Date: 14.4.2016 Governing	Body			REPORT TITLE: CCG Qu	ality G	oup	Note	s
Item No. 8.12				DECISIONS TO BE MADE:	To rec	eive	and r	note
Public								
Author Catherine Wylie, Direct Quality Assurance	ctor of	Risk &						
GB Lead Catherine Wylie, Direct Quality Assurance	ctor of	Risk &						
Continue to improve the qualit	ty of se	rvices	X	Improve patient experien	ice			Х
Reduced unwarranted variatio	ns in se	rvices	Х	Reduce the inequalities g Lincolnshire	ap in N	orth		Х
Deliver the best outcomes for	every p	atient	Х	Statutory/Regulatory				
The Quality Group minutes date Governing Body to receive and				o th February 2016 are attac	hed for	the	ccg	
Equality Impact		N						
Sustainability		N						
Risk		N						
Legal		N						
Finance		N						
Dation	nt Dubl	ic Clinical	and Stake	eholder Engagement to da	to			
ratien	N/A	Y N	DATE	inolaer Engagement to da	N/A	Υ	N	DATE

Χ

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Patient:

Public:

Clinical:

Other:

Χ

Χ

MEETING:	NHS North Lincolnshire Clinical
	Commissioning Group Quality Group
MEETING DATE:	Thursday 28 th January 2016
	,
VENUE:	CSU Meeting Room 2, Health Place,
	Brigg
TIME:	14:00



QUALITY GROUP

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Catherine Wylie (CW) Chair	Director of Risk and Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Medical Director/Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisel Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children	NHS North Lincolnshire CCG
Gemma McNally (GMc)(Item 14 only)	Strategic Lead Pharmacist (North East Lincolnshire CCG and North Lincolnshire CCG)	Yorkshire and Humber Commissioning Support
IN ATTENDANCE:		
Chloe Nicholson (CN)	Quality Lead: North Lincolnshire and North East Lincolnshire CCG (In attendance for all items)	NHS North Lincolnshire CCG
Linda Taylor (LT)	Specialist Nurse Infection Prevention and Control	NHS North Lincolnshire CCG
Vivienne Simpson (VS)	Personal Assistant Note Taker	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Julie Wilburn (JW)	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 and 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 26 NOVEMBER	2015	
No issues were raised and the minutes were agreed as an accurate record.	Decision: Noted	Chair
4.0 ACTION LOG UPDATE AS DISCUSSED ON 26 NOVEMBER 2015		
Outstanding actions from 26 November 2015 were discussed. An update for each outstanding action would be noted in the Action Log.	Actions: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
None	Decision: Noted	Chair
6.0 PANDEMIC INFLUENZA RESPONSE PLAN		
JK took the report as read and outlined the roles and responsibilities of	NHS North Lincolnshire CCG as a Ca	ategory
2 responder during the preparation for, response to and recovery from Infectious Disease Outbreak Plan.	n a pandemic; it also incorporates I	NHS NL

The report was received and noted by the Quality Group with subsequent approval to be by the Governing Body.

