


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.13	
AUTHOR:	Catherine Wylie	
JOB TITLE: DEPARTMENT:	Director of Risk and Quality Assurance	

**CCG QUALITY GROUP MINUTES
23 JULY 2015**

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

1. PURPOSE OF THE REPORT:					
The Quality Group minutes dated 23 July 2015 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. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
The Quality Group minutes provide assurance to the Governing Body that it is carrying out its function					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<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 Governing Body is asked to: -

- Receive and note

MEETING:	NHS North Lincolnshire Clinical Commissioning Group Quality Group	 QUALITY GROUP
MEETING DATE:	Thursday 23 July 2015	
VENUE:	CSU Meeting Room 2, Health Place, Brigg	
TIME:	14:00	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Catherine Wylie (CW) <i>Chair</i>	Director of Risk and Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
Ian Reekie (IR) <i>Vice Chair</i>	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children	NHS North Lincolnshire CCG
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Chloe Nicholson (CN)	Quality Lead: North Lincolnshire and North East Lincolnshire CCG <i>In attendance for all items</i>	Yorkshire and Humber Commissioning Support
Gary Johnson (GJ)	Patient Safety Lead <i>In attendance for all items</i>	Yorkshire and Humber Commissioning Support
Julie Wilburn (JW)	Specialist Nurse: Safeguarding Children <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Gemma McNally (GMC)	Strategic Lead Pharmacist (North East Lincolnshire CCG and North Lincolnshire CCG) <i>In attendance for all items</i>	Yorkshire and Humber Commissioning Support
Clare Smith (CS)	Personal Assistant <i>Note Taker</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Medical Director/Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG
Deborah Pollard (DP)	Designated Nurse: Safeguarding Adults	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Senior Manager; Commissioning	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 APOLOGIES AND QUORACY		
Apologies were noted, as detailed above. It was noted that the meeting was quorate to proceed.	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
CW invited those with any Declarations of Interest in relation to the agenda or not declared previously, to make them known to the meeting. No declarations were received.	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 25 JUNE 2015		
3.1 ACTION LOG UPDATE AS DISCUSSED ON 25 JUNE 2015		
The minutes were accepted as an accurate record of the meeting. The Action Log Update as discussed on 25 June 2015 was received and noted.	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
4.0 ACTION LOG – OUTSTANDING ACTIONS		
Outstanding actions from 26 February 2015 to 25 June 2015 were discussed. An update for each outstanding action would be noted in the Action Log.	Decision: Noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.	Decision: Noted	Chair
6.0 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER 6.1 BOARD ASSURANCE FRAMEWORK (BAF) 6.2 RISK REGISTER		
<p>Item 6.1: Board Assurance Framework (BAF) JP presented Item 6.1, and the report was taken as ‘read’. The report informed the Quality Group of the highest rated strategic risks identified for North Lincolnshire CCG on the Governing Body Assurance Framework (BAF). The Quality Group was asked to review the risks and comment on their relevance, and update if appropriate regarding mitigating actions to identify potential new risks. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Risk ID Q1 and Q2: ‘Risk Description’ to be updated • Risk ID Q3: Risk to be updated • Risk ID A03 regarding Healthy Lives, Healthy Futures (HLHF): Lead names to be amended to Dr Robert Jaggs-Fowler and Karen Jackson as leads for the HLHF programme • Risk ID F1: Risk scores to be reviewed • It was queried whether a risk in relation to the commissioning of ophthalmology should be added <p>Item 6.2: Risk Register JP presented Item 6.2, and the report was taken as ‘read’. The report informed the Quality Group of the risks identified on the North Lincolnshire CCG Risk Register. The Quality Group was asked to review the risks and comment on their relevance, and update if appropriate regarding mitigating actions to identify new risks. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The format of the Risk Register is currently under review, and is in the process of being updated • The ‘Movement’ column had been amended to ‘Residual Risk’ • A ‘Management Lead’ would be identified for each risk, in addition to the identified ‘Director Lead’ • It was agreed that the ‘last review date’ needed to be updated, to ensure the risk register was up to date • Risk ID Q6: Vacancy in Infection Prevention and Control <ul style="list-style-type: none"> ○ CW advised that interviews for the vacancy were due to take place week commencing 27 July 2015 ○ It was noted that the risk had been added to the register as there would be a gap in service until the post was filled 	<p>Decision: The CCG Board Assurance Framework was received, discussed and noted</p> <p>Action: An updated version of the Board Assurance Framework to be presented to the CCG Governing Body meeting in public on 13 August 2015</p> <p>Decision: The CCG Risk Register was received, discussed and noted</p>	<p>JP</p> <p>JP</p>
7.0 QUALITY DASHBOARD		
<p>Item 7.0: Quality Dashboard CN presented an updated version of Item 7.0. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Overall Indicator RAG Achievement (<i>page 1</i>) • Summary Indicator Count (<i>page 1</i>) 	<p>Decision: The Quality Dashboard was received, discussed and noted.</p> <p>Action: Highlighted actions to</p>	CN

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Off Track Indicator Summary by Provider (<i>page 1</i>) • Number of Clostridium difficile cases (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp2HE • 12 Hour Trolley Waits (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp5HE <ul style="list-style-type: none"> ▪ It was queried whether the RCA reports could be accessed • Number of MRSA Cases (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp8HE • NEWS Score (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp10NL <ul style="list-style-type: none"> ▪ Further to the query at the CCG Quality Group meeting on 25 June 2015, an update in relation to the NEWS indicator measures had been included in the Quality Exception Summary • Number of Serious Incidents (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp15NL <ul style="list-style-type: none"> ▪ It was noted that the figure related to all patients across the Trust, and was not specific to North Lincolnshire patients ○ Reference Exp17Sp ○ Reference Exp19EM <ul style="list-style-type: none"> ▪ It was queried whether the figure related to any North Lincolnshire patients ○ Discussion took place regarding ‘tolerance’ and the ‘RAG ratings’ used <ul style="list-style-type: none"> ▪ CW and CN to discuss further outside of the meeting • Number of Never Events (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp21NL • Patient Harm (Harm Free Care – Acute Care) (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp27NL <ul style="list-style-type: none"> ▪ Further to the query at the CCG Quality Group meeting on 25 June 2015, an update in relation to the patient safety thermometer had been included in the Quality Exception Summary • Patient Harm (Harm Free Care – Community Care) (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp29NL • Number of 2, 3 and 4 Avoidable Pressure Ulcers (<i>page 2</i>) <ul style="list-style-type: none"> ○ Reference Exp35NL <ul style="list-style-type: none"> ▪ Further to the query at the CCG Quality Group meeting on 25 June 2015, discussion took place regarding clarifying which incidents originated in the community, and whether the pressure ulcers were avoidable or unavoidable • Number of Patient Falls (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp43NL <ul style="list-style-type: none"> ▪ Further to the query at the CCG Quality Group meeting on 25 June 2015, the number of falls, rather than a percentage 	<p>be picked up by CN.</p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>figure had been included in the Quality Exception Report</p> <ul style="list-style-type: none"> ○ Reference Exp44HE ○ Reference Exp45Sp ● NICE Guidance Compliance (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp47NL ○ Reference Exp48HE ○ Reference Exp49Sp ● CAS Alerts (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp50NL ○ Reference Exp52Sp ● CQC Reports and Related Actions (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp54NL ○ Reference Exp55HE ○ Reference Exp57YA ● Mortality – SHMI (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp60SG ● Mortality – HED (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp65NL ● Mortality – RAMI (MAT) (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp67NL ● Mixed-sex Accommodation Breaches (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp69SG <ul style="list-style-type: none"> ▪ Site visit to take place on 5 August 2015 ○ Reference Exp72Hu ○ Discussion took place regarding the mixed-sex accommodation policy/guidance, and the recognition and reporting in relation to breaches of the policy ● Number of Complaints (<i>page 3</i>) <ul style="list-style-type: none"> ○ Reference Exp75NL <ul style="list-style-type: none"> ▪ 106 complaints ○ Reference Exp77Sp ○ Reference Exp78YA ● Safeguarding Issues (<i>page 4</i>) ● Detentions under Mental Capacity Act Deprivation of Liberty Safeguards (MCADoLS) (<i>page 4</i>) 		
