


MEETING DATE:	13 September 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.13	
AUTHOR:	John Pougher	
JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance Quality and Assurance	

**QUALITY GROUP MINUTES
28 JUNE 2012 & 26 JULY 2012**

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

1. PURPOSE OF THE REPORT:			
The Quality Group Minutes dated 28 June 2012 & 26 July 2012, are attached for CCGC to receive and note, for information only.			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i>			
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
	Yes	No	x
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
	Yes	No	x

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

**North Lincolnshire CCG Quality Group
Held on Tuesday 28th June 2012**

Meeting Notes

Present:

Karen Rhodes (Chair)	John Pougher	Noelle Williams
Dr Sheena Kurien George	Sarah Glossop	Dr Robert Jaggs-Fowler
Mike Griffiths	Barry Jackson	Christine Bromley
Ellie Gordon		

In attendance:

Vivienne Simpson Ian Reekie Dr Fergus Macmillan Rebecca Bowen

1 Apologies

Mike Rymer	Tim Fowler	Debb Pollard	Greta Johnson
Zoe Wray	Dr Andrew Lee	Helen Varey	

2 Minutes of last meeting

The notes of the meeting held on the 24th May 2012 were approved.

3 Matters arising

Do not attempt resuscitate –it was noted that the policy is still being worked on, but that the roll out plan has gone ahead with some care homes already using it.

Implantable Cardiac Devices - KR reported that she had nothing further to report from the Cardiac Network.

Repeat ordering/dispensing service – Amendment to the minutes of the 26th May. As this is a provider issue rather than a commissioning issue it should have read MR happy to attend a future CoM/CCG meeting to facilitate discussion and not as stated to provide a report. It was agreed to ask MR to discuss further with Dr Margaret Sanderson re a discussion at CoM.

Action: MR

Catheter care passport – confirmed this is being re-issued.

Annual Report – Kate Ireland has requested an aggregated annual report on all the statutory functions. Two examples have been provided. Awaiting a list of functions to be covered in the annual report and the timescales involved.

Safeguarding Children – SG raised concern about the patient information reported in the last minutes as one of the cases is not in the public domain and in the future may bring attention on the family. KR had felt this information was not of a private nature but would review and move into a private minute.

KR reported that the CCG front sheet has been amended to identify whether the paper is FOI releasable at this point in time and if it is not why not. BJ to provide a guide to aid this decision making.

Action: BJ

When an item is going to be discussed in private it should list the item on the agenda and it should note why it is not going to be discussed in public. Everything should be open and transparent with everything in the public domain unless there are explicit reasons why not.

It was agreed if there is a need to discuss a case in detail that this will be acknowledged in the minutes and then noted in more detail on a private meeting notes. This should be the exception rather than the rule.

KR stated that this group needs assurance that there are actions being taken and no surprises.

Safeguarding adults – training audit completed re PCT staff and results supplied to KR. There are a small number of staff who should have completed this training and the director involved will be following up.

Infection Control Annual Report – tabled at the May meeting. No comments received – agreed to sign off.

SUI Meeting notes – awaiting final version. VAS to circulate.

Action: VAS circulated 2.7.12

SUI guide (what constitutes an incident and how to report it) – JP reported he is still awaiting CSS guidance. Once available JP will circulate the guide for comments.

Action: JP

Delivering Single Sex Accommodation – have now received written confirmation from NLaG and HEY, verbal from RDaSH that no breaches have occurred and they have published.

Complaints/PALs update – new report format provided.

Caldicott, SIRO, Asset Owners – KR reported she had discussed re this with Allison Cooke. The CCG are currently completing an accountability map, once completed names will be identified.

Internal Audit Report – JP confirmed the risk register had been updated.

Deep Dives – Concern had been raised about some of the language used within the actions plans. KR still to review.

4 Annual reports – discussed under matters arising.

Terms of Reference – In line with the national template for Quality Committees of CCGs, KR has started to review ToR. It has become clear that this group will have a wider remit in the future and will need to ensure all the functions in terms of accountability sit somewhere in the CCG infrastructure and governance arrangements. However as they are a little unclear KR has not completed the review and will report back at the next meeting.