7.0 NHS NLCCG FUEL PLAN 2015-18

7.0 NHS NLCCG FUEL PLAN 2015-18		
JK took the report as read and outlined the roles and responsibilities o	of NHS North Lincolnshire CCG in p	lanning
for and responding to a fuel crisis.		
The report was received and noted by the Quality Group with subseque	nt approval to be by the Governing	Body.
8.0 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER		
8.1 BOARD ASSURANCE FRAMEWORK (BAF)		
8.2 RISK REGISTER		
Item 8.1: Board Assurance Framework (BAF)	Decision: The CCG Board	JP
JP presented Item 8.1, and the report was taken as 'read'. The report	Assurance Framework was	
informed the Quality Group of the highest rated strategic risks	received, discussed and noted	
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.		
JP highlighted:		
AF will be submitted to the February Governing Body,		
commentary will be included		
Work on-going to fully establish directorate risk registers		
Intention to bring AF and corporate risk register monthly and all		
registers twice yearly		
Paper noted		
Item 8.2: Risk Register		
JP presented Item 8.2, and the report was taken as 'read'. The report	Decision: The CCG Risk Register	JP
informed the Quality Group of the risks identified on the North	was received, discussed and	
	noted	
Lincolnshire CCG Risk Register. The Quality Group was asked to	noted	
review the risks and comment on their relevance, and update if		
appropriate regarding mitigating actions to identify new risks.		
Paper noted.		
9.0 QUALITY DASHBOARD		
CN presented Item 9.0.	Decision : DASHBOARD Noted	CN
'	Decision. Dashboard noted	CIN
Specific areas highlighted/discussed:		
• Sorious Incidents — 4 Sis reported in December 2 of which related		
Serious Incidents – 4 SIs reported in December, 3 of which related to NLCCC nationts.		
to NLCCG patients		
• Fresenious Dialysis Service: 3 Fresenious SI's reported in		
December affecting both NL and NEL patients.		
Never Events – 3 Never events reported as at end December		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
 Patient falls – 16 repeat falls across trust with 2 being considered avoidable. RJF to discuss the number of first time falls with NLaG Medical Director and Chief Nurse NICE compliance – Overall Trust compliance is 79% against 90% target Mortality HED SHMI – NLaG ranked at 112 out of 136 NHS provider organisations with a score of 107.7 and now falls with the 'as expected range' banding Recruitment challenges in the medicine division and action taken by the Trust to mitigate the risks Mixed sex accommodation arranging schedule of site visits Awaiting CQC report on MSA at NLaG Nutrition and hydration – Trust has been notified of concerns re SGH figures and has been asked to provide feedback on root cause of the problems. HEY –VTE performance – Trust is achieving 78.35% in Q3 against target of 95% - deterioration since Q2 (88.09%) HEY – radiology printing SIs. The Trust provided assurance that the printing errors will not occur again as the reports will be circulated electronically, this will be monitored through the SI contract process EMAS - Considerable increasing in breaching clinical handover times 	ACTION: First time falls – request information from NLaG	RJ-F
9.1 Workforce update report It was noted that the NLaG Trust reports that it has failed to achieve the staffing performance targets, for the period August 2015 to November 2015. However, the Trust has demonstrated a steady improvement in each of these measures during this period. This improved position could be attributed to the various recruitment initiatives undertaken by the Trust during 2015, the workforce summary report includes a section on 'Action taken by the Trust to mitigate the risks', this provided commissioners with further assurance of the Trusts position.	Decision: Report noted	
10.0 DRAFT GOVERNING BODY QUALITY PAPER		
CN provided a first draft and informed the group that work is still ongoing to provide a concise and meaningful report. CW emphasised this report had to be concise and ready for public consumption with the Governing Body interested in key messages and data if appropriate. Update noted.	Decision : Update noted	
PATIENT EXPERIENCE		
11.0 COMPLAINTS AND PALS CHAPTER 2		
11.0 COMPLAINTS AND PALS QUARTER 3 Report noted for information.	Decision : Report noted	
CW informed the group that the PALs service is hosted by East Riding and complaints are now managed in-house.	Decision. Report Hoteu	All

