

Date: 13.10.2016 Governing Body

Item No. 8.10

Public ☐

REPORT TITLE: CCG Quality Group Notes

DECISIONS TO BE MADE: To receive and note

Author Catherine Wylie, Director of Risk & Quality Assurance

GB Lead Catherine Wylie, Director of Risk & Quality Assurance

Continue to improve the quality of services	X	Improve patient experience	X
Reduced unwarranted variations in services	X	Reduce the inequalities gap in North Lincolnshire	X
Deliver the best outcomes for every patient	X	Statutory/Regulatory	


**Executive Summary (Question, Options, Recommendations):**

The Quality Group minutes dated 22<sup>nd</sup> June 2016 and 27<sup>th</sup> July 2016 are attached for the CCG Governing Body to receive and note, for information only.

Equality Impact	N	
Sustainability	N	
Risk	N	
Legal	N	
Finance	N	

**Patient, Public, Clinical and Stakeholder Engagement to date**

	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:	X				Clinical:			X	
Public:	X				Other:	X			

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Quality Group	 <b>North Lincolnshire</b> <b>Clinical Commissioning Group</b>  <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	22 <sup>nd</sup> June Wednesday 2016	
<b>VENUE:</b>	CSU Meeting Room 2, Health Place, Brigg	
<b>TIME:</b>	14:00	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) Chair	Director of Risk and Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Hazel Moore (HM)	Clinical Quality Matron	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Medical Director/Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Becky Bowen (RB)	Senior Commissioning Manager	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire CCG	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children	NHS North Lincolnshire CCG
Gemma McNally (GMC)	Strategic Lead Pharmacist (North East Lincolnshire CCG and North Lincolnshire CCG)	North East Commissioning Support
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Linda Taylor (LT)	Specialist Nurse Infection Prevention and Control	NHS North Lincolnshire CCG
Julie Wilburn (JW)	Designated Professional: Safeguarding Adults	NHS North Lincolnshire CCG
Vivienne Simpson (VS)	Personal Assistant - Note Taker	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Jane Ellerton (JE)	Senior Manager; Commissioning	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance	NHS North Lincolnshire CCG


<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 APOLOGIES AND QUORACY</b>		
Apologies were noted and detailed above. It was noted that the meeting was quorate to proceed.	<b>Decision:</b> Noted	Chair
<b>2.0 DECLARATION OF INTERESTS</b>		
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.	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 25 MAY 2016</b>		
The minutes were agreed as an accurate record.	<b>Decision:</b> Noted	Chair

<b>4.0 ACTION LOG UPDATE AS DISCUSSED ON 25 MAY 2016</b>		
Outstanding actions from 25 <sup>th</sup> May were discussed. An update for each outstanding action would be noted in the Action Log.	<b>Actions:</b> Noted	Chair
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
None	<b>Decision:</b> Noted	Chair
<b>6.0 CLAIMS UPDATE</b>		
It was noted that no claims have been received in the last quarter.	<b>Decision:</b> Noted	Chair
<b>7.0 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER</b>		
<p><b>Board Assurance Framework (BAF)</b></p> <p>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 (AF). 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.</p> <p>The AF identifies key strategic risks in line with NL Risk Management Strategy. All other identified risks are held on the NL CCG Corporate and Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level.</p> <p>A review has been undertaken of the AF format and changes will be made to its presentation including the addition of a risk tolerance score and risk score tracker.</p> <p><b>Corporate Risk Register</b></p> <p>The report was taken as read and informs 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.</p> <p>Papers noted.</p>	<p><b>Decision:</b> The CCG Board Assurance Framework was received, discussed and noted</p> <p><b>Decision:</b> The CCG Risk Register was received, discussed and noted</p>	JP
<b>8.0 QUALITY DASHBOARD</b>		
<p>Dashboard noted.</p> <p>Further details are provided in the summary report on the following:</p> <ul style="list-style-type: none"> <li>• NLaG NICE compliance</li> <li>• NLaG Safeguarding Reporting</li> <li>• Spire and East Riding hospital CQC outcome report</li> <li>• St Hughs CQC outcome report</li> <li>• Performance at NLaG</li> <li>• EMAS CQC position</li> <li>• NLaG CQC position</li> <li>• RDaSH CQC position</li> </ul>	<b>Decision:</b> DASHBOARD Noted	CN
<b>9.0 QUALITY STRATEGY AND FRAMEWORK</b>		

