**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**QUALITY COMMITTEE MINUTES**

**Thursday 13th April 2017**

**9.30am – 12.00 midday**

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

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| **PRESENT** | | Juliette Cosgrove (JC) – Chair, Clinical Lay Member of the CCG Governing Body  Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott  Lisa Hilder (LH) – Assistant Director of Strategic Planning  Peter Hudson (PH) – Clinical Nurse for Quality  Lydia Golby – Nursing Lead for Quality | |
|  | | Philip Bond (PB) – Lay Member of Public and Patient Involvement | |
|  | | Bernard Henry (BH) – Lay Member | |
|  | | Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL)  Julie Wilson (JAW) - Assistant Director Programme Delivery & Primary Care – left at 11.00am | |
| **IN ATTENDANCE** | | Paul Glazebrook (PG) – Lay Member, Representative from Healthwatch  Ann Spencer (AMS) – Quality and Nursing Administrative Assistant  (Minute-taker)  Julie Stanton - Associate Clinical Director, Healogics  Marie Girdham - R&D Lead Manager (Humber)- arrived at 10.50am | |
| **APOLOGIES** | | Bev Compton (BC) – Acting as Assistant Director of Care and Independence  Jan Haxby (JH) – Director of Quality and Nursing  Gary Johnson (GJ) – Patient Safety Lead  Bruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA Lead | |
| **ITEM** |  | | **Action** |
| **1.** | **Apologies** | |  |
|  | Apologies were received from members and deputy as above. | |  |
| **2.** | **Introductions and Declaration of Interest** | |  |
|  | All members and attendees were introduced around the table and the Chair drew attention to the Declaration of Interest information provided and previously discussed and asked for any declaration to be made; at that time or during the meeting - none were voiced. | |  |
| **3.** | **Minutes & Action Summary from:**  **3.1 Meeting 09.02.17**  **3.2 Workshop 09.03.17** | |  |
|  | 3.1 The minutes were agreed as a true and accurate record of the meeting held on 9th February 2017.  The Action Summary was updated as follows:  Action 4 - Terms of Reference – comments had been received from Jan Haxby and when final amendments made this document it would be circulated with a one-week deadline for any further comments or for virtual ratification. **Update Summary of Actions.**  Action 6 – Paediatric Services – Update and complete.  Action 10 – Q3 Complaints and Representation Report – This was added to reports going forward and closure of this action was recommended.  3.2 The minutes were agreed as a true and accurate record of the Workshop held on 9th March 2017.  The Action Summary had been updated and all actions completed or were items on the agenda for this meeting. | |  |
| **4.** | **Audit Report NEL CCG Final Report Incident Management** | |  |
|  | As part of the 2016/17 internal audit plan for North East Lincolnshire Clinical Commissioning Group, a review of Incident Management had been performed by independent auditors commissioned by the CCG.  The principal objective of this review was to examine the adequacy and effectiveness of arrangements for managing and monitoring incidents (particularly serious incidents – SIs, for which there is a defined national framework). This review examined the processes within the CCG covering the following areas:   * Policies and procedures. * Roles and responsibilities of key individuals and committees involved in the incident management process, including the relationships between the Partnership Board and relevant committees and how these groups formally escalate and delegate issues and responsibilities in relation to incident management. * Incident investigation and management processes for investigating all incidents and how this ensures that incident investigations are timely and of high quality, including the implementation and review of any appropriate action plans developed as a result of investigations. * Monitoring and reporting incident processes and how outcomes from the incident management process are reported to relevant groups both within and (where necessary and appropriate) external to the CCG; how feedback from these groups is acted upon; how lessons are used to improve processes and whether any themes and trends are highlighted and investigated.   The results of this audit report which gave significant assurance to the CCG with regard to its practices and policies was shared with the committee. There were two areas of weakness highlighted in the Action Plan with recommendations made and these points were being addressed. Juliette Cosgrove made comment that it was excellent to gain that level of assurance. | |  |
| **5.** | **SI Reports Jan/Feb**  **Incident Policy and Serious Incident Policy** | |  |