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or	LEAD
	update)	
12.0 ANY OTHER BUSINESS		
None		
13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No new risks identified.		
CLINICAL EXCELLENCE		
14.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE		
GMcN took the report as 'read'. The document provided an update	Decision: Reviewed and noted	GMc
on the prescribing performance within the CCG GP practices between August 2015 and November 2015. GMcN introduced Helen Fish senior pharmacist from NECS to the		
group. Specific areas highlighted/discussed:		
 MRHA safety update – prescribing of Mirabegron safety audits, Nicorandil now 2nd line for angina, difference in Levonorgestrel IUS insertion and duration. PrescQIPP data highlights variance from national data in 4 areas where there is potential to improve the local position: PPIs, Low 		
dose anti-psychotics, % cephalosporins, 3 day trimethoprim. All to be reviewed at local level.		
Workplan - specific meeting being arranged to concentrate on areas of concern		
 Awareness of ACMD advice on gabapentin and Pregabalin misuse Collaboration between general dashboard and specific prescribing elements 		
Medication reviews for patients in care homes proposed option for quality improvement and efficiency savings.		
15.0 MORTALITY UPDATE		
It was noted that the SHMI figures for year-ending September 2015 are 133 - 119 were within expected range. RJ-F felt we should continue to try and look at this from a quality and care pathways perspective.	Decision: noted	RJ-F
F		
16 O DDIMADY CADE DEVELOPMENT LIDDATE		
RJF informed the group that he has been appointed as chair of PCDG	Decision: noted	RJ-F
in informed the group that he has been appointed as thair of PCDG	Decision. Hoteu	1/J-L
Market Hill – Concern expressed on historical lack of communication. Noted a discussion with NHS E will take place at Governing Body.		
Vulnerable Practice Scheme – RJ-F asked whether members were aware there is a significant sum of money available to assist vulnerable practices with recruitment. It was agreed this should be discussed at Execs. More information required on the scheme for further discussion at the PCDG. RJ-F to suggest he attends the Joint Co-Commissioning Group to update them.		
Nursing revalidation – web based service is affordable and will be sent out to practices for practice nurses		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
17.0 NATIONAL HIP FRACTURE DATABASE		
CN provided a summary paper and highlighted 5 key points. It was pointed out that of all patients with hip fractures identified by	Decision: Paper noted	
the audit during the defined period, 58.5% of patients received	Action: Raise issue of	
prompt surgery. Raising queries about the remaining patients. CN to	remaining 41.5% patients	CN
raise with the Trust via the NL&G QCR meeting.	treatment via the NLaG QCR meeting	
18.0 FALLS & FRAGILITY FRACTURE AUDIT PROGRAMME		
Paper noted	Decision:	
19.0 RDaSH CQC REPORT	,	
CQC rated RDaSH as 'requires improvement'. CW and RJF to meet with RDaSH Medical Director and Chief Nurse to discuss concerns.	Decision: Report noted	
Action plan to come through Quality Group when available.	ACTION: Meeting with RDaSH	RJ-F/
	to discuss concerns	CWy
20.0 NY&H SCREENING & OVERSIGHT GROUP MINUTES – 8.12.15		
Noted	Decision: Minutes noted	
21.0 ANY OTHER BUSINESS		
None	Decision:	
22.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
Performance and quality issues in primary care	Decision: Noted	Chair
CQC RDaSH report		
PATIENT SAFETY		
23.0 SAFEGUARDING CHILDREN UPDATE		
SG took the paper as read.	Decision: Noted	
Specific areas highlighted/discussed:		
• SCR – need to see which recommendations are pertinent to	SG to identify which	SG
NLCCG.	recommendation are pertinent	
 Multi-agency audits – 16 cases requiring GP input. It was agreed to take to Execs for further discussion 	to NLCCG	
agreed to take to execs for further discussion	Action: Multi-agency audits for	RJ-F
	further discussion by Execs	
24.0 SAFEGUARDING ADULTS UPDATE		_
Report received and noted.	Decision: Noted	Chair
Phoenix Park is still of significant interest with a further visit by CQC		
taking place this morning. LT confirmed there were only minor issues in terms of infection control.		
25.0 INFECTION PREVENTION AND CONTROL UPDATE		
Noted that Linda Taylor commenced in post on the 4 th January 2016.	Decision: Noted	Chair
Paper taken as read.		23
Report noted.		<u>L</u>
26.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT: NOVE		
Report was taken as 'read'. The report highlighted the themes and	Decision: The Serious Incident	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION	LEAD
	(including timescale for completion or update)	
any emerging issues, by provider, identified in November 2015.	Report for November 2015	
	were received, discussed and	
	noted.	
26.1 Serious Incident Report: December 2015	Decision: The Serious Incident	Chair
Report was taken as 'read'. The report highlighted the themes and	Report for December 2015	
any emerging issues, by provider, identified in December 2015.	were received, discussed and noted.	
27.0 NORTH LINCOLNSHIRE CCG: SERIOUS INCIDENT, INCIDENT ME		
27.1 28 th October – Ratified Minutes from these meetings were	Decision: Noted	GJ
submitted for information and noted		
27.2 25 th November – draft taken as read		
28.0 NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION T INCIDENT MEETING: SEPTERMBER & OCTOBER 2015	RUST (NLAGFT) COLLABORATIVE SI	ERIOUS
28.1 28 th October - Ratified Minutes from these meetings were	Decision: Noted	GJ
submitted for information and noted		
and a seth or		
28.2 25 th November – draft taken as read		
29.0 NLCCG INCIDENT REPORT – QUARTER 3		
Report was taken as 'read'.	Decision: Noted	
Discharge summaries – concern had been expressed that practices do not receive feedback. JP and Jason Coombs met with NLaG, who		
confirmed they have an internal report they circulate. JP has asked		
for it to be shared with CCG.		
30.0 NHS111 UPDATE: MONTHS 7 & 8		
Report on service performance for Months 7 & 8	Decision: The NHS111 update	Chair
Average length of call is 20 minutes – raised as a concern at quality	report for Months 7 & 8 was	
monitoring group. SPA nurse in urgent care centre SGH	received and noted.	
31.0 ANY OTHER BUSINESS		
None	Decision: Noted	Chair
32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSEI		l a
Adult safeguarding - Phoenix Park	Decision: Noted	Chair
SPA nurse in urgent care centre SGH INFORMATION GOVERNANCE		
INFORMATION GOVERNANCE		
33.0 INFORMATION GOVERNANCE GROUP UPDATE		
It was noted that support is still being received from the CS but there	Decision: Verbal update noted	JP
are significant challenges in terms of resource capacity		
24.6 INFORMATION CONTRACTOR TO SHAPE TO		
34.0 INFORMATION GOVERNANCE TOOLKIT PROGRESS REPORT Toolkit is being monitored. Some concerns with training figures.	Decision: Noted	JP
Toolkit is being monitored. Some concerns with training figures	Decision: Noted	JP
35.0 INFORMATION GOVERNANCE TRAINING NEEDS ANALYSIS		
Taken as read	Decision: Noted	JP
For noting – as CCG will be performance monitored by NHSE.		
Need to plan for IT equipment ready for induction JP – PL	Action: JP and PL to review	
	with IT	1

