******NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**QUALITY COMMITTEE MINUTES**

**Thursday 8th December 2016**

**9.30-12.00 noon**

**Seminar Room 1, the Roxton Practice, DN40 1JW**

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| **PRESENT** | | Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott (Chair) | |
|  | | Jan Haxby (JH) – Director of Quality and Nursing | |
|  | | Chloe Nicholson (CN) – Quality Lead | |
|  | | Lydia Golby – Nursing Lead for Quality | |
|  | | Gemma Mazingham – Patient and Client Experience Manager | |
|  | | Philip Bond (PB) – Lay Member of Public and Patient Involvement | |
|  | | April Baker (AB) – Lay Member, Community Forum | |
|  | | Gary Johnson (GJ) – Patient Safety Lead | |
|  | | Peter Hudson (PH) – Clinical Nurse for Quality | |
|  | | Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL) | |
| **IN ATTENDANCE** | | Paul Glazebrook (PG) – Lay Member, Representative from Healthwatch (left meeting  at 11.00 am)  Jane Fell – Designated Nurse for Looked after Children  Ann Spencer – Quality and Nursing Administrative Assistant (Minute Taker) | |
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| **APOLOGIES** | | Juliette Cosgrove (JC) – Chair - Clinical Lay Member of the CCG Governing Body  Bev Compton (BC) – Acting as Assistant Director of Care and Independence  Michelle Barnard (MB) – Assistant Director of Service Planning and Redesign  Lisa Hilder (LH) – Assistant Director of Strategic Planning  Bruce Bradshaw (BB) – DoLs & MCA Lead  Bernard Henry (BH) – Lay Member | |
| **ITEM** |  | | **Action** |
| **1.** | **Apologies** | |  |
|  | As noted above | |  |
| **2.** | **Introductions and Declaration of Interest** | |  |
|  | Introductions around the table were made and there were no declarations of interest. | |  |
| **3.** | **Minutes & Action Summary from the last Meeting** | |  |
|  | Apologies were made for the late circulation of the agenda and supporting documents. Philip Bond commented that this did create difficulties as he had allocated time to read the paperwork and if not received within the set timeframe he was not able to prepare for the meeting sufficiently.  **Minutes**  The minutes of the last meeting were agreed and approved as an accurate record.  **Action Summary**  Items on the Summary of Actions arising from the last meeting were talked through and updated and deemed either to be discussed under items on this agenda or as having been completed or to be added to future agenda with dates.  ***(Updated Summary of Actions arising from the Quality Committee meeting of 10th November 2016 see Appendix 1)*** | |  |
| **4.** | **Matters Arising** | |  |
|  | There were no matters arising. | |  |
| **SAFETY** | | |  |
| **5.** | **Safeguarding Update & LeDeR Briefing** | |  |
|  | Julie Wilburn presented two reports and shared the **Safeguarding Adults NEL Safeguarding Adults Board Annual Report 2015-2016** with members. Jan Haxby questioned whether there were any challenges for the CCG. Julie Wilburn responded that there were none specifically, but across the board for all partners, resources were a challenge and they all would have to work very creatively. Use of the internet and creation of a website for safeguarding (already one available for safeguarding children) would be looked into with CCG support. Over the year, in order to avoid duplication of work, a lot of focus had been on aligning children and adult safeguarding. A joint chair for both groups was now in place and currently looking at aligning sub groups.  **The Safeguarding Adults CCG Annual report** represented the six month’s work of Julie Wilburn being in post. Further alignment of work planned for next year which would result in one safeguarding report for both adults and children. Jan Haxby confirmed that there was a requirement to present to both Adults and Children’s Safeguarding Reports to Partnership Board.  Update on working arrangements:   * Post of Specialist Nurse. * Advertisement gone to HR. * Closing date 18th December. * Interviews early next year.   **Learning Disability Mortality Review (LeDeR)**  Julie Wilburn explained that this is a pilot study for three years run by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.  Julie Wilburn went on to explain the division of age and group splits and the attempt to align this process within existing systems and processes. The learning from this pilot would be shared from SI’s briefings. This was challenged by Gary Johnson and Dr Anne Spalding as they believed there could be gaps in the system but Julie Wilburn assured that all deaths of individuals with learning difficulties (LD) aged 4-74 would be reviewed. Dr Anne Spalding commented that GPs needed to be informed and due to relatively low number of LD patients in NEL area that anonymity must be ensured to avoid identification of patient.  CSE Practice Review reports had gone through all appropriate governance and were shared with members for information. The learning from this review would be shared with partners. | |  |
| **6.** | **Risk Register** | |  |
