



MEETING DATE:	10 October 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.6	
AUTHOR:	Catherine Wylie	
JOB TITLE: DEPARTMENT:	Director of Quality and Risk Assurance Quality and Risk Assurance	

CCG QUALITY GROUP MINUTES 25 JULY 2013 AND 22 AUGUST 2013

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

1. PURPOSE OF THE REPORT:			
The Quality Group Minutes dated 25 th July 2013 and 22 nd August 2013 are attached for the CCG Governing Body to receive and note, for information only.			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:			
Continue to improve the quality of services			x
Reduce unwarranted variations in services			x
Deliver the best outcomes for every patient			x
Improve patient experience			x
Reduce the inequalities gap in North Lincolnshire			x
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
	Yes	No	x
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
	Yes	No	x

5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
9. RECOMMENDATIONS:					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Receive and Note 					

MEETING:	NHS North Lincolnshire Clinical Commissioning Group Committee Quality Group	 North Lincolnshire Clinical Commissioning Group QUALITY GROUP
MEETING DATE:	Thursday 25 th July 2013	
VENUE:	Room GH1, Global House, Kingsway, Scunthorpe	
TIME:	14:00 hours	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Karen Rhodes (KR)	Senior Officer Quality & Assurance/Registered Nurse (Chair)	NLCCG
John Pougher	Assistant SO Quality & Assurance	NLCCG
Jane Ellerton (JE)	Assistant SO Commissioning Support & Service Change	NLCCG
Ian Reekie	Lay Member	NLCCG
IN ATTENDANCE:		
Vivienne Simpson (VAS)	CCG Team PA	NLCCG
Greta Johnson (GJ)	Infection Control Specialist Nurse,	NLaG
Mike Griffiths	Designated Nurse Safeguarding Adults	NLaG
Carla Ramsay (CR)	Quality Lead	CSU
Chris Wallace	Information Governance Manager	CSU

1. APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Andy Lee	GP Member	NLCCG
Jackie Lyon	Medicines Management Lead	CSU
Christine Bromley (CB)	Community Involvement & Engagement Coor	CSU
Dr Robert Jaggs-Fowler	Medical Director	NLCCG
Barry Jackson	Information Governance	CSU
Dr Sheena Kurien George (SKG)	GP Member	NLCCG
Sarah Glossop	Safeguarding Children Designated Nurse	NLCCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
2. DECLARATION OF INTERESTS		
None		
3. MINUTES OF THE PREVIOUS MEETING HELD ON 27th JUNE 2013		
Minutes from meeting held on 27 th June 2013 were accepted as accurate.		
4. ACTION LOG		
<ul style="list-style-type: none"> Map of Medicine – agenda item Medication Calls – JE confirmed a meeting has been arranged for September involving JE, JP, JL and Social Services NICE Assurance report from providers – will be available for the next meeting. 	<p>Completed</p> <p>Action update September meeting</p> <p>Deferred - August meeting</p>	<p>JE</p> <p>CR</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • NICE quality standards and commissioning guides – July meeting • Infection Control – Bridge Street governance arrangements – still waiting final policy for file. • Dental practices not receiving a contracting template – KR reported that the Area Team are not undertaking any routine infection control visits to dental practices but have assured that they will deal with any concerns raised. The group questioned whether the area team have the skills and knowledge to deal with any issues. • Quality Surveillance Report – Sue Baughan (Public Health England) to attend future meeting • NLaGs lack of engagement in ELC process – JE expressed her disappointment in the number of staff NLG and RDaSH sent to the dementia event held yesterday. JE has emailed the trusts to highlight the issues re hospital admissions and attendance. In terms of public engagement it was felt this was a useful event. • IFR Summary sheet – deferred until Gill Fox able to attend. VAS to clarify which meeting. • Incident report – CR raised issue of not responding to GPs with Liz Vickerstaff who built the response into the report on incident reporting process. CSU to provide more resources to incident reporting and are looking to provide a more focussed response in future • Stroke patient incident – CR escalated concern and awaiting response. • Use of restraint in mental health services – raised through the contracting route with both RDaSH and NLG. Independent providers – to clarify with the continuing care team. Looking for assurance as to what their policy and approach to restraint is. It was noted that there is currently an SI related to restraint at RDaSH – awaiting report. • BAF - Clarified that the BAF is on every agenda and the risk register on every 3 months. It was also agreed to invite Dawn Taylor to attend this meeting for the BAF item each month. <p>It was confirmed that SG had amended wording to Q6 and Q2</p> <p>AO1 – Failure to deliver an option for sustainable services in a timely manner – KR discussed with directors who had felt the rating was correct at this time but would be discussed further. IR felt it would be correct only if the timetable was amended – to be raised on 8th August at Governing Body.</p> <p>Risk Register - Q8 Data flows KR felt the risk is higher because of the delay in implementation of the IG plan. This has recently been highlighted by the air products invoice not being paid – KR currently seeking assurance that this is not affecting patients. It was agreed to increase the impact to 4</p>	<p>Deferred - August meeting</p> <p>Completed</p> <p>Completed</p> <p>August meeting</p> <p>Completed</p> <p>September</p> <p>Completed</p> <p>Update next meeting</p> <p>Update next meeting</p> <p>Action</p> <p>Completed</p> <p>Action</p> <p>Action</p>	<p>CR</p> <p></p> <p>VAS</p> <p></p> <p>VAS</p> <p></p> <p>CR</p> <p>CR</p> <p>VAS/ JP</p> <p></p> <p>IR</p> <p>JP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>and this therefore needs to go on the BAF.