

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

QUALITY COMMITTEE MINUTES

Thursday 11th August 2016

9.30-12.00 noon

Seminar Room 1, the Roxton Practice, DN40 1JW

PRESENT

Juliette Cosgrove (JC) – Chair - Clinical Lay Member of the CCG Governing Body
 Chloe Nicholson (CN) – Quality Lead
 Michelle Barnard (MB) – Assistant Director of Service Planning and Redesign
(left meeting at 10:00 am)
 Lydia Golby – Quality and Nursing Lead
 Bruce Bradshaw (BB) – DoLs & MCA Lead
 Paul Glazebrook (PG) – Lay Member, Representative from Healthwatch
 April Baker (AB) – Lay Member
 Gary Johnson (GJ) – Patient Safety Lead
 Peter Hudson (PH) – Clinical Nurse for Quality
 Bernard Henry (BH) – Lay Member, Community Forum
 Sally Bainbridge (SB) – Specialist Nurse Safeguarding
 Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL)

IN ATTENDANCE

Ann Spencer (AMS) – Quality and Nursing Administrative Assistant (Minute Taker)

APOLOGIES

Lisa Hilder (LH) – Assistant Director of Strategic Planning
 Jan Haxby (JH) – Director of Quality and Nursing
 Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott
 Philip Bond (PB) – Lay Member, Public and Patient Involvement
 Sarah Glossop (SG) – Designated Nurse for Safeguarding Children
 Bev Compton (BC) – Acting as Assistant Director of Care and Independence

ITEM		Lead
11.08.01	Apologies	
	As noted above.	
11.08.02	Introductions and Declaration of Interest	
	Introductions were made around the table and no declarations of interest were declared. Group welcomed PH to new role.	
11.08.03a	Minutes and Action Tracker from the last Meeting – 14.04.2016	
10.12.11	The minutes of the last meeting had been distributed prior to this meeting and were agreed and ratified as an accurate record. Action Tracker: <u>A Patient's Journey</u> Previously a Neurology report had been identified as being a potentially suitable piece of work for converting into a patient journey, however this report is now over a year old – recommending retiring this and picking up the patient journey kindly shared with us by East Riding colleagues. Consent has been confirmed, this Patient's Journey is an experience in Oncology and is being put forward as an item on the next meeting's agenda.	JH/LG
14.04.04	<u>Workshop Update</u> Representatives from all invited providers attended. Feedback from Quality Committee attendees requested in order for a constructive analysis report to be	