Discussion took place with regard to the framework of quality data feed to the quality strategy.		
<b>PATIENT EXPERIENCE</b>		
<b>10.0 ANY OTHER BUSINESS</b>		
None	<b>Decision: Noted</b>	
<b>11.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
<b>CLINICAL EXCELLENCE</b>		
<b>12.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE</b>		
<p>GMc took the report as 'read'. The report noted that:</p> <ul style="list-style-type: none"> <li>The prescribing data was not published at time of writing the report for April.</li> <li>Cost growth remains a pressure on prescribing budget.</li> <li>Prescribing quality indicators highlighted with respect to variation within the CCG and also variation to local CCG comparators.</li> </ul> <p>Details on Prescribing Scorecard, Scorecard Aims and CD Responsibility were all noted.</p>	<b>Decision:</b> Reviewed and noted	GMc
<b>13.0 ANTIMICROBIAL STEWARDSHIP</b>		
Details noted. A further update was requested for the next meeting	<b>Decision:</b> Update for July meeting	GMc
<b>14.0 MORTALITY UPDATE</b>		
It was noted that the overall SHIM remains in the 'as expected range' but SGH in-hospital has improved and the 30 day SHMI for North Lincolnshire has markedly improved.	<b>Decision:</b> Noted	RJ-F
<b>15.0 PRIMARY CARE UPDATE</b>		
Summary report provided	<b>Decision:</b> Noted	RJ-F
<b>16.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b>	Chair
<b>17.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>PATIENT SAFETY</b>		
<b>18.0 SAFEGUARDING CHILDREN UPDATE</b>		
<p>Reports received and noted.</p> <ul style="list-style-type: none"> <li>Annual Report – noted.</li> </ul>	<b>Decision:</b> update noted	SG
<b>19.0 SAFEGUARDING ADULTS UPDATE</b>		
Report received and noted.	<b>Decision:</b> Report Noted	Chair
<b>20.0 INFECTION PREVENTION AND CONTROL UPDATE</b>		
Report received and noted.	<b>Decision:</b> Report Noted	LT

<b>21.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT: MAY 2016</b>		
Report were received and noted.	<b>Decision:</b> Report noted.	GJ
<b>22.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT MEETING: 25<sup>TH</sup> MAY 2016</b>		
Minutes from the meeting held on the 25 <sup>th</sup> May were noted.	<b>Decision:</b> Minutes received	GJ
<b>23.0 NLaG COLLABORATIVE SERIOUS INCIDENT MEETING: 25<sup>TH</sup> MAY 2016</b>		
Minutes from the meeting held on the 25 <sup>th</sup> May were noted.	<b>Decision:</b> Minutes received	GJ
<b>24.0 NHS111 UPDATE: MONTH 1</b>		
Report received and it was noted that local incidents are now included.	<b>Decision:</b> Report noted	Chair
<b>25.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>26.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>CQC REPORTS</b>		
<b>27.0 CQC ASSURANCE</b>		
Action Plan  Discussed and the group reviewed all CQC reports for provider services which requires improvement or inadequate ratings. Action plans developed for CCG actions.	<b>Decision:</b> Noted  <b>Action:</b> CN to type up and further develop action plan	Chair
<b>28.0 CQC INSPECTION UPDATE</b>		
<ul style="list-style-type: none"> <li><b>Learning Lessons from CQC Inspections</b></li> </ul> <p>It was agreed that reviewing every CQC inspection report should be included within the framework.</p>	<b>Decision:</b> Noted	Chair
<b>INFORMATION GOVERNANCE</b>		
<b>29.0 INFORMATION GOVERNANCE GROUP/TOOLKIT UPDATE</b>		
Meeting being held with EMBED re the level of service the CCG is receiving.	<b>Decision:</b> Noted	CW
<b>30.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE GROUP</b>		
None	<b>Decision:</b> Noted	Chair
<b>31.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No new risks were identified	<b>Decision:</b> Noted	Chair
<b>CONTRACT QUALITY ISSUES</b>		
<b>33.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No new risks were identified.	<b>Decision:</b> Noted	Chair

