

<b>Date:</b>	8 December 2016
<b>Meeting:</b>	CCG Governing Body
<b>Item Number:</b>	8.11
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality


<b>Report Title:</b>	CCG Quality Group Notes
<b>Decisions to be made:</b>	To receive and note

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input checked="" type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
The Quality Group minutes dated 24 August 2016 and 26 October 2016 are attached for the CCG Governing Body to receive and note, for information only.

<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>		<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>
<b>Patient:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<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>	Wednesday 24 <sup>TH</sup> August 2016	
<b>VENUE:</b>	CCG Meeting Room, Health Place, Brigg	
<b>TIME:</b>	12:00	

<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 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
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
Jane Cawston (JC)	Locality Pharmacist	North East Commissioning Support
Linda Taylor (LT)	Specialist Nurse Infection Prevention and Control	NHS North Lincolnshire CCG
Vivienne Simpson (VS)	Personal Assistant - Note Taker	NHS North Lincolnshire CCG
Jill Turner (JT)	Designated Nurse – Looked After Children	Northern Lincolnshire & Goole Foundation Trust

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Hazel Moore (HM)	Clinical Quality Matron	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
Julie Wilburn (JW)	Designated Professional: Safeguarding Adults	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Senior Manager; Commissioning	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 27 JULY 2016</b>		
The minutes were agreed as an accurate record.	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>4.0 ACTION LOG UPDATE AS DISCUSSED ON 27 JULY 2016</b>		
Outstanding actions from 27 <sup>th</sup> July 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 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER</b>		
<p>Presented in new format with NPSA scoring matrix attached. . Corporate risk register still in old format intention is to synchronise formats shortly. JP will be visiting all directorates to update.</p> <p>Risk management framework/policy is being reviewed</p> <p>JP will be meeting regularly with the Exec team but will also be meeting with individual directors to update. Service leads are responsible for updating their projects/areas.</p> <p>The increase in the financial risk score was noted.</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>• Outcomes from site visits (Mixed Sex Accommodation and Maternity)</li> <li>• CQC position</li> <li>• Safeguarding and MCA reporting at NLaG</li> <li>• VTE performance at Hey</li> <li>• NHS E Quality Risk Profile (QRP) for NLaG</li> </ul> <p>It was noted that NLaG currently have 11 Sis for N Lincs in 16/17.</p> <p>Lengthy discussion took place covering the following:-</p> <ul style="list-style-type: none"> <li>• Formally challenged NLaG on MSA reporting, this is not a new issue, this relates to exemption of MSA breaches on the High Observations Bed unit. This was raised by the CCG in Dec 13 and has been picked up at site visits in Aug 15 and Aug 16, further discussion is scheduled to take place between the CCG and the Trust late Aug to move this forward.</li> <li>• Development of quality risk profile which highlights significant concerns – levels in report. Profile to be discussed at QSG in September, following which CW to provide more details at this meeting in Sep 16</li> <li>• Delayed follow up appointments</li> <li>• 18 weeks RTT</li> <li>• Letter being sent to GPs encouraging them to refer elsewhere if specialties having problems with out-patient appointments.</li> <li>• No clinical oversight of the out-patients appointment delays</li> <li>• All issues to be discussed at the single item QSG on 31<sup>st</sup> Aug 16</li> </ul>	<b>Decision:</b> : DASHBOARD Noted	CN

