

<b>Date:</b>	8 <sup>th</sup> June 2017
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 10.7
<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 & Quality
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie
<b>Director approval</b>	Catherine Wylie


<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>
<p>The Quality Group minutes dated 22<sup>nd</sup> March and 3<sup>rd</sup> May 2017 are attached for the CCG Governing Body to receive and note, for information only.</p>

<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>QUALITY GROUP</b>
<b>MEETING DATE:</b>	22 March 2017	
<b>VENUE:</b>	Meeting Room 2, (First Floor), Health Place, Brigg	
<b>TIME:</b>	14:00 – 15.45 pm	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) (Chair)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children and Adults	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Sally Andrews Minute Taker	Project Officer/PA	NHS North Lincolnshire CCG
Ian Holborn (Agenda items 32, 33, 34 & 35)	Director of Finance – SIRO	NHS North Lincolnshire CCG
Gemma McNally (GMc)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Linda Taylor (LT)	Specialist Nurse, Infection Prevention and Control	NHS North and North East Lincolnshire CCG
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Sally Bainbridge	Specialist Nurse – Safeguarding	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
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
Jane Ellerton (JE)	Senior Manager - Commissioning	NHS North Lincolnshire CCG
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire CCG	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	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>		
i) Apologies for absence were received, approved and noted.	<b>Action: Apologies received, approved and noted.</b>	<b>Chair</b>
ii) It was noted that the meeting was quorate to proceed.		
<b>2.0 DECLARATION OF INTERESTS</b>		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, previously declared	<b>Action: No declarations of Interest were declared.</b>	<b>Chair</b>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
by members.		
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 28<sup>th</sup> DECEMBER 2016</b>		
The minutes of the meeting of 28 December 2016 were agreed and approved as an accurate record of the meeting.	<b>Action: The minutes of 28.12.16 were approved as an accurate record of the meeting.</b>	<b>Chair</b>

<b>4.0 ACTION LOG UPDATE AS DISCUSSED</b>		
Outstanding actions were discussed and the following actions deemed closed and removed from the list:		
<b>4.1 Action from 21 July 2016.</b> Action 9 - National Audit of inpatient falls Commissioners' Report.	Action – Action 9 completed closed and removed from log	Chair
<b>4.2 Action from 24 August 2016</b> Action 8 - Risk Management Strategy – (Strategy recently virtually approved by members)	Action – Action 8 completed closed and removed from log	Chair
<b>4.3 Action from 23 November 2016</b> Action 36 - Identification of new risks from business discussed	Action – Action 36 completed closed and removed from log	Chair
<b>4.4 Action from 28 December 2016</b> Action 21(i) – How does the CCG assess them against the joint target into child exploitation?	Action – Action 21(i) completed closed and removed from log	Chair
<b>4.4i Action 21(ii) – Safeguarding Policy</b>	Action – Action 21(ii) completed closed and removed from log	Chair
<b>4.4ii Action 22 – Infection Prevention and Control Update</b>	Action – Action 21(ii) completed closed and removed from log	Chair
<b>4.5 Action from 26 October 2016</b> Action 30 – NHS111 – CCG asked to consider new escalation levels for Bank Holiday Periods – update from BB requested.  An update for each outstanding action has been noted within the Action Log.	Action – BB asked to provide an update to the Chair, by 31.01.2017, about the Easter Bank Holiday period.	BB
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
No items were raised for discussion.	<b>Action: Noted</b>	<b>All</b>
<b>6.0 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER</b>		
<b>6.1and 6.2 Governing Body Assurance Framework and Corporate Risk Register.</b> JP presented a joint report, the Governing Body Assurance Framework and the Corporate Risk Register. The purpose of the report is to inform the Governing Body of the risks to the delivery of NLCCG strategic objectives and risks. JP explained that the Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) objectives; and to map out both the key controls that should be in place to manage those		

<p>objectives and confirm that there is sufficient assurance about the effectiveness of these controls.</p> <p>In line with NL Risk Management Strategy all other identified risks are held on the 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>This month's paper (March 2017) contains a presentation of the risks in both column format and table format. The format will be developed in light of feedback received, requirements of the CCG and best practice guidance. In addition, the scoring matrix and severity guide taken from the CCG's Risk Management Strategy have been attached to help inform the review of the identified risks.</p> <p>The Corporate Register and Directorate Risk Registers are in the process of being refreshed and actions are being taken to ensure that risks are captured and escalated as appropriate.</p> <p>JP confirmed that the format is still under review and JK has emailed points via LL; JP is in the process of responding to the points raised, he advised there will be further iterations on format.</p> <p>JP informed the meeting of a Corporate Financial Risk, (F1) which could seriously impact on the organisations ability to function. IH has rewritten the risk which needs to be reviewed.</p> <p>In light of the severity of the risk, (F1), CW advised the group that the focus of the Quality Group's future meetings must change. A detailed discussion by the group on this issue is required.</p> <p><b>6.3 Risk Management Strategy</b> JP tabled the draft Risk Management Strategy for final ratification. JP confirmed that the Strategy has been updated and continues to follow national NHS practice guidance. The Strategy is a key element in the organisations Assurance Framework and supports the Annual Governance Statement; it includes a section on how the CCG manages its information risks that supports Information Governance toolkit compliance. The Risk Management Strategy has already received virtual approval from the Quality Group.</p>	<p><b>Action: CW, JP and JK to meet to agree format of the registers; agreed format will be brought to the Quality Group for review.</b></p> <p><b>Action: CW to escalate the Corporate Risk, (F1), to Executive Committee.</b></p> <p><b>Action: The future focus of Quality Group meetings to be discussed at the next meeting.</b></p> <p><b>Action: The Risk Management Strategy be approved and adopted subject to the following amendments requested by the Chair:-</b></p> <ol style="list-style-type: none"> <li><b>1. Page 8-Job titles need to be reviewed (i.e. CW and Chief Officer)</b></li> <li><b>2. Remove risk appetite insert risk responsibility</b></li> <li><b>3. Page 14-Remove ad-hoc, it must be measurable and specific i.e. annual/bi-annual</b></li> <li><b>4. Page 15 adverse incident to read incident.</b></li> </ol>	<p>CW/JP /JK</p> <p>CW</p> <p>All</p> <p>JP</p>
<p><b>7.0 QUALITY DASHBOARD</b></p>		
<p><b>7.1 Summary of Key Points</b> The quality dashboard and summary of key points were noted. The Chair informed the Group that NLaGFT are awaiting the CQC report which will be released into the public domain on 3 April 2017. The CCG will attend a briefing on the report, prior to its release, on 31March 2017. Various meetings will be taking place to determine how to deal with the fallout of the report as there are many serious issues and the impact will be huge. A large assurance gathering is planned between NHSE and NLCCG to agree an approach.</p>	<p><b>Action: That the report and its contents be noted.</b></p>	<p>All</p>

