

<b>MEETING DATE:</b>	8 November 2012	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE</b>
<b>AGENDA ITEM NUMBER:</b>	Item 8.4	
<b>AUTHOR:</b>	Karen Rhodes	
<b>JOB TITLE:</b>	Senior Officer Quality and Assurance	
<b>DEPARTMENT:</b>	Quality and Assurance	

## QUALITY GROUP MINUTES 23 AUGUST 2012 & 27 SEPTEMBER 2012

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive and Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	
<b>FREEDOM OF INFORMATION:</b>	Public

<b>1. PURPOSE OF THE REPORT:</b>											
The Quality Group Minutes dated 23 August 2012 & 27 September 2012 are attached for the CCG Committee to receive and note, for information only.											
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>											
<table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">Continue to improve the quality of services</td> <td style="padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Reduce unwarranted variations in services</td> <td style="padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Deliver the best outcomes for every patient</td> <td style="padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Improve patient experience</td> <td style="padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Reduce the inequalities gap in North Lincolnshire</td> <td style="padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		Continue to improve the quality of services	<input checked="" type="checkbox"/>	Reduce unwarranted variations in services	<input checked="" type="checkbox"/>	Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
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Improve patient experience	<input checked="" type="checkbox"/>										
Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>										
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>											
<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input checked="" type="checkbox"/> x											
<b>4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>											
<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input checked="" type="checkbox"/> x											

**5. LEGAL IMPLICATIONS:**

Yes		No	x
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**6. RESOURCE IMPLICATIONS:**

Yes		No	x
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**7. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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**8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	x
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**9. RECOMMENDATIONS:**

The CCG is asked to: -

- Receive and Note

**North Lincolnshire CCG Quality Group**  
**Held on Thursday 23<sup>rd</sup> August 2012**

**Meeting Notes**

**Present:**

Karen Rhodes (Chair)	John Pougher	Noelle Williams
Debb Pollard	Sarah Glossop	Dr Sheena Kurien George
Mike Griffiths	Barry Jackson	Dr Robert Jaggs-Fowler
Christine Bromley	Dr Andrew Lee	

**In attendance:**

Vivienne Simpson	Ian Reekie
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**1 Apologies**

Mike Rymer	Zoe Wray	Greta Johnson	Helen Varey
Ellie Gordon	Tim Fowler		

**2 Minutes of last meeting**

The notes of the meeting held on the 26<sup>th</sup> July 2012 were approved.

**3 Matters arising**

**Implantable Cardiac Devices** – KR reported that the Cardiac Network are still advertising the clinical lead post. Still awaiting a update on the action plan on cardiac devices from Denise Smith at NLaG.

**Repeat ordering/dispensing service** – It was noted that MR will discuss attending the Council of Members meeting with Dr Sanderson. MR to follow up.

**Action: MR**

**SUI guide (what constitutes an incident and how to report it)** – JP to circulate before the next meeting.

**Action: JP**

**Quality Group Revised Terms of Reference** – Following receipt of comments from the quality group KR revised the ToR and amended the following

- Lead on operational risk management and identify risks with independent assurance via Audit Group
- It was queried whether it would be more appropriate for the lay member for governance to be on this group – more appropriate as chair of the audit committee. KR had discussed with Allison Cooke who had agreed that we need both on this group as there is a remit in governance as well as remit for engagement.

Safeguarding – adults in attendance (as Mike Griffiths not employed by NLPCT) and children as a member (as Sarah Glossop is employed)

Under Quoracy – amended to read CCG Clinical Member Lead in place of CCG Member Lead

These revised ToR to the next formal meeting of the CCG for approval.

**Action: KR**

**Ironstone Centre** – JP confirmed this had been put on the Risk Register

**Oswald Road GP practice** – infection control issues have been put on the Risk Register

**Histopathology Capacity Concerns at HEY Hospital** – it had been suggested that JP should write to the Cluster expressing our deep concern. It has been subsequently agreed that as the Cluster had brought this to our attention this would not be necessary. We have been notified that the position has been resolved.

**Cancer Peer Review** – a letter has been received from the Chair of the peer review to say they are happy with the letter that NLaG had submitted and will continue to monitor the position.

**Information governance – ratification** – discussed under item 23

**Rawcliffe Hall Hospital patient notes** – MG reported that RDaSH has arranged for the deceased patient notes to be stored at Magnum.