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>8.0 RISK MANAGEMENT STRATEGY &amp; POLICY</b>		
JP reported that the strategy is currently being updated will include the management of the assurance framework and a revised draft will come back next meeting.	<b>Decision:</b> Update noted <b>Action:</b> September meeting	JP
<b>PATIENT EXPERIENCE</b>		
<b>9.0 FREEDOM OF INFORMATION QUARTERLY REPORT</b>		
This paper provides an update on the current position of Freedom of Information (FOI) requests made to NHS North Lincolnshire Clinical Commissioning Group (CCG) from 1 April to 30 June 2016 and a comparison against Quarter One in 2015/16.  Report noted for information	<b>Decision:</b> Update noted	CW
<b>10.0 ANY OTHER BUSINESS</b>		
None		
<b>11.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
RDASH CAHMS NLaG Single item QSG		
<b>CLINICAL EXCELLENCE</b>		
<b>12.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE</b>		
<p>JC 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 May 2016.</li> <li>• Trends and themes against prescribing budget performance are interpreted with caution and are classed unreliable until more data is available</li> <li>• Cost growth remains a pressure on prescribing budget.</li> <li>• Prescribing Scorecard comments</li> <li>• NLCCG Medicines Management Work plan 2016/17</li> </ul> <p>Discussion took place covering:-</p> <ul style="list-style-type: none"> <li>• Rebates optimising number of prescriptions for inhalers</li> <li>• Meds management team structure now out of consultation and will shortly be able to recruit</li> <li>• Positive outcome of the perfect fortnight re medicine wastage in care homes – this will be rolled out to all care homes.</li> <li>• Letter to go out to primary care about what practices can do re this wastage.</li> <li>• Need to manage APC better</li> </ul>	<b>Decision:</b> Reviewed and noted	GMc

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>Could a hit list be included within the report for GPs of the top 10 'to do'? JC agreed this can be done and could be linked into efficiency savings list</li> </ul>	<b>Action: JC to notify GMC to include additional information within the report</b>	
<b>13.0 MORTALITY UPDATE</b>		
<p>CW met with EMBED and asked advice re NLaG not giving the CCG patient data and were told this is possible as long as the clinicians involved meet to discuss. CW to discuss with Dr Spalding at NEL to clarify how they manage this process</p> <p>RJ-F noted that he was still having difficulty getting the statistic from the Dr Foster information and is seeking advice from Jason Coombs.</p>	<b>Decision:</b> Update Noted	RJ-F
<b>14.0 PRIMARY CARE UPDATE</b>		
RJF reported the strategy is nearing completion. PCDG meeting in October for the final time. Will be replaced by Task & Finish groups for specific pieces of work.	<b>Decision:</b> Noted	RJ-F
<b>15.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b>	Chair
<b>16.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
none	<b>Decision:</b> Noted	Chair
<b>PATIENT SAFETY</b>		
<b>17.0 LOOKED AFTER CHILDREN ANNUAL REPORT</b>		
Item deferred.	<b>Decision:</b> Noted	Chair
<b>18.0 UNACCOMPANIED ASYLUM SEEKING CHILDREN</b>		
<p>Jill Turner outlined details of the Unaccompanied Asylum Seeking Children Scheme.</p> <p>Discussion took place on the complexities involved. IR queried whether a fair proportion of the children have got family in the country? Anecdotally it is believed that less than half have family in the UK. CW queried whether any LAC were generally placed out of area Do we have placement in N Lincs or do we need to be talking elsewhere regarding the complexities JT - children with complex needs should be housed in areas that can accommodate but we are nowhere near ready for that Most are 16-17 years old – what will be transition when they become adults – this will depend on what legal status they are granted.</p> <p>It was agreed that this information needs to be included in the Board quality report. JT/SG to continue to keep QG updated on any developments.</p> <p>It was agreed JT would provide information to be circulated to GPs via practice despatches</p>	<b>Decision:</b> Noted	Chair


