

**CLINICAL GOVERNANCE COMMITTEE MEETING  
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP  
THURSDAY 14<sup>TH</sup> NOVEMBER 2019  
AT 9:30AM  
COUNCIL CHAMBER, GRIMSBY TOWN HALL, GRIMSBY**

<b>PRESENT:</b>	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 Nic McVeigh, Service Lead: Carers & Communities Zoe Wray, Quality & Experience Team Manager Caroline Reed, Note taker
<b>APOLOGIES:</b>	Julie Wilburn, Designated Nurse for Safeguarding Adults & Children Julie Wilson, Assistant Director Programme Delivery & Primary Care
<b>IN ATTENDANCE</b>	Sarah Dawson, Service Lead Primary Care and Long Term Conditions (representing J Wilson) Marie Girdham, R and D Lead Nurse Manager

Item		ACTION
<b>1.</b>	<b>Apologies</b>	
	Apologies were noted as above.	
<b>2.</b>	<b>Declarations of Interest</b>	
	Item 4 - Looked After Children (LAC) Safeguarding Report - Self harm. P Bond declared an interest relating to his role as Chair of Tollbar Trust. It was agreed that P Bond could remain in the meeting for the item and participate in any discussions.  Item 10 – Quality Surveillance. P Bond declared an interest as PPG Chair of Blundell Park GP practice. It was noted that P Bond does not have a financial interest in the practice. It was agreed that P Bond could remain in the meeting for the item and participate in any discussions.	
<b>3.</b>	<b>Notes of Previous Meeting – 01.08.2019</b>	
	The notes were agreed as an accurate record, subject to the following amendments:  Present - B Henry to be added to the list of attendees. Declarations of Interest – B Bond to be amended to P Bond.	<b>C Reed</b>
<b>4.</b>	<b>Matters Arising from Previous Notes – 01.08.2019</b>	
	<i>Item 4 - Matters Arising from Previous Notes – 16.05.2019 - Terms of Reference (ToR) J Haxby and L Golby to revisit the membership section and then seek ratification by the Governing Body.</i>	

<p>The Committee discussed whether the Committee membership should include B Compton as Director of Adult Services or N McVeigh as Chair of MIFS. The Committee agreed that the information sharing from MIFS is useful and that N McVeigh should remain the representative on this Committee. It was noted that B Compton is kept informed of quality areas via her membership of Care Contracting Committee (CCC) and Delivery Assurance Committee (DAC). J Haxby to seek approval from B Compton of this decision. The Terms of Reference will need to reflect this decision (to be circulated prior to the next meeting and signed off at the next meeting).</p>	<p><b>J Haxby L Golby Forward plan</b></p>
<p><i>9:41am – E Elston joined the meeting.</i></p>	
<p><i>Item 8 - Looked After Children (LAC) Safeguarding Report - Self harm - J Wilburn to liaise with Lauren King in order to establish how schools are supported, how to access information from schools, whether there has been an increase in self-harm reported through schools or via CAMHS and to confirm that there is oversight on self-harm via contract management with CAMHS and that a local plan is in place.</i></p>	
<p>An update from L King regarding the work taking place in this area was shared with the Committee. The Committee noted the update and acknowledged the work taking place. The Committee requested the following:</p>	
<ul style="list-style-type: none"> <li>• Clarity regarding who has the oversight/ responsibility for monitoring/ reviewing self-harm reported internally within schools.</li> <li>• The CCG to request data from schools regarding self-harm (concerns that self-harming has significantly increased in schools despite overall levels of self-harming decreasing)</li> <li>• Confirmation that the CCG has contractual oversight on self-harm.</li> <li>• L King to be asked to attend the Safety Review Group or Effectiveness Review group (to be determined) to provide assurance in the above areas. The presentation/update to be shared with the Committee and Clinical leads (if required).</li> </ul>	<p><b>L King  L King  J Wilburn L Golby/ J Wilburn</b></p>
<p>The Committee fed back that there is still uncertainty in general practice and schools regarding whether there is a clear pathway into the appropriate service for children with emotional and mental health difficulties, eg, schools referring children with autism to GPs, GPs required to complete forms. L King to be asked to provide assurance that these issues are being addressed.</p>	<p><b>L King</b></p>
<p><i>Item 5 - Local Safety System Risks - Ophthalmology – New Medica experienced some difficulties getting background data for NLaG patients; however this has now been rectified. J Wilson to check this with S Dawson.</i></p>	
<p>It was noted that this related to patients who made a choice to move to NewMedica. This is no longer an issue and has not been raised via contract management. The Committee agreed to close action.</p>	
<p><i>A pilot in which GPs NLaG reviewed patients resulted in approximately 75% of the patients recommended by GPs for discharge being discharged</i></p>	