|  | The SI Reports for January and February had been circulated to the committee and Peter Hudson, on behalf of Gary Johnson, highlighted elements from these reports. In February there had been one 12-hour trolley breach compared with 15 in January. Lydia Golby reported that that a de-log request had been received and this would be granted. When questioned why, explained that in accordance with National Guidance, criteria had been met with regard to specifics such as 48-hour report had shown no harm had been incurred, adequate nutrition and hydration provided as well as care and dignity shown to the patient. Philip Bond queried timings involved in reporting/recording of SIs. Discussion took place around treatment delays, and questions were raised as to whether too many referrals were being made into hospital and there not being the capacity available thus resulting in backlogs. There was a need to understand how backlogs had developed.  During Peter Hudson’s overview of the SI Reports discussion took place around what measures are in place for prevention of SIs occurring. Examples shared such as: internal systems in place to assure; knowledge and learning needed to reach all levels and across departments; sharing information in meetings; creation of bulletins; building into on the job training.  The Serious Incident and Incident Policies were presented to the committee for approval.  Juliette Cosgrove made comment and suggestion that section 9 of the Incident Policy needed expanding in its content. Lydia Golby agreed to take this away and action. When changes and amendment were complete the policy would be circulated virtually for agreement and approval.  No comment was made regarding the Serious Incident policy therefore this would be deemed as approved by the Committee.  Dissemination of the policies was questioned and the committee were advised that this would be done using electronic links to the documents and through the staff Time Out event and shared with Primary Care. The three-year review timescale for policies was deemed to be standard and earlier review could be called upon if indicated.  **ACTION:**  **Incident Policy – expand Section 9 prior to circulating for virtual ratification.** | |  |
| **6.** | **Safeguarding Update**  **Including – The Children and Social Work Bill**  **Briefing – February 2017** | |  |
|  | Julie Wilburn updated the committee on staffing arrangements:   * NELCCG Specialist Nurse for Safeguarding, Sharon Humberston, commenced in post on 13th March. * The Designated Nurse for Safeguarding, Julie Wilburn, is now employed by NELCCG. * Administrative support has been secured.   Preparations were in place for the next round of Joint Targeted Area Inspections to commence and the focus would be on ‘neglect’.  Recently two PREVENT training sessions have been undertaken within the CCG to ensure that new staff are appropriately trained and the CCG is compliant.  One case which had been discussed at the Channel Panel has sourced an out of area intervention provider to the client. This is the first time this had been done within NE Lincs and was having a positive effect on the individual concerned.  Information shared at the recent Silver Prevent meeting highlights Humberside having a disproportionately high number of Far Right referrals.  Juliette Cosgrove questioned the effectiveness of Prevent to which Julie Wilburn responded that she felt Prevent was viewed negatively by the media, however confident that it was being delivered in a balanced way.  LeDeR (Learning Disability Mortality Review) - North East Lincolnshire has had three cases allocated for review. Two cases would be allocated to reviewers. Having trained reviewers locally should be useful.  Moving forward there were areas of process to be clarified and confirmed i.e. implementing a buddying system in case reviews; where the information is fed to – regional panel/local steering group; the back down process and how the learning from this would be utilised.  From 1st April CCG to manage and then to allocate down. The pilot ends in 2018 with the need to continue.  The Designated Nurse has worked with the Named Nurse from DPOW, Designated Doctor and the Consultant Paediatrician from the Child Sexual Assault Assessment Service (CSAAS) in Hull to develop a pathway for children’s sexual abuse medical examination. This was following the identification of cases being inappropriately managed locally. This is currently going through governance at NL&G and will then be shared with the Local Safeguarding Children’s Board.  All other items of this report were taken as read.  Bernard Henry questioned the RAG rating on the cover sheet of the report. There was no risk rating indicated and if not utilised was it needed and could it be removed?  **ACTION:**  **Lydia Golby to seek confirmation from internal governance regarding the use of RAG ratings on Cover sheets.**  With reference to the Children and Social Work Bill, Juliette Cosgrove questioned what risk there would be. Julie Wilburn responded that with regard to local safeguarding arrangements, the risk would be with change and risk was discussed as to whether a risk rating was needed.  **ACTION:**  **Julie Wilburn to assess whether this is a risk which requires recording and managing via the CCG risk register.** | |  |
| **7.** | **Risk Register** | |  |