At the last meeting KR asked for views on chairing this meeting in the future. This is not a statutory committee of the CCG but is one of the committees deemed to be good practice and does not need a lay member to chair it. KR feels however that it important that someone who is a full member of the CCG governing body should

chair it. In order to share the workload out KR suggested that when the nurse member is appointed that they should chair this group with one of the two lay members who are in the process of being appointed as vice chair. KR has discussed this with Helen Varey and Ian Reekie prior to the meeting and HV has supported this suggestion. The group supported this suggested and it was agreed to include a recommendation in the TOR.

Action: KR

Patient Safety

5 NHS111 Clinical Governance

JP outlined the background to the paper. It is felt that 111 is high risk in terms of governance and patient safety and pilots have raised concerns whether it is a safer system than NHS Direct. Particular concern re 'embedding' governance arrangements across the CCGs.

We need to set up a separate quality group across the patch which must have GP representative to gain authorisation

It was agreed that 111 governance needed to be on our corporate risk register.

Once we do go to implementation need to stress test that everything is in place with the provider because the pilot sites across the country have highlighted a number of areas of weaknesses in the patient pathway. If we get authorisation it should be a good indication that we have got these issues sorted out. JP concerned that we do need to assure our clinicians re. patient safety.

KR feels the plans need to be future proofed. Identify which of these groups are time-limited and which will be in the governance arrangements in the future. Also need CCG quality monitoring and embedded in local structures with providers.

Contract monitoring of the provider of the 111 service will be done by the lead commissioner. We will expect them to feed the outcomes into the CSS and they will give the CCG an overview of the quality for everything we commission and 111 will be included in that.

Testing required before goes live at the end of July but we need to know much more about what is involved. Need a paper about the testing and what is the process if there is a problem – where does it go for resolution? Agreed to update CCG re testing of the pathway system.

Testing of the pathway system – update CCG

Agreed that KR/JP and RB will formulate a response – key messages on how to take clinical governance forward and present to next meeting

Action: KR/JP/RB

6. Safeguarding Children update

SG reported that the OfSTED inspection report has been published and is able to confirm that the report states our health arrangements for safeguarding children are good and health arrangements for looked after children are outstanding. Training is the reason for safeguarding children result being classed as good rather than

outstanding. Have received a letter from the CQC stating that overall we have got outstanding capacity to improve. Awaiting formal CQC letter.

Quarterly assurance reports are due to the SHA, these formerly went to the lead commissioners. SG proposes to share assurance in respect of NLaG, RDaSH, NHS NL/CCG and independent contractors with this group.

Current cases – nothing new to report.

Members discussed patient identifiable information in private

7. Safeguarding Adults update

MG reported that he had provided the cluster with a summary annual report. Activity- pharmacists – a number of mislabelled pharmacy issues MR and MG will report back to JP. One home manager has put in a complaint re a GP. /a number of alerts raised regarding the care of the elderly project and the new DNAR forms. Home managers are raising concerns that this is not being delivered appropriately.

The alerts are primarily about the application of the DNAR process. KR has asked MG to carry out an investigation – depending on the outcome it may be necessary to do an audit.

8. Infection Control

May I C update – Noelle Williams attended the meeting on behalf of Greta Johnson and updated the group. The briefing paper was taken as read and noted.

9. Clinical performance issues (independent contractors)

General Practitioners

GP 1- Still suspended with one more month to role.

GP 2 – Under investigation by the GMC.

Further case being considered for GP1 – no further details as to whether this will result to a fitness to practice hearing.

The Performance Advisory Group(PAG) met for North Lincolnshire. Two GPs have been removed from the performers list – one on health grounds and not adhering to the requirement to attend appraisals. The other is a doctor who has worked out of the country for more than one year and also has not participated in an annual appraisal.

The PAG have also considered the case of a GP who has not currently been suspended from the list but who is voluntarily not working whilst a situation is being investigated by the police. Awaiting the police outcome prior to consideration of any actions.

Clarity still required re future once the new NHS architecture gets going re independent contractor performance.

RJF felt these are not a commissioning group problem but commissioners should have an over view as to the governance of the performance of the GP performers.

RJF recruited to the CCG as Medical Director and part of that role is precisely this and not sure if he does not report to here where exactly he does report to. KR and RJF to discuss further around across the broader issues around family health services and GP issues. RJF feels that as far as this group is concerned provides reassurance.

