


<b>MEETING DATE:</b>	10 April 2014	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.10	
<b>AUTHOR:</b>	Catherine Wylie	
<b>JOB TITLE:</b>	Director of Risk and Quality Assurance	
<b>DEPARTMENT:</b>		

## CCG QUALITY GROUP MINUTES 23 JANUARY 2014 AND 27 FEBRUARY 2014

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive and Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	
<b>FREEDOM OF INFORMATION:</b>	Public

### 1. PURPOSE OF THE REPORT:

The Quality Group Minutes dated 23<sup>rd</sup> January 2014 and 27<sup>th</sup> February 2014 are attached for the CCG Governing Body to receive and note, for information only.

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	x
Reduce unwarranted variations in services	x
Deliver the best outcomes for every patient	x
Improve patient experience	x
Reduce the inequalities gap in North Lincolnshire	x


### 3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	x
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### 4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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<b>5. LEGAL IMPLICATIONS:</b>			
	Yes		No x
<b>6. RESOURCE IMPLICATIONS:</b>			
	Yes		No x
<b>7. EQUALITY IMPACT ASSESSMENT:</b>			
	Yes		No x
<b>8. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>			
	Yes		No x
<b>9. RECOMMENDATIONS:</b>			
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> <li>• Receive and Note</li> </ul>			

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Committee Quality Group	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	Thursday 23 <sup>rd</sup> January 2014	
<b>VENUE:</b>	Health Place Brigg	
<b>TIME:</b>	14:00 hours	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW)	Director of Risk Assurance and Quality (Chair)	NLCCG
Dr Anita Kapoor (AK)	GP Member	NLCCG
John Pougher (JP)	Assistant SO Quality & Assurance	NLCCG
Dr Robert Jaggs-Fowler (RJF)	GP Member	NLCCG
Jane Ellerton (JE)	Assistant SO Commissioning Support & Service Change	NLCCG
Sarah Glossop (SG)	Safeguarding Children Designated Nurse	NLCCG
Ian Reekie (IR)	Lay Member	NLCCG

<b>IN ATTENDANCE:</b>		
Lynn Poucher (LP)	Strategic Nurse/Head of Quality	CSU
Angela Wright (AW)	Medicines Optimisation Technician	CSU
Vivienne Simpson (VAS)	Note taker	NLCCG
Greta Johnson (GJ)	Infection Control Specialist Nurse	CSU

<b>1. APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Gemma McNally	Principal Pharmacist	CSU
Dr Andy Lee (AL)	GP Member	NLCCG
Therese Paskell (TP)	SIRO	NLCCG
Barry Jackson (BJ)	Information Governance Manager	CSU
Deborah Pollard (DP)	Designated Nurse Safeguarding Adults	NLCCG
Carla Ramsay (CR)	Quality Lead	CSU