PATIENT EXPERIENCE		
8.0 HEALTHWATCH NORTH LINCOLNSHIRE ANNUAL REPORT 2014 – 2015		
<p>CW presented Item 8.0, and the report was taken as 'read'. The CCG Quality Group was asked to note the Healthwatch North Lincolnshire Annual Report 2014 – 2015, for information.</p>	<p>Decision: The Healthwatch North Lincolnshire Annual Report 2014 - 2015 was received, discussed and noted.</p>	<p>Chair</p>
9.0 A QUALITATIVE RESEARCH STUDY INTO WOMEN'S EXPERIENCE OF EARLY MATERNITY SERVICES IN NORTH LINCOLNSHIRE		
<p>CW presented Item 9.0, and the report was taken as 'read'. It was noted that the study had been commissioned to complement additional desktop audit and service evaluation being conducted by the CCG and maternity services, including an audit of local provision and local compliance with the latest NICE guidance on smoking in pregnancy and managing obesity in pregnant women. Specific areas highlighted/discussed:</p>	<p>Decision: The Qualitative Research Study into Women's Experience of Early Maternity Services in North Lincolnshire was received, discussed and noted</p>	<p>Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> The study was co-ordinated and undertaken by Research and Engagement, Yorkshire and Humber Commissioning Support and Public Health, North Lincolnshire Council Conclusions (<i>pages 68 – 72</i>) Recommendations (<i>pages 72 – 74</i>) It was noted that the recommendations would need to be taken forward via the Maternity Liaison meeting, with a completed action plan to be presented to a future Quality Group meeting 		
10.0 NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST (NLAGFT) CLAIMS ANALYSIS REPORT (JULY – DECEMBER 2014)		
<p>CN presented Item 10.0, and the report was taken as 'read'. The report detailed NLaGFT claims activity during the period 1 July 2014 to 31 December 2014 (as at 29 January 2015). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> New claims received during the period July – December 2014 (<i>page 3</i>) Discussion took place regarding lessons learned, themes identified, correlation with serious incidents, and recommendations going forward 	Decision: The NLaGFT Claims Analysis Report (July – December 2014) was reviewed, discussed and noted	CN
11.0 NORTH LINCOLNSHIRE CCG: POLICY FOR THE REPORTING AND MANAGEMENT OF PATIENT COMPLAINTS		
<p>CW presented Item 11.0, and the policy was taken as 'read'. The policy for the reporting and management of patient complaints was based on the current national regulations issued by the Department of Health (DH) in 2009, and the best practice guidance as outlined in the 'Making Experiences Count' (MEC) document (2007), together with further documents used to inform the policy. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> 7. Roles/Responsibilities/Duties (<i>page 6</i>) <ul style="list-style-type: none"> 'Head of Programme Management and Integrated Governance' to be amended to the 'Director of Risk and Quality Assurance' 8.1. Complaints Procedure (<i>page 7</i>) <ul style="list-style-type: none"> Amendment to be made: <ul style="list-style-type: none"> 'A complaint must be made no later than 12 months after the date the incident occurred, however in exceptional circumstances the time limit may be waived if it is considered by the Chief Officer or Delegated Executive that the complainant had good reason for not making the complaint within the timeframe and it is possible to investigate effectively and fairly' After discussion it was agreed to approve the policy, subject to the suggested amendments being made, with a further review to take place prior to the highlighted review date of 2 years after approval 	Decision: The Policy for the Reporting and Management of Patient Complaints was approved, subject to the suggested amendments being made.	Chair
12.0 ANY OTHER BUSINESS		
Nothing discussed.	Decision: Noted	Chair
13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No new risks were identified.	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
CLINICAL EXCELLENCE		
14.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE		
