


<b>MEETING DATE:</b>	9 April 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.7	
<b>AUTHOR:</b>	Catherine Wylie	
<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Director of Risk and Quality Assurance	

**CCG QUALITY GROUP MINUTES  
22 JANUARY 2015**

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

<b>1. PURPOSE OF THE REPORT:</b>					
The Quality Group Minutes dated 22 January 2015 are attached for the CCG Governing Body to receive and note, for information only.					
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>					
<b>Continue to improve the quality of services</b>	<b>X</b>				
<b>Reduce unwarranted variations in services</b>	<b>X</b>				
<b>Deliver the best outcomes for every patient</b>	<b>X</b>				
<b>Improve patient experience</b>	<b>X</b>				
<b>Reduce the inequalities gap in North Lincolnshire</b>	<b>X</b>				
<b>3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP</b>					
The Quality Group minutes provide assurance to the Governing Body that it is carrying out its function					
<b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">X</td> </tr> </table>	Yes		No	X	
Yes		No	X		

**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	X
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**6. LEGAL IMPLICATIONS:**

Yes		No	X
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**7. RESOURCE IMPLICATIONS:**

Yes		No	X
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**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	X
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**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	X
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**10. RECOMMENDATIONS:**

The CCG is asked to: -

- Receive and note

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Committee Quality Group	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	Thursday 22 <sup>nd</sup> January 2015	
<b>VENUE:</b>	Health Place Brigg	
<b>TIME:</b>	14:00 hours	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) Chair	Director of Risk and Quality Assurance	NLCCG
Dr Anita Kapoor (AK)	GP Member	NLCCG
Jane Ellerton (JE)	Senior Manager Commissioning	NLCCG
John Pougher (JP)	Assistant SO Quality & Assurance	NLCCG
Ian Reekie (IR)	Lay Member	NLCCG
Dr Robert Jaggs-Fowler (RJF)	Medical Director	NLCCG
Dr Faisal Baig (FB)	GP Member	NLCCG
<b>IN ATTENDANCE:</b>		
Vivienne Simpson (VAS)	Note taker	NLCCG
Greta Johnson (GJ)	Infection Control Specialist Nurse	NLaG
Gary Johnson (GaJ)	Patient Safety Lead	CS
Chloe Nicholson (CN)	Quality Lead – NL & NEL CCG	CS
Gemma McNally (GMcN)	Principal Pharmacist	CS
Bath Everett	Clerical Apprentice	NLCCG