<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>35.0 VULNERABLE PEOPLES GROUP</b>		
Minutes from the meeting on 16 March 2016 were received and noted.	<b>Decision:</b> Noted	Chair
<b>36.0 PRIMARY CARE DEVELOPMENT GROUP</b>		
Notes would be provided for the next meeting	<b>Decision:</b> Noted	Chair
<b>37.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
None		Chair
<b>ANY OTHER BUSINESS</b>		
<b>38.0 URGENT ITEMS BY PRIOR NOTICE</b>		
None	<b>Decision:</b>	Chair
<b>39.0 DATE AND TIME OF NEXT MEETING</b>		
Wednesday 27 <sup>th</sup> July 2016 at 14:00 CCG meeting room, Health Place, Brigg	<b>Decision:</b> Noted	Chair

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Quality Group	 <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	Wednesday 27 <sup>TH</sup> July 2016	
<b>VENUE:</b>	CCG Meeting Room, Health Place, Brigg	
<b>TIME:</b>	14:00	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) Chair	Director of Risk and Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Medical Director/Named Doctor for Safeguarding (Adults & 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
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire CCG	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children	NHS North Lincolnshire CCG
Sally Bainbridge (SB)	Specialist Nurse – Safeguarding Children and Adults	NHS North Lincolnshire CCG
Gemma McNally (GMC)	Strategic Lead Pharmacist (North East Lincolnshire CCG and North Lincolnshire CCG)	North East Commissioning Support
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Linda Taylor (LT)	Specialist Nurse Infection Prevention and Control	NHS North Lincolnshire CCG
Julie Wilburn (JW)	Designated Professional: Safeguarding Adults	NHS North Lincolnshire CCG
Vivienne Simpson (VS)	Personal Assistant - Note Taker	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Hazel Moore (HM)	Clinical Quality Matron	NHS North Lincolnshire CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>4.0 APOLOGIES AND QUORACY</b>		
Apologies were noted and detailed above. It was noted that the meeting was quorate to proceed.	<b>Decision:</b> Noted	Chair
<b>5.0 DECLARATION OF INTERESTS</b>		
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.	<b>Decision:</b> Noted	Chair
<b>6.0 MINUTES OF THE PREVIOUS MEETING HELD ON 22 JUNE 2016</b>		
The minutes were agreed as an accurate record.	<b>Decision:</b> Noted	Chair





