

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP CLINICAL GOVERNANCE COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 01/10/2020 AT 9:30

MEMBERS PRESENT:

Jan Haxby, Director of Quality & Nursing (Chair)
Lydia Golby, Nursing Lead for Quality
Dr. Ekta Elston, Medical Director
John Berry, Quality Assurance Lead
Philip Bond, Lay Member of Public and Patient Involvement
Bernard Henry, Lay Member
Dr Anne Spalding, Deputy Medical Director of Quality & Caldicott Guardian
Zoe Wray, Quality & Experience Team Manager
Julie Wilburn, Designated Nurse for Safeguarding Adults & Children
Julie Wilson, Assistant Director Programme Delivery & Primary Care

ATTENDEES PRESENT:

Caroline Reed, Note taker

APOLOGIES

Nic McVeigh, Service Lead: Carers & Communities

1 APOLOGIES RECEIVED

Apologies were received as noted above.

2 DECLARATIONS OF INTEREST

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every Clinical Governance Committee meeting and were publicised on the CCG's website.

3 APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 6th February were agreed as an accurate record. It was noted that there has been a long period between the February meeting and this October meeting due to the CCG's required response to the Covid-19 pandemic and that interim meetings have been in place during this time that provided monitoring and oversight of quality of care.

4 ACTION TRACKER

The matters arising document was reviewed.

Item 4 – 4/11/2019 – LAC Safeguarding Report - The Committee requested assurance that data relating to children who self-harm and are not referred to a CCG commissioned service is being collected and looked at alongside other self-harm data. M Thompson to be asked this question. J Wilburn advised that individual schools record data relating to self-harm; however, there is no central collation of this data. Conversations have taken place with Rebecca Taylor, SEND Strategic lead and Carolyn Beck who leads on suicide prevention. R Taylor has agreed to look into this and

review the oversight of this data. Other developments include self-harm being looked at over a larger footprint, Mental Health teams going into schools and information being received from Kooth. Concerns were raised around the lack of a consistent approach to data recording and sharing across all schools and academies.

Action: J Wilburn to raise this concern with M Thompson and R Taylor and ask for consideration to be given to how schools are collating their information and establish whether it would be helpful to have a standard template to enable data sharing at the highest level. J Wilburn to feed back.

Item 7 – Whistleblowing - Consideration to be given to whistleblowing from a Union perspective. There could be one policy for the Union and a standard operating procedure for each organisation. Jan Haxby to take this proposal to the Union Leadership Team meeting.

J Haxby confirmed that the proposal was supported by the Union Leadership Team and C Stocks and P Ellis were tasked with looking at this.

Action: J Haxby to follow up with C Stocks/P Ellis

Item 6 Research & Development (R&D) Annual Report 2018/19 - Patient Ambassadors There is the potential for Ambassadors to feed into the 3 CGC Sub groups. J Berry to liaise with S Czabaniuk to discuss this further and potentially attend the Steering group meeting.

The work with ambassadors was put on hold due to the Covid 19 pandemic. J Berry had a conversation with S Czabaniuk and offered to attend the Accord Steering Group.

Action: J Berry to follow this up with J Brooks

Item 6 continued - Proposal to pull together a strategy/intentions document regarding research and development and working as a Union. L Golby to work with public health colleagues to progress this. A brief to be submitted to the Union Leadership Team.

L Golby commenced discussions with M Girdham and G Barnes around the joint strategy. It was noted that this may not be a priority area at the current time.

Action: L Golby to follow up on the initial discussions and establish whether this should be prioritised

Item 8.1 - CQC State of Care report – this report shines a spotlight on required assurance in respect of the quality of LD care and services. J Wilburn to liaise with L Holton to establish how overall assurance is being provided and will seek an understanding of current arrangements eg, primary care and oversight of patients with LD in terms of physical care. Discussion regarding protecting people with LD from financial abuse. J Wilburn to establish who is responsible for looking at this and liaise with Stewart Watson.

LD care and services has been discussed by the Safety Review Group. L Holton is leading on this area. Strategic groups have been established and more focused work is taking place; however, L Holton has flagged concerns regarding capacity.