</p> <p>Patient Experience Report – agenda item</p> <p>Identification of new risk – add responsiveness to SIs, Incidents and complaints to risk register – still to be added. CR discuss with JP</p> <p>NLaGs definition of complexity – a presentation on risk assurance and complaints is being given at the August contract meeting – CR to feed back.</p> <p>KR reported that Healthwatch are undertaking a review of 2 or 3 of NLaGs complex complaints for the CCG. Trying to understand whether there are any pathway issues across the health and social care section. IR has reservations about doing too much with Healthwatch, bearing in mind they have no governance structure in place yet and we should wait to see what their priorities are. Healthwatch to discuss with NLaG whether they would find this helpful. NLaG would need to obtain consent from the families to undertake this review.</p> <p>Medicine management – prescribing forecast available for August Meeting.</p> <p>Updated scorecard and QIPP plan – agenda items.</p> <p>Long standing issue – AL taking forward via prescribing committee. KR meeting with JL next week and will discuss further.</p> <p>Winterbourne Phase 3 action plan – agenda item</p> <p>HAI action plan – distributed</p> <p>C Dif patient held card – to be discussed at the patch wide Incident Review Group meeting being held in August – GJ to report back to next meeting.</p> <p>NHS 111 Serious Incident – awaiting report with recommendations.</p> <p>KR reported that historically there are 3 sites where Adastra is routed via Sheffield Childrens Hospital and we have asked via the report whether this is appropriate or whether changes can be made. JP to update at next meeting.</p> <p>IR1 relating to dentist and patient confidentiality – a new member of staff requested information from a CCG member of staff. JE to check whether the request was password protected. JE and CW to discuss further outside of meeting.</p> <p>GP IG compliance (Church Lane non-compliance) CW confirmed that the practice had completed it but had not pressed the submit button.</p> <p>Risk Stratification (position statement re data flows) CW reported that work on the assessment of data flows is on-going. Of the 14 data flows reported – 3 were approved on clinical basis, 10 are under discussion with</p>	<p>Completed</p> <p>Action</p> <p>Action</p> <p>August meeting</p> <p>Completed</p> <p>Action</p> <p>Completed</p> <p>Completed</p> <p>Action</p> <p>August meeting</p> <p>Action</p> <p>Action</p> <p>Completed</p>	<p></p> <p>CR/JP</p> <p>CR</p> <p>JL</p> <p></p> <p>KR</p> <p></p> <p>GJ</p> <p>JP</p> <p>JP</p> <p>JE/ CW</p> <p></p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>individuals concerned. One has been stopped – KR felt this decision was not correct and as it relates to JP it was agreed CW should discuss this further with JP outside the meeting</p> <p>Implantable cardiac devices re-audit – response not received from NLaG. KR to take forward.</p> <p>Unannounced visits – JP is pulling together an escalation framework for the CCG so we can pick up triggers when concerns raised that a service is failing.</p> <p>CQUINs mapping – agenda item</p> <p>NLaG Quarter 4 CQUINs – received but it was felt by the contracting group not to be as good quality as previous submissions had been. Pat Penfold has reviewed it in terms of achievement of the goals and Tim Fowler is picking it up with Kathryn Helley in terms of confirming the achievement and raising concerns re the quality of the submission. No payments have been made so far.</p> <p>Provider cost improvement programme presentation - circulated</p>	<p>Action</p> <p>Action</p> <p>Action</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>CW/ JP</p> <p>KR</p> <p>JP</p>
<p>5. Matters Arising (not covered on the agenda)</p> <p>Risk Log – discussed under Action Log</p>		
<p>6. Quarterly Map of Medicine</p> <p>It was noted that this report summarises the current position in terms of the roll out of map of medicine across North Lincolnshire. There are currently problems with IT (staff codes) in respect to RA issues but it is hoped this will be resolved this week and practices will be able to access the system.</p> <p>Once the 6 pilot practices running smoothly they will be able to view the current pathways on the system. A communications and engagement plan will then be developed and rolled out across the remainder of the practices.</p> <p>It was agreed GJ would send JE further infection control/prevention pathways to put on the system.</p> <p>Reported received and noted.</p>	<p>Action</p>	<p>GJ/JE</p>
<p>7. Public Health England Observatory Quality Surveillance Pack</p> <p>Key challenges – members felt there is nothing that the CCG is not aware of. It was agreed that it would be useful for this information to go to the Unplanned Care Programme Board.</p> <p>IR questioned what was meant by days lost to sick leave and what influence the CCG would have? It was agreed CR would raise at the contract boards.</p> <p>KR to discuss the prescribing challenges with JL.</p> <p>It was agreed this was a useful report. Any comments on the report should be sent to Charlotte Wood at charlotte.wood@phe.gov.uk</p>	<p>Action</p> <p>Action</p> <p>Action</p> <p>Action</p>	<p>JE</p> <p>CR</p> <p>KR</p> <p>All</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
8. Quality DASHBOARD		