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
36.0 RATIFICATION OF INFORMATION GOVERNANCE POLICIES		
The following policies were ratified by the quality group	Quality group approved	JP
 Information Governance Framework 		
 Confidentiality: Code of Conduct Policy 		
 Data Protection and Confidentiality Policy 		
Email Policy		
 Privacy Impact Assessment 		
Safe Haven Policy		
 Subject Access Request Policy 		
 Information Security Policy 		
Confidentiality Audit Policy		
Acceptable Use Policy		
Records Management		
Mobile Working Policy		
Mostic Working Folloy		
37.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE	GROUP	
No issues identified.	Decision: Noted	Chair
38.0 ANY OTHER BUSINESS		<u> </u>
Nothing discussed.	Decision: Noted	Chair
6 · · · · · · · · · · · · · · · · · · ·		
39.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		<u> </u>
Potential resource issue for IT support re achievement of IG Toolkit	Decision: Noted	Chair
CONTRACT QUALITY ISSUES		
40.0 CQUINS QUARTER 2		
Report was taken as 'read'.	Decision: Noted	CN
40.1 Update on CQUINs 16/17 schemes	Decision: Noted	CN
Discussion took place on the CCGs priorities for the NLaG scheme and		
the following priorities were proposed		
Learning disabilities		
Dementia		
Patient discharge		
CN shared feedback on progress made with local NL CCG CQUIN for NLAG. Emma Mundey and Rebecca Bowen have reported that this indicator may have limited value if stretched into 16/17 scheme		
40.2 Schedule 4 local Quality Requirements (KPIs)	Decision: Noted	CN
CN has been working closely with EM and DD to ensure that level KDIs		
CN has been working closely with EM and RB to ensure that local KPIs specifically for NLCCG service specifications have been mapped to		
schedule 4 and schedule 6 of the contract.		
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	D	
41.0 NORTH YORKSHIRE & HUMBER QUALITY SURVEILLANCE GROU		Ch - !::
41.0 NORTH YORKSHIRE & HUMBER QUALITY SURVEILLANCE GROUNDERS from the meeting held on the 8 th December 2015 were taken	P Decision: Noted	Chair
41.0 NORTH YORKSHIRE & HUMBER QUALITY SURVEILLANCE GROU Notes from the meeting held on the 8 th December 2015 were taken as read	Decision: Noted	Chair
 NORTH YORKSHIRE & HUMBER QUALITY SURVEILLANCE GROUP Notes from the meeting held on the 8th December 2015 were taken as read SEASONAL INFLUENZA VACINE UPTAKE AMONGST GP PATIENT 	Decision: Noted S IN ENGLAND	
41.0 NORTH YORKSHIRE & HUMBER QUALITY SURVEILLANCE GROU Notes from the meeting held on the 8 th December 2015 were taken as read	Decision: Noted	Chair Chair VS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
43.0 CHILDHOOD FLU VACCNINATION PROGRAMME		Chair
Noted	Decision: Noted	
44.0 ANY OTHER BUSINESS		l
None	Decision: Noted	Chair
45.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No new risks were identified.	Decision: Noted	Chair
MEETING NOTES FROM OTHER GROUPS		
46.0 PRIMARY CARE DEVELOPMENT GROUP		
Draft notes from meeting held on 28 TH October 2015. For information.	Decision: Noted	Chair
47.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNI	NG BODY	l
None		Chair
ANY OTHER BUSINESS		
48.0 URGENT ITEMS BY PRIOR NOTICE		
None	Decision:	Chair
49.0 FUTURE MEETINGS		
It was agreed to continue to meet on the 4 th Thursday of the month		
for the time being until outcome of CoM meeting arrangements are		
known.		<u> </u>
50.0 DATE AND TIME OF NEXT MEETING		
Thursday 25 th February 2016 at 14:00	Decision: Noted	Chair
CSU Meeting Room 2 (first floor), Health Place, Brigg		

