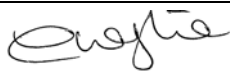


Date:	8 th January 2017
Meeting:	Governing Body
Item Number:	Item 12.3
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>


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

Author: <i>(Name, Title)</i>	Catherine Wylie Director of Nursing & Quality
GB Lead: <i>(Name, Title)</i>	Catherine Wylie
Director approval <i>(name)</i>	Catherine Wylie
Director Signature (MUST BE SIGNED)	

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	To note <input type="checkbox"/> Decision <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):	
The Quality Group minutes dated 27 th September, 25 th October and 22 nd November 2017 are attached for the CCG Governing Body to receive and note, for information only.	
Recommendations	1 2 3
Report history	
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MEETING:	NHS North Lincolnshire Clinical Commissioning Group - Quality Group	 QUALITY GROUP
MEETING DATE:	27th September 2017	
VENUE:	Board Room Health Place, Brigg	
TIME:	14:00 – 16.30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Heather McSharry (HMCS) (Chair)	CCG Lay Member, Equality and Diversity	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	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

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (IR)	CCG Lay Member, Joint 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
Catherine Wylie (CW)	Director of Nursing and Quality	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 APOLOGIES AND QUORACY		
i) HMCS welcomed everyone ii) Apologies for absence were received, approved and noted. iii) It was noted that the meeting was quorate to proceed at 2.00 pm.	Decision: 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. No such additional declarations were reported. In respect to the Maternity Paper the Chair confirmed she is currently using local maternity services.	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 23rd AUGUST 2017		
The minutes of the meeting of 23 rd August 2017 were agreed and approved as an accurate record,	Decision: The minutes of 23.08.17 were approved as an accurate record of the meeting.	Chair
4.0 ACTION LOG – OUTSTANDING ACTIONS		
An update for each outstanding action has been noted within the Action Log.	Decision: Action log updated	VS
5.0 MATTERS ARISING FROM THE MINUTES OF 23rd AUGUST 2017 (NOT COVERED ON THE AGENDA)		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Item 14 FOI Satisfaction Survey recommendation – <i>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.</i> CN to link with JP outside of meeting.</p> <p>Item 38 EMAS sepsis pilot –following discussion re discontinuation of the Sepsis Pilot in North and North East Lincolnshire CN confirmed that EMAS had withdrawn the pilot as it is no longer being funded via CQUIN monies. Discussions continue to take place at the EMAS contract meeting.</p>	Decision Noted	Chair
6.0 INFORMATION GOVERNANCE UPDATE		
Dr Mark Culling unable to attend. Item deferred	Decision Noted	JP
7.0 CORPORATE AND DIRECTORATE RISK REGISTER		
<p>JP stated this is the latest iteration and work continues to support the directorate risk registers and evolve the content of the corporate register</p> <p>Since the papers have been sent out significant changes to the Commissioning and Quality registers have been made. More work needed with primary care and finance.</p> <p>VS to add headings where missing.</p>	Decision Noted	JP
8.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS		
<p>CN took the paper as read and highlighted the following:-</p> <p>NL&G:</p> <p>Waiting times at Grimsby hospital and Scunthorpe hospital have increased with further pressures reported in Urology, Colorectal Surgery, Ear Nose & Throat, Ophthalmology, Gastroenterology, Cardiology, Respiratory Medicine and Rheumatology services. NL&G has also reported an increasing number of patients waiting over 52 weeks for an appointment. NL&G is in the process of clinically reviewing patients that have experienced long waits, to determine whether any harm has been caused by these delays.</p> <p>NL&G has also reported challenges in recruiting and retaining medical staff at Grimsby hospital and Scunthorpe hospital, leading to further pressure on service areas. There is a risk that long waiting times and staffing issues at NL&G could lead to increased risk of harm to patients. These issues continue to be reviewed closely by the CCG and NL&G as part of the NL&G System Improvement Board and the contract management process.</p> <p>The patient mortality rate at NL&G has also increased since the previous report. Hospital mortality rates are measured via the national Summary Hospital Mortality Indicator (SHMI) dataset, and the latest official latest SHMI position at NL&G is 112 against the national average of 100. NL&G now falls in the ‘higher than expected’ range for patient mortality.</p> <p>RDASH</p> <ul style="list-style-type: none"> • Safeguarding self-assessment remains outstanding. CCG now pursuing performance notice as cannot currently vouch for the safeguarding arrangements. • CQC action plan – main risk relates to the development of unified patient information record • Serious Incident Review the CCG received several queries from service users and GP’s in relation to access to urgent mental health services, provided by RDASH in north Lincolnshire. The CCG is working closely with RDASH to review these services and to identify the root cause of these concerns. The position continues 	Decision Noted	Chair


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>to be reviewed by RDASH and the CCG via the contract management process.</p> <p>HEY</p> <ul style="list-style-type: none"> • Cancer – delays in transfers of patients on Cancer 62 day wait from NL&G to HEY • Diagnostics – pressures with ageing diagnostic equipment impacting on capacity <p>Thames Ambulance</p> <ul style="list-style-type: none"> • Increase in complaints –working with provider to move this forward. NEL CCG as lead commissioner are looking at issuing 2 performance notices in respect to quality and performance <p>Full details of the Above can be found in the highlight report.</p> <p>Questions were raised re:-</p> <ul style="list-style-type: none"> • JAG accreditation Endoscopy – is the service safe and not just because they are not meeting the waiting time period? CN confirmed the CCG has put a management challenge in place. There is a robust action plan in place and the CCG have received assurance around the delivery of that service. • As they are not able to provide some services (because they do not have JAG accreditation) are we paying double to send patients elsewhere for procedures already paid for as part of the NL&G contract? The Bowel Screening Programme is located on both sites and at present is not preventing routine procedure going through. Concern expressed re the increasing waiting lists. • RTT figures – CN agreed to include outpatient waiting times <p>The group agreed to continue to receive the highlight report in the same format.</p>		
