

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF OUTCOMES AND
QUALITY ASSURANCE COMMITTEE
Friday 7th September 2018 at 10.30am
Conference Room, NHS Offices, Rosehill

Chair: Carole Green, Lay Member- Quality and Performance (CG)

Present: Nicola Duers, Clinical Quality Senior Officer, NECS (ND)
James Fraser, Senior Nurse, NCCCG (JF)
Denise Leslie, Lay Member – Patient and Public Engagement (DL)
Louise Mason Lodge, Dep Director of Nursing, Quality & Safeguarding, NCCCG (LML)
Paula Smith, Patient Safety Lead, NCCCG (PS)
Anna Stabler, Director of Nursing and Quality, NCCCG (AS)
Dr Kevin Windebank – Secondary Care Doctor (KW)

In Attendance: Debbie Archer, Nursing and Quality Senior Administrator, NCCCG (DA)

1. Welcome and Apologies

Action

Apologies had been received from:
Dr David Rogers, Medical Director, NCCCG (DR)
Gregor Miller, Senior Clinical Quality Manager, NECS (GM)

2. Declarations of Interest

AS declared currently being seconded to NCCCG from NCHUT.

3. Minutes of the previous meeting

The minutes of the previous meeting held on 3rd August 2018 were approved as an accurate record.

4. Action Log of the previous meeting

The actions of the previous meeting held on 3rd August 2018 were approved and updated.

5. Matters Arising

- Safety Thermometer Action Plan
This item will be deferred to the November meeting.
ACTION: Add to agenda for November meeting.

DA

- CHoC Feedback
JF informed the committee that CHoC now attends and directly reports into the Integrated Healthcare Partnership Quality Assurance Committee (IHPQAC). JF also reported that CHoC attend the A&E Delivery Board and the Primary Care Committee. JF pointed out that CHoC Performance Data was not mentioned in the last two sets of Primary Care Committee minutes. JF will advise the Primary Care Committee to including CHoC on the agenda.

AS has approached Jon Rush, Governing Body Chair concerning Nursing and Quality representation at the Primary Care Committee to ensure quality and assurance. AS is currently waiting on a response from Jon Rush.

6. Quality Exceptions Report

AS highlighted the following from the report:

Community Oxygen Service:

Risks have been identified in providing continuity concerning the mobile Oxygen Service in the community. Currently there are different provisions across the North and West. AS reported that Trusts are working on a solution which will be discussed at the next CCG contract meeting.

Eating Disorder Service:

AS reported on an outstanding issue as the CPFT are unable to search their clinical records database to identify which children have been diagnosed with an eating disorder in order to report on access and waiting times. The issue is being escalated through the contract meeting. AS informed us that Gary O'Hare, Interim Executive Director of Mental Health & Learning Disabilities, NCUH is working with Greg Everatt, Senior Commissioning Manager for Children and Families, to find an acceptable way forward.

Care and Nursing Home Services:

AS reported that a Cumbrian Care Home has been assessed as being inadequate by the CQC. The CCG team assured the committee that they are working with the Local Authority to support specific improvements that are required and also working with the CQC to continue to ensure that services are delivered to an acceptable standard and that bed closures are averted. A new Quality Improvement Lead is in post at the home to make the relevant changes the CQC require. JF will also be attending a Quality Improvement Meeting at the home next week.

The committee raised the following:

DL queried the sharp rise in VTE (Venous Thromboembolism) from 0.8% in

June to 2.6% in July 2018 and why this remains above the national average of 0.4% within the Acute Trust. AS reported that the Trust are working on reducing this percentage.

ACTION: AS will follow this up with the Trust to understand the assessment process and to ensure that plans are in place to reduce this to a more acceptable level.

AS

LML noted that the sentence 'NHS North Cumbria CCG has contributed to two New Serious Case Reviews' needs amending as the CCG at that point would not have contributed to cases which have not started as they are new. The sentence should state 'involved with'.

ACTION: ND to amend quality report to reflect this.

ND

PS would like it noted in the quality report that infection rates highlighted in blue is unvalidated data and the figures may change monthly.