MEETING:	NHS North Lincolnshire Clinical	
	Commissioning Group Quality Group	
MEETING DATE:	Thursday 25 th February 2016	
	·	
VENUE:	CSU Meeting Room 2, Health Place,	
	Brigg	
TIME:	14:00	



QUALITY GROUP

PRESENT:			
NAME	TITLE	SERVICE/AGENCY	
Catherine Wylie (CW) Chair	Director of Risk and Quality Assurance/Nurse	NHS North Lincolnshire CCG	
	Member		
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Medical Director/Named	NHS North Lincolnshire CCG	
	Doctor for Safeguarding (Adults & Children)		
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG	
Dr Faisel Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG	
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children	NHS North Lincolnshire CCG	
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG	
Jane Ellerton (JE)	Senior Manager; Commissioning	NHS North Lincolnshire CCG	
Jane Cawston (JC)	Community Pharmacist	North East Commissioning	
		Support	
IN ATTENDANCE:			
Hazel Moore (HM)	Clinical Quality Matron	NHS North Lincolnshire CCG	
Dr Marie Girdham (MG)	R&D lead	North Yorkshire & Humber	
(Item 6 only)		R&D	
Vivienne Simpson (VS)	Personal Assistant	NHS North Lincolnshire CCG	
	Note Taker		