<p><i>back to primary care. The learning will be shared with primary and secondary care.</i></p> <p>It was noted that the figure was 50% in some specialities. A Spalding to speak to J Wilson as the learning may already have been rolled out to primary and secondary care. A Spalding to provide an update in order that the action can be closed down if appropriate.</p> <p><i>Item 6 - CGC Sub Group Update - It was proposed that the crib sheet reflecting The Fifteen Steps Challenge framework be used within other health and care settings.</i></p> <p>N McVeigh confirmed that the crib sheet has been developed with local professionals and is being used by health and care professionals in the community. Feedback has been positive. Learning from the 15 steps is being monitored at MIFS. An increase in portal concerns has been seen. The next step is to development a facility for phones whereby concerns will go straight to the portal. N McVeigh and L Golby to discuss this and the links to the Response system which will store all intelligence in one central location.</p> <p>It was agreed that the crib sheet will be circulated to the Committee.</p> <p><i>Item 7 - Whistleblowing - A reminder to be circulated to staff via the weekly global regarding the policy and how to use it.</i></p> <p>Comms Team to provide a reminder via the weekly global email. H Kenyon to be asked to provide a reminder in next week's staff update.</p> <p><i>Consideration to be given to whistleblowing from a Union perspective. J Haxby to pick this up outside of the meeting.</i></p> <p>J Haxby confirmed that this policy does not fall within NELC HR's remit. L Golby to meet with Paul Ellis regarding the possibility of having a joint policy.</p> <p><i>Consideration to be given to whistleblowing from a PCN perspective. J Wilson to pick this up outside of the meeting.</i></p> <p>S Dawson to follow this up with J Wilson. L Golby was approached by a practice to act as a whistleblowing representative; this would not be appropriate.</p> <p>P Bond has been tasked with writing to PCNs regarding the possibility of creating a "super PPG" with one representative from each practice. It was proposed that the PPG representative could also act as a whistle blower representative. It was agreed that P Bond will email details to E Elston. E Elston to request that this be added to the PCN monthly forum agenda. L Golby to forward the national template to E Elston for the agenda.</p> <p><i>Item 9 - Safeguarding Arrangements and Child Death Review Arrangements Update - The "help" numbers within the e-CDOP system were incorrect. A Spalding to pull together a user guide which can be shared with other practitioners.</i></p> <p>A Spalding to action this and liaise with J Wilburn as required.</p> <p><b>The Committee noted the update.</b></p>	<p><b>A Spalding</b></p> <p><b>N McVeigh L Golby N McVeigh</b></p> <p><b>L Golby</b></p> <p><b>L Golby</b></p> <p><b>S Dawson</b></p> <p><b>P Bond E Elston L Golby</b></p> <p><b>A Spalding</b></p>
<p><b>FOR DECISION</b></p>	