ACTION: ND to amend quality report to reflect this.

ND

7. Safeguarding

LML spoke to the following reports.

- a) Report on 2017/18 Safeguarding Self Assessments and Section 11 Audits

LML reported that the report comprises a review of the annual submissions of all health agency safeguarding self-assessments for both 2017 and 2018 by the NHS North Cumbria Clinical Commissioning Group (CCG) Designated Leads. The self-assessments outline the areas of compliance against a range of safeguarding standards and highlight where action plans need to be in place to address areas for development. LML noted assurance has now been provided concerning the action outstanding for North Cumbria's Contractor Safeguarding Training. PREVENT training for staff requires improvement in relation to protecting those at risk of radicalisation.

- b) Designated Leads' Safeguarding Assurance Visits Reports July 2018 – CPFT Yewdale and Ruskin Wards

LML spoke to the report. The Designated Leads' Safeguarding Assurance Visits to CPFT's Yewdale and Ruskin Wards on 4th July 2018, are the first visits within the new programme of visits which has been developed for the 2018/2019 period. The announced visits enable the Designated Leads to review health system safeguarding practice and standards and to gain assurance regarding the embedding of learning from reviews across the health system. The Trust staff engaged well with the review team and positive areas were noted on both wards with regard to safeguarding knowledge and practice. Recommendations for some areas of improvement and actions have been outlined for both CPFT and the CCG. A final report from the visits will be issued on 25th July 2018. The CCG have raised issues which need addressing, and these are prioritised in the reports Progress and actions from the visits will come to future committees.

CG queried if there was a reason as to why Ruskin and Yewdale were visited and will there be a written process of what happens. LML reported safeguarding issues identified at a previous OQuAC resulted in visits to Yewdale and Ruskin.

ACTION: LML agreed to share a written process with Lay Members.

LML

DL queried if a lay member should attend a quality assurance visit. AS explained that the CCG are working with the Trusts concerning Rapid Process Improvement Workshops (RPIW) of which a member of the public is involved. PS has been involved with an RPIW on Ophthalmology. PS is currently involved with an RPIW on Surgical Services. CG would like to attend the last day of the Surgical Services RPIW.

ACTION: PS to bring a report on the RPIW for ophthalmology to the next meeting.

PS

ACTION: PS to invite lay members to the last day of the RPIW for Surgical Services.

PS

ACTION: JF to invite CG to the Engagement for Improvement Scheme.

JF

CG queried why the following recommendations for both Trusts/Organisations, have timescales of implementation for six months as the expectation would be they should already be in place:

- Review arrangement for safeguarding supervision and key learning
- Ensure that systems are in place to notify the safeguarding team of all incidents

LML reported that the systems of notifications are in place, however this issue is concerning how the safeguarding team are involved and engaged where incidents have arisen and working to support the organisation as a whole to safeguard patients.

LML added next visits will be to the Cumbria County Council Strengthening Families which is a commissioned health service provision to help members of staff support the vulnerable population of children.

c) Paediatrician for Child Death Report

The report by Dr Deb Lee, provides a brief update on her role as the Designated Paediatrician for auditing unexpected child deaths plus details and assurance of work undertaken. LML highlighted it is a statutory requirement for the CCG to employ a designated paediatrician for child deaths. In future this report will be incorporated in the Safeguarding Annual Report. CG queried where the actions for improvement are for 17/18.

ACTION: LML to ensure the improvements for 17/18 are included in the Safeguarding Annual Report

LML

d) New 2018 Working Together Guidance from Department for Education – Briefing

LML commented the briefing highlights the key changes following the publication of the revised guidance *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (July 2018)* which includes new arrangements and duties for CCGs. The accompanying *Working Together: transitional guidance: Statutory guidance for Local Safeguarding Children Boards, local authorities, safeguarding partners, child death review partners, and the Child Safeguarding Practice Review Panel (July 2018)* describes the timetable and the next steps to deliver the changes established by the Children and Social Work Act 2017. LML noted the brief will also be presented at the Integrated Healthcare Partnership Quality Assurance Committee as key risks will need to be sighted on in relation to the system changes.