LD health checks and improving uptake is identified as a priority within the National Patient Safety Strategy and should be on the CCG Corporate Action Plan. It is also an indicator on the PCN investment and impact fund and on the QoF for this year.

J Haxby fed back that there is a lot of noise at regional level around LD health checks. A recent return to NHSE highlighted that some practices did not have a register for LD patients or were not prioritising this. J Wilson confirmed that G Rogers and the Care Plus Group (CPG) LD team undertook some targeted work with those practices with low health check numbers, which had a short-term impact.

Concerns were raised about the capacity in the CCG to focus on the LD strategic agenda, and the support, profile or overall oversight.

The Committee agreed the following:

- The LD profile needs to be raised within the CCG and it needs to report into the relevant groups/meetings, eg, Primary Care Operational Group (proposal to add the health check element to the PC dashboard). Appropriate oversight need to be agreed.
- a conversation to take place with L Holton (JB) to support him in raising the profile of LD and then a summary report to be submitted to OLT to clarify the agenda and raise the concerns shared at this meeting relating to the strategic LD agenda.
- Confirmation to be sought around the local position re LD health checks.
- It is important to ensure that L Holton has the appropriate support/focused attention from CCG colleagues to support and move the agenda on.
- It was proposed that LD could be the first piece of work using RADAR.

Item 8.2 - 8.2 CQC Ratings - Proposal for the spreadsheet to be made available to the public, eg, CCG website, in order for the information to be easily accessible in one place. J Haxby to take this to SMT for a discussion.

This has not occurred due to the Covid 19 pandemic.

Action: J Haxby to take this to SMT for their view

Item 9 - CGC Sub Group Update - A review of B Henry's role and function to be added to the forward plan. Feedback from the work undertaken with complainants regarding feedback on the process to be added to the forward plan.

J Berry, Z Wray and B Henry met to review the role and the complainant feedback process. New roles within the patient experience process were also explored, eg, site visits (on hold during the Covid 19 pandemic). The complainant feedback process involved B Henry making calls to complainants to determine whether they were satisfied with the process, felt that they had been heard, that the relevant learning points had been picked up and that the CCG was going to take action from the learning.

Action: J Berry to produce some slides to summarise the piece of work around the complainant feedback process and the learning from it

5 Terms of Reference

The Terms of Reference were circulated with a required amendment regarding quoracy.

Additional changes are required to the ToR to reflect new arrangements following a review of CCG committees and sub groups during the Covid 10 pandemic. This Committee will now have two sub groups: Safety and Experience. The agenda that would have been taken forward by the Effectiveness group will now feed into OLT. There may be areas around effectiveness that will also require sharing with Clinical Leads.

P Bond highlighted that Appointment of deputies needs qualifying to state that Lay Members are not allowed to appoint a Deputy.

Action: The Committee were asked to provide any further feedback on the ToR to C Reed. The amended ToR will be circulated to the Committee for virtual agreement prior to the next meeting

The Clinical Governance Committee formally approved the revised ToR.

6 CGC Annual Workplan

The draft annual workplan will be submitted to the next meeting. Feedback will be sought from members to ensure that the appropriate clinical and lay issues will be represented.

Action: C Reed to add to the November agenda

7 Annual Complaints Report – 2019/20

The report was circulated for consideration. The report provides a summary of all complaints and PALS intelligence (adult social care and health) over the past year. J Berry and Z Wray provided a summary:

- The 100% timescales agreed with complainants were met. There was a slight increase in the average time for a complaint to be responded to (80 days from 71); however, this was primarily due to a number of complex longstanding multiagency complaints. The Director of Quality and Nursing now reviews complaints on a regular basis with Complaints Officers to aim to reduce the time taken.
- The local government and social care ombudsman (LGO) reviewed six complaints relating to ASC. Three of these were investigated, but none were upheld. No contact was made by the parliamentary and health service ombudsman in respect of any referrals.
- ASC complaints – 37 were received compared with 35 the previous year. The majority of complaints were around focus (22) with others regarding case management, community care finance, SPA and adult safeguarding. Complaints were also received around care homes, home care services and supported living. 6 ASC complaints were either fully or partially upheld. Action plans are in place to hold providers to account and the lessons learnt are fed into existing systems within the CCG. It was noted that no adverse feedback was received during the complaint feedback process around the length of time taken to respond to a complaint. The Complaints officers were credited with successfully managing people's expectations.
- Healthcare and CCG complaints – 39 were received compared with 37 the previous year. There has been an increase in the number of multi-agency complaints; these are often complex and can take many months to investigate and provide a response. There were no complaints relating to patient transport and there was a fall in the number of complaints relating to the CCG and CPG. 3 complaints were either fully or partially upheld and the required actions were taken. A priority for the CCG was to ensure that, as a result of a complaint, we clarified the commissioning arrangement in place within NEL for an adult ADHD assessment.
- Compliments – 86 were received for ASC, Health Services and the CCG, which was similar to the previous year.
- Developments – the Complaints Officers have successfully undertaken a BTEC level 5 qualification in complaints handling. The team have been present at Community events to raise awareness of the team and the services available and have undertaken site visits with the Quality Assurance Lead. A new database management system, Respond, went live in April 2020 and allows the triangulation of a lot of the intelligence received (PALS, complaints, serious incidents, incidents, compliments etc). Work is ongoing to try and ensure a timelier response system is in place for complaints. Action plan monitoring has been revised to enable the quality leads to monitor complaints through the quality/ contract meetings with providers, as well as through site visits.

The Committee provided the following feedback:

- The work regarding improving the response time to complaints was acknowledged; however, it was agreed that further opportunities need to be sought to reduce timescales. Views from the Team would be welcomed.

- The CCG does have an adult ADHD diagnosis assessment process in place; however, the application for funding is via the IFR process. It was proposed that adult ADHD diagnosis assessment go through the prior approval process instead of the IFR process. This would then need to be communicated with primary care. It was proposed that the GP protected learning time could be utilised for this.

Action: J Haxby/ L Golby to discuss with E McCabe and J Jackson

This issue was acknowledged as part of a wider issue around clinical pathways. E Elston is looking at the potential of utilising the HealthPathways website to improve this issue and enable GPs to make the right decision the first time. PCN care coordinators could be key in providing support around pathways, although it was noted that currently 2 out of the 3 PCNs have a care coordinator.

It was noted that some work around preferred providers/ the right provider would also be helpful.

Action: J Haxby to work with J Berry and Z Wray to amend the report prior to publication.

The Committee noted the report and agreed that the focus going forward will be:

- **To reduce the number of days it takes to provide a response to a complaint; whilst acknowledging the complexities involved.**
- **To draw conclusions for the CCG and identify what needs to be done differently.**

8 CGC Subgroups Report

A report was submitted for consideration. L Golby and J Berry provided a summary:

The majority of the Effectiveness review group agenda will move to OLT; however, a number of areas may move to the Safety Review group, ie, Infection and Prevention Control.

Experience Review Group

- MP enquiries - there were 3 received in Quarter 1. J Berry and Z Wray will meet with Lia Nici's office to explain the enquiry process.
- Patient journey – the story submitted to the Governing Body related to a lady in a care home that had lost a significant amount of weight in a short timespan during the Covid lockdown due to being isolated in her room. This prompted a lot of discussion from the group around the impact of the pandemic on care home residents. The positive outcome from the case was the MDT approach whereby gaps were identified, and joint working undertaken to reach a positive outcome. It was noted that new behaviours had been noted in elderly residents in other areas due to Covid related restrictions.
- Support to Care homes – a long discussion took place regarding how to capture the views and experiences of care home residents during lockdown. T Slattery advised that Healthwatch will be contacting all care home managers to try and capture the experiences.

Action: J Berry to check what has been done nationally with care homes and to liaise with T Slattery

- CCG Complaints process – B Henry reported that feedback from complainants regarding the process was overall very positive, but people were not necessarily happy with the response itself. An issue raised was that a complainant did not feel that all issues raised within the complaint were responded to, eg, a complaint stated that most falls happen during the night, yet there was no response regarding this in the letter. This is because the provider will only

respond to the questions listed at the bottom of the complaint (complaints officers discuss this with the complainants when they are choosing the questions they would like to be answered). It was proposed that further work is required with complainants to truly understand what answers they are seeking from the complaint.