|  | Lydia Golby gave a verbal explanation regarding the Risk Register which is currently managed through the Information Governance & Audit (IG&A) committee and explained the shared Board Assurance Framework (BAF).  Key points:   * Current and targeted risk. * Understanding the Risk Matrix 5x5 grid.   Dr Anne Spalding questioned the accuracy of numbering in the boxes and in order to clarify the Standard Risk Tool recommendation that a key should be added to the document.  Philip Bond questioned whether this is the whole risk and Lydia Golby responded that it was not, but that every quarter a high risk report was produced. Discussion took place around risk in general in order to clarify that it would not be relevant for this committee to oversee all risk. The IG&A committee receive this report and they ensure that actions are delivered to support and challenge; they give oversight and assurance to the Board.  It was not the intention that this committee duplicate work already being done but Jan Haxby suggested that we may want to ask questions and bring here for discussion and also become a fresh set of eyes to look at certain identified risk which directly impact on quality. It would be for IG&A committee to decide quality issues for this committee to take up and investigate further. Clarity of this role would need to be sought. Gary Johnson stated that:   * We could add risk ourselves. * Request IG&A to highlight issues for comment on by Quality Committee. * Ensure that IG&A understand what needs to be delegated back to Quality Committee. * Controls identified that Quality Committee are made aware of a risk to be flagged up with the Quality Committee or Quality Team; currently no process in place.   Phillip Bond stated that it would be useful for a member of the Quality Committee, a member of the Quality Team, to be a member of the IG&A Committee.  **ACTION:**  **Propose a Quality representative be appointed to IG&A Committee.**  **Request IG&A Committee to highlight quality issues for Quality Committee to comment on.** | |  |
| **7.** | **Quality Dashboard/Provider Assurance Update**   * **Exception Reporting** * **Quality Profiles** | |  |
|  | Chloe Nicholson presented the new document explaining that many of the features of the old dashboard were similar, in that the RAG and use of Q were maintained. Significant change in the map of measures that were measured against. The spreadsheet informs the Q. Consistency achieved with use of the 5x5 Risk Matrix as this was used across the whole CCG. This gave assurance back to the Quality Surveillance Group and Board in a slicker way. Detailed background was given on how the rating was achieved  Key points and reasons for using Quality Profiles:   * This makes us more assured. * Provider gives us details and this is in the contract. * NHS England Quality Profile and CQC domains. * Schedule 4 and 6 Quality Indicators. * Gap analysis against providers. * Working in conjunction with Martin Rabbetts (Performance Development and Assurance Manager). * Using national and local KPIs. * Gives an overview performance report reflecting provider’s ability.   The purpose of the profiles is to move away from duplication of Provider’s Report and Provider’s Contract Report.  The outcome of the report for NL&G demonstrates good work, progress and commitment being reflected with this profile.  Jan Haxby commented that ultimately one Q profile would be used for the whole organisation. Dr Anne Spalding challenged who would be tasked with maintaining this as it was a long document. Moving forwards the Quality Team has the vision that the document will become a shared document within the CCG, which staff will contribute to as they receive updated information.  In summary the progression of the Quality Profile would be based on a tool developed by NHS England to identify risks and concerns. This tool provides historical information, builds up a picture and should pre-empt risk ie highlighting where things are declining from amber to red.   * Work was needed to develop a graph format to enable reflection to see the journey. * This system should help and replace other dashboards. * The centre point is the contract, which would ensure service or performance leads were measuring the same thing. * Aim to work towards monthly reporting. * Working towards wider reporting from all providers, monitoring would be stepped up and all have been made aware. A robust mechanism was needed to gain information from providers and agreement needed as to what will be monitored.   Paul Glazebrook commented that smaller providers may not have capacity to do this.  Monthly reporting would be shared here and escalated to the Board. It should be noted that data may not change monthly. In the long/medium term this is holding providers to account via the contract.  Chloe Nicholson proposed the overall profile be shown as amber. She went on to detail current challenges around EMAS which was being looked at in details as there was lack of assurance.  Chloe Nicholson made request to the committee that they were satisfied with this approach to the dashboard. Philip Bond commented that provided there was a guarantee of capacity in the system to maintain it.  Lydia Golby commented that identifying high risk needed to be escalated through this mechanism. | |  |
| **8.** | **Update from NITS (Noise in the System) reports**   * **St Hugh’s** | |  |