<p>Items noted</p> <p>Increased number of SIs reported by NLaG related to avoidable pressure ulcers. KR and Paul Kirton-Watson are meeting with Karen Dunderdale and KR agreed to discuss further with her and to also suggest the re-establishment of the Skin Integrity Board. CR to request assurance via the contract board.</p> <p>HEY have had CQC visits over the last two months but details have not been published yet and details from this will be included in next month's DASHBOARD. It was however noted that it is an 'improving picture'.</p> <p>HEY has set a two year target to reduce the number of cardiac arrest calls.</p> <p>RDaSH</p> <p>Peak on SIs. It was reported that there has been two SIs from one ward where both patients had suffered harm - KR to discuss at next SI monitoring meeting.</p> <p>Learning disability reported they have had no incidents – CR to clarify via the contracting board.</p> <p>Overall it was agreed that this is a useful report. Report received and noted.</p> <p>JE outlined the details on a complaint submitted to RDaSH by a carer of a dementia patient. JE to prepare a report for the August meeting. KR has contacted the CQC and they are checking with the compliance manager whether they have any concerns with RDaSH.</p>	<p>Action</p> <p>Action</p> <p>Action</p> <p>Action</p> <p>Action – August meeting</p>	<p>KR/ CR</p> <p>CR</p> <p>KR</p> <p>CR</p> <p>JE</p>
PATIENT EXPERIENCE		
9. North Lincolnshire Patient Experience Report		
<p>Details covered under Dashboard</p>		
10. In-patient Survey 2012		
<p>CR outlined the background of the report. It was agreed to view the HEY and NLaG action plan against this report to see if they are tackling the right issues.</p> <p>Report noted.</p>	<p>Action – August meeting</p>	<p>CR</p>
11. Identification of any new risks from business discussed		
<p>Review Q8 on risk register.</p>	<p>Action</p>	<p>JP</p>
<p>BAF AO1 review as timescale for consultation and engagement has changed.</p>	<p>Action</p>	<p>KR</p>
12. Any other business		
<p>None</p>		
CLINICAL EXCELLENCE		
13. Medicine management/prescribing update		

SUMMARY OF DISCUSSION					DECISION/ACTION (including timescale for completion or update)	LEAD
Level	Uptake at 31st May 2013	Uptake at 17th July 2013	Target end July	Target end August		
1	53%	58%	58%	61%		
2	48%	49%	54.5%	57.7%		
3	79%	77%	81.1%	82.4%		
<p>○ Child Sexual Abuse Examinations – still being accessed by Police from Manchester. Discussions on-going between Sheffield Children’s Hospital and NLaG</p> <p>Safeguarding SI</p> <p>Report for outstanding Safeguarding SI nearing completion.</p> <p>Update noted.</p> <p>It was also reported that SG has given a safeguarding presentation to the Governing Body.</p> <p>18. Safeguarding Adults</p> <p>Mike Griffiths reported he is still providing training to GP practices and had recently provided a PREVENT update to the regional service coordinator.</p> <p>Outstanding safeguarding cases relating to PCT days – working with the LA to get resolved.</p> <p>DNA CPRs – concerns raised previously still on-going. GP to review specific cases with the care home manager.</p> <p>Regional DNR policy still on-going. Currently being held up in NLaGs governance process. JE to discuss with Tim Fowler. MG queried where the leadership on the local process is. KR to discuss further with Karen Dunderdale.</p> <p>MG raised concern that there is no discussion about equipment at this group. Discussion followed on equipment in relation to pressure sores. KR not aware this has been raised as a commissioner issue and agreed to discuss with Karen Dunderdale whether there is any equipment issues that have contributed to the pressure damage problem.</p> <p>KR reported that the post of Designated Nurse for Safeguarding Adults has gone back out to advert and hopefully interviewing on the 14th August. In the interim NLaG have agreed to let MG continue to do some work for the CCG.</p> <p>Winterbourne Phase 3 return</p>					<p>Action</p> <p>Action</p> <p>Action</p>	<p>JE</p> <p>KR</p> <p>KR</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Report received and noted. Currently rated 6 on the risk register.</p> <p>19. Infection Control update</p> <p>GJ reported there are 2 MRSA cases appointed to the CCG both community acquired.</p> <p>C Dif – total now at 14 – 4 of which are community acquired.</p> <p>Hilltop Care Home – Protracted outbreak of Scabies which has not been reported. Public Health England are about to undertake a mass treatment programme for residents and staff. There is also a D & V in the home which also had not been notified to PHE</p> <p>St Georges Care Home – Meeting held by LA with legal representation but is being reconvened when the client will be there with their legal representation. Lengthy discussion on the problems and it was agreed that GJ contact the Director of Public Health to discuss further to try and secure LA action.</p> <p>Bridge Street Surgery – requested the amended version of their policy. On the MRSA RCA action plan which NLaG hold there is an outstanding action about formalising arrangements. Suggested to put as a green but put a caveat in place to say that Bridge Street Surgery is a CCG issue which is being followed up.</p> <p>Infection control and prevention between CCG and NLaG for specialist support SLA – work on-going and will be forwarded to KR.</p> <p>Question raised whether all MRSA Bacteraemia given zero tolerance should be reported as a Serious Untoward Incident. It was agreed that the decision should be made at the RCA that if it is a significant issue, and could have been avoidable at that point to report as a SUI.</p> <p>20. Clinical Performance Issues</p> <p>No performance issues currently known.</p> <p>KR updated on concerns relating to one practice's opening hours. RJF in discussion with the Area Team as to the way forward.</p> <p>21. North Lincolnshire Incident Monitoring Group</p> <p>Minutes from the meetings held on the 26th June 2013 were noted.</p> <p>22. Identification of any new risks from business discussed</p> <p>None</p> <p>23. Any other business</p> <p>None</p>	<p>Action</p> <p>Action</p>	<p>GJ</p> <p>GJ</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Minutes from the 16th May were noted.</p> <p>33. Mortality update</p> <p>Bruce Keogh report</p> <p>Details of the published review report and risk summit action plan previously circulated. KR reported that the action plan only covers the most immediate actions. Concern expressed at the local quality surveillance group as to NLaG capacity/capabilities to implement the action plan. Whole of action plan has to be delivered by the end of September 2013 with a significant number by the end of July 2013.