<p>The Chair provided an update on the following areas: EMAS – They are not meeting targets, commissioners have raised concerns re monitoring which will not be through NLaGFT.</p> <p>HAY – This is a slightly improving picture.</p> <p>Mixed Sex Breaches – Conversations are still on-going with NLaGFT who, despite the CCG requesting changes, have still not taken any actions.</p> <p>At this point the Chair requested that for future meetings members <b>do not</b> embed documents into reports for the Quality Meeting. This makes the paperwork unwieldy and is not always necessary. An Executive Summary is required covering pertinent points.</p>	<p><b>Action: All members to note that embedded documents are not to be included when preparing reports for Quality Group. An Executive Summary is required.</b></p>	<p>All to note</p>
<b>8.0 QUALITY GROUP WORK PLAN 2017/2018</b>		
<p>The Quality Group received the Quality Group Work Plan 2017 - 2018</p>	<p><b>Action: The Quality Action Plan is approved subject to the deletion of Lead Officers job titles and the insertion of Lead Officers names.</b></p>	<p>VS</p>
<b>9.0 LEARNING DISABILITY SITE VISIT REPORTS</b>		
<p><b>Quality Visit to the Adult Community Learning Disabilities Team at the Ironstone Centre:</b></p> <p>A report, summarising a recent visit to the Adult Communities Learning Disabilities Team by FB and colleagues, was previously circulated with the agenda. FB explained that the service was awarded an inadequate rating by CQC, following which, RDaSH made management changes and the CCG provided additional funding. This has led to many significant improvements in the service and raised staff morale, which has subsequently been acknowledged by the CQC.</p> <p>FB reported that he and colleagues felt very assured following their visit.</p> <p>He did wish to alert the Quality Group to concerns raised at the visit regarding the i) relationship with the Local Authority; the location; Social Care Reorganisation; Concerns about RDaSH i.e. where they may be in the future.</p>	<p><b>Action: That the report and its contents be noted.</b></p>	<p>All to note</p>
<b>10.0 EMERGENCY PREPAREDNESS RESILIENCE RESPONSE POLICY</b>		
<p>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.</p> <p>The Emergency Preparedness Resilience Response (EPRR) policy has been reviewed in light of renewed guidance from NHSE. The policy highlights the roles and responsibilities of the CCG in relation to EPRR planning, and should be read in conjunction with NL CCG Major Incident Plan and Business Continuity Plan.</p>	<p><b>Action: That the report and its contents be noted.</b></p> <p><b>Action: That the NL CCG EPRR policy be approved and adopted.</b></p>	<p>All</p> <p>All</p>

<b>11.0 MANDATORY TRAINING: SIX MONTHLY UPDATE</b>		
The Chair informed the Group that PLQ will be contacting Heads of Service in the near future for their Training Needs Analysis information.	<b>Action: PLQ will approach Heads of Service for Training Needs Analysis information.</b>	<b>PLQ</b>
<b>12.0 LEARNING, CANDOUR AND ACCOUNTABILITY</b>		
The Quality Group received the CQC document, Learning Candour and accountability – A review of the way NHS Trusts review and investigate the deaths of patients.	<b>Action: That the report and its contents be noted.</b>	<b>All to note</b>
<b>PATIENT EXPERIENCE</b>		
<b>13.0 COMPLAINTS ANNUAL REPORT</b>		
The Chair advised that The Complaints Annual Report will be deferred to 26 April 2017 meeting.  The Chair informed the meeting that there are currently 2 complaints and 5MP letters in the process of being dealt with.	<b>Action: The Complaints Annual Report is deferred to the Quality Group Meeting of 26 April 2017</b>	<b>CW/ VS</b>
<b>14.0 FREEDOM OF INFORMATION: REVISED POLICY (for approval)</b>		
<b>14.1 Freedom of Information Act and Environmental Information Regulations Revised Policy</b>  JP explained that this policy provides a framework for NHS North Lincolnshire Clinical Commissioning Group (NL CCG) to ensure compliance with the Freedom of Information (FOI) Act and the Environmental Information Regulations (EIR) 2004.  Administration support for FOI and EIR is provided to the NL CCG by the FOI Team based at NHS East Riding of Yorkshire CCG.	<b>Action: That the NL CCG Freedom of Information Act and Environmental Information Regulations Policy be approved and adopted.</b>	<b>JP</b>
<b>14.2 Freedom of Information Equality Impact Assessment</b> JP advised that the Equality Impact Assessment document was a supplement to the Freedom of Information Act and Environmental Information Regulations Revised Policy.	<b>Action: That the Equality Impact Assessment document (supplement to the Freedom of Information Act and Environmental Information Regulations Revised Policy) also be approved and adopted.</b>	<b>JP</b>
<b>15.0 ANY OTHER BUSINESS</b>		
No items were raised for discussion	<b>Action: Noted</b>	<b>Chair</b>
<b>16.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
<b>Financial Position of NL CCG</b> Corporate Financial Risk, (F1) which could seriously impact on the organisations ability to function.	<b>Action: CW to escalate the Corporate Risk, (F1), to Executive Committee.</b>	<b>CW</b>
<b>CLINICAL EXCELLENCE</b>		
<b>17.1 MEDICINES MANAGEMENT/PRESCRIBING/PHARMACEUTICAL REBATES UPDATE</b>		
GMc informed the meeting that there is a forecast overspends in this		