## **Patient Safety**

### **4. NHS 111 Governance Arrangement**

JP reported that the CoM have been updated on the 111 progress and it is essential that the CoM are engaged with that process. There has been a workshop in Hull facilitated by the Region. The National Representatives attended to see how we are getting on the local patch in terms of 111 mobilisation and implementation.

An infrastructure diagram has been produced which identifies the key strands of work that need to be completed to achieve 111 mobilisation which includes quality, governance, IT and finance. A large amount of work will be required to move this forward. Concern has been expressed as to who in the CSU is taking the lead. Key challenge for North Lincolnshire is the unplanned care procurement. KR and JP had previously written to the cluster re proposed clinical governance structure in place for 111 in North Lincolnshire but had not received any feedback. It was agreed to ask for feedback to the proposal and they would meet with Becky Bowan to take forward.

**Action: KR/JP**

### **5. Safeguarding Children update**

SG and RJF have met with the Local Authority re concerns with child sexual abuse examinations and reported that the interim arrangements are working very well.

SG reported that have the final CQC report has been received which confirms all is well.

No new incidents to report since the last meeting.

SG reported that the government are taking a strong interest in child sexual exploitation. There has been a strategic group established to which SG and Craig Ferris will be invited to attend.

- **SHA Quarterly Assurance Report** – this exception report provides assurance that NHSNL are compliant with minimum standards in respect to safeguarding children arrangements.

RJF - raised the issue of capacity for his named doctor role. There is a potential for two sessions of his time being lost. KR reported that Bill Lovell is completing a piece of work to across all CCG staff to ascertain that the 'financial envelope fits'. It was agreed KR/SG to discuss with BL

**Action: KR/SG**

## **6. Safeguarding Adults update**

There have been a number of safeguarding alerts regarding the new DNAR forms. Details of these have been amalgamated in to one report which will be discussed at the CCG engine room on the 6<sup>th</sup> September. One of the recommendations within the report is around remedial action and to use all opportunities of existing forums to discuss the DNR form and the care of the elderly project. MG has discussed the issues with the Intelligence Group which is a local authority lead group for commissioners along with the residential care home association.

MG is currently working with pharmacists on safeguarding and the issue has been raised as to who will make sure that all the things that should be done are done? It was agreed that this needs to be built into the pharmacy visits. In the future it will be the responsibility of the National Commissioning Board but in the interim, KR suggested MG had a conversation with the CSU's Pharmacy, Medicine Management Team lead (Gemma McNally)

DNAs – MG raised the issue of DNA policies for children and adults who lack capacity. NLaG have a policy for children but not adults. MG has discussed this issue with Craig Ferris who has suggested perhaps it would benefit from being a commissioner led process as this would seek assurance from all the various providers that they have something in place in respect to DNAs for vulnerable adults.

KR felt it would be more appropriate to have a line in the contract about KPIs. SG confirmed this is in the children commissioning standards and this is what the contracting department work with. It was agreed the MG would mirror the childrens policy and discuss further with SG.

**Action: SG/MG**

Ongoing debate regarding the safeguarding adults policy, policies that effect children via the children act and any kind of development on every child matters and the mental capacity act. The latest safeguarding adults board policy has come out in draft and does not adequately address some of those issues – particularly around information sharing. MG feels the CCG needs to agree how they are going to take forward safeguarding for children and adults in respect of the mental capacity act. It was agreed that SG/MG and RJF should discuss further outside the meeting.

**Action: MG/SG/RJF**

MG agreed to revamp the SHA Quarterly Assurance Report to include the rag ratings pertaining to NLCCG.

**Action: MG**

## **7. Infection Control**

**July I C update** – Noelle Williams highlighted issues including:

- Re-scheduling a RCA in respect of MRSA Bacteraemia. It was agreed that it is important for the GP to attend.
  - MRSA screening positives - Decolonisation clinics – patients have turned up without being referred by their GP. NW to discuss further with the practice
  - CDiff – GP letters now in place but Cdif cards still outstanding. It was agreed that they should now be used. NW to take forward.
- **Action: NW**
- Oswald Road practice – Dr Kurien George expressed an interest. Work on track - no new issues.
  - Westwoodside – still issues with decolonisation – further meeting arranged.
  - Concern expressed that web based clinical pathways not yet in place. It was agreed this should be escalated.

**Action: NW**

The briefing paper was taken as read and noted.