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>2. DECLARATION OF INTERESTS</b>		
CW asked the group if there were any declarations of interest. No interests were received.		
<b>3. MINUTES OF THE PREVIOUS MEETING HELD ON 19<sup>th</sup> DECEMBER 2013</b>		
Minutes from meeting held on 19 <sup>th</sup> December 2013 were accepted as accurate.		
<b>4. ACTION LOG</b>		
<b>Update from previous months</b>  <b>Vacancy report (awareness of how many GPs/primary care staff approaching retirement age)</b> CW reported the CSU HR team had sent a one page summary of a GP practice database which they are circulating to GP practices for them to do their own workforce planning - CW to forward on to RJF. Item closed.  It was also noted that the Area Team is setting up a task group to look at workforce planning in primary care	Completed	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>Information Governance Internal Audit Report</b> – CW confirmed she had sent BJ the report. Item closed.</p> <p><b>Training status</b> – it was confirmed that staff had been notified of the 31<sup>st</sup> January deadline. Item closed</p> <p><b>Risk Register SOC S1- Continuing Care rating</b> – CW confirmed that the rating had been increased on the risk register. Item closed.</p> <p><b>Additions to the Risk Register</b> – JP confirmed the following risks have been added to the Risk Register Suicide cluster at RDaSH C Diff at NLaG Norwood Care Home Item closed</p> <p>H&amp;EYHT Incident management JP informed the group that CR has submitted a quality report regarding concerns in respect of competency, capacity for HEY to identify SIs and under reporting. Now waiting for risk rating to be confirmed.</p> <p><b>Formulate new quality report</b> – CR/JP/CW still to meet. (meeting to be held 19<sup>th</sup> Feb)</p> <p><b>GP complaints</b> – JP reported that NHSE happy to provide more information. Item closed.</p> <p><b>Prescribing audit</b> – outstanding</p> <p><b>Residential Home concerns</b> – CW confirmed she had spoken with the CQC, who answered all the issues that were raised. CQC will be re-visiting the homes. It was also noted that the police are involved but are not sharing the resulting actions.</p> <p>CW and DP meeting with the Local authority safeguarding team to understand the processes involved.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p><b>CR to contact HEY for confirmation 14<sup>th</sup> February</b></p> <p>On-going</p> <p>Completed</p> <p>February meeting</p>	
<p><b>5. Matters Arising (not covered on the agenda)</b></p> <p>None</p>		
<p><b>6. Research &amp; Development update</b></p> <p>The paper received and noted.</p> <p>Query raised by IR under the comparison of GP practice recruitment to NIHR portfolio studies Number of sites recruiting 3 and % of practice recruiting 25% JP to clarify</p> <p>Dr Richard Falk has been appointed as clinical lead for research for the CCG and will be taking part in the next GP training event in March.</p> <p>CW reported that the CCG is commissioning a piece of Maternity Research via Public Health – JP to update Marie Girdham</p>	<p><b>February meeting</b></p> <p><b>10<sup>th</sup> February</b></p>	<p>JP</p> <p>JP</p>
<p><b>7. Risk Register and BAF</b></p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>JP reported that in future a front sheet will be added giving details of the amendments/new risks etc. Discussions taking place on the feasibility of combining the Risk Register with the BAF. It was pointed out that the risk owners/ leads needed to provide sufficient information to populate the risk register.</p> <p>It was agreed that Continuing Care is a reputational risk and this should be escalated to the BAF.</p>	<p><b>10<sup>th</sup> February</b></p>	<p>JP</p>
<p><b>8. Quality DASHBOARD</b></p> <p>LP attended on CR behalf.</p> <p>Issues discussed</p> <p><b>HEY</b></p> <p>Competency and cultural issues</p> <p>Provider assurance framework and the need to be more consistent with all our providers</p> <p>CW questioned whether as a committee we are doing enough to monitor and get assurance from HEY – have we confidence in the information we are provided with – have we got the capacity?</p> <p>CW reported that a series of provider visits are being arranged and agreed to equalise our assurance between NLaG and HEY.</p> <p>Serious concerns will be highlighted through an integrated report that will go to the Governing body.</p> <p><b>NLaG</b></p> <p>CW updated the group on issues re 52 week wait on Dermatology</p> <p>Paediatric doctor with Typhoid</p> <p>Mixed sex accommodation</p> <p>Repeat Fallers - LP to clarify why we are not getting the original fall figure</p> <p>The group asked whether this data is correlated directly across from NLaG's quality report - LP to check whether the data comes from the provider reports?</p> <p>Mixed Sex Accommodation – CW outlined the criteria and confirmed she has agreed a way forward with Karen Dunderdale. CW has asked for an audit of these patients.</p> <p><b>RDaSH</b></p> <p>CW confirmed still waiting for the report on the suicides – summary will be brought back to the group when available.</p> <p>It was noted that an action plan on the Hard Truths response to the Frances report will be going to the Governing Body in February. It was agreed that a progress report would be included as a standard agenda item on the quality group agenda.</p>	<p>LP</p> <p>LP</p> <p><b>For February meeting</b></p>	<p>VAS</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>9. Quality Standards for Dementia</b></p> <p>The paper was provided by Rachel Craven, Delivery Manager - Mental Health &amp; Vulnerable People. RJ-F explained that there is a need to improve the rate of dementia diagnosis in North Lincolnshire and this paper proposes a method of raising awareness, aimed at families and carers, to aid detection of early onset dementia.</p> <p>The Quality Group was asked to approve a publicity campaign for the dissemination of a self-assessment tool to the public in North Lincolnshire.</p> <p>The Quality Group approved the publicity campaign.</p>	<p><b>RJ-F to notify RC 24<sup>th</sup> January</b></p>	<p>RJ-F</p>
<b>PATIENT EXPERIENCE</b>		
<p><b>10A. North Lincolnshire CCG Patient Experience Report Q1/Q2</b></p> <p><b>Section 9.1 NLaG Patient Experience Group</b> – JE expressed concern that during work on ELC – under the Long Term Conditions section - NLaG consistently failed to deliver on their parts of the action plan. CW stated that the patient experience CQUIN requires them to provide evidence that they are changing practice as a result of what people have said to them.</p> <p><b>Section 4 Locality commissioning forums</b> – unclear as to the terminology and meaning in the report.</p> <p>The report was received and noted.</p>	<p>JP to provide JE with details of CQUIN when available</p> <p>LP to clarify with Charlotte Sheridan-Hunter before February meeting</p>	<p>JP</p> <p>LP</p>
<p><b>10B. North Lincolnshire Patient Relations Report – December 2013</b></p> <p>The report was received and noted</p>		
<p><b>11. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>12. Any other business</b></p> <p>None</p>		
<b>CLINICAL EXCELLENCE</b>		
<p><b>13. Medicine management/prescribing update</b></p> <p>Angela Wright presented the report on behalf of Gemma McNally. Angela highlighted the following:  Year-to-date underspend at the end of October of £411k on prescribing costs  Focus continues on practices showing prescribing above local averages for prescribing in the scorecard. A summary from Q2 is included within the report. A few practices have been identified as overspending on their budget allocation, plans for these practices will be developed shortly.</p> <p>It was agreed that the Quality Group would like a report on practices that are outliers for specific drugs and what actions are being taken to improve the situation. In the case of antipsychotic prescribing at Market Hill to also provide data for individual GPs.</p>	<p>AW to liaise with GMcN. Report for February meeting</p>	<p>GMcN</p>


SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>AW is currently compiling a register of non-medical prescribers attached to GP practices.</p> <p>CW stated that GMcN had recently reported a controlled drug incident to the area team, who in turn responded by asking what the CCG had done about it in the first instance. It was agreed that further clarification is needed on the process</p>	<p>AW to liaise with GMcN. Clarification for February meeting</p>	<p>GMcN</p>
<p><b>14. NICE</b></p> <p>Nothing new to discuss</p>		
<p><b>15. PROMs Quarterly Report</b></p> <p>Paper received and noted.</p>		
<p><b>16. Primary Care Quality update</b></p> <p><b>Supporting and Developing Quality Improvement in Primary Medical Services</b></p> <p>Report received and noted</p>		
<p><b>17. Individual Funding Panel Quarter 2</b></p> <p>CW questioned whether the group felt this information is useful and does it feel this group needs to review or whether it should be left to the IF Panel. The group felt this is more a commissioning issue rather than quality.</p> <p>The only area of concern is the quality of the information coming from consultants as the panel often has to go back to them requesting more information thus causing more delay. RJF has discussed this with NLaG's new Medical Director who has agreed to take forward.</p> <p>The group agreed to stand this item down as a regular item. If there is an issue which needs a specific quality decision it can return.</p>	<p>VAS to notify IFP team and amend QG work-plan before next meeting <b>Completed 31.1.14</b></p>	<p>VAS</p>
<p><b>18. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>19. Any other business</b></p> <p>None</p>		
PATIENT SAFETY		
<p><b>20. Safeguarding Children update</b></p> <p>SG reported no significant issues for North Lincolnshire. SG currently spending a significant proportion of time in preparation for Care Quality Commission who may undertake a review of health services Safeguarding and Looked After Children arrangements at any point between now and April 2015.</p> <p>Sexual abuse medicals – it was reported at the recent LSCB meeting by the police that HEY may be in position to provide a full service in the next 3 to 4 months – confirmation by HEY still awaited.</p>		





SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Action Log from NLNHS111 Clinical Governance & Quality Assurance Group meeting 5.12.13 – paper noted.		
<b>INFORMATION GOVERNANCE</b>		
<b>25. Information Governance IR1s</b>  No new incidents		
<b>26. Information Governance update (including IG Toolkit)</b>  CW confirmed the new IG Group will pick up any issues and concerns and all actions will be monitored by that group.  RJF stated that IG is an obstacle in allowing clinicians to access information in quality of care. One suggestion was could this be done under safeguarding but would we be challenged on it. CW to clarify with Hempsons  It was agreed to include data sharing on the risk register.	14 <sup>th</sup> February  10 <sup>th</sup> February	CW  JP
<b>27. Identification of any new risks from business discussed</b>  Data sharing	10 <sup>th</sup> February	JP
<b>28. Any other business</b>  None		
<b>CONTRACT QUALITY ISSUES</b>		
<b>29. Northern Lincolnshire Quality &amp; Safety Assurance Group</b>  Noted the next meeting has been moved back to the 27 <sup>th</sup> January 2014.		
<b>30. NY&amp;H Area Team Local Quality Surveillance Group</b>  The notes from the meeting held on 4 <sup>th</sup> December, 2013 were received and noted.  CW reported they had met again last week. The meeting discussed a summary of concerns for all the main providers and NLaG is not an outlier		
<b>31. Mortality update</b>  NLaG Trust Board November report noted as a comprehensive update on progress.  Frances 30 Recommendations – it was noted that CWs paper and action plan were discussed at Governing Body.		
<b>32. Provider Assurance Process update</b>  CW reported that the CCG is trying to establish a process where we can see clearly where we get our assurance from, how we manage that assurance in terms of each provider and how we monitor it. CW currently working on a quality strategy and has completed a provider assurance visits programme which will be going to the Engine Room as well as the Quality Group.		
<b>33. CQUINs – Commissioning intentions</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>JP noted that this was the first year that CQUIN development had been facilitated by the CSU. The process brought some advantages but challenges as well. Moving towards some reasonably worked up examples and we have had the opportunity to have our voice heard. CQUINs offers a great deal of potential but it is challenging to agree innovative examples that enhance care delivery and outcomes. There is a mind-set from providers that if they don't meet them they will get the money back some other way</p>		
<p><b>34. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>35. Any other business</b></p> <p>RJ-F enquired how we quality assess the new out of hours service in terms of prescribing within the urgent care centre. JE confirmed the provider is required to monitor. JE to discuss with Tim Fowler. re request for information from NLaG.</p> <p>CW reminded the group that previously they had talked about the possibility of focusing on a specific subject and even considering having a patient story. CW asked the group if they wanted to pursue a particular service/subject. CW conscious that there is a lot of work to be got through but feels there is a need to be assured from all the data we receive. It was agreed to invite a representative from Hull &amp; East Yorkshire Hospitals Trust to the next meeting.</p>	<p>JE to discuss request for information from NLaG with TF before next meeting</p> <p>For February meeting</p>	<p>JE</p> <p>JP</p>
<b>DATE, TIME AND VENUE OF NEXT MEETING</b>		
<ul style="list-style-type: none"> <li>• <b>Date: Thursday 27<sup>th</sup> February 2014</b></li> <li>• <b>Time: 14:00 hours</b></li> <li>• <b>Location: Board Room, Health Place, Brigg</b></li> </ul>		

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Committee Quality Group	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	Thursday 27 <sup>th</sup> February 2014	
<b>VENUE:</b>	Health Place Brigg	
<b>TIME:</b>	14:00 hours	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW)	Director of Risk Assurance and Quality (Chair)	NLCCG
Dr Anita Kapoor (AK)	GP Member	NLCCG
Dr Andy Lee (AL)	GP Member	NLCCG
Deborah Pollard (DP)	Designated Nurse Safeguarding Adults	NLCCG
Jane Ellerton (JE)	Assistant SO Commissioning Support & Service Change	NLCCG
Sarah Glossop (SG)	Safeguarding Children Designated Nurse	NLCCG
<b>IN ATTENDANCE:</b>		
Carla Ramsay (CR)	Quality Lead	CSU
Jackie Lyon (JL)	Head of Medicines Management	CSU
Vivienne Simpson (VAS)	Note taker	NLCCG
Greta Johnson (GJ)	Infection Control Specialist Nurse	CSU
Steve Jessop (SJ)	Chief Nurse Information Officer	HEY
Barry Jackson (BJ)	Information Governance Manager	CSU