</p> <p>There are two actions within the plan which require NLaG to work with Commissioners</p> <ul style="list-style-type: none"> • Improving stroke service particularly OOH and taking the service out of Grimsby. Plan by mid-July and actioned by the end of July. • To move forward on seven day working. <p>KR has asked Tim Fowler to undertake a review of the action plan and identify any areas where we need to take contract action i.e. mixed sex accommodation.</p> <p>NLaG have not been using the national definition for mixed sex accommodation breaches. Apparently NEL CCG as lead commissioners had given permission for them to use a weaker definition although this has not been verified.</p> <p>Stroke – NLaG will not meet the timescale of the Keogh report. NLaG are preparing a paper for their Board. This has been escalated and is going to their Finance and Performance Committee, following which the CCG will be given a copy. KR confirmed this will be discussed by the CCG Governing Body.</p> <p>There are four conditions on the licence :-</p> <ul style="list-style-type: none"> • to implement the action plan, • external review of the clinical leadership, • external review of the quality governance systems • external review of board capability and capacity. <p>OSC SHMI Report</p> <p>The Local Authority has published their report on SHMI. NLaG have agreed to produce a joint response with NLCCG and KR in discussion with Wendy Booth. We are anticipating the report will go to cabinet in September and then we will be requested to respond.</p> <p>34. North Lincolnshire CQUINs 13/14</p> <p>Pat Penfold Put together each of the initial proposals made by CCG and mapped where they now appear for 13/14. This gives assurance that all have been included either as CQUIN or KPI or service development</p>		

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<p>The deteriorating patient CQUIN is still causing a problem. CCG have asked for an exception report for every patient that scored and should have been escalated and wasn't – NLAG have said they don't want to share it with us. TF looking into contract clauses.</p> <p>35. Identification of any new risks from business discussed</p> <p>None</p> <p>36. Any other business</p> <p>Liverpool Care Pathway – CR has requested an update at the next contract meeting - both NLaG and RDaSH. The Government have asked Trusts to look at their complaints over the last year and see if any relate to end of life pathways. If there are any causes for concern they expect trust to take further action.</p> <p>KR reported that she has received a copy of a letter that Karen Jackson received from the Cancer Peer Review with notification of serious concerns. Sent to TF and LP and asked it to be followed up by the Contract Management Board. The serious concerns relate to the Chemotherapy Service and Skin MDT</p>		
DATE, TIME AND VENUE OF NEXT MEETING		
<ul style="list-style-type: none"> • Date: Thursday 22nd August 2013 • Time: 14:00 hours • Location: Room GH1, Global House, Kingsway, Scunthorpe 		

MEETING:	NHS North Lincolnshire Clinical Commissioning Group Committee Quality Group	
MEETING DATE:	Thursday 22 nd August 2013	
VENUE:	Room GH1, Global House, Kingsway, Scunthorpe	
TIME:	14:00 hours	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Karen Rhodes (KR)	Senior Officer Quality & Assurance/Registered Nurse (Chair)	NLCCG
John Pougher (JP)	Assistant SO Quality & Assurance	NLCCG
Ian Reekie (IR)	Lay Member	NLCCG
Dr Robert Jaggs-Fowler (RJF)	Medical Director	NLCCG
Dr Sheena Kurien George (SKG)	GP Member	NLCCG

IN ATTENDANCE:		
Vivienne Simpson (VAS)	CCG Team PA	NLCCG
Lynn Poucher (LP)	Head of Clinical Quality & Governance	CSU
Jackie Lyon (JL)	Medicines Management Lead	CSU
Carla Ramsay (CR)	Quality Lead	CSU
Barry Jackson (BJ)	Information Governance Manager	CSU
Sue Baughan (SB)	Associate Director Knowledge and Intelligence Team	P H E
Charlotte Wood (CW)	Health Intelligence Specialist, Knowledge & Intelligence Team	P H E
Rachel Craven (RC)	Commissioning Specialist	CSU
Jill Burton (JB)	Commissioning Specialist	CSU
Catherine Wylie (CQ)	Director of Quality and Risk Assurance (commencing 2.9.13)- shadowing Karen Rhodes	

2. APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Andy Lee (AL)	GP Member	NLCCG
Sarah Glossop (SG)	Safeguarding Children Designated Nurse	NLCCG
Jane Ellerton (JE)	Assistant SO Commissioning Support & Service Change	NLCCG
Mike Griffiths (MG)	Designated Nurse Safeguarding Adults	NLaG
Greta Johnson (GJ)	Infection Control Specialist Nurse	NLaG
Dr Anita Kapoor (AK)	GP Member	NLCCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
2. DECLARATION OF INTERESTS		
None		
3. MINUTES OF THE PREVIOUS MEETING HELD ON 27th JUNE 2013		
Minutes from meeting held on 25 th July 2013 were accepted as accurate.		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
4. ACTION LOG		
<ul style="list-style-type: none"> • NICE Assurance report from providers – CR feedback that NLaG provided an update re performance against NICE guidance. • Medication Calls – JE to update at the September • NICE quality standards and commissioning guides – discussed under item 13 • Quality Surveillance Report – agenda item • IFR Summary sheet – deferred until Gill Fox able to attend. VAS reported that she will attend the October meeting. • Stroke patient incident – CR reported Dr Lee has received a satisfactory clinical response but that had raised the issue of how NLaG deal with their incidents initially. This was raised via the contracting board who responded that the treating clinician would give the first response and gave assurance that peer support is part of their incident reporting protocol. • Use of restraint in mental health services – CR reported that this has been raised with the providers and waiting for a response in terms of their policy. SI report for RDaSH SI involving use of restraint due to CCG September. • BAF - Dawn Taylor currently on leave but has agreed to attend this meeting for the BAF item each month. <p>AO1(Failure to deliver an option for sustainable services in a timely manner) – KR discussed at governing body and it was agreed to keep under review. Directors are due to discuss again over the next couple of weeks. It was suggested to either include a date when it will be reviewed or be reviewed at every meeting. Allison Cooke to take forward.