APOLOGIES:			
NAME	TITLE	SERVICE/AGENCY	
Julie Wilburn (JW)	Designated Nurse: Safeguarding Adults	NHS North Lincolnshire CCG	
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance	NHS North Lincolnshire CCG	
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire	NHS North Lincolnshire CCG	
	CCG		
Linda Taylor (LT)	Specialist Nurse Infection Prevention and	NHS North Lincolnshire CCG	
	Control		
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG	
Gemma McNally (GMc)	Strategic Lead Pharmacist (North East	North East Commissioning	
	Lincolnshire CCG and North Lincolnshire CCG)	Support	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 APOLOGIES AND QUORACY		
Apologies were noted and detailed above. It was noted that the	Decision: Noted	Chair
meeting was quorate to proceed.		
2.0 DECLARATION OF INTERESTS		
CW invited those with any Declarations of Interest in relation to the	Decision: Noted	Chair
agenda or not declared previously, to make them known to the		
meeting. No declarations were received.		
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 28 JANUARY 20	016	
Minor grammatical amendments were noted, subject to these	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
amendments, the minutes were agreed as an accurate record.		
4.0 ACTION LOG UPDATE AS DISCUSSED ON 28 JANUARY 2016		l
Outstanding actions from 28 January were discussed. An update for	Actions: Noted	Chair
each outstanding action would be noted in the Action Log.		
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
None	Decision: Noted	Chair
6.0 R & D ESTABLISHMENT OF A WORKING GROUP		
MG outlined the background and purpose of establishing a R&D Working Group.	Decision: Approved the establishment of the R&D Working Group	MG
ToR – The group requested the amendments to the membership PPI representative to include lay representative(s) and Director of Quality and Governance/Executive Nurse – CCG(s) change to CCG representative		
Subject to these amendments the Quality Group approved the establishment of the R&D Working Group.		
7.0 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER 7.1 BOARD ASSURANCE FRAMEWORK (BAF) 7.2 RISK REGISTER		
Item 7.1: Board Assurance Framework (BAF) CW presented Item 8.1, 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.	Decision: The CCG Board Assurance Framework was received, discussed and noted	JP
CW noted that managers are much more involved in keeping their registers updated		
Paper noted		
Item 7.2: Risk Register CW presented Item 8.2, 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.	Decision: The CCG Risk Register was received, discussed and noted	JP
Paper noted.		
8.0 QUALITY DASHBOARD		
CW presented Item 8.0 Specific areas highlighted/discussed:	Decision : DASHBOARD Noted	CN
 Fresenious SI – still awaiting report. Outpatient follow up appointments- as a result of the CQC 		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
inspection follow up appointments are being undertaken in cardiology with the letters taking 6 weeks via India.Ophthalmology		
HEY performance		
EMAS performance –waiting times		
NICE guidance compliance	ACTION: CN to update at next	CN
 With increased activity at St Hugh's - Is there an intention to look at their data 	meeting	CIV
9.0 DRAFT GOVERNING BODY QUALITY PAPER		
Outstanding. Deferred to March meeting	Decision : Update noted	
PATIENT EXPERIENCE		
10.0 COMPLAINTS AND FOI QUARTER 3		
FOI report noted for information.	Decision : Report noted	
It was acknowledged that 100% of cases are dealt with in the allotted		
timescale		
Complaints - there are currently 9, most are CHC or commissioning/		
safeguarding issues. 11.0 ANY OTHER BUSINESS		
11.0 ANY OTHER BUSINESS		
Patient stories – CW to identify how these can be undertaken at	Action: Patient stories to be a	cw
Board meetings	regular Governing Body agenda item	
12.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		Т
No new risks identified.		
CLINICAL EXCELLENCE		
13.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE		
JC took the report as 'read'. The document provided an update on the prescribing performance within the CCG GP practices September	Decision: Reviewed and noted	GMc
to December 2015. Specific areas highlighted/discussed:		
• Budget		
MHRA alerts		
 NECs – Prescribing software – GM to update at March meeting 	Action: update on prescribing software	GMc
14.0 PHARMACEUTICAL REBATES		
CW outlined the details to the proposed primary care rebate scheme policy. Highlighting that it has been discussed in detail at the Engine Room who agreed it should go ahead. The Quality Group to be sighted on process, however some proposals will come through this group. It was agreed to strengthen the recommendation and to	Decision: Formally adopted. To be sent to the Audit Group for information.	GMc
adopt it as the CCG policy and refer it for information to the Audit Group		
At the March meeting GMc to work through in detail to ensure the group understands the impact.	Action: Agenda item March	GMc