<p>GMc presented Item 14.0, and the report was taken as 'read'. The document provided an update on the prescribing performance within the CCG GP practices between March 2015 and May 2015. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Prescribing Budget (<i>page 3</i>) • Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (NG5) (<i>page 3</i>) <ul style="list-style-type: none"> ○ The March 2015 publication from the National Institute for Health and Care Excellence (NICE) was highlighted ○ The NICE guidance is aimed at all health and social care professionals, commissioners and providers. The document provides advice and best practice examples regarding optimising the use of medicines by patients and clinicians ○ Recommendations (<i>page 4</i>) <ul style="list-style-type: none"> ▪ To include medicines optimisation within scheduled training programmes ▪ To review current systems and processes against the standards ▪ To identify how the guidance is to be implemented within North Lincolnshire CCG, and which areas are priority • NICE Medicines Optimisation Dashboard (<i>page 5</i>) <ul style="list-style-type: none"> ○ The medicines optimisation dashboard was published in June 2015, with the purpose of highlighting variations across the country ○ Figure 1: Summary of areas which are highlighted as significant variations from other CCGs (<i>page 5</i>) • North Lincolnshire CCG Medicines Management Workplan 2015/2016 (<i>pages 6 to 10</i>) • Discussion took place regarding the use of Patient Group Directions (PGDs) <ul style="list-style-type: none"> ○ CW to discuss the governance arrangements with GMc outside of the meeting 	<p>Decision: The CCG Quality Group:</p> <ul style="list-style-type: none"> • Reviewed, discussed and noted the Medicines Management Prescribing Report • Approved the recommendations in relation to medicines optimisation <ul style="list-style-type: none"> ○ To include medicines optimisation within scheduled training programmes ○ To review current systems and processes against the standards ○ To identify how the guidance is to be implemented within North Lincolnshire CCG, and which areas are priority 	GMc
15.0 QUALITY SURVEILLANCE BRIEFING (JUNE 2015)		
<p>CW presented Item 15.0, and the report was taken as 'read'. The report provided key data to assure on provider quality and safety, summarising the latest available dashboards and profiles. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Quality Surveillance Summary of Indicators: Domain 6: Organisational Context Discussion took place in relation to the highlighted prescribing indicators. GMc to pick up. 	<p>Decision: The Quality Surveillance Briefing (June 2015) was reviewed, discussed and noted.</p> <p>Action: GMc to look at the highlighted prescribing indicators</p>	Chair
16.0 PRIMARY CARE DEVELOPMENT UPDATE		
<p>JP provided a verbal update in relation to:</p> <ul style="list-style-type: none"> • Primary Care Web Tool JP advised that no further practices had been identified as 	Decision: Verbal update noted.	JP

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>outliers.</p> <ul style="list-style-type: none"> ● Care Quality Commission (CQC) It was noted that the list of North Lincolnshire GP Practices and their CQC rating had been updated and shared with members on 22 July 2015. There was one update since the last meeting, in relation to the Oswald Road Medical Centre. The CQC inspection report was published on 25 June 2015, with a rating of 'good'. ● General Practice Friends and Family Test (FFT) Data JP advised that he had received pre-release information from NHS England in relation to the friends and family test general practice responses. It was agreed that the information would be shared with members, to be discussed at the next Quality Group meeting on 27 August 2015. <p>IR updated members in relation to the GP Patient Survey (GPPS), an England-wide survey, providing practice-level data about patient experiences of their GP practices.</p> <ul style="list-style-type: none"> ● Co-commissioning Event: 16 July 2015 <i>Making Co-commissioning Work: First steps to local implementation: a focus on quality & risk</i> JP advised that he had attended a co-commissioning event, focussing on quality and risk. It was suggested that any information in relation to the scenarios discussed would be shared with members in due course. ● Cauvery Medical Practice Closure CW provided a verbal update in relation to the closure of Cauvery Medical Practice in Scunthorpe, which had been managed by NHS England. Specific areas highlighted/discussed: <ul style="list-style-type: none"> ○ Allocation of patients to other practices ○ Tasks in SystmOne ○ Root Cause Analysis ● Mortality It was agreed that 'Mortality' would be added to future Quality Group agendas as a standing item. Specific areas highlighted/discussed: <ul style="list-style-type: none"> ○ RJF and CW attend the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) mortality meetings ○ Discussion in relation to the North Lincolnshire out of hospital mortality statistics had taken place at the CCG Engine Room on 18 June 2015. It had been suggested that the mortality review process used across North East Lincolnshire worked well. This process had been discussed and supported by Council of Members, as a way forward ○ Further discussion would take place at the GP training session scheduled to take place on 12 August 2015 ○ Discussion took place regarding: <ul style="list-style-type: none"> ▪ End of life care ▪ Preferred place of death ▪ Palliative care 		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ▪ Care Homes 		
