


MEETING DATE:	12 July 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.3	
AUTHOR:	John Pougher	
JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance CCG – Quality and Assurance	

**QUALITY GROUP MINUTES
17 APRIL 2012 & 24 MAY 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 17 April 2012 & 24 May 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 			

**Quality Group
Held on Tuesday 17th April 2012**

Meeting Notes

Present:

John Pougher (Chair)
Sarah Glossop

Zoe Wray
Mike Griffiths

Greta Johnson
Barry Jackson

Ellie Gordon
Mike Rymer

In attendance:

Vivienne Simpson

Helen Varey

Ian Reekie

1 Apologies

Karen Rhodes

Christine Bromley

Tim Fowler

Debb Pollard

2 Minutes of last meeting

The notes of the meeting held on the 20th March 2012 were approved.

3 Matters arising

High risk drug review – MR has requested a view from the LMC regarding distribution of insulin passports to existing diabetic patients via GP practices – outcome awaited.

Do not attempt resuscitate – Still awaiting a copy of the roll out plan which will be circulated for comments when available.

Action: KR

Quality Accounts – still outstanding.

Implantable Cardiac Devices – A response has been received from NLaG stating they had completed an internal audit and the patients they reviewed were appropriately reviewed and treated even though it was outside of NICE guidance. Commissioners have seen the response and concerns have been raised at the quality contract meeting where an action plan and more robust response has been requested.

Safeguarding Adults Annual Report – Further amendments being made. Final version will be available for the next meeting.

Action: MG

Alert re Metal on Metal Hip Joints – still awaiting position statement from NLaG.

Action: KR

Future meetings – It was noted that nothing has been finalised re changing the dates of future meetings. Problems re GP availability and timing. JP to discuss further with KR.

Action: JP

Clinical Excellence

4 Annual Reports

KR has requested a view from the cluster on how the annual reports should be collated and presented.

5. Medicine management/prescribing update

Repeat ordering/dispensing service. This service is provided by pharmacies with no direct connection to the NHS. Problems have arisen with this service e.g. GP may have stopped a medicine and the pharmacy is not aware and continues to dispense the medication. MR pointed out that there are both concerns to patient safety in addition to the inappropriate use and access to NHS resources leading to waste.

GPs can agree not to participate in these 3 way schemes (GP, pharmacy and patient).

MR has brought this to the attention of the Quality Group to support a way forward. It was acknowledged that the decision lies with each individual practice as to whether to participate in the scheme. One practice has already refused to participate. It was agreed that MR would offer to facilitate a debate at the Council of Members meeting to discuss the issue reiterating the groups concerns re patient safety and waste of resources/inappropriate funding. It was felt that the Quality Group should recommend to the CCG/COM that they consider this matter.

Options could include

- a blanket ban on all pharmacies
- a partial ban
- a scheme where by certain practices could work with approved pharmacies

Action: JP and MR agree wording for communication with CCG/COM

6 Any Other Business

None

7 Identification of any new risks from business discussed

None

Patient Safety

8 Safeguarding Children update

Named Midwife – came into post 16th April 2012.

Named doctor for NLaG (North Lincs) – Is currently out to advert. Recruiting two paediatricians (one for NL and one for NEL) both with the named doctor in the job specification.

No on-going incidents in North Lincolnshire. There is still an on-going internal investigation on the Disney incident.

SG reported that Safeguarding should be sat in the clinical commission groups as a holding position until the national commissioning board is established and should not be within commissioning support organisation

SG reported that progress is good on the 10 day preparation for the joint OfSTED and CQC Inspection which starts on Monday 23rd April.

9. Safeguarding Adults update

MG gave an overview of safeguarding issues in North Lincolnshire.

Safeguarding Policy – MG reported that there are no major changes to the policy. JP has reviewed the policy and the group agreed to approve the policy and this can be downloaded on the intranet.