## **8. Clinical performance issues (independent contractors)**

### **General Practitioners**

Nothing new to report.

### **9. Care Home update**

Report taken as read and noted. IR requested that future reports include

Number of current commissions for continuing care

Volume of assessment per month

Appeals – how many upheld etc

**Action: VAS/EG**

### **10. Continuing Care update**

Report taken as read and noted.

### **11. SUI Monitoring group**

It was noted that the August meeting has had to be postponed and consequently the July minutes have not been ratified, these to be circulated when available.

**Action: VAS**

The group were informed of a general surgical Never Event involving retention of swabs which is being investigated at Scunthorpe General Hospital. This will be closely monitored.

There has also been an intra-partum death – awaiting further details.

**Post meeting note:  
Now confirmed not a North Lincolnshire patient at DPoW**

**12. Identification of any new risks from business discussed**

None

**13. Any other business**

None

**Clinical Excellence**

**14. Medicine management/prescribing update**

It was reported that in future Gemma McNally at the CSU will be providing an update on medicines management.

The inaugural meeting of the area prescribing committee will be on the 20<sup>th</sup> September 2012.

Dr Lee reported that there has been a new MHRA alert about Simvastatin. KR to discuss with Gemma McNally, Principal Pharmacist –interim, North Yorkshire and Humber Commissioning Support Unit re an impact assessment. AL to email KR the alert.

**Action: AL and KR**

RJF reported that he had met with MR and the practice pharmacist about how to link in the future.

**15. Identification of any new risks from business discussed**

None

**16. Any other business**

None

**Patient Experience**

**17. Patient and public involvement**

**Section 242 annual report (draft)** The purpose of the report is to provide information about engagement activity that influences commissioning decisions. There is a statutory requirement under the Health Act to produce an annual report on our duty to involve. CB tabled the draft Section 242, it was agreed to include within the conclusion, that in future reports the CCG will make every effort to identify some of the outcomes from their engagement work. Comments to CB by 1<sup>st</sup> September. The final version will be sent to the Cluster.

**18. Delivering single sex accommodate update**

No breaches identified

**19. Complaints/PALS for the period July 2012**

July update taken as read and noted.

### **Draft CCG Complaints Policy**

This is one of the key policies the CCG has to have for authorisation. ZW has adapted East Ridings CCG policy for North Lincolnshire. The Quality Group approved its use and can be uploaded for evidence in the authorisation process. JP to check whether there is a need to refer to the IFR policy. To CCGC for approval.

**Action: JP**

### **20. Identification of any new risks from business discussed**

None.

### **21. Any other business**

CB raised a query around the management of support from GP practices in identifying patients for engagement activity. The issue had come to light with a recent request for practices to identify a small number of patients for a specific piece of work and practices had requested funding for admin time. KR queried whether this was currently funded through CCG engagement. CB suggested that if this type of support was required for the future then it would be important to identify if practices were currently funded for this work and if not whether this needed to be considered in future discussions.

AL reported that Dr Sanderson had taken this to the CoM where she raised the general issue that the practice managers do not feel it is part of their core business. The CoM agreed that commissioning work and anything related to it, is core business. There are still practicalities such as the volume to be considered. The CoM agreed to go back to their practices in respect of the MSK group and identify 5 patients, re-print the letter and post. CCG to fund the postage.

### **Information Governance**

#### **22. Information governance IR1s**

It was reported that there is one pending in respect of a FOI appeal against our decision not to provide certain information. An internal investigation is currently underway.

#### **23. Information governance update**

BJ updated on the position from the last meeting in which he reported that following the discussions he had had with the auditors he had recommended to the Trust that work from version 9 which was up to the 31.3.12 should be accepted as the position of the PCT and not to put any more resources in to improve the situation. Since that meeting BJ has met with Kendra Marley and Andy Grown who stated that the recommendation should be withdrawn and subsequently the ratification agreed at the last meeting does not need to go ahead. As the PCT is still a statutory body and must comply with its requirements this months report covers the action plan for the four unsatisfactory areas.

R112 information governance awareness and mandatory training procedures are in place and all staff are appropriately trained.

Do we need to add local authority and NCB because there are other provider organisations? This will not apply to the local authority as we do not know what their mandatory training will be.

R308 – transfer of hardcopy digital person identifiable and sensitive information.

Work to commence in September as part of the transitional work.