<b>1. APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Gary Armstrong (GA)	GP Member	NLCCG
Dr Andy Lee (AL)	GP Member	NLCCG
Deborah Pollard (DP)	Designated Nurse Safeguarding Adults	NLCCG
Sarah Glossop (SG)	Safeguarding Children Designated Nurse	NLCCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>2. DECLARATION OF INTERESTS</b>		
JP asked the group if there were any declarations of interest.  No declarations were received.		
<b>3. MINUTES OF THE PREVIOUS MEETING HELD ON 27<sup>th</sup> NOVEMBER 2014</b>		
Minutes from meeting held on 27 <sup>th</sup> November 2014 were accepted as accurate.		
<b>4. ACTION LOG</b>		
Outstanding actions from July to November discussed and noted in action log.		
<b>5. Matters Arising (not covered on the agenda)</b>		
None		
<b>6. Quality Group Terms of Reference</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>CW noted that the TOR has due for review by March 2015 and reiterated the purpose of the Quality Group is to support the objectives of the CCG and its Governing Body, and the provision of assurance to the Governing Body and Audit Committee.</p> <p>Following discussion it was agreed to identify designated members under the membership heading and the quorum should be made up of designated members.</p> <p>Currently refers to both vice chair and deputy chair – amend Remove Senior Officer Commissioning Support and Service Change and replace with Senior Manager Commissioning Clarify/amend clinical lead for QIPP Secondary Care Doctor should be a designated member not virtual member Any comments to CW before next meeting and finalise at the February meeting</p> <p><b>Quality Group Work Plan for 2015</b></p> <p>Details to be submitted to the Governing Body for information.</p>	<p><b>Governing Body meeting 9<sup>th</sup> April 2015</b></p>	<p>CW</p>
<p><b>7. Risk Register and Assurance Framework</b></p> <p>Assurance Framework – taken as read and noted</p> <p>Risk Register – taken as read and noted</p> <p>JP reported proceeding with major revamp at the March Governing Body. IG risks are being provisionally included.</p> <p>Q19 description of risk – JP and RJ-F to look to re-word.</p>	<p><b>Before March Governing Body meeting</b></p>	<p><b>JP</b></p>
<p><b>8. Quality DASHBOARD</b></p> <p>CN presented the new version of the DASHBOARD and requested comments. CN has been working closely with Business Intelligence to populate this dashboard.</p> <p>During discussion the following amendments were suggested.</p> <p>Add in a column for never events/comments column/ or in dispute – show issues. Add falls to list Add any 12 hour trolley waits Mortality – break into site specific Mixed sex accommodation breaches reported as a KPI – link up across sites Column for safeguarding issues Breakdown of red RAG indicator on summary sheet Off track indicator – populate Add indicator for DOLs Refine and circulate</p> <p><b>CN to make changes and re-circulate for any further comments</b></p>	<p><b>Before February meeting</b></p>	<p>CN</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>9. North Lincolnshire Patient Relations Report – taken as read</b></p> <p>The reports for November and December 2014 was received and noted. No new type of concerns being received.</p> <p>My expectations for raising concerns and complaints matter – received and noted</p> <p>Parliamentary and Health Service Ombudsman: complaints case summaries – received and noted</p> <p>Received no comments</p>		
<p><b>10. N Lincolnshire CCG Patient Experience Report Q1/Q2</b></p> <p>Paper noted.</p> <p>Page 9 comments in patient surveys table NLaGs results – Overall views and experiences are rated at 4.7 which was noted that NLaG are rated below than other trusts. CW stated that there has been a recent Healthwatch report which will feed into the assurance process and CW will bring the report to the next meeting.</p> <p>Page 6 It was noted that patient stories are discussed at every NLaG Board meeting. CW asked whether the CCG at either Board level or Quality Group level have patients stories and if so, how do should we do it? The group felt it was good practice but decision is with the Governing Body. CW to have discussion with Healthwatch to see if we could link through them.</p>	<p>Healthwatch report to February meeting</p> <p>CW discuss with Healthwatch and Governing Body</p>	<p>CW</p> <p>CW</p>
<p><b>11. EMAS Response Times Report</b></p> <p>Performance is monitored via the EMAS Contract Management Group, and issues relating to quality are managed via the EMAS Quality Assurance Group. EMAS Quality indicators are now incorporated into the new NLCCG Quality Dashboard and a narrative summary report is submitted to the CCG by the Quality Lead on a quarterly basis. This summary report can be circulated to this group if members are in agreement.</p>	<p>Summary report of EMAS data to be circulated quarterly</p>	<p>CN</p>
<p><b>12. Any other business</b></p> <p>None</p>		
<p><b>13. Identification of any new risks from business discussed</b></p> <p>None</p>		
<b>CLINICAL EXCELLENCE</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>14. Medicine management/prescribing update</b> GMcN took the paper as read and asked for comments.</p> <p>CW formally raised the issue of the financial risk as detailed on page 3. Meetings are arranged to understand why there is a considerable overspend.</p> <p>Cat M price increases have had a greater impact than forecast.</p> <p>It was noted that practices are achieving the QIPP – significant efficiencies are being generated.</p> <p><b>Quarter 2 Prescribing Scorecard</b> Paper noted</p> <p>GMcN agreed where possible to use the public facing practice names in future.</p>		
<p><b>15. Frances Report/Hard Truths update</b></p> <p>CW confirmed there is nothing new to report.</p> <p><b>Provider current position</b></p> <p>Nothing new to report</p>		