Training – training sessions went well, including more very well-attended sessions for dental practices.

Audit of training being compiled for staff who have attended mental capacity training.

Hilltop Project Group is continuing to meet and is now looking at individual cases, which are highlighting generic issues such as:

- Assessments in hospital prior to discharge
- Discharge arrangements
- Information passing from hospital to home
- The way the home is able to prepare their environment on the basis of the information they have been given
- How safeguarding alerts occur in the home and why
- Multi-faceted – multi agency

MG and JP meeting to review SUI and will be reporting back to the SHA.

10 Infection Control

Action Plan for Healthcare Associated Infection – GJ highlighted the updates and confirmed that a pilot is about to start using the catheter care plan passport – GJ to circulate the passport for information

Action: GJ

March I C update – taken as read and noted.

GJ confirmed she would be returning to the Traingate practice to give them their action plan. It was noted that GJ has particular concerns around Health and Safety

Sharps disposal is still an on-going issue – further meeting arranged for 1st May

Sainsbury's pharmacy – GJ reported that she had fed back her concerns to KR.

GJ reported that Mr Gorner's Dental Practice at Winterton has been sold but there still remain outstanding actions from a previous audit carried out in conjunction with Alistair Weightman. GJ confirmed she would be contacting the new owners to address.

Action: GJ

11 Clinical performance issues (independent contractors)

General Practitioners

GP 1

The GMC hearing completed and GP suspended for 3 months with effect from 20th April. A second matter has now been brought to the GMC's attention and this is still at the investigation stage.

Dental Practitioners

Dentist 1

GDC Fitness to Practice Panel Hearing was due to start w/c 27 February 2012 but the Panel did not go ahead as a second case has been brought to the GDC's attention. All the GDC will say is that it concerns "various clinical treatments provided to several patients". The PCT on whose list he is has written to the dentist asking for more detail, something he is supposed to provide them with under his contract.

JP updated the group on a Dental Practice from information provided by Helen Philips.

They have agreed a claw back of £1500 linked to inappropriate claims and the practice is putting correct the mistakes made with previous claims. This concludes current work until a follow up review takes place which after a discussion with the DRO will be in 12 months as they need time for a pattern of claims to be established before being able to confirm that they have changed their ways.

It was agreed to ask Helen to update the group on all current issues at the next meeting.

Action: VAS

Post meeting note: Helen Phillips unavailable in May – Viv to invite to June meeting

12 & 13 Care Home update and continuing care update

EG reported re care home contracts - once amended and agreed discussions will commence with care home providers re implementation.

NHSNL CHC is required to have a contract in place for all people on NHS CHC by April 2013.

EG also reported that there had been information circulating that the East Riding of Yorkshire are currently in negotiation with Prime Life to commission beds on the upper floor of the phoenix parkway development. NHSNL CHC have not been formally approached or informed about this and EG will seek further clarity on this and feedback.

14 SUI Monitoring group (April notes)

JP provided further information for I R on Incident 208401.

Paper received and noted.

15 National 111 Services

JP recently attended a Patch wide meeting re service delivery and governance concerns. It is acknowledged that GPs have concerns both local and national – looking at how to address them and move forward.

16 Identification of any new risks from business discussed

None

17 Any other business

GJ enquired what was happening with the Skin Integrity Board? JP stated that it is being re-instated, however progress is slow. KR is monitoring the situation.

Patient Experience

18 Patient and public involvement

Update paper by Christine Bromley was tabled – attached at Appendix 1.

CQC – support for families local report with disabled children. Information within the paper out of date, however paper noted.

19 Delivering single sex accommodate update

KR had previously asked NLaG why they are having a large number of justifiable breaches on Ward 28 – no response received. JP challenged NLaG at Quality Contract meeting and requested written explanation of position. JP to follow up.

Action: JP

20 Complaints/PALS for the period March 2012

March update taken as read and noted.