It was agreed that the issue of falls occurring at night would require further investigation in case of safety issues.

Action: J Haxby and the team to look into this.

10:52am P Bond left the meeting.

- Friends and Family Test - has been paused. Once it resumes, 2-3 providers will be selected each time and the results will be brought to the meeting. It was proposed that providers be asked how much they are taking on board the friends and family test results and whether they are using alternative methods to capture information.

Safety Review Group

- Northern Lincolnshire Learning Disabilities Mortality Review Programme (LeDeR) Annual Report – was received for approval. The report was required to be published on 30th September. The group requested that the report recommendations be carefully considered when reviewing the CCG annual workplan priorities.
- Introduction of the new style Q1 Intelligence Report (to be discussed under Item 9 of this agenda) - this was very well received. An area of risk was identified: the gap in the information held regarding complaints made in relation to primary care. Complaints are made to NHSE and the CCG does not receive regular or sufficient intelligence to identify any themes, trends or learning. This issue has been escalated to the Quality Leads Meeting. Other commissioners have agreed that there is a gap but that a solution has not emerged.

Action: L Golby to raise this as a joint concern with NLCCG through Alison Smith, NHSE

- Unexpected out of hospital mortality agenda – the strategic approach was noted to be assuring. The improvement agendas interlinked with the themes identified via the intelligence report; J Berry and L Golby agreed to ensure that the themed agendas are covered in the Improvement plan or elsewhere.
- Q1 safeguarding report – the report included the detail of larger providers' safeguarding training compliance. There were no areas for escalation; however, the group noted the need to closely monitor this. The impact on the team resource was noted due to S Humberston's secondment to NAViGO.
- Covid 19 safety response - the Quality Team focused on supporting care and nursing homes, mobilising PPE training in NEL. The team also prepared themselves for potential redeployment.
- Noise in the System (NITS) – Maternity. NLCCG initiated a NITS meeting following two complaints around care during labour at SGH (under investigation with the Trust; the outcomes are not yet known). The group identified a concern regarding the stillbirth rate at SGH (higher, outside of the target range, than that at DpoW). The group agreed that further information and completion of the complaints investigations were required to understand this and agreed to formally raise the concern with NLaG.
- Q1 NICE report – some of the activity was paused to the Covid 19 pandemic.; however, progress is continuing. There were no issues of non-compliance to raise.
- Q1 CAS report – there was 100% compliance and no items for escalation.
- Draft Northern Lincolnshire wide Infection Prevention and Control (IPC) Strategy – the draft was circulated, and comments requested. The aim is to have the strategy agreed and live by

the end of October 2020. It was agreed that it is important to continue to share IPC progress with Clinical Leads.

Action: L Golby to attend the October Clinical Leads meeting to provide an update

The Committee provided the following feedback:

- Following concerns raised a few years ago regarding labour management, there was a request for the instigation of an SEA and reviews in the labour team; was this put in place? L Golby confirmed that practice has improved in maternity in relation to SI reporting and investigations and that the national external Healthcare Safety Investigation Branch (HSIB) process runs in parallel. There have been four HSIB investigations completed and the Trust has shared the information with the CCG. Increased transparency has been seen by the Trust.

Action: J Haxby to share the HSIB report around the learning of the reviews with the Committee

The Committee noted the report.

9 Introducing the Q1 Intelligence Report

The new report was shared with the group. Z Wray provided a summary:

- As a result of the implementation of Respond, all intelligence received into the CCG is now recorded in one place and categorised to allow theming and trending. The report replaces the former SI, Incident and Customer Care reports.
- The report will be presented to the two sub groups and any escalations will be brought to this Committee.
- The report provides an Intelligence Summary for each provider. Themes or trends will be shared with the responsible officer and a request for feedback made around actions/learning.
- The report was well received by both sub groups.

The Committee provided the following feedback:

- It would be helpful to do an evaluation process over the next 6 months to establish whether the report is helpful to service leads and contract officers.
- Lydia, John, Zoe and the team were thanked for their work on developing the Respond system and the intelligence report.

The Committee noted the report.

