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
Chloe Nicholson (CN) – Quality Lead
Lydia Golby – Nursing Lead for Quality
Gemma Mazingham – Patient and Client Experience Manager
Philip Bond (PB) – Lay Member of Public and Patient Involvement
April Baker (AB) – Lay Member, Community Forum
Gary Johnson (GJ) – Patient Safety Lead
Peter Hudson (PH) – Clinical Nurse for Quality
Bernard Henry (BH) – Lay Member
Sally Bainbridge (SB) – Specialist Nurse Safeguarding
Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL)
Gemma Maizingham – Patient and Client Experience Manager

IN ATTENDANCE
Ann Spencer – Quality and Nursing Administrative Assistant (Minute Taker)
Dr Marie Girdham – R&D Lead Manager (Humber)
Jane Fell – Designated Nurse for Looked after Children
Paul Glazebrook (PG) – Lay Member, Representative from Healthwatch

APOLOGIES
Bev Compton (BC) – Acting as Assistant Director of Care and Independence
Michelle Barnard (MB) – Assistant Director of Service Planning and Redesign
Bruce Bradshaw (BB) – DoLs & MCA Lead

TEM | Action
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13.10.01 | Apologies
As above.
13.10.02 | Introductions and Declaration of Interest
Introductions were made around the table and no declarations of interest were made.
13.10.03 | Minutes and Action Summary from the last Meeting

The minutes of the last meeting had been distributed prior to this meeting and were agreed and ratified as an accurate record.

Action Summary:

13.10.16 | A Patient’s Journey
Agenda item (13.10.16) at this meeting and would continue as a standing item on future agenda.

14.04.04 | Matters Arising Quality Committee Workshop
To be covered under Agenda item 13.10.16.

14.04.06 | EMAS to NL&G Handovers
To be covered under Agenda item 13.10.15.

Incident/Serious Incident Update
GJ had looked into what CQC had deemed outstanding provision and he located the CQC document now embedded in these minutes which give comprehensive coverage around this topic. PG mentioned that there were five public leaflets available around this topic.
Discussion took place around linking in to the next Quality Committee workshop with a view to sharing examples of good practice as this would also be a good forum to do this.

JH suggested to share document with providers for them to use as a focus if deemed useful. PB suggested a focus on establishing what the barriers were to preventing providers from delivering outstanding provision.

Other points raised:
- Need key players from providers to take back to provision.
- Need to work together and drive forward improvements.

**Service Lead Presentation: Maternity Review**

JW reported that the CDOP findings into the Maternity deep dive had gone to Michelle Barnard and would be sent to LG.

**Safety**

**11.08.05**


LH stated that the Domestic Abuse Survey had not yet gone out. This was a refresh of the survey carried out three years ago. The survey helps to ensure survivors’ needs are accurately determined and taken into account in developing services. LH provided a brief background to the funding of services in North and North East Lincolnshire.

Provision to support domestic abuse is not a mandatory requirement for local authorities; therefore there was inconsistency in funding. Due to changes, funding available from sources external to the council three years ago had now dried up. The Domestic Abuse Co-ordinator’s role had been disestablished as a budget cut to baseline funding and was not built into NELC’s budgeting. Supported housing could be funded and there is a 0-19 revised strategy in place. However, overall it was a bleak and concerning situation currently due to persistent underinvestment. When questioned whether anything was being done to support this agenda, LH responded with the possibility of a housing scheme, which would enable the local authority to access central government funding and the re-purposing of some roles within the Young People’s Team and good operational networking. LH had escalated issues to Joanne Hewson, with the first escalation having been in June. PB suggested higher escalation to express dissatisfaction.

PG asked whether other funding routes could be explored (Big Lottery Fund) which would need to be explored by local providers. LH responded that local agencies had tried to access this funding unsuccessfully.

**FGM Audit – Report not sent out yet as currently with the LSCB.**

Primary Care Hate Crime Reporting – none reported.