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Paper noted		
<b>19.0 SAFEGUARDING CHILDREN UPDATE</b>		
<p>Paper taken as read.</p> <p>Specific areas highlighted:</p> <ul style="list-style-type: none"> <li>• Child Protection Information System</li> <li>• Joint Death Overview Panel</li> <li>• Child Sexual Exploitation</li> <li>• Domestic Abuse</li> <li>• Female Genital Mutilation</li> <li>• JTAI and Brook review on child sexual exploitation</li> <li>• Early Help</li> <li>• Primary Care self-assessment</li> </ul> <p>SG confirmed that a pilot has been agreed, whereby Sarah to cover both children and adults for North Lincs and Julie to cover North East Lincs</p> <p>Paper noted</p>	<p><b>Decision:</b> update noted</p>	<p>SG</p>
<b>20.0 SAFEGUARDING ADULTS UPDATE</b>		
<p>Paper taken as read.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Great Oaks</li> <li>• Care homes</li> </ul> <p>It was confirmed Phoenix Park Care Home is going through legal process, working with LA as there is the possibility they will lose their licence.</p> <p>Blenheim Care Centre, - three CHC fully funded residents to be moved.</p> <p>An RCA will be undertaken to look into a particular incident.</p> <p>Paper noted</p>	<p><b>Decision:</b> Report Noted</p>	<p>Chair</p>
<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>• 5 CDiff cases since April (numbers down on last year)</li> <li>• GP &amp; Care home Audits</li> <li>• Care home link meeting</li> <li>• Flu season</li> <li>• Immunisation changes – rates have declined in N Lincs</li> <li>• Up surge in vaccine preventable disease cases (VPD)</li> <li>• NLaG Antimicrobial prescribing</li> </ul> <p>Paper noted</p>	<p><b>Decision:</b> Report Noted</p>	<p>LT</p>
<b>22.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Paper taken as read. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• 3 new SIs logged for NLaG</li> <li>• 1 new SI logged for RDaSH</li> </ul> <p>No never events to date NHSE have done a review of SIs across the patch.</p> <p>Paper noted</p>	<b>Decision:</b> Report noted.	GJ
<b>23.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT MEETINGS:</b>		
23.1 28 <sup>th</sup> June – Ratified Minutes were submitted for information and noted	<b>Decision:</b> Minutes received	GJ
23.2 27 <sup>th</sup> July – draft taken as read		
<b>24.0 NLaG COLLABORATIVE SERIOUS INCIDENT MEETING:</b>		
24.1 28 <sup>th</sup> June – Ratified Minutes were submitted for information and noted	<b>Decision:</b> Minutes received	GJ
24.2 27 <sup>th</sup> July – draft taken as read		
<b>25.0 NHS111 UPDATE: MONTH 3</b>		
<p>Paper taken as read and noted</p> <p>VS to request Becky Bowen to attend the next meeting.</p>	<p><b>Decision:</b> Report noted</p> <p><b>Action:</b> BB to attend September meeting</p>	<p>Chair</p> <p>VS</p>
<b>26.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>27.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>CQC REPORTS</b>		
<b>28.0 CQC INSPECTION UPDATES</b>		
<p><b>28.1 Care homes</b> Paper taken as read. Specific areas highlighted/discussed:</p> <p>It was noted that Haverholme is rated red and the CCG has not been formally notified. CW to update at the next meeting.</p>	<p><b>Decision:</b> Noted</p> <p><b>Action:</b> update for September meeting</p>	<p>Chair</p> <p>CW</p>
<p><b>28.2 GP practices</b></p> <p>Paper noted</p>		
<p><b>28.3 West Town Surgery</b></p> <p>It was noted that the practice has received an ‘overall good’ rating. However ‘Are Services Safe?’ has a ‘requires improvement’ rating.</p>	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>The Relationship Manager has been asked to contact them to discuss their action plan.</p> <p>Report noted.</p>		
<b>INFORMATION GOVERNANCE</b>		
<b>29.0 INFORMATION GOVERNANCE GROUP/TOOLKIT UPDATE</b>		
<p>JP stated he had met with eMBED and discussed data sharing agreements. Work has commenced on pulling together evidence for next years compliance and training session are to be offered to staff on IG issues. JP and CW met with eMBED who are committed to providing support this year but in future years the service level will be dependent upon financial input.</p> <p>It was noted there are no serious concerns at the moment</p>	<b>Decision: Noted</b>	
<b>30.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE GROUP</b>		
None	<b>Decision: Noted</b>	
<b>31.0 ANY OTHER BUSINESS</b>		
None	<b>Decision: Noted</b>	Chair
<b>32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
	<b>Decision: Noted</b>	Chair
<b>CONTRACT QUALITY ISSUES</b>		
<b>33.0 CQUIN QUARTERLY UPDATE</b>		
<p>Paper taken as read and noted.</p> <p>CN noted the key issues were:-</p> <ul style="list-style-type: none"> <li>The Q1 16/17 position across all of the CCG's Providers is currently being reconciled; further update will be provided to this Committee at the Sep 16 meeting.</li> <li>In relation to the local Vulnerable Adult scheme at NL&amp;G, the Trust has undertaken a baseline of compliance against measures defined in the local Vulnerable Adult scheme, this baseline provided Commissioners with a good level of assurance and has resulted in further outcomes being incorporated in to the local CQUIN scheme for NL&amp;G.</li> </ul> <p>CN also reminded the group that Commissioners are required to focus CQUIN resources towards areas that require further development and/or innovation. In some of the CCG's Providers, these resources are spread across a range on schemes; in others the CCG has focused its resources on specific areas. Commissioners will soon be required to start planning for the 17/18 contract, CQUIN development plans will commence end of Sep 16.</p> <p>RDASH local CQUIN for NLCCG – RDASH have requested support from the CCG in relation to accessing patient level data, in order to further inform the outcome of this CQUIN scheme. RJ-F agreed to support this area of work across GP Practices. CN to contact RDASH to ask</p>	<b>Decision: Noted</b>	Chair



