

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**QUALITY GOVERNANCE COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 13/05/2021 AT 9:30**

**MEMBERS PRESENT:**

Jan Haxby, Director of Quality & Nursing (Chair)
Lydia Golby, Nursing Lead for Quality
Philip Bond, Lay Member of Public and Patient Involvement
Dr Anne Spalding, Deputy Medical Director of Quality & Caldicott Guardian
Julie Wilburn, Designated Nurse for Safeguarding Adults & Children
Nic McVeigh, Service Lead: Carers & Communities

**ATTENDEES PRESENT:**

Caroline Reed, Note taker

# APOLOGIES

Dr. Ekta Elston, Medical Director

Bernard Henry, Lay Member

Julie Wilson, Assistant Director Programme Delivery & Primary Care

Zoe Wray, Quality & Experience Team Manager

# APOLOGIES RECEIVED

Apologies were received as noted above.

# DECLARATIONS OF INTEREST

P Bond declared an interest in relation to Item 7 in his role as PPG chair at Blundell Park GP practice.

# APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 12th November were agreed as an accurate record.

# ACTION TRACKER

The document was reviewed.

Item 4 Matters Arising - Self-harm data recording - The Committee to receive a report in the new year around self-harm and the impact and support mechanisms to provide assurance that there is sufficient and appropriate scrutiny and oversight.

An update on current activity has now been received from G Dabb.

**Action: J Wilburn to share the update with the Committee.**

The Committee requested assurance that those responsible for the oversight of self-harm are taking into account intelligence from schools.

**Action: J Wilburn to establish whether G Dabb is able to make the appropriate connections with schools to ensure that the data held by school informs the bigger picture around self-harm.**

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Item 8 - CGC Subgroups Report – The CCG does not receive regular or sufficient intelligence from NHSE around GP complaints to identify any themes, trends or learning.

This issue is ongoing for all CCGs across the patch. CCGs can request information from NHSE if there are significant concerns regarding a specific practice. Conversations are taking place with the development of the ICS to agree where the responsibility for complaints for primary care, pharmacy etc will sit.

Item 11 – Research and Development Update - A paper is being developed for SMT sign off outlining the project to support practices to do their research and the investment required.

The Committee agreed that the paper be submitted to SMT to approve the funding and then to PCN Clinical Directors to decide when the right time would be for the project.

Item 4.2 - Safety Review Group ToR - L Golby updated the ToR.

**Action: L Golby to circulate the ToR for virtual approval.**

Item 7 - CGC Sub group update – a summary report on the dental issue was circulated to the Committee.

The issue was raised at a recent Accord Steering group meeting; it would be helpful to share the report. The Committee agreed that P Bond could share the report with J Brooks.

The Committee agreed that it would be helpful to share an update on dental services with the public to provide assurance regarding access to dental care. It was noted that the situation may have changed since the report was written.

**Action: L Golby to liaise with M Hannam**

The Children Looked After (CLA) rolling annual dental health checks performance has deteriorated. A Rawlings wrote a comms paper and a letter for circulation to all dentists to try and raise the issue around CLA.

**Action: J Wilburn to ensure that A Rawlings is sighted on the update.**

Item 8 - Annual Infection Prevention and Control (IPC) Update - NL IPC group - a letter to be sent out with the draft IPC strategy to motivate and encourage engagement at the right level and ownership of the strategy.

This action was paused due to Covid-19 pandemic and business continuity.

Consideration to be given to education on the strategy for GPs and others. L Golby to bring back the required actions in respect of education.

This action was paused due to Covid-19 pandemic and business continuity.

**Action: L Golby to raise the IPC Strategy at a Senior Team meeting.**

Item 11 - Any Other Business - Complaints process

A review of the complaints process from a health and social care perspective was paused due to a lack of capacity within the team; however, it will continue this year.