<b>4.0 ACTION LOG UPDATE AS DISCUSSED ON 25 MAY 2016</b>		
Outstanding actions from 25 <sup>th</sup> May were discussed. An update for each outstanding action would be noted in the Action Log.	<b>Actions:</b> Noted	Chair
<b>7.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
None	<b>Decision:</b> Noted	Chair
<b>8.0 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER</b>		
<p>JP gave the first presentation of the new format to the group. The corporate risk register will be presented to the next meeting of the quality group.</p> <p>JP gave an outline of the additional components including the tracker system and risk tolerance score. The AF will be reviewed by the executive team on a regular basis.</p> <p>CW suggested a front sheet identifying a summary of the risks.</p> <p>JP acknowledged that the format would be an evolving one shaped by feedback and best practice guidance.</p>	<b>Decision:</b> The CCG Risk Register was received, discussed and noted	JP
<b>7.0 QUALITY DASHBOARD</b>		
<p>Dashboard noted.</p> <p>Further details are provided in the summary report on the following:</p> <ul style="list-style-type: none"> <li>• CQC compliance position – KPIs will be monitored via the QCB</li> <li>• Safeguarding at HEY</li> <li>• VTE performance at HEY</li> <li>• Site visits</li> <li>• Clinical handover at EMAS</li> <li>• Sis at EMAS</li> <li>• Quality reporting at NLaG</li> <li>• CQUINs</li> </ul> <p>Site visits will take place across all providers. The site visit schedule protocol is currently being developed and the following areas for a visit were suggested:-</p> <p><b>NLaG</b> - Mixed Sex Accommodation, nutrition, maternity services, ward 22 and 23, A&amp;E, CDU, OOA, and Out Patients</p> <p><b>RDaSH</b> – Great Oaks, community – Ironstone</p> <p><b>HEY</b> – agreed it would be practical to combine with NHS Hull</p> <p><b>EMAS</b> - Follow patient pathway - CW to contact EMAS to discuss further</p> <p>Vulnerable adults CQUIN – flagged up concerns re delivery of outcomes</p> <p>Risk profile for NHSE – will give key areas of concern.</p> <p>IR raised a query re request rows 22 – 32. IR asked that the total number of SI's reported be added to each provider, not just the number of SIs reported be added to each provider, not just the number of Sis reported for NLCCG patients</p>	<p><b>Decision:</b> : DASHBOARD Noted</p> <p><b>Action:</b> CW to contact EMAS</p>	<p>CN</p> <p>CW</p>
<b>9.0 GOVERNING BODY QUALITY REPORT</b>		
The Governing Body Quality Report provides members with an updated position in relation to key areas of risk and quality assurance within NLCCG. The report has been updated and now includes new sections on CHC, primary care, nursing and a glossary of terms.	<b>Decision:</b> Report noted	CN

Reflects core items of work and requested members to notify CN of key items of interest/points to note .  CW remind group they are accountable for their areas of work to the Governing Body – national and regional requirements / value/quality/patient experience / link in meds man/ primary care needs expanding	<b>Action:</b> Notify CN of key items of interest/points to note	All
<b>9.0 NATIONAL AUDIT OF INPATIENT FALLS COMMISSIONER REPORT</b>		
This report provides commissioning key recommendations. It was agreed that CN/CW and HM to review and provide action plan for the next meeting.  Report noted for information	<b>Action:</b> Action Plan required for next meeting	CN/ CW/ HM
<b>PATIENT EXPERIENCE</b>		
<b>10.0 PATIENT EXPERIENCE QUARTER 1 REPORT</b>		
This report details the activity for PALS and the issues raised through the Patient Relations service for NLCCG.  Report Noted	<b>Decision:</b> Noted	
<b>11.0 COMPALINTS QUARTERLY REPORT</b>		
It was noted that all these complaints are all linked to Mental Health Services. There are significant problems around CAHMs and it was agreed RJF and CW should meet with RDaSH Medical Director and Chief Nurse to review.  Areas to discuss - referral criteria needs to be more explicit - how CAHMs can directly refer to other agencies - GP having to refer a child in crisis direct to A&E because they cannot guarantee a response from CAHMs  It was also noted that paediatricians also have concerns re CAHMs and RJF would discuss this with Lawrence Roberts.  It was noted that there are a significant number of chronic fatigue syndrome requests going to the IFR panel.  Report noted	<b>Action:</b> VS to arrange meeting with RDaSH	VS
<b>12.0 ANY OTHER BUSINESS</b>		
None		
<b>13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
CAHMs		
<b>CLINICAL EXCELLENCE</b>		
<b>14.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE</b>		