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
them to contact RJF to discuss further. In terms of IG issues, CW confirmed that there should not be a problem if data is transferred Between clinicians, the issues arise when non-clinical personnel view the data. CN to provide feedback to the RDASH CQUIN Lead.	<b>Action:</b>	
<b>34.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>35.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
Inadequate care home	<b>Decision:</b> Noted	Chair
<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>36.0 PRIMARY CARE DEVELOPMENT GROUP</b>		
Workshop held on 17 <sup>th</sup> August to further work on the primary care development strategy.	<b>Decision:</b> Noted	Chair
<b>37.0 NY &amp; H QUALITY SURVEILLANCE GROUP</b>		
The notes from the meeting held on the 6 <sup>th</sup> July were noted for information.		
<b>38.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
None		Chair
<b>ANY OTHER BUSINESS</b>		
<b>39.0 URGENT ITEMS BY PRIOR NOTICE</b>		
None	<b>Decision:</b>	Chair
<b>40.0 DATE AND TIME OF NEXT MEETING</b>		
Wednesday 28 <sup>th</sup> September 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>	26 <sup>th</sup> October 2016 Wednesday 2016	
<b>VENUE:</b>	CCG Meeting Room, Health Place, Brigg	
<b>TIME:</b>	12:00	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
John Pougher (JP) (Chair)	Head of Governance	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Director of Primary Care /Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Senior Manager Commissioning	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire CCG	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
Sally Bainbridge (SB)	Specialist Nurse – Safeguarding Children and Adults	NHS North & North East Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
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
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Catherine Wylie (CW)	Director of Nursing and Quality	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>		
JP invited those with any additional 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 24 AUGUST 2016</b>		
The minutes were agreed as an accurate record.	<b>Decision:</b> Noted	Chair

<b>4.0 ACTION LOG UPDATE AS DISCUSSED</b>		
Outstanding actions 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>		
Format of the corporate risk register is now in line with the Assurance Framework. Working to improve the system of capturing risks and guidance on how to escalate the risks. Work still needed with the Board on 'Risk Appetite'. Director leads and manager leads to regularly review their risks. IR commented that CCG needs to capture risk around the transformation agenda and new care organisations. Some AF risks were missing from papers and were tabled at the meeting.	<b>Decision:</b> The CCG Risk Register was received, discussed and noted	JP
<b>7.0 QUALITY DASHBOARD</b>		
Dashboard noted.  Further details are provided in the attached summary report on the following: NLaG <ul style="list-style-type: none"> <li>Commissioners have developed a T&amp;F Group to monitor assurance with the NL&amp;G CQC action plan</li> <li>Further Deterioration in NICE compliance position, but the Trust has informed Commissioners that the NICE Coordinator position has been appointed to, it is expected that this will improve the position significantly.</li> <li>Increase in HED SHMI at NLaG</li> </ul> HEY <ul style="list-style-type: none"> <li>VTE compliance position remains an area of concern, this is due to data inputting issues</li> <li>2 Never Events took place in Sep 16, neither related to NLCCG patients</li> <li></li> </ul> RDaSH <ul style="list-style-type: none"> <li>Concerns regarding level of reporting, specifically in relation to quality metrics, these data are now several months overdue. This concern has been escalated to the CCG's Contract Management Team</li> </ul> St Hughs <ul style="list-style-type: none"> <li>Level of reporting (quality metrics) significant concerns with the management of governance metrics. Never Event (retained clip) but ST Hughs are refusing to put on as a SI. NEL and NL are escalating concerns via the contract management route.</li> </ul> EMaS <ul style="list-style-type: none"> <li>Significant challenges re performance. CN currently developing a quality profile of local providers. Pilot underway – an update to be provided at next months meeting.</li> <li>NLaG out of hospital SHMI – NEL now worse than NL, but</li> </ul>	<b>Decision:</b> : DASHBOARD Noted	CN
	<b>Action:</b> Quality profile pilot update for November meeting	CN