5.	<p><b>Annual Complaints Report</b></p> <p>A report was circulated for consideration. Z Wray provided a summary:</p> <ul style="list-style-type: none"> <li>• The adult social services and health statutory complaints annual report provides an overview of the activity and analysis of complaints and representations for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. The report also includes activity from informal complaints (PALS) and enquiries and concerns raised by professionals through the CCG portal.</li> <li>• Activity fell across all complaints and concerns during 2018/19. There were 35 Adult Social Care (ASC) complaints received with 18 fully or partially upheld. A lot of the complaints related to unclear communication, clarity around how direct payment monies could be utilised and adequate information for carers and families around DoLs. Lessons learnt included the need to record instances when service users decline care. If this is persistent, this should be flagged. It was noted that it would be helpful to record capacity. There were 37 Corporate/CCG/health complaints with 15 partially or fully upheld. Lessons learnt included ensuring that hospital staff are aware of the importance of booking ambulances as soon as possible etc. Lessons learnt from complaints are now included in the Quality team monthly bulletin which is circulated to our providers.</li> <li>• Ombudsman requests – there were 6 cases with one upheld. This linked to a local care home; the CCG worked with the home to address the issues.</li> <li>• The number of complaints for 2019/20 are increasing. Many of these are complex multi-agency complaints involving 3 or 4 service providers. These are handled as one complaint but recorded as an issue against all of the providers.</li> </ul> <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> <li>• What was the reason for the reduction in complaints and concerns during 2018/19? It was noted that this could be linked to the wider promotion of the complaints procedure to individuals and MPs, and clarification that individuals can make the complaint to the CCG and/or the provider. Other factors might include the PALS service dealing with concerns instead of escalating to the complaints process and reduced complaints relating to rectified issues within domiciliary care and patient transport. It was noted that incidents relating to domiciliary care and patient transport have not decreased. J Berry to produce an update articulating the potential factors for the reduction in complaints in 2018/19.</li> <li>• CCG staff to be reminded that the Quality team have access to data relating to complaints, concerns and incidents. It was proposed that the Respond system could be utilised to periodically run a report on complaints and incidents within a specific area; the report could be sent to the commissioning lead and shared with the clinical lead. It was agreed that this will be added to the November OLT meeting agenda for further discussion.</li> </ul> <p><b>The Committee agreed to approve the report.</b></p>	<p>J Berry</p> <p>L Golby</p>
6.	<p><b>Research &amp; Development (R&amp;D) Annual Report 2018/19</b></p>	

A report was circulated for consideration. Dr. Marie Girdham provided a summary:

**Promotion of Research and use of Research Evidence**

- National Institute for Health Research (NIHR) Portfolio Study Activity
- The number of NEL GP practices recruiting into the NIHR clinical research trials has increased from 17 to 19%.
- The numbers of participants recruited into NIHR studies in NEL CCG increased from 36 in 2017/18 to 178 in 2018/19.
- The CCG has not achieved the performance benchmark to achieve 45% of GP practices taking part in research.
- A lack of NIHR primary care studies coming into the Yorkshire and Humber region and the development of the PCNs impacted on the activity.

**Excess Treatment Costs (ETCs)**

Since October 2018, the way that ETCs are paid has changed. The process is now managed centrally and CCGs will receive activity based data to detail what has been spent. There will be less legacy based data. Timelines have changed along with recruitment targets. The R&D team are monitoring the process.

**Development work**

Areas for development and potential actions and recommendations have been identified, including:

- To aspire to the NIHR performance benchmark of 45% (of GP member practices in NEL taking part/ engaging in research. This equates to 11 out of the 26 practices.
- Continue to support and grow the number of participants engaged in NIHR) Clinical Research Network (CRN) studies. Proposal to undertake scoping work to identify the enablers and barriers for staff participating in research, particularly within primary and community care. The actions and messages that have been undertaken have not been successful.
- To help build the skill set, knowledge, infrastructure and capacity in NELCCG. Work is ongoing to identify and attend appropriate events to raise awareness of the R&D agenda.
- To increase the visibility/accessibility of the R&D service. A rebranding exercise is underway and members of the Team will have a more visible presence at the CCG headquarters.