<p>GMC took the report as ‘read’. The report noted that:</p> <ul style="list-style-type: none"> <li>• The prescribing data included in the report covers the period to the end of April 2016</li> <li>• Cost growth remains a pressure on prescribing budget.</li> <li>• MHRA Safety update</li> <li>• Prescribing Scorecard comments</li> <li>• NLCCG Medicines Management Work plan 2016/17</li> </ul> <p>Promotion of self-care – e.g. reduction in quantity of prescribed paracetamol – GMC explained the potential for re-distributing the spend and it was agreed that GPs can only encourage patients to purchase paracetamol for themselves.</p> <p>It was agreed that the antimicrobial stewardship action plan for use in secondary and primary care would in future be included in the monthly report.</p> <p>Need to review NL CCG antimicrobial stewardship self-audit and create an action plan for any gaps. GMC to provide highlight paper next month</p>	<p><b>Decision:</b> Reviewed and noted</p>	<p>GMC</p>
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<p>RJF reported that mortality data at practice level is available at Dr Foster</p> <p>NLaG - It was also noted that Stuart Bough has not able to access the data for the 30 day SHMI and would be following this up. Caldicott guidelines state data should be shared.</p>	<p><b>Decision:</b> Update Noted</p>	<p>RJ-F</p>
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Nothing new to report	<b>Decision:</b> Noted	RJ-F
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None	<b>Decision:</b>	Chain
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Medicines management	<b>Decision:</b> Noted	Chair
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<p>Paper taken as read.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>Joint children and adult policy – useful to have appendix on information sharing policy</li> <li>Child Protection Information System</li> <li>Joint Death Overview Panel – it was reported that the designated doctors were not present at the last meeting</li> <li>Assurance for NHS England on CCG Safeguarding Arrangements – meeting with NHSE following which the report will circulated and information sharing appendix will be added</li> <li>Joint targeted area inspections and Brooke review on child sexual exploitation - Gap analysis to next meeting</li> </ul>	<p><b>Decision:</b> update noted</p>	SG
	<p><b>Action:</b> Gap analysis for August meeting</p>	SG

## 20.0 SAFEGUARDING ADULTS UPDATE

<p>Paper taken as read.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Prevent</li> <li>• Care homes</li> <li>• Assurance for NHS England on CCG Safeguarding arrangements</li> <li>• SG Adult Board</li> <li>• Fire death and injuries panel – reviewing an attempted suicide.</li> </ul>	<b>Decision:</b> Report Noted	Chair
<b>21.0 INFECTION PREVENTION AND CONTROL UPDATE</b>		
<p>Paper taken as read.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• 3 CDif cases since April with a further 1 reported today</li> <li>• GP Audits</li> <li>• Care home link meeting</li> <li>• Prof link practice nurses</li> <li>• Sepsis – Recently published NICE Guidelines on Sepsis entitled, Sepsis: recognition, diagnosis and early management. Details to be promoted via Practice Dispatches to alert that the guidance is relevant for primary care as well as secondary care</li> </ul>	<b>Decision:</b> Report Noted	LT
<b>22.0 NORTH LINCOLNSHIRE CCG INCIDENT REPORT: QUARTER 1</b>		
<p>Paper taken as read.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Issue with CitySprint and clinical records going missing. Further investigation being undertaken by Jason Coombs. GJ to discuss with JC and collate evidence which can then be directed to the Information Commissioner if appropriate.</li> <li>• GP practice reporting</li> </ul>	<b>Decision:</b> Report noted.	GJ
<b>23.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT: JUNE 2016</b>		
<p>Paper taken as read</p> <p>GJ outlined details of SI 2016 6400 patient not being transferred to HEY. Concern expressed re the non-assured 4 x LSA RCA reviews all being in maternity services. It was noted that Julie Dixon (NLaG Maternity) has now agreed to attend QCR meeting for further assurance.</p> <p>GJ now compiling a monthly trend and theme report and will send to QG for information which will also compliment the quarterly report.</p>	<b>Decision:</b> Report noted	GJ
<b>24.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT MEETINGS:</b>		
<p>24.1 25<sup>TH</sup> May – Ratified Minutes were submitted for information and noted</p> <p>24.2 29<sup>th</sup> June – draft taken as read</p>	<b>Decision:</b> Minutes received	GJ
<b>25.0 NLaG COLLABORATIVE SERIOUS INCIDENT MEETING:</b>		
<p>25.1 25<sup>TH</sup> May – Ratified Minutes were submitted for information and noted</p>	<b>Decision:</b> Minutes received	GJ