R324 – The confidentiality of service user information is protected through use of pseudonymisation and anatomisation techniques where appropriate.

Impact on the risk profile for long term conditions is key for NHSNL. Why have we purchased a risk profiling system when it didn't comply with pseudonymisation? KR has asked Becky Bowen to work with BJ to compile a report on what has happened, understand the timescales and agree the way forward. This report will then be presented to the CCG on the 6<sup>th</sup> September.

AL reported that patient confidentiality can be an issue with the supporting information for IFR process. KR acknowledged that this is a problem but the CSU will shortly be picking up the IFR support process and the CCG needs to ensure the service specification is correct for patient identification.

R515 There is a robust programme of internal and external data quality audit.

BJ unsure why we are at level one and what the action plan would need to be to reach level two. DB to discuss with Emma Mundey and report back to BJ.

**Action: DB**

Information governance transition plan has been submitted the initial draft to the cluster. This will form the basis of a transitional action plan and is the information governance legacy document.

BJ will be concentrating on the red areas and will report back at future meetings.

**IG audit report**

KR to review the reports which have been submitted to the N L Audit Group and if relevant will circulate to the members of this group

CCG Tool Kit – CSU information governance team will populate the CSU tool kit from which all of the others will feed. The CSU will identify areas of work which the CCG 'must do'. This information should be available in next months report. KR felt we should have a section on the four areas that we have discussed on the PCT plan and a section on the development of the CCG tool kit.

**Action: BJ**

**24. Any new risks from business discussed**

It was agreed to include risk profiling on the risk register.

**Action: JP**

**25. Any Other Business**

None

## **General Quality Issues**

### **26. Quality and Contracts**

- NLaG – Acute – Community**

Paper 26a Minutes of the NLaG Contract & Quality Group (12 July 12) – paper noted.

JP gave assurance that mortality is one of the key areas of focus with NLaG at this moment in time.

Paper 26b Notes of the NHS North Lincolnshire and Rotherham, Doncaster and South Humber Mental Health Foundation Trust Performance and Service Delivery meeting (26.6.12) – paper noted.

### **27. Deep Dives**

Maternity Deep Dive took place on 3<sup>rd</sup> July. Report completed and noted by the group. This report will be periodically updated and will be sent to members. It was also agreed to send to the contract group for information.

**Action: KR**

Communication with GPs is still an issue. It is believed this is primarily around governance issues and has been raised formally on many occasions. KR will discuss further with Caroline Briggs and take to the Maternity Matters group.

**Action: KR**

HEY Deep Dive – JP stated that we are still not receiving any routine update information from NHS Hull. It was agreed that we need a change in the arrangements which specify a requirement of direct transparency.

### **28. Mortality update**

#### **The SHMI Review**

The full SHMI report on NLaG will be published on the 13<sup>th</sup> September at the public Board meeting of both N and NE Lincs CCGs. The communications plan is being developed and the response to the recommendations will be finalised in time for the meeting on the 13<sup>th</sup>.

The Cluster are establishing a quality summit for the South Bank, when more information is available it will be circulated.

### **29. CQUINS update**

First quarter report – JP stated that there is nothing to report.

KR reported that following a recommendation in the SHMI review we have got an agreement from NLaG to request a change to the CQUIN on the deteriorating patient (indicator 7) which will be changed to make it more robust.

### **30. CSS update re quality**

KR updated that the staff in the quality section are coming into place and we will receive different reporting on quality issues from the CSU in future.

## **Draft 2011/2012 Annual Governance Report**

It was reported that this is a requirement from the Cluster with a deadline for the end of August. This does not cover all that would be in a quality report consequently NHSNL have sent separately our annual report on infection control, annual report safeguarding adults and work is on-going on the annual report for safeguarding children.

The group was asked to forward any comments to VAS.

This report will also go to the September meeting of the CCG.

### **31. Identification of any new risks from business discussed**

None.

### **32. Any Other Business**

National Quality Board report – 'Quality in the new health system maintaining and improving quality from April 2013'. It was agreed to circulate link.

**Action: VAS**

Quality Legacy report – the first draft will be submitted shortly. Linked to that is a data store which holds all the documents to be handed over. Due to the capacity problems the CCG has, once Mike Rymer hands over the Prescribing and Medicine Management responsibilities to Gemma McNally at the CSU he will populate the data store.

RCG quality programme – RJF confirmed a large number of practices are going for accreditation.