# Annual Assurance Report to Governing Body on activities

A report on the activities of the Committee during 2020-21 was circulated for consideration. L Golby provided a summary:

* The Committee approved the change of name from the Clinical Governance Committee to the Quality Governance Committee in November 2020.
* The Committee was paused due to the CCG’s move to business-critical functioning as a result of the Covid-19 pandemic. The functions of the Committee were discharged through a different methodology during this time to provide assurance around quality and safety, eg, through increased meetings of the Senior team, System Oversight meetings and NITS meetings. It was acknowledged that communication to Committee members could have been better during this period.
* There was less focus on Effectiveness, due to business-critical functioning and capacity issues within the team. A review will be undertaken to establish the expectations and direction of travel for the Committee.

The Quality team were thanked for their hard work in light of significant pressures during 2020-21 (Covid-19 pandemic, gaps in the team, changes happening in the NHS).

**The Committee agreed that the report represented a true and accurate reflection on the activities of the Quality Governance Committee in 2020/2021.**

# EMAS Quality Surveillance

A report from NLCCG was circulated for consideration. L Golby provided a summary:

* EMAS has been on enhanced quality surveillance for some time due to a lack of assurance around the quality of service delivery for NL and NEL.
* The data sets received were for Lincolnshire are not broken down to a station or CCG level. Work has been undertaken with EMAS in order to be able to receive some information at a station level, eg, IPC audits. For other quality data sets, the numbers would be too small to theme and trend at a station level.
* EMAS agreed that a new Monthly Quality Metric report would be presented from March 2021 onwards. Whilst the data will continue to be at a divisional level, the new report would include narrative to enable any Place specific elements to be identified.
* Weekly meetings are taking place between EMAS and the lead commissioner and any escalations will be raised with the relevant CCG Quality Lead.
* NL/NEL have not identified any new significant concerns in relation to the quality of the service. It is recommended that EMAS are put forward for removal from “enhanced” to “routine surveillance”.

The Committee provided the following feedback:

* There is improved engagement between EMAS and commissioners. EMAS are becoming more proactive around their quality oversight and involvement in pathways etc. There are fortnightly meetings to undertake deep dives into quality issues and there is increased assurance around leadership.
* Concerns regarding a potential adverse impact on handover times due to the ambulance bays at DPoW hospital being relocated as a result of building works.

**Action: L Golby to look into this and to liaise with the Comms team to establish what messages are being shared with the public**.

* There is improved engagement and communication with EMAS around the End of Life work with good attendance at meetings. The right mechanisms need to be in place to demonstrate that things are improving/changing in terms of EoL and frailty, eg, EMAS using the SPA or 111 as a mechanism of support rather than just taking people to hospital, ie, establishing if the person is known or has a plan in place. Lisa Revell and Ekta Elston are doing some work on this.
* It was noted at a recent meeting that, as part of the frailty work, GPs can ring the SDEC (same day emergency care) and speak to a geriatrician; this will need to be communicated to GPs. Some information was provided at a recent PTL session; however, the message needs to be delivered to all GPs.

**Action: J Haxby/L Golby to liaise with Jill Cunningham regarding the plan for wider comms, ie, clear piece of information around how to use the SDEC.**

* There were some issues when the SDEC was set up with phones not being answered when GPs were trying to admit a patient; a number of incidents were recorded. J Haxby will dial into some of the daily frailty calls to try to get a sense of how things are working with the frailty unit and whether there are any issues with GPs making contact by phone and whether there is the right communication flow.

**The Committee agreed to support the recommendation to move EMAS from enhanced to routine surveillance.**

# CGC Sub Groups Report

P Bond declared an interest in relation to Item 7 in his role as PPG chair at Blundell Park GP practice.