<p>14.04.05</p> <p>14.04.06</p>	<p>compiled from the data – in addition to a learning report for sharing with Committee members and the providers whom attended. A request was made for any outstanding feedback to be submitted as soon as possible. Permission was sought from all providers to share best practice and use information and photographs provided and this would be built into the feedback report. LG requested permission to ratify the Learning report, for committee and providers, via email in order to share this with providers in a timely manner. It was intended that the report would be ready for sharing with providers by the end of September.</p> <p>ACTION: Reports to be shared at next meeting.</p> <p>LG also informed the Committee that the constructive analysis report would be created to reflect the learning regarding the operational set up of the Workshop, based on a feedback by committee attendees on how the workshop was set up and run in order to learn and plan better in future.</p> <p>The next workshop is scheduled for Thursday 10th November and planning needs to begin imminently. Learning from the feedback will influence the planning of this. The Dashboard could help to identify areas to concentrate on.</p> <p>Initial feedback, from committee members, gave the following points to note:</p> <ul style="list-style-type: none"> • Extend the time frame in order to go more in depth. • Allow more time for presentation and questions. • To facilitate Providers to present to each other as well as to the Quality Committee. • Sharing of information and learning (related to the topic) ie share pay scales, national standards and guidance with the Quality Committee prior to the Workshop. • Topic could have been wider ie the focus on medical and nursing would have been extended to include porters and administration. <p>Confirmation of a topic of focus needed to be identified. LG requested that ideas from members be fed back to Ann Spencer via email as soon as possible in order for a shortlist to be established and agreed with the Chair.</p> <p>ACTION: Forward topic proposals to AMS via email as soon as possible.</p> <p>PG questioned pathway for the reports and LG explained that they could be summarised and with any in depth knowledge gained, escalated to the Board by the Quality Committee following discussion at the next meeting.</p> <p><u>Update on Safeguarding Children’s progress on tapping into locality-wide training events.</u></p> <p><u>Update on creating a Forum or other alternative.</u></p> <p>SB reported that there were some meetings in place. Work in progress in setting up Forum for Safeguarding leads with focus on networking.</p> <p>Currently in place, is some Primary care training with sessions for GPs, which have proved useful and well attended.</p> <p>Difficulties encountered in access into GPs protected learning time PTL event. There was keenness reported but may take six to nine months to establish an agenda slot on the GP learning events. The Forum was deemed a good way to disseminate information direct to GPs.</p> <p><u>Quality Strategy Project</u></p> <p>Still in progress. As suggested at the last meeting, outcomes are now being embedded into the Strategy. We also need to include links from the action to the outcome and include for clarity how we will know when a planned action has been successful. We are working to a timescale of end September for wider consultation.</p> <p><u>Terms of Reference</u></p> <p>Amendment had been made in regard to timescales.</p> <p><i>6. Agenda</i></p> <p><i>The agenda will be agreed with the chair not less than ten working days before the</i></p>	<p>LG</p> <p>ALL</p>
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	<p><i>meeting and circulated no later than five working days before the meeting.</i> This action is now complete.</p> <p><u>EMAS to NL&G Handovers</u> ACTION:</p> <ul style="list-style-type: none"> • Invite Paul Kirton-Watson to QC to present project on handover. • Arrange unannounced visit schedule. <p>A&E is on the site visit schedule for NL&G.</p>	
14.04.12	<p><u>Progress in Midwifery</u> MB to action today – Agenda item 11.08.05</p>	MB
14.04.19	<p><u>Results of Admin Review</u> LG reported that a new meeting process had been set up to monitor ‘noise in the system’ (NITS) and this would enable commissioners to gather intelligence through different routes. LG outlined the proposed process and advised that should the outcome demonstrate great risk then this would be escalated, investigated and actioned via the Risk Register in order to ensure the risk is documented, monitored, reassessed and acted upon.</p>	
09.06.03b	<p><u>Constructive Critical Analysis Report</u> LG confirms that report has been shared with the members of the Delivery Assurance Committee for their consideration and for their dissemination within their own teams.</p>	
09.06.07	<p><u>Quality Dashboard/Provider Assurance Update</u></p> <ul style="list-style-type: none"> • Investigate what data we hold around patient experience (F&FT etc) and what data we can collect. • Trend data to be made available in the next dashboard. <p>CN reported that there was not a lot of data available at this time to commissioners. Trend data presented under item 11.08.07. It is to be noted that FFT is now included in the Dashboard.</p>	
09.06.08	<p><u>Risk Register</u> LG reported the LG/JH/CS had met to review the risks currently held under quality. A new Risk Register is being implemented. The integrated performance and quality report which is received at the Partnership Board includes the risks held under quality at this time. This is due to be seen on today’s agenda item 11.08.10.</p>	
09.06.10	<p><u>Incident/Serious Incident Update</u> <u>Monitoring Providers – How can we gain assurance that Providers are learning from incidents?</u> GJ reported that gap analysis had highlighted inconsistency in how Commissioners evidence that Providers are assuring themselves that learning is being disseminated to floor level staff, as very limited assurance through reports. CQC has brought this up in many of our Providers reports. GJ explained that due to the different reporting systems used by ourselves and NLAG there was inconsistency in resulting data. In summary, with the Trust, this resulted in non-assurance and further meetings have been diared for assurance of process and further feedback will be provided at the next meeting. PG questioned whether NL&G’s intranet system could be accessed and data checked. GJ responded that this would be one route of learning that could be evidenced. There is a need to interrogate all learning outcome processes and this could be built into unannounced visits. GJ highlighted a</p>	