|  | Lydia Golby’s update informed of concerns that had been building around quality data received, governance quality reporting and CQC Action Plan. The use of the Quality Risk Profile tool had implemented a structured view of St Hugh’s and risk assessment of identified areas of concern.  Action coming out of the NITS meeting was that Chloe Nicholson and Lydia Golby would continue to work closely with Jan Berry, a clinical site visit is to be undertaken focused on the clinical areas of concern raised by the NITS meeting. Progress made summarised as:   * St Hugh’s were keen to learn and there was confidence that assurance would be gained. * Further quality data provided giving much better level of assurance. * Two new roles had been appointed to:   + Pre-assessment and advanced practitioner and contracted anaesthetist.   + Non clinical role quality to support Jan Berry. * Small group to go into St Hugh’s in December to gain more assurance. * Sharing of documents from St Hugh’s quality assurance meetings. * Core competencies for staff. | |  |
| **9.** | **Triangulation Report** | |  |
|  | Lydia Golby explained the development of this report. After looking at intelligence coming into the CCG from monthly PALS themes and trend reports, that going forward, the three reports would be trawled to map any emerging themes and trends. This would raise queries about services and may need to work on gaining more information on services out there. Page 16 of the Incident Report was highlighted to show high level of complaints in the area of ‘Access, Appointment, Admission, Transfer and Discharge’.   * Currently working closely with the trust through the Patient Pathway weekly meeting. This meeting being well attended with senior management present. * Developing KPIs. * Administration still has a long way to go with issues over timeliness of letters; how fast they are typed, validated and sent out. * Continue to monitor and attend, as well as challenge and support. * Concerns raised regarding pathology specimens, which was being addressed with new practices.   Philip Bond told of a recent experience of hospital system dealing with an elderly relative which he viewed as good practice.  Lydia Golby reviews all incidents received to NELCCG. Jane Fell queried the number of incidents for children, to which the response was low incidents reported involving children.  Dr Anne Spalding commented that although letters were now typed quicker, there was a backlog issue around awaiting validation. Lydia Golby commented that training had been identified as the main challenge within the Trust. Previously letters had not always been validated by a clinician but there was now a move towards clinician validation. Date stamping of letters was suggested as good practice. KPI would pick up this issue. | |  |
| **10.** | **Primary Care Education – Incident Learning Package** | |  |
|  | The committee were informed that the Incident Learning Package went into practices last month. This would empower a facilitator to deliver this package in-house with lesson plan and package created by Peter Hudson.  The learning outcomes were:   * Understand the overall purpose of incident reporting. * Understand that extracting the learning from incidents is essential to ensure safety and effective practice. * Appreciate that for learning to be effective all relevant staff, individuals and organisations must be included. * Awareness of the importance of using the correct communication techniques and methods to reach staff. * Understand the need to be able to evidence that the learning has occurred and practice has improved.   Initially there has been positive feedback informally from Ekta Elston but more formal feedback will be gained in time.  More in-house training will be developed. | |  |
| **COMFORT BREAK** | | |  |
|  | *The committee were informed that this was the last meeting that Chloe Nicholson would be attending as she was leaving NELCCG to join North Lincs full time. On behalf of the committee, Dr Anne Spalding presented Chloe with a bouquet of flowers and gave thanks for her contribution and commitment to the Quality Committee during her time with NELCCG.* | |  |
| **EFFECTIVE CARE** | | |  |
| **11.** | **Infection Control Strategy** | |  |
|  | National Guidance and recommendations around Infection Control had been looked at and a Gap Analysis was conducted. We are currently not compliant/partially complaint with the recommendations and responsibilities. This has been identified as high risk overall due to not meeting recommendations.  In the past an infection control report would be periodically presented to the Quality Committee. However, the infection prevention and control strategy is more what the Quality Committee should be focussing on and receiving. It is necessary to demonstrate a strategic focus to ensure the organisation achieves aims and requirements and demonstrate that a robust plan is in place. Historically requirements have not been met and in order to address the gap, actions recommended to be taken in summary include:   * Creation of Infection Prevention Control Strategy for CCG. * CPG infection control services are commissioned and need our strategy to be linked in to contracts. * Draft proposal within three months and fully ratified strategy within six months. * The actions to deliver the strategy need to be active – and are currently in progress. * The risk needs to be entered onto the risk Register and held to account through that process. * Recommend part of control will sit with the Quality Committee. * Identified a need to look at what providers have in place and look at the whole strategy and how people are working together. * Set up meeting with provider team to decide needs and requirements.   **ACTION:**  **Lydia Golby to update in two month’s regarding progress.** | | **LG** |