<p>area. CW confirmed that the forecast over spend will have an impact on Quality. GMC reported an increase in antibiotic prescribing, co-amoxiclav, generic ibuprofen and naproxen.</p> <p>The updated Green book will go to ACP in April for approval.</p> <p>QIPP – NL CCG has the opportunity to increase the prescribing of generic (cost effective) brands which could potentially benefit the prescribing budget by £24,000 per quarter. GMC to link in with the Primary Care Medical Director (RJF) and the prescribing lead (NS) on this issue.</p> <p>FB raised the issue of when engaging with GP's, where/how do they raise concerns? The issue of a secondary care letter was discussed which GP's would follow.</p>	<p><b>Action: GMC to liaise with RJF and NS about the potential to increase the prescribing of generic (cost effective) brands.</b></p> <p><b>Action: GMC to liaise with AL</b></p>	<p><b>GMC /RJF/ NS</b></p> <p><b>GMC /AL</b></p>
<b>17.2 CONTROLLED DRUGS REPORT</b>		
<p>The Chair advised that the Controlled Drugs Report is deferred to the 26 April 2017 meeting.</p>	<p><b>Action: The Controlled Drugs Report is deferred to the Quality Group Meeting of 26 April 2017</b></p>	<p><b>GMC /VS</b></p>
<b>17.3 Patient Group Directions (PGD)</b>		
<p>The Chair informed the meeting that GP's have confirmed they are satisfied with the document.</p>	<p><b>Action: CW and RJF to sign the document.</b></p>	<p><b>CW/ RJF</b></p>
<b>18.0 PRIMARY CARE DASHBOARD</b>		
<p>The Primary Care Dashboard report was taken as read.</p>	<p><b>Action: The Primary Care Dashboard report was noted</b></p>	<p><b>All</b></p>
<b>19.0 ANY OTHER BUSINESS</b>		
<p>There were no items were raised for discussion</p>	<p><b>Action: Noted</b></p>	<p><b>All</b></p>
<b>20.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED</b>		
<p>The forecast overspend on prescribing was identified and agreed as a risk.</p>	<p><b>Action: The forecast overspend in prescribing was identified and agreed as a risk.</b></p>	<p><b>JP</b></p>
<b>PATIENT SAFETY</b>		
<b>21.1 SAFEGUARDING UPDATE</b>		
<p>SG explained that the report provides the Quality Group with an update on activity in North Lincolnshire, by the CCG, health providers, and on a multi-agency basis to promote the welfare of children, and adults with care and support needs. The report also provides assurance to the CCG Quality Group that the statutory obligations regarding Safeguarding Children and Adults are being met.</p> <p>Within the report SG highlighted Hot Topics: Suicide in North Lincolnshire, there have been 6 suicides up to December 2016 and 2 further cases in January and February 2017. Three multi agency meetings have been held since January to discuss the cases and any potential links between them. FB asked if it was known how many of the cases had been referred to the Crisis Team. The perceived slow response of the Crisis Team to potential suicide cases was discussed.</p> <p>CW to speak to Chris Makin about the performance of the Crisis Team.</p>	<p><b>Action: CW to speak to Chris Makin about the performance of the Crisis Team.</b></p>	<p><b>CW/C M</b></p>

<p>CW to bring a full paper to the Quality Group covering all deaths of individuals with a disability. There are currently 2 cases in the system under investigation</p>	<p><b>Action: CW to bring a full paper to the Quality Group covering all deaths of individuals with a disability.</b></p> <p><b>Action: The Quality Group Noted the Safeguarding Children and Adults Update Report</b></p>	<p>CW</p> <p>All</p>
<p><b>21.2 LOOKED AFTER CHILDREN (LAC) ANNUAL REPORT</b></p>		
<p>The Annual Health Report on Looked After Children and Young People in North Lincolnshire April 2015 – 31 March 2016 was noted.</p> <p>SG informed the meeting that The Annual Health Report on Looked After Children and Young People in North Lincolnshire April 2016 – 31 March 2017 is in the process of being written.</p> <p>CW pointed out that the Action Plan required updating.</p>	<p><b>Action: The Looked After Children and Young People in North Lincolnshire Action Plan to be updated</b></p>	<p>SG</p>
<p><b>22.0 INFECTION PREVENTION AND CONTROL UPDATE</b></p>		
<p><b>22.1 January 2017</b> LT expanded on the number of GP Practices and Care Homes audited. Updated the Quality Group on the number of outbreaks of <b>MRSA bacteraemia; MSSA bracteraemia; MRSA/MSSA PVL; C.Difficile and E.Coli bacteraemia</b>. Highlighted items of interest i.e., flu season, immunisation changes and uptake figures and upsurge in Vaccine preventable disease (UPVD) cases.</p> <p><b>22.2 February 2017</b> LT expanded on the number of GP Practices and Care Homes audited. Updated the Quality Group on the number of outbreaks of <b>MRSA bacteraemia; MSSA bracteraemia; MRSA/MSSA PVL; C.Difficile and E.Coli bacteraemia</b>. Highlighted items of interest i.e., flu season, immunisation changes and uptake figures and upsurge in Vaccine preventable disease (UPVD) cases.</p> <p><b>22.3 March 2017</b> In addition to the regular update on issues; LT raised concerns about the disparity amongst clinicians in recognising and treating <b>E.Coli bacteraemia</b>. CW to look at training agendas with AL and introduce Dr Naveen Samuels.</p> <p>LT updated the group on an unannounced visit to Grafton House, resulting in a 15 page action plan. Bilbey House has also received a poor care report and CQC have raised concerns about Ouston Ferry. Work is on-going at Wrawby Hall in terms of managing people decolonised in care homes.</p> <p>LT reported the uptake of flu vaccinations amongst pregnant women and mothers is down, however, uptake of the <b>Pertussis</b> vaccination for babies has increased.</p>	<p><b>Action: The Infection Prevention and Control Report, January 2017 was noted.</b></p> <p><b>Action: The Infection Prevention and Control Report, January 2017 was noted.</b></p> <p><b>Action: CW to look at training agendas with AL and introduce Dr Samuels.</b></p> <p><b>Action: The update on visits was noted</b></p> <p><b>Action: CW requests that LT Link with Public Health and JE's team to look at the commissioning arrangements and the specification for flu and pertussis vaccine arrangements</b></p>	<p>LT</p> <p>ALL</p> <p>CW/ NS</p> <p>ALL</p> <p>LT/ Public Health /JE</p>