|  | Lydia Golby gave a verbal update on the risks, under quality, on the register:-   * Safeguarding element was picked up.   The updated action plan showed a number of actions in terms of CCG management; the ‘Y drive’ and eMBED and completion of these updates may be a lengthy process. New legislation would come into force in 2018. A lot of work had already been carried out in order to restrict access to files. Each asset owner demonstrated security maintained. Assurance gained and work done so far was deemed to be good.   * Lydia Golby also gave an update regarding the Infection Prevention Control Strategy for the CCG. This was currently in draft format with an IPC specialist for review. When agreed the document would be sent out for consultation. | |  |
| **8.** | **Dermatology Patient Group Directives (PGDs)** | |  |
|  | From the 1st April 2017 North East Lincolnshire CCG has commissioned Virgin Healthcare to provide community dermatology services. Virgin Healthcare has two Patient Group Directives (PGDS) they wish to use in the service and have developed these as per NICE PGD guidance.  A PGD is a document which allows the supply or administration of a medicine by a registered health professional who is not a prescriber.  Since Virgin HealthCare is not an NHS body, legislation requires the CCG as an authorising body and commissioner of the service to authorise the PGDs.  NICE recommend that, to ensure local processes and governance arrangements are followed, a designated person in each organisation should have overall organisational responsibility for the PGD.  The CCG has identified the Nursing Lead for Quality as the representative to act on behalf of the CCG to authorise the PGDs.  Prior to authorising the PGDs on behalf of the Commissioning Group the following were ascertained:-   * The PGDs were reviewed by NECS Pharmacists on behalf of the CCG. * The Nursing Lead for Quality reviewed the content of the PGDs. * The Virgin Healthcare Lead for managing the PGD was ascertained. * Reporting requirements were built into the Contract/service specification. * Responsibility and accountabilities were clearly defined in the Contract/service specification.   Both PGDs have been authorised by NELCCG for use within Virgin Healthcare for NELCCG patients.  The CCG requires a clearly defined process for authorising and managing PGDs in line with the relevant legislation and guidance to ensure they are subject to the appropriate scrutiny in line with legislation and national guidance.  Lydia Golby and Rachael Staniforth (NECS Pharmacist) were working together to create protocol for authorising PGDs.  Discussion took place around whether the Quality Committee was the route to progress this arrangement. Juliette Cosgrove recommended a conversation with Jan Haxby regarding the process to follow. The practice exposes the CCG to risk. From a contract point of view the question remains how this is signed off and how the CCG gain assurance. The Quality Committee would not be able to ratify this. | |  |
| **9.** | **Wound Care – An Innovative Approach** | |  |
|  | Lisa Hilder had submitted a background report to the Quality Committee for consideration.  In 2013, following a series of reports and audits highlighting the national problems around wound care management, Bradford Teaching Hospitals conducted a study to trial a remote wound care triage system using telemedicine, to improve patient wound care in nursing homes and to ‘evaluate the effectiveness of a telehealth system’. The findings of this pilot demonstrated that ‘the system provided improved patient outcomes and could offer cost savings by improving dressing product selection, decreasing inappropriate onward referral and speeding healing.  To explore this concept further, in August 2013 NELCCG proposed a similar project to its partners in primary and secondary care, responsible for the delivery of skin integrity services in NEL. The aim of this project was to develop a revised care pathway for a specified cohort of patients in NEL, residing at home or in care, who suffer with acute or chronic with differing levels of severity. The project would rely on a remote triage service provided by Healogics Inc, facilitated by a web-based patient system, TELERWoundcare.  This report summarises the process, key outcomes and leaning from the project along with open comments and evaluations provided from stakeholders and patients involved in the project.  Lisa Hilder introduced Julie Stanton of Healogics and together they talked through a PowerPoint presentation in detail.  