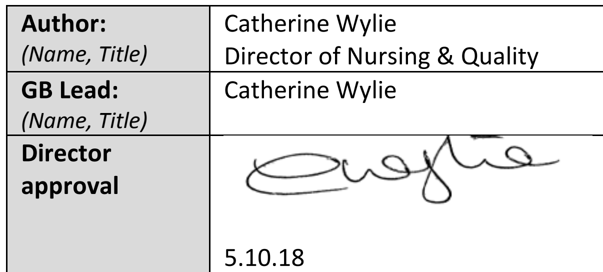
Date:	12th October2017
Meeting:	Governing Body
Item Number:	Item 10.8
Public/Private:	Public ☒ Private ☐

Author: (Name, Title)	Catherine Wylie Director of Nursing & Quality
GB Lead: (Name, Title)	Catherine Wylie
Director approval	 5.10.18

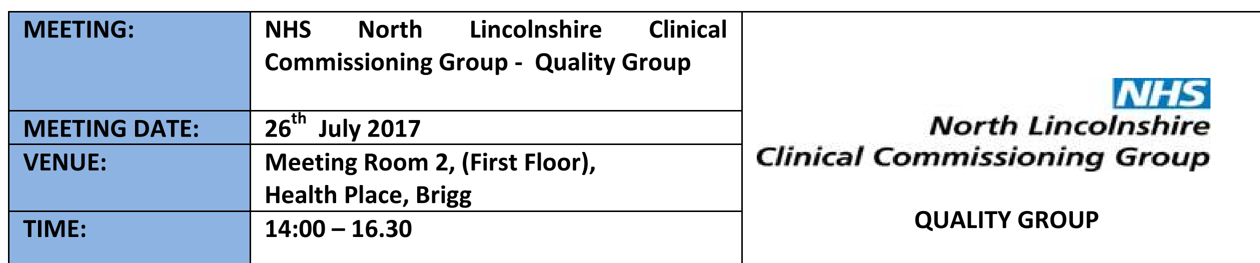
Report Title:
CCG Quality Group Notes
Decisions to be made:
To receive and note

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

Executive Summary (Question, Options, Recommendations):
The Quality Group minutes dated 26th July and 23rd August 2017 are attached for the CCG Governing Body to receive and note, for information only.

Equality Impact	Yes ☐ No ☒	
Sustainability	Yes ☐ No ☒	
Risk	Yes ☐ No ☒	
Legal	Yes ☐ No ☒	
Finance	Yes ☐ No ☒	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	*Y*	*N*	*Date*		*N/A*	*Y*	*N*	*Date*
Patient:	☒	☐	☐		**Clinical:**	☐	☐	☒	
Public:	☒	☐	☐		**Other:**	☒	☐	☐	



MEETING:	NHS North Lincolnshire Clinical Commissioning Group - Quality Group
MEETING DATE:	26th July 2017
VENUE:	Meeting Room 2, (First Floor), Health Place, Brigg
TIME:	14:00 – 16.30