<b>23.0 NORTH LINCOLNSHIRE CCG SERIOUS INCIDENT REPORT:</b>		
<b>23.1 December 2016</b> The report was noted (and the Chair requested that the typo error be amended)	<b>Action: The December Report was noted</b>	ALL
<b>23.2 January 2017</b> The report was noted	<b>Action: The January Report was noted</b>	ALL
<b>23.3 February 2017</b> The report was noted	<b>Action: The February Report was noted</b>	ALL
<b>24.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETINGS</b>		
<b>24.1 Minutes of the meeting of 19 December 2016</b> The minutes of 19 December 2016 were taken as read and noted	<b>Action: The minutes of 19 December were received</b>	ALL
<b>24.2 Minutes of the meeting of 24 January 2017</b> The minutes of 24 January 2017 were taken as read and noted	<b>Action: The minutes of 24 January 2017 were received</b>	ALL
<b>24.3 Minutes (draft) of the meeting of 23 February 2017</b> The minutes of 23 February 2017 were taken as read and noted	<b>Action: The minutes of 23 February 2017 were received</b>	ALL
GJ informed the meeting that RDaSH have made a lot of extension requests. CW confirmed that this needs to be looked at.	<b>Action: GJ to let CW know the number of extension requests by RDaSH</b>	GJ
<b>25.0 NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST (NLaGFT) COLLABORATIVE SERIOUS INCIDENT MEETING MINUTES</b>		
<b>25.1 Minutes of the meeting of 19 December 2016</b> The minutes of 19 December 2016 were taken as read and noted	<b>Action: The minutes of 16 December were received</b>	ALL
<b>25.2 Minutes of the meeting of 25 January 2017</b> The minutes of 25 January 2017 were taken as read and noted	<b>Action: The minutes of 25 January 2017 were received</b>	ALL
<b>25.3 Minutes of the meeting of 22 February 2017</b> The minutes of 22 February 2017 were taken as read and noted	<b>Action: The minutes of 22 February 2017 were received</b>	ALL
<b>26.0 INCIDENT REPORT 2016/2017</b>		
<b>Quarter 3 (1 October to 31 December 2016)</b> GJ reported that overall it is an improving picture. He drew members attention to page 6 of the report and explained that some practices are still not reporting incidents at all and this is an area CQC do look at. FB confirmed that this information is required for GP's personal appraisal. GJ confirmed that only 4 of the 19 practices are trained. GJ confirmed that nothing has been received from RDaSH.	<b>Action: CW confirmed that a discussion needs to take place with Satpal shekawat.</b>	GJ
<b>27.0 NHS NORTH LINCOLNSHIRE CCG INCIDENT POLICIES</b>		
<b>27.1 Draft incident Policy and Standard Operating Procedure</b> The Quality Group were informed that the manual is available from next month (April 2017) The Policy will be uploaded onto the internet and intranet	<b>Action: The Group noted that manual is available from April 2017 and the policies will be uploaded onto the intranet and internet</b>	GJ
<b>27.2 Draft Serious Incident Policy and Standard Operating Procedure</b> The Quality Group were informed that the manual is available	<b>Action: The Group noted that manual is available from April 2017 and the policies will be uploaded onto the intranet and</b>	GJ

from next month (April 2017) The Policy will be uploaded onto the internet and intranet	internet	
<b>28.0 NHS111 UPDATE</b>		
<b>28.1 Month 7: October 2016</b> The NHS111 Month 7 October 2016 update was noted and received	Action: The NHS111 Month 7 October 2016 update was noted and received	All
<b>28.2 Month 8: November 2016</b> The NHS111 Month 8 November 2016 update be deferred to the 25 April 2017 meeting	Action: The NHS111 Month 8 November 2016 update be deferred to the 25 April 2017 meeting	VS
<b>NHS111 UPDATE for Easter Period</b> CW requested an update on the NHS111 arrangements for the forthcoming Easter Bank Holiday period.	Action: RB to provide CW with details of the NHS111 arrangements for Easter 2017	RB
<b>29.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	Action: Noted	All
<b>30.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	Action: Noted	All
<b>CARE QUALITY COMMISSION (CQC) REPORTS</b>		
<b>31.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES</b>		
<b>31.1 GP Practices</b> The report was noted and received	Action: The CQC report on GP Practices was noted and received	All to note
<b>31.1.1 The Medical Centre, Barnetby: Quality Report</b> The report was noted and received	Action: The CQC report on The Medical Centre, Barnetby was noted and received	All to note
<b>31.1.2 South Axholme Practice: Quality Report</b> The report was noted and received	Action: The CQC report on The South Axholme Practice was noted and received	All to note
<b>31.2 Care Homes</b> The report was noted and received	Action: The CQC report on Care Homes was noted and received	All to note
<b>31.2.1 Phoenix Park Care Village: Inspection Report</b> The report was noted and received	Action: The CQC report on Phoenix Park Care Village was noted and received	All to note
The Chair requested Executive Summary Reports for future meetings.	Action: Executive Summary Reports to be produced for future meetings	All to Action
<b>INFORMATION GOVERNANCE</b>		
<b>32.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE</b>		
<i>IH Senior Information Responsible Officer (SIRO) attended for this item</i>		
<b>32.1 Information Governance Framework and Strategy</b>  JP introduced the Information Framework and Strategy Document which has been updated in line with latest guidance and best practice The Strategy is a key part of the Trusts information governance framework and helps support compliance with information governance toolkit requirements.  The Quality Group is also asked to approve the information	Action: i) Subject to an amendment on page 10 (15.1) The Information Governance Framework Strategy be approved and adopted, including Appendix E – The Information Governance Working Group Terms of	JP