Key points to note were:  • Significant reduction in primary and community based nursing time spend on wound care as a result of greatly improved healing times  • Significant cost reduction and cost avoidance related to patients with chronic wounds (avoided costs of dressings and surgical procedures)  • Knowledge transfer from global wound care specialists to local grassroots practitioners resulting in improvements in local wound care even to patients not included in the initiative  The committee accepted the report and its recommendations and commented that this was a positive story that demonstrated improvements in quality of life as well as cost savings and particularly the saving on nursing/clinician time. It was agreed to support this project and encourage it to be rolled out further as there was surprise that this had not been taken up by more primary care practices and care homes. It was recommended that the committee escalate this to the Partnership Board and invite Lisa Hilder to feedback in a couple of months’ time on the progression of the next steps, following the publication of the research paper which was due soon, and the further rollout of the programme.  **ACTION:**  **Lisa Hilder to work with colleagues to roll out further, beginning with primary care, community nursing and local nursing homes and to feedback progress to the committee in June/July 2017.** | |  |
| **10.** | **Research and Development** | |  |
|  | Dr Marie Girdham had submitted the Annual Report 2016 in advance of the meeting. Dr Girdham took the document as read and highlighted and expanded on areas of the report including:   * Section 4 – Establishment of Northern Lincolnshire Research and Development Working Group. * Section 6 – Excess Treatment costs. * Section 7 – Gap Analysis Work with joint working between Lydia Golby and Hazel Moore (Head of Nursing, NLCCG). * R&D Baseline Survey which exposed areas where improvements could be made and these were being addressed. * Engaging further practices in research with Clinical Research Nurse - Start Up/Practice Nurse Model Funding Opportunities.   Discussion took place around Dr Girdham’s report and it was agreed that further discussion needed to occur, particularly with regard to involving primary care practices, and that Julie Wilson could link in to progress this further.  It was agreed that now was the time to invest in research and development which would fulfil requirements recommended by the UK government who had stated its firm commitment to promote research throughout the NHS.  It was agreed that the work carried out so far was positive, with solid small steps which was fully supported by the committee and it was pleasing to hear of progress made so far.  The committee would want to see evidence of active engagement going forward and an update every six months.  **ACTION:**  **R&D Update every six months** | |  |
| **11.** | **Quality Report** | |  |
|  | Lydia Golby explained the purpose of this report was to highlight the exceptions in Quality. The report, to be delivered to the Partnership Board, is divided into two sections; Part A escalates items which are open to the public and Part B contains information which is sensitive and not open to the public at this time. The items raised in Part B of the Quality report should be treated with strict confidentiality.  The Committee discussed at length the items in Part B of the report.  **ACTION:**  **Update at next meeting** | |  |
| **12.** | **NL&G CQC Report** | |  |
|  | The CQC report had been published and available in the public domain since Thursday 6th April. Lydia Golby prepared a summary PowerPoint presentation and talked through various points including:   * 6 Regulation Requirement Notices. * Enforcement action – Section 29a. * Improvement and decline in quality seen, but generally ratings remain the same.   It was agreed that the PowerPoint should be shared, as time did not allow to go through the detail in depth and discuss.  Questions were raised around whether the CCG were overtrading with NL&G and that they could not meet the required standard. Patient flow was raised from the viewpoint that if high levels of admission through A&E and unknown level of what is in the system this would prove hard to deal with.  Discussion took place regarding next steps and way forward. Points raised included:   * Surveillance. * Escalated to risk. * Single item meeting with commissioners and NHSE. * Risk summit to assess concerns. * How to tackle major issues of the report. * Need to work together to improve. * Safeguarding awareness.   Actions agreed:  Wendy Booth to attend next meeting, also possibly Lawrence Roberts and a representative from quality.  In order to gain focus an action plan was needed to identify risk and key aspects of how to tackle major issues of the CQC report.  Key points from discussion:   * Gain assurance of NL&G working on main issues. * Need more openness.   **ACTION:**  **PowerPoint to be shared.**  **NL&G representatives to attend next meeting.**  **Questions to be put to representatives to gain assurance.** | |  |
| **13.** | **Items to be escalated to the CCG Partnership Board**  **Items to be de-escalated from the CCG Partnership Board** | |  |
|  | Item 4 - Management of incidents.  Item 6 - Changes around the Children and Social Work Bill.  Item 9 - Wound care from a quality and positive point of view.  Item 12 – NL&G CQC Report | |  |
| **14.** | **Any Other Business** | |  |
|  | There was no other business. | |  |
|  | **Date and Time of Next Meeting:**  **Thursday 11th May 2017 – 9.30-11.30 am**  **Seminar Room 1, Roxton Practice** | |  |