L Golby provided a verbal update from the Safety Review Group. Key points included:

Q4 Safeguarding report

* Assurance - the mechanism to receive safeguarding assurance from providers during the Covid-19 pandemic has been via a face-to-face meeting on MS Teams. This approach will continue on a quarterly basis. In the CCG’s recording of the safeguarding assurances, there will be a column for Assured or Not Assured in order to have a clear record. It was agreed that B Compton and N McVeigh need to be sighted on any issues around assurance.
* Domestic abuse - providers reported an increase in the disclosure of domestic abuse from their own staff. NHSE have produced a Domestic Abuse policy for staff; this has been shared with providers to adapt and utilise in their organisations. MARAC meetings have increased from monthly to weekly due to increased issues locally. J Wilburn is reviewing the guidance available for CCG staff and will share with Rachel Adams, HR. CCG staff have been advised to contact their line manager if they do not have a safe space at home.

There has been significant work around domestic abuse in the past few years. A domestic abuse strategy was developed <https://www.safernel.co.uk/domestic-abuse/domestic-abuse/>

and a secure budget for domestic abuse was put in place for the first time.

* CLA annual dental health check – performance is at 14%. This has been highlighted as a risk in the Quarterly surveillance report and will be discussed at QSG. Work has been undertaken by A Rawlings to seek assurance that CLA are receiving emergency care. The community dentist has put on additional sessions to accommodate the emergency cases. Conversations are underway with NELC regarding the potential to offer to jointly fund additional sessions to improve performance.
* CLA initial health assessments – performance dipped to 32.5%. Lisa Arthey has agreed to pick this up. One proposal is to bypass the children’s social care staff and system, ie, when the decision is made by the court to make a child looked after, the notification could go straight from the court to the health team. This is being explored by the Safeguarding team.

**Action: J Wilburn to provide an update on both CLA issues at the next meeting.**

Q4 Intelligence Report

* SIs – there was a reduction in SIs reported compared with Q3. This was anticipated as NLaG were reporting 12-hour trolley breaches as SIs prior to conducting harm reviews during Q3. They have now implemented the NHSE/I standard and complete the harm review prior to declaring via the SI process. Breaches are reported as SIs only if there is moderate or significant harm.
* Key intelligence themes continue to be related to discharge and communications across the health and social care system.
* PALS – there was a high level of contact from the public regarding the Covid vaccination programme.

Q4 CAS report – assured

Q4 IPC Report

* C difficile - the target was met.
* Gram negative – the ambition was not met; however, it had been anticipated to deteriorate further due to the pandemic. Good health promotion work has helped to stop the position from deteriorating further. The trajectory that was put in place when compared with the previous year in terms of anticipated cases has been met.
* MRSA – the ambition of zero was not met due to one case.

Quality Surveillance

* Nlag, Blundell Park – enhanced surveillance.
* Notification was received after SRG that quality surveillance of HUFT has changed to enhanced due to significant concerns regarding the management of the waiting lists, waiting lists for cancer, access to diagnostics, capacity and flow issues in the ED, a cohort of SIs related to falls etc. They have completed a quality risk profile and are working with NHSE/I in relation to action planning of the QRP. NELCCG has not been approached for any involvement or information for the QRP.

**Action: an overview summary of the QRP and the findings to be circulated to the Committee. L Golby to request a copy from Hull CCG**

11am N McVeigh left the meeting

* NITS meeting (Navigo) – two “whistleblowing” concerns have been raised from 2 individuals. Actions have been agreed and are in progress. A SAT notification has been received confirming that the significant safeguarding concern has been closed.
* LeDeR – there have been significant changes to the system; the electronic platform with the University of Bristol has ended and a new NHSE system will be operational from 1st June. Training on the new system goes live on 26th May and must be completed within 7 days. All reviews were completed by the deadline. The scope of reviews will change from solely LD to also include autism; NHSE have not scoped out what this will mean in terms of numbers. Discussions are taking place around the possibility of having one team of reviewers across the whole ICS. The LeDeR annual report is being drafted. It will be submitted to SRG and this Committee for approval.

It was proposed that a rolling log be developed to identify the learning of each LeDeR case and this learning to be taken forward, potentially through the Transforming Care Partnership meeting.