CLINICAL EXCELLENCE		
9.0 MEDICINES MANAGEMENT/PRESCRIBING		
<p>RS took the paper as read and highlighted the following:-</p> <ul style="list-style-type: none"> • Optimise RX update • Antimicrobial resistance (AMR)- noted that both Parts of the Quality Premium for 2016/17 have been achieved • The Quality Premium Scheme – for 2017 / 18 with regard to antimicrobial prescribing and the CCG's current position – full details can be found in the report • Prescribing Scorecard – full details on NSAIDs, PPIs and Hypnotics can be found within the report • Pregabalin • Prescribing queries • Updating the Northern Lincolnshire APC formulary • High cost drugs challenge process • Guidance on the use of medicines and appliances • Process for reviewing health protection guidance – will go to APC in October • Horizon scanning <p>Questions were raised re:-</p>	<p>Decision: Noted</p>	<p>All to note</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>It was stated that North Lincs are meeting targets for antibiotics prescribing. It was asked whether this was on average or whether all our practices are achieving the reduction? RS confirmed that it is the average the CCG is achieving and there is still work to be done with some practices</p> <p>When it comes to reducing inappropriate prescribing of antibiotics it was asked what is considered inappropriate? Do we look at the cases where antibiotics are prescribed or assume that any prescribing activity above a certain level is inappropriate? – The antimicrobial guidance is currently being reviewed which will support prescribers with regard to antimicrobial prescribing and when specific broad spectrum antibiotics are recommended. Messages can also be incorporated into Optimise Rx which will enable feedback from practices and facilitate discussions with practices regarding antimicrobial prescribing and the rationale for prescribing.</p> <p>It was noted that the antimicrobial guidance on the NL APC website is dated 2014. This is the document that is currently being reviewed and which will need publicising widely when updated. This will also link in with the work on the Formulary in terms of populating net formulary and advising prescribers with regard to first and second line choices of medication and whether medications are suitable for prescribing in primary care or whether there are any restrictions with regard to prescribing.</p> <p>With regard to the Prescribing Scorecard embedded in the document, the GPs present at the meeting commented that some of the high dose PPI prescribing is initiated by the hospital. This had been raised at the Gastroenterology RightCare meeting as there had been a discussion about the licensed doses of the PPIs. Similarly, prescribing of diclofenac by the hospital was mentioned.</p>		
10.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
11.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
PATIENT EXPERIENCE		
12.0 COMPLAINTS ANNUAL REPORT		
<p>CN took the report as read and noted this was the first time the Patient Experience team had compiled their own report. The report provides a basic overview of the CCG's approach and summary of complaints received from April 2016 to March 2017.</p> <p>It was noted that there have been 12 formal complaints, 4 of which were upheld. The group queried what is classed as an upheld complaint?</p> <p>CN explained an upheld complaint is where an investigation is undertaken and the CCG is found to be culpable</p> <p>Under item 6 <i>You said We did</i> - it was suggested more clarity was needed e.g. when undertaking local resolution meetings include</p>	<p>Decision: Noted</p> <p>Action: CN to amend report to reflect this feedback</p>	<p>All to note</p> <p>CN</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>well as recent safeguarding activity. It is not proposed that the Quality Group will receive information on compliance within each report. Future reports will report changes or exceptions.</p> <p>Key activity this month:-</p> <ul style="list-style-type: none"> • Involvement in the Ofsted inspection – children safeguarding arrangements in North Lincolnshire deemed to be outstanding • Single Agency Practice Review –3 recommendations made. SG seeking clarity from NLaG on actions and progress to address Recommendation 3. Report is available. • SG outlined details of what happens at a Section 47 Strategy meeting • The Child Protection Information Sharing (CP-IS) system goes live on the 9th October and provides an effective system to share details with unscheduled health care settings in respect to children who are subject to Child Protection Plans or in the care of the Local Authority. The group queried what is shown on the system and SG confirmed it does not provide full details - just if the child is subject to a statutory plan and allows for professionals to see patterns if the child is being presented in different health care settings. • Female Genital Mutilation – guidance has been issued re request for labiaplasty in under 18's. <p>The Quality Group is happy with the new format as it makes clear what the CCGs responsibilities are.</p>		
17.0 INFECTION PREVENTION AND CONTROL UPDATE		
<p>HM took the paper as read and gave a brief overview of information contained with the report.</p> <p>HM agreed to include details of any Post Infection Review meetings that take place.</p>	Decision: Report noted	HM
18.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING		
18.1 NLCCG Incident & Serious Incident Meeting – 25TH July 2017	Decision: The Minutes of the meeting of 25TH July 2017 were noted and received.	HM
18.2 NLCCG Incident & Serious Incident Meeting – 31ST August 2017	Decision: The Minutes of the meeting of 31ST August 2017 were noted and received.	HM
18.3 Matters arising at 31ST August 2017	Decision: Matters arising from the meeting of 31ST August 2017 were noted and received.	HM
19.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING		
19.1 NLAG Collaborative Serious Incident Meeting – 26th July 2017	Decision: The Minutes of the meeting of 26th July 2017 were noted and received.	HM
19.2 NLAG Collaborative Serious Incident Meeting –30th August 2017	Decision: The Minutes of the meeting of 30th August 2017 were noted and received.	HM
19.3 Matters arising at 30th August 2017	Decision: Matters arising from the meeting of 30th August 2017 were noted and received.	HM
20.0 NHS 111 UPDATE – MONTH 3		
Information not currently available.	Decision: Decision: report noted	CN
21.0 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.	Decision: No further business raised for consideration.	