QUALITY GROUP

PRESENT:		
NAME	**TITLE**	**SERVICE/AGENCY**
Ian Reekie (IR) (Chair)	CCG Lay Member, Joint Commissioning	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisel Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	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
Heather McSharry (HMcS)	CCG Lay Member, Equality and Diversity	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Chloe Nicholson (CN)	Quality and Experience Manager	NHS North Lincolnshire CCG
Gemma McNally (GMcN)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Vivienne Simpson (VS)	PA/Project Manager	NHS North Lincolnshire CCG
Chris Makin (CM)	Senior Commissioning Manager Mental Health	NHS North Lincolnshire CCG
Emily Reseigh (EM)	Commissioning Manager Mental Health	NHS North Lincolnshire CCG
Rebecca Bowen (RB)	Senior Commissioning Manager Acute Services	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	**TITLE**	**SERVICE/AGENCY**
Catherine Wylie (CW)	Director of Nursing and Quality	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 APOLOGIES AND QUORACY		
i) IR welcomed HMcS to her first meeting and explained that HMcS will take over the chair of the group in the next couple of months ii) Apologies for absence were received, approved and noted. iii) It was noted that the meeting was quorate to proceed at 2.00 pm.	**Action: Apologies received, approved and noted.**	**Chair**
2.0 DECLARATION OF INTERESTS		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, not previously declared by members. HMcS reported she is a patient of Market Hill practice FB reported that he is now GP appraiser for NHSE	**Action: Additional Declarations of Interest were noted.**	**Chair**
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 28th JUNE 2017		
The minutes of the meeting of 28th June 2017 were agreed and approved as an accurate record of the meeting, subject to the following amendments:	**Action: The minutes of 28.06.17 were approved as an accurate record of the meeting.**	**Chair**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Page 8 RJF has fed into the Death Overview Panel, there was a review underway. FB reported that there is a multi-agency meeting on 29 June **Should read**:- FB also noted there is to be a childrens multi agency meeting on the 29th June **Page 9** FB reported that, at the moment, CAMHS have issues about access to the service **Should read**: FB reported there are issues about access to the CAMHS Service		
4.0 ACTION LOG – OUTSTANDING ACTIONS		
An update for each outstanding action has been noted within the Action Log.	**Action: Action log updated**	**VS**
5.0 MATTERS ARISING FROM THE MINUTES OF 28TH JUNE 2017 (NOT COVERED ON THE AGENDA)		
It was agreed that the ToR would need to be revised to take into account new lay member and Chair.	**Action: Revise Terms of Reference**	**CW**
6.0 MENTAL HEALTH UPDATE		
Chris Makin provided an overview of the historical issues and concerns with regards to access to the CRISIS team and plans for how commissioning were going to review the service over the next few months. As the CCG requires assurance in terms of both quality and safety HM and RJ-F expressed their dissatisfaction as the Quality Group were expecting a comprehensive report following the commissioning teams service review. Concern was expressed about:- • Poor performance • Inadequate timely response • Staffing • Central referral point • Delay in accessing people • Lack of feedback to primary care		**All to note**
Anecdotal feedback on issues re access to CRISIS services and several SIs have been reported. A GP survey highlighted that access is an issue with answer phone messages receiving a delayed response from the service. General dissatisfaction with the service, problems sits with capacity and capability of service to deliver. Pathway needs more work. JE to discuss with Stuart Goddard the appropriateness of issuing a contract performance notice. The CCG needs to be seen to be taking actions – need to evidence our concerns – deep dive into some peoples experience of the service Noted Andrew Heighton, RDaSH clinical lead is attending the next ER meeting to give an update on the CRISIS team. IR to update Engine	**Action: JE to discuss with Stuart Goddard the appropriateness of issuing a contract performance notice.** **Action: HM to provide a breakdown of RDASH SIs** **Action: HM to provide update on what GPs have put on the GP App** **Action: Chris Makin to provide comprehensive report to the August meeting** **Action: IR to escalate serious**	**JE** **HM** **HM** **CM** **IR**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Room members **CAMHS** ER provided details on a recent survey on IAP CRISIS and CAMHS where the overall rating was poor, however the responses from patients and carers were mainly positive. ER has recently met with the CAMHS manager which resulted in an interagency meeting. Where it was felt there is a lack of understanding of what CAMHS actually do. CAMHS has recently changed to 'Future in Mind' which is a consultation approach where anyone can refer although at the moment the Local Authority have not done the same. There has been concern about communications with primary care and now letters are being sent out to primary care. Next week ER is commencing a series of practice visits to engage more with GPs. CAMHS and education will be attending a GP protected learning event. Schools now have mental health champions who can refer directly into CAMHS, work is still needed on their skill set but also need to invest in training particularly at the lower levels. It was agreed there is a need for up-to-dated local directory of services. Childrens services have now moved to multi-agency meetings which are managed internally which has seen a significant decline in the number of bounced referrals to GPs. It was felt it would be useful to know what the figures are – ER agreed to send this information. AK gave details of a referral involving Action for Children which was 'bounced back' and ER agreed to take this information back to CAMHS. IR felt the quality issues are being dealt with but the fragmentation of various services means no one knows how to access it. ER agreed to provide a report with supplementary data for the next meeting. JE to report back details to RBY.	**patient safety concern to Engine Room members** **Action: ER to send information on 'bounced referrals'** **Action: ER to update CAMHS on referral involving Action for Children which was 'bounced back'** **Action: ER to provide updated report for next meeting** **Action: JE to update RBY**	**ER** **ER** **ER** **JE**
7.0 CORPORATE AND DIRECTORATE RISK REGISTER		
IR stated he was pleased with the direction of travel and there were no issues to be raised. It was noted that there is no corporate risk register this month as currently looking at new priorities. HMcS felt there is a useful distinction between risks and risks that have been actualised. VS to arrange a training session for HMcS with JP	**Action: VS to arrange training session for HMcS with JP**	**VS**
8.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS		
CN took the paper as read and highlighted the following:-		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
CN briefly explained that some data within the dashboard is quite old (e.g. January 17 for RDaSH) this is due to delay in circulation of data by the provider. To overcome this CN proposes that she works with HM and BO Team to refresh the dashboard. All agreed. The highlight report includes the following key points: • NLaG CQC position - In response to the CQC inspection report (published 6th April 17 with an overall rating of inadequate), the Trust submitted its updated Improvement Plan to the CQC. The submission included an update on the Trust's Improving Together Programme; a progress update specifically regarding the actions identified in the Section 29a Warning Notice issued in January 2017 and the high level milestone plan developed in response to the wider CQC recommendations. • Waiting position RTT – increasing at NLaG • 52 week breaches – increasing at NLaG • Radiology reporting delays • Mortality rates - Latest mortality position published - April 16 to March 17: SHMI = 111 HSMR = 108 The Trust has reported an increase crude mortality rates in the following areas: - Cardiology, - Gastroenterology, - Respiratory (DPoW), - General Surgery The Trust has reported an increase in mortality at DPoW site and a slight decrease at SGH site. • Cancer 62 week wait delay • Diagnostics performance challenges at NLaG • Safeguarding –self assessment overdue at RDaSH • EMAS CQC inspection February/March 2017 update Report noted	**Action:** CW and HM to review dashboard	**All to note**
• **NEW AMBULANCE STANDARDS** CN provided a summary of the Ambulance Response Programme. Information noted.	**Decision:** information noted.	
9.0 DRAFT QUALITY STRATEGY AND ASSURANCE FRAMEWORK		
First version Members were asked to review the **draft Quality Strategy**, consider whether the proposed approach is suitable to North Lincolnshire and provide feedback. Suggested Amendments/Comments were:- For Governance reasons need to amend the quality group details to reflect it is now being chaired by lay member. Noted it will be signed off by Governing Body HMcS felt it seems to be idealistic – time and resources do not permit The aim of the **Quality Assurance Framework** is to facilitate delivery	**Action: Comments/ amendments to be sent directly to CN by 4.8.17**	**All**