The Committee provided the following feedback:

- NIHR performance benchmark of 45% (11 out of the 26 practices) – is that an appropriate benchmark given the range in size of practices? – For consideration by the Effectiveness Group.
- Concerns regarding a lack of capacity within primary care for the required R&D engagement. The Committee discussed the possibility of this being picked up at PCN level and agreed that a separate R&D led event would be helpful due to the full agendas at PCN meetings. GPs and clinical academics linking into GPs could

**L Golby**

	<p>be informed that the R&amp;D studies could provide an additional income stream and would be of benefit to patients.</p> <ul style="list-style-type: none"> <li>• NELCCG is a health and social care organisation; it was agreed that it would be helpful to look at a whole system approach in terms of R&amp;D, ie, social care, care homes, pharmacy, community care etc. Current focus is health – would be helpful to expand this to social care.</li> <li>• The report proposes that Patient Ambassadors develop a role in raising awareness and improving access to research opportunities for patients. It was proposed that this could be a role for the Accord ambassadors. P Bond to request that this be added to the next Accord Steering Group meeting. M Girdham advised that contact could be made with the regional Patient and Public clinical research network link (based mainly in Leeds) to attend a meeting and discuss more about the role of the patient Research Ambassador and to provide further information.</li> <li>• Proposal to pull together a strategy/intentions document working as a Union. J Haxby to identify the appropriate person in NELC for L Golby to liaise with.</li> <li>• It was agreed that L Golby will produce a one page summary of the report and circulate to Clinical leads, service leads, PCN meetings.</li> </ul> <p><b>The Committee noted the report and supported the recommended actions identified in the report.</b></p>	<p><b>P Bond</b></p> <p><b>J Haxby</b></p> <p><b>L Golby</b></p>
	<b>FOR DISCUSSION</b>	
<b>7.</b>	<p><b>System Update</b></p> <ul style="list-style-type: none"> <li>• <b>CQC Ratings</b></li> </ul>	
	<p>J Haxby provided a verbal update.</p> <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> <li>• Quarterly meetings are held with CQC inspectors and ASC/quality team members. There are good resources available that demonstrate a positive position as a county and list all services across the local patch. It was agreed that the ASC presentation detailing benchmarking information around patients, quality in care homes, conveyances to hospital etc would be shared with the Committee. It was noted that some of the information is out of date.</li> <li>• It was agreed that a briefing on the State of Care report be submitted to the next meeting.</li> <li>• It was agreed that the CQC health and social care information, together with a spreadsheet detailing each practice position be added to future agendas as a standing item.</li> </ul> <p><b>The Committee noted the update.</b></p>	
<b>8.</b>	<p><b>CGC Sub Group Update</b></p> <p>A report was circulated for consideration. L Golby and J Berry provided a summary of the highlights.</p> <p>Safety Review Group</p>	



- Performance on the review health assessments is in a better position. There were issues relating to Out of Area placements. Assurance has been received from the LAC team that work is ongoing to improve the position and seek more timely reviews out of area.
- Review of emotional and mental health needs of children looked after by NEL placed out of the local area – the review was undertaken in two parts: the CQC rating was looked at but not felt to be adequate; therefore an audit of records was undertaken. Areas of good practice and areas of weakness/challenge were found; these were mirrored in the national picture. Recommendations have been made regarding sharing the learning locally and regionally. L Golby and J Fell will undergo this piece of work.
- Mortality – the latest SHMI position has deteriorated. The CCG is reviewing the position of both in and out of hospital mortality. J Haxby and J Berry are due to meet NLaG colleagues on 20/11 to discuss aligning strategy around mortality and end of life (across secondary care, primary care, community care, adult social care). The NELCCG Unexpected mortality group meeting is being held on 25/11; Carline Briggs (End of life care lead) will be attending.

The Committee raised concerns regarding the lack of progress around SHMI. It was confirmed that case reviews indicated that individuals should not have been admitted to hospital but that there was nothing that could have been done to prevent the deaths. If the SHMI targets are not achievable (the NLaG measure is classified as a district general hospital with a low anticipated mortality rate), should the CCG be challenging this as an appropriate measure? It was agreed that the focus needs to be on ensuring that there are good quality pathways of care for people, end of life plans are in place, areas for improvement are identified and good learning is rolled out.

