

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF OUTCOMES AND
QUALITY ASSURANCE COMMITTEE
Friday 21st April 2017 at 10.30am, MR1, Penrith CCG HQ

Chair: Les Hanley, Governing Body Lay Member- Health Improvement (LH)

Present: Ramona Duguid, Assoc. Director of Clinical Governance, NCUH (RD)
Ruth Gildert, Governing Body Clinical Member - Registered Nurse (RG)
Richeldis Messam, Clinical Quality Senior Officer, NECS (RM)
Dr David Rogers, Medical Director, NCCCG (DR)

Agenda Item 6: Brenda Thomas, Governing Body Support Officer, NCCCG (BT)

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

1. Welcome and Apologies

Action

Apologies had been received from:

Paul Day, Communications and Engagement Officer, NCCCG (PD)
Helen King, Director of Nursing and Quality, NCCCG (HK)
Andrea Loudon, Primary Care Development and Medicines Lead (AL)
Simon Parker, Deputy Designated Nurse for Safeguarding, NCCCG (SP)
Paula Smith, Lead Nurse, Infection Prevention and Control, NCCCG (PS)
Dr Kevin Windiebank, Secondary Care Doctor (KW)

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the previous meeting

The minutes of the previous meeting held on 17th February 2017 were approved as an accurate record.

4. Action Log of the previous meeting

The actions of the previous meeting held on 17th February 2017 were approved and updated with the following:

Agenda Item 4: KLOE letter to be shared at the next meeting.

ACTION: DA to ensure this is sent to members.

DA

Agenda Item 12: Administrative support

DA confirmed support would continue via the N&Q team.

5. Quality Report

RM mentioned that this report is the final month where information for the South is included. The next report, covering April and May 2017, will reflect the new North Cumbria CCG footprint.

NCUHT have reported 12 Serious Incidents via STEIS in February and March, with no Never Events reported. In the year to end of March, the Trust have reported 87 Serious Incidents including one Never Event. At 31 March 2017, NCUHT have 20 SIs open, of which four are overdue without agreed extension.

CPFT have reported four Serious Incidents via STEIS in February and March, relating to residents of West, North and East Cumbria. All four are Self-Inflicted Harm Incidents. Further information on the Self-Inflicted Harms is included below. In the year to end of March 2017, the Trust have reported 56 Serious Incidents including one Never Event.

At 31 March 2017, CPFT have 29 SIs open relating to West, North and East Cumbria, of which 22 are overdue. RG requires assurance that the numbers are reducing and requested more information on the 22 cases with a comparison against March.

In February and March, there have been four Self-Inflicted Harm SIs reported via STEIS by CPFT in West, North and East Cumbria and a total of 30 in the year to the end of March. In February and March, three Reports on Self Inflicted Harms were presented to the panel and two were closed.

NCUHT recorded 1 high patient safety indicator: Decubitus Ulcer recorded a relative risk of 165, this indicator is considered to represent significantly higher than expected risks.

In West, North and East Cumbria, there have been no never events reported via STEIS in February and March.

Cumbria CCG has been allocated 30 cases of CDI during the period (12 in February and 18 in March (March figure to be confirmed) and a total of 190 in the year to 31 March 2017. This is below the anticipated trajectory for this period of 201.

NCUHT has reported 2 cases of CDI in the months of February and March 2017 and 26 in the year to end of March 2017. This is just above the expected number of 25 in the year to end of March 2017.

There have been 4 cases of MRSA attributed to NHS Cumbria CCG during this time period: two in North Cumbria and two in the Furness region. (April 2016 to February 2017). This is above the expected trajectory of zero for the year.

Noro-Virus - 4 April 2017: NCUHT have temporarily suspended visiting on ward 4B at West Cumberland Hospital due to an outbreak of Norovirus.

Maternity: Between December 2014 and March 2017, a median value of 73.53% of women and babies received combined Harm Free Care in the care of NCUHT Maternity Services. The proportion of women that had a 3rd/4th degree perineal trauma at NCUHT is almost double the England figure, (however the date ranges are different for available data). Proportion of women who were left alone at a time that worried them at NCUHT is almost treble the England figure.

There have been 4 child deaths in West, North and East Cumbria, reported through safeguarding, during February and March 2017. These cases will be reviewed by the Cumbria Local Safeguarding Children's Board Child Death Overview Panel.

There have been 43 Quality Concerns reported via SIRMS by GP Practices in Carlisle, Eden, Allerdale and Copeland Localities during February and March 2017. Of these, 28 were regarding NCUHT, 8 regarding CPFT, 3 relating to UHMBT and 4 either out of area or independent contractors. In the year to end of March, there have been 403 Quality Concerns raised regarding services in the North, East and West Cumbria. 271 relating to NCUHT. The most frequently reported Quality Concerns regarding NCUHT themes continue to be Communication. In the same period, there have been 65 Quality Concerns raised regarding CPFT. The most frequently reported themes are around Discharge Issues and Medication.

In February and March 17 there have been 26 complaints and concerns opened, re-opened or closed, raised by or on behalf of residents in West, North and East Cumbria (or locality not specified): CCG – 17; CPFT – 4; NCUHT – 3; GP Practice – 1; UHMBT – 1. These figures include two joint protocol complaints, one being led by the CCG and one led by Cumbria County Council.