</p> <p>Risk Register - Q8 (Workload capacity for the IG arrangements and requirements under the Health and Social Care Act - implications of the IG constraints arising from DMIC on CSU and CCG operations) KR confirmed that the risk has been increased to 4 and she will be reviewing the wording for Dawn Taylor</p> <ul style="list-style-type: none"> • Identification of new risk – add responsiveness to SIs, Incidents and complaints to risk register – JP confirmed this has been added and KR to review wording. <p>NLaGs definition of complexity – CR stated that NLaG still have not given details of their definition of complexity in respect to complaints.</p> <p>Medicine management – prescribing forecast – discussed at item 12</p> <p>Long standing issue re Leflunomide and Peristeen – JL had responded to AL direct stating she would not expect a specialist nurse to be asking a GP to</p>	<p>Completed</p> <p>September meeting</p> <p>Completed</p> <p>Completed</p> <p>October meeting</p> <p>Completed</p> <p>September meeting</p> <p>Completed</p> <p>Action CW to discuss with AC</p> <p>Action</p> <p>Action</p> <p>On-going</p> <p>Completed</p>	<p>JE</p> <p>CR</p> <p>CW</p> <p>KR</p> <p>KR</p> <p>CR</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>prescribe unless it was explicit within the request that the rheumatologist had been consulted and approved treatment. She suggested a review of the patient with the intention of stopping prescribing. Leflunomide is licenced for RA only, not fibromyalgia. Whilst the two may coexist, she expected there to be a diagnosis of RA before Leflunomide was prescribed for fibromyalgia. JL reported that work currently on going to develop a shared care framework for all of the DMARDs, once in place GPs will be able to undertake prescribing responsibilities but only after it has been started by consultants in secondary care</p>	<p>Completed</p>	
<ul style="list-style-type: none"> • C Dif patient held card –To be discussed at the August patch wide Incident Review Group meeting – deferred until GJ present 	<p>September meeting</p>	<p>GJ</p>
<ul style="list-style-type: none"> • NHS 111 Serious Incident – Still awaiting the SI report. JP reported that he was confident that none of the 15 affected patients suffered any harm. 	<p>On-going</p>	<p>JP</p>
<p>Adastra is routed via Sheffield Childrens Hospital. JP reported that this was due to it being cheaper to join with Sheffield rather than contract with Adastra direct. Remain with Sheffield until NLaG new system in place.</p>	<p>Completed</p>	
<ul style="list-style-type: none"> • IR1 relating to dentist and patient confidentiality – It was reported that Chris Wallace has confirmed that this information was not password protected. CW has reminded the practice of their security responsibilities. Item closed. 	<p>Completed</p>	
<ul style="list-style-type: none"> • Risk Stratification (position statement re data flows) – discussed under item 25 	<p>September meeting</p>	
<p>JP confirmed the issue relating to his own information governance data flow has been resolved after discussion with Chris Wallace.</p>	<p>Completed</p>	
<ul style="list-style-type: none"> • Implantable cardiac devices re-audit – KR reported that the re-audit is underway but the timescale is unknown. 	<p>September</p>	<p>CW</p>
<ul style="list-style-type: none"> • Infection control/prevention pathways to be placed on the Map of Medicine system – JE to update at next meeting. 	<p>September meeting</p>	<p>JE</p>
<ul style="list-style-type: none"> • PHE Observatory Quality Surveillance Pack – Query as to what is meant by days lost to sick leave and what influence the CCG would have – CR to raise at next contract board. 	<p>September meeting</p>	<p>CR</p>
<ul style="list-style-type: none"> • Quality DASHBOARD <ul style="list-style-type: none"> - NLaG increase in SI's relating to pressure ulcers – KR reported had met with Karen Dunderdale and discussed the work NLaG are undertaking internally. They agreed they do not have a Northern Lincolnshire overview which includes the external issues. KD has agreed to re-establish the Northern Lincolnshire Skin Integrity Board. TOR and membership will include Care Homes and Community Nursing as well as acute. It is essential to have a local authority representative on this Board. - RCAs – NLaG differentiate between avoidable and non-avoidable. KD intending to slightly change their criteria re non-avoidable relating to 		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>patients near the end of life.</p> <ul style="list-style-type: none"> - CQC visits to HEY – CR reported that HEY have had an unannounced visit to Castle Hill and Hull Royal over 3 days in June and the report has now been published. It was noted there are medicines management issues on both sites and a compliance notice issued. HEY producing an action plan. - RDaSH 2 SIs for same ward where patients suffered harm through falls – KR confirmed she had raised these issues at the SI monitoring meeting. - RDaSH – no incidents reported by Learning Disability – CR confirmed that Gary Fee will be discussing at the contracting board. - RDaSH complaint relating to dementia patient – a report was received from JE in respect of one carer relaying her father's experience of dementia, including the point he was sectioned and admitted to Great Oaks, where she described the treatment as appalling. She states that he was admitted for assessment, but was so heavily sedated that he became dependent on others for personal care such as washing, yet this was