information.</p>	

15.	Engagement Report	
	Circulated for information.	
16.	Incident Report	
	Deferred – to be circulated once available.	
17.	Serious Incident Report	
	Deferred – to be circulated once available.	
18.	Central Alert System Report	
	Circulated for information.	
19.	NICE Report	
	Circulated for information.	
20.	Infection Prevention and Control Report	
	Deferred – to be circulated once available.	
21.	Safeguarding Report	
	Circulated for information.	
22.	Virtual Policy Ratification	
	<ul style="list-style-type: none"> • Central Alert System (CAS) policy - approved 	
23.	Any Other Business	
	<p>A discussion took place around membership, specifically who should attend from the Care and Independence Team and whether the representative should attend both this Committee and ERG.</p> <p>It was noted that a piece of work is underway regarding the Committee structure and members' roles and responsibilities</p>	
	<p>Date and Time of Next Meeting: Thursday 14th November, 9:30-11:30, Council Chamber, Grimsby Town Hall</p>	