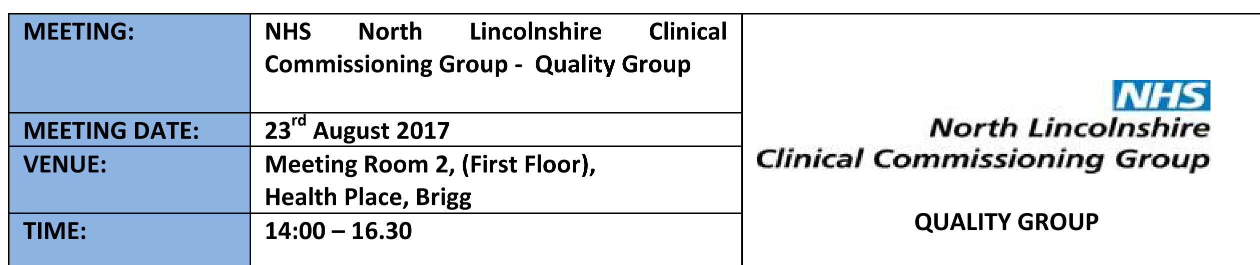
SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
of the NLCCG Quality Strategy. This first draft is meant to highlight how we will try and deliver this. CN asked the group for feedback on the content and pitch of the document. Suggested Amendments/Comments were:- To include not only national partnership bodies but also mention local bodies such as Healthwatch North Lincolnshire Include the significance of STP CN agreed that delivery plan may need further development to ensure actions/outcomes are realistic. CN requested feedback on delivery plan and all other sections within 2 weeks. Second draft to be brought back to next meeting	**Action Feedback to CN by 4.00 pm 9.8.17** **Action: Agenda item - August**	**All** **CN/VS**
PATIENT EXPERIENCE		
10.0 PATIENT EXPERIENCE QUARTERLY REPORT		
CN took the report as read and outlined the purpose of the report is to provide an overview of patient experience activity in Quarter 1. It was also noted that this is the first report where the CCG has added to the information provided by East Riding. CN stated that in future reports the CCG would like to include themes and trends identified by the Patient Experience team. IR felt it would be useful to have an audit on the Thames Ambulance Service - are they sticking to the national criteria? JE to pick this up with the Thames service. JE noted that Thames are experiencing a number of issues around performance, i.e the process of making the booking, and post-performance. JE to pick up at the contract meeting.	**Action: JE to discuss audit with Thames Ambulance Service** **Action: JE to discuss at the Contract meeting**	**JE** **JE**
11.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	**No further business raised for consideration.**	**Chair**
12.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Decision:** Noted	**Chair**
CLINICAL EXCELLENCE		
13.0 MEDICINES MANAGEMENT/PRESCRIBING		
GMcN gave an overview of the report and explained the regular finance reporting was not possible due to the unavailability of trend information from NSH BSA. The following key points were highlighted:- • Anticoagulants were the largest growth pressure on the 16/17 budget • Pregabalin- increase in prescribing costs.(**post meeting note**		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Pregabalin is now off patent and the Drug Tariff will reflect the price changes from 1st August) • Cost growth last year was 3% - which is good in terms of expected growth, although overall budget position was an overspend. • Fig 5 cost growth – item growth diverged from previous local trends and National trends. • The prescribing scorecard will be published in September • Low value medicines – paper due at Engine Room on 3.8.17 RJF felt there is a need to remain focussed on the quality issues rather than finance as still haven't got a grip where we think our quality issues are. RJF also reported that 2 new prescribing leads will commence on 1st August and the QIPP Plan will be their priority. FB felt that a lot of the cost pressures come from secondary care and this will be proactively taken up with secondary care. Both prescribing leads will attend the August meeting of the APC. HMcS enquired about the Minor Ailments Scheme. GMcN explained it is commissioned by NHSE on behalf of NHS NL CCG. A new service specification is pending agreement. The availability seems to have declined, proposed by RJF that it appears to be staffing problems and historic knowledge is not being passed on.		
14.0 PRIMARY CARE DASHBOARD		
RJF asked the group if this Dashboard is needed every month? NHSE have suggested there is another way to present the dashboard and the primary care team is currently looking into this. RJF felt it is more important for this group that the data is available to look into if we wish and it is not sensible to discuss whole document just present key issues. It was noted that the latest 6 monthly general practice experience data shows there is variation across the patch. Also need to look into Equality and Diversity issues as not scoring as well. Any comments to should be sent direct to RJF	**Action: Comments to RJF**	**All**
15.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	**Action: No further business raised for consideration.**	**Chair**
16.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED		
No risks were identified from the business discussed	**Action: No risks identified**	**Chair**
PATIENT SAFETY		
17.0 SAFEGUARDING UPDATE		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Report tabled. SG highlighted:- • **OFSTED Inspection and Review** • **Suicides & Real Time Surveillance** – it was reported that there has been 2 further deaths since the report was prepared, which means that North Lincs is now above average – 16 compared to 14. Haven't identified clusters or contagions but are starting to see patterns and themes emerging Details will be available next month re single agency practice review report (received by LSCB) – issues around support for families re anomalies in pregnancy	**Action: report noted**	All
18.0 INFECTION PREVENTION AND CONTROL UPDATE		
HM to provide a written report for next month. It was noted that there has been 13 C'diff so far this year.	**Action: Written update for the August meeting**	**HM**
19.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING		
19.1 NLCCG Incident & Serious Incident Meeting – 31 May 2017	**Action: The Minutes of the meeting of 31 May 2017 were noted and received.**	**HM**
19.2 NLCCG Incident & Serious Incident Meeting – 29th June 2017	**Action: The Minutes of the meeting of 29 June 2017 were noted and received.**	**HM**
19.3 Matters arising at 29th June 2017	**Action: Matters arising from the meeting of 29 June 2017 were noted and received.**	**HM**
20.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING		
20.1 NLAG Collaborative Serious Incident Meeting – 31 May 2017	**Action: The Minutes of the meeting of 31 May 2017 were noted and received.**	**HM**
20.2 NLAG Collaborative Serious Incident Meeting –28th June 2017	**Action: The Minutes of the meeting of 28 June 2017 were noted and received.**	**HM**
20.3 Matters arising at 28th June 2017	**Action: Matters arising from the meeting of 28 June 2017 were noted and received.**	**HM**
21.0 NHS 111 UPDATE – MONTH 1		
RB Took the paper as read and stated that very little had changed within the report. The performance information previously requested by the group is still not available and she is currently working with the lead commissioner and YAS to find the information YAS is the poorest performer on warm transfers at less than 5% which is 50% lower than the North of England target, however no one is near to the national target. The main issue is staffing – i.e. lack of skilled nurses. CN queried current arrangements with the lead commissioner for NHS111 (Huddersfield CCG). RB confirmed it can be difficult to	**Action: Report noted**	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
request changes/raise challenges due to us being an associate commissioner to this contract. CN confirmed that there is a national CQUIN for NHS111 service which she agreed to share with RB. RB to take this forward. RB to share performance comparison graphs with group	**Action: CN to forward details of national CQUIN to RB** **Action: Distribute performance graphs**	**CN** **RB**
22.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	**Action: No further business raised for consideration.**	
23.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Action: No risks identified**	**Chair**
CARE QUALITY COMMISSION (CQC) REPORTS		
24.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES		
24.1 Care Homes New format – in future intend to rag rate against CQC inspection reports. Amber house working with the LA – put in an appeal on the 28 day notice – hoping that closure will not be required but can rehouse residents if necessary **24.2 GP Practices** Information noted.	**Action: Reports noted**	**All to note**
INFORMATION GOVERNANCE		
25.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE		
It was noted that the Information Governance Group are due to meet on the 9th August 2017. Mortality – RJF has recently received an email and is still hoping to receive the data from NLaG.	**Action: All to note**	**JP**
26.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP		
None	**Action: All to note**	**JP**
27.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	**No further business raised for consideration.**	**Chair**
28.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Action: No risks identified**	**Chair**
CONTRACT QUALITY ISSUES		
29.0 CQUIN SUMMARY 17/19		
CN took the paper as read and gave an overview of the 17/19 CQUIN	**Action: The CQUIN Summary**	**CN**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Potential Challenges are:- • Collaborative working with stakeholders: • Challenging milestones: • Patient choice: Staff choice (flu vaccine): Current Position A CQUIN scheme (national and local schemes) have been incorporated in to the 17/19 contracts for each of the CCG's main providers. Performance against the agreed CQUIN milestones will be assessed against the contract terms on a quarterly basis as part of the CQUIN reconciliation process.	**17/19 report was received and noted.**	
30.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration	**Action: No further business raised for consideration.**	**Chair**
31.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Action:**	**Chair**
32.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY		
No items to report	**Action: No items to report**	
33.0 ITEMS FOR INFORMATION		
None	**Action: No items raised**	
ANY OTHER BUSINESS		
34.0 URGENT ITEMS BY PRIOR NOTICE		
None	**Action:**	**Chair**
35.0 DATE AND TIME OF NEXT MEETING		
Wednesday 23rd August 2017 at 14:00 **Meeting room 2 , Health Place, Brigg**	**Action: All Members to note the date, time and venue of the next meeting.**	**ALL TO NOTE**