| **12.** | **Service Improvement & Innovation**   * **CQUINS**   **Update**   * **Care Pathways**   **Cardiology**  **COPD**   * **Service Improvement Initiatives**   **Right Care** | |  |
|  | **CQUINS (Commissioning for quality and innovation) Update**   * Contract variation – not signed by trust – paper exercise. * Trust had met Q2 position. * Same process with St Hugh’s in January. * No significant challenge with other providers for Q2. * Embedding progressing.   The big news was that NHS providers will not have local CQUINS going forward. There would be an option to develop localised schemes as proposed for St Hugh’s. CPG – local schemes, NAViGO local and two national schemes. Details being ironed out to get into contracts. The national schemes will be a significant challenge as they are mandated; some schemes are far-reaching with six in total. The next step is to go to the Board. This would be useful shared with Quality Committee.  **ACTION: Share CQUIN proposals with Quality Committee.**  **Care Pathways**  **Cardiology**  The referral workflow chart was shared with members and discussed.  Philip Bond raised questions which were responded to by Lydia Golby.  Q: What if Dr Bain was ill?  A: Contingency planning had been looked at and there would be a need to bring someone in on private contract.  Q: How many people can the system deal with at any one time?  A: Can find out how many under a specific caseload.  Q: Brilliant scheme but what about sustainability?  A: Delivered by CPG – Lydia Golby regularly attends meeting regarding community care system. NL&G were not party to this contract therefore no drain on them.  This system was working well, with patients being seen within a week or two of referral. The hospital had discharged patients en masse. As this has a ripple effect on understanding through education, thresholds for referrals will change in the future.  The service specification had not been fully confirmed – one item outstanding. Clinical pathway audit to be conducted to assure the quality of the clinical delivery within the pathway. It was important to be included for service enhancement and truly understand clinical quality of the service.  Audit referrals into the system. Committee member raised that there is anecdotal feedback that some GP’s are reluctant to refer into the service – therefore, a review of the referral audit is required and to raise the feedback at CoM for discussion to heighten awareness of the service and 0patient choice.  **COPD**  The Pathway was discussed a few months ago. It was deemed a good piece of work. From the competency document, nurses were taking on the enhanced roles. Pleased with the way the project is progressing.  **Service Improvement Initiatives – Right Care**  This is a national programme which commenced in Wave 1 and now has entered Wave 2. Essentially this is to look at NHS in terms of giving the right patient, the right care at the right time. Its aim is to reduce inequality in service delivery, reduce postcode lottery in service availability and cost effectiveness in delivery. Jan Haxby was working on this with Eddie McCabe and will meet with delivery partner in January to set up a Right Care package in CCG and to identify three specific areas to focus on. We are outliers in terms of indicators and tools to be provided to assist in building into current systems.   * Feedback in January or February. * Now in Wave 2 and will report regularly. * Report to NHS England in three areas – to be agreed. * Data sets to be produced by Martin Rabbetts.   **ACTION:**  **Report back to Quality Committee in January or February.**  **Decide on three areas of focus and report back.** | |  |
| **13.** | **Francis Report Action Plan – Update** | |  |
|  | Lydia Golby reported that progress had been made against the Francis Report Action Plan. This was of a moderate level and had not yet achieved target level. Good progress was reported under most areas as being active or complete. Jan Haxby questioned whether there was any specific area of concern to which the response was no, but a number of actions were being progressed with HR and due to be completed shortly; currently awaiting documents to be ratified. | |  |
| **PATIENT/CLIENT EXPERIENCE** | | |  |
| **14.** | **Voice of the Child and Health Practice Review** | |  |
|  | Jane Fell reported on the development of a unitary wide tool for use with Patient Experience and Voice of the Child. Both were in the annual report which would be brought to Quality Committee next time.  Voice of the Child was undertaken on all children not just looked after children (LAC) but children across all agencies. Local Safeguarding Children’s Board (LSCB) neglect sub group had asked for the tool to be developed. Jane Fell was part of this group. Plan is to roll out the tool as part of the LSCB during and after an intervention.  Pilot consisted of 58 pilot questionnaires across Age ranges 0-2, 3-5, 6-11, and 12-18.  Results from the health pilot showed that 68% of children knew why Health and Social Care had come to see them, however 22% did not. 62% felt that as a result this had made a difference but 28% didn’t feel intervention had made a difference. 79% listened therefore 21% of children did not feel that what had been done for them made a difference.  