Dental Practitioners

The dentist being investigated by GDC who has given 3 months notice to retire at the beginning of August will now retire at the end August to facilitate a smooth handover.

10. Care Home update

EG clarified the reason for bringing the paper to the last meeting re Castle Beck. This had been brought to outline work that is currently being taken forward as part of the Learning Disability Complex Care Review, which is a joint piece of work between NLC and NHS NL supported by RD&SH. The aim of the work is to ensure that not only are all LD patients in appropriate placements which meet needs, but also to scope out future need and how provision can be encouraged to support this. As part of this scoping, The Gables, a registered Castle Beck care home in Scunthorpe, is being reviewed to identify how this resource can potentially be developed to meet future needs.

11. Continuing Care update

The team has now restructured and divided all in area care homes so that each member of staff has specific responsibility for a small number of care homes. This means that the care homes have a named contact which is ensuring an increase in positive working relationships, and also ensuring that the staff are able to achieve a higher presence within care homes to support and inform care provision.

The new CHC structure for the CSS is now out, and the vision is that there will be one CHC team across the CSS. This will comprised of a merger between NHS NYN and also NHS NL, both CHC teams are currently in the process of working together to inform this development. As a consequence NHS NL will benefit from improved governance as NHS NYN has a dedicated safe guarding team for CHC, who we will shortly begin working with to develop links and pathways.

12. SUI Monitoring group

Minutes from the May meeting to be circulated when available.

**Action: VAS
Circulated 2.7.12**

13. Dental update

Update paper taken as read and noted.

JP reported that a CQC Inspector contacted Helen Phillips this morning following a visit to the Westwoodside practice. They expressed immediate concern in regard to the emergency drugs held at the practice particularly adrenalin – the practice only had one EpiPen for one adult and one for a child. The CQC inspector had taken dental advice from the CQC dental adviser and was minded to issue a breach notice – which means we have 48 hours to respond and they will be closing the practice down. HP sought advice from MR and RJF who agreed that one EpiPen was not

sufficient. HP and Alister Weightman were currently visiting the practice to review. The CQC inspector agreed that when HP and AW visit the practice if they find that the practice have now got sufficient emergency drugs he will not issue the breach order. However they do have other concerns including the oxygen cylinder and practice location due to ambulance turnaround times and will be issuing considerations on registrations linked to training, supervision and consent.

Post meeting note:

Helen and Alister Weightman visited the practice the afternoon of the 28th June. The practice now have 2 EpiPens for adults and 1 of each for different ages for children. They have been advised to get another 2 pens for children. All the emergency drugs have been checked and are in date and there is evidence of a process in place for checking. They have also been advised to get another oxygen cylinder, although what they have does meet the requirements. CQC have confirmed they are happy with this.

It was agreed to ask HP to attend the next meeting to update the group,

Action: JP

14. Identification of any new risks from business discussed

None

15. Any other business

None

Clinical Excellence

16. Medicine management/prescribing update

Update provided by MR. To continue with the Prescribing Action Plan indicators as in 2011/12 as the indicators reflect patient safety issues and good clinical practice such as NSAIDs in the over 65s, antibiotics and PPIs and connections to Cdificile, antipsychotics and hypnotics (one practice pharmacist is running step down/step off clinics as a prescriber in one practice and may work in others if needed).

The 3 areas for QOF Medicines Management promoted for 2012/13 are NICE hypertension guidance, anticipatory prescribing of steroids and antibiotics in COPD and management of polypharmacy in the frail and/or elderly – a link to the elderly care project.

17. NICE Update

KR has informed the CSS that under our quality specification we will require information around NICE, uptake within the providers we commission from, alerts to be picked up by them and dispersed widely i.e. CAS alerts, NPSA alerts. Need to ensure when the CSS takes over that these alerts are not duplicated.

18. Identification of any new risks from business discussed

None

19. Any other business

None

Patient Experience

20. Patient and public involvement

CB gave verbal update. Full details attached at Appendix 1

21. Delivering single sex accommodate update

None identified

22. Complaints/PALS for the period April 2012

May update taken as read and noted.

23. Identification of any new risks from business discussed

None.

24. Any other business

None.