22.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
CARE QUALITY COMMISSION (CQC) REPORTS		
23.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES		
23.1 Care Homes		
<p>Three care homes have had inspections Thorpe House part of ALPs group – outstanding Beech House residential – good Barrow Hall a specialist MH facility – requires improvement in generalised areas – staffing – breach of Regulation18. The CCG does have clients based there however do not have any major concerns. Potentially may undertake a visit.</p>	Decision: Report noted	All to note
23.2 GP Practices		
Information noted.	Decision: Report noted	All to note
INFORMATION GOVERNANCE		
24.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE		
<p>JP noted there were no IG breaches to report.</p> <p>Noted CCG has to meet level 2 of the info toolkit as this enables us to access the spine and function.</p> <p>It is the CCG's intention to maintain level 2. Would need major investment to reach level 3.</p> <p>Plan is in place, and the information sub group meets regularly and reviews the plan. Must obtain 95% compliance in IG training for staff. Just introducing the new ESR system so this may pose a challenge. Issue on quality directorate risk register.</p> <p>General Data Protections Regulations coming in, complimenting the euro regulations which will tighten up our work – need to appoint an information governance officer which has financial implications and Governing Body needs to sign off. Paper to GB in December.</p>	Decision: Update noted	JP
25.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP		
None	Decision: All to note	Chair
26.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
27.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
CONTRACT QUALITY ISSUES		
28.0 CQUIN Q1 UPDATE		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
The paper was taken as read and noted.	Decision: The CQUIN Q1 report was received and noted.	CN
29.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration	Decision: No further business raised for consideration.	Chair
30.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: All to note	Chair
31.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY		
No items to report	Decision: No items to report	
32.0 ITEMS FOR INFORMATION		
None	Decision: Noted	
ANY OTHER BUSINESS		
33.0 URGENT ITEMS BY PRIOR NOTICE		
None	Decision: No items to report	Chair
34.0 DATE AND TIME OF NEXT MEETING		
<u>Wednesday 25th October 2017 at 14:00</u> <u>Board Room , Health Place, Brigg</u>	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	 North Lincolnshire Clinical Commissioning Group QUALITY GROUP
MEETING DATE:	25th October 2017	
VENUE:	Board Room 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
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	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
Dr Mark Culling	Senior I G Specialist	eMBED Health Consortium
Kath Allen (KA)	Senior I G Specialist	eMBED Health Consortium
Sally Bainbridge	Specialist Nurse Safeguarding Children & Adults	NHS North Lincolnshire CCG
Vivienne Simpson (VS)	PA/Project Manager	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Heather McSharry (HMCS)	CCG Lay Member, Equality and Diversity	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
Catherine Wylie (CW)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION <small>(including timescale for completion or update)</small>	LEAD
5.0 APOLOGIES AND QUORACY		
iv) IR welcomed everyone	Decision: Apologies received, approved and noted.	Chair
v) Apologies for absence were received, approved and noted.		
vi) It was noted that the meeting was quorate to proceed at 2.00 pm.		
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.	Decision: Noted	Chair
7.0 MINUTES OF THE PREVIOUS MEETING HELD ON 27th SEPTEMBER 2017		
The minutes of the meeting of 27 th September 2017 were agreed and approved as an accurate record,	Decision: The minutes of 27.09.17 were approved as an accurate record of the meeting.	Chair
8.0 ACTION LOG – OUTSTANDING ACTIONS		
An update for each outstanding action has been noted within the Action Log.	Decision: Action log updated	VS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
8.0 MATTERS ARISING FROM THE MINUTES OF 27th SEPTEMBER 2017 (NOT COVERED ON THE AGENDA)		
There were no further matters arising.	Decision Noted	Chair
9.0 INFORMATION GOVERNANCE UPDATE		
<p>Mark Culling and Kath Allen attended, MC provided information on the following:-</p> <ul style="list-style-type: none"> • General data protection regulations (GDPR) come into effect on the 25.4.17 which will require additional work being added into work programme. • Information asset register - the GDPR introduces significant changes in this area – meetings are being held to take forward. • MC available on Mondays to help with any queries • Currently working through evidence summary which is being uploaded into the toolkit • Policies and procedures – updating policy tracker and collating policies –eMBED doing stock reviews to incorporate more policies into the suite • New role of Data Protection Officer under GDPR – board level with legal knowledge. For 25th May. eMBED putting forward a proposal re sharing a service, a further option would be to consider collaboration with LA. Unsure of the timescale but needs to be soon. • Policy tracker – looked at those that need changing because of the GDPR, working on the SAR • Confirmed we are still aiming for level 2. The IG toolkit is the same as version as last year but will be revamped for next year. • IR noted that one of the risks on the quality risk register is the level of support the CCG receives from eMBED to achieve level 2. It had been higher level risk but JP noted it had been lowered and should we continue to get the support for the submission would be happy to remove from the Risk Register • KA highlighted that the CCG is in a better position than last October • Comparative position to other CCGs – about the same – all 4 CCGs between 70 – 75 • eMBED team working with HR team on policies – will contact CCG to amend • Change to compliance with current data protection act will mean a number of policies will come to the quality group for approval next year • The Quality Group is responsible for seeking the necessary assurance for the Governing Body. It was agreed that a presentation would be made to the Quality bi- annually one of which would be prior to submission of the IG toolkit. <p>The Quality Group noted and approved the information governance work plan.</p>	Decision Noted	JP
10.0 CORPORATE AND DIRECTORATE RISK REGISTER		
<p>JP noted that risks should be owned by people delivering the services not the risk manager. JE leading for commissioning and CN and HM leading for quality with Louise Tilly for finance and Sara Brine for primary care.</p> <p>Gary Johnson has been appointed as Risk Manager and will also lead</p>	Decision Noted	JP