10 National Patient Safety Strategy (NPSS)- update and recommendations

L Golby shared the report on screen.

- Local work on the implementation of the NPSS paused due to the Covid 19 pandemic. There is now the need to urgently pick up the priorities and mobilise resources to deliver on some of the required areas:
 - Patient safety specialists – Trusts and CCGs must identify at least one member of staff for this role (to oversee and support patient safety activities across their organisation by the end of November 2020). A document has been published to help with this decision.
 - Patient safety incidence response framework (PSIRF) – there are no imminent requirements; however, a national pilot is underway and a web page has been produced providing details of the framework and the early adopters. The framework is anticipated to be published in Spring 2021. It is important for the CCG to familiarise itself with what the framework could look like in order to begin to consider the impact on local systems and processes to aid planning. It is possible that changes may be required to the Respond system.

- Patient Involvement in patient safety – all local systems need to aim to include two patient safety partners on their safety related clinical governance committees by April 2021, with required training being delivered by April 2022 (training details have not yet been released). A definition of the patient safety partners is required to determine whether the lay members could pick up this role.
- The local system must support all staff to have training in the foundations of patient safety by April 2023 (training will not be available until April 2021).
- Achievements already made and continue to perform on include: 100% compliance for declaring all national patient safety alerts by Q2.
- Evidence needs to be sought on “Support the development of a safety culture in the NHS – local systems to set out in their long term plan implementation plans of how they will work to embed the principles of a safety culture”. Clarity to be sought on where the oversight of actions will take place.
- The CCG needs to be cognisant of key agendas within the NPSS and to support the inclusion of areas of weakness in the CCG’s Operational Delivery Plan, eg, Health checks for people with LD.
- Next steps:
 - Ensure the requirements of the NPSS are included in the OD plan and plans are in place in order to meet deadlines.
 - Identify a patient safety specialist.
Action: L Golby to submit a short paper to the Leadership team regarding the identification of a Patient safety specialist
 - Attain assurance that the requirement to include detail in the long term plan on embedding a safety culture has been completed.
 - A quarterly update report to be submitted to this Committee to ensure oversight of the delivery and timescales.
 - Establish whether the risk regarding the new framework and the potential impact on current systems needs to be added to the risk register.
Action: L Golby to liaise with C Stocks

The Committee noted the report.

11 Research and Development Update

A report was circulated for consideration.

- A decision was taken in March to ‘pause’ the site set up of any new or ongoing studies at NHS and social care sites not nationally prioritised as COVID19 studies.
- Risk assessments are now going ahead to ascertain whether certain studies start.

The Committee provided the following feedback:

- NL have received a pot of money to support practices to do their own bits of research. Would it be possible to do something similar in NEL?

**Action: E Elston to forward the paper on this to L Golby.
L Golby to pick this up with M Girdham**

- R&D is a wider agenda than the work led by M Girdham and the team. It is important to ensure that the CCG is sighted on this and looks at additional opportunities. If funding is required, this could be taken to OLT.
- Consideration to be given to closer working with NELC in this area.

The Committee noted the report.

12 Escalations / De-escalations and actions agreed to/from Committees/ Governing Body

The following were identified as requiring escalation to the Governing Body:

- Updated Annual Complaints Report
- LeDer Annual Report
- LD issue to be incorporated into the Quality report
- NPSS update

13 Chairman's actions/ Virtual decisions

- **Approval of ReSPECT Policy**

This was approved by the Committee. Caroline Briggs will need to be notified as the programme director for EoL, and the policy will need to be available within the CCG policy file.

Action: C Reed to notify C Briggs and Claire Stocks re the policy sign-off and for any further internal action needed.

14 Any Other Business

There were no items of AOB.

15 ITEMS FOR INFORMATION

- a) Q1 Infection and Prevention Control Report
- b) ICS Quality Report
- c) LeDeR Annual Report

The reports were noted.

DATE AND TIME OF NEXT MEETING:

12th November – 9:30-12 via Microsoft Teams

It was agreed to go ahead with the original meeting date in order to co-ordinate with the Governing Body meeting schedule.

Action: members to notify J Haxby/C Reed of any agenda items