<p>governance working group terms of reference which is attached as Appendix E.</p> <p>The Information Governance Framework and Strategy has already been virtually approved by Quality Group members.</p> <p><b>32.2 Information Governance Toolkit Improvement Plan</b> JP explained the rationale for the colour coding and the BRAG/RAG status.</p> <p><b>32.3 Information Governance and Information Security Assurance Framework</b></p> <p>The Information Governance and Information Security Assurance Framework was noted.</p>	<p><b>Reference.</b></p> <p><b>Action: The Quality Group approve the Information Governance Toolkit Improvement Plan. CW and JP to meet to standardise the document.</b></p> <p><b>Action: The Information Governance and Information Security Assurance Framework document was noted.</b></p>	<p><b>CW/JP</b></p> <p><b>ALL</b></p>
<p><b>33.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP 13 January 2017</b></p>		
<p>The minutes of the meeting of 13 January 2017 were received. It was reported that IH, JP and CW will meet with GN from EMBED</p>	<p><b>Action: The minutes of 13 January were received. IH, JP and CW to meet with EMBED.</b></p>	<p><b>IH/JP/CW/Embed</b></p>
<p><b>34.0 ANY OTHER BUSINESS</b></p>		
<p>It was announced today (22 March 2017) that NLaG have been placed in Special Measures for inadequate Financial Performance.</p>	<p><b>Action: It was noted that NLaG have been placed in Special Measures</b></p>	<p><b>ALL TO NOTE</b></p>
<p><b>35.1 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b></p>		
<p>NLaG being placed in Special Measures due to inadequate Financial Performance was identified as a new risk.</p>	<p><b>Action: NLaG being placed in Special Measures due to inadequate Financial Performance was identified as a new risk.</b></p>	<p><b>CW/JP</b></p>
<p><b>35.2 Quality Group – Future Meetings</b></p>		
<p><b>Quality Group –Agenda distribution</b> The Chair reminded Quality Group Members that all papers for Quality Group meetings must be submitted for distribution in a timely manner. Papers for the meeting are distributed 1 week before the date of the meeting. She pointed out that things have been slipping of late and advised the group that a firmer stance will be taken in future and papers not meeting the required deadline will not be accepted. Quality Group members need sufficient time to read and understand the agenda and supporting papers prior to the meeting.</p>	<p><b>Action: All Quality Group Members to ensure supporting papers are submitted in time for distribution.</b></p>	<p><b>CW/VS</b></p>
<p><b>Quality Group – Committee and Purpose</b> The Chair felt this was an appropriate time to reflect on the purpose and membership of the Quality Group. Since changing the day of the meeting from a Thursday to a Wednesday the number of apologies has increased dramatically, does a Wednesday meeting pose a particular problem for Quality Group Members? The Chair does not want the Quality Group to be a forum where papers are presented and noted which is what it feels like presently. It needs to be a forum which challenges, scrutinises and seeks assurance on issues when necessary. The Chair wants to look at membership of the Quality Group moving, if necessary, to fewer members. FB commented that there were certain areas that the quality group should discuss in more detail, and there were many</p>	<p><b>Action: The Chair feels that the Governance arrangements for the Quality Group need to be reviewed. All members to submit ideas/thoughts to CW regarding timing of meetings, composition of meetings, purpose of meetings. This will be discussed at the April meeting.</b></p>	<p><b>All to Action</b></p>

documents that could be taken as read/for noting only. The Chair wants to review the Governance arrangements at the April meeting in order to reflect that the Quality Group is fulfilling its role. All members to submit comments/recommendations to CW.		
<b>CONTRACT QUALITY ISSUES</b>		
<b>36.0 CQUIN UPDATE</b>		
<b>36.1 Final Quarter Position 2 Update</b> As CN was not present, this item be deferred to the April meeting	Action: CQUIN Quarter 2 deferred to 26 April 2017	CN/VS
<b>36.2 Quarter 3 Position Update</b> As CN was not present, this item be deferred to the April meeting	Action: CQUIN Quarter 3 deferred to 26 April 2017	CN/VS
<b>37.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	Action: Noted	ALL TO NOTE
<b>38.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	Action: Noted	ALL TO NOTE
<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>39.0 NORTH YORKSHIRE AND HUMBER QUALITY SURVEILLANCE GROUP</b>		
<b>39.1 2 November 2016</b> The minutes of the meeting of 2 November 2016 were received and noted.	Action: The minutes of the meeting of 2 November were received and noted.	ALL TO NOTE
<b>39.2 23 January 2017</b> The minutes of the meeting of 23 January 2017 were received and noted.	Action: The minutes of the meeting of 23 January 2017 were received and noted.	ALL TO NOTE
<b>40.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
No items to report	Action: No items to report	ALL TO NOTE
<b>ANY OTHER BUSINESS</b>		
<b>41.0 URGENT ITEMS BY PRIOR NOTICE</b>		
<b>Motor Neurone Disease Charter</b> CW reported that she has recently met with Hannah Almey who would like NLCCG to sign up to the Motor Neurone Disease Charter. CW circulated a copy of the MND Charter. It was discussed that the MND Association could be included in future Health Matters Events and future AGM's.	Action: The Quality Group agree to sign the Motor Neuron Disease Charter.	CW
<b>41.0 DATE AND TIME OF NEXT MEETING</b>		
<b><u>Wednesday 25<sup>th</sup> April 2017 at 14:00 Meeting room 2 , Health Place, Brigg</u></b>	Action: All Members to note the date, time and venue of the next meeting.	ALL TO NOTE
<b>42.0 DATE AND TIME OF FUTURE QUALITY GROUP MEETINGS 2017</b>		
Wed <b><u>24 May 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>28 June 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>26 July 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>23 August 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>27 September 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>25 October 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>22 November 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg Wed <b><u>27 December 2017</u></b> , 2 pm Meeting Room 2, Health Place, Brigg	Action: All Members to note the dates of the scheduled Quality Group meetings for 2017.	ALL TO NOTE