<p>this may indicate that the EoLC projects in NEL are facilitating patients preferred place of death. Need to aim for consistency where possible. All acknowledge the challenges with the SHMI, not a clear picture.</p>		
<b>9.0 QUALITY RISK PROFILE</b>		
<p>CN outlined the background, noting that it consolidates a range of commissioners concerns. The next step is to develop something more localised to monitor NLCCGs providers, on an on-going basis.</p> <p>CN to apply the local profile to EMAS and RDaSH in the first instance, as some quality concerns have been identified with these providers. Draft provider profiles will be available for the next meeting.</p> <p>CN and GJ are taking part in a NHSI mock visit to NLaG over the next two days, across SGH and DPoW sites.</p>	<p><b>Decision:</b> Update noted</p> <p><b>Action:</b> Draft provider profiles – November meeting</p>	CN
<b>10.0 MAJOR INCIDENT PLAN</b>		
<p>JK took the paper as read and outlined that under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service. Board Room is now able to function as an Incident Room.</p> <p>Due to changes in guidance relating to Emergency Planning, Resilience and Response (EPRR), the CCG now have a responsibility to support NHS E in the coordination and control of any major incident. As a result of these changes, NL CCG have reviewed the Major Incident Plan in light of the new guidance.</p> <p>The Major Incident Plan details the roles, responsibilities and processes for establishing a command and control centre (on behalf of NHSE), including, activation of the plan, escalation processes and establishing an incident control centre.</p> <p>The plan also provides definitions of incidents, alert levels, reporting requirements and the role of other agencies in the response to managing incidents locally.</p> <p>It was noted an amendment is needed on page 6 Queens Garden police station is now closed – should read Clough Road police station.</p> <p>JK reported that a table top exercise is being held in December and CW is taking over the portfolio for Emergency Planning. A redacted version is on the internet is available on the intranet and should be updated quarterly.</p> <p>Following amendments the Quality Group approved and ratified the Major Incident Plan for NL CCG</p>	<p><b>Decision:</b> Major Incident Plan approved and ratified</p>	
<b>PATIENT EXPERIENCE</b>		
<b>10.0 COMPLAINTS QUARTERLY REPORT</b>		

