

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP  
QUALITY COMMITTEE MEETING**

**Thursday 10<sup>th</sup> August 2017**

**9.30 – 12.00 midday**

**Seminar Room 1, The Roxton Practice, Immingham, DN40 1JW**

**PRESENT:** Juliette Cosgrove (JC) – Chair, Clinical Lay Member of the CCG Governing Body  
Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott  
Jan Haxby (JH) – Director of Quality and Nursing  
Julie Wilburn (JW) – Designated Nurse – Safeguarding Adults and Children  
Julie Wilson (JAW) - Assistant Director Programme Delivery & Primary Care  
Bernard Henry (BH) – Lay Member  
Lisa Hilder (LH) – Assistant Director of Strategic Planning (left meeting 9.45 am)  
Bruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA Lead  
John Berry (JB) – Quality and Assurance Lead  
Gary Johnson (GJ) – Patient Safety Lead  
Lydia Golby (LG) – Nursing Lead for Quality  
Donna Redhead (DR) – Manager, Service Planning and Redesign  
Philip Bond (PB) – Lay Member of Public and Patient Involvement  
Sharon Humberstone (SH) – Specialist Nurse for Safeguarding

**IN ATTENDANCE:** Ann Spencer – Quality and Nursing Administration Assistant (Minute Taker)

**APOLOGIES:** Peter Hudson (PH) – Clinical Nurse for Quality  
Paul Glazebrook (PG) – Attendee, Healthwatch

ITEM		Action
1.	<b>Apologies</b>	
	Apologies were received from members and representatives as above.	
2.	<b>Introductions and Declaration of Interest</b>	
	Introductions were made around the table and the Chair drew attention to the Declaration of Interest information provided to all members and attendees and asked for any declaration to be made; at that time or during the meeting - none were voiced.	
3.	<b>Minutes from the Meeting 13.07.2017</b> <b>Action Summary from 08.06.17 (updated since 13.07.17)</b>	
	<p><b>Minutes</b> The Chair went through the minutes of the last meeting page by page and there were no matters arising. The minutes were agreed and ratified as a true and accurate record.</p> <p><b>Action Summary</b> <u>Action 13.04.17/9 – Wound Care</u> Lisa Hilder reported to the Committee that her feedback was of mixed success in relation to the uptake of the wound care proposal. Initially in May, following a resounding endorsement from the Quality Committee, a presentation to the GP practice development session was made and well received with eight practices</p>	

coming forward expressing interest. The follow-up since May had been mixed with only one practice (Pelham) wanting to take this forward and one practice group (Care Plus Group) still to be visited. When questioned practices had fed back:

- Do not have that level of chronic wounds.
- Like the service locally so why do differently.
- Concern over risk of job losses.

It could be that some barriers may be loyalty to people rather than improving practice.

Discussion took place around:

- Difficulty obtaining data from CPG on the present tissue viability team performance and Lisa Hilder confirmed that this was being pursued through the CPG contract meeting.
- Historical information around the specification.
- Re-commissioning the service wholesale around tissue viability, so that we can ensure the service is robust and updated.
- The need to go through Care Contracting Committee (CCC) meeting.
- The need to have data that pulls together the findings from a quality perspective; clinical effectiveness – we need evidence to show this is better than what is currently in place.
- Possibility of carrying out an audit of chronic leg wounds?
- Could take this as an example through the research group?

It was agreed to go forward with Pelham, the CPG meeting and to again request data specified in spec two years ago to gain a formal response.

Lisa Hilder further reported that Healogics were due to publish two articles primarily featuring Roxton Practice which would be positive in highlighting work carried out in NE Lincolnshire.

In summary it was agreed the need to support this work and the way forward would be through the operational side of the organisation.

**ACTION: It was agreed to update in three months' time.**

#### Action 11.05.17/3 12-hour Trolley Breaches

This was being managed through Quality Review Meeting. Contractual requirements are being met. A meeting was arranged and it was agreed to keep this open until formally signed off.

**ACTION: Keep open – no date set.**

#### Action 06.06.17/10 Public Health Screening

1. Updated and complete.

2. Lydia Golby presented a summary paper, copy attached at Appendix. The Local Clinical Immunisations Lead Meetings had made a massive difference and progress has been demonstrated over time. The Chair commended the group on their work and the difference this had made.