MEETING:	NHS North Lincolnshire Clinical Commissioning Group - Quality Group	NHS North Lincolnshire Clinical Commissioning Group QUALITY GROUP
MEETING DATE:	23rd August 2017	
VENUE:	Meeting Room 2, (First Floor), Health Place, Brigg	
TIME:	14:00 – 16.30	

PRESENT:		
NAME	**TITLE**	**SERVICE/AGENCY**
Ian Reekie (IR) (Chair)	CCG Lay Member, Joint Commissioning	NHS North Lincolnshire CCG
Catherine Wylie (CW)	Director of Nursing and Quality	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Dr Faisel Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	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
Heather McSharry (HMcS)	CCG Lay Member, Equality and Diversity	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Chloe Nicholson (CN)	Quality and Experience Manager	NHS North Lincolnshire CCG
Rachel Staniforth (RS)	Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Vivienne Simpson (VS)	PA/Project Manager	NHS North Lincolnshire CCG
Patrick Bowen (PB)	Senior CHC Manager	NHS North Lincolnshire CCG
Chris Makin (CM)	Senior Commissioning Manager, Mental Health	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	**TITLE**	**SERVICE/AGENCY**
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
5.0 APOLOGIES AND QUORACY		
iv) IR welcomed v) Apologies for absence were received, approved and noted. vi) It was noted that the meeting was quorate to proceed at 2.00 pm.	**Action: Apologies received, approved and noted.**	**Chair**
6.0 DECLARATION OF INTERESTS		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, not previously declared by members. No such additional declarations were reported.	**Action: Noted**	**Chair**
7.0 MINUTES OF THE PREVIOUS MEETING HELD ON 26th JULY 2017		
The minutes of the meeting of 26th July 2017 were agreed and approved as an accurate record, subject to the following amendments: **Page 6 Item 13** Remove the last sentence stating the prescribing minor ailment scheme should be looked at.	**Action: The minutes of 26.07.17 were approved as an accurate record of the meeting.**	**Chair**
8.0 ACTION LOG – OUTSTANDING ACTIONS		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
An update for each outstanding action has been noted within the Action Log.	**Action: Action log updated**	**VS**
Mental health update		

CM took the paper as read.

In response to issues previously raised by the Quality Group regarding the RDaSH Access Team, the CCG has already taken a number of actions as set out below;

- Process initiated to serve a performance notice regarding the failure to provide the SI report. RDaSH subsequently provided the report prior to the formal notice being served.
- On-going assessment of evidence to support a performance notice in relation to quality – this will require the CCG to provide evidence of the quality issues, much of which is anecdotal at present
- Plans developed to launch a focused period of reporting using the Primary Care App, publicised via Practice Dispatches. Only one issue was logged against MH in the last return. As a result a request is being made to all GPs to actively use this forum for 2 weeks in order to gain a better picture of the scale and nature of concerns that can be addressed with RDaSH
- Request via Contract Management Board that all reporting is on North Lincs basis only. This was actioned by RDaSH via the CMB.
- The Access Team specification to be reviewed to firstly define 'crisis' from a secondary MH perspective as well as what can be expected as an adequate response. Work with RDasH to agree Addendums to the specification to quickly resolve issues regarding response until the full service specification is revised and negotiated into the contract

Actions being planned

- Work jointly with RDaSH to co-design the service specifications to best meet need within the contract envelope
- To review the current KPIs as part of the SDIP with a view to making these more outcome focused. As the current KPIs are historic and do not necessarily reflect the current need and subsequent service delivery required for our population

Action Plan

Action	Organisation	Lead(s)	By When
To set up a task and finish review group	CCG	CM/ER	31.08.2017
To provide a full staffing breakdown and service line reporting	RDaSH	GF	31.08.2017
To make any addendums to the specification that are considered urgent	CCG	CM/SF in partnership with RDaSH	07.09.2017
To complete a gaps analysis of what good looks like based on recommendations from NHSE against what we currently have	All	Task and Finish Group (T&FG)	15.09.2017
To assess the current provision using the UCL Core Fidelity 39 Point Scale to identify areas of good practice and areas for development	All	T&FG	15.09.2017
To work through a recent case study and complete a table top review focusing on lessons learnt and what we can do to improve	ALL	T&FG	30.09.2017
To utilise the GP incident app to encourage GPs to report on any issues experienced with the Access Team over a short time period to acquire a snapshot of delivery	CCG	ER T&FG to analyse results and develop additional actions in	30.09.2017

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD

		response to this		
To complete a full and comprehensive view of the specification and KPIs to reflect the current needs of our population and best practice guidance	All	T&FG	31.10.2017	

Information has been received from NHSE on what 'good' looks like – money has been set aside nationally for this. Money put in baseline budgets for the next 3 years. Need to identify and spend wherever possible internally.

CM noted that if we do mark ourselves against excellent we need to recognise that gaps exists or that quality is not going to be the same.

At the next CMB (7 Sept) will look at the pathway and experiences of the pathway with individuals and stakeholders not just clinicians.

Following on from the Engine Room session with RDaSH – what degree of confidence do we have in their action plan? The CCG has been assured that RDaSH are forming an action plan containing everything we have asked for. It was noted that there are already plans around the specification and changes need to be made to the co-design process not simply what RDaSH are doing.

IR questioned whether in terms of the crisis element is safety or lack of it being given priority? CM stated there is a lot of upheaval in the system at the minute with the local authority withdrawing its staff from RDaSH and work needs to be carried out to make the pathways effective.

Are there concerns that Sandfield House is being put on the market? No, as should be able to access premises elsewhere but may affect integrated working with the impact on community services.

