

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**QUALITY GOVERNANCE COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 12/08/2021 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  
Nic McVeigh, Service Lead: Carers & Communities  
Dr. Ekta Elston, Medical Director  
Bernard Henry, Lay Member  
Julie Wilson, Assistant Director Programme Delivery & Primary Care  
Zoe Wray, Quality & Experience Team Manager  
Angela Rawling, Designated Nurse Children Looked After/Deputy Designated Nurse Safeguarding Children (representing J Wilburn)

**ATTENDEES PRESENT:**

Caroline Reed, Note taker

# APOLOGIES

Julie Wilburn, Designated Nurse for Safeguarding Adults & Children

# APOLOGIES RECEIVED

Apologies were received as noted above.

# DECLARATIONS OF INTEREST

Item 4. Matters Arising/ Self Harm Data - P Bond declared an interest in relation to his role as Chair of the Tollbar Trust.

Item 6.1. CGC Sub Groups Report - P Bond declared an interest in his role as PPG chair at Blundell Park GP practice.

# APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 13th May were agreed as an accurate record.

The Committee agreed that no redactions were required prior to formal publication.

**4 MATTERS ARISING**

P Bond declared an interest in relation to Item 4, Self-Harm Data recording in his role as Chair of the Tollbar Trust. He remained in the meeting for the discussion.

The action tracker was reviewed.

*Item 4 Matters Arising - Self-harm data recording - The Committee requested assurance that those responsible for the oversight of self-harm are taking into account intelligence from schools. 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.*

A briefing was provided by G Dabb. It was proposed that assurance could be sought via the schools’ forum that self-harm data from schools is being shared and joined up.

**Action: L Golby to link G Dabb with D Halton with a request to take this forward.**

*Item 7 - QGC Sub group update – dental issue. 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. L Golby to liaise with M Hannam/ J Wilburn to ensure that A Rawlings is sighted on the update.*

The issue was escalated via the Quality Leads and Regional QSG meetings. The recently quarterly intelligence report shows a reduction in contacts received. Monitoring will continue. This action to be closed.

*Item 8 - Annual Infection Prevention and Control (IPC) Update. L Golby to raise the IPC Strategy at a Senior Team meeting.*

The CCG does not currently have a live IPC strategy; it was paused in light of business critical functioning. L Golby is leading the ICS IPC workstream and current discussions are underway regarding the development of a Humber/ICS level strategy. The delivery of actions identified as critical/supportive of managing/improving the position with the Covid-19 pandemic is continuing; this may also have a positive impact on the objective of reducing gram negative blood stream infections. The current focus is on helping the public stay well. The quarterly update reports and annual report will continue to be shared with the Committee.

Concerns were raised regarding the lack of a live strategy and the potential decrease in the information to be held at place going forward. It was confirmed that oversight of the HCAI indicators is continuing and that the level of data held should remain the same and the level of access to data may increase.

It was agreed that the strategy needs to encompass health and social care. It was confirmed that the draft policy will be opened up to consultation.

Clarification was sought regarding joint working with other CCGs in terms of policy development. It was confirmed that the four Humber CCGs and six CCGs across the HCV are working closely regarding the alignment of current policies and delivery going forward and would work together on any emerging policies. There is no clarification at this stage regarding the review and scrutiny process for the ICS.

*Item 6. EMAS Quality Surveillance. 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. L Golby to look into this and to liaise with the Comms team to establish what messages are being shared with the public.*

Regular messaging is being sent out to the public by the Trust communication team. This action to be closed.

*Item 6. 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. 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.*

Confirmation was received that mobilisation has been communicated out to all GPs.

It was requested that regular communications be circulated about the SDEC to ensure that the message is received widely.

Feedback from GPs indicates that there is difficulty in getting through to the SDEC via telephone but that once through, it is predominantly well managed. A request for patient feedback and any other evaluation of the service has been made.

10am J Wilson left the meeting.

**Action: L Golby to contact J Cunningham regarding how to access the evaluation of the service/ how the new way of working is being embedded.**

*Item 7. CGC Sub Groups Report.* *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. J Wilburn to provide an update on both CLA issues at the next meeting.*

The performance has dipped since the last update to 24.25%. Adele Harty, CSC is leading on trying to improve the notification process, but no real impact of this work has been seen yet. Key issues are staff training and a high turnover of staff and staff in interim posts in Children’s services.

It was agreed that it would be helpful to understand the level of risk, eg, is the performance target of 20 days being missed by one or two days or a longer period or is it due to children ceasing to be CLA and not having an assessment?