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Quality Group	 <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	3 <sup>rd</sup> May 2017 (deferred from 26.4.17)	
<b>VENUE:</b>	Meeting Room 2, (First Floor), Health Place, Brigg	
<b>TIME:</b>	14:00 – 15.45 pm	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) (Chair)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children and Adults	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
<b>IN ATTENDANCE:</b>		
Vivienne Simpson	Project Officer/PA	NHS North Lincolnshire CCG
Gemma McNally (GMcN)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Senior Manager - Commissioning	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 and North East 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>		
iii) Apologies for absence were received, approved and noted.	<b>Action: Apologies received, approved and noted.</b>	<b>Chair</b>
iv) It was noted that the meeting was quorate to proceed.		
<b>5.0 DECLARATION OF INTERESTS</b>		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, previously declared by members.	<b>Action: No declarations of Interest were declared.</b>	<b>Chair</b>
<b>6.0 MINUTES OF THE PREVIOUS MEETING HELD ON 22<sup>nd</sup> MARCH 2017</b>		
The following amendment was requested to item 35.2 - FB commented on the number of documents that are currently	<b>Action: The minutes of 22.03.17 were approved as an</b>	<b>Chair</b>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>taken as read with no discussion and actions need to be clearer. Amended to read “FB commented that there were certain areas that the quality group should discuss in more detail, and there were many documents that could be taken as read/for noting only”</p> <p>Following incorporation of this amendment, the minutes were accepted as an accurate record.</p>	<p>accurate record of the meeting.</p>	
4.0 ACTION LOG UPDATE AS DISCUSSED		
<p>Outstanding actions were discussed and the following actions deemed closed and removed from the list:</p> <p><b>4.1 Action from 26.10.16</b>  <b>Action 30</b> - NHS111 – CCG asked to consider new escalation levels for bank holiday periods</p> <p><b>Action from 22.3.17</b>  <b>Action 4.5</b> Chair requires update for the Easter Bank Holiday Period requested</p> <p><b>Action from 22.3.17</b>  <b>Action 6.3</b> Risk Management Strategy – amendments made</p> <p><b>Action from 22.3.17</b>  <b>Action 7.0</b> Report presentation for future meetings – on-going</p> <p><b>Action from 22.3.17</b>  <b>Action 8.0</b> Quality Group Work Plan – amendments made</p> <p><b>Action from 22.3.17</b>  <b>Action 11.0</b> Mandatory Training update noted</p> <p><b>Action from 22.3.17</b>  <b>Action 13.0</b> Complaints annual report deferred to September</p> <p><b>Action from 22.3.17</b>  <b>Action 16.0 Financial position</b> – F1 to be added to Corporate Risk Register</p> <p><b>Action from 22.3.17</b>  <b>Action 17.1</b> Medicine Management – potential to increase the prescribing of generic brands and engagement with GPs</p> <p><b>Action from 22.3.17</b>  <b>Action 17.2</b> Controlled drugs report</p> <p><b>Action from 22.3.17</b>  <b>Action 17.3</b> PGDs</p> <p><b>Action from 22.3.17</b>  <b>Action 20</b> Prescribing overspend identified as a risk</p>	<p><b>Action – Action 30 completed closed and removed from log</b></p> <p><b>Action – Action 4.5 completed closed and removed from log</b></p> <p><b>Action – Action 6.3 completed closed and removed from log</b></p> <p><b>Action – Action 7.0 completed closed and removed from log</b></p> <p><b>Action – Action 8.0 completed closed and removed from log</b></p> <p><b>Action – Action 11.0 completed closed and removed from log</b></p> <p><b>Action – Action 13.0 completed closed and removed from log</b></p> <p><b>Action – Action 16.0 completed closed and removed from log</b></p> <p><b>Action – Action 17.1 completed closed and removed from log</b></p> <p><b>Action – Action 17.2 completed closed and removed from log</b></p> <p><b>Action – Action 17.3 completed closed and removed from log</b></p> <p><b>Action – Action 20 completed closed and removed from log</b></p>	<p><b>Chair</b></p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>Action from 22.3.17</b> <b>Action 22</b> Flu vaccinations</p> <p><b>Action from 22.3.17</b> <b>Action 24</b> RDaSH extension requests</p> <p><b>Action from 22.3.17</b> <b>Action 26</b> Incident reporting – GP engagement</p> <p><b>Action from 22.3.17</b> <b>Action 28</b> NHS 111 Easter period update</p> <p><b>Action from 22.3.17</b> <b>Action 31</b> CQC inspection Exec summary reports</p> <p><b>Action from 22.3.17</b> <b>Action 32.1</b> Information Governance Framework &amp; Strategy</p> <p><b>Action from 22.3.17</b> <b>Action 32.2</b> Information Governance Tool kit Improvement Plan</p> <p><b>Action from 22.3.17</b> <b>Action 33</b> Notification of issues from I G sub group 13.1.17</p> <p><b>Action from 22.3.17</b> <b>Action 35.1</b> New risk identified – NLaG in Special Measures</p> <p><b>Action from 22.3.17</b> <b>Action 35.2</b> Quality Group agenda items</p> <p><b>Action from 22.3.17</b> <b>Action 35.2</b> Future focus of quality group</p> <p><b>Action from 22.3.17</b> <b>Action 41.0</b> Motor Neurone Disease Charter</p> <p>An update for each outstanding action has been noted within the Action Log.</p>	<p>Action – Action 22 completed closed and removed from log</p> <p>Action – Action 24 completed closed and removed from log</p> <p>Action – Action 26 completed closed and removed from log</p> <p>Action – Action 28 completed closed and removed from log</p> <p>Action – Action 31 completed closed and removed from log</p> <p>Action – Action 32.1 completed closed and removed from log</p> <p>Action – Action 32.2 completed closed and removed from log</p> <p>Action – Action 33 completed closed and removed from log</p> <p>Action – Action 35.1 completed closed and removed from log</p> <p>Action – Action 35.2 completed closed and removed from log</p> <p>Action – Action 41.0 completed closed and removed from log</p>	
<b>7.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
No items were raised for discussion.	Action: Noted	All
<b>8.0 BOARD ASSURANCE FRAMEWORK INCORPORATING THE CORPORATE RISK REGISTER</b>		
CW reported that she and JP had met with Janice Keilthy, to discuss improvements; a further meeting has been arranged. CW requested that the group send any other comments to JP.	<p>Action: Any further comments to be sent to JP</p> <p>Action: That the report and its contents be noted.</p>	All
<b>7.0 QUALITY DASHBOARD AND SUMMARY POINTS</b>		
CW informed the group that NLaG are now engaged with the new quality assurance process which is being managed by NHSI and NHSE		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
There are a number of sub groups involved in the process which CCG executives are involved in. Report noted	<b>Action: That the report and its contents be noted.</b>	
<b>12.0 FUTURE FOCUS OF QUALITY GROUP</b>		
Lengthy discussion took place on how the Quality Group impacts on the quality assurance for the CCG and whether there are other groups/meetings which can take control of these.  The group was asked to email any further comments to CW Meeting to be arranged for CW with JP and IR to review	<b>Action: Any further comments to be emailed to CW</b> <b>Action: meeting to be held to take forward</b>	<b>All</b>  <b>CW</b>
<b>13.0 RELATIONSHIP WITH FINANCE &amp; PERFORMANCE GROUP</b>		
It was felt that the Quality Group should retain primary responsibility for all quality issues and avoid duplication of meetings. IR noted the F&P are now meeting and there appears to be some overlaps. CW to discuss with Ian Holborn.	<b>Action: CW to discuss with Ian Holborn</b>	<b>CW</b>
<b>PATIENT EXPERIENCE</b>		
<b>10.0 COMPLAINTS ANNUAL REPORT</b>		
The Chair advised that The Complaints Annual Report been deferred until September	<b>Action: The Complaints Annual Report is deferred to the Quality Group Meeting September 2017</b>	<b>CW/VS</b>
<b>11.0 PATIENT EXPERIENCE UPDATE</b>		
The Chair advised this item has been deferred to 26 <sup>th</sup> May meeting. She also updated the group on the proposed patient experience/engagement committee, which is being discussed by the execs on the 15 <sup>th</sup> May. Janice Keithly to chair and there will be 12 patient members – 4 from each care network recruitment will be a formal process.  It was also noted there is a vacancy on the APC for public representative. GMcN to discuss with Sally Czabaniuk how to combine any future training.	Action: The patient experience update is deferred to the 24 <sup>th</sup> May meeting  Action: Discuss how to combine any future training of patient representatives	<b>CW</b>  <b>GMcN</b>
<b>12.0 ANY OTHER BUSINESS</b>		
No items were raised for discussion	<b>Action: Noted</b>	<b>Chair</b>
<b>13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action:</b>	<b>CW</b>
<b>CLINICAL EXCELLENCE</b>		
<b>14.0 MEDICINES MANAGEMENT/PRESCRIBING/PHARMACEUTICAL REBATES UPDATE</b>		
<b>Pharmaceutical Rebates</b> – GMcN reported that there is a new Senior Medicines Optimisation Technician in place, who is currently working on several rebates which are due to be presented prior to applying to the pharmaceutical companies and asked whether they need to come to the QG. It was agreed it would be more appropriate for them to be approved at the Medicine Management Finance	<b>Action:</b>  <b>Action:</b>	