It was agreed that CM would return to the November meeting with an update on progress in implementing the action plan

8.0 MATTERS ARISING FROM THE MINUTES OF 26TH JULY 2017 (NOT COVERED ON THE AGENDA)		
Following the amendments to the Quality Group Terms of Reference list of meeting attendees, the ToRs will be sent to the Governing Body for ratification.	**Action: to be ratified by the Governing Body**	**CW**
9.0 CONTINUING HEALTHCARE UPDATE		
HM provided details on the CHC remit. The NHS Continuing Healthcare team is responsible for assessing whether an individual is eligible for NHS Continuing Healthcare funding, in accordance with the principles and process set out in the revised National Framework for NHS Continuing Healthcare and NHS Funded Nursing care (Department of Health, 2012). PB outlined how the NHS framework aligned to the 17/18 KPIs and performance indicators. From April this year systems had been put in place to capture data against the team's outcomes. The data is analysed at the monthly meeting which provides an opportunity for positive challenge. This allows discussions around "what needs to happen to improve/meet particular time lines to ensure compliance against the framework". The meeting also allows for the "story" behind the data to be told e.g. resource difficulties as was the case for July and August. PB identified a number of challenges and trends which included		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
choice, value for money and control of placements. The improved processes have supported improved outcomes and better working relationships at clinician and social worker level. Quality Assurance is undertaken at the point when the Decision Support Tool is presented to panel. This is not intended to delay an outcome but ensure the necessary quality standards have been achieved in order to maintain the reputation of NLCCG. PB discussed how individuals in receipt of interim funding are allocated within 2 days to ensure the right service is provided at the right time, right place. This practice ensures that individuals who leave hospital with interim funding are eligible for health funding and have a primary health need. PB reported improvements within this area and stated that he will continue to monitor Private Health Budgets – it was noted there has been a reluctance to take up Personal Health Budgets but the team are continuing to make progress, emphasising the power of choice and control. It was suggested that it may be useful to feature this at a future engagement event. In order to explore the relationship between cost, quality and patient choice IR asked the group to consider three scenarios which promoted detailed and informed discussion on the issues involved *Scenario 1* Should we be funding to an agreed level and ask patients to top up as happens with social care placements? HM - Within the NHS framework topping up care costs is not an option if an individual is eligible for CHC. Discussion in relation to patient's choice, value for money and managing individual's expectations against need. The procurement officer within the team will obtain 3 quotations for all specialist placements/ individuals who require domiciliary care. HM – In line with government agenda, placements are always wherever possible identified within area. Should an out of area placement be necessary a number of factors are taken into account e.g. the location of the individuals support network, how the placement will meet the individual's outcomes and value for money. JP – Is there an appeal process? – HM advised that the framework covers this process. This would be through a local resolution meeting. An individual can escalate further after this process to an independent review. *Scenario 2* – Residential placement can be cheaper than providing care via home care packages. Is offering choice tenable in relation to managing our finance? RJF – An assumption that patients should be in their own home whenever possible. Residential care is not always cheaper and is not always least restrictive for the individual. Human rights act, the right to family life etc.		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
PHB – Reluctance to take up – do we have success stories – what sort of support do they have? PB – Reported good progress in relation to offering individuals who are eligible personal health budgets which are normally cheaper than the CCG directly contracting home care packages. An emphasis is placed on power of choice and control. It was asked if the Continuing Healthcare Team utilise individuals with PHB to share the positive story with other individuals. PB acknowledged that this was not something that had been looked at but would progress. *Scenario 3* Why would we be expected to fund a residential placement in additional to care through the door? We have a small number of individuals who live within residential placements but also access support through domiciliary support when having time with family members. Under the Human Rights Act we are not in a position to deny this as all individuals have a right to family life. Typically for this small group of individuals it would unfortunately not be an option to live with family members full time. HM – Acknowledged systems in place to identify and review such individuals. Opportunity to optimise choice and control through personal health budgets. IR thanked HM and PB for a useful and informative discussion		
10.0 CORPORATE AND DIRECTORATE RISK REGISTER		
JP stated this is the latest iteration and work continues to support the directorate risk registers and evolve the content of the corporate register Identified risk leads for each directorate and a process in place for escalating risks. The Governing Body has approved the risk assurance framework which will support continued development of the risk agenda JP continues to attend directorate meetings. RJF raised the risk regarding if the CCG does not invest in primary care and it was agreed that RJF to take forward with JP JP stated work needed to be conducted to ensure that no key risks were missed across the CCG. Noted state of play	**Action: JP to meet with RJF to discuss risk about investment in primary care.**	**JP**