<p>09.06.16</p>	<p>recent 'never event' that was built into an unannounced site visit to maternity services in SGH where he was able to ask the direct question to staff on the ward of how they receive information on learning. This will be built into CN's Maternity Visit Outcome Report.</p> <p>ACTION: Look at where CQC have deemed outstanding provision. Contact 'outstanding' Providers to promote how they evidence assurance.</p> <p><u>COPD Pathway</u></p> <p>LG reported that she was working with Sarah Dawson. Based on the Knowledge Skills Framework, Skills for Health competency documents and Royal College of Thoracic Medicine a draft competency pathway booklet has been created. The lead respiratory consultant has been involved in its development. The booklet is currently in draft and out to consultation with nurses who would use it, and then it will be reviewed by quality and finally with the respiratory consultant. Initiation for training on the pathway and competencies is planned for September. There is a Memorandum of Understanding between the General practices involved in the project in order to ensure lines of governance remain with Line Managers and employing organisations.</p>	
<p>11.08.04</p>	<p>Matters Arising</p>	
	<p>Covered under 11.08.03 above.</p>	
<p>SAFETY</p>		
<p>11.08.05</p>	<p>Service Lead Presentation: MATERNITY REVIEW</p>	
	<p>MB proposed that the LSA report was taken as read.</p> <p>MB made reference to the aims of the audit and that last year the report presented had lots of 'red' areas with actions to be undertaken. However, post audit the picture was much more positive. Mums had been interviewed on the wards and progress was heartening.</p> <p>Of the six standards, five had been rated as 'green', one as 'amber'.</p> <p>Improvements had been made in the choice of place of birth and in work with the vulnerable.</p> <p>There were however, gaps in perinatal health, bereavement and continuity of care in the. Community.</p> <p>In one year good progress had been made, particularly regarding paperwork and more policies and procedures in place. Rated 'good' by CQC and LSA now 'green'.</p> <p>There was however, significant 'noise in system':</p> <ul style="list-style-type: none"> • The team hurried, were rushed and made mistakes. • There were staffing issues and bank staff were used. <p>Reporting continued regarding the future financial implications and that may consider having to pay more to maintain the units at DPoW and Scunthorpe which were deemed viable together.</p> <p>It was recognised that a deep dive was necessary and results would come back to this group with consideration of action to be taken. Issues raised and concerns noted at QCR.</p> <p>Current action being taken is site visits to both DPoW and Scunthorpe, with information to be compiled for assurance post visit.</p>	