#### Effectiveness Review Group

- Infection Prevention and Control
  - MRSA – there has been one case; the post infection review found the case to be unavoidable. The performance measure will not be met as the tolerance is zero.
  - C-difficile - the CCG is set to achieve its target of less than 35 cases.
  - E-coli – performance has improved significantly and there is a possibility that the target could be met.
  - Final year of the current IPC strategy is on target to achieve.
- CCG Provider Profiles – the Quality team has produced quality profiles for the main providers (primary and social care providers are not included as this information is collated via other mechanisms). These are located on the CCG intranet and will be reviewed quarterly by the sub groups. Escalations will be submitted to this Committee. It was agreed that it might be helpful to circulate information regarding outliers or areas of concern to Clinical leads quarterly. It was also agreed that feedback be sought in 6 months to establish whether the profiles are useful/used etc.

	<ul style="list-style-type: none"> <li>CQC – 5 providers are rated outstanding, 64 good, 18 require improvement and 1 inadequate. The spreadsheet will be circulated to each meeting.</li> </ul> <p><b>The Committee noted the update.</b></p>	
<b>9.</b>	<b>National Patient Safety Strategy – CCG Actions</b>	
	<p>A report was circulated for consideration. L Golby provided a summary:</p> <ul style="list-style-type: none"> <li>Areas relating to local systems are highlighted. There is a considerable amount to deliver this year (and to 2024) with challenging targets.</li> <li>The targets do not match the current KPI measurements and IAF outcome indicators, eg, nationally reduce the rate of stillbirths, neonatal deaths and asphyxial brain injury by 50% by 2025. The CCG holds some data on this but does not formally monitor and challenge it. It was agreed that L Golby will work with M Rabbetts, L Whitton (DAC chair) and J Haxby to discuss this further, eg, who is providing and analysing the data for these areas, who will provide the baseline, where will it be reported.</li> </ul> <p><i>11:40am – E Elston left the meeting.</i></p> <ul style="list-style-type: none"> <li>The strategy includes a requirement to embed patient safety considerations etc into the Long Term Plan. L Golby to alert L Hilder.</li> <li>It is recommended that the Union considers the plan and the local system requirements to understand the national trajectory and how the system needs to work together to deliver the plan. L Golby to produce a briefing to share with the Union.</li> </ul> <p><b>The Committee noted the update.</b></p>	<p><b>L Golby</b></p> <p><b>L Golby</b></p> <p><b>L Golby</b></p>
<b>10.</b>	<b>Quality Surveillance</b>	
	<p>L Golby provided a verbal update.</p> <p>The Committee requested that updates on enhanced surveillance for social care be included in future updates to provide overall quality oversight. L Golby and N McVeigh to meet to discuss this.</p> <p><b>The Committee noted the update.</b></p>	<p><b>L Golby</b> <b>N</b> <b>McVeigh</b></p>
<b>11.</b>	<b>Escalations/De-escalations and actions agreed to/from Committees/ Governing Body</b>	
	<p>The following were agreed as requiring escalation to the Governing Body:</p> <ul style="list-style-type: none"> <li>Required CCG actions from the national patient strategy.</li> <li>Local system responsibility – not solely CCG.</li> </ul>	
<b>12.</b>	<b>Any Other Business</b>	
	There were no items of Any Other Business.	
	<b>FOR INFORMATION – contact authors with any issues.</b>	



<b>13.</b>	<b>Customer Care Report</b>	
	Circulated for information.	
<b>14.</b>	<b>Engagement Report</b>	
	Circulated for information.	
<b>15.</b>	<b>Incident Report</b>	
	Circulated for information.	
<b>16.</b>	<b>Serious Incident Report</b>	
	Circulated for information.	
<b>17.</b>	<b>Central Alert System Report</b>	
	Circulated for information.	
<b>18.</b>	<b>NICE Report</b>	
	Circulated for information.	
<b>19.</b>	<b>Infection Prevention and Control Report</b>	
	Circulated for information.	
<b>20.</b>	<b>Safeguarding Report</b>	
	Circulated for information.	
<b>21.</b>	<b>Virtual Policy Ratification</b>	
	There was nothing to report.	
	<b>Date and Time of Next Meeting:</b> <b>Thursday 6<sup>th</sup> February 2020, 9:30-12, Council Chamber, Grimsby Town Hall</b>	