Timing of this meeting – Owing to the increased length of the CoM meeting prior to this group it has been agreed to review the timing of this meeting. Further details will be circulated

### **33. Date, time and venue of next meeting**

- Thursday 27<sup>th</sup> September 2012 at 3.00 pm. Room GH6, Global House Kingsway Centre, Scunthorpe

**North Lincolnshire CCG Quality Group  
Held on Thursday 27<sup>th</sup> September 2012**

**Meeting Notes**

**Present:**

Karen Rhodes (Chair)	Greta Johnson	Zoe Wray	Sarah Glossop
Dr Sheena Kurien George	Tim Fowler	Barry Jackson	
Christine Bromley	Dr Andrew Lee		

**In attendance:**

Vivienne Simpson	Jane Ellerton
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**1 Apologies**

Mike Griffiths	Debb Pollard	Ellie Gordon	John Pougher
Ian Reekie	Dr Robert Jaggs-Fowler		

**2 Minutes of last meeting**

The notes of the meeting held on the 23<sup>rd</sup> August 2012 were approved.

**Quoracy** – it was noted that the group was not quorate and any decisions taken would need to be ratified at the next meeting. Jane Ellerton to attend future meetings.

**3 Matters arising**

**Implantable Cardiac Devices** – KR reported that the Cardiac Network have appointed a clinical lead who will commence at the end of September and NLCCG issues will be passed on. The network has received the action plan on cardiac devices from NLaG and the report will be discussed at the next meeting. KR also reported that she is meeting with Christopher Cherry of the Clinical Alliance who is undertaking a review of cardiac services and KR will pick up the outstanding issue on implantable cardiac devices with him.

**Action:** KR/VAS

**Repeat ordering/dispensing service** – Item closed.

**SUI guide (what constitutes an incident and how to report it)** – JP to circulate before the next meeting.

**Action:** JP

**Quality Group Revised Terms of Reference** – KR confirmed the revised ToR went to the formal meeting of the CCG and were approved..

**NHS 111 Governance arrangements** – Karen Billany has been identified as the lead and it is anticipated that Hull PCT may become the lead commissioner. KB in the process of setting up clinical governance meetings across the 4 PCTs. KR concerned that we have not received a response to the proposal NHSNL submitted on how our local clinical governance will work.

**Safeguarding Children (named doctor capacity)** – KR confirmed she had discussed the financial aspects with Bill Lovell, there is the potential to build another clinical session in but final agreement has not yet been reached.

**Safeguarding Adults – DNA policies for children and adults who lack capacity** – MG still to discuss with SG.

Action: MG/SG

**CDiff – GP letters** that NLaG have produced on discharge have been ratified and are in use.

**CDiff cards** – NLaG are still not using. Need to have coordinated across the patch and KR to discuss with Helen Crombie.

Action: KR

**Westwoodside Dental Practice** – visit has taken place, action plan provided. New practice manager now in post.

**Clinical Pathways** – Cdif clinical pathway from the Leeds clinical pathway hub was sent to the microbiologist who raised one or two concerns regarding omissions in relation to the HPA guidance in managing Cdif cases. Dr Lee suggested that someone needs to take ownership and GJ to meet with Peter Cowling to make these changes.

Action: GJ

**Care Home update** further information included within the report as requested.

**SUI Monitoring Group notes** – circulated as requested.

**MHRA alert re Simvastatin** – Gemma McNally to undertake an impact assessment – KR to report back when received.

Action: KR

**Draft CCG Complaints Policy** – the policy was approved at the CCG meeting on the 13<sup>th</sup> September. However concern was raised that there had not been any consultation or involvement with the public or LA. ZW agreed that consultation would take place before the next review date in a year's time.

**Information Governance (R515)** – BJ confirmed he has received an action plan from Emma Mundey which provides him with the necessary information.

**CCG Tool Kit** - KR reported that it was agreed at the Audit Group meeting that the updates and planning for the PCT tool kit would go to the audit group and the updates and planning for the CCG would come to the Quality Group.

**Risk Profiling** – KR to clarify whether JP has put on the risk register.

Action: KR

**Maternity Deep Dive** – KR confirmed this had been sent to the contract group. She also confirmed she had spoken with Caroline Briggs in respect of communication issues for GPs.