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>on Emergency Preparedness Resilience and Response and Health & Safety for NLCCG. GJ will be working with directorates to develop their RRs and will be inviting all heads for a more in depth review on how they are progressing.</p> <p>IR noted that the Corporate Risk Register was currently an amalgam of risks from the Directorate RRs – is this an interim position?</p> <p>JP replied that whilst this would continue to be part of the approach further work would be conducted on the corporate register. It was essential to have strategic objectives identified first, then will be in a better position to look at operational risks. The approach will be fully in place next year subject to an agreed set of strategic objectives being approved.</p> <p>COM 5 and 19 on Primary Care Streaming – in a position to confirm that NLaG have agreed to include in current contract. Not expecting it to cost more money – discussions have commenced re the risk around implementing</p> <p>COM 19 mandated timescales – not fully resourced rota this week but should be able to close risk in the next week.</p> <p>900k capital investment link to PC streaming – risk if we didn't implement this funding would be withdrawn – funding to be used to remodel the SGH site</p> <p>FB noted need to be clear work is primary care –The Trust has SystemOne, & 14 out of 19 practices use it – but the system is not being used – JE to enquire why it is not being used.</p> <p>COM 20 – carer support centre has been awarded the contract – risk can be removed</p> <p>COM 28 – IR queried PTS performance. JE provided update on latest position.</p> <p>QUAL 9 what issues are likely to arise from the inquest – primarily reputation damage – about systems and processes at that time. Likely to focus on the providers of the care being provided.</p>	<p>Action: JE to clarify why 14 practices are not using the system</p>	<p>JE</p>
<p>10.1 Claims Update</p> <p>No claims</p>		
<p>10.2 Policy Framework</p> <p>Provide guidance to staff on reviewing and obtaining approval for policies and procedural documents. The policy will go to the Governing Body for formal ratification Out for comments</p> <p>External governance review has been undertaken on the CCG – suspect there may be some consideration on our committee structures and TORs. This will affect Quality Group and Audit Group as they approve policies.</p> <p>Any comments on the usefulness of this doc</p> <p>Commendable, concise and thorough</p> <p>JP noted that further amendments may be needed following the external governance review</p>		
<p>8.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>CN took the paper as read and highlighted the following:-</p> <p>NLaG</p> <p>Quality risk profile undertaken in NLaG risk has increased in several domains. The profile is undertaken periodically as NLaG is rated as requiring enhanced level of surveillance by NHSE.</p> <p>Staffing position - NLaG medical staffing position continues to deteriorate</p> <p>Significant increase in breaches against the MSA standard</p> <p>Significant increase in the number of patients waiting in excess of 52 weeks</p> <p>RTT waiting list position – the latest reporting period (August 2017) shows that performance against 18 weeks waiting time target has declined to 74.8%</p> <p>Mortality – the official trust wide mortality position has increased to 112 against the national average of 100 (unofficial HED SHMI is currently 114). This places NLaG in the ‘higher than expected’ range.</p> <p>Thames Ambulance Service</p> <p>The CCG continues to receive a large quantity of concerns/queries largely related to delayed response times and difficulties in access the call centre. CN to support JE at the contract monitoring meetings</p> <p>Clinical handover of patients between EMAS and NLaG – continued increase in the number of breaches reported by NLaG. Business case 2x handover nurses has not progressed. Require further assurance on the methods used to facilitate hand over. JE to escalate to RBY for the A&E Delivery Board</p> <p>SMI Mortality Review – CN provided a summary of the outputs from the task and finish group making reference to the minutes circulated prior to the meeting. CN also made reference to recommendations made by members at the review meeting and in response to this Dr Baig confirmed his interest in supporting on-going actions as part of the review of this data. All recommendations and or actions provided in the minutes</p>	<p>Decision Noted</p> <p>Action: CN to clarify whether MSA Fine is it being formally levied</p> <p>Mortality – CN to clarify the variation behind the stroke workstream</p> <p>Action: JE to escalate to RBY for the A&E Delivery Board</p> <p>Action: CN to liaise with FB to progress actions</p>	<p>Chair</p> <p>CN</p> <p>CN</p> <p>JE</p> <p>CN</p>
9.0 DECEASED PATIENT RECORDS PROCEDURE		
<p>FB was asked to place the attached document on to DXS and queried whether the document had been ratified by the CCG. This procedure was emailed out to GPs last May by NLaG in which it states it is the responsibility of the deceased patient’s GP to inform the Health Records Support Team of any patients who have been certified deceased at home. It wasn’t ratified by the CCG.</p> <p>NLaG were concerned that they may have sent letters out to relatives of deceased patients regarding outpatient appointments.</p> <p>Questions for NLaG:</p> <ul style="list-style-type: none"> • This information is available on the SPINE and it should be checked before sending out any correspondence, the same happens in other trusts? • The coroner would notify NLaG anyway? 	<p>Action: For discussion with NLaG at the next Quality Group</p> <p>Action: JE to find out process via the Coroner’s/Registry office</p>	


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> Some deceased patients would not be known to NLaG This would not cover all NLaG patients as some are registered at practices out of North Lincolnshire. Thus, is the filling of the form (appendix B) by the GP necessary? 		
CLINICAL EXCELLENCE		
10.0 MEDICINES MANAGEMENT/PRESCRIBING		
<p>RS took the paper as read and highlighted the following:-</p> <ul style="list-style-type: none"> There are now 14 practices that have Optimise Rx installed and there are plans in place for activation in the remaining 5 practices. An update on how the system has supported improved quality of prescribing will be provided for next month's Quality Group. Antimicrobial Prescribing – first meeting of the Northern Lincolnshire Infection Prevention and Control Network has taken place Updating of NL Area Prescribing Committee Formulary Wound care formulary – version printed in NL is an old version – working with acute trust to address <p>Practice managers meeting discussion on electronic repeat prescription – there is a reluctance of dispensing practices to be involved</p>	Decision: Noted	All to note
11.0 RESEARCH GOVERNANCE SIX MONTH UPDATE		
<p>JP reported that the CCG is obliged to demonstrate we meet national requirements. The next research governance group meeting is on the 7.12.17. The group was asked to note the evidence based commissioning initiative – 'intelligent commissioning'. A gap analysis workshop is being held on 28.11.17 to determine how we can effectively utilise research. The Group will look at whether we are doing enough to meet specific recommendations.</p>	Decision: Noted	Chair
12.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.		