**ACTION:**

JW to send CDOP findings report to LG.

Quality Committee to escalate to the Board concern at the current situation regarding funding for Domestic Violence and abuse and the timescale involved in progressing.

**13.10.04** Matters Arising

None.

**13.10.05** Safeguarding Children/Adults Update

- Case Practice Review

JW presented the Safeguarding Report and this was taken as read.

JW highlighted areas from the report:
- Assurance for NHS England on CCG Safeguarding Arrangements – when finalised this would be shared with the Committee.
- A lot of work currently progressing around Domestic Abuse; which is at a high level locally.
  Collation of information from all providers; Health, Social Care, Education, Youth

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Offending. JC questioned who is responsible for the final report to which JW responded it was joint responsibility of CCG and Local Authority. Currently identifying gaps in provision, ensuring work is not being duplicated and action plans to change.

- Attending meetings to prepare for potential Joint Targeted Area inspection. Six areas nationally to be inspected, Lincolnshire being inspected at the moment. There has been a lot of work done across all partners. Gap analysis will be shared.

Jane Fell reported on Looked After Children (LAC) and progress of the unitary wide tool for Voice of the Child. Jane informed the Committee on the current position regarding LAC service priority to undertake and meet the needs of unaccompanied asylum-seeking children.

- Awaiting decision by Local Authority.
- Possible 25 children with LAC status coming through from Kent.
- Age range said to be 16-17 year olds.
- Implications for housing, education and language.
- Group led by Jill Cunningham and representative from Local Authority.
- Agreed that update comes back to Committee when enough planning work has been carried out.

JW gave an overview of the CSE Practice Review which was going through governance processes and requested that the Quality Committee sign off the document when finalised. This was agreed.

**ACTION:**

- Assurance for NHS England on CCG Safeguarding Arrangements – Work Plan to be shared when finalised.
- Circulate Annual Reports for LSCB and SAB for next meeting.
- Domestic Abuse – update and share gap analysis.
- Jane Fell to provide reports for next meeting relating to Voice of the Child and LAC Annual Report.
- CSE Practice Review – update and share reports with Committee once approved.

**13.10.06 Quality Dashboard/Provider Assurance Update**

CN apologised for not having circulated the Dashboard prior to the meeting, and explained that concerns had been identified that the RAG status needed tweaking as it was too strict and needed revision. The use of RAG would stand but application to Q’s and how that information is interpreted needed more work to build on identified areas of Effectiveness, Experience and Safety, and the revised Dashboard would be circulated by Wednesday 19th October. CN reported that themes in Incidents RAG improved but there were still problems around Administration and Discharge. NL&G had set up an internal pathway group to sort out administration problems and NL&G had invited the CCG to join a deep dive into discharge. The Group also discussed the recently reported SI’s and Provider and CCG action from this.

It was reported that HEY has a high backlog in Ophthalmology. NAVIGO – two areas red and will continue to challenge up to date data. Thames Trust, the new transport provider, needs to be included into the report.

Discussion took place around data capture particularly for the following:

- EMAS – Performance times significant challenges in terms of delivery/time.
- St Hugh’s and how their status should be rated, as current information does not align with other providers and it was questioned whether their status should be
red until necessary data had been supplied, however it was stated that governance process was not in place.
- Smaller providers not being requested to supply data and may not choose to collect data.

JC commented that this item should be allocated more time on agenda going forward in order to gain a better understanding of the detail.

**ACTION:**
- Circulation of Dashboard by 19.10.17.
- EMAS – how to capture performance data.
- Thames Trust to be included into the report.
- Update of dashboard and allocation of RAG status.
- Time allocation for Quality Dashboard/Provider Assurance Update to be increased.