<b>2. APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Gemma McNally (GMcN)	Principal Pharmacist	CSU
John Pougher (JP)	Assistant SO Quality & Assurance	NLCCG
Dr Robert Jaggs-Fowler (RJF)	Dr Robert Jaggs-Fowler (RJF)	NLCCG
Therese Paskell (TP)	SIRO	NLCCG
Ian Reekie (IR)	Lay Member	NLCCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>2. DECLARATION OF INTERESTS</b>		
CW asked the group if there were any declarations of interest. No interests were received.		
<b>3. MINUTES OF THE PREVIOUS MEETING HELD ON 23<sup>RD</sup> JANUARY 2014</b>		
Minutes from meeting held on 23 <sup>RD</sup> January were accepted as accurate.		
<b>4. ACTION LOG</b>		
<b>Update from previous months</b>		
<b>H&amp;EYHT Incident management</b> -HEY have submitted a report in respect of this but this will be on-going for a few months while waiting for assurances to come back from the Trust. CR to pick this up on the Quality Dashboard report when this assurance is received. Item closed	Completed	
<b>Formulate new quality report</b> – meeting took place, report currently being compiled and will be available for the April governing body meeting. Item closed.	Completed	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>Prescribing audit</b> – Data provided. Quarter 3 Antibiotic prescribing – average Second highest prescriber in the region for high risk antibiotics but it is coming down. Full details found in item 14 paper. Item closed.	Completed	CR
<b>Residential Home concerns</b> – Received response re significant concerns. Two concerns still outstanding and these are going back to case conference. Item closed.	Completed	
<b>Research &amp; Development</b> – query raised re stats within update. Figures have been reviewed and amended. Paper re-circulated. Item closed	Completed	
<b>Maternity Research via Public Health</b> – confirmation received that JP had updated Marie Girdham on this piece of work. Item closed.	Completed	
<b>BAF – Continuing Care is a reputational risk</b> - confirmation received that JP had escalated to Dawn Taylor who would discuss with the Senior Team at their next session. Item closed.	Completed	
<b>DASHBOARD</b> <b>Repeat Fallers</b> - CR confirmed the falls data does come from the providers’ report and the focus from NLAG is on repeat fallers, rather than total number of patient falls, which is why the data appear this way on the quality dashboard. Item closed.	Completed	
Frances Report – agenda item. Item closed	Completed	
Quality standards for dementia – it was confirmed that RJF had notified Rachel Craven of the decision to approve the publicity campaign. Item closed	Completed	
NLaG CQUIN – NLaG CQUIN not finalised yet – JP to provide JE with details when available. Item closed	Completed	
Patient Experience Report – Section 4 Locality commissioning forums. CR to clarify with Lynn Poucher for next meeting.	March meeting	
Practice outliers for specific drugs – details in item 14. Item closed.	Completed	
Controlled drug incident report to NHS E – clarification on the process. Details in item 14. Item closed.	Completed	
Safeguarding capacity issue within the commissioning intentions – JE confirmed work on-going. Item closed.	Completed	
Draft C.difficile commissioning action plan – agenda item. Item closed New format IPC report – agenda item. Item closed	Completed Completed	
Safeguarding capacity issue - confirmation received that JP had escalated to Dawn Taylor. Item closed	Completed	
Data sharing (mortality in the community). CW confirmed this had been dealt with differently and it wasn’t necessary to contact Hempsons. Item closed	Completed	
Data sharing - confirmation received that JP had escalated to Dawn Taylor. Item	Completed	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>closed</p> <p>How can quality be assessed in the new out of hours service – JE confirmed Rebecca Bowen is revising the Service Specification and has been asked to pick up as part of that to stipulate that NLaG will be required to provide audit results for the Urgent Care Centre as a whole. Item closed.</p> <p>AL concern re primary care element of prescribing and prescribing patterns It was agreed to ask NLaG what they have done about assuring governance arrangements out of hours. CW to take forward</p> <p>Invite a representative from Hull &amp; East Yorkshire Hospitals Trust. Agenda item. Item closed</p>	<p>Completed</p> <p>March meeting</p> <p>Completed.</p>	<p>CW</p>