<p><b>16. NLCCG Research &amp; Development Action Plan 2014-15</b></p> <p>CW agreed to receive a quarterly summary of research initiatives which are on-going.</p> <p>Item 3 Ensure the inclusion and opportunities for patients to be involved in research through our main providers’ contractual requirements – CN agreed to take forward and discuss further with Marie Girdham.</p>	CN discuss with MG	CN
<p><b>17. Winterbourne update</b></p> <p>Continuing to report on monthly basis. Originally NLCCG had 11 Learning Disability patients Out of Area(OOA). By March there will be 2 remaining on the register. A new self-supported living accommodation in Haigh Ave, Scunthorpe has now opened. We are currently setting up a similar process for monitoring our patients with mental health issues who are also in OOA placements. CW working with the CSU team to assess those OOA and looking to bring back when appropriate.</p>		
<p><b>18. Primary Care Development update</b></p> <p>The current significant issue is the vacancies in clinical and medical staffing workforce. CW recently attended a workshop about GP and potentially nurse recruitment from Holland. Further work will be undertaken by NHS Education.</p>		
<p><b>19. Any other business</b></p> <p>NICE medicines management in care homes guideline implementation workshop.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>IR drew the groups attention to this workshop which is being held to raise awareness of:</p> <ul style="list-style-type: none"> <li>• NICE social care guidelines, quality standards and local government briefings</li> <li>• To produce a medicines management in care homes action plan in the context of North Lincolnshire's Better Care Fund aim to reduce unplanned hospital admissions</li> </ul> <p>The group felt this would be a useful workshop.</p>		
<p><b>20. Identification of any new risks from business discussed</b></p> <p>Medicines management financial position. Primary care Workforce</p>		
<b>PATIENT SAFETY</b>		
<p><b>21. Safeguarding Children update</b></p> <p>Paper received and noted</p> <p>CW noted there has recently been published a OFSTED &amp; CQC integrated approach to childrens safeguarding inspections report, there will be a significant amount of work required to be ready for these joint inspections.</p> <p><b>Workplan</b> – will be available for February meeting</p> <p><b>LSCB Annual Report 2013-2014 (for information)</b></p> <p>Report noted</p>	<p>Work plan – agenda item February meeting</p>	<p>SG</p>
<p><b>22. Safeguarding Adults update</b></p> <p>Paper received, discussed and noted.</p> <p>CW notified the group that she has raised heightened concerns in respect of two dementia patients who have absconded from a ward this week. CW formally requested immediate assurance on NLaGs actions. CQC have been notified. The Quality Surveillance Group have called a quality review meeting.</p> <p>NLCCG continue to have heightened surveillance and increasing concern about vulnerable patients.</p>		
<p><b>23. East Coast Audit Consortium – Internal Audit Safeguarding Report</b></p> <p>CW pleased to report that internal audit have significant assurance with NLCCG safeguarding processes. Report received and noted.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>24. Infection Control update</b></p> <p>November and December update report received.</p> <p>MRSA bacteraemia: Since April 2014 2 cases have been reported. RCA meetings have taken place to discuss these cases and lessons learnt are being shared across the health community. The last case was reported in July 2014.</p> <p>C Difficile: Since April 2014 26 cases have been reported – the trajectory for NLSCCG is 37 for 2014/15 every case has been reviewed and any lessons learnt have been identified. The CCG has an action plan which aims to reduce cases of C Difficile and this is monitored through the Quality Group. In addition to the action plan an overview of cases is available for further scrutiny to identify trends/ issues and inform future actions.</p> <p>MSSA: There has been an increase in the number of cases. Completion of MSSA bacteraemia overview to identify trends as rise in cases to date – initial information suggests skin and soft tissue infections are by far greatest risk factor an overview to be available next meeting.</p> <p>Infection risk assessment tool has been signed off by SystemOne administrators and will be able to be used by all community staff.</p> <p>December report – noted significant increase influenza outbreaks in care homes</p> <p>Both reports noted.</p> <p><b>Overview of MSSA Bacteraemia – February meeting</b></p>	<p>MSSA Overview for February meeting</p>	<p>GJ</p>
<p><b>25. North Lincolnshire Incident Monitoring Group (<i>taken as read</i>)</b></p> <p>Ratified minutes from 26<sup>th</sup> November and draft minutes from the meeting held on the 23<sup>rd</sup> December were noted. No comments made.</p> <p><b>NL&amp;G Collaborative Serious Incident meeting</b></p> <p>The ratified minutes from the 26<sup>th</sup> November and the draft minutes from the 23<sup>rd</sup> December were received and noted. No comments made.</p>		
<p><b>26. North Lincolnshire Serious Incident Report</b></p> <p>GaJ reported there have been two recent delayed diagnosis incidents. RDaSH niche report to be discussed at next weeks Governing Body meeting. Agreed to be brought to the February Quality Group meeting for information. The action plan will be brought through QG when available. CWy stated that whilst the SI process is working well, we don't consistently have assurance on the actual outcome of some of their Sis and evidence of learning.</p> <p><b>NLCCG Incident Report Quarter 3</b></p> <p>GaJ reported that the Incident Reporting electronic App went live 1<sup>st</sup> January and has received positive feedback from those who have used it.</p> <p>GaJ to discuss sending out the link to this incident report via practice despatches</p>	<p>RDaSH Niche Report February meeting</p> <p>Link sent to practices via practice despatches</p>	<p>CWy</p> <p>GaJ</p>