	<p>We have undertaken a review of the last 10 SI's in maternity. Regarding themes and trends on reporting, only two trends coming out. Three years of SI's had been looked at and key things learnt from this are concerns around training and practice in CTG monitoring.</p> <p>Concerns were expressed around the high prevalence of smoking women at delivery.</p> <p>JW needs to feed in the CDOP (Child Death Overview Panel) findings to the NITS maternity deep dive.</p> <p>ACTION: JW to share CDOP findings into Maternity Deep Dive by sharing with LG. CN reported that there had been a lack of assurance regarding the learning from SI's and that concerns around record keeping has been identified.</p> <p>CN raised that a new model of care needed undertaking at SGH... CN proposed that she has permission to share a friend's personal journey at DPoW and report back at next meeting.</p> <p>ACTION: On agenda for next meeting.</p>	
11.08.06	Safeguarding Adults Update	
	<p>SB presented the Safeguarding Adults report.</p> <p>SB reported that the Safeguarding Policy was now ratified. Meeting had been held with Eddie McCabe to discuss and agree contract variation. Once finalised reporting will be established by the end of Q2.</p> <p>Following the Assurance visit on 26th July, a stocktake of current position identified two areas of work. With the policy in place, consideration of evidencing how designated professionals are involved at all stages of the commissioning cycle and evidencing engagement and acting on behalf of vulnerable adults and children.</p> <p>SB gave an overview of the CP-IS (Child Protection – Information System) which is in the early stages of implementation, there will be updates, with rollout due March 2018.</p> <p>The Child Death Overview Panel (CDOP) created to cover a larger area and to cover trends and themes, held its second meeting in July, whilst the Medical Director for North Lincolnshire CCG was in attendance, there was no paediatric representative. Further meetings will be held in Brigg every quarter. SB also discussed the findings of the Wood report in regards to CDOP arrangements.</p> <p>SB reported on joint targeting area inspection deep dive focussing on child sexual exploitation.</p> <p>Work had been carried out in four areas nationally with themes taken in respect of Primary care; this would be fed back at the next meeting.</p> <p>ACTION: Feedback at next meeting.</p> <p>SB shared information relating to the Brooke review on child sexual exploitation. Emerging themes within primary care identified:</p> <ul style="list-style-type: none"> • Fear around information sharing between sexual health and GP practices • Confidence in talking to young children around sexual relationships • Lack of professional curiosity around underage sexual activity • GP's being encouraged to feel confident in reporting CSE. <p>Under the Domestic Abuse Strategy, SB reported that the health survey last completed in 2012 had been repeated.</p> <p>ACTION: Results to be shared at the next meeting.</p> <p>The domestic abuse arrangements and support through independent domestic</p>	

	<p>violence advocates (IDVAS) shows disparity between the two local areas with only one IDVA in NE Lincs and six in N Lincs. When numbers were queried N Lincs appeared to be in a better position possibly due to funding, which BH queried and the response was unknown. However services were stripped back two years ago and co-working was declined. PG added the wider context included Women's Aid however despite concern; the pay-off may be that other services are better supported. It was updated that NE Lincs Women's Refuge had recently won the tender for the next 3 years.</p> <p>SB reported that a request for audit regarding FGM had been received for CCG and primary care to complete. This had been circulated however; there was a short timeframe for submission. NE Lincs was deemed a low prevalence area. The mandatory reporting and enhanced dataset information was received by all GP practices in 2015.</p> <p>ACTION: The results received from the FGM audit to be circulated at the next meeting.</p> <p>With regard to the Prevent agenda, there has been a national increase in reported hate crime; however, this is not seen mirrored in NE Lincs. Data should be logged on the App. SG/SB are now supporting JW in providing Prevent training. In order to gain a true picture it was suggested it might be useful to access/contact CPG, Open Door and Providers, to ascertain whether there was an increase in reporting.</p> <p>ACTION: Any reports in primary care hate crime to be reported at the next meeting.</p>	
11.08.07	Quality Dashboard/Provider Assurance Update	
	<p>CN apologised for the late presentation of report but this had been in order to bring the most up to date information to the Committee. CN verbally presented Summary of Key Points to note document and this is now attached at the end of these minutes.</p> <p>CN presented the dashboard and explained how it was evolving and mirrored key quality themes of the CCG; effectiveness, innovation, quality, consistency. It consisted of a front page to give a snapshot of current status for the CCG – overall red presently, and tabs detailed Providers.</p> <p>NL&G need to challenge/review internal reporting. Critical review of FFT, Healthwatch and CQC reports. The CQC report currently highly challenging for NL&G. The action plan is in final stages. The Trust reports low reporting, however, remains high risk in terms of infection code. There are themes and trends emerging. The fundamental challenge has been the Admin Review.</p> <p>Ophthalmology presents significant challenges.</p> <ul style="list-style-type: none"> • Identified as high risk for CCG and patients, escalated to NHS England. Commissioning CCGs are compiling Risk Register. • Closely working with the Trust to gain assurance. • Clinical review has happened. Sampling of records to see evidence that they have assured system working. • Permission of Commissioners to take to Contract Board next week. • No dashboard received since December 2015. • Initially 2000+ waiting list. Whilst addressing, a further 5000+ amassed as backlog. • Under the SI framework, this will need to be escalated to regulators. <p>PG commented he understood that under a new contract from October 2015, this was meant to speed up the process. PG would revisit this with patients the following day, asking whether any improvements seen in last six months.</p>	

