


<b>MEETING DATE:</b>	10 January 2013	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.9	
<b>AUTHOR:</b> <b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Karen Rhodes Senior Officer Quality and Assurance  Quality and Assurance	

**QUALITY GROUP MINUTES  
25 OCTOBER 2012**

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

<b>1. PURPOSE OF THE REPORT:</b>			
The Quality Group Minutes dated 25 October 2012 are attached for the CCG Committee to receive and note, for information only.			
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>			
Continue to improve the quality of services			<b>x</b>
Reduce unwarranted variations in services			<b>x</b>
Deliver the best outcomes for every patient			<b>x</b>
Improve patient experience			<b>x</b>
Reduce the inequalities gap in North Lincolnshire			<b>x</b>
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>			
	Yes		No <b>x</b>
<b>4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>			
	Yes		No <b>x</b>

**5. LEGAL IMPLICATIONS:**

Yes		No	x
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**6. RESOURCE IMPLICATIONS:**

Yes		No	x
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**7. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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**8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	x
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**9. RECOMMENDATIONS:**

The CCG is asked to: -

- Receive and Note

**North Lincolnshire CCG Quality Group  
Held on Thursday 25<sup>th</sup> October 2012**

**Meeting Notes**

**Present:**

Karen Rhodes (Chair)	Sarah Glossop	Dr Robert Jaggs-Fowler
Christine Bromley	John Pougher	Ian Reekie
Greta Johnson	Dr Andrew Lee (attended for last 15 minutes)	

**In attendance:**

Vivienne Simpson    Lynn Poucher    Pat Penfold    Lynne Hall

**1 Apologies**

Mike Griffiths	Ellie Gordon	Zoe Wray	Jane Ellerton
Dr Sheena Kurien George	Tim Fowler	Barry Jackson	
Gemma McNally			

**2 Minutes of last meeting**

The notes of the meeting held on the 27<sup>th</sup> September 2012 were approved.

**Quoracy**

KR reported that she had agreed with Allison Cooke that as Ian Reekie is already a member of this group, the new lay member for Governance Paul Evans, would initially be focussing on other aspects of governance and once up to speed will join this group. Jane Ellerton will join the group representing the Senior Officer for Commissioning and Service Change.

It was noted that the group was not quorate and any decisions taken would need to be ratified at the next meeting.

**3 Matters arising**

**Implantable Cardiac Devices** – KR reported that she had emailed Liz Scott expressing her concerns about the quality of the audit undertaken by NLaG in particular the audit methodology and the Trusts arrangements for approval before audit reports are made available externally. The CCG are seeking assurance that the Trust has a robust process in place to assure the quality of clinical audits and the subsequent report in future. Dr Scott has agreed to look into the matter and report back.

**SUI guide (what constitutes an incident and how to report it)** – JP had circulated the guide and it was agreed to send any comments to JP and to discuss further once more information know about the LAT involvement with primary care quality support.

**Action: All**

**Safeguarding Adults – DNA policies for children and adults who lack capacity** – MG still to discuss with SG. It was also suggested to contact Mora Betteridge, Adult Safeguarding lead for the NY & H CSU.

**Action: MG/SG**

**CDiff cards** – KR discussed with Helen Crombie who stated that they had issues raised in other parts of the system across NHS North which seem to have been resolved. It was agreed that GJ would send Helen a list of the current issues that are blocking the use of CDiff cards at the moment.

**Action: GJ**

**Clinical Pathways** – Cdiff clinical pathway GJ reported that Peter Cowling has made some suggested changes and she would be meeting with James Tindall to take forward.

**Action: GJ**

**MHRA alert re Simvastatin** – it has been agreed that for any future alerts or NICE guidance re drugs that need work doing the interim principal pharmacist (Mark Randerson) will discuss with the practice pharmacists and agree a protocol with them. The CSU will undertake the economic impact assessment for us.

**Long Term Conditions Risk Profiling** – JE reported that they are planning on monitoring progress of the form but not planning on adding to the Risk Register at present. JP reported that there is a list waiting to go on the CSU Risk Register.

**Experience led commissioning** – CB confirmed she had met with Jane Ellerton and programme reporting had been updated.

CB reported that she had met with IR but further discussions would take place.

Cancer workstream – CB reported that a mapping exercise had been carried out in November 2011 by the Cancer Network and had looked at a 'Always Event' paper – CB unsure what the next stage will be and will report back.

**Medicines in care homes** – identified there are some safeguarding issues and work on-going.

**Salbutamal Inhalers** – full details available in medicines management update paper. It was agreed to ask for a copy of the PGD and ask Mark Randerson to review.

**Action: KR**

**NHS 111 Governance arrangements** – where does the CSU fit in with governance system – LP agreed that we need to break down what is required from a quality/ clinical governance point of view.

**Action: LP**

**Safeguarding annual report** – agenda item

**DNAR** – KR has received a response from Liz Scott stating that there had been some delays in getting agreement to the changes that were needed to NLaG policy. It is now out for final comments. Once this is agreed a letter will be sent out to all doctors (within the next couple of weeks). LS will write formally to NLCCG when completed.

**Ascot House** – there were 5 DNAR forms questioned by the care home. MG has reviewed all of them and identified some issues to pick up with the GPs. Item closed.