**Action: J Wilburn to liaise with Hazel Moore to ensure that the learning is pulled out, collated and any actions implemented and overseen.**

The Committee discussed which group should have oversight of this, eg, OLT, PTL. It was agreed that SRG would pick this up and have oversight of the action plan. The learning should also be shared with OLT.

**The Committee noted the update.**

# Development of the Integrated Care System

J Haxby shared a presentation and provided a summary of the key points.

* J Haxby and L Golby are working with other Directors and Deputy Directors of Quality and Nursing from the other four CCGs regarding the direction of travel for nurse leadership and quality to establish how things might look in each of the four areas, at a Humber level and for the ICS as a whole, including NY and York.
* Locally the ICS splits into two geographical partnerships, ie, Humber and NY and York. There is close working from a quality perspective with colleagues in NY and York to ensure that there is aligned thinking.
* The ICS is made up of a number of elements, ie, geographical partnership of Humber or NY and York, Place (NEL system/ ICP), neighbourhoods (PCNs and working in community). All providers are working in collaboratives and are driving forward agendas, ie, community, acute etc.
* Place has primacy within the model in the Humber partnership, A lot of what is currently done should continue to be delivered from place. There may be some matrix working at geographical partnership level for some areas, eg, LeDeR. Work will continue to determine what place needs to look like in terms of quality, eg, assurance, oversight and development.
* Commissioning will evolve into a different role and function (design, delivery, development, working closely with providers around operational delivery).
* Suggested timescales have been proposed for Place development: development from April - September 2021, alignment with CCGs from September 2021, testing arrangements from October 2021-March 2022, operating from March 2022-October 2023 and maturing of the model from October 2023.
* A draft framework has been developed detailing how Place partnerships might work using 10 key areas, eg, health and care strategy and planning, performance management and improvement, quality monitoring and assurance. The Committee were asked to provide any feedback on the Quality column. Discussions have taken place around what is currently included in the quality portfolio, eg, CHC, safeguarding, prevention control etc. It is important to ensure that these are covered within the 10 areas.

The Committee provided the following feedback:

* Will there be consistency in terms of Committee structure, eg, similar types of Committees in each Place area and will there be flexibility if something works well in one area but not in another? It was confirmed that there is an aim to create a model that is reflected across all four Humber areas, but there is also the recognition that each Place has its own idiosyncrasies and relationships etc.
* Will staff appointments be restricted to internal applications? It was noted that a lot of the roles and functions will transition from the current to the new arrangements and there is not a real expectation that there will be new appointments. Roles and job descriptions may need to be tweaked as the model matures.
* Concerns regarding public engagement and Accord in the new model. It was noted that the work in NEL around public engagement is recognised as best practice and that other areas aspire to the NEL way of working.

**The Committee noted the update.**

11:42 L Golby left the meeting

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

The Committee agreed that the following issues require escalation and will be included in the report to the Governing Body:

* Safeguarding issues
* CLA issues

# Chairman’s actions/ Virtual decisions

The ReSPECT policy was approved in September 2020. Following agreement at the 14 April EOL steering group the policy was updated to reflect the agreement to extend the review date to 31 March 2022.

# Any Other Business

Children’s Services Inspection. The Local Authority is in the midst of an Ofsted review. Significant concerns around children’s services were raised during a visit approximately 2 ½ years ago, in particular around social care arrangements. Significant work has been undertaken by the Local Authority to address the concerns and bring about change. Leadership, governance and engagement have improved. There is a new Director of Children’s services in post who is very transparent and works well with the CCG. J Haxby was interviewed as part of the review.

# ITEMS FOR INFORMATION

The following reports were circulated for information. The Committee were asked to provide any comments or feedback to the Quality team/ report authors.

* Research and Development Annual Report
* Intelligence Report
* Infection Prevention and Control Report
* LeDeR
* Safeguarding Report
* Central Alert System report
* NLAG & HUTH

**The Committee noted the reports.**

**DATE AND TIME. OF NEXT MEETING:**

Thursday 12th August, 9:30-12, MS Teams