Information Governance

25. Information governance IR1s

None

26. Information governance update

Paper received and noted. BJ confirmed he is meeting monthly with auditors and the auditor has approved the report and suggested adding owners comments. Full report requested for next meeting.

Action: BJ

27. Any new risks from business discussed

No

28. Any Other Business

None

General Quality Issues

29. Quality and Contracts

- **NLaG – Acute – Community**

NLaG contract meeting minutes noted.

Discussions taking place around the future lead commissioner arrangements and what the CCG wants to do collaboratively. KR feels that collaborative commissioning does not work for monitoring quality. The CCG will be accountable for quality and if we are relying on someone else doing it on our behalf we are disadvantaged. If the CSS are going to do most of the functions for us in contract management and monitoring we should have a more granular view coming down to us.

30. Deep Dives

As previously mentioned KR in process of reviewing language used in the NLaG Quality and Stroke Deep Dives. Maternity Deep Dive to commence on 3rd July.

31. Mortality update

The SHMI Review – CCG Committee has received a presentation on the draft report, steering group are meeting on Monday to discuss how we put in the public domain.

Stillbirth report – Frances Cunning letter will be discussed at the Maternity Deep Dive.

32. CQUINS update

Quarter one report will not be ready until end of July.

33. Identification of any new risks from business discussed

None.

34 Any Other Business

Quality and Handover – KR attended a stakeholder engagement meeting at the cluster, at which Kate Ireland delivered a paper on how the cluster is going to handle quality and the handover. Paper presented on the process proposed.

KR concern that the PCT/CCG do not have the capacity to do the work to feed into the receiving organisations. JP attending the next meeting and will report back to the group at the next meeting.

Action: JP

35 Date, time and venue of next meeting

- Thursday 26th July 2012 at 3.30 pm. Room 101 Kingsway Centre Scunthorpe

Appendix 1

Report to: Quality Working Group

Report From: Christine Bromley,
Community Involvement & Engagement Co-ordinator

Date: 28th June 2012

Subject: Community Engagement

Communications & Engagement Strategy

A final document has now been produced to support the CCG authorisation process.

Stakeholder Grid

The stakeholder grid is undergoing further work. Following a meeting with representatives from the Public Health Directorate and email has been circulated requesting information on organisations they engage with.

We emailed VANL on 14th June to request an update on the review of their database and are awaiting their reply

The aim is to provide the stakeholder grid through the intranet to enable people to find local groups and organisations to support any engagement activity. This data will be available alphabetically and in grouped into the five localities within North Lincolnshire.

Current Activity

Sustainable Services Review

A draft communications and engagement plan has been produced and a final is expected by the end of this week. Regular meeting dates have been established and the next meeting of the group will be held on the 12th of July 2012.

Congenital Paediatric Cardiac Review

A response around the Public Sector Equality Duty around how PCTs have carried out the necessary equality assessments for this review, has been sent via Chris Long on behalf of the Humber Cluster in early June.

A meeting is being held on the 4th of July 2012 to decide the future configuration for these services and an update will be provided to the next meeting of the Quality Group.

A&E Attendances Survey

A draft survey has been developed to explore why people attend A&E. Whilst there has been a reduction over the past 2 years, attendances are still high. The questionnaire has now been agreed and work is taking place around the logistics and timings for the survey.

MSK Review

An initial meeting has been held to explore the methodologies for gathering patient feedback on the current services.

Working with young people

Meeting held with lecturers at North Lindsey College on 29th May to consider opportunities for joint working.

Several key opportunities were identified:

- Involving and consulting with young people
- Promoting health and well-being initiatives and services / providing real examples of work in health and local authority services through speakers to students
- Placements
- Broader future employment opportunities within health and social care, i.e. outside nursing and caring roles.

Central Surgery

Following the development of the Facebook page around access to appointments at Central Surgery, an offer has been made and accepted to explore engagement opportunities through the practice's patient participation panel. We have been invited by their Chair to attend the next meeting of the group on 10th July.

Exploratory Meetings

Meetings have been held with key personnel both within and outside the organisation to

- gather insight into potential future work;
- develop contacts with key personnel both within and outside the organisation, and
- to help bring together the knowledge of local groups and organisations into a central point (stakeholder map).

Planning to visit the Ironstone Centre and arrange for walks with the Community Public Health Improvement Facilitators to gain insight and knowledge into each of the five localities.