<p><b>5. Matters Arising (not covered on the agenda)</b></p> <p>None</p>		
<p><b>6. Presentation by Steve Jessop, Chief Nurse Information Officer (Corporate Nursing) Hull &amp; East Yorkshire NHS Trust.</b></p> <p>Two presentations were given.</p> <ul style="list-style-type: none"> <li>Setting the Standard</li> <li>Transparency Project</li> </ul> <p>Q &amp; As</p> <p>DP asked for clarification of the gold/platinum status</p> <p>CW asked what is the tolerance of a ward being given a particular status then several complaints are received? SJ confirmed if they received a number of complaints this would instigate a review by a different team.</p> <p>What were the main themes that came out of HEYs CQC visit?</p> <p>SJ confirmed it was a 'mixed bag' – some services were classed as excellent – maternity, critical care, theatre services. Areas of concern – emergency services coming into either the acute assessment unit or emergency department. Elderly care – predominantly looking at resources to deliver.</p> <p>What is the timescale for recruitment of the 100 required nurses? SJ confirmed they are consistently trying to recruit and outlined the actions being taken.</p> <p>CW thanked SJ for attending.</p>	<p><b>Both presentations circulated following meeting</b></p>	<p>VAS</p>
<p><b>7. Risk Register and BAF</b></p> <p>It was confirmed these are discussed by directors once a month.</p> <p>No comments were raised. Reports taken as read and noted.</p>		
<p><b>8. Quality DASHBOARD</b></p> <p>CR noted that she had included within the narrative report some issues which have been raised at the Contracting Monitoring Board she felt that these should be fed back to commissioners even if they are not related to the DASHBOARD.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Issues discussed HEY Mortality – overall reductions still being seen and are as expected in line with required improvement trajectories; the slight increase seen two months ago has not continued and is being kept under review through the Contract Management Board. An improvement trajectory is expected to be proposed by HEYHT for commissioners’ review for next year’s contract.</p> <p>Complaints – CR agreed to include figures</p> <p>CW notified the group that she is making an assurance visit to NLaGs complaints department as part of the Quality Incentive Scheme.</p> <p>Pressure ulcers – HEY have very few 3 or 4 grade. HEY do have unstageable pressure ulcers and are therefore not following national guidance in their reporting. HEY not grading the same as other trust. CR to include the unstageable figures in the DASHBOARD.</p> <p>CR reported that HEY is about to breach their C.Diff trajectory.</p> <p>NLaG No new issues to report Quarter 2 CQUINs – reconciled. Did not meet the F&amp;F Test response rate</p> <p>RDaSH Serious Incidents – concern re number of patients committing suicide whilst on leave – report outstanding.</p> <p>YAS &amp; EMAS Incident will be formally reviewed at the SI Monitoring Group meeting. Both trusts have compliance actions with the CQC</p>	<p><b>March paper</b></p> <p><b>March paper</b></p>	<p>CR</p> <p>CR</p>
<p><b>9. Major Incident Framework – Business Continuity Plan</b></p> <p>Both documents recently revised by Julie Killingbeck and taken as read.</p> <p>As a CCG we need to have a Stage 2 response to any emergencies.</p> <p>AL queried where does primary care sit within this. Each practice should have a business continuity plan but when there is an area wide emergency what is the link between practices and this policy. CW to feed back to JK.</p>	<p><b>By 3<sup>rd</sup> March</b></p>	<p>CW</p>
<p><b>10. Review Quality Group Terms of Reference</b></p> <p>Need to ensure this group can ratify information governance policies. Amend job titles within membership details Quoracy – 50% with one senior officer of the CCG present to chair. CW to re-word and request a further GP.</p>	<p><b>March meeting</b></p>	<p>CW</p>
<b>PATIENT EXPERIENCE</b>		
<p><b>11. North Lincolnshire Patient Relations Report – <i>taken as read</i></b></p> <p>No new issues. No comments made. The report was received and noted.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>12. Identification of any new risks from business discussed</b>		
NLaG Out of Hours Prescribing and Prescribing Patterns	March meeting	CW
<b>13. Any other business</b>		
None		
<b>CLINICAL EXCELLENCE</b>		