**ACTION: Closed.**

#### Action 08.06.17/11 Mortality

Jan Haxby updated that joint working on the Strategy document was on-going. There had been a change in staffing lead for Mortality from Kate Wood to Briony Simpson. With regard to the CCG Mortality Group, currently working on

producing a mortality dashboard for North East Lincolnshire. Lydia Golby had met with Public Health and there was interest from them in joining the group to link-in and support the mortality agenda.

**ACTION: The Mortality Strategy Document would be brought to Committee when completed. Closed.**

Action 08.06.17/12 MCA and DoLs

Bruce Bradshaw reported that:

- Emma Overton was picking up work with NL&G raised on the Risk Register.
- DoLs – there were changes moving forward.
- MCA role advertised – new person to be appointed and the need to engage with appointee rapidly. During the meeting Jan Haxby confirmed agreement with NL&G for Bruce Bradshaw to be on the interview panel.
- Training – North Lincs have commissioned the same provider and should have same training packages, which was seen as a significant positive as both CCG's share the same Hospital Trust as a provider.

**ACTION: Closed.**

Action 08.06.17/13 Reports on National Programmes

Jan Haxby updated the Committee on the working of National Programmes and its reports in relation to quality. Jan Haxby to expand on this and give clarity by drawing up a structure chart/plan.

There would be focus on prioritising areas identified in the CQC report ie leadership and medical staffing which are not assured.

Clinical Harm Meeting was making progress and being driven with the GP Review as part of the process. The Chair asked for clarity regarding the Committee's role in this which was fast moving.

**ACTION: Written structure required in order offer clarity as well as definition to the role of this Committee, so that members are clear on what their focus should be in this, and a requirement for awareness of the pertinent emerging risks. Next meeting.**

Action 08.06.17/14 NELCCG Complaints and Representations Report Q4

Bruce Bradshaw reported on the process of updating Care Home contracts; currently a significantly thin specification and a large quality framework. Plans currently out for consultation for a scheme to be brought in April 2018. On-going work to pull together intelligence and information and looking at creating a trend analysis dashboard ultimately aimed to bring stability and robustness to Care Home contracts. Currently working around a quality award scheme, this could be based on a CQUIN approach but a lot of detail to be worked out.

**ACTION: Update on Care Home contracts and share details on quality award scheme at next meeting.**

4.	<p><b>Safeguarding Update and Annual Report</b></p>	
	<p>Julie Wilburn updated the Safeguarding report submitted in that the Section 11 Challenge Day had been held on 31<sup>st</sup> July. The report raised training workflow and currently awaiting response letter. This would be picked up and an action plan created, with reporting back in three to four months' time. It was highlighted that this was the first time the Safeguarding Annual Report had combined both adults' and children's safeguarding.</p> <p>Anne Spalding questioned how the learning from serious case reviews would be rolled out. Julie Wilburn reported that the Child 1 review was now over three and a half years old but the learning would continue to be disseminated and had been during the three years; learning can be disseminated via the GP Safeguarding Leads Forum, as well as through bulletins, workshops and Protected Learning Time (PLT). There were good key learning points worthy of revisiting.</p> <p>Ofsted finished last week in the local authority (LA) after four weeks of inspection. The LA would have now received initial preliminary feedback and this would be available more widely in September. The CCG had not been heavily involved, however other health partners have attended a number of focus groups.</p> <p>LeDeR was ever evolving. It was proposed by NHSE that four of the six cases for review were removed from the list. Discussion took place around this topic with points raised:</p> <ul style="list-style-type: none"> <li>• The system of reviewing too onerous with a lot of reviews taking too long and benefits not weighing up.</li> <li>• Need to reflect on local cases and see what can be learnt from these.</li> <li>• Need to review and align with the learning from deaths process.</li> <li>• Disparity with regard to the number of cases emerging from Yorks/Humber area (160) with total UK (300).</li> </ul> <p><b>ACTION: Need to know 'ownership' timescale for us locally.</b>  <b>Need to see national learning from the LeDeR process now in order to start our own learning.</b>  <b>Formally challenge on when national action can be expected.</b></p>	
5.	<p><b>Quality Report</b></p>	
	<p><u>Quality Exceptions</u>  Majority under this section covered in Summary of Actions.  Thames – continue to have concerns over system calls not being picked up in a timely manner and this has been raised by the Contracting Team. There is a date in the diary for a supportive quality visit.  EMAS – challenges around sepsis last year. Clarity over sepsis protocol practices needed. There were plans to roll-out across the whole of Lincolnshire.  Care Homes – concerns in market intelligence and failing services. Joint formal CQC/commissioner meetings were continuing.</p> <p><u>Quarter 1 Incident Report</u>  This document was taken as read. Key points were summarised as:</p> <ul style="list-style-type: none"> <li>➤ High reporting level which is good.</li> <li>➤ Feedback is direct to the reporter.</li> </ul>	