	<p>Concerns were expressed regarding out patients. There would be contract monitoring, and any concerns addressed with a need to review and ascertain whether other Providers would be able to take capacity. Breakdown sought in follow-up. Need to ascertain how many people affected and need further assurances from the Trust of action taken. The situation was not helping confidence levels with outpatients as a whole.</p> <p>Discussion took place around minimising acute referrals. PG raised orthodontics and referrals from general dentists in the community. A culture change was needed as many of these could be picked up at primary care level. Wider primary care developments and GP peer support would also have an impact.</p> <p>CN clarified that under the reporting for NAVIGO, the increase in violent behaviour referred to, is towards staff.</p> <p>CN reported that EMAS had shown a significant improvement in clinical handover times.</p> <p>CQUINS – Good work around sepsis.</p> <p>PG advised that he had recently joined Quality Surveillance Group and would work with CN and would report back to the Committee.</p> <p>Work was being done jointly with Jan Berry (St Hugh’s) regarding low incident reporting. Nurturing of a culture change around incident reporting was being sought.</p> <p>CN commented that CPG would be looked at in more detail to gain understanding of quality profile. Area of focus in summary sheet.</p>	
11.08.08	Previously Unassessed Periods of Care – PUPOC - Update	
	<p>BB reported that we remain under close scrutiny by NHS England. PUPOC is a retrospective claim for assessment within a specific time frame, 123 clients met criteria for assessment. By end of March next year all will need to be dealt with. This is a mandatory deadline. All eligible clients now need offer of assessment by end of September.</p> <p>There have been difficulties inherited from working with Doncaster which has added to the workload.</p> <p>NHS England require a statement of assurance of progress.</p> <p>39 cases remaining – heading in right direction however there are some clients that solicitors are saying now have access to more records, thus this requires the process to have to start again.</p> <p>As a CCG we are absolutely under microscope with regards to this issue.</p> <p>PG declared an interest.</p>	
COMFORT BREAK		

11.08.09	Incident/Serious Incident Update May/June	
	<p>GJ stated that he would take the reports as read and highlighted the following: NL&G can be seen to have a significant decrease in number of SIs year on year. This could be seen as a negative point around the new NHS England SI framework, however from further analysis in NL&G's case this is due to the huge amount of work completed around pressure ulcers. GJ has forwarded these comments to NHS England for inclusion in their thematic review. This will be shared at the QSG.</p> <p>NHS improvement at a recent SI event stated that boards should not try to benchmark SI data with other Trusts as this cannot be done due to differing demographics.</p> <p>NAVIGO figures have gone up. GJ has worked with the provider to report a more realistic amount of SIs under the new NHS England framework. As previously mentioned, the four LSA maternity reviews that were marked as non-assured, one had subsequently been turned to assured.</p> <p>The attempted suicide SI reported by NAVIGO which was escalated to NHS England Independent Investigation Panel has been agreed by the IIP for NAVIGO to carry on with the internal investigation.</p> <p>NL&G have recently reported a new SI of a 5000+ backlog in patient appointments in Ophthalmology. Of previous SIs under this category there are still two open from October/November last year.</p> <p>QI Incident report has identified a huge amount of work that is relating directly to the impact on NITS work.</p> <p>Part of this work would be carrying on from a previously reported patient safety alert around prescribing sheets. The next safety alert to circulate from CCG to Providers will be around the labelling procedures of specimens due to the following factors:</p> <ul style="list-style-type: none"> • Label patient print machines issues. • Human error lack of following procedure. <p>From the incident data there is initial concern around one GP practice, the current plan is to gain permission to observe their phlebotomy clinic to gain assurance.</p> <p>GJ highlighted the on-going problems with PCSE and the national contract of patient record collections.</p> <p>CN added that NL&G are constantly in the top 25 percentile of acute trust NRLS incident reporters. CCGs are gaining further assurance of, if this is the case, how is the learning being disseminated across all staff.</p>	
11.08.10	New Style Quality Report to the CCG Board - example	
	Demonstrated and taken as read.	
EFFECTIVE CARE		
11.08.11	Annual Update on Infection Control	
	To be deferred to October 2016 due to the retirement of Infection Control Lead.	
11.08.12	Feedback from CCG Quality Workshop focusing on Workforce	
	This item was covered earlier (11.08.03 item 14.04.04)	
11.08.13	CCG's Developing Approach to Managing Noise in the System (NITS)	
	LG reported on the development of NITS – Noise in the System and the background work behind it. This will become a flow chart document regarding the process we are employing.	
PATIENT/CLIENT EXPERIENCE		