17.0 ANY OTHER BUSINESS		
Nothing discussed.	Decision: Noted	Chair
18.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
New risks identified <ul style="list-style-type: none"> • Mortality • Patient Group Directions (PGDs) 	Decision: Noted	Chair
PATIENT SAFETY		
19.0 SAFEGUARDING CHILDREN UPDATE		
19.1 NORTH LINCOLNSHIRE CCG SAFEGUARDING CHILDREN ANNUAL REPORT 2014/2015		
<p>SG presented Item 19.0, and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Case Reviews • Other significant cases • Governing Body Briefing <ul style="list-style-type: none"> ○ A briefing was presented to the CCG Governing Body on 9 April 2015 • Statutory Guidance and Accountability and Assurance Framework <ul style="list-style-type: none"> ○ The Accountability and Assurance Framework for Safeguarding in the NHS has been revised following consultation, and has now been published ○ Other policies have also been published by NHS England: <ul style="list-style-type: none"> ▪ Safeguarding Alerts Policy and Procedure ▪ Managing Safeguarding Allegations Against Staff Policy and Procedure ▪ Safeguarding Children Policy • OFSTED inspection of Children's Services <ul style="list-style-type: none"> ○ Recruitment in process for two Business Support Officer posts • Health Safeguarding Lead <ul style="list-style-type: none"> ○ Successfully recruited to the post, with start date of 1 September 2015 <p>Item 19.1: North Lincolnshire CCG Safeguarding Children Annual Report 2014/2015</p> <p>SG presented Item 19.1, and the report was taken as 'read'. The annual report outlined the safeguarding children arrangements across the North Lincolnshire health economy during 2014/2015. It outlined the obligations of North Lincolnshire CCG, in collaboration with other health commissioners (and partner organisations) to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The annual report would be presented to the CCG Governing Body for formal acceptance in ensuring compliance with section 11 of the Children Act 2004. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Appendix 1: Safeguarding Professional Leadership in North Lincolnshire for the period April 2013 – March 2014 (<i>page 14</i>) <ul style="list-style-type: none"> ○ CW as Executive Lead for Safeguarding to be added ○ IR as Non-Executive Lead for Safeguarding to be 	<p>Decision: The Safeguarding Children Report was received, discussed and noted.</p> <p>Action: Summary briefing to be presented to the next Quality Group meeting on 27 August 2015</p> <p>Action: Action Plan to be presented to the next Quality Group meeting on 27 August 2015</p> <p>Decision: The North Lincolnshire CCG Safeguarding Children Annual Report 2014/2015 was received, discussed and noted. The CCG Quality Group supported ongoing work to challenge and embed safeguarding children arrangements</p> <p>Action: SG to make the suggested amendments to Appendix 1 and present to the CCG Governing Body in public on 13 August 2015</p>	SG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
added		
20.0 SAFEGUARDING ADULTS UPDATE 20.1 NORTH LINCOLNSHIRE CCG: PREVENT POLICY 20.2 NORTH LINCOLNSHIRE CCG: SAFEGUARDING ADULTS POLICY		
<p>Item 20.0: Safeguarding Adults Update CW presented Item 20.0 on behalf of DP, and the report as taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Prevent • Safeguarding Adults Reviews (SAR) • Designated Adult Safeguarding Manager (DASM) • Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework • NHS North Lincolnshire CCG Safeguarding Adults Policy <p>Item 20.1: North Lincolnshire CCG: Prevent Policy CW presented Item 20.1 on behalf of DP, and the policy was taken as 'read'. The Prevent statutory duty and Channel statutory duty came into force for NHS providers and commissioners as from 1 July 2015. The policy described how the CCG will implement the Prevent agenda to ensure that:</p> <ul style="list-style-type: none"> • CCG staff know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by violent extremists • Appropriate systems are in place within NHS organisations for staff to raise concerns if they think this form of exploitation is taking place • Healthcare organisations to promote and operate safe environments where violent extremists are unable to operate <p>Item 20.2: North Lincolnshire CCG: Safeguarding Adults Policy CW presented Item 20.2 on behalf of DP, and the policy was taken as 'read'. The previous policy, which was a transitional policy whilst awaiting the details from the Care Act (2014), has been updated to reflect current legislation.