8.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS		
CN took the paper as read. CW reported that the Clinical Harm Review Group (CHRG) use a very good dashboard and CN agreed to review this. Lengthy discussion followed on the severity and deteriorating	**Action: CN to review the Clinical Harm Review Group Dashboard**	**CN**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
position at NLaG, CW provided a summary update from CHRG. NLaG still have 11,000 outstanding outpatient appointments – predominantly in SGH but do not have sufficient capacity to meet demand. Discussion ensued around terminating referrals to NLaG and referring elsewhere, this may create other risks to the system – further discussion to take place at SIB. NLaG is in process of clinically reviewing patients on the waiting list, prioritising the longest waits. The group expressed some concern with the robustness of the clinical assessment undertaken by NLaG. CN report is accurate – but need to feed in the CHRG conversations. Concern expressed re the clinical harm review committee itself and its decision making. Managing waiting list backlog continues to cause concern Ophthalmology is still one of the main areas of concern. There were questions about the commissioning response it was noted that NLaG have said they are comfortable with NLCCG going out to procurement if required. Although there are significant areas now also highlighted in other services. It is our primary responsible to have safe services. It was agreed to escalate the concerns of the Quality Group to the Board more formally. In particular, the lack of assurance from evidence from the Patient Harm process. It was agreed that IR will email LL to highlight the concerns and to request discussion at the Private Section of the next Governing Body.	**Action: IR to email LL to highlight concerns**	**IR**
10.0PROPOSED CHANGES TO DASHBOARD		
CN took the paper as read. Following discussion the group agreed they are comfortable with the proposed changes but would prefer to group the providers rather than the domains. CN to review formatting options and report back to September meeting	**Action: CN to review formatting options.** **Decision: agreed to proposed changes**	**All to note**
10.0 CQC UPDATE REPORT		
CN took the paper as read. It was noted that this report gives a position update. CN explained that this report will be provided quarterly, as an alternative to including narrative in dashboard spread sheet.	**Decision: Agreed to proposed changes**	**All to note**
11.0 DRAFT QUALITY STRATEGY AND ASSURANCE FRAMEWORK		
CN reported that amendments had been made in line with the feedback provided at the last meeting. Approval given	**Decision: Quality Strategy and Assurance Framework ratified**	**All to note**
12.0 POLICY FOR LONE WORKER		
JP reported that this policy had been developed by Shaun Fleming (Local Counter Fraud specialist) for local CCGs and asked the group for any comments. It was questioned whether the risk assessment would need anything local adding to it and it was noted that this can stand alone. It was agreed that this needs to be publicised widely	**Decision: Policy approved**	**All to note**
13.0 MCA LEGAL UPDATE		
CN provided a new legal update and asked the group whether they found this useful? It was agreed it was and would be received quarterly. CN to include other legal updates as necessary.	**Action: to be a quarterly report**	**CN**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
13.1 STANDING OPERATING PROCEDURE (SOP) FOR THE COMPLETION OF MENTAL CAPACITY ACT DEPRIVATION OF LIBERTY		
CN reported that the SOP has been created to ensure we are meeting legal requirement under the MCA DoLs.	**Decision: SOP adopted**	
PATIENT EXPERIENCE		
14.0 FOI SATISFACTION SURVEY		
It was noted that the North Lincolnshire Satisfaction Survey gave an overall positive position of the FOI team. During the last quarter the FOI Team gathered feedback from the surveys issued to all individuals and teams that have been involved in the FOI process either by supplying information to satisfy a request and/or approving responses for distribution. The summary (FOI Survey Satisfaction Survey - NL summary August 2017) provides an overview of the scores from the 20 response we received. The feedback highlighted several key areas, for example: • reminders to help keep on track with requests are appreciated; • it is helpful when other CCG responses are available to review for a consistent approach where appropriate. There was a mixed response regarding re-phrasing of information/responses supplied to the FOI team in response to requests. Whilst a pro-active approach was proposed, there was also suggestion that the team should make no amendments. The feedback highlighted that there were some instances of delays in requests reaching the right team/individual. The FOI team endeavour to maintain an up-to-date contact list for each area of business which is reviewed annually, however, we will look to update this more frequently and arrange to visit the CCG more regularly to help build familiarity in terms of roles and responsibilities of the FOI team and the various teams and individuals in the CCG. From the feedback it is clear that a preference would be for responses to be pre-populated from previous FOI response, however, it is the policy for the FOI team not to apply this approach in order to ensure that information provided is current, relevant and in line with what the CCG wishes to disclose. The survey also brought to light an area of good practice within at least one of the teams at the CCG who have developed a team mailbox which helps share the pressures of FOI requests and provides a contingency at times of staff absence. An amendment was requested to the graphs score 1 – 6 as it was felt that this graph was not sufficiently clear. Publication scheme - The Freedom of Information Act requires every public authority to have a publication scheme, approved by the Information Commissioner's Office (ICO), and to publish information covered by the scheme.	**Decision: Survey noted**	