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<tr>
<th>13.10.07</th>
<th>CQUIN Commissioning for Quality and Innovation</th>
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<tr>
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<td><strong>Initial Ideas for 2017</strong></td>
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<td>CN</td>
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| CN        | reported that there were no local CQUINS from planning guide. There were six national CQUINS. Negotiating with the Contracting team around St Hugh’s/CPG/NAVIGO. Quality incentives – looking at:  
- Health, Staff and Wellbeing  
- Improving services  
- E-Referrals  
- Advice and guidance.  
**ACTION:**  
- JC requested a progress report on national CQUINS and how well the CQUINS going into year two had performed. |

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<tr>
<th>13.10.08</th>
<th>Update from NITS (Noise in the System) reports</th>
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<td>JH/LG</td>
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| JH        | expressed concern regarding the significant number of SIs occurring at the Scunthorpe site and the issues within one trust.  
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<th>13.10.09</th>
<th>SI Update</th>
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| GJ        | had provided reports for Q2 and these were taken as read. Areas highlighted:  
- JH expressed concern regarding the significant number of SIs occurring at the Scunthorpe site and the issues within one trust.  
- GJ raised the significantly increased number of SIs reported by NL&G from 16 to |
26 at the same time from last year to this, and commented that this could be open to interpretation and due to a number of reasons as to how open and honest NL&G have been. One of which could be the interpretation of the SI framework and more candid working.

- NAViGO reported a significant increase in SIs.
- GJ reported that there had been a 72% increase in use of SI reporting.
- Due to an increase in reporting this reflected in more information input to the Dashboard and better interpretation of overall picture.
- Need to triangulate PALS SIs and identify other routes in to the CCG and turn this into learning.

### 13.10.10 PH Screening and Immunisation Update

JH reported that she had only been able to dial-in to the last 20 minutes of a recent meeting. Targets for PH Screening and Immunisation were set by NHS England. As a CCG a need was identified to develop our own strategy and action plan as currently unclear. LG had recently received national training at the Infection Prevention Society Conference. Discussion then centred around Quality Team staffing and capacity.

- Current freeze on staff recruitment.
- The Committee recognised that there is not enough capacity within the Quality Team – increase in systems and processes to identify risk, however although systems in place to collect data, insufficient capacity to take action and see through to an end point.
- Significant draw on time from NL&G.
- More work to do with smaller providers.
- More data available but pointless not to do anything with it.
- Support is there from the executive team but need to carry out within financial restraints.

JH reported that plans were in the pipeline to tackle the situation; recognition of pressures and plans to deliver; to make clear where the issues were emerging and where the team were unable to deal with.

The Quality Committee recognised that the team cannot do its job if capacity is not there and questioned how this could be articulated to provide support.

### EFFECTIVE CARE

### 13.10.11 Annual Update on Infection Control

LG

The annual report was due, however identified a need to change the format as it does not contain what was expected as commissioners. The previous report was presented from provider’s activity not as a CCG strategy standpoint. This service would be re-commissioned with new specification which clarifies what was needed by the CCG. The new format would provide assurance for the Board. Toolkits are available in terms of commissioning arrangements and intentions are for these to be implemented early next year.

**ACTION:**
Create new format for Annual Report.

### 13.10.12 Mortality Update

JH

JH reported that the Mortality Group is still a strategic group in NL&G which had declined but is now back on track and developing strategies and focus on national guidance.

Discussion then centred around monitoring of unexpected deaths. Work was commissioned with AS and LG to look at increase in SHMI 30 days after discharge out of hospital. This work highlighted end of life patients being counted in to figures and
therefore not enabling clear analysis of data. Questions were raised whether these patients could be coded in a different way which would clearly identify them as expected deaths. However, there were further difficulties identified in doing this, as some patients were not told they were EOL and they had to have been referred to palliative care. This raises management of clinical needs of patients. There were plans for a meeting to feedback findings and propose recommendations at a mortality workshop which will now be held in December with outcomes to present to the Board.

BH reported that the Locality Mortality Steering Group had not worked well in recent months mainly due to day/time clash with GP Education Forum. This group would reform in January 2017 with a focus to concentrate on the primary care aspect rather than the acute care that NL&G covered.