BJ questioned the amount of time taken to transfer patient notes

The position at The Birches having two locations – main and branch surgeries was raised. Mail is delivered only to the main surgery in spite of the fact that the delivery person passes in front of the reception desk of the branch surgery when visiting other practices. The staff have to load the post into their own car and take to the branch surgery. JP to contact Willerby to see if they can make an exception to the rule of only delivering to a main surgery.

Action: JP

21 Identification of any new risks from business discussed

None.

22 Any other business

None.

Information Governance

23 Information governance IR1s

None

24 Information governance update

IG Toolkit

BJ reported that all the evidence has been uploaded onto the system. JP queried if members of the Quality Group would be able to access actual evidence once loaded and BJ confirmed we would. BJ circulated a report that showed NL scores in comparison to other scores on the patch. It was noted that auditors would be providing project support during the forthcoming year to ensure the delivery of agreed actions arising from the IG Toolkit audit. The Quality Group would be reviewing evidence and progress against the plan at each of its meetings and producing quarterly report to NLCCG.

GP IGT Return – BJ highlighted practice IG governance self-assessment returns – high response rate noted.

25 Legacy

JP reported that Paul Ablett has met with Doug Scott to discuss the S: drive structure and permissions. Doug is preparing a proposal for directors. Paul will continue to work on the document store element.

26 Any new risks from business discussed

None

27 Any Other Business

None

General Quality Issues

28 Quality and Contracts

- **NLaG – Acute – Community**

Paper noted.

Other Providers

None

RDaSH Issue log

Paper noted.

29 Mortality update

The external review of NLaGs performance is ongoing.

30 CQUINS update

JP confirmed he would bring the CQUINS for the coming year and quarter 4 review to the next meeting.

Action: Agenda item

31 Quality Accounts

JP reported that he should receive RDaSH quality account later this week. NLaGs is expected in May but unsure when we will receive one from HEY. All will be brought to this group when available; however we may need to respond before the next meeting.

32 Future meeting arrangements

See matters arising

33 Identification of any new risks from business discussed

None.

34 Any Other Business

35 Date, time and venue of next meeting

- Thursday 24th May 2012 at 3.30 pm. Room 101 Kingsway Centre Scunthorpe

Report to: Quality Working Group **Appendix 1**
Report From: Christine Bromley,
Community Involvement & Engagement Co-ordinator
Date: 17th April 2012
Subject: Community Engagement

COMPLETED ACTIONS FROM JANUARY UPDATE

Set up a North Lincolnshire engagement email	<ul style="list-style-type: none">• nlp-ct.Talk2Us@nhs.net has been set up and is being promoted as a contact point for engagement work.
Make enquiries re costs of access to VANL database of local groups	<ul style="list-style-type: none">• Cost is £50, database currently being refreshed.

ON-GOING / OUTSTANDING ACTIONS FROM JANUARY UPDATE

<ul style="list-style-type: none">• To set up regular meetings to strengthen joint working arrangements with local partner organisations (on-going).	
<ul style="list-style-type: none">• Information on the intranet with access to the initial engagement form (on-going).	<ul style="list-style-type: none">• The initial proposal form has been submitted for upload to intranet.• Work to take place with I.T. around requirements to develop engagement section.
<ul style="list-style-type: none">• Enquire about U-Engage including Costs of training, how it would benefit us, and who else uses it (outstanding)	

Engagement Strategy

A draft outline structure for the engagement strategy has been developed and further work is being undertaken to develop the content.

Stakeholder Grid

A stakeholder mapping exercise is taking place to develop a contact list for the Experience Led Commissioning work. This list will also support future engagement activity.

It was agreed that the Trust would fund access to the VANL database of organisations, however the database is currently being refreshed. Once this process is complete this list can be added to the stakeholder grid.

Current Activity

Maternity Deep Dive & Quality Deep Dive

Both meetings were postponed – awaiting next steps.