</p> <p>The Care Act (2014) made Safeguarding Adults a statutory duty for CCGs to:</p> <ul style="list-style-type: none"> • Be a statutory partner on the local Safeguarding Adults Boards • Assure themselves of the quality and safety of the organisations they place contracts with, and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect 	<p>Decision: The Safeguarding Adults Report was received, discussed and noted.</p> <p>Decision: The North Lincolnshire CCG Prevent Policy was approved.</p> <p>Decision: The North Lincolnshire CCG Safeguarding Adults Policy was approved.</p> <p>Action: JP to liaise with DP to ensure the Equality and Sustainability Impact Assessments are completed for each policy</p>	<p>Chair</p> <p>Chair</p> <p>Chair</p> <p>JP</p>
21.0 INFECTION PREVENTION AND CONTROL REPORT: JUNE 2015		
<p>CW presented Item 21.0, the Infection Prevention and Control Report for June 2015, and the report was taken as 'read'. The report provided an overview on infection rates, trends, outbreaks and collaborative working with contractors across North Lincolnshire and the Cluster. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • MRSA bacteraemia <ul style="list-style-type: none"> ○ 2015/2016: Zero tolerance MRSA bacteraemia 	<p>Decision: The Infection Prevention and Control Report for June 2015 was received, discussed and noted.</p>	<p>Chair</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>objective for all NHS organisations</p> <ul style="list-style-type: none"> ○ To date since April 2015, no MRSA bacteraemia cases detected/apportioned to North Lincolnshire residents ● MSSA bacteraemia <ul style="list-style-type: none"> ○ No trajectories/targets set for alert organism ○ To date since April 2015, 9 cases had been detected and apportioned to North Lincolnshire residents ● MRSA/MSSA PVL <ul style="list-style-type: none"> ○ To date since April 2015, 2 cases had been reported and managed ● C.Difficile <ul style="list-style-type: none"> ○ Primary Care Organisation (PCO) C.Difficile objective for 2015/2016 is 31 ○ To date since April 2015, 10 C.Difficile cases had been detected and apportioned to North Lincolnshire residents ● E.Coli bacteraemia <ul style="list-style-type: none"> ○ No trajectories/targets set for alert organism ○ To date since April 2015, 29 cases had been detected and apportioned to North Lincolnshire residents ● GP Audits and Issues ● Care Home Audits and Issues ● Other Issues ● Outbreaks ● Seasonal Flu 		
22.0 NORTH LINCOLNSHIRE CCG INCIDENT REPORT 2015/2016: QUARTER 1 (1 APRIL – 30 JUNE 2015)		
<p>GJ presented Item 22.0, and the report was taken as 'read'. The quarterly incident report highlighted the themes and any emerging issues, by provider, reported between 1 April and 30 June 2015, via the new North Lincolnshire CCG electronic incident app. Concerns highlighted are sent for investigation by the provider, including primary care, with the monitoring of responses for quality of content, timeliness and shared learning by the CCG. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● Discharge letters ● Cytology ● GP incident reporting app <ul style="list-style-type: none"> ○ Lessons learned ○ Promotion of use of the app ○ The importance of reporting incidents was discussed ● Table 2: Breakdown of incidents reported at or within GP Practice during Q1 2015-16 (<i>page 4</i>) <ul style="list-style-type: none"> ○ It was suggested that the GP practice names should be amended to the patient facing name, rather than the individual GP names 	<p>Decision: The Incident Report 2015/2016: Quarter 1 (1 April – 30 June 2015) was received, discussed and noted</p>	GJ
23.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT: JUNE 2015		
<p>GJ presented Item 23.0, and the report was taken as 'read'. The report highlighted the themes and any emerging issues, by provider, identified in June 2015, either via the initial Strategic Executive</p>	<p>Decision: The Serious Incident Report for June 2015 was received, discussed and noted.</p>	GaJ

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Information System (StEIS) triggers or areas of concern highlighted at the Serious Incident Group meetings and the monitoring of reports for quality of content, timeliness and shared learning. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Environmental incident (<i>page 10</i>) 		
24.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING: 27 MAY 2015		