**National Quality Board report** – link has been circulated.

## **Patient Experience**

### **4. Patient and Public Involvement update**

#### **Engagement update**

CB provided a work programme which shows what work is currently in progress.

#### **Experienced Led Commissioning**

Long Term Conditions and End of Life It was agreed that experience led commission programme reporting needs to be embedded into the CCG via this group and it was felt this would be most appropriate in the engagement update. It was agreed that Jane Ellerton would meet with CB to go through all the plans.

**Action: JE/CB**

CB reported that she had received a request from 'LINK' requesting more information about ongoing engagement work. It was agreed that CB should update Ian Reekie who attends the LINK executive meetings.

**Action: CB**

CB agreed to look further into the cancer workstream and to review the full report.

**Action: CB**

### **5. Delivering Single sex Accommodation**

No breaches identified.

### **6. Customer Care Report for the period of August 2012**

August update taken as read and noted.

ZW updated on the meeting she had had with the LMC re FHS complaints, she was hoping we would know more about how the FHS complaints will be handled in the future but as yet had no new information.

KR reported that she has emailed Dr Twomey in his capacity as a LAT director about primary care quality in its widest sense as she feels this is a key issue. The CCG needs to understand how the LAT are going to work it and what the relationship is in terms of CCG in its role in supporting primary care quality and the LATs role in terms of performance managing it in relation to the contracts. Dr T agrees it is a significant issue and hoped to pick it up in the next few weeks.

KR has suggested he calls an urgent meeting with the quality leads within the 4 CCGs, together with the quality and corporate leads in the CSU and the relevant people in LAT so we can have a better understanding of what the CCG role is in the future.

### **7. Identification of any new risks from business discussed**

None

### **8. Any new business**

None

## **Clinical Excellence**

### **9. Medicines management/prescribing update**

Mike Rymer has now left the trust and Gemma McNally from the CSU is picking up any medicine issues and ‘baby sitting’ any pharmacy issues until the LAT is established. The membership for the new area prescribing committee has been agreed. We have 3 voting positions – Dr Richard Falk as the prescribing lead, Dr Robert Jaggs-Fowler as medical director and Mark Hutton as the practice pharmacist group representative. There are 3 non-voting places, Gemma McNally – the other 2 are currently vacant and we can send a relevant representative when required. RJF will therefore be able to update this group on a regular basis.

TF reported that there have been an increasing number of requests for supervision of patients taking medicines in care homes. It was agreed that KR and TF would discuss this issue outside the meeting. It was agreed that TF would email GMcN for her view.

**Action: KR & TF**

It was reported that Salbutamal inhalers are available without prescription from Asda pharmacies. KR to discuss further with GMcN.

**Action: KR**

KR also stated that she will ask GMcN to clarify the process for the distribution of drug alerts as she is concerned with the changes in public health and CCG and CSU developments that the drug alerts may not be distributed.

### **10. Identification of any new risks from business discussed**

None

### **11. Any new business**

None

### **Patient Safety**

### **12. NHS 111 Governance Arrangements**

KR reported that Julie Billany will be establishing a governance meeting across the four CCGs. JP is currently struggling to attend the governance meeting. KR agreed to discuss with Lynn Poucher where she sees the CSU role fitting in.

**Action: KR**

### **13. Safeguarding Children update**

SG reported that we now have the appropriate named professionals in all our providers as NLaG have now recruited a named doctor.

There have not been any new incidents. One on-going Serious Incident – awaiting further information from the police, but there will not be a multi-agency review, however SG and RJF will undertake a health review.

SG has completed her section of the annual report for the cluster trust board. SG will bring the NL section to the next quality group.

**Action: SG**

CCG Authorisation – Panel day will take place on the 16<sup>th</sup> October and KR reported that she is expecting key lines of enquiry around safeguarding.

#### **14. Safeguarding Adults update**

Jane Ellerton outlined the problems encountered with the role out (or lack of) of the new DNAR form which had been developed by Yorkshire and Humber and which is used by the remainder of the cancer network.

It was agreed that KR would discuss further with Dr Liz Scott and Tim Fowler would take to the NLaG Contract Group to try and resolve the issue.

**Action: KR & TF**

Issues were raised regarding DNAR & Advanced Directive and staff education. DNAR Task & Finish group has been reinstated and a meeting has been arranged for the 23<sup>rd</sup> October to discuss consistency of processes & staff education.

It was also agreed that it would be useful to have the DNAR form template put on the new CCG internet. JE to discuss with James Tindall and ensure that only the correct form is posted.