Stakeholder Events

Baths Hall, Scunthorpe, 12th March 2012

Ropery Hall, Ropewalk, Barton 15th March 2012

The Engagement Team provided facilitation for the above joint engagement events with Who Cares, NHS North Lincolnshire, North Lincolnshire Council and VANL. The overall aims of the events were to:

- a) To gather the views of the local community in relation to their health and social care services to help inform:
 - Health and Wellbeing Strategy
 - Integrated Services - Development team
 - Transition to Local HealthWatch – Who Cares
- b) To provide information on the changes to service delivery in terms of the integrated model
- c) To provide feedback on the recent consultation carried out by Who Cares

Primary Care (Real Time Information Gathering)

- Work is now complete for 2011-12 Patient Participation DES.
- Practices were offered the opportunity to have their reports reviewed by the engagement team prior to publication on their websites. Out of the 20 practices within North Lincolnshire 12 took up this offer.
- A meeting has been arranged to review the patient participation reports for Wednesday 18th April.
- Enquiries are being received for 2012-13 around the use of the CRT equipment.

Proposed closure of the Riverside Branch Surgery

- The proposals were discussed at the practices PPG meeting and supported.
- All patients at North Kelsey received a letter explaining the proposed closure and patients were asked to contact the practice by the 31st of December.
- Three expressions of concern were received; two included the issue of transport, and two around the standard of the premises. All received written responses.
- Given the above it was agreed to support the closure.

Unplanned Care

- **The North Lincolnshire Overview & Scrutiny Committee** was consulted in November 2011 to provide an overview of the proposals and to identify whether formal public consultation would be required.
- **'Who Cares'**, the Local Involvement Network received a presentation on the overview of the model and were given the opportunity to provide comments. Their comments were fed into the GP Commissioners.
- **The Public** – The initial concept was to approach a number of community groups within the area with the offer of a presentation around the proposals for unplanned care. Local councillors were also contacted by email to enquire about groups within the Isle of Axholme. This approach was unsuccessful and work is currently taking place to look at providing written information for circulation.

**North Lincolnshire CCG Quality Group
Held on Tuesday 24th May 2012**

Meeting Notes

Present:

Karen Rhodes (Chair)	John Pougher	Greta Johnson
Dr Andrew Lee	Dr Sheena Kurien George	Sarah Glossop
Mike Griffiths	Barry Jackson	Christine Bromley
Tim Fowler	Debb Pollard	Zoe Wray

In attendance:

Vivienne Simpson Helen Varey

Karen Rhodes welcomed Dr Lee and Dr Kurien George to the group.

1 Apologies

Ellie Gordon Mike Rymer Dr Robert Jaggs-Fowler Ian Reekie

2 Minutes of last meeting

The notes of the meeting held on the 21st April 2012 were approved.

3 Matters arising

Do not attempt resuscitate – Still awaiting a copy of the roll out plan which will be circulated for comments when available.

Action: KR

Implantable Cardiac Devices

KR reported that she had raised concerns about NLaGs cardiologists reviewing the cases that they audited themselves and drawing conclusions that the care provided was appropriate with the lead commissioners, who in turn had raised with the cardiac network. KR to have further discussions with the Chair of the Cardiac Network. One suggestion from the CCG sub group was to get one or more clinicians from the cardiac network to review the cases Dr Lee agreed to discuss his concerns further with Dr Liz Scott, Medical Director NLaG..

Action: AL/KR

Safeguarding Adults Annual Report – Final version available on the internet.

Alert re Metal on Metal Hip Joints – still awaiting position statement from NLaG. TF confirmed that a letter will be sent out to NL GPs notifying them which patients this relates to.

Repeat ordering/dispensing service – MR happy to attend a CCGC/COM to facilitate discussion

AL reported that his practice were undertaking an audit of the requests coming through from pharmacies by checking with the patients to confirm whether they had made that request and if they receive only the items they have requested or

additional ones. It was agreed that this might be a useful piece of work to be included in the paper by MR.