**Winterborne Review** – agenda item

## **SUI monitoring group notes – agenda item**

**SAGPEC Incident** – a failure of automatic notification system from OOH to GP practice – Peter Speck has confirmed that they have not done an audit and he will discuss the issue with their Medical Director. SG agreed to share a piece of work with JP that she is doing with a GP OOH in North East Lincs on their pathway for handling safeguarding children and the feedback.

**Patient Access to Records** – update still required on BJ's visit to a pilot practice in Grimsby.

**Action: BJ**

**Representation at quality section of contract meetings** – Lynn Poucher stated that the CSU are currently assigning staff to meetings/contracts. LP to supply full details for the next meeting.

**Action: LP**

**SHMI** – consensus view is that we will not be issuing a performance notice to NLaG and largely that is because SHMI is a system wide issue not just a hospital issue.

## **CQUINs – agenda item**

### **Patient Experience**

#### **4. Patient and Public Involvement update**

##### **Engagement update**

CB provided a work programme which shows what work is currently in progress.

Authorisation Panel visit – As part of the authorisation process we need to supply evidence of engagement with the public, as well as between council members and practices, engagement with LINKs, Healthwatch. We need more details about which groups we are going to engage with and the timescales. CB agreed to discuss further with Caroline Briggs.

CQC mental health survey RDaSH – it was agreed to ask for a copy of RDaSH action plan.

**Action: JP**

#### **5. Delivering Single sex Accommodation**

No new breaches identified.

#### **6. Customer Care Report for the period of September 2012**

September update taken as read and accepted.

#### **7. Identification of any new risks from business discussed**

None

#### **8. Any new business**

None

## **Clinical Excellence**

### **9. Medicines management/prescribing update**

Report received and noted from Gemma McNally.

RJF has attended the Local Area Prescribing Committee meeting. On-going work between primary and secondary care regarding a Northern Lincolnshire formulary which will incorporate NICE guidance, in view of the paper which came out in August to say that there is an expectation that there will be no delay in putting new drugs that are agreed by NICE on local formulary's. The formulary will be put onto the intranet.

### **10. Identification of any new risks from business discussed**

None

### **11. Any new business**

None

## **Patient Safety**

### **12. NHS 111 Governance Arrangements**

Each CCG has been requested to do a baseline audit to outline our current position. This has been completed and will be presented at the next 111 governance meeting which should be held on the 14<sup>th</sup> November but clinical input is still a problem. JP will be attending this on behalf of NL CCG.

JP stated that there are still key decisions to be made in respect of the patch governance way forward i.e. do we want to be a Humber patch or a South Humber patch

Provider and commissioner meeting will need to be arranged to gain assurance re the ability of providers to meet governance requirements. The Clinical Lead of the Humber Patch has identified the biggest issue is the lack of clinical involvement

JP and KR to meet outside the group to discuss how we are going to obtain appropriate clinical/governance and what the potential ToR should be

**Action: KR & JP**

### **13. Safeguarding Children update**

The Annual Report was taken as read and noted.

There have not been any new incidents. One on-going Serious Incident – Still awaiting further information from the police, before SG and RJF can undertake a health review.

NHSNL CCG have been asked to provide further assurance to the SHA. SG confirmed our only gap in terms of the health economy remains NLaGs training figures, plan in place and moving in the right direction.

#### **14. Safeguarding Adults update**

Paper taken as read and noted.

#### **15. Infection Control**

September I C update – report noted.

Catheter passport – introduction of the passport. GJ reported that the LMC had made some comments regarding the risk of duplication. It has been agreed the pilot scheme will go ahead but with a caveat that clinical record keeping information is reflected and is assessed to ensure data corresponds with other clinical records and is up to date. Entries in the passport would be dated by clinical staff to ensure that on reading the passport entries would denote current information, highlighting the need to educate patients and carers to do this and encouraging them to write in their passports.

GJ reported on a C Difficile positive letter which has been introduced by NLaG. RJF suggested that where a practice is not on Systmone that a six month audit is undertaken to ensure the alerts contained within the letter have been acted upon.

KR reported that excellent discussions are underway with the CSU about future working roles.

#### **16. Clinical Performance issues (Independent Contractors)**

Nothing new in respect to GMC issues to report.

#### **17. Care Home update**

Report taken as read and noted.

#### **Winterborne Review**

Lynne Hall attended the meeting to discuss the synopsis on the outcome of the Winterborne Serious Case Review (SCR) and the North Lincolnshire Learning Disability Complex Care Review 2011-2012 that was begun prior to the BBC Panorama expose of patient care concerns at Winterbourne View, Bristol.

LH drew the groups attention to the following points of the SCR

- The tone of the SCR is correctly very critical of the commissioning arrangements for patients at Winterbourne View. It does not mention the case management and is therefore difficult to equate to local arrangements
- The SCR report highlights the behaviour of commissioners in purchasing places for patients who were considered “too difficult” for local services. It does not explore the reasons why local services put forward patients for consideration for placement.
- The SCR authors believe that local community based care is a better solution in all cases and out of area hospital placements should not be accepted uncontested.

- Uncertainty concerning the future of case management detailed in a separate report significantly increase the risks for this group of patients. The NL LD Complex Care Review 2011 – 2012 was a commissioner led initiative undertaken in partnership with health and social care professionals in order to review in and out of area care placements - see attached Outcomes Report

Within the paper LH made the following recommendations

- NHS North Lincolnshire CCG seeks reassurance from North Yorkshire & the Humber Commissioning Support Unit that it will provide appropriate safeguards for this client group as part of transition negotiations
- NHS North