**Action: JE**

Safeguarding report provided by Mike Griffiths discussed and noted. Dr KG unclear about the CQC inspection of Ascot House. KR to clarify and update.

**Action: KR**

#### **15. Infection Control**

August I C update – GJ highlighted issues including

- Building work being undertaken at Dr Kennedy's practice and Dr Rajkumar's practice – all proceeding well. Dr Kurien George declared an interest in respect of the building work being undertaken at her practice.
- Westwoodside Dental practice – further meeting has taken place, GJ has provided the practice with a copy of the audit and an action plan. It was agreed to give the new practice manager time to address the actions before a decision on whether to send the practice a formal letter. Further visit planned for mid November.

Report noted.

#### **16. Clinical Performance issues (Independent Contractors)**

No update – item deferred.

#### **17. Care Home update**

Report taken as read and noted.

It was agreed to invite Lynne Hall to the next quality group meeting to provide an update on the outcome of the Winterborne Review and the assessment undertaken on our patients.

**Action: Agenda item**

**18. Continuing Care update**

Report taken as read and noted.

**19. SUI Monitoring Group**

July meeting notes have been circulated. September notes still to be circulated.

**Action: VAS**

Serious Incidents are now being picked up by the CSU.

**4.7 (208468) incident at Market Hill** – BJ confirmed that a policy has been circulated with template letters. BJ confirmed that it is not a security management responsibility to send out the zero tolerance letters.

BJ agreed to reinforce the policy and that the duty of care to staff over rides confidentiality.

**4.8 SAGPEC – Incidents** – AL enquired whether any audit is carried out on patients who have attended OOH and whether the practice are notified and what information the practice has received. It was agreed to ask JP to discuss with Peter Speck.

**Action: JP**

It was agreed that JE would discuss whether DNAR needs to go on the Risk Register with JP.

**Action: JE**

**21. Any other business**

None

**Information Governance**

**22. Information Governance IR1s**

None

**23. Information Governance update**

BJ highlighted issues within the update.

Patients access to records - BJ will be visiting a practice in Grimsby who are piloting this and agreed to provide an update at the next meeting.

**Action: BJ**

**24. Identification of any new risks from business discussed**

It was agreed to add risks re Risk Profiling on mitigation (see matters arising)

**25. Any other business**

**No**

**General Quality Issues**

**26. Quality and Contracts**

NLaG - It was noted that the NLaG notes were not the final version. NLaG currently re-structuring their Quality and Governance. Slowness in responding to Serious Incidents has been put on the agenda of the cluster wide quality summit.

RDASH – TF reported that regular quality input is still required at this meeting. KR to pick up attendance at meetings with Lynne Poucher

**Action: KR**

**27. Mortality update**

**SHMI**

KR reported that further to the external publication of the SHMI report, it was received in public this week at the NLC Overview and Scrutiny Committee, the OSC has drawn up an action plan and they have arranged a further meeting on the 6<sup>th</sup> November seeking full assurance and involving Karen, Allison Cooke, Dr Sanderson and the Chief Executive and Chair of NLaG are attending.

The work the SHMI Steering Group is doing now is largely focused on developing a comprehensive action plan which sits behind the response to the recommendations. KR proposes to bring this to the Quality Group when complete. Further discussions to be held at the SHMI Steering group on how we will call NLaG to account and whether we should consider putting in a Performance Notice.

**Action: KR to raise at SHMI Steering Group**

The Cluster Quality Summit being held on 18<sup>th</sup> October will focus on hospital mortality, infection control, patient experience and lack of timely reporting within NLaG on SUIs and Incidents – KR will provide further update at the next meeting.

**Action: KR**

**28. CQUINS**

No current report available. It was agreed to review the quarterly report for RDASH, NLaG and HEY at the next meeting.

**Action: TF**

**29. CSS update re quality**

CSS are moving forward with the development of their quality department and all the service specifications are complete and going through the sign off process. Process maps have been done and staff are being appointed.

**30. Identification of any new risks from business discussed**

Nothing new.

**31. Any other business**

**Catheter Passport** – it was reported that the launch by the Continence Team by the end of October. It will be discussed by the LMC prior to the launch

**The next meeting will take place on the 25<sup>th</sup> October at 3.00 pm in Room GH6,  
Global House, Kingsway, Scunthorpe**