	<p>➤ The incident quarterly report can be shared and learning fed back within practices.</p> <p>The Chair commended Lydia Golby on this robust system together with Fay Dunderdale who had worked on this report. Anne Spalding commended Gary Johnson who had initially set up the Incident App system and had showed that it could be done and this demonstrated sharing good practice.</p>	
<b>6.</b>	<b>Quality Risk Log</b>	
	<p>The proposed Quality Risk Log would be held by the Quality Team. This would be similar to the Corporate Risk Register and developed to document and assess risk. Currently 16 items had been identified. All risks already raised through quality exception reporting for services commissioned by the CCG. This would not be reported on in detail at every meeting, but talked through in the Quality Exception Report. Julie Wilson questioned whether this could be shared with the Operational Leadership Team. Juliette Cosgrove suggested that the whole log could be shared at the next meeting and then updated going forward. <b>ACTION: Bring Quality Risk Log to the next meeting with a brief protocol on how this will be managed.</b></p>	
<b>7.</b>	<b>IPC NHSE Letter to CCG's and Provider – Gram Negative</b>	
	<p>Lydia Golby went through an informative PowerPoint presentation which is attached at Appendix. Comments made were:</p> <ul style="list-style-type: none"> <li>• Anne Spalding suggested production of an 'idiots guide' pathway for GPs.</li> <li>• Suggested involvement of the Incontinence Team.</li> <li>• Clarification around actual numbers/target.</li> </ul>	
<b>8.</b>	<b>GP Guide for Suspected MS</b>	
	<p>Donna Redhead presented the "Guide for Suspected MS" to Committee and gave background to its production. Donna Redhead mentioned that there was currently a problem regarding the GP E-Learning Link which would now not go live until October. The guide was approved, well received and Donna Redhead was commended on this piece of work. Discussion took place on how the Guide could be shared; it was suggested to be a good hand-out at PLT, shared with North Lincs, and Community Nurses. The guide was ratified by the Committee.</p>	
<b>9.</b>	<b>GP Quality Incentive Scheme</b>	
	<p>The CCG has a legal requirement to support general practice. Historically some investment in general practice was referred to as incentive schemes. The GP Quality Incentive Scheme would focus on quality not just on hitting targets. Julie Wilson and Lydia Golby went through a PowerPoint presentation on the above proposal. The presentation is attached at the end of these minutes, see Appendix. Philip Bond raised a question as to whether it was a contractual requirement to have a Patient Participation Group (PPG) as it was found that a couple of practices were not engaging with the PPG. It was questioned whether practices</p>	

	could be incentivised into evidencing their involvement with PPGs in order to get them involved. It was explained how practices were now part of federations and Julie Wilson was requested to supply a breakdown of these groups which is attached at the end of these minutes, see Appendix. Discussion took place around taking this forward. It was noted that all practices have to sign an agreement.	
<b>10.</b>	<b>Annual Customer Care Report</b>	
	Lydia Golby agreed with the Chair prior to commencement of the meeting that this item would be postponed.	
<b>11.</b>	<b>Additional Reports/Information:</b> ❖ NICE Guidance – June 2017 ❖ NL&G Improving Together ❖ Ratification of Policies	
	The above reports/information were taken as read.	
<b>12.</b>	<b>Items to be escalated to the CCG Partnership Board</b> <b>Items to be de-escalated from the CCGT Partnership Board</b>	
	Items to be escalated to the CCG Partnership Board: <ul style="list-style-type: none"> <li>• IPC challenge.</li> <li>• The Committee has had sight of the Quality Risk Log.</li> <li>• Issue around LeDeR. Our challenges are to take forward.</li> <li>• Expecting to receive 'deep dives'.</li> </ul>	
<b>13.</b>	<b>Any Other Business</b>	
	The next meeting date clashes with ACCORD. Bernard Henry and Philip Bond have been invited and will attend. The Quality Committee would not be quorate. Also other members may be involved. <b>ACTION: It was agreed to look at the proposed agenda for September and October and make a decision regarding the date/timing of the next meeting.</b>	
	<b>Date and Time of Next Meeting:</b> <b>Thursday 14<sup>th</sup> September 2017, 9.30 am – 11.30 am (TBC)</b> <b>Seminar Room 1, Roxton Practice</b>	