not provided. He became incontinent when he had up to the point of admission, been fully continent and self-toileting. She says she witnessed other patients sedated to a similar level. JE provided her with the RDaSH leaflet on making a complaint and she said she would take this route. Keith Baulcombe(CSU Mental Health Commissioning lead) has raised this informally with RDaSH and will add to the next Contract meeting agenda, he will also raise the issue with the CSU medicines management team. JL to also follow up with senior RDaSH pharmacist. RDaSH had confirmed antipsychotic audit underway. <ul style="list-style-type: none"> ● In patient survey – HEY and RDaSH action plans CR agreed to circulate along with NLaGs. ● New Risks <ul style="list-style-type: none"> - Risk Register Q8 – as discussed above - BAF A01 – as discussed above ● Prescribing Scorecard variation – work on-going for the first quarter and will be available for the either September or October meeting which will include the variation details. JL currently developing a template which provides details on prescribing costs i.e. whether QIPP programme on track for savings, looking at selection of indicators and where we are with trends. These will be compared against the whole of the North Yorkshire & Humber area. ● NICE presentation – agenda item 13 ● Delay in completion of regional DNR policy – update for next meeting ● St Georges Care home issues – GJ to update at next meeting ● I,P & C SLA – Still under development ● NHS111 End to End Reviews – JP stated these will be brought to a future meeting and have been put on the forward planner. ● Information Governance IR1's – discussed above. ● Data processing – increase risk due to problems with invoice payments – discussed above. 	<p>Completed</p> <p>???</p> <p>September</p> <p>Action</p> <p>Action</p> <p>Completed</p> <p>Completed</p> <p>September/October meeting</p> <p>Completed</p> <p>September meeting</p> <p>September meeting</p> <p>September meeting</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p></p> <p>CR</p> <p></p> <p>JL</p> <p>CR</p> <p>JL</p> <p></p> <p>JE</p> <p>GJ</p> <p>GJ</p> <p></p>
<p>5. Matters Arising (not covered on the agenda)</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Quality Impact Assessment - KR highlighted a recent issue which she felt both CCG and CSU should learn from. The issue relates to the increase in car parking charges by NLaG and the lack of consultation. NLaG stated they had informed KR in the submission they gave us in the cost improvement plans. KR informed the group that when the review of the cost improvement plans took place they had looked specifically at the impact on clinical services of CIP's. It was agreed that any future reviews must look at the broader issues i.e. both patient safety and patient experience. It was also agreed that in future CSU would ask the providers to highlight anything controversial.</p>		CR/ LP
<p>6. BAF</p> <p>JP felt the role of this group should be made clear as opposed to the audit group. The roll of the audit group is to seek assurances that the CCG Governing Body, Quality Group and directors effectively manage risk. Therefore the role of the quality group is to identify new risks, appropriate controls, update progress and review effectiveness of control measures.</p>		
<p>7. Public Health England Observatory Quality Surveillance Pack</p> <p>Presentation given by Charlotte Wood and Sue Baughan of the P H Intelligence Team.</p> <p>The aim of the quality surveillance briefing is to provide a summary of quality surveillance across a range of national and local data sources for the CCG. It will also highlight key messages and themes and identify key lines of enquiry with a focus on the National Quality Dashboard (NQD) as the key measure of quality nationally.</p> <p>KR stated that the lack of assurance on workforce needs addressing. It was agreed that days lost to sick leave is difficult to explain and it was agreed in future to pull out all workforce indicators.</p> <p>CW – queried whether we could ask NLaG to do a project on attendance levels</p> <p>It was agreed CR would request for more detailed workforce information, by site, specialty and also covering medical staffing numbers via the contract monitoring board.</p> <p>It was agreed review the Strategic Workforce Framework and implementing into contracts. KR to discuss with workforce lead (Allison Cooke)</p> <p>If having problems recruiting the calibre of locums this needs flagging up as well.</p> <p>The group felt the information was very useful and thank SB and CW for attending.</p>	<p>Action</p> <p>Action</p>	<p>CR</p> <p>KR</p>
<p>8. Quality DASHBOARD</p> <p>Items noted</p> <p>No issues have been removed. A meeting is planned with Tim Fowler, Lynn Poucher and Carla Ramsay to review the Keogh action plan to understand how</p>		

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<p>to feed through contract routes and CSU support route to the CCGs. Following which a number of the long standing issues may go via other routes and the format of the Dashboard report changed to report comprehensively to this Group.</p> <p>CQC visit action plan for NLaG in place, along with action plans for Keogh, Monitor, Francis gap analysis, Winterbourne. NLaG proposed to draw these together into one monitoring document for ease of monitoring as well as to draw together similar themes/actions between the reports. KR stated there is a national document about to be published which outlines the responsibilities for every agency in respect of the Keogh review. It outlines the CCGs responsibilities as ensuring quality improvement and managing it through contracts.</p> <p>New issues NLaG – Keogh report received NLaG – Monitor ‘special measures’ in place HEY – MRSA cases and C.difficile trajectory of concern</p> <p>KR reported that penalty has been applied to NLaG re C Dif breaches in 12/13.