Action: MR

Catheter care passport has been circulated to community services, incontinence team, NLaG for comments. It was agreed this also needs to go to GPs in their provider role. Once final comments received will return to this group for approval.

Action: GJ

Following approval the scheme will be piloted with a number of patients that already have a catheter in place to see if they find it useful.

Winterton Dental Practice – new owner intending to make structural changes to the building. Plans have been sent to GJ for review.

Deliver single sex accommodation – NLaG responded to our query on why there have been a large number of justifiable breaches on Ward 28. It was due to a new high dependency observation unit being established on the ward. We will continue to monitor clinical performance.

National 111 Service – CB reported that we have been notified of events for health professional about assessment tools being used and this has been circulated widely

Delivery of post to branch surgeries – JP contacted Willerby and is awaiting a response.

Clinical Excellence

4 Annual Reports

Still awaiting clarification from the cluster of the format to be used. In the meantime still receiving annual reports from safeguarding adults and children, infection control, complaints. CB reported that engagement is likely to be cluster wide and would report back when known.

As this is a sub committee of the CCG the notes from this meeting will be presented in a public meeting. Discussion regarding how can we demonstrate that this committee is different from the QWG which reported to the PCT and fits in with the culture of the CCG and is clinically lead. View was that format was ok but need to clearly identify items taken in private. It was felt there should be far more openness

Discussed exclusions – patient specific and commercially sensitive issues.

It was agreed to use the same front sheet as the CCG which states whether public or private. The minutes should also reflect why it is private and could not appear in the public minutes.

National draft ToR for CCGs governing body quality committees have recently been published. It was agreed that Karen will review our current terms of reference against this new national guidance. Once assignment becomes clearer will need to review membership of this group. A number of items previously within the agenda will move to cluster transition group and National Commissioning Board in near future.

Action: KR

5. Medicine management/prescribing update

Item deferred.

6 Identification of any new risks from business discussed

None

7 NICE Update

AL enquired where is the other national guidance picked up? As a PCT there was a rigorous process via the CEC but we no longer receive any reports on NICE guidance. It was agreed to suggest NICE guidance is built into the service specification of what we require from the CSS. It was agreed to have this as a future agenda item.

Action: Future agenda item

KR reported that the CCG had met with the CEO of NICE and the North Sector Management Lead. It was a courtesy visit, looking at CCG development and what we think of their business and what they should be doing.

KR stated that the CCGs are going to have to decide on the level of importance they put on the NICE Guidance, technology appraisals etc. As a PCT it was obliged to implement the technology appraisals but it was not obliged to implement the NICE guidance. Wider discussion needed on how the CCG is going to handle this.

8. Any other business

None

Patient Safety

9. Safeguarding Children update

Joint OfSTED and CQC Inspection for all safeguarding and looked after children arrangements across all the partners finished on the 4th May. The preliminary judgement stated that there were no actions for any health organisation in North Lincolnshire arising out of the review and inspection.

We have a slightly different approach from national guidance in terms of paediatric follow up after SUDI and the CQC are happy with that approach.

It was confirmed the named doctor post had been recruited at NLaG.

10. Safeguarding Adults update

MG gave an overview of safeguarding issues in North Lincolnshire.

Training – training sessions still on-going. An audit on the training of safeguarding adults undertaken by NHSNL staff will be completed for the next meeting.

Action: MG

MG to attend the Safeguarding Adults Board to present a draft guideline on reporting and thresholds. MG to report back at the next meeting.

Request received from NHS North of England requesting information on 'getting ready for 2013 knowledge transfer to CCGs about adult safeguarding'

Need to ensure systems and processes around safeguarding adults and children remain with the CCG.

11 Infection Control

GJ asked members whether they wanted the monthly report to stay in the same format. It was agreed to send any suggestions to GJ via email.