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
15.0 MORTALITY UPDATE		
RJF reported that NLaG are back within the 'expected' range for both SHMI and HED. It is hoped that amalgamating the various EOL groups will have a beneficial effect on the SHMI data, by helping to ensure that patients are appropriately identified as being	Decision: update noted	RJ-F
EOL, and are thus cared for (and die) in the appropriate place.		JE
FEAST, RATL and BCF – discussion took place on how we monitor the outcomes to ensure performing in best way? Agreed need to monitor whether patients are still alive after being through the 30 days with a follow up audit.	Action: Audit of RATL & FEAST- JE to raise with Helen Childs	JE
Need to ensure pathways are safe if we are changing a clinical service which include engagement with providers, is the challenge? JE build in project processes, providing assurance to engine room and have built in to work	Action: Clinical pathways into project processes- JE	
16.0 PRIMARY CARE DEVELOPMENT UPDATE		
 RJF updated the group PCDG meeting held on the 24.2.16 Group is being revamped Biggest risk is still resource/capacity to deal with the whole agenda of primary care Training needs analysis 	Decision: noted	RJ-F
17.0 RDaSH CQC ACTION PLAN		
Action plan was received and it was noted that the Ironstone action plan is being monitored by CQC. Liane Langdon is reviewing their business plan.	Decision: Paper noted	Chair
18.0 QIP: DISCHARGE LETTERS FEEDACK FROM GPs		
Report found to be useful. Concern expressed re the timeliness of discharge letters.	Decision: details noted	Chair
19.0 ANY OTHER BUSINESS		
None	Decision:	
20.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
Clinical pathways	Decision: Noted	Chair
PATIENT SAFETY		
21.0 SAFEGUARDING CHILDREN UPDATE		
SG took the paper as read.	Decision: Noted	SG
Specific areas highlighted/discussed: Multi-agency actions out of the SCR require high levels of health	Action: CW to discuss under 18 pathway group with KB	CW
involvement with SG playing key part – looking to prevent young people going Out of Area where possible. CW to discuss under 18 pathway group with Keith Baulcombe. Progress report to April meeting	Action: Progress report at April meeting	VS/ SG