13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
PATIENT EXPERIENCE		
14.0 COMPLAINTS POLICY		
<p>CN confirmed that all feedback from the last meeting has been captured and asked members if they were happy to approve the policy. All members agreed to the revised version.</p>	Decision: Policy ratified	CN
15.0 PATIENT EXPERIENCE AND COMPLAINTS REPORT		
<p>Report was taken as read</p> <p>Key points to note</p> <p>Patient and Community Assurance Group (PCAG)– first meeting will be held early December.</p>	Action: Report noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Increase in the number of MP queries and concerns received by the CCG in relation to patient transport (provided by Thames Ambulance Service)</p> <p>CCG continues to receive large amount of queries relating to IFR process- the CCG continues to work closely with the service manager</p>		
16.0 ANY OTHER BUSINESS		
<p>The Chair/Members did not raise any other business for consideration.</p>	<p>Decision: No further business raised for consideration.</p>	<p>Chair</p>
17.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
<p>No risks were identified from the business discussed</p>	<p>Decision: No risks identified</p>	<p>Chair</p>
PATIENT SAFETY		
18.0 SAFEGUARDING UPDATE		
<p>SB took the paper as read and noted that the information contained in the report is via the Safeguarding Board</p> <p>Information highlighted:-</p> <ul style="list-style-type: none"> • Effective information sharing – children subject to a CPP - icon on last 25 instances of unplanned care • Practice dispatches information • NHS digital to get on to SystemOne • Safeguarding contribution to commissioning and provider assurance • Primary Care Safeguarding – training for 20 admin staff from 11 practices • Looked After Children • Safeguarding Adult Board workshop programme - details to be circulated <p>Report noted. The group felt the new layout is good.</p>	<p>Decision: Report noted</p>	<p>All</p>
19.0 INFECTION PREVENTION AND CONTROL UPDATE		
<p>No updated provided. It was noted that the Specialist Nurse has returned to work and a written report will be available next month</p>	<p>Decision: Update noted</p>	<p>HM</p>
20.0 SERIOUS INCIDENT QUARTER 2		
<p>Report noted</p>	<p>Decision: Report noted</p>	<p>HM</p>
21.0 INCIDENT QUARTER 2 REPORT		
<p>Report noted.</p> <p>It was highlighted that there was not a single incident worthy of</p>	<p>Decision: Report noted</p>	<p>HM</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>reporting in quarter 2 from any of our GP practices.</p> <p>It was agreed to ask Sara Brine to raise the low level of incident reporting via the practice managers meeting.</p>	<p>Action: VS to request Sara Brine discuss with the practice managers</p>	<p>VS</p>
22.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING		
<p>22.1 NLCCG Incident & Serious Incident Meeting – 31ST August 2017</p>	<p>Decision: The Minutes of the meeting of 31ST August 2017 were noted and received.</p>	<p>HM</p>
<p>22.2 NLCCG Incident & Serious Incident Meeting –26TH September 2017</p>	<p>Decision: The Minutes of the meeting of 26th September 2017 were noted and received.</p>	<p>HM</p>
<p>22.3 Matters arising at 26TH September 2017</p>	<p>Decision: Matters arising from the meeting of 26TH September 2017 were noted and received.</p>	<p>HM</p>
23.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING		
<p>23.1 NLAG Collaborative Serious Incident Meeting – 30th August 2017</p>	<p>Decision: The Minutes of the meeting of 30th August 2017 were noted and received.</p>	<p>HM</p>
<p>23.2 NLAG Collaborative Serious Incident Meeting –27TH September 2017</p>	<p>Decision: The Minutes of the meeting of 27TH September 2017 were noted and received.</p>	<p>HM</p>
<p>23.3 Matters arising at 27TH September 2017</p>	<p>Decision: Matters arising from the meeting of 27TH September 2017 were noted and received.</p>	<p>HM</p>
24.0 NHS 111 UPDATE		
<p>JE reported there are on-going data system issues but questioned the value of activity and performance information to this group.</p> <p>It was agreed in future to bring an exception report when there are any quality issues.</p>	<p>Decision: report noted</p>	<p>JE</p>
25.0 HEALTH AND SAFETY UPDATE		
<p>JP noted that the next meeting will be held in December. A review meeting was held in October to strengthen the CCGs approach. GJ will be undertaking an H&S course.</p>	<p>Decision: update noted</p>	<p>JP</p>
26.0 ANY OTHER BUSINESS		
<p>The Chair/Members did not raise any other business for consideration.</p>	<p>Decision: No further business raised for consideration.</p>	<p>Chair</p>
27.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
<p>No risks were identified from the business discussed</p>	<p>Decision: No risks identified</p>	<p>Chair</p>
CARE QUALITY COMMISSION (CQC) REPORTS		
28.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES		
<p>28.1 Care Homes</p> <p>Noted</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
	Decision: Report noted	All to note
<p>28.2 GP Practices</p> <p>It was noted that the Killingholme practice has received a CQC inspection rating of 'good'.</p> <p>Mandatory training – it was noted that BMA guidance states that practice staff do not have to undertake it but that CQC guidance is ambiguous and this was an issue for Market Hill.</p> <p>VS to ask Sara Brine to review information contained in :- https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/practice-staff-training-resource http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice and for her to suggest this goes on a future practice manager meeting.</p>	<p>Decision: Report noted</p> <p>Action: VS to ask SB to review information and suggest it is discussed at a future practice manages meeting.</p>	<p>All to note</p> <p>VS</p>
INFORMATION GOVERNANCE		
29.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE		
Discussed above		JP
30.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP		
None		Chair
31.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
CONTRACT QUALITY ISSUES		
33.0 ANY OTHER BUSINESS		
It was suggested that the contract quality issues item be removed as a separate item and any issues to be covered within the Quality Dashboard	Decision: To be removed as a separate item	Chair
34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: All to note	Chair
35.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY		
None		
36.0 ITEMS FOR INFORMATION		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
None		
ANY OTHER BUSINESS		
37.0 URGENT ITEMS BY PRIOR NOTICE		
None	Decision: No items to report	Chair
38.0 DATE AND TIME OF NEXT MEETING		
<u>Wednesday 22nd November 2017 at 14:00</u> <u>Board Room , Health Place, Brigg</u>	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	 North Lincolnshire Clinical Commissioning Group QUALITY GROUP
MEETING DATE:	22nd November 2017	
VENUE:	Training Room Health Place, Brigg	
TIME:	14:00 – 16.30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Heather McSharry (HMCS) (Chair)	CCG Lay Member, Equality and Diversity	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
Catherine Wylie (CW)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	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
Chris Makin (CM)	Senior Commissioning Manager	NHS North Lincolnshire CCG
Emily Reseigh (ER)	Commissioning Manager Mental Health and Learning Disabilities	NHS North Lincolnshire CCG
Julie Taylor (JT)	Head of Clinical Effectiveness	Northern Lincolnshire & Goole NHSF Trust

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (IR)	CCG Lay Member, Joint Commissioning	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 APOLOGIES AND QUORACY		
vii) HMCS welcomed everyone	Decision: Apologies received, approved and noted.	Chair
viii) Apologies for absence were received, approved and noted.		
