

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF OUTCOMES AND  
QUALITY ASSURANCE COMMITTEE  
Friday 18<sup>th</sup> August 2017 at 10.30am  
MR1, Lonsdale Unit, Penrith Hospital

- Chair:** Les Hanley, Governing Body Lay Member- Health Improvement (LH)
- Present:** Ruth Gildert, Governing Body Clinical Member - Registered Nurse (RG)  
Andrea Loudon, Primary Care Development and Medicines Lead, NCCCG (AL)  
Simon Parker, Deputy Designated Nurse for Safeguarding, NCCCG (SP)  
Dr Kevin Windebank, Secondary Care Doctor (KW)
- 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:  
Helen King, Director of Nursing and Quality, NCCCG (HK)  
Louise Mason Lodge, Deputy Director Nursing, Quality and Safeguarding,  
NCCCG (LML)  
Richeldis Messam, Clinical Quality Senior Officer, NECS (RM)  
Dr David Rogers, Medical Director, NCCCG (DR)  
Paula Smith, Lead Nurse, Infection Prevention and Control, NCCCG (PS)

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**2. Declarations of Interest**

There were no declarations of interest.

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**3. Minutes of the previous meeting**

The minutes of the previous meeting held on 16<sup>th</sup> June 2017 were approved as an accurate record.

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**4. Action Log of the previous meeting**

The actions of the previous meeting were approved and updated.

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**5. Quality Report**

DR raised a letter received from NHSE in relation to reducing E.coli Septicemia by 50% by March 2021. NHSE requests CCGs, Providers and Primary Care

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work collaboratively in order to jointly develop an improvement plan. The target is part of the CCG quality premium. The report shows a high number in catheter care and prescribing. AL is monitoring GP prescribing and is including this in the Quality Improvement Scheme for General Practice where the set of antibiotic indicators will change to reflect the quality premium indicators.

From the quality report KW raised concern regards the following:

- There is no mechanism to track attendances on Ambulatory Care, and allow clinical review of results, such as radiology reports, which become available after the encounter.

DR reported the patient did go through the ambulatory care system and the x-ray was reported as normal. This links to a wider problem and not just the Trust. However the Trust have no robust systems in place and the CCG are questioning how this will be resolved. Clinicians are responsible as a contractual obligation to relay information back to the patient regards their results.

RG raised treatment delays concerning cancer care. DR reported these were 4 cases which Dr Colin Patterson was involved with. Colin, Andy Airey and Ray Beale-Pratt worked with the Trust two years ago and improvements were significantly made. DR has liaised with Colin regards the reduction of improvement. Processes to improve things aren't embedded.

RG raised concerns regards Immediate ILS/BLS training for all staff in Renal and Radiology for those that have expired. DR explained the patients scenario which heightened the groups concern regards basic fundamental elements of the service.

KW asked DR what the role of the CCG can do regards the above. RG suggested having a review of processes and procedures in order to create a plan to move things forward. DR explained the process has been changed. Jim Fraser feeds back to the Senior Panel of the Trust with concerns in the report. RG requested a report in 6 months in order to provide reassurance.

**ACTION: SP to provide a report for February 2018.**

The group discussed how to challenge, respond and report on concerns raised from the Quality Report.

RG requests the quality report is split into Trusts. Also could more clarity be provided in relation to SIs and show which Trust they may have occurred in.

**ACTION: DA to feedback to NECS.**

RG also pointed out an error on Page 17, bullet point 3.

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## 6. Beacon Edge – Update

SP reported the CCG is offering nursing support on a time limited basis to help Beacon Edge make improvements. LML is meeting with the County Council

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regularly to look at ongoing concerns as overall Bupa as a service impacts on the County Councils capacity. Two weekly calls are happening. Kay Douglas a Senior Nurse currently working for NCCCG is visiting Beacon Edge regularly along with social workers and CPFT nurses. RG would like assurance with regards to losing beds in the system.

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**7. Unexpected Deaths**

SP communicated there was no report as yet. Both Trusts have their own mortality boards. More work to do with the Trust. The CCG now needs reassurance on closing the loop.

**ACTION: Keep on as an action.**

**DA**

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**8. Minutes from QRG's**

LH explained he will attend some of the QRGs as an observer. LH extended the invitation to RG and KW.

**ACTION: DA to send RG and KW the QRG dates.**

**DA**

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**9. AOB**

DA highlighted that future meetings will be held at Rosehill due to the organizational move.

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

CANCELLED: Development Session 15<sup>th</sup> September 2017 at 10.30am

Friday 13<sup>th</sup> October 2017 at 10.30am, Conference Room, Rosehill

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