LML and AS are meeting with Trust colleagues to outline and agree risks and responsibilities relating to the Nursing and Quality team.

ACTION: LML to provide an update on the October conf call.

LML

8. Integrated Healthcare Partnership Quality Assurance Committee - Update

AS pointed out that at the last Integrated Healthcare Partnership Quality Assurance Committee held on 16th August 2018, assurance was sought on the following:

- Safe Staffing across wards and mitigation when staffing levels fall below those required
- Medical Staffing including junior doctors
- Safeguarding Training figures
- Fragile services Update
- New management structures
- Integration of Governance teams

AS confirmed the minutes of this system wide committee will continue to come to this meeting for information.

AS advised members that the Outcomes and Quality Assurance Committee will gradually devolve its responsibilities and assurance role to the IHPQAC by April 2019, subject to the agreement of the Governing Body. The IHPQAC will then report into the Governing Body. AS proposed that whilst the Outcomes and Quality Assurance Committee should continue to receive the minutes, the committee should only receive exceptions from the quality report to avoid duplication. The committee agreed to evolve towards this way of working.

ACTION: AS to write a paper and agree with lay members before presenting at the Governing Body.

AS

9. Infection Prevention – Update

PS spoke to the report.

Clostridium-difficile Infection

In 2017/18 both North Cumbria University Hospital (NCUH) and NHS North Cumbria CCG (NCCCG) came within their trajectories concerning Clostridium-difficile Infection. NCUH and Cumbria Partnership Foundation Trust (CPFT) continue to assess each Clostridium-difficile Infection case via the Post Infection review (PIR) process to determine whether any ‘lapse in care’ occurred. The Patient Safety lead (NCCCG) reviews each of these cases with NCUH/CPFT and decides whether any individual case of Clostridium-difficile Infection should count towards the aggregate number of cases.

During the first quarter of this year (Apr 2018 to June 2018) both NC CCG and NCUH came below their trajectories set by NHS England, which is good news. The infection prevention, quality and health protection teams continue with to improve learning and make further improvements across the system to reduce CDI and therefore increase patient safety.

MSRA Surveillance

There were no MSRA cases attributed to NCCCG in 2017/2018. There have also been no MSRA cases during this quarter (April – June 2018) attributed to NCCCG.

Influenza

PS mentioned that both CPFT and NCUH had met the flu immunisation targets for last year. The local Flu immunisation campaign will be starting at the beginning of September and vaccines will be available from October. This year’s vaccine target is 75% of those at risk within the population and also for 75% healthcare workers. Compliance with this target will be monitored via the Infection Prevention reports submitted to this committee. PS reported that NCCCG have taken part in the Cumbria Local Resilience Forum system wide multi- agency Cumbria Pandemic Flu exercise. The Exercise took place over a 6 week period (May-July), where agencies were given scenarios based on a developing influenza pandemic in the UK and Cumbria. A Strategic Coordinating Group chaired by the Director of Public Health took place at the end of the 6 week period, where Strategic representatives provided an update on the actions taken in the 6 week build-up and developed a strategy for Cumbria Resilience Forum’s response. The final module of the exercise was a multi-agency table top exercise and facilitated discussion, which took place on 3 July. The report from this exercise is due out in the autumn.

AS reported a risk of not enough flu vaccines for all GP practices of the ATIV vaccine. Practices are being asked to identify their vulnerable patients and work on vaccinating them early. Pharmacies will have based this years orders on the number of patients vaccinated last year.

10. AOB

CG discussed the meeting scheduled for 28th September will be replaced by a conference call on Tuesday 2nd October 2018 at 4pm. The agenda for this call will be to discuss two items:

- the safeguarding annual report
- the quality exceptions report

CG requested the committee allow extra time for the November meeting.

ACTION: DA to extend the next meeting to finish at 3.30pm.

DA

Dates, Times & Venues of Next Meetings

Conf call - Tuesday 2nd October 2018 at 4pm

Face to Face - Friday 2nd November at 1pm – 3.30pm in the Conf Room, Rosehill