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Group</p> <p><b>Monthly medicines optimisation prescribing report</b> The following items were highlighted and discussed:- MHRA safety Update: 1) SGLT2 inhibitors and 2) sodium valproate raised as quality issues.</p> <p>Quality premium Indicators (antimicrobial)– the total volume has increased during the past 12 months, month 11 is 0.01 above target</p>	<b>Decision: Report noted</b>	
<b>14.1 CONTROLLED DRUGS REPORT</b>		
<p>GMcN took the paper as read and asked the group if they are happy with the level of the audit undertaken?</p> <p>It was felt the Schedule 2 data needs to have a wider review and information is required about what needs to be done about it. It was agreed this report should go to the Medicines Management Optimisation Group and for them to report to the Quality Group.</p> <p>The format should include data which allows the committee to ask how do we vary with Y&amp;H average, national average and what are we doing about it, are there any serious incidents or themes emerging?</p> <p>Agreed to try new format for next quarter</p>	<p><b>Decision: Report noted</b></p> <p><b>Action: new format to be used for next quarter</b></p>	<b>GMcN</b>
<b>15.0 MORTALITY UPDATE</b>		
As RJF does not attend meetings – remove from agenda	<b>Decision: Remove item from agenda</b>	<b>VS</b>
<b>16.0 PRIMARY CARE DASHBOARD</b>		
<p>The Primary Care Dashboard report was taken as read.</p> <p>RJF stated the directorate is trying to make it more informative and would be happy to have any comments which will help to develop it. Page 14 prescribing scorecard have national average to compare it to Infection control – would be useful to marry up with LT information Page 15 quality issue reporting – useful to have table re practice engagement - GJ disc with TW. No detail of any actions/theme/trends being undertaken Public health stats – info has come from patients registered with GPs where has the acute trust info been added – confused data Page 13 CQC rating – Market Hill – still classed as inadequate – amend to read new provider not yet inspected</p>	<p><b>Action: The Primary Care Dashboard report was noted</b></p> <p><b>Action: RJF report suggestions back to Tracey Wartnaby</b></p> <p><b>Action: GJ to contact TW</b></p>	<p><b>All</b></p> <p><b>RJG</b></p> <p><b>GJ</b></p>
<b>17.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	<b>Action: Noted</b>	<b>All</b>
<b>18.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action:</b>	
<b>PATIENT SAFETY</b>		
<b>19.0 SAFEGUARDING UPDATE</b>		
<p>SG took the paper as read.</p> <p>No questions raised</p>	<b>Action: the safeguarding update report was noted</b>	