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
with communications team.		
<p><b>27. NHS111 update (for information)</b></p> <p>Received and noted. Any comments to be sent directly to Becky Bowan</p>		
<p><b>28. Yorkshire and the Humber Strategic Clinical Networks Significant Events Audits</b></p> <p>Received for information.</p>		
<p><b>29. Any other business</b></p> <p>RJ-F reported that NLaG have notified the CCG that there is a 61% vacancy level amongst junior medical staff with the new intake, this compares to c.20% in Hull &amp; Doncaster.</p> <p>It was agreed to formally minute our concerns, and the group felt it would be appropriate for the CCG to write a letter of concern</p>	<p><b>RJF to take forward</b></p>	<p><b>RJ-F</b></p>
<p><b>30. Identification of any new risks from business discussed</b></p> <p>Safeguarding OFSTED inspection work Medical staff Raised heightened surveillance with NLaG around incidents</p>	<p><b>SG working with LA RJ-F – letter Quality Review meeting</b></p>	<p>SG RJ-F CWy</p>
<b>INFORMATION GOVERNANCE</b>		
<p><b>31. Information Governance Toolkit progress report</b></p> <p>Update noted.</p>		
<p><b>32. Notification of issues from I G Group</b></p> <p>None</p>		
<p><b>33. Any other business</b></p> <p>None</p>		
<p><b>34. Identification of any new risks from business discussed</b></p> <p>None</p>		
<b>CONTRACT QUALITY ISSUES</b>		
<p><b>35. Northern Lincolnshire Quality and Safety Assurance Group</b></p> <p>It was noted that the meeting took place the morning of the 22<sup>nd</sup> January – update for next meeting.</p>		
<p><b>36. NY&amp;H Area Team Quality Surveillance Group (for information)</b></p> <p>The meeting was held on the 14<sup>th</sup> January – CW reported there will be a quality</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
review of NLaG.		
<p><b>37. CQUINs update</b></p> <p><b>Summary of Quarter 2 2014.15 achievement for NLCCG's main providers</b></p> <p>CN reported the highlights.</p> <p>NLaG and HEY are both fully compliant in quarter 2</p> <p>RDaSH partially compliant with 2 relatively small exceptions, around patient experience and care information signposting and are expected to be fully compliant by quarter 3.</p>		
<p><b>38. Any other business</b></p> <p>None</p>		
<p><b>39. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>40. Meeting notes from other groups</b></p> <p><b>Primary Care Development Group – draft notes from 17<sup>th</sup> December</b></p> <p>Received and noted.</p>		
<p><b>41. Issues referred from other sub-groups of the Governing Body</b></p> <p>None</p>		
<b>DATE, TIME AND VENUE OF NEXT MEETING</b>		
<ul style="list-style-type: none"> <li>• <b>Date: Thursday 26<sup>th</sup> February 2015</b></li> <li>• <b>Time: 14:00 hours</b></li> <li>• <b>Location: CSU meeting room 2, Health Place, Brigg</b></li> </ul>		