</p> <p>SlS - it was noted that the largest reporting issue is avoidable grade 3 and 4 pressure sores</p> <p>CQUINs – NLaG figures show they are below standard for the dementia screening, however once screened diagnosis rates were on target but on-going referral rate not near target. Action plan has been requested. It was queried whether dementia bundle could be used in next year CQUIN – CR to clarify.</p> <p>KR – CQUIN re deteriorating patients exception report for every patient that should have been escalated – this has still not been agreed. This was raised at the contracting board and they stated they do not have the capacity to do this. KR felt NLaG should be undertaking a significant event audit on every one that should have been escalated but had not been. CCG/CSU to continue to challenge.</p> <p>Questions were raised in the Keogh report whether NLaG was monitoring the safety thermometer properly. CR to clarify whether Quarter 4 baseline report available.</p> <p>Complaints Quality content of NLaGs complaint report is still poor. The complexity of complaints has grown and because of capacity issues it is creating a backlog. It was agreed that a breakdown between sites/departments/specialties/consultants would be beneficial. Noted NLaG have put additional capacity in.</p> <p>Liverpool Care Pathway – awaiting report on the number of complaints relating to the LCP. POST MEETING NOTE: CSU have now reviewed complaints for NL CCG and there are not any that relate to LCP issues. Still awaiting assurance from providers</p> <p>Mixed Sex Accommodation breaches – NLaG have reported 22 breaches in</p>	<p>Action</p> <p>Action</p> <p>Action</p> <p>Action</p>	<p>CR</p> <p>CR/ CW</p> <p>CR</p> <p>CR</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>June and should be fined accordingly.</p> <p>JP – LAT significant focus and challenge for CCG at the next check point will be breaches. Will need action plan before the 5th September. CR to request copy of action plan from NLaG.</p> <p>RDaSH It was reported that there is an additional unexpected death of inpatient to be added making 6 SIs year-to-date in total.</p> <p>There were still no incidents reported by the Learning Disability Service and this is being challenged.</p> <p>KR reported that as part of the Healthy Lives Healthy Futures public engagement exercise a trend has been picked up around concerns about Ward 27 at NLaG. KR has emailed Karen Dunderdale and requested she investigate. CW to follow up.</p>	<p>Action</p> <p>Action</p> <p>Action</p>	<p>CR</p> <p>CR</p> <p>CW</p>
PATIENT EXPERIENCE		
9. North Lincolnshire Patient Relations Report July 2013		
<p>Report noted.</p> <p>North Lincolnshire Patient Experience Report – F&F Test Data</p> <p>Provides initial data from the 3 nearest acute trusts.</p> <p>Score is calculated from proportion of response.</p> <p>KR reported that the area team are unhappy with NLaGs response rate and have offered support from Sonia Thompson F&F Test Lead for North of England – it was agreed to take up the offer on behalf of northern Lincolnshire.</p> <p>Paper noted.</p>	<p>KR to respond</p>	<p>KR</p>
10. Identification of any new risks from business discussed		
<p>None</p>		
11. Any other business		
<p>None</p>		
CLINICAL EXCELLENCE		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>12. Medicine management/prescribing update</p> <p>JL reported that the cost growth is negative and this is the 5th best performance in the Yorkshire area. Volume growth is also the 2nd lowest in the Yorkshire area. Whilst a forecast will not available from the PPD until mid-October, the performance so far would indicate that are no significant risks to the prescribing budget at this stage.</p> <p>JL felt there is still capacity to reduce spend per patient and work is currently on-going with individual practices.</p> <p>Electronic prescription service and waste issues – JL reported that the COM agreed a multi-faceted approach towards the ordering of repeat prescriptions</p> <ul style="list-style-type: none"> • electronic prescriptions, • GP to use their online systems. • Standards for Community Pharmacy automatic ordering systems <p>JL to work with the LPC to produce a service criteria for pharmacists to adopt when ordering on behalf of patients.</p> <p>Monitored Dosage Systems – have recently received guidance from the Pharmaceutical Society. JL reported that the LPC, LPNs, LMC will be working together to produce a policy on the use of Monitored Dosage Systems and pharmacies will be expected to adopt this policy.</p> <p>JL agreed to inform practice of on-going work.</p>	<p>Action</p> <p>Write to practices</p>	<p>JL</p> <p>JL</p>
<p>13. NICE</p> <p>Framework for adoption of quality standards</p> <p>Presentation given by Rachel Craven, CSU Commissioning Manager (attached at appendix A)</p> <p>Discussion took place on the merits of the framework and it was concluded</p> <p>Spreadsheet:</p> <ul style="list-style-type: none"> • Great idea – needs further development to incorporate national data to ensure that consistency is applied by users. • Not yet fit for purpose – recommendations for NICE collated. <p>Quality Standards:</p> <ul style="list-style-type: none"> • Really structured and helpful to ensure that project plans, etc. are quality aligned for improved outcomes. • Ensures clarity around health and social care standards. <p>Further work to be undertaken and will be brought back to the quality group when completed.</p> <p>The Academic Health Science Network and the NICE Technology Appraisals KR reported an event is being held in October and she felt it would be a good idea for the CCG to link into the network as we struggle to work out how to assess compliance of providers.</p>	<p>Future agenda item (September/October)</p>	<p>RC</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>14. Identification of any new risks from business discussed</p> <p>None</p>		
<p>15. Any other business</p> <p>None</p>		
PATIENT SAFETY		
<p>16. Safeguarding Children update</p> <p>Nothing new to report</p>		