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>23.4 Matters arising from meeting on the 26 April</b>		
<b>24.0 INCIDENT REPORT 2016/2017</b>		
<p><b>Quarter 4 (1 January - 31 March 2017)</b> GJ reported that overall it is an improving picture. He drew members attention to the increase in reported incidents this year. It was noted that trend and theme reports go to the incident meeting every month but nothing new is currently being highlighted that isn't already known to the CCG. HM reviewing the ToR for the Incident and SI meeting and will look to include someone from primary care. Page 7 year end position – it was felt it would be useful to include in the primary care dashboard GJ liaise with Tracey Wartnaby Open Cases Q1 16/17 – There are 4 incidents which all relate to Primary Care Services England (PCSE) and issues with records movement. These continue to remain open on the system and have been actively followed-up by the Quality Team requesting a response. The Quality Group was asked to consider closing these now as no response has been received from PCSE and this is being followed up by NHS England as a national problem.</p> <p>The Quality Group agreed to these being closed.</p>	<p><b>The Quarter 4 Report was received and noted.</b></p> <p><b>Action: Include PC Dashboard. GJ to liaise with TW</b></p> <p><b>Decision: The Quality Group agreed to the closure of the 4 open cases</b></p>	<p><b>All</b></p> <p><b>GJ</b></p>
<b>25.0 INCIDENT APP MANUALS FOR GP AND CCG STAFF</b>		
Agreed and can be circulated for use by both CCG and Practice staff.	<p><b>Action: Send to CCG Business manager for distribution to all CCG staff for immediate use and place on the Intranet.</b></p> <p><b>Action: Send to Comms for distribution through Practice Dispatches to GP practice staff.</b></p>	<p><b>GJ</b></p> <p><b>GJ</b></p>
<b>26.0 NHS111 UPDATE</b>		
<p><b>26.1 Month 8: November 2016</b> The NHS111 Month 8 November 2016 update was noted and received</p> <p><b>26.2 Month 9: December 2016</b> The NHS111 Month 9 December 2016 update was noted and received</p> <p><b>26.3 Month 10: January 2017</b> The NHS111 Month 10 January 2017 update was noted and received</p>	<p><b>Action: The NHS111 Months 8, 9 and 10 updates were noted and received</b></p>	<p><b>All</b></p>
<b>27.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	<b>Action: Noted</b>	<b>All</b>
<b>28.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action: Noted</b>	<b>All</b>
<b>CARE QUALITY COMMISSION (CQC) REPORTS</b>		
<b>29.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>29.1 GP Practices</b> The report was noted and received</p> <p><b>29.2 Care Homes</b> The report was noted and received</p> <p>HM reported that Stonecroft Nursing Home is closing in August. The CCG has 8 patients and are currently looking for other placements.</p> <p>Amber House – LD &amp; MH placements – CQC looking to serve 28 day notice. The CCG has 5 fully funded, 8/9 partial funding. May need to place OOA.</p> <p>Blenheim it was noted there is potential it might close. Confirmed these are on the CCG Risk Register</p> <p>Concern expressed re Warley House – 40 bedded unit with only 17 residents – HM to review whether this is a viable concern?</p>	<p><b>Action: The CQC report on GP Practices was noted and received</b></p> <p><b>Action: The CQC report on Care Homes was noted and received</b></p> <p><b>Action: Review whether Warley House is a viable concern</b></p>	<p>All to note</p> <p>HM</p>
<b>INFORMATION GOVERNANCE</b>		
<b>30.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE</b>		
CW confirmed the IG tool kit successful reached level 2 but the process starts again for 2017. JP working on an action plan with EMBED. Need to address the training issue as currently not able to log on.	<b>Action: Update noted</b>	CW
<b>31.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP</b>		
None	<b>Action:</b>	
<b>32.0 ANY OTHER BUSINESS</b>		
None	<b>Action:</b>	
<b>33.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action:</b>	
<b>CONTRACT QUALITY ISSUES</b>		
<b>34.0 PROMS</b>		
The group felt the information published on the NHS Digital Indicator Portal is meaningless as there is nothing about clinical outcomes contained within it. It was agreed to remove PROMS from schedule	<b>Action: Remove from year planner</b>	VS
<b>35.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	<b>Action: Noted</b>	ALL TO NOTE
<b>36.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action: Noted</b>	ALL TO NOTE
<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>37.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
No items to report	<b>Action: No items to report</b>	
<b>38.0 ITEMS FOR INFORMATION</b>		
None		
<b>ANY OTHER BUSINESS</b>		
<b>39.0 URGENT ITEMS BY PRIOR NOTICE</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
None	Action:	
<b>41.0 DATE AND TIME OF NEXT MEETING</b>		
<u>Wednesday 24<sup>th</sup> May 2017 at 14:00 Meeting room 2 , Health Place, Brigg</u>	Action: All Members to note the date, time and venue of the next meeting.	ALL TO NOTE