Action: All

April I C update – taken as read and noted.

GJ highlighted that the MRSA trajectory for 2012/2013 is 4 and we already have 2.

Clinical Pathways Review – guidelines in assisting primary care to make decisions regarding treatment protocols. Keen to take forward, currently out for comment to microbiologists and wondered whether any GPs in NHSNL would be willing to look at one or two elements within a pathways such ear, nose and throat. Dr Lee felt that as it is based on national guidance and there are only relatively minor differences from the guidance issued by the HPA he has never spotted anything that is distinctly at odds with anything we do therefore GP input is not needed. Emphasise it is based on national HPA guidance and highlights the benefits. Agreed once the microbiologists have signed off then arrange for IT to post on the website.

Action: GJ

Annual Report – tabled. Comments to be sent to GJ and to be signed off at next meeting.

Action: All/GJ

Sharps Waste - Issues regarding the disposal of sharps in North Lincolnshire have been raised by both patients, NLAG and the LA.

Two multi-agency meetings have been held to discuss the issues following the DH publication 'Safe Management of Healthcare Waste'. Meetings have included representation from NHS North Lincolnshire, North Lincolnshire Council, Public Health, Substance Misuse Team, Community Services and North Lincolnshire and Goole Hospitals NHS Foundation Trust.

The main issue being identified is the disposal of diabetic pen devices into the recycling waste across North Lincolnshire which will not be tolerated by the Environment Agency and measures must be made to mitigate any risks to not only the public but also individuals who process the waste both locally and regionally.

The LMC and the LPC are currently being consulted on any proposed changes to common working practice and a patient information leaflet on sharps and sharp containers has also been distributed for comments prior to finalisation. Changes will include patients disposing of sharps waste in the prescribed sharps container and returning this to their GP for onward disposal. Diabetic patients who use pen devices to administer medication will be advised to remove the needle from the pen device and dispose in the prescribed sharps container. The remaining pen device which could have the potential to still hold medication should be returned to the pharmacy for appropriate disposal.

Discussions with SRCL waste contractors for NHS North Lincolnshire has also taken place regarding any proposed changes to the increased collection of sharps containers in North Lincolnshire which should incur no further cost for either the Commissioners and/or the GP practices.

12 Clinical performance issues (independent contractors)

General Practitioners

GP 1

The GP who was suspended for 3 months is just over a month into his suspension – there has been a second matter being referred to the GMC which is still under investigation.

GP 2 – Under investigation by the GMC.

Dental Practitioners

Regarding dentist who practices in N Lincs but is on a different PCT's list.

The Deputy Medical Director of the PCT in question has spoken to the GDC. The GDC has considered all the issues from a patient safety aspect, and does not consider they need to put interim orders in place in relation to patient safety. Both PCT's are therefore reassured.

In the meantime we have received a letter giving 3 month's notice of the dentist's intention to retire from practice due to health problems.

13 & 14 Care Home update and continuing care update

Paper from EG noted. It was agreed to ask that paper be separated between care home and continuing care for future meetings.

Action: VS/EG

Paper 13a – Castlebeck Care Home

Members discussed a paper regarding a specific care home in private due to being commercially sensitive.

15 SUI Monitoring group

Minutes from the May meeting to be circulated when available.

Action: VAS

JP agreed to provide a brief guide as to what constitutes a SUI and what to do about it, highlight contact points. MG noted organisations don't disaggregate their reports in terms of vulnerable or non-vulnerable, safeguarding or non-safeguarding. JP and MG to discuss further on how to include safeguarding. Once completed to put on the intranet.

Action: JP

16 Identification of any new risks from business discussed

Potential to breach MRSA trajectory in year.

Action: JP

17 Any other business

None

Patient Experience

18 Patient and public involvement

CB gave verbal update. Full details attached at Appendix 1

The communication and engagement plan which has recently been discussed and approved by the CCGC was tabled for information.