ix) It was noted that the meeting was quorate to proceed at 2.00 pm.		
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. No such additional declarations were reported. HMCS noted she was a former patient at Market Hill (item 30.2)	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 25th OCTOBER 2017		
The minutes of the meeting of 25 th October 2017 were agreed and approved as an accurate record,	Decision: The minutes of 25.10.17 were approved as an accurate record of the meeting.	Chair
4.0 ACTION LOG – OUTSTANDING ACTIONS		
An update for each outstanding action has been noted within the Action Log.	Decision: Action log updated	VS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>notifications from practices.</p> <p>Issue from GP perspective –GPs should not have to notify the Trust of all patient deaths; just those where they know patients are receiving care from the Trust.</p> <p>GPs are not always notified of deaths in a timely manner from other providers.</p> <p>Everyone acknowledged the need to reduce the risk of families receiving unnecessary letters relating to deceased family members, but it cannot always be assured in the early days after a death. NLaG have not contacted any other Trusts to find out how they manage it – JT to take forward – QG happy to work with them re a solution</p> <p>JP noted that a policy written in 2014 after a complaint about correspondence</p> <p>Forms are no longer faxed – now electronic. Is there a generic inbox? There was a question around whether GPs could simply email the NHS number and date of death rather than complete the proposed form as this would less time consuming and fulfil the same purpose – JP to look into whether this could work</p> <p>Primary Care agrees with the principle that people need to know; they just need a simple document and process in order to respond</p> <p>Registrar knows all deaths. Is it possible that the notification of the Trust could be included in the ‘Tell us Once’ arrangements? Do other trusts link in with registrar’s office? It was suggested that registrars may be able to produce/amend an existing leaflet on things to prepare yourself for following a death including the likelihood of receiving correspondence addressed to your loved one from organisations and acquaintances. This would make such occurrences less of a surprise and also act as a prompt to consider which organisations do and don’t know about the death. Families may consider notifying organisations themselves.</p> <p>In respect to the Trust’s Policy, GPs do not need to have the whole policy, as most of it relates to procedures internal to the Trust. We just need a one page document for GPs.</p> <p>JT to contact buddy Trusts</p>	<p>Action: NLaG to contact other trusts to ascertain how their procedure works</p> <p>Action: Review whether using a generic email inbox would work</p> <p>Action: Compile a one page summary</p> <p>Action: JT to contact ‘Buddy’ Trusts</p>	<p>JT</p> <p>JP</p> <p>JT</p> <p>JT</p>
<p>7.0 CORPORATE AND DIRECTORATE RISK REGISTER</p>		
<p>JP reported that Gary Johnson Risk Manager is now in post and each directorate has a nominated lead with responsibility for collating and updating their directorate register.</p> <p>To support the development of the registers a Head of Service monthly meeting has been set up with the Risk Manager. Each directorate is encouraged to review the register at their respective regular team meetings. Further development of the headings to all registers is planned and will be seen in the December updates.</p> <p>A meeting involving Gary, Erica Stoddard, CW and JP is planned to review the strategic risk register. A key piece of work is to review the</p>	<p>Decision Update Noted</p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
strategic direction following a governing body decision regarding risk appetite.		