The Trust received 479 PALS enquiries in Q3. The majority of enquiries were regarding Care and Treatment (31%), Interpreters (23%), Appointment Issues (17%). The Trust received 69 new complaints during Q3 and that this represents a 9% reduction from Q2, when they received 76 complaints. 79% of complaints in Q3 relate to the Cumberland Infirmary. The Trust has continued to meet the internal target to respond to 95% of complaints within 30 days. 100% compliance is reported across the divisions for four consecutive months.

Friends and Family responses for NCUHT A&E have been increasing from April

2016 to December 2016. Whilst still below the England average, this improvement is against the national trend. In NCUHT Maternity services, response rates have dropped from 60% in April 2016 to 35% in December 2016, this is still higher than both the England and the Cumbria and North East Regions at 22% and 25% respectively. The percentage of maternity service users who would recommend the service is in line with both England and Cumbria and North East Regions.

Between December 2016 and March 17, NCUHT received only 325 reviews via IWGC. 97.23% of reviewers were likely to recommend the services they received. All of the reviews are logged as received during December 2016 with none received during January or February 2017. Previously, it was reported that the Trust had received 3296 reviews between 1 October 2016 and 31 January 2017. This is a significant reduction.

In the reviews logged in December 2016, there were no 'extremely unlikely to recommend' reviews.

Between December 2016 and March 17, CPFT received 423 reviews via IWGC. 100% of reviewers were likely to recommend the services they received. Unusually there were only 18 reviews in December 2016, zero reported for January and 405 reviews reported for February and none reported during March 2017.

Between December and March 17, CHOC received 430 reviews via IWGC. 93.72% of reviewers were likely to recommend the service they received. The number of reviews for CHOC are increasing with over half of the yearly reviews being in this 4 month period, see chart below. Three of the reviews were 'extremely unlikely to recommend' the service. Of these, two were regarding the Treatment Centre and 1 regarding Community Services.

On 29th March 2017, NCUHT were informed they would no longer be in 'Special measures', and they, and CPFT are both currently rated as Requiring Improvement by the Care Quality Commission.

RM proposed that Harm Free care indicators be taken to the NCUHT QRG.

ACTION: DA to add to NCUHT QRG agenda.

ACTION: RM to check iWGC figures with the Trust.

**DA
RM**

6. Review of the Committee's Performance, Training Requirements, ToR's and Frequency of Meetings for Outcomes & Quality Committee

BT discussed reviewing the O&QAC ToR. Governing Body members are happy with the CCG committee performance. The group also agreed that probing questions, requesting follow ups and presenting challenge at the meetings have evolved the ToR. LH would like to review the ToR regularly at the O&QUAC Development Session regards any changes.

A draft work plan will be created in order to feed into the development sessions. The O&QUAC ToR were approved and the meetings will be bi-monthly.

7. Regulation 28 – Action Plan

Presentation by Ramona Duguid. RD discussed the regulation 28 notices of the two patient deaths in 2012 and 2015 regarding Nasal Gastric tube care. The coroner stipulated 5 actions for the Trust. These are:

- **To consider an amplified ‘summary and aim’ at the beginning of the policy to drive home the main points**

RD - The Trust has completed this and this is being led by an intensive care consultant. They are starting a practical procedure of insertion of a tube and confirming the placement but RD recognises there is requirement for a more defined clinical procedure that the staff can follow. This also links in with the NPSA Guidance.

- **To identify areas where statutory and mandatory training is required**

RD - This is confirmed and on their training needs analysis and clear in the organisation. The Trust have made the coroner aware that their reporting systems need to be more streamlined. The ESR platform will take approx. 12 months to do.

- **To consider the implementation of an online system of statutory mandatory training with a central recording system**

RD - There is an online port for mandatory training which is reviewed centrally as part of their exception reporting. This system also needs to be more streamlined.

- **To take steps to ensure that good compliant practice is actually taking place on the wards**

RD - Nursing teams are leading on significant work around scope of practice and practical skills. More audits need to be done to gain real assurance that it is working well. MC will be starting on this from April.

- **To correct cross referencing errors in the policy**

RD confirmed this has been completed.

RD discussed an action plan and workstreams with the group concerning Never Events in March 2018.

DR expressed disappointed regarding the first death in 2013, especially in relation to training as this should have raised concerns before it got to the coroners report in 2017. RD commented in 2012 the policy was updated three times with mandatory training requirements included. RD mentioned the nursing staff were retrained and scopes of practice were revisited but this wasn't systematic across the organisation. The safety culture at both hospital sites need working on every day and the Hogan Five test is being used. LH agreed the “mind set” of people needs to change and considered leadership

should come from the bottom to the top.

LH discussed the surgeon Atul Gawande and his lectures on Never Events. Atul has written a number of books and LH suggested this is compulsory reading for everyone in the NHS.

The group would like an update on the Regulation 28 Action Plan in October.

ACTION: DA to add to October agenda.

DA

8. Independent report into Cumbria health consultation

Item for information.

9. Key Lines of Enquiry (KLoE)

DR reported the majority have been signed off. There are audits outstanding and will be monitored by UHMBT.

10. Minutes from QRG's

Minutes for information.

11. AOB

None

Date, Time & Venue of Next Meeting

Friday 19th May 2017 at 10.30am, MR1, Lonsdale Unit, Penrith HQ
Change to 25th May or 30th BT to confirm