<b>14. Medicine management/prescribing update</b>		
JL reported that the November forecast was incorrect – the PPA made a mistake and the figures were lower than they actually were.		
The reported YTD under spend for Prescribing is £994k, based on Month 8 figures from the Prescribing Prescription Authority (PPD).		
Focus continues on practices showing prescribing above local averages for prescribing in the scorecard. A summary from Q2 is included within the report. A few practices have been identified as overspending on their budget allocation; plans for these practices will be developed shortly.		
Concern expressed re 3 practices and at what point do we escalate these concerns. JL to discuss further Dr Falk as prescribing lead and Dr Jaggs-Fowler.	March meeting	JL
Does antibiotic prescribing trigger the Area Team report?	March meeting	CW/JP
<b>15. NICE</b>		
No report.		
<b>16. CCG Governance Arrangements for Controlled Drugs</b>		
JL outlined the background to the briefing paper, highlighting that the paper summarises what is expected of CCGs and will provide assurance that the CSU Medicines Management Team will play a key role in ensuring the CCG delivers these in the proactive and constructive manner.		
Lead responsibility for CDs lies with NHS England, and more locally with the CD-Accountable Officer (AO) for the Area Team of North Yorkshire and Humber, Dr Paul Twomey. The CSU Medicines Management team will continue to monitor CDs, monitor what is happening in practices, administering the local intelligence networks (LIN), will still receive occurrence reports, looking at trends and themes, investigating any incidents which occur. It is a key requirement for CCG engagement to know what is happening in the area both in terms of prescribing and dispensing incidents. The Quality Group will still receive updates and be notified of any significant issues. Performance management is the responsibility of Dr Twomey at the Area Team.		
The Medicines Management team are requesting a nominated appropriate clinician to link in with the LIN who will take the lead and responsibility for reporting back to the CCG.		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>It was noted that the Medicines Management team attends the LIN on the CCGs behalf and will continue to do so.</p> <p>The Quality Group will receive a regular CD monitoring report.</p> <p>Nursing homes are designated bodies in their own right and have their own accountable officer</p> <p>Discussion took place as to whether it needed to be a quality lead or a clinician to take the lead. It was agreed that if it is a clinical responsibility this lies with the Medical Director but attendance at the regular LIN meetings would not be required. If he needs support in investigations Catherine Wylie would provide this.</p> <p>The Quality Group agreed routine information to CW and RJF as Medical Director would be the Responsible Officer.</p>		
<p><b>17. Primary Care Quality update</b></p> <p>CW reported that the Productive Practice Launch has taken place. At present all bar 3 practices have signed up</p>		
<p><b>18. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>19. Any other business</b></p> <p>None</p>		
PATIENT SAFETY		
<p><b>20. Safeguarding Children update</b></p> <p>Commissioning Assurance</p> <p>SG reported that following CQC reviews of safeguarding children arrangements in other areas, for example the CCG does not have responsibility for commissioning of some services such as school nursing, contraceptive and sexual health services, substance misuse services, NHS England services. The CQC are expecting CCG to 'hold the ring' on what is happening in health services that are no longer commissioned. Discussions are on-going with Area Team on how we can achieve this.</p> <p>Provider assurance</p> <p>VirginCare who are commissioned to provide our contraceptive and sexual health services. VirginCare have stated that they have training and supervision in place. However, staff on ground are feeling exceptionally unsupported. SG to flag up with VirginCare management.</p> <p>The CCG responsibility is to notify the LA as the commissioner, of the problems with safeguarding. Service spec was written by PCT using the health service specification which should detail the safeguarding element and should be contract managed.</p>		
<p><b>21. Safeguarding Adults update</b></p>		