These results were gained through partnership working across health and social care. Within health agencies school nursing, health visiting, primary care and acute care were included in the pilot (not those with learning disability).  Challenges will be collating and analysing the data in the questionnaires for LSCB who will rely on health partners input. Jane Fell shared the inspections and will look for the Voice of the Child in health services so this will help prepare the health locality. LSCB to put tool on their website.  Jane Fell shared for LAC and in relation to Right Care, Right Time, there is significant unwarranted variation for looked after children placed out the area which is a work stream of NHS England and something NELCCG needs to be aware of, as this becomes a risk particularly is securing health assessments on time in additional to CAMHS and secondary health.  **CSE health practice review**  CSE report was discussed from presentation at previous meeting.  From the report discussion took place around how to ensure leaning was put into place across health, including:   * Training for primary care from the report. * GPs/registrars need to have training in how to talk to children. * Pockets of good practice such as A&E * Significant difference between communication with adults and with children was discussed.   **Patient experience from Foster Care Patient Group**  Jane Fell discussed the findings from a foster carer focus group. Grumbles and Complaints had been received from five foster carers and a request to talk to the carers had come from fostering and adoption team. The focus group was validated from Survey Monkey which gained another 42 responses. The findings were health community wide across the health services in primary and secondary care. Findings from that related to processing information, record keeping, confidentiality, and consent, hospital appointments access to GP and CAMHS and training.  Discussion around who was responsible for children’s complaints, as always adults making the complaint on behalf of the child. The Council is responsible for children services; GP complaints go to provider or NHS England. Discussion and action to consider presenting using a case study approach for GP and Practice Nurses on protected learning time. | |  |
| **15.** | **A Patient’s Journey** | |  |
|  | The link from NL&G is shared: Voice Banking  <https://www.youtube.com/watch?v=040fUSZLMvI> | |  |
| **FOR INFORMATION** | | |  |
|  | **Additional Reports/Information** | |  |
|  | * **NICE Guidance** * **Risk Register** | |  |
|  |  | |  |
|  | **Items to be escalated to the CCG Partnership Board**  **Items to be de-escalated from the CCG Partnership Board** | |  |
|  | * Dashboard to be circulated. Highlight referral to treatment (RRT) impact performance position at NL&G. * Safeguarding and MCA reporting across a range of providers. * EMAS performance (effectiveness of system). * Quality reporting – quantity and timeliness of reports from providers. * LeDeR process. * Right Care – part of Wave 2. * Infection Prevention and Control Gap Analysis. | |  |
|  | **Any Other Business** | |  |
|  | Gary Johnson requested that Q2 SI Report be ratified virtually as this was not ready in time for this meeting.  Quality Committee membership. No other commissioners attending this meeting and no input from CCG, this needs raising at DCU.  Jan Haxby requested that the attendance by commissioners during 2016 be looked at and the information presented at next meeting.  **ACTION:**  **Q2 SI Report to be ratified virtually.**  **Raise attendance of commissioners of Quality Committee at DCU.**  **Detail of commissioners attendance at Quality Committee meetings during 2016.** | |  |
|  | **Date And Time Of Next Meeting:**  **Thursday 12th January 2017 9.30am – 11.30am**  **Seminar Room 1, Roxton Practice** | |  |

APPENDIX 1

**Summary of Actions Arising from the Quality Committee meeting**

**Held on Thursday 10th November 2016**

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| **Item** | **Detail** | **Action** | **By** | **On**  **Forward Agenda** | **Completed/ Comment** |
| **14.04.06** | Primary Care Education – Incident Learning Package | LG to report back on the November Primary Care Learning Package. | **Lydia Golby** | **08.12.16** | **Agenda Item 10** |
| **13.10.07** | CQUINS | Presentation of CQUINS to Partnership Board.  Forward Karen Jackson’s email. | **Chloe Nicholson**  **Jan Haxby** |  | **To be presented to next Partnership Board 12.01.17**  **Completed** |
| **13.10.08** | Update from NITS | Paul Glazebrook to contact Michelle Barnard direct re Healthwatch involvement. | **Paul Glazebrook** |  | **Completed** |
| **13.10.11** | Infection Control | Strategy update. | **Lydia Golby** | **08.12.16** | **Agenda Item 11** |
| **13.10.13** | R&D Status Report | Summary of R&D status in relation to Primary Care. | **Lydia Golby** | **09.02.17** |  |
| **4.** | Matters Arising | Share Patient Journey Maternity Partnership Board and LSA reviewer. | **Chloe Nicholson** |  | **Completed** |
| **5.** | Quality Profiles | Present proposal at next meeting. | **Chloe Nicholson** | **08.12.16** | **Agenda Item 7** |
| **6.** | Quality Committee Workshops | Create a proposed framework for QC workshops. | **Jan Haxby/ Lydia Golby** | **12.01.17** |  |
| **7.** | NL&G CQC Action Plan | Share spreadsheet with committee. | **Lydia Golby** | **12.01.17** |  |
| **8.** | Safeguarding | Updates on training when reports available. | **Julie Wilburn** | **09.02.17** |  |