8.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS		
<p>CN took the paper as read and highlighted the following:-</p> <p>NLaG – CQC has published the outcome report from the unannounced inspection in June, some areas of good practice and several areas which need further improvement:-</p> <ul style="list-style-type: none"> • Recognition and management of deteriorating patients in the emergency department • Staffing levels in maternity and emergency department • Implementation of capacity and demand planning for outpatient appointments • MSA breaches • RTT continues to deteriorate • Thames Ambulance – Increase in queries and concerns received via members of the public • Increasing concerns of Thames governance processes <p>Details on OOH quality standards will be included in next month's report.</p> <p>A discussion took place around MSA breaches. It was questioned whether the situation at NLaG has declined as much as figures appear to indicate and suggested that an improvement in recording has taken place which should be taken into account when comparing data over time. It was noted that although the numbers of MSA breaches need to be addressed, the improvement in reporting MSA breaches is welcome.</p>	Decision: Report Noted	Chair
9.0 LEGAL UPDATE		
CN took the paper as read and highlighted the Court of Protection update on 'Observing religious practices for those lacking capacity' and the key implications for the CCG.	Decision: Report Noted	CN
10.0 CQC QUALITY REPORT DIANA PRINCESS OF WALES		
In January 2017 the Care Quality Commission served a Section 29A notice to NLaG which stated that the CQC had formed the view that the quality of health care provided by the trust for the regulated activities requires significant improvement.	Decision: Report Noted	CW
11.0 CQC QUALITY REPORT SCUNTHORPE GENERAL HOSPITAL		
In January 2017 the Care Quality Commission served a Section 29A notice to NLaG which stated that the CQC had formed the view that the quality of health care provided by the trust for the regulated activities requires significant improvement.	Decision: Report Noted	CW
12.0 CQC POSITION UPDATE		
CN took the paper as read. CN highlighted that since the last report St Hughs has been issued a Section 29A warning notice & NL&G had received the final report following the most recent CQC inspection	Decision: Report Noted	CN
13.0 MANDATORY TRAINING SIX MONTH UPDATE		
<p>CW noted that this system has been in place since April 2017 however there have been problems in accessing certain areas, in particular training.</p> <p>From this point forward staff will be trained and will be undertaking the relevant courses. It was noted that the CCG needs 95% compliance for the Information Governance training by the end of the financial year.</p>	Decision: Report Noted	CW

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
CLINICAL EXCELLENCE		
14.0 MEDICINES MANAGEMENT/PRESCRIBING		
<p>RS took the paper as read and highlighted the following:-</p> <ul style="list-style-type: none"> • 17 practices now have Optimise Rx installed • Rejected messages – practice needs system in place on how these are flagged up to clinicians • Team will review messages that are consistently reported • Try and get practices to engage with formulary <p>Work plan gives overview of the areas the team are working on and savings being made via QIPP. There is a heat map within the work plan which reflects the engagement of practices, currently 0 red, 6 amber, 12 green. Of those practices that are shown as amber, this is due to a proposed inhaler change. Practices are waiting to use a new inhaler which has not yet been approved via the Area Prescribing Committee and these patients will potentially be reviewed and put on the new inhaler as opposed to the inhaler recommended currently by the MO team.</p> <p>Recognise that some dispensing practices do not engage fully with some of the proposed changes as this affects dispensing profits – need to work with them so that QIPP savings can be achieved whilst not impacting on profits. When practices are perceived to be making excessive profits LMC will review</p>	<p>Decision: Report Noted</p>	<p>All to note</p>
15.1 PRIMARY CARE REBATE SCHEME POLICY		
<p>RS noted that this report is a ‘refresh’ on a report presented in 2016 and highlighted the changes to the flowchart on page 8.</p> <p>It was agreed that rebates should not influence a GP decision on what drugs are prescribed, background work is undertaken by Medicines Optimisation team and the recommendations fed into Primary Care team and then to CCG F&P to be signed off (GPs would not be able to vote)</p> <p>Information would be published on the CCG website.</p> <p>RS reassured the CCG that there is an appropriate governance process in place to ensure the CCG is transparent in its process for considering these schemes.</p> <p>The group questioned what is the general benefit of a rebate scheme? RS confirmed that we would much prefer the pharmaceutical companies to reduce the cost of drugs but the pharmaceutical companies say they are not in a position to lower the price and the rebate scheme is a way round this.</p> <p>JP happy to work with RS to put into correct format</p>	<p>Decision: Report noted and approved</p>	
15.2 POLICY FOR WORKING WITH THE PHARMACEUTICAL INDUSTRY		
<p>RS took the paper as read and noted that this document is intended as a policy for the CCG and its staff who are involved in working with the pharmaceutical industry. It is intended to complement the CCG Policy on Standards of Business Conduct and Conflicts of Interest. It should also act as a guide for NECS staff who are responsible for working alongside the CCG in delivering effective partnering and conduct with the pharmaceutical industry.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>It was agreed there is a need to have definitive framework for working with the pharmaceutical organisations.</p> <p>JP to meet with RS outside the meeting to put into the correct format and make reference to the CCGs policies</p> <p>Review last 4 paragraphs on page 5 Page 13 – ‘manpower’ to be changed to a non-gendered alternative Page 19 duties and responsibilities – RS to liaise with RJF and JP</p> <p>It was noted that several changes have been made within the NECS team and are now in a much better position than they have been in some time.</p>	<p>Action RS to meet with JP to amend format and reference CCG policies</p> <p>Action: RS to liaise with RJF and JP to review specified items</p> <p>Decision: Content approved</p>	
16.0 ANY OTHER BUSINESS		
Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	
17.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
PATIENT EXPERIENCE		
18.0 EQUALITY AND PERFORMANCE		
<p>CN took the paper as read and highlighted the Equality and Inclusion Reporting Process flow chart</p> <p>This quarterly report gives assurance of the work being undertaken in relation to E&I and progress being made to date against the CCG’s E&I action plan</p>	Decision: Report Noted	
19.0 FOI QUARTERLY REPORT		