Details not available until the 31 <sup>st</sup> October		
<b>11.0 PATIENT EXPERIENCE QUARTER 2 REPORT</b>		
This paper provides details of the activity for PALS and the issues raised through the Patient Relations service for NLCCG.  Report noted for information	<b>Decision:</b> Update noted	
<b>12.0 HEALTHWATCH ENTER &amp; VIEW DIGNITY &amp; RESPECT AT SGH FOLLOW UP REPORT</b>		
The report raises a number of useful points and identifies areas for further work. It was agreed that the quality of report is very high. JP to write a letter of congratulations to Healthwatch on behalf of the Quality Group.  Ward 28 (page 47) feedback from Ward 28 identified a number of concerns and no recognition that action will be taken. In response to Healthwatch it will be noted that the CCG will be taking further via Quality Review Committee	<b>Action:</b> Send letter of congratulations – completed 1.11.16  <b>Action:</b> Raise concerns via QRG	<b>JP</b>  <b>CN/ HM</b>
<b>13.0 ANY OTHER BUSINESS</b>		
Patient experience stories are being requested – DPoW maternity service story will be shared at the next meeting.	<b>Action:</b> Maternity Patient Story to be shared with the group at November meeting	<b>CN</b>
<b>14.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None		
<b>CLINICAL EXCELLENCE</b>		
<b>15.0 MEDICINES MANAGEMENT/PRESCRIBING UPDATE</b>		
No prescribing representative present. RJF suggested that the type of data incorporated in the scorecard would be useful for the Joint Co-Commissioning Group  Report noted.  IR suggested that more information could be included on outliers and degree of variation.	<b>Decision:</b> Reviewed and noted	<b>GMc</b>
<b>16.0 RESEARCH&amp; DEVELOPMENT STATUS REPORT MAY – OCTOBER 2016</b>		
JP took the paper as read. RJF present at last meeting and felt the problem is not having sufficient people to move forward. JP noted that in order to maintain a compliant position with NHSE future reports to have a section on research governance.	<b>Decision:</b> Report noted  <b>Action:</b> Research Governance to be included in future reports	<b>JP</b>
<b>17.0 MORTALITY UPDATE</b>		
RJF stated there is nothing to report at this moment	<b>Decision:</b> Update Noted	<b>RJ-F</b>
<b>18.0 PRIMARY CARE UPDATE</b>		
RJF reported the new primary care directorate would be fully staffed by the end of the year. The Primary Care Strategy has been finished in draft and been discussed by the Joint Co-Commissioning Group. Will shortly be	<b>Decision:</b> Update Noted	<b>RJ-F</b>

going to the PPG forum, CoM and then Governing Body for formal approval in due course. A work plan is being developed to support its implementation.		
<b>19.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b>	Chair
<b>20.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>PATIENT SAFETY</b>		
<b>21.0 NORTH LINCOLNSHIRE SUICIDE CLUSTER COMMUNITY ACTION PLAN PRACTICE GUIDANCE</b>		
It was noted that this will be fully launched in November.	<b>Decision:</b> Noted	Chair
SG to feedback more at next meeting.	<b>Action:</b> SG	
<b>22.0 SAFEGUARDING UPDATE</b>		
<p>SB took the paper as read. Specific areas highlighted:</p> <ul style="list-style-type: none"> <li>NHSE Safeguarding Assurance – CCGs. Work still required on what is pulled into specifications and also need to look at what providers are submitting – CN work with SG and SB</li> </ul> <p>IR queried whether there are any more plans to update Board members further on safeguarding issues? <b>Post meeting note:</b> Yes further session to be arranged.</p> <ul style="list-style-type: none"> <li>CCG Safeguarding Work plan - will be shared at the November meeting</li> <li>Joint Targeted Area Inspection – Domestic Violence</li> <li>Joint Targeted Area Inspection – Child Sexual Exploitation. Gap analysis fed back common themes - information noted</li> <li>Child Protection Information System</li> <li>Joint NL/NEL Child Death Overview Panel</li> <li>Care Homes</li> </ul> <p>The Quality Group approved the new format of this report.</p> <p>RJF reported that the designated doctors will be invited to the GP safeguarding forum.</p> <p>Currently working with practices to complete the GP self-assessment tool.</p> <p>Paper noted</p>	<p><b>Decision:</b> update noted</p> <p><b>Action:</b> To take review of specifications forward</p> <p><b>Action –</b> arrange further safeguarding sessions for the Gov Body</p> <p><b>Action:</b> November Agenda item</p>	<p>SG</p> <p>SG/S B/CN</p> <p>CW</p> <p>SG</p>
<b>23.0 SAFEGUARDING ADULTS ANNUAL REPORT</b>		
Paper taken as read.	<b>Decision:</b> Report Noted	Chair
Paper noted to be approved by Governing Body		
<b>24.0 SAFEGUARDING CHILDREN – JOINT TARGETED AREA INSPECTIONS AND BROOKE REVIEW ON CHILD SEXUAL EXPLOITATION</b>		

