

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF OUTCOMES AND
QUALITY ASSURANCE COMMITTEE CONF CALL
Tuesday 2nd October 2018 at 4pm in MR3, Rosehill

- Chair:** Anna Stabler, Executive Director of Nursing and Quality, NCCCG (AS)
- Present:** Nicola Duers, Clinical Quality Senior Officer, NECS (ND)
James Fraser, Senior Nurse, NCCCG (JF)
Louise Mason Lodge, Deputy Director of Nursing, Quality and Safeguarding, NCCCG (LML)
- Present on the call:** Carole Green, Lay Member- Quality and Performance (CG)
Denise Leslie, Lay Member – Patient and Public Engagement (DL)
- In Attendance:** Debbie Archer, Nursing and Quality Senior Administrator, NCCCG (DA)

1. Welcome and Apologies

Action

Apologies had been received from:
Dr Kevin Windebank – Secondary Care Doctor (KW)

2. Declarations of Interest

AS declared currently being seconded to NCCCG from NCHUT.

3. Quality Exceptions Report

AS advised that she had assumed members had read the report. CG raised concerns relating to the MRSA case and a system wide post infection review. AS explained the case was recent at the time of writing and no details were available. AS explained that a patient had sustained a bite which had caused the infection and assured members all documentation was completed and in place and that there were no lapses in health care.

ND has reported she liaised with Acute colleagues concerning the delays in their two day reporting of Serious Incidents. ND reported that work is underway at the Trust to redesign their Serious Incident process. Their new process will be implemented this month. Care groups at the Acute are currently identifying serious incidents and reporting to their Clinical Governance team to ascertain if the serious incident is StEIS (Strategic Executive Information System) reportable. This new way of working will enable care groups to report serious incidents directly to StEIS. ND also advised the Trust is keen to improve their 72hr reports by updating templates.

The committee agreed to monitor the reporting process moving forward.

DL queried the two maternity incidents. ND provided a brief overview concerning the nature of the cases. AS added all information is shared with Eleanor Hodgson, Director for Children and Families, NCCCG and is discussed in contract meetings.

CG queried why CPFT have a 17% 60 day report submission rate over the last twelve months and NCUH has 67%. AS will raise at the Integrated Healthcare Partnership Quality Assurance Committee.

ACTION: AS to feedback from the IHPQAC.

AS

4. Safeguarding

a) CCG Safeguarding Annual Report 17/18

LML provided an overview of the Safeguarding Annual Report. The report covers Children and Adults Safeguarding and Children Looked After and demonstrates that the CCG fulfilled its statutory duties in relation to safeguarding and children looked after in North Cumbria CCG and for those of its commissioned services during 2017/18.

Key risk were noted in relation to

- a) the current staffing arrangements in NCCCG (previously reported) as not meeting the minimum staffing requirements outlined in the Revised Accountability and Assurance Framework (2015)
- b) impact of NCCCG staffing on strategic oversight of Children Looked After with CCG self-assessment showing some improvement but still with 8 amber rated standards (previously 9 amber and 3 red)

Despite these challenges LML highlighted the range and number of achievements led and/or coordinated by the safeguarding team and noted the recent Internal Safeguarding Audit Outcome of 'good' assurance providing external validation of this (see later agenda item).

Key system challenges were in relation to compliance with PREVENT, however as organisations move forward into the integrated system work is planned on how this can be taken forward.

LML reported a long standing focus on performance issues for CLA. The Public Health led recommissioning of the 0-19 service has impacted on CCGs assurances in relation to CLA service (provision of which is integrated with the Strengthening Families element of the 0-19 Service). Work is ongoing with CCG Childrens Commissioners and external colleagues to establish effective reporting requirements to the CCG and address the wider challenges within the 0-19 service (the latter having recently been discuss at the LSCB (Local Safeguarding Children Board)).

DL commented on the lack of reference to the impact of staffing challenges in the report and if the CCG were in a better position for this year. LML outlined the report was for 2017/18 and noted that the Intercollegiate Standards for staffing were guidance only: it was further noted that the challenges had been significantly reduced since the appointment to CCG Director of Nursing role in February 2018.

CG queried on whether the information in the documents is suitable for the public domain. AS reported the documents will be going to the Governing Body meeting and will therefore be in the public domain. The Annual report will be added to the Integrated Healthcare Partnership Quality Assurance Committee (IHPQAC) agenda.

ACTION: DA to add Safeguarding Annual Report to the IHPQAC.

DA

The committee discussed how good practice within the safeguarding report should be promoted on the website.

ACTION: LML to liaise with the NCCCG Communications Team.

LML

The committee approved the report.

b) CCG Safeguarding Policies – Revised – for approval

It was noted the updated policies were included today following recommendations outlined in the Internal Safeguarding Audit Report (see later agenda item)

The committee approved the following updated policies:

- CCG Safeguarding Children and Adults at Risk Policy
- Policy for Allegations Against Staff
- Prevent Policy
- Safeguarding Supervision Policy
- Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Policy
- Domestic Abuse and the Workplace Policy
- General Practice Policy – Safeguarding Children
- General Practice Policy – Safeguarding Adults

c) CCG Safeguarding Internal Audit Report

LML reported this as part of the CCG annual internal audit plan and took place at the end of August this year. LML highlighted good assurance was given however there were four recommendations provided:

- 1) There is no CCG wide guidance for the development and approval of policies, which means that the policies approved by different committees across the organisation may not be produced to a consistent standard – *LML reported the content of the policies remain the same however dates and monitoring arrangements*

have now been consistently included.

Some revised safeguarding policies were not taken to the Outcomes and Quality Assurance Committee (OQuAC) for approval as required by the CCG's scheme of delegation. In addition, two safeguarding policies for General Practices were approved by the Executive Committee instead of OQuAC – LML reported that the CCG now has a clear scheme of delegation for approval of policies and that the *NCCCG Corporate Team* were now leading work to issue guidance to support this including a CCG numbering system.

- 2) While the staffing capacity issue has been recognised on the CCG's risk register, the actual control and assurance and the gaps in these were not appropriately described to ensure effective action. In addition, the risk was not added to the CCG's Assurance Framework – *LML reported that there has been an update in the risk register as the outdated version had been sent. This has now been actioned and is complete.*
- 3) An action plan was yet to be developed to address the identified safeguarding staffing capacity issue – *An action plan for this issue was not recommended, however the risk associated with not meeting staffing requirements has been detailed and placed on the CCG's Risk Register.*

5. AOB

CG requested an update from Jim Fraser regarding Dalton Court. JF reported a new manager has started and is receiving positive comments. The home will be re-inspected in two weeks time by a new CQC team. There is also currently a turnaround team in the home working on the improvements required.

JF reported a whistleblower had reported staffing issues with another home. The CCG investigation has demonstrated the home was found to be providing adequate care by using appropriate agency and bank staff. JF reported the agency and bank staff are all using the correct documentation and have worked at the home for a long period of time thus providing sufficient consistency concerning their clients.

Date, Time & Venue of Next Meeting

Friday 2nd November at 1pm in the Conf Room, Rosehill
