

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF OUTCOMES AND**  
**QUALITY ASSURANCE COMMITTEE**  
Friday 11<sup>th</sup> January 2019 at 1.30pm  
Conference Call in MR3, NHS Offices, Rosehill

**Chair Via conf call:** Carole Green, Lay Member- Quality and Performance (CG)

Via conf call: Denise Leslie, Lay Member – Patient and Public Engagement (DL)

Via conf call: Dr Kevin Windebank – Secondary Care Doctor (KW)

Present: Nicola Duers, Clinical Quality Senior Officer, NECS (ND)  
Greg Everatt, Senior Commissioning Manager, NCCCG (GE)  
James Fraser, Senior Nurse, NCCCG (JF)  
Simon Parker, Deputy Designated Nurse for Safeguarding, NCCCG (SP)  
Anna Stabler, Director of Nursing and Quality, NCCCG (AS)

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

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**1. Welcome and Apologies**

*Action*

Apologies had been received from:  
Louise Mason Lodge, Deputy Director of Nursing, Quality and Safeguarding,  
NCCCG (LML)  
Amanda Boardman, GP Lead, NCCCG (ABrd)  
Dr David Rogers, Medical Director, NCCCG (DR)

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**2. Declarations of Interest**

The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Interests declared by member of the Outcomes and Quality Assurance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website at the following link:

<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/index.aspx>

**Declarations made at this meeting:**

AS declared currently being seconded to NCCCG from NCUH.

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### 3. Minutes of the previous meeting

The minutes of the previous meeting held on Friday 7<sup>th</sup> December 2018 were approved as an accurate record. Minor amendments are required which the committee agreed to approve via email.

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### 4. Action Log of the previous meeting

There were no actions to update or approve from the previous meeting held on 7<sup>th</sup> December 2018.

Matters arising from the last minutes:

Agenda item 11 – Infection, Prevention and Control; the committee requested how NCCCG plan to reduce the E.coli BSI yearly trajectory. The following was provided:

#### **Gram Negative Blood Stream Infection (GNBSI)**

*NHS England set the following national GNBSI target:*

*'To reduce healthcare-associated Escherichia coli (E.coli) blood stream infections by 10% in year 1 (2017/2018) and by another 10% in year 2'.*

*NCCCG has failed to reduce E.coli BSI in year 1 and therefore now has the following target:*

*'To reduce healthcare-associated E.coli blood stream infections by 20% in year 2 (2018/2019).*

*To help achieve this target North Cumbria CCG continues to work with their colleagues in infection prevention, medicines management and health protection across North Cumbria's CCG's health and social care economy to reduce this healthcare acquired infection and improve quality of care.*

*The teams are collaboratively working towards a 'Cumbria Health and Social Care Economy Gram-negative Blood Stream Infection Improvement Plan'.*

*This plan has seen the launch of a catheter passport, education training for care homes and primary care, antibiotic stewardship and reviewing GNBSI post infections reviews to learn from any potential lapses in care. The teams are also actively engaged in regional and national programmes to reduce GNBSI.*

#### *Next Steps*

- Continue to work in partnership across the system*
  - Ensure the strategies on the improvement plan are delivered in a timely manner*
  - Share national and regional learning across NCCCG's system*
  - UTI collaborative arranged for January*
  - Primary care targeted visits arranged for January*
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## 5. Matters Arising

### a. CAMHS Update

GE updated the committee with the following:

- CPFT have reported that vacant posts have been recruited to. Vacant posts are being covered by agency staff.
- The medical workforce remains an issue and is challenging to recruit a psychiatrist. The Trust is working with Northumberland Tyne and Wear (NTW) on this. Three international fellows (not at consultant level) can be used for support and supervision.
- NTW are working on systems and processes, particularly looking at individual practitioner case load management. Due to this a large number of young people have been discharged safely.
- The triage process had been reviewed and positive feedback has been received from various organisations. Feedback is being sought also from Primary Care in order to consider if the changes are not creating a negative effect on referrals.
- The crisis team's policies and procedures and the support they can provide in the short term concerning 7 day follow ups is under review.
- Bids for the Trailblazer were unsuccessful, however short term funding has been supplied to invest in Healios. Healios is an online digital healthcare company which supports patients and families affected by mental and physical illnesses.
- NCCCG have been invited as an ICS to pilot a whole pathway, commissioning for children and young peoples mental health. This is in its very early stages
- Through transforming care, funds have been secured to invest in "safe spaces" on hospital wards for children experiencing difficulties. This is aimed at those particularly on the Autism spectrum. This will also help reduce the use of beds out of county.

AS discussed the Improving System Leadership in Children and Young People's Learning Disability Services: on 12<sup>th</sup> February.

**ACTION: AS agreed to send the booking link to lay members.**

AS

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## 6. Medication Quality Concerns raised with The CCG Via SIRMS

The report was for information. JF highlighted the following from the report:

On-going quality concerns are being raised via SIRMS (Serious Incident Reporting Management System) relating to medication prescribing between the Acute Trust and General Practice. The Trust have been made aware of this.

JF reported the Trust have appointed a Director of Meds Optimisation and a Medicines Safety Pharmacist who will work across both Trusts. JF reported the Medicines Safety Pharmacist has set up meetings to ensure policies and protocols are adhered to or if changes are required.

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JF highlighted that CLIC will be facilitating an RPIW (Rapid Process Improvement Workshop) on 28<sup>th</sup> January working with the pharmacy department concerning discharge pathway and prescribing.

Lay members queried how this links with electronic prescribing. AS reported this will be on their digital pathway.

Next steps:

- a. NCCCG will have a joint Trust and Primary Care 6 monthly to link SIRMS incidents from Primary Care and the Trust.

**ACTION: DA to add the joint report to the July IHPQAC agenda.**

**DA**

**ACTION: JF to create a NCCCG “End of Year” report.**

**JF**

- b. Discussion will be had at the IHPQAC (Integrated Healthcare Partnership Quality Assurance Committee) to confirm how often a Medicines Optimisation report is wished to be received.
- c. JF to share the report from the RPIW (Rapid Process Improvement Workshop) when received.

Key actions above to be incorporated into the GP Newsletter.

**ACTION: JF to action.**

**JF**

The Chair of the committee agreed to feedback the above actions to the Primary Care Committee.

The lay members felt assured that improvements are being made.

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## **7. AOB**

CG reported the next meeting will potentially be the last formal meeting following further discussions with AS.

KW mentioned he will be attending the IHPQAC on 21<sup>st</sup> January 2019.

AS will be looking at the forward plan for the assurance visits after April. This will follow with one or two assurance visits a month.

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### **Date, Time & Venue of Next Meeting**

Friday 1<sup>st</sup> February 2019 at 10.30am in the Conference Room, Rosehill

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