Covered under Item 22		
<b>25.0 INFECTION PREVENTION AND CONTROL UPDATE</b>		
<p>Paper taken as read. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• 10 C'Dif cases for the year so far compared to 23 last year</li> <li>• Practice audits– Kirton Lindsey and Church Lane remain outstanding</li> <li>• 2 D/V outbreaks</li> <li>• Several outbreaks of scabies</li> <li>• Environmental Audits – 3 Care homes have requested an audit</li> </ul> <p>Paper noted</p>	<b>Decision:</b> Report Noted	LT
<b>26.0 NORTH LINCOLNSHIRE CCG INCIDENT REPORT QUARTER 2</b>		
<p>Paper taken as read.</p> <p>Key highlights include:-</p> <ul style="list-style-type: none"> <li>• Change of Format of Product Expiry Dates: Swab Products</li> <li>• Timeliness of Incident Reporting – 2015</li> <li>• Reporting of Medication Incidents/Errors</li> </ul> <p>Incident numbers have gone down. GJ queried how incident reporting amongst practices can be promoted, It was agreed that incident reporting by practices was a positive indicator and the CCG needs to target those with zero reporting. It was recommended to include analysis which identified whether the reporting was internal/external It was agreed that an adaptation of report would be valuable for the Joint Co-Commissioning Group</p> <p>Paper noted.</p>	<b>Decision:</b> Report noted	GJ
<b>27.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT</b>		
<p>GJ took the paper as read.</p> <p>Specific areas highlighted/discussed: Of the four maternity SI's previously discussed as not assured by the LSA and CCGs, two have now been turned to assured by NL&amp;G.</p> <p>Page 7 as requested by this group breaks down the SI by CCG affected patient, NL has the greater number of SI occurring at SGH and also the bigger number of CCG patients affected.</p> <p>Although not in this report GJ highlighted NL&amp;G has reported a NEVER EVENT for a NELCCG patient in October - retained foreign object post procedure. Also another NELCCG patient SI reported by NL&amp;G is being discussed with the CCG as believed to also be a NEVER EVENT.</p> <p>Paper noted</p>	<b>Decision:</b> Report noted.	GJ
<b>28.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT MEETINGS:</b>		
28.1 6 <sup>th</sup> September – Ratified Minutes were submitted for information and noted	<b>Decision:</b> Minutes received	GJ

28.2 28 <sup>th</sup> September – draft taken as read		
28.3 Action Log		
<b>29.0 NLaG COLLABORATIVE SERIOUS INCIDENT MEETING:</b>		
29.1 27 <sup>th</sup> July – Ratified Minutes were submitted for information and noted	<b>Decision:</b> Minutes received	GJ
29.2 28 <sup>th</sup> September – draft taken as read		
29.3 Action Log		
<b>30.0 NHS111 UPDATE: MONTH 5</b>		
BB took the paper as read and highlighted	<b>Decision:</b> Report noted	Chair
Incident where 27 children arrived in A&E, questioning whether NHS111 should have pre-warned NLaG's A&E when a large number of patients were due to arrive. NHS111 looking into this, and will report back on lessons learned etc. BB to update in next paper.	<b>Action:</b> Details to be included in next report	BB
BB advised that all CCGs had previously been asked to consider new escalation levels for bank holiday periods. These would see all under 5 – over 75 –who following call handler triage need to speak to a 111 clinician, being transferred directly to OOHs rather than speaking to a 111 clinician first. The rationale is that 111 feel these patients almost always end up with oohs services anyway, so reduces the wait time and number of hand offs. Quantity is very small, approximately 8 a day. The commissioning view is not to approve, as when there is pressure in one area of the system there will be pressure throughout the whole system. BB to feed back that NLCCG are not supportive of the change and provide an update for the next meeting	<b>Action:</b> Feedback NLCCGs view to NHS111	BB
Page 7 how assured are we on the route from a SI to the lead commissioner and the report coming back to the CCG – local perspective is not assured – BB to revisit process with lead commissioner, using the NEL serious incident as an example.	<b>Action:</b> BB to discuss SI review process with lead commissioner	BB
Difficulty with the SIs and the requested escalation change, is being the smallest of many commissioners we have and will continue to struggle to have our voice heard. We need to continue to try to forge closer links with lead commissioner to keep us assured round their processes.		
<b>31.0 ANY OTHER BUSINESS</b>		
GJ reported that the SI process is being audited by East Coast Consortia	<b>Decision:</b> Noted	Chair
<b>32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
Risk – St Hughs re SI management and governance arrangements. Proposed by CN and GJ	<b>Decision:</b> Noted	Chair
<b>CQC REPORTS</b>		
<b>33.0 CQC INSPECTION UPDATES</b>		
<b>Care homes</b> Paper taken as read and noted.	<b>Decision:</b> Noted	Chair
<b>GP practices</b> Paper noted		