SUMMARY OF DISCUSSION	DECISION/ACTION	LEAD
SOMINARY OF DISCOSSION	(including timescale for completion or	LLAD
	update)	
22.0 SAFEGUARDING ADULTS UPDATE		
Report received and noted.	Decision: Report Noted	Chair
Phoenix Park is still of significant interest.		
Concern also noted with Haverhome		
23.0 INFECTION PREVENTION AND CONTROL UPDATE		
CW took the paper as read.	Decision: Report Noted	LT
Specific areas highlighted/discussed:		
MRSA Bacteraemia		
RCA/PIR review		
Outbreaks – care homes		
C.Difficile – 28 at present (trajectory is 31)		
24.0 NORTH LINCOLNSHIRE CCG INCIDENT REPORT: 2015/2016		
Report was taken as 'read'. The report provides an overview of the	Decision: The Incident Report	GJ
incidents for Quarter 3 for the period 1 October to 31 December	for Q3 was received, discussed	
2015.	and noted.	
25.0 NORTH LINCOLNSHIRE CCG: SERIOUS INCIDENT, INCIDENT MEE	TING	
27.1 25 th November – Ratified Minutes from these meetings were	Decision: Noted	GJ
submitted for information and noted		
27.2 3 rd February – draft taken as read		
26.0 NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TR INCIDENT MEETING: SEPTEMBER & OCTOBER 2015	RUST (NLAGFT) COLLABORATIVE S	ERIOUS
26.1 25 th November - Ratified Minutes from these meetings were	Decision: Noted	GJ
submitted for information and noted		
26.2 3 rd February – draft taken as read		
27.0 NHS111 UPDATE: MONTH 9		L
Data unavailable on service performance for Month 9.	Decision: Noted.	Chair
28.0 ANY OTHER BUSINESS		
None	Decision: Noted	Chair
29.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		ı
	D • • • • • •	_ ·
Timeliness of discharge letters.	Decision: Noted	Chair
	Decision: Noted	Chair
Timeliness of discharge letters. INFORMATION GOVERNANCE 30.0 INFORMATION GOVERNANCE GROUP UPDATE		
Timeliness of discharge letters. INFORMATION GOVERNANCE 30.0 INFORMATION GOVERNANCE GROUP UPDATE Notes from the meeting held on 5 th January were received. CW	Decision: Noted Decision: Noted	Chair
Timeliness of discharge letters. INFORMATION GOVERNANCE 30.0 INFORMATION GOVERNANCE GROUP UPDATE Notes from the meeting held on 5 th January were received. CW advised the group the CCG has to achieve level 2 in order to function		
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Timeliness of discharge letters. INFORMATION GOVERNANCE 30.0 INFORMATION GOVERNANCE GROUP UPDATE Notes from the meeting held on 5 th January were received. CW advised the group the CCG has to achieve level 2 in order to function (IG training) 31.0 INFORMATION GOVERNANCE TOOLKIT PROGRESS REPORT Deferred to next meeting	Decision: Noted Decision: Noted	
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### Potential resource issue for IT support re achievement of IG Toolkit Decision: Noted Chair	SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
### Standard Town Standard Commissioners and Standard From Horse and Standard Commissioners and a Constructive discussion with the Trust and reviewed all of the KPIs proposed by Commissioners await feedback from the Trust on these proposals. Not continuation of KPIs currently in the 15/16 contract We are now at version 1.4 of the local KPI scheme; Commissioners await feedback from the Trust on these proposals. Not continuation of KPIs currently in the 15/16 contract We are now at version 1.4 of the local KPI scheme; Commissioners await feedback from the Trust on these proposals. Note of Chair #### Standard Standar	34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
It was noted this report is a working copy Decision: Noted S.1. NLaG 16/17 CQUIN SCHEME PROPOSAL FOR LOCAL INDICATORS NL&G proposed five local CQUIN indicators for 16/17, NLCCG and NELCCG agreed that none of the Trusts proposals were suitable for delivery in 16/17 as they did not offer sufficient stretch. Three local CQUINs have been identified for inclusion in the contract: Adults at risk Dementia & Delirium Discharge COPD Care Bundle (Please note: Becky Bowen is reviewing the service spec to establish whether this is already covered in the spec) 36.0 DRAFT NLaG LOCAL KPIs - WORKING COPY The first NL&G contract review meeting took place on 11th February; Commissioners had a constructive discussion with the Trust and reviewed all of the KPIs proposed by Commissioners. These proposals were a collaboration between the following: Discussions with Quality Leads across the Humber patch Review of service specs in NLCG Quality concerns raised by NL and NELCCG during 15/16 Continuation of KPIs currently in the 15/16 contract We are now at version 1.4 of the local KPI scheme; Commissioners await feedback from the Trust on these proposals. CN to circulate the updated version once feedback has been received from the Trust. 37.0 ANY OTHER BUSINESS None Decision: Noted Chair MEETING NOTES FROM OTHER GROUPS 38.0 PRIMARY CARE DEVELOPMENT GROUP Discussed under Item 16 Decision: Noted Chair ANY OTHER BUSINESS Local Chair Chai	Potential resource issue for IT support re achievement of IG Toolkit	Decision: Noted	Chair
It was noted this report is a working copy Decision: Noted CN 35.1 NLaG 16/17 CQUIN SCHEME PROPOSAL FOR LOCAL INDICATORS NL&G proposed five local CQUIN indicators for 16/17, NLCCG and NELCCG agreed that none of the Trusts proposals were suitable for delivery in 16/17 as they did not offer sufficient stretch. Three local CQUINs have been identified for inclusion in the contract: Adults at risk. Dementia & Delirium Discharge COPD Care Bundle (Please note: Becky Bowen is reviewing the service spec to establish whether this is already covered in the spec) 36.0 DRAFT NLaG LOCAL KPIS — WORKING COPY The first NL&G contract review meeting took place on 11th February; Commissioners had a constructive discussion with the Trust and reviewed all of the KPIs proposed by Commissioners. These proposals were a collaboration between the following: Discussions with Quality Leads across the Humber patch — Review of service specs in NLCCG Quality concerns raised by NL and NELCCG during 15/16 Continuation of KPIs currently in the 15/16 contract We are now at version 1.4 of the local KPI scheme; Commissioners await feedback from the Trust on these proposals. CN to circulate the updated version once feedback has been received from the Trust. 37.0 ANY OTHER BUSINESS None Decision: Noted Chair MEETING NOTES FROM OTHER GROUPS 38.0 PRIMARY CARE DEVELOPMENT GROUP Discussed under Item 16 Decision: Noted Chair ANY OTHER BUSINESS 40.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY None ANO OTHER BUSINESS 40.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY None Decision: Noted Chair ANY OTHER BUSINESS Chair	CONTRACT QUALITY ISSUES		
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Thursday 24"March 2016 at 14:00 Decision: Noted Chair	Thursday 24 th March 2016 at 14:00	Decision: Noted	Chair
CSU Meeting Room 2 (first floor), Health Place, Brigg	CSU Meeting Room 2 (first floor), Health Place, Brigg		