**Action: A Rawlings to produce a briefing.**

Dental Health Checks for CLA

Performance has increased from 14% of children seen to 42%. The reduced dental capacity was a direct impact from the pandemic. The Community dental service has worked well, and a letter has been sent to the service from the CCG.

# 5 Items approved virtually since the previous meeting

* Patient Group Directions (PGD) Policy. The policy was approved by the Committee virtually in June 2023; however, a number of changes are required to ensure that it is robust and clear. If there are significant changes, the policy will be recirculated to the Committee for approval.

**6 Items for assurance**

**6.1 CGC Sub Groups Report**

L Golby shared the report on screen (to be circulated post meeting).

P Bond declared an interest in his role as PPG chair at Blundell Park GP practice but remained in the meeting for the item.

**Safety Review Group**

Q1 Intelligence Report

* Discharge – the position is not improving. The group agreed to invite N McVeigh to the next meeting to give an overview of the work underway around discharge and to establish whether the discharge working group will be addressing the quality areas of deficit and, if not, what needs to be done to address this.

Q1 IPC update

* HCAI indicators – currently on target.
* C difficile – performance is good and the forecast looks positive.
* MRSA – the position remains precarious due to national zero tolerance. The CCG is assured that the risk is controlled and mitigated to the best of the system’s ability.
* Gram-negative – the position is positive but precarious as the summer and winter period can see an increase in reporting numbers when reviewing the previous year’s data. The positive health promotional messaging to the public concerning staying well, good hydration and good hand hygiene may be having a positive impact on this indicator.
* Routine IPC audits remain paused with the community IPC provider. This is to ensure that the team is able to support Covid-19 outbreaks in the health and care community. The team can continue to be mobilised to support audits as required. Additional capacity was put into the IPC team during the first phases of the pandemic; this has been extended to March 2022.
* The IPC strategy has been paused. This was discussed during Item 4.

**Action: L Golby to liaise with the Comms team regarding getting a message out to the public about the positive impact of good hand hygiene on the management of overall infection.**

2020/21 Annual Report on Learning Disabilities Mortality Review Programme (LeDeR)

* The report developed by the Humber CCGs has been agreed and published. Item 6.2 on the agenda focuses on the learning and how it will be mobilised in NEL.

HSIB national report alert regarding Oxygen Medical Gas Pipeline System

* To be picked up on the agenda under Item 7.3.
* SRG supported the actions within the report. Actions will be tracked through SRG.

Provider Profiles

These remain paused. A discussion is required to consider options to release resource to focus on the development of the ICS and arrangements at place. However, a verbal update as a minimum will be provided through QGC with regards to any provider concerns.

Chair’s report

* The Chair has approved a request for SRG to monitor the action to map and understand the arrangements in place for NHS mental health funded care. A recent incident highlighted that there were no documents outlining the arrangements for outsourced activity. As conversations have started with Humber colleagues regarding what might sit within quality going forward, this may sit within the portfolio. It is important to ensure that the arrangements are robust.
* The Annual complaints report template and the complaints process are under review. The SRG will receive these for scrutiny. .
* The ExRG has not yet been re-established. Moving the business critical functions into SRG has worked well. It is proposed that the arrangement continues for the next two quarters and members of the ExRG be invited to join an extended SRG. It was agreed that it would be helpful to have lay member involvement in the merged group.

11am N McVeigh and B Henry left the meeting.

**6.2 Annual LeDeR Report**

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

* The report provides an executive summary of the learning gleaned from the 2020/2021 Annual LeDeR report.
* The LeDeR annual report was co-produced with partners from NELCCG, NLCCG, ERCCG and Hull CCG. J Wilburn worked closely with the report author, Hazel Moore. The partnership approach enabled a lager data set and greater analysis of learning and the identification of thematic areas for quality improvement. The numbers of deaths in each individual CCG are small which would make it difficult to analyse and understand thematic areas for improvement.
* 55 deaths were reported and learnt from across the CCGs.
* Examples of good care found in the reviews included: GP practices having named nurses with good knowledge of LD to provide continuity and support for the person, a carer who knew the person well visiting them in hospital and helping with discharge planning, care staff visiting the person in hospital, having a personal budget, supporting a move into supported living together with other people the person knew, having shared care records and families involved in EoL planning.
* Examples of “things we need to do better” included: not everyone with a learning disability in hospital is seen by an LD nurse, not all Capacity assessments and Best Interest meetings were recorded every time in a person’s records, people were not always involved in deciding where they lived and if they moved, Mental Capacity documentation was not always completed to a good standard, not all staff had a clear understanding of Mental Capacity, not everyone with a learning disability who is entitled to an Annual Health Check has their check, not all the health action plans for people who had their Annual Health Check were fully completed and of a good standard and not everyone who went into hospital had a hospital passport (introduces the individual and their care and outlines their likes/dislikes etc).
* The four key recommendations were:
  + Ensure that everyone who is 14 years old and over is on their GP learning disability register and is offered their Annual Health Check.
  + Ensure the reviews are completed really well and meet the person’s needs.
  + Ensure all health and care staff are aware of their responsibilities and following the Mental Capacity Act.
  + Need to keep working to make sure people coming to the end of their life are recognised so that decisions can be made with them and their family and plans made to stop them being taken to hospital if they do not need to go.
* The Humber LeDeR steering group is turning the learning from the annual report into actions to improve the 4 key areas. These areas need to be delivered at place. The overlap with other improvement activity is recognised, eg, EoL. It is proposed that SRG oversees the monitoring of the actions and receive assurance that the learning is being addressed at place, and OLT monitors the Annual Health Checks (identified as a quality priority for the CCG this year).