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The scheme must set out your commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information. To help you do this the ICO has developed a model publication scheme. There are two versions; one for most public authorities and one for the few public authorities that are only covered for part of the information they hold. Recommendations: Quarter one has once again seen an interest in information relating to contact details. Therefore, the CCG may wish to consider uploading the CCG structure to their website and including a level of contact information for individual roles and/or departments.		
14.1 FOI QUARTER 1 REPORT		
CN outlined the details contained within report. Key points to note: Quarter One 2017/18 has seen a 14.5% decrease in the number of FOI requests received against the same period in 2016/17. The average number of days to process the requests has increased to 15 days for the quarter, however, this is lower than the average of 16 days in Quarter Four 2016/17. In Quarter One 2017/18, 96.6% of requests processed have been completed within the statutory 20 working day deadline, as there were 2 breaches. The CCG receives a variety of requests and in some cases requests with multiple questions for a variety of information types. However, the predominant subject areas this quarter have been commissioning related requests regarding Continuing Healthcare, requests seeking contact details and several IT related requests.	**Decision: Report noted**	
15.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	**No further business raised for consideration.**	**Chair**
16.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
Deteriorating NLaG position	**Decision:** Noted	**Chair**
CLINICAL EXCELLENCE		
17.0 MEDICINES MANAGEMENT/PRESCRIBING		
RS took the report as read and noted that Quarter 1 information is not yet available from NHS BSA. There is now a national stock shortage of generic Pregabalin which will have an impact on potential savings The CCG are looking to use Optimise Rx which is a computerised prescribing decision support software. This guides prescribers and promotes best practice/medication. This is to go live at the beginning of September. There has been a recent communication from the police about	**Decision: Report noted**	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
concern over Pregabalin related deaths –the CCG has been asked what actions they are taking to mitigate these risks. The group were advised on the actions taken to date in terms of the prescribing of Pregabalin and the proposed actions as a result of the communication. With regard to the report, it was stated that the tables are helpful to understand the variations but an overview of what it all means (between practices) was requested		
18.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	**Decision: No further business raised for consideration.**	**Chair**
19.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED		
No risks were identified from the business discussed	**Decision: No risks identified**	**Chair**
PATIENT SAFETY		
20.0 SAFEGUARDING UPDATE		
Update report noted. OfSTED Inspection report – CW congratulated SG on a successful result and thanked her for all her hard work.	**Decision: Report noted**	**All**
20.1 SAFEGUARDING ANNUAL REPORT		
Brief discussion took place around how the CCG supports the community through the Safeguarding Adults Board	**Decision: Annual report noted**	**All**
21.0 INFECTION PREVENTION AND CONTROL UPDATE		
HM reported that there are no major issues. Wendy Chester is continuing to work one day a week and is getting on top of the backlog. The care home forum and practice nurse forum are to be reconvened	**Decision: Update noted**	**HM**
22.0 NLCCG INCIDENT REPORT – QUARTER 1		
Report taken as read, no questions were asked Examples provided identified poor communication as an issue.	**Decision: Report noted**	
23.0 NLCCG SERIOUS INCIDENT REPORT		
It was noted that this is in a new draft format. Feedback on whether this covers everything was requested.	**Action: Feedback to HM** **Decision: Report noted**	**All**
24.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING		
24.1 NLCCG Incident & Serious Incident Meeting – 29th June 2017	**Action: The Minutes of the meeting of 29 June 2017 were noted and received.**	**HM**
24.2 NLCCG Incident & Serious Incident Meeting – 25TH July 2017	**Action: The Minutes of the meeting of 25TH July 2017 were noted and received.**	**HM**
24.3 Matters arising at 25TH July 2017	**Action: Matters arising from the**	**HM**