<p>CN took the paper as read and noted that this report provides an update on the current position of requests made to NLCCG under the FoI Act in Q2 and provides a comparison of date against the previous year.</p> <p>CN highlighted the following key points</p> <ul style="list-style-type: none"> • 1.1/2% decrease in the number of requests • Average number of days to process the requests has increased to 17 days • Number of FOPs has increased by 8.5% • 65% of requests were able to respond • Majority of requests made by external companies • Majority of requests related to CHC and requests for contact details 	Action: Report noted	Chair
20.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
21.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
PATIENT SAFETY		
22.0 SAFEGUARDING UPDATE		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>SG took the paper as read and noted that the information contained in the report is via the Safeguarding Board</p> <p>Information highlighted:-</p> <ul style="list-style-type: none"> • Appended response to NHS E on compliance to LAC arrangements <ol style="list-style-type: none"> 1. Significant improvement over the last year 2. The consolidation of all Designated Nursing roles into a single post has proved to be effective <p>Clarification was sought on SDQs – these a Strengths and Difficulties Questionnaires, which are an approved screening tool used with Looked After Children to identify their mental health needs.</p> • Section 11 return to LSCB – key areas of action <ol style="list-style-type: none"> 1. Gaps in training – need to do work in how to capture higher levels of training 2. Organisational work on induction programme needed to ensure a consistent approach across all directorates 3. Staff survey to be created to evidence awareness of safeguarding responsibilities and understanding • Unaccompanied asylum seeking children – North Lincolnshire have 19 children at present – 7 arrived in the last 2 weeks. 2 are known to have TB and 1 other has another infectious disease. Have yet to screen the 7 recent arrivals. 	<p>Decision: Report noted</p>	<p>All</p>
<p>23.0 INFECTION PREVENTION AND CONTROL UPDATE</p>		
<p>HM took the paper as read and noted that there are now 28 reported cases of C'dfficile for the year and the threshold for NLCCG being 31 for the year.</p> <p>There have been 2 cases of MRSA in Quarter 3.</p>	<p>Decision: Update noted</p>	<p>HM</p>
<p>24.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING</p>		
<p>24.1 NLCCG Incident & Serious Incident Meeting – 26TH September 2017</p>	<p>Decision: The Minutes of the meeting of 26th September 2017 were noted and received.</p>	<p>HM</p>
<p>24.2 NLCCG Incident & Serious Incident Meeting – 24TH October 2017</p>	<p>Decision: The Minutes of the meeting of 24TH October 2017 were noted and received.</p>	<p>HM</p>
<p>24.3 Matters arising at 24TH October 2017</p>	<p>Decision: Matters arising from the meeting of 24TH October 2017 were noted and received.</p>	<p>HM</p>
<p>25.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING</p>		
<p>25.1 NLAG Collaborative Serious Incident Meeting – 27TH September 2017</p>	<p>Decision: The Minutes of the meeting of 27TH September 2017 were noted and received.</p>	<p>HM</p>
<p>25.2 NLAG Collaborative Serious Incident Meeting –24TH October 2017</p>	<p>Decision: The Minutes of the meeting of 24TH October 2017 were noted and received.</p>	<p>HM</p>
<p>25.3 Matters arising at 24TH October 2017</p>	<p>Decision: Matters arising from the meeting of 24TH October 2017 were noted and received.</p>	<p>HM</p>
<p>26.0 CHC POLICIES</p>		
<p>26.1 Specialist pre placement assessment document</p> <p>Noted</p>		<p>HM</p>
<p>26.2 Continuing Healthcare Care Plan</p> <p>Noted</p>		<p>HM</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
HMCS would like to see space for sign up from the individual/family on the care plan and review documentation to demonstrate clearly that individual/family has been involved and approved the plan.		
<p>26.3 CHC Case Review Document Previously 3 separate documents now amalgamated into 1</p> <p>Further amendments made following information obtained during the recent inquest.</p> <p>See comment under 26.2 re: signing of document.</p>		HM
<p>26.4 Health Needs Requirement Document</p> <p>Noted</p>		HM
<p>26.5 Policy for the completion of the NHS Continuing Healthcare Checklist Created as part of an on-going review of policies and procedures with the CHC. This will tighten up the process in relation to specialist provision and ensure that both the CCG and the provider will have a clear understanding of the package of care requirements being commissioned.</p> <p>Placement document – is there any evaluation criteria? HM confirmed she expected to see some. Policy page 6 – if OOA HM confirmed the nurse assessor would contact the local CCG for local soft intelligence</p>	Decision: all documents noted and policy approved	HM
27.0 PROTOCOL FOR X-RAY REFERRAL BY NURSE PRACTITIONERS WORKING IN GENERAL PRACTICE		
HM took the paper as read and noted that this protocol only relates to nurse practitioners Approved	Decision: protocol approved	HM
28.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
29.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
CARE QUALITY COMMISSION (CQC) REPORTS		
30.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES		
<p>30.1 Care Homes</p> <p>Noted</p>	Decision: Report noted	All to note
<p>30.2 GP Practices</p> <p>It was noted that the Central Surgery, Barton has received a CQC inspection rating of 'good'.</p> <p>Market Hill 8 – 8 Surgery has been awarded an overall rating of 'inadequate'</p>	Decision: Report noted	All to note
INFORMATION GOVERNANCE		
31.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE		
JP reported that a key piece of work to fill out the asset owner information register is on-going	Decision: Updated noted	JP
32.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP		
None		Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
33.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: No further business raised for consideration.	Chair
34.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: No risks identified	Chair
CONTRACT QUALITY ISSUES		
35.0 CQUIN Q2 UPDATE SUMMARY		
CN took the paper as read and reported that there has been a challenge on the quality of the CQUIN information for Q2, across the CCG's main providers, and she would provide a further update for the December meeting. CN awaits further detail and assurance from providers, once received the final Q2 position will be reconciled.	Decision: Updated noted	CN
36.0 ANY OTHER BUSINESS		
The Chair/Members did not raise any other business for consideration.	Decision: Noted	Chair
37.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED		
No risks were identified from the business discussed	Decision: All to note	Chair
38.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY		
None		
39.0 ITEMS FOR INFORMATION		
None		
ANY OTHER BUSINESS		
37.0 URGENT ITEMS BY PRIOR NOTICE		
None	Decision: No items to report	Chair
38.0 DATE AND TIME OF NEXT MEETING		
<u>Wednesday 27th December 2017 at 14:00</u> <u>Board Room , Health Place, Brigg</u> It was agreed that if anyone has any suggestions for future deep dives to let HMCS have the details. It was suggested that Market Hill be invited to a coming meeting as a response to their latest CQC rating.	Action: All Members to note the date, time and venue of the next meeting.	ALL TO NOTE