Further discussion continued around SHMI data, EOL and that by the next meeting the group will have met and could report on findings, actions and joint strategy.

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<tr>
<th>13.10.13</th>
<th>R&amp;D Status Report</th>
<th>Dr Girdham</th>
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<td>Dr Marie Girdham joined the meeting at 11.00 am and thanked the Committee for giving her the opportunity to report to them. Dr Girdham gave an update on progress made regarding establishing a R&amp;D working group since last presenting to the Committee in February 2016. The report contained detail of work that has been carried out and informed of the purpose being to raise visibility around enquiry. Career professionals meet every quarter and set up process for the future. Discussion continued around current use of evidence, sourcing evidence and barriers to sourcing which could possibly be the topic at a future workshop. Future work would include setting up a forum with practice nurses; capture of good work and how this could be celebrated; how to support clinical and commissioning leads. At the moment there was not so much work progressing on the commercial side. Portfolio and commercial studies were needed to generate money in and it was a case of getting a balance on both strands. Dr Girdham would provide six-monthly updates and the annual review in April 2017. <strong>ACTION:</strong> LG/Ekta Elston/Dr Girdham to link together regarding nursing revalidation.</td>
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<th>13.10.14</th>
<th>QC Workshop Report – Workforce Planning for November Workshop</th>
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<td>LG shared the QC Workshop Report. Approval from providers had been received in order to share this document further. The Committee were asked to comment back on the document within a two-week timescale. The intention for the November workshop had been to look at the CQC report and focus the workshop around the five domains and sharing best practice with the main providers in attendance; however to make that a meaningful discussion it was deemed too late to invite key players to attend. Therefore it was agreed for this workshop to be an internal discussion in order to plan properly and agree focus on key points to drill down on next year. <strong>ACTION:</strong> QC Workshop Report – Committee to feedback within two-weeks. JH to contact local CQC Inspector to invite to future workshop.</td>
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### 13.10.15 EMAS to NL&G Handovers

As it had proved difficult to arrange for a representative from NL&G to attend a Quality Committee meeting to report on the handover system, JH and PH had made an announced visit to NL&G and reported back positively regarding the new visual display system being used. The system enabled the hospital to view and assess situations in advance and deploy resources at the right time. Comment was made that a further unannounced visit should be made. It was reported that this system had pushed NL&G rating from poor to good and that it had been driven well, thus massively mitigating the risk.

### PATIENT/CLIENT EXPERIENCE

#### 13.10.16 Complaints and PALS Report Q2

GM presented the report and commented that more information was included such as comparisons and timescales which had been requested by the Committee. The report would continue to evolve in future. GM highlighted the following:

- PALS figures were static.
- There had been a decrease in complaints which was usual given the ‘holiday period’ timeframe.
- Portal enquiries increased and encouragingly, more professionals were using the system.
- Triangulation of intelligence would make a big impact overall and this was being worked on together with LG.

#### 13.10.17 A Patient’s Journey - Maternity

CN outlined a maternity Patient’s Journey, detail of which she had gathered from a professional couple in their 30s. This ‘journey’ was a reflection of their experience and had not previously been brought to the attention of the CCG. GM enquired how these stories are chosen to which the response was no particular system, however there were governance concerns around consent.

### FOR INFORMATION

#### 13.10.18 Additional Reports/Information

- Engagement Team Quarterly Report
- NICE

#### 13.10.19 Items to be escalated to the CCG Partnership Board

Two items were identified for escalation to the Board:

- Concern over delay, underinvestment and underfunding regarding support service for victims of Domestic Violence/Abuse.
- Maternity services.

#### 13.10.20 Any Other Business

None.

**Date And Time Of Next Meeting:**

**Thursday 8th December, 9:30am-12:00pm, Seminar Room 1, Roxton Practice**

**Workshop:**

**Thursday 10th November, 10.00am-12.30pm, Seminar Room 1, Birkwood**