19 Delivering single sex accommodate update

Each year provider trust should post their declaration on their website. It was noted that we had not had sight of any declarations by RDaSH and HEY, but had received confirmation from NLaG.

Action: JP

20 Complaints/PALS for the period April 2012

April update taken as read and noted.

Significant drop in dental enquiries was noted. It was agreed in the future to separate the FHS/PALS related enquiries from the commissioning related enquiries. These will be picked up elsewhere under the new arrangements but where and how has yet to be finalised.

Concern was expressed that if primary care information goes elsewhere then the CCG will not have the broader picture. It is anticipated that the NCB will be reporting such information back but again this is yet to be confirmed.

It was agreed that data will in future be non-identifiable. A summary of the trends will be included in the notes. ZW to review current report layout and contents.

Action: ZW

21 Identification of any new risks from business discussed

None.

22 Any other business

None.

Information Governance

23 Information governance IR1s

IR1 in respect of door codes in which 3 NEL patients were identified. BJ highlighting issue with practice managers.

24 Information governance update

Received the audit report and noted the action plan.

New standard monthly report will be available from next month.

Establishing an integrated governance toolkit working group, to deliver on the action plan where roles and actions can be allocated out. Who will this group will report to? It was felt this would need to be brought into the discussion with the CSS around the service specification

KR enquired about the three specific roles Caldicott Guardian, SIRO and Asset Owners, BJ felt these must sit with the organisation accountable. KR to discuss with Allison Cooke.

Action: KR

25 Any new risks from business discussed

Internal Audit report – agreed need to review score, update in terms of mitigation.

Action: JP

26 Any Other Business

None

General Quality Issues

27 Quality and Contracts

- **NLaG – Acute – Community**

Paper noted.

JP reported that the Trust are producing more comprehensive reports on their mortality workstreams. Commissioners challenging them on how the workstreams will be translated into improvements in the mortality scores.

VT assessment – for the first time the Trust have achieved the 90% target and have done so now over a three month period.

AL enquired whether there is a process to address the issue of clinicians inappropriately raising patient expectations by seeking permission for treatment that they know the evidence does not support use of

RDaSH Issue log

Paper noted. TF now chairs the Performance and Service Development meeting and will provide minutes in the future.

28. Deep Dives

KR requested that if any one has any information/concerns which might be included in these amended papers to send directly to her.

AL concern about use of language which might be misinterpreted i.e. national outlier – poor performer. KR/JP to review and re-word where necessary.

Action: KR/JP

29 Mortality update

The SHMI Review - the report will be presented to the CCG on the 14th June by Stephen Ramsden. The final report will be available at the end of June. The CCG will then need to decide whether there will be a phase 2.

Stillbirth report – Report presented for information as this is a work in progress.

30 CQUINS update

Quarter 4 CQUIN report for NLaG and the Quality Indicators for RDaSH were tabled. CQUiNs schemes for NLaG, Acute and Community for 2012/13 were noted.

JP stated that there is the potential in the CQUINS to improve services but would be useful to get clinical input earlier on in the process – to engage the CCG or the nominated leads to set the CQUINS for the next year. It was felt that as there is 3 GPs on the CCG it might be easier in future to influence CQUIN development.

In the external SHMI report there will be a recommendation to take a different approach around the CQUIN for deteriorating patient

Lead commissioner arrangements -
Discussion took place around potential future arrangements re lead/collaborative commissioning with debate needed with the CoM.

31 Quality Accounts

KR explained that due to the tight response timescale she and JP reviewed the quality accounts from NLaG, RDaSH and HEY. Comments received from the CCG were fed back to each organisation.

32 Identification of any new risks from business discussed

None.

34 Any Other Business

Future Chair of Quality Group – KR asked the group to consider who would like to chair this meeting in future. To be discussed at the next meeting once ToR have been reviewed.