**North Lincolnshire CCG Quality Group
Held on Thursday 26th July 2012**

Meeting Notes

Present:

John Pougher (Chair)	Greta Johnson	Zoe Wray	Sarah Glossop
Mike Griffiths	Barry Jackson		

In attendance:

Vivienne Simpson Ian Reekie Helen Varey

1 Apologies

Mike Rymer	Debb Pollard	Dr Sheena Kurien George
Dr Robert Jaggs-Fowler	Dr Andrew Lee	Karen Rhodes
Ellie Gordon	Christine Bromley	Tim Fowler

Quoracy – It was noted that this meeting was not quorate as per the current Terms of Reference and any decision or recommendations would be ratified either virtually or at the next meeting.

2 Minutes of last meeting

The notes of the meeting held on the 28th June 2012 were approved.

3 Matters arising

Implantable Cardiac Devices - KR has received the following response from Phil Davis, Chair of the local Cardiac Network. They have not received a full update on the issue and he will advise KR once they do. He advised that the North and East Yorkshire Humber Cardiac Network have advertised the post for clinical lead which will be appointed in the near future and this person will be able to support this work. It was agreed to keep this on the agenda for the next meeting and to expect a substantial update

Action: VAS

Repeat ordering/dispensing service – It was noted that MR will discuss attending the Council of Members meeting with Dr Sanderson when she returns from leave. MR to follow up.

Action: MR

SUI guide (what constitutes an incident and how to report it) – JP reported he is still awaiting CSS guidance. However the CSS have now developed the process map for Serious Incidents and Untoward Incidents. JP stated that he would draft a guide and given that they have developed the process mapping responsibilities for CSS, CCGs and the providers, see if this in line with their thinking, as they may wish to adopt/adapt.

Action: JP

Dental update on Westwoodside

The following update provided by Helen Phillips

A routine CQC inspection was carried out by Ian Mathers, CQC Inspector. During the visit Ian reviewed the emergency drugs retained at the practice. It was identified that in his opinion and having taken CQC Dental Adviser advice the practice did not retain sufficient adrenaline/epipens at the practice. Ian contacted NSH North Lincolnshire to advise that if this matter was not rectified the practice would have its inclusion on the CQC register suspended. I liaised with Alister Weightman and also discussed the issue with Dr Jaggs-Fowler and Mike Rymer and it was the opinion of NHS NL clinicians that 2 epipens for each of the 3 age groups should suffice. This advice was discussed with CQC who agreed that this would be acceptable and the issue of adrenaline should be discussed further at a national level. Alister and I visited the practice that afternoon and reviewed the emergency drugs and can confirm that epipens had been purchased and were available at the practice. Ian Mathers, CQC was comfortable with the response of the practice and NHS North Lincolnshire and no further action was taken to remove the practice from the CQC register. Greta Johnson and I will be visiting the practice on 10th August to complete a further infection control review.

Quality and Handover – JP attending the working group to the Transition Governance Group. Working on-going. All work to be submitted to the Cluster by March 2013

- **111 Governance arrangements** – JP provided the context behind this. Each CCG has a watching brief on the work of the 111 provider. However to get authorisation we need to demonstrate that the 111 project has been embedded within our CCG and that GPs actively engage and support the process. Significant challenge to ensure that we have on the local patch the processes and systems in place to ensure authorisation. Two elements have been put on the Risk Register both rated at 15. Looking for leadership and guidance from the local project board, regarding potential separation and actions to ensure we get authorisation for North Lincolnshire. Concern raised in respect of who will pick this work up until CSS take it on. Agreed to keep on the agenda.

Agenda item

- **Quality Group Revised Terms of Reference** – Draft ToR had been developed by KR and presented to the group for comments.

Query raised by Ian Reekie – has this been checked against the developing ToR for the audit group? As it seems to be in certain governance areas particularly around the BAF that it might be more appropriate to rest with the audit group.

Helen Varey queried whether it would be more appropriate for the lay member for governance being on this group – more appropriate as a chair of the audit committee.

MG raised concern that no decision has been made about CCG Safeguarding Adults as the CCG must have safeguarding adults assurance. Statutory responsibility will go to the Local Authority.