<b>INFORMATION GOVERNANCE</b>		
<b>34.0 INFORMATION GOVERNANCE GROUP/TOOLKIT UPDATE</b>		
JP reported that the meeting with EMBED did not go ahead and JP concerned re preparations for information governance toolkit submission. Will be identified as risk in directorate CCG register. JP reported that Ian Holborn will taking on role as SIRO following handover.	<b>Decision:</b> Noted  <b>Action:</b> Include in the risk register	JP
<b>35.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE GROUP</b>		
N/A	<b>Decision:</b>	
<b>36.0 ANY OTHER BUSINESS</b>		
None	<b>Decision:</b> Noted	Chair
<b>37.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
Support required before March information governance toolkit submission date	<b>Decision:</b> Noted	Chair
<b>CONTRACT QUALITY ISSUES</b>		
<b>38.0 CQUIN QUARTERLY UPDATE</b>		
CN gave a verbal update and noted the following key points: Quarter 2 deadline 31 <sup>st</sup> October, CN expects to receive provider submission reports by 1 <sup>st</sup> Nov CN negotiating KPIs for NLaG, RDASH and HEY – focusing on areas in the planning guidance CQUIN and KPI updates will be available for the November meeting  NLaG – new Head of Performance – the process seems to be working well St Hugh’s and other small providers – reviewing the national CQUIN scheme to determine whether the national schemes are applicable to these organisations Nat CQUIN – templates are due to be published on 31.10.16 No local CQUINs for 17/18	<b>Decision:</b> Noted	Chair
<b>39.0 DRAFT STANDARD OPERATING PROCEDURE FOR THE MANAGMEENT OF CQUINS</b>		
CN took the paper as read. The protocol is to oversee the CQUIN process and identifies best practice, contractual terms etc. The Quality Group confirmed they were happy with the process in the protocol, the protocol was approved.	<b>Decision:</b> Protocol approved	CN
<b>40.0 ANY OTHER BUSINESS</b>		
<b>Good Governance Institute</b> – will shortly be undertaking a review for the CCG on integrated reporting systems and how we tie in with key providers.  <b>Conflict of Interest</b> – JP now meeting with the Chairs of all Boards and Committees prior to meetings being held in line with Best Practice	<b>Decision:</b> Noted	Chair
<b>41.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
None	<b>Decision:</b> Noted	Chair
<b>MEETING NOTES FROM OTHER GROUPS</b>		
None		

<b>42.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
None		Chair
<b>FOR INFORMATION</b>		
<b>43.0 GASTROINTESTINAL INFECTION IN YORKSHIRE AND THE HUMBER ANNUAL REPORT 2015</b>		
Noted		
<b>ANY OTHER BUSINESS</b>		
<b>44.0 URGENT ITEMS BY PRIOR NOTICE</b>		
<b>Patient Transport Service</b> Contract is now with Thames UK PTS – contract went live 1.10.16 – massive increase on the number of calls, behavioural issues causing further duplications, NEL are lead commissioners – in the main problems have been resolved – whilst calls are slightly above predicted but manageable. May see significant number of complaints for the PTS. Work being done re NLaG behaviours There are concerns with the eligibility criteria H&EY contract Board noted a challenge re patient discharge – should they be expecting Thames to pick up as HEY expecting to pick up bill.	<b>Decision:</b>	Chair
<b>45.0 DATE AND TIME OF NEXT MEETING</b>		
Wednesday 23 <sup>rd</sup> November 2016 at 14:00 meeting room 2 , Health Place, Brigg	<b>Decision:</b> Noted	Chair