Action: KR

35 Date, time and venue of next meeting

- Thursday 28th June 2012 at 3.30 pm. Room 101 Kingsway Centre Scunthorpe

Items for information - minutes of other meetings and sub groups papers just for info

Report to: Quality Working Group Appendix 1

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

Date: 24th May 2012

Subject: Community Engagement

COMPLETED ACTIONS FROM JANUARY UPDATE

- | | |
|---|--|
| Set up a North Lincolnshire engagement email | <ul style="list-style-type: none"> • nlp-ct.Talk2Us@nhs.net has been set up and is being promoted as a contact point for engagement work. |
| Make enquiries re costs of access to VANL database of local groups | <ul style="list-style-type: none"> • Cost is £50, database currently being refreshed. |

ON-GOING / OUTSTANDING ACTIONS FROM JANUARY UPDATE

- | | |
|---|---|
| <ul style="list-style-type: none"> • To set up regular meetings to strengthen joint working arrangements with local partner organisations (on-going). | |
| <ul style="list-style-type: none"> • Information on the intranet with access to the initial engagement form (on-going). | <ul style="list-style-type: none"> • The initial proposal form has been submitted for upload to intranet. • Work to take place with I.T. around requirements to develop engagement section. |
| <ul style="list-style-type: none"> • Enquire about U-Engage including Costs of training, how it would benefit us, and who else uses it (outstanding) | |

Engagement Strategy

A draft outline structure for the engagement strategy has been developed and further work is being undertaken to develop the content.

Stakeholder Grid

A stakeholder mapping exercise is taking place to develop a contact list for the Experience Led Commissioning work. This list will also support future engagement activity.

It was agreed that the Trust would fund access to the VANL database of organisations, however the database is currently being refreshed. Once this process is complete this list can be added to the stakeholder grid.

Current Activity

Maternity Deep Dive & Quality Deep Dive

Both meetings were postponed – awaiting next steps.

Stakeholder Events

Baths Hall, Scunthorpe, 12th March 2012

Ropery Hall, Ropewalk, Barton 15th March 2012

The Engagement Team provided facilitation for the above joint engagement events with Who Cares, NHS North Lincolnshire, North Lincolnshire Council and VANL. The overall aims of the events were to:

- a) To gather the views of the local community in relation to their health and social care services to help inform:
 - Health and Wellbeing Strategy
 - Integrated Services - Development team
 - Transition to Local HealthWatch – Who Cares
- b) To provide information on the changes to service delivery in terms of the integrated model
- c) To provide feedback on the recent consultation carried out by Who Cares

Primary Care (Real Time Information Gathering)

- Work is now complete for 2011-12 Patient Participation DES.
- Practices were offered the opportunity to have their reports reviewed by the engagement team prior to publication on their websites. Out of the 20 practices within North Lincolnshire 12 took up this offer.
- A meeting has been arranged to review the patient participation reports for Wednesday 18th April.
- Enquiries are being received for 2012-13 around the use of the CRT equipment.

Proposed closure of the Riverside Branch Surgery

- The proposals were discussed at the practices PPG meeting and supported.
- All patients at North Kelsey received a letter explaining the proposed closure and patients were asked to contact the practice by the 31st of December.
- Three expressions of concern were received; two included the issue of transport, and two around the standard of the premises. All received written responses.
- Given the above it was agreed to support the closure.

Unplanned Care

- **The North Lincolnshire Overview & Scrutiny Committee** was consulted in November 2011 to provide an overview of the proposals and to identify whether formal public consultation would be required.
- **'Who Cares'**, the Local Involvement Network received a presentation on the overview of the model and were given the opportunity to provide comments. Their comments were fed into the GP Commissioners.
- **The Public** – The initial concept was to approach a number of community groups within the area with the offer of a presentation around the proposals for unplanned care. Local councillors were also contacted by email to enquire about groups within the Isle of Axholme. This approach was unsuccessful and work is currently taking place to look at providing written information for circulation.