HV – Quoracy – CCG member lead – should read CCG clinical member lead.

These comments to be passed to KR and any further comments to be sent to VAS by 3rd August.

Action: All

Patient Safety

4. Safeguarding Children update

SG reported that still awaiting formal CQC letter.

Quarterly assurance reports have been completed and sent to the SHA. SG proposes to share assurance in respect of NLaG, RDaSH, NHS NL/CCG and independent contractors with this group and will be available for the next meeting.

Action: SG

No new cases.

Current cases – nothing new to report.

5. Safeguarding Adults update

MG has also completed the SHA Quarterly Assurance Report.

In terms of local activity – there have been some significant concerns about the implementation of the new DNAR forms and safeguarding activity as a result of how those forms have been applied to people within the context of the care of the elderly project phase two rollout. MG has completed an initial report which he will be discussing with JP outside of the meeting.

6. Infection Control

June I C update – GJ highlighted issues around

- Dr Kennedy and Partners and Sainsbury's. Issues still around effective triage and how is this being monitored. GJ agreed to pick up with Jane Ellerton. HV also raised concerns re situation of practice in-store
- Dr Rajkumar at 78 Oswald Road. GJ raised concerns re practice and on-going building work and although practice has taken actions to address, the group requested that GJ to do a further unannounced visit
- Sharps waste – issues now resolved
- Sharps leaflet ready for use as of 1st August
- PCO MRSA – 3 cases (trajectory for 12/13 is 4) the third case is a baby on the neonatal unit. Hospital acquired. RCA to be held.
- C Diff action group is being formed at SGH and GJ will be part of the group.
- MRSA PVL cases last year at Hill Top Care Home. Now have a member of staff with the same strain of PVL. GJ attended Hill Top this week and provided hand hygiene training. GJ expressed her concern that a number of new staff at the home had not received any training. MG would bring to the attention of the Hill Top multi-agency working group.

The briefing paper was taken as read and noted.

7. Clinical performance issues (independent contractors)

General Practitioners

Nothing new to report.

Opticians

An optician has written to notify NHSNL that he is being investigated by the General Optical Council. We have not been notified formally by the GOC. ZW to invite the optician in for a discussion.

Dental Practitioners

The dentist currently under investigation by GDC has written to inform us of his intention to retire at the end of July.

8. Care Home update

Report taken as read and noted.

9. Continuing Care update

Report taken as read and noted.

10. SUI Monitoring group

Minutes from the June meeting to be circulated and any comments to be discussed at the next meeting

**Action: VAS
Circulated 27.7.12**

11. Identification of any new risks from business discussed

Ironstone Centre – issues regarding flooding, infection control from the building perspective and mitigating further flooding. Agreed to put on NHSNL risk register. JP to work with KR re the scoring.

Action: JP/KR

Oswald Road GP practice – infection control issues to also be added to the Risk Register

Action: JP

12. Any other business

Mobile Breast Screening Units – JP notified the group that three mobile units have been suspended from the 12th July by Hull & East Yorkshire because of technical difficulties. Action plan is in place and arrangements are being made to manage the shortfall.

Histopathology Capacity concerns at HEY Hospitals – concerns have been identified which due to unforeseen circumstances, including sickness, maternity leave, internal recruitment problems the service is struggling to meet demand resulting in a significant backlog of cases. Action plan has been put in place, prioritising cancer tissue and increasing capacity. It has been raised with the cluster and the National Cancer Screening Service.

NHSNL are requesting details from NHS Hull for an update and details of any local patients affected.

HV feels this should be brought formally to the cluster's attention. JP to ascertain whether HEY have formally reported this. JP agreed to write formally to the cluster to

express our deep concern regarding histopathology and we will be working with the lead commissioner to address and support.

Action: JP

Should we be alerting our GP practices? KR to bring to the attention of the CCG where it will be discussed further.

JP suggested that this should be added to the list of concerns on the HEY Deep Dive.

Action: KR

Cancer Peer Review – undertaken recently at NLaG by the Cancer Review Network. The network raised a serious concern regarding lack of an acute oncology service both at Grimsby and Scunthorpe, which is a substantial risk to patients. A response is required by the 6th August and the Network required an assurance that this has gone to the NLaG Trust Board to be addressed. We have requested to be copied in to the response and will be monitoring the action via the contract monitoring group. This information will be used to update the NLaG Deep Dive.