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>DP reported that the draft Carer Support Bill has been delayed possibly until April 2015. This Bill will put safeguarding adults boards on a statutory footing giving us an additional year to put everything in place to support that bill when it comes through. A lot of work has been done in respect of KPIs and standards to put in contracts. A data set is still out for consideration but more work is required.</p> <p>RDaSH – still awaiting the report of the cluster of suicides.</p> <p>Care homes PRIMELIFE – DP outlined 2 specific cases of possible areas of concern.</p> <p>Infection control audit to be undertaken at Norwood House and Lowfields</p> <p>A Serious Case Review has been undertaken involving an East Riding Primelife home and there was a recommendation which required Primelife to implement nationally. GJ awaiting further information.</p> <p>The Local Authority has asked to meet with the directors of Primelife to discuss many issues. Update to next meeting.</p>	March meeting	DP
<p><b>22. Infection Control update</b></p> <p>Infection Prevention &amp; Control Report received and noted.</p> <p>Draft Clostridium Difficile Action Plan received and noted. Next years trajectory has risen to 37 compared with 32 this year.</p> <p>GJ reported she is also planning to do an anonymised action plan capturing each RCA undertaken and the resulting actions and reviewing trends.</p>		
<p><b>23. North Lincolnshire Incident Monitoring Group (<i>taken as read</i>)</b></p> <p>No comments raised. Minutes from the meeting held on the 29<sup>th</sup> January were noted.</p>		
<p><b>24. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>25. Any other business</b></p> <p>None</p>		
<b>INFORMATION GOVERNANCE</b>		
<p><b>26. Information Governance IR1s</b></p> <ol style="list-style-type: none"> <li>Incident occurred when an individual downloaded software on to a work lap top. Following the investigation it was agreed that staff must be reminded what can or cannot be downloaded as software can corrupt systems. BJ to provide a report on progress against recommendations from the report.</li> <li>Mis-use of information potentially by a care home – BJ to meet with DP.</li> </ol>		
<p><b>27. Information Governance update (including IG Toolkit)</b></p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Report taken as read and noted.</p> <p><b>Freedom of Information Policy</b> – a number of minor updates have been made to the policy. Group happy with amendments made.</p> <p><b>Information Governance Group Terms of Reference</b> – noted for information</p>		
<p><b>28. Identification of any new risks from business discussed</b></p> <p>14 Information Governance Policies</p>		
<p><b>29. Any other business</b></p> <p>Information Governance Policies – the I G toolkit must be signed off by the end of March. There are 14 policies which will be sent out in two batches over the next month to be reviewed by this group virtually and then ratified at the next meeting.</p>	<p>VAS to email out 14 policies To be ratified at March meeting</p>	<p>VAS All</p>
<b>CONTRACT QUALITY ISSUES</b>		
<p><b>30. NY&amp;H Area Team Local Quality Surveillance Group</b></p> <p>The notes from the meeting held on 16<sup>th</sup> January 2014 as yet unavailable</p>		
<p><b>31. Mortality update</b></p> <p>NLaG Trust Board February report noted.</p> <p>Frances/Hard Truths – CW further developing an action plan and will be available for the next months meeting.</p> <p>North Lincs response to the Francis report plan on a page – it was agreed that the CCGs logo needed to be added and then placed on our website to declare the CCGs commitment to our local communities. JE to link into the Commissioning Plan.</p>	<p>March meeting</p> <p>Before March meeting</p>	<p>CW</p> <p>VAS and JE</p>
<p><b>32. Provider Assurance Process update</b></p> <p>CW outlined the background and detail to the Quality Assurance Site Visit Guidance.</p> <p>Guidance noted and approved.</p>		
<p><b>33. CQUINs</b></p> <p>RDASH Signed off.</p> <p>HEY has been internally signed off. Everything in Quarter 3 has been achieved except Learning Disability</p> <p>NLaG – has just been received. FFT has not been achieved</p>		
<p><b>34. Identification of any new risks from business discussed</b></p> <p>None</p>		
<p><b>35. Any other business</b></p> <p>CW reported that JP had successfully submitted a Friends and Family Test pilot bid in relation to stroke pathway – looking at it from the ambulance service right</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
through to discharge. Project manager to be appointed via the CSU.		
Future speakers – it was agreed to set specific questions in relation to assurance.	March meeting	CW
DATE, TIME AND VENUE OF NEXT MEETING		
<ul style="list-style-type: none"> <li>• Date: Thursday 27<sup>th</sup> March 2014</li> <li>• Time: 14:00 hours</li> <li>• Location: Board Room, Health Place, Brigg</li> </ul>		