11.08.14	Complaints and PALS Report Q1	
	<p>The report was presented to Committee and taken as read. BH questioned the final Annual Report; clarification was sought around ‘queries’ and ‘complaints’ listed under the various sections of the report. LG shared with the Committee the current intelligence logging systems in place in NELCCG. The portal is an application which enables concerns to be logged which are not requested to be raised as formal complaints; however, they are important and need to be logged for intelligence purposes. The Customer Care team manage formal and informal queries and complaints. This team is currently transitioning from under MB to Quality team.</p> <p>AB queried 1.4 Response Times on page 3 of the report. There was a requirement for further breakdown of timescales and suggested a footnote of agreed timescales ie the number of days taken to respond to complaint. Also as deadlines could change, a breakdown of how this would be met on the basis of policy, but also whether this would be agreed outside the policy guidelines.</p> <p>ACTION: For sharing above with the Customer Care Team for future reports.</p> <p>The Committee was informed that there had been an increase in complaints and the team were not up to full capacity. The team were currently actively recruiting.</p> <p>The Chair questioned whether complaints were graded to which the response was negative.</p>	
11.08.15	A Patient’s Journey – confirmed for October 2016	
FOR INFORMATION <i>Items in this section will not be discussed unless prior agreement with the Chair</i>		
	<p>Additional Reports/Information</p> <ul style="list-style-type: none"> • Service Specifications NAME • Clinical • NICE Guidance • NEL PREVENT Strategy Policy for ratification and information • Francis Report • CCG Engagement Activity Information – April to June • Quality Survey Report 	
	Items to be escalated to the CCG Partnership Board	
	<p>Items to escalate to the Board are as follows:</p> <ol style="list-style-type: none"> 1. Workshop – feedback and learning. The success of the workshop. 2. Ophthalmology – the work going on summarising concern and action taken – keep board updated. 3. Dashboard Status - Significant change identified now the status is all red which gives rise to a general assurance issue. Current position with NL&G and the action 	

	being taken.	
11.08.16	Any Other Business	
	<p>It was reported that Jane Fell, Safeguarding Nurse for Children, had compiled a significant report on fostering. It was proposed to invite Jane to present report at the next meeting. It was suggested very useful to bring stories of Patient experiences to the Committee.</p> <p>ACTION: Request to JF and Safeguarding that above named report and findings to please come to the QC.</p> <p>BB delivered the four-slide PowerPoint presentation to the Committee which is attached.</p> <p>BB shared the difficulties encountered in the claims process, these being in amount of work involved in the system, the backlog and the financial implications etc.</p> <p>CN raised that NELCCG need to commission harder and be actively tougher on Providers.</p> <p>CN and LG apprised the Committee of the current situation with NL&G and the increasing stakeholder disquiet, and the action being taken currently with regards to this.</p>	
	<p>The meeting closed at 11.30am</p> <p>Date And Time Of Next Meeting: Thursday 13th October, 9:30am-11:30am, Seminar Room 1, Roxton Practice</p> <p>Workshop: Thursday 10th November – Time and Venue TBA</p>	