**Action: Quality team to consider how it can support and oversee and help to deliver on the actions.**

The Committee provided the following feedback:

* Care staff visiting people in hospital; was this a policy or good will on the part of the carer?

**Action: L Golby to check this.**

* Concerns regarding the recuring theme of poor record keeping.

**Action: Z Wray to check when the promotion of good recording was included in the Quality Matters Bulletin.**

**Action: J Haxby to raise at the Senior Nurse meeting and propose the introduction of regular audits of case notes to identify where communication could be stronger.**

A position statement will be shared with the Committee at the end of Q2 to outline how the actions are progressing.

**Action: C Reed to update the Forward plan**

**The Committee noted the report.**

**7 Items for discussion/decision**

**7.1 Quality Surveillance in respect of all NEL commissioned services**

**• Cambridge park CQC report update**

This item was covered in the Chair’s report.

**7.2 \*Deferred\* Review of Committee Workplan**

Work is underway to redesign the model around quality; this will influence the workplan of this Committee. An update will be submitted to the next meeting.

**7.3 HSIB national report alert re Oxygen Medical Gas Pipeline System**

A report was submitted for consideration. L Brown provided a summary:

* HSIB identified an emerging risk following an alert from an NHS Trust relating to the Medical Gas Pipeline System (MGPS). This resulted in patients being diverted to different hospitals, the cancellation of elective surgery and ward reconfiguration; whilst the pipeline systems were removed. No patients were harmed.
* HSIB findings included: unprecedented demands placed on MGPS systems due to the Covid-19 pandemic, the current MGPS guidance is outdated and does not reflect developments in Oxygen therapy, current assurance mechanisms for MGPS infrastructure are not effective to manage patient safety concerns and a lack of investment in the MGPS infrastructure created challenges.
* System wide recommendations attributed to NHSE/I and CQC included:
  + To further review and specify key roles, responsibilities and competencies of individuals identified in the Health Technical Memorandums (HTM) for MGPS
  + To implement a process to provide ongoing assurance of the qualifications and experience of those working with MGPS’s
  + Training programmes for engineering and estates teams to include existing estates issues
  + MGPS to be prioritised for financial investment and future sustainability.
  + Procurement of pipeline flow meters and electronic telemetry to monitor flow.
  + NHS premises assurance model should include MGPS queries.
* Local assurance actions were also agreed.

The Committee noted that this issue is applicable to all providers with MGPS; where does the responsibility for seeking assurance and monitoring progress sit? It was proposed that SRG could be responsible.

**Action: L Golby to check with E McCabe as Estates lead whether another group is receiving the assurance around this area and also the quality of estates generally, eg, water systems etc.**

**The Committee noted the report.**

**7.4 Approval of Safety Review Group Terms of Reference**

Following the agreement to merge SRG and ExRG, the ToR will be updated and circulated to the Committee.

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

The following were identified for escalation:

* CLA initial health assessments low performance to be shared with the Risk Committee once the due diligence work around the data has been completed and signed off by the Quality team.

To be included in the report to the Governing Body:

* Cambridge park - for information.
* Absence of a live IPC strategy.
* HSIB national report alert re Oxygen Medical Gas Pipeline System

**8. Items for information**

**(including Minutes from relevant sub committees)**

8.1 Intelligence Report

8.2 Infection Prevention and Control Report

8.3 Safeguarding Report

8.4 Central Alert System report

**The Committee noted the reports.**

**9. Any Other Business**

There were no items of AOB.

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

Thursday 11th November, 9:30-12, MS Teams