25.2 29 <sup>th</sup> June – draft taken as read		
<b>26.0 NHS111 UPDATE: MONTH 2</b>		
Paper taken as read. Specific areas highlighted/discussed: Working on developing a clinical hub which will be going to re-procurement Dissatisfaction was noted at continued poor performance.	<b>Decision:</b> Report noted	Chair
<b>27.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>28.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>CQC REPORTS</b>		
<b>29.0 CQC ASSURANCE</b>		
Action Plans have been circulated and these were examples of the CCG's approach to gaining assurance that our Providers are changing their practices in response to the CQC outcome reports.  NLaG Action Plan taken as read.  It was agreed the CCG can only be assured when we see the evidence of change taking place.  Monthly high level monitoring meetings are now being held and CN agreed to circulate updated versions of the CCGs action plans (for each provider) to this group for information and assurance.	<b>Decision:</b> Noted        <b>Action:</b> CN to circulate CCGs actions for each provider	Chair        CN
<b>30.0 CQC INSPECTION UPDATE</b>		
<b>30.1 Care homes</b> Paper taken as read. Specific areas highlighted/discussed:  IR pointed out that all 'Option' homes had been rated as outstanding and queried why this is the case and if we can learn from their high level of performance. CW to enquire.	<b>Decision:</b> Noted        <b>Action:</b> Clarify why the 'Option' care homes are classed as 'outstanding'	Chair        Chair
<b>30.2 GP practices</b>  It was noted that Bridge Street Surgery overall rating is good but 'requires improvement' on safety – RJF to review.	<b>Action:</b> Review CQC report	RJF
<b>30.3 Cambridge Avenue Medical Centre Quality Report</b>  It was noted that the practice has received an 'overall good' rating. Report noted.	<b>Decision:</b> Noted	Chair
<b>INFORMATION GOVERNANCE</b>		
<b>31.0 INFORMATION GOVERNANCE GROUP/TOOLKIT UPDATE</b>		
JP reported concern regarding the level of support from the new EMBED team and explained the new contract require them to only give the CCG telephone advice and guidance. Following a meeting	<b>Decision:</b> Noted	CW

with the new manager they have stepped back and are prepared to offer a similar level of service as in previous years for one further year – however this is not in the contract.		
<b>32.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE GROUP</b>		
It was agreed to arrange a further meeting invite Ian Holborn and EMBED	<b>Decision:</b> Noted	VS/JP
<b>33.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
EMBED contract	<b>Decision:</b> Noted	Chair
<b>CONTRACT QUALITY ISSUES</b>		
<b>35.0 ANY OTHER BUSINESS</b>		
CN informed the group that she had been made aware of a possible issue in communication between NLCCG Patient Safety Team and EMAS in terms of communication of SI's. CN agreed to contact EMAS via the contract management route to determine how to rectify this issue. At present, all SI's are communicated to the relevant CCG via the Lead Commissioner to the EMAS contract, NHS Hardwick CCG.	<b>Decision:</b> Noted  <b>Action:</b> CN to contact EMAS	Chair  CN
<b>36.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No new risks were identified.	<b>Decision:</b> Noted	Chair
<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>37.0 VULNERABLE PEOPLES GROUP</b>		
It was noted the meeting in July was cancelled.	<b>Decision:</b> Noted	Chair
<b>38.0 PRIMARY CARE DEVELOPMENT GROUP</b>		
The draft notes from the meeting held on the 15 <sup>th</sup> June were noted.	<b>Decision:</b> Noted	Chair
<b>39.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
JP to notify issues on the EMBED contract  JP to work with Chair to identify proactively forwarding issues of relevance to the Audit Group Audit group have requested other groups to be proactive in notifying them of issues		Chair
<b>ANY OTHER BUSINESS</b>		
<b>40.0 URGENT ITEMS BY PRIOR NOTICE</b>		
None	<b>Decision:</b>	Chair
<b>41.0 DATE AND TIME OF NEXT MEETING</b>		
Wednesday 25 <sup>th</sup> August 2016 at 14:00 CCG meeting room 2, Health Place, Brigg	<b>Decision:</b> Noted	Chair