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
	meeting of 25TH July 2017 were noted and received.	
25.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING		
25.1 NLAG Collaborative Serious Incident Meeting – 28th June 2017	**Action: The Minutes of the meeting of 28 June 2017 were noted and received.**	**HM**
25.2 NLAG Collaborative Serious Incident Meeting – 26th July 2017	**Action: The Minutes of the meeting of 26th July 2017 were noted and received.**	**HM**
25.3 Matters arising at 26th July 2017	**Action: Matters arising from the meeting of 26th July 2017 were noted and received.**	**HM**
26.0 NHS 111 UPDATE – MONTH 2		
Report Noted GP OOH quality requirements –CN pick up through the NLaG contract	**Action: GP OOH Quality requirements to be picked up via NLaG Contract meeting** **Decision: report noted**	**CN**
27.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	**Action: No further business raised for consideration.**	
28.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Action: No risks identified**	**Chair**
CARE QUALITY COMMISSION (CQC) REPORTS		
29.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES		
29.1 Care Homes Information noted. The local Grimsby Telegraph has reported that Barrow Hall has received an improvement notice. The CCG has not received a formal notice.	**Action: Reports noted**	**All to note**
29.2 GP Practices It was reported that that the CCG has received advance notice of the unpublished CQC inspection report on the Market Hill practice which has provisionally rated the practice as inadequate. Information noted.	**Decision: report noted**	
INFORMATION GOVERNANCE		
30.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE		
JP reported there were no IG issues to report JP and CW attending a study day on General Data Protection Regulations and will update on the implications at the next meeting.	**Action: All to note**	**JP**
31.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP		
None	**Action: All to note**	**JP**
32.0 ANY OTHER BUSINESS		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
The Chair/Members did not raise any other business for consideration.	**No further business raised for consideration.**	**Chair**
33.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Action: No risks identified**	**Chair**
CONTRACT QUALITY ISSUES		
34.0 CQUIN Q1 UPDATE		
CN took the paper as read and noted that not fully reconciled because of the timeframe and due to further assurance required from the providers. Will re-submit in September. CN advised the group that, due to the terms of the NLaG and RDaSH contracts, the CCG could not withhold finances from these providers, for lack of achievement of CQUIN milestones. However, the CCG could utilise general condition 9 (a quality lever in the contract) to ensure quality is maintained.	**Action: The CQUIN Q1 report was received and noted.**	**CN**
35.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration	**Action: No further business raised for consideration.**	**Chair**
36.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	**Noted**	**Chair**
37.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY		
No items to report	**Action: No items to report**	
38.0 ITEMS FOR INFORMATION		
EMAS Sepsis Pilot - EMAS propose to revisit the pilot to evaluate the benefits. NLaG feel it is a very good pilot and the CCG have challenged EMAS on the proposed withdrawal of the pilot scheme. RJF stated that sepsis has been identified as a specific area of work within the NLaG mortality group. In light of this he suggested that commissioners should question whether the removal of this pilot will have an impact on the sepsis workstream. CN to take forward.	**Decision: Noted**	
ANY OTHER BUSINESS		
39.0 URGENT ITEMS BY PRIOR NOTICE		
None	**Noted**	**Chair**
40.0 DATE AND TIME OF NEXT MEETING		
Wednesday 27TH September 2017 at 14:00 **Board Room , Health Place, Brigg**	**Action: All Members to note the date, time and venue of the next meeting.**	**ALL TO NOTE**