<p>GaJ presented Item 24.0. The minutes from the meeting on 27 May 2015 were taken as 'read', and noted. No comments were made.</p>	<p>Decision: The minutes of the North Lincolnshire CCG Incident and Serious Incident Meeting on 27 May 2015, were received and noted</p>	GJ
25.0 NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST (NLAGFT) COLLABORATIVE SERIOUS INCIDENT MEETING: 27 MAY 2015		
<p>GJ presented Item 25.0. The minutes from the meeting on 27 May 2015 were taken as 'read', and noted. No comments were made.</p>	<p>Decision: The minutes of the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Collaborative Serious Incident Meeting on 27 May 2015, were received and noted.</p>	GJ
26.0 NORTH LINCOLNSHIRE CCG: SERIOUS INCIDENT, INCIDENT AND CONCERNS POLICY		
<p>JP advised that the Serious Incident, Incident and Concerns Policy had undergone some further revision since the meeting papers had been circulated, and an updated version of the policy had now been received. It was agreed to defer until the next meeting.</p>	<p>Decision: The Serious Incident, Incident and Concerns Policy to be deferred for discussion at the CCG Quality Group meeting on 27 August 2015</p>	JP
27.0 NHS111 UPDATE: MONTH 2 (MAY 2015)		
<p>CW presented Item 27.0, and the report was taken as 'read'. The report provided an update on the NHS111 service performance for month 2 (May 2015). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Month 2 (May 2015) Activity (<i>page 2</i>) Warm transfer and 10 minute call back (<i>page 2</i>) Call back within 2 hours (<i>page 2</i>) Year to date activity (<i>page 3</i>) Performance (<i>page 3</i>) North Lincolnshire CCG Dispositions (outcomes) and symptoms (<i>page 4</i>) North Lincolnshire CCG Directory of Services (DOS) (<i>page 6</i>) Contract negotiations (<i>page 6</i>) Risks (<i>page 6</i>) 	<p>Decision: The NHS111 update report for Month 2 (May 2015) was received, discussed and noted</p> <p>Action: Performance data from the last 3 months to be added to the table relating to 'Warm Transfer Calls' (<i>page 2</i>)</p>	<p>Chair</p> <p>R Bowen</p>
28.0 REPORT OF THE MORECAMBE BAY INVESTIGATION		
<p>CW presented Item 28.0, and the report was taken as 'read'. The report provided a briefing on the content and recommendations of the Report of the Morecambe Bay Investigation (Kirkup Report 2015), and the assurance process with local providers. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> North Lincolnshire CCG commissions maternity services from Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Action from the Quality Surveillance Group regarding assurance 	<p>Decision: The report of the Morecambe Bay investigation was received, discussed and noted</p>	Chair
29.0 ANY OTHER BUSINESS		
<p>Nothing discussed.</p>	<p>Decision: Update noted</p>	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
30.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
New risk identified: <ul style="list-style-type: none"> Awaiting further assurance in relation to the Morecambe Bay report 	Decision: Noted	Chair
INFORMATION GOVERNANCE		
31.0 INFORMATION GOVERNANCE TOOLKIT PROGRESS REPORT		
Information Governance Toolkit submission 2015/2016 As per the previous update at the meeting on 25 June 2015, information toolkit work is commencing for 2015/2016. The CCG needs to be mindful of data flows and information security.	Decision: Verbal update noted	Chair
32.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE GROUP		
No issues identified.	Decision: Noted	Chair
33.0 ANY OTHER BUSINESS		
Nothing discussed.	Decision: Noted	Chair
34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No new risks were identified.	Decision: Noted	Chair
CONTRACT QUALITY ISSUES		
35.0 CQUINS UPDATE		
Item 35.0: CQUINS Update CW and GJ provided a verbal update in relation to CQUINS for 2015/2016 for Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)	Decision: Noted	CN GJ
36.0 NORTH YORKSHIRE AND HUMBER QUALITY SURVEILLANCE GROUP: 13 MAY 2015		
Item 36.0 was deferred.	Decision: Noted	Chair
37.0 ANY OTHER BUSINESS		
Nothing discussed.		
38.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No new risks were identified.	Decision: Noted	Chair
MEETING NOTES FROM OTHER GROUPS		
39.0 PRIMARY CARE DEVELOPMENT GROUP: 29 APRIL 2015		
CW presented Item 39.0. The minutes from the meeting on 29 April 2015 were taken as 'read', and noted. No comments were made.	Decision: The minutes of the Primary Care Development Group Meeting on 29 April 2015, were received and noted.	Chair
40.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE CCG GOVERNING BODY		
No issues were referred.	Decision: Noted	Chair
41.0 ANY OTHER BUSINESS		
Nothing discussed.	Decision: Noted	Chair
42.0 DATE AND TIME OF NEXT MEETING		
Thursday 27 August 2015 14:00 CSU Meeting Room 2 (first floor), Health Place, Brigg	Decision: Noted	Chair