<p>17. Safeguarding Adults update</p> <p>It was noted that Deborah Pollard has been appointed as the Designated Nurse for safeguarding adults and will formally take up the post on 7th October. In the meantime Mike Griffiths will continue to oversee but will start to handover to Deb.</p> <p>Winterbourne – JB reported that the CSU has been working closely with the local authority to establish a reporting mechanism. Update went to the integrated commissioning partnership and it was agreed to circulate this to group members.</p> <p>Post meeting note: Paper was not approved at ICP. Changes currently being made to the paper by CSU following which it will return to the ICP and once approved will be sent to the Quality Group. (?October)</p> <p>The first check point meeting with the LAT will be held on 5th September which will focus on progress against Winterbourne action plan.</p> <p>JB confirmed there are no significant issues at this time. Two case managers currently reviewing Winterbourne client plans to see if they remain appropriate.</p>	<p>RC to forward report – VAS to attached to minutes</p> <p>Jill Burton to forward to VAS</p>	
<p>18. Infection Control update</p> <p>Item deferred</p>		
<p>19. Clinical Performance Issues</p> <p>No performance issues currently known by CCG. It was noted no communication coming from Area Team NHS England</p>		
<p>20. North Lincolnshire Incident Monitoring Group</p> <p>Minutes from the meetings held on the 30th July 2013 were noted.</p> <p>NLaG New Serious Untoward Incident report tabled. This report provides the NLaG Board with assurance that Si's are being investigated and has been provided by the CSU to the quality group in confidence and not to be circulated outside the group. It was agreed to receive this report monthly by the quality group and the SI Monitoring Group.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>21. Identification of any new risks from business discussed</p> <p>None</p>		
<p>22. Any other business</p> <p>Bewick Report – KR requested the CSU to review and identify whether there are any actions for the CCG.</p> <p>JP notified the group he had just received an initial STEIS notification – relating to SI Grade 1 incident at Scunthorpe hospital which was reportable under Confidential Enquiry into Peri-Operative Deaths(CEPOD). LAT have asked for update when available.</p>	Action	CR
NHS 111		
<p>23. NHS111 update</p> <p>Minutes from the 11th July 2013 NHS 111 Clinical Governance and Quality Assurance Group were noted.</p>		
INFORMATION GOVERNANCE		
<p>24. 24. Information Governance IR1s</p> <p>IR1 relating to patient identifiable information being sent via non secure emails for mental health work by Mental Health Act Doctor – BJ stated that he would be allocated a CCG email account. KR to provide BJ with contact details within RDaSH who will provide details of all doctors concerned.</p>	KR to send BJ contact details	KR
<p>25. Information Governance update (including IG Toolkit)</p> <p>BJ gave assurance that the SI IG guidance is being implemented by CSU and there is a Humber Wide info sharing agreement under development which will be brought to the Quality Group in September consideration.</p> <p>Data Mapping Assessment update</p> <p>Report is pending which identifies who is receiving patient identifiable material and why.</p> <p>Soft Intelligence Information Governance Implications</p> <p>CR outlined the background to this CSU data capturing process. It was agreed to circulate the on-line form for comments and feedback would be available before the next meeting.</p> <p>Information Governance Bulletin</p> <p>Noted.</p>	<p>September agenda item</p> <p>September</p> <p>CR to circulate form for comments</p>	<p>BJ</p> <p>BJ</p> <p>CR</p>
<p>26. FOI Quarter 1 Report</p> <p>Paper noted.</p> <p>KR reported that over 11/12 and 12/13 the figures are static.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>27. Identification of any new risks from business discussed</p> <p>None</p>		
<p>28. Any other business</p> <p>Discussion took place as to whether we should take IG down to sub group level or keep it as a key section of the QG agenda. Members preferred the latter however agreed to set up a specific task and finish group as and when necessary to address any issues needing focused attention and offer an open invitation to Therese Paskell as SIRO to join the monthly QG for the IG section on the agenda.</p>	Open Invitation to SIRO	KR
CONTRACT QUALITY ISSUES		
<p>29. Serious Concerns raised by Internal Validation Review Panel (Breast MDT and Chemotherapy Peer Review)</p> <p>KR tabled letters of concern and the resulting action plans for information. Awaiting copies of response from Internal Review Validation Panel. CR to bring back to Quality Group when available.</p>	Action	CR
<p>30. Northern Lincolnshire Quality & Safety Assurance Group</p> <p>Minutes from the meeting held on 24th July 2013 received</p>		
<p>31. NY&H Area Team Local Quality Surveillance Group</p> <p>KR reported this group has not met since the last quality group meeting. The Area Team are in the process of organising a quality summit re NLaG. CW to attend. KR felt it would have been more beneficial to have the summit after the Keogh action plan has been implemented and can be reviewed.</p>		
<p>32. Mortality update</p> <p>KR reported the OSC report on SHMI has been to the Governing Body. KR has drafted out a response which has been sent to NLaG for their input and a joint response will be sent to the OSC.</p>	Action	KR/ CW
<p>33. Identification of any new risks from business discussed</p> <p>None</p>		
<p>34. Any other business</p> <p>Check Point meeting – CSU coordinating the slide pack. CR to liaise with JP and KR re the information to be included.</p>	Action	CR
DATE, TIME AND VENUE OF NEXT MEETING		
<ul style="list-style-type: none"> • Date: Thursday 26th September 2013 • Time: 14:00 hours • Location: Room GH1, Global House, Kingsway, Scunthorpe 		