Action: KR

Clinical Excellence

13. Medicine management/prescribing update

Nothing new to report.

14. NICE Update

KR has informed the CSS that NHSNL will require a NICE service in respect of NICE guidance, any key issues in terms of patient risks or financial risks.

15. Identification of any new risks from business discussed

None

16. Any other business

None

Patient Experience

17. Patient and public involvement

Item deferred.

18. Delivering single sex accommodate update

None identified

19. Complaints/PALS for the period June 2012

June update taken as read and noted.

Draft Annual Report

Received and noted.

20. Identification of any new risks from business discussed

None.

21. Any other business

From today the CSS will be responsible for complaints and PALs for the three PCTs working across the eight CCGs. ZW will be moving across to Hull from 6th August.

Information Governance

22. Information governance IR1s

None

23. Information governance update

Monthly Report – BJ confirmed that version 10 is now open and being used. As part of the review process some of the in-year evidence needs to be renewed- have looked at them all and are fine. Have imported everything across. First submission is due at the end of the month – therefore in the same position as last year.

BJ noted that one area we have been tasked to work with is the auditors. BJ stated he has met with auditors and discussed the four areas that are not satisfactory. BK indicated it is the auditors view that there is very little benefit to be gained in finding the resources to address these areas. Their recommendation is that the organisation remains at the current level. This would mean that we continue to be 'unsatisfactory' in four areas – the group agreed to this subject to ratification.

Action: All – to be ratified at August meeting

BJ felt we should be concentrating on the North Lincolnshire Commissioning Group future plans. The group agreed to focus on the development of the CCGs.

JP questioned what are other trusts on the patch doing in relation to their tool kit submissions. BJ indicated that NEL are doing the same as NL and he understands that the auditor has made the same recommendation for Hull and East Riding.

The group also supported the presentation style of the report (annexe A).

Action: All – to be ratified at August meeting

Paper 23b - Audit group Terms of Reference

JP questioned BJ re update concerning action plan being developed with auditors, specifically in relation to the collation of evidence for submission. BJ stated that he had been meeting on a 6 weekly basis with Chris Wallace. JP requested BJ forward update re actions agreed from the audit for next meeting.

Action: BJ

24. Any new risks from business discussed

No

25. Any Other Business

MG raised the issue deceased patient notes from Rawcliffe Hall Hospital which are currently archived at Brumby Resource Centre. Brumby is due to be closed and MG is concerned as to what will happen to these records. MG to raise further with the Cluster.

General Quality Issues

26. Quality and Contracts

- **NLaG – Acute – Community**

Paper 26a Minutes of the NLaG contract & Quality Group (14 June 12) – paper noted.

Paper 26b Notes of the NHS North Lincolnshire and Rotherham, Doncaster and South Humber Mental Health Foundation Trust Performance and Service Delivery meeting (29.5.12) – paper noted.

CQC report – Termination of pregnancy services. NLaG has undertaken interventions with those suspended from work. KR has requested further details on whether any disciplinary action was taken against these individuals. Service has now resumed.

27. Deep Dives

Maternity Deep Dive took place on 3rd July. Report in the process of being finalised and will be circulated when available.

Action: KR

28. Mortality update

The SHMI Review

The report has gone in private to both North and North East Lincolnshire CCGs in July. A user friendly executive summary and full joint provider and commissioner action plan will be available in September. Phase 2 of the initiative has commenced and a large number of work streams are on-going. We do receive a comprehensive report to the quality contract meetings on a quarterly basis from NLaG on it's mortality performance. Indicators broken down by site, clinical speciality, crude mortality rate, standard mortality rate, comparisons with peer group, and compares trends over 12 months in each of those areas. The score remains the same on the risk register.

29. CQUINS update

RDaSH – all Quarter 1 CQUIN work has been achieved and targets met. The remainder of reports are still outstanding.

30. CSS update re quality

It is noted that the process mapping for risk, complaints, legal claims etc have now been developed and worked through

31. Identification of any new risks from business discussed

None.

32. Any Other Business

None

32 Date, time and venue of next meeting

- Thursday 23rd August 2012 at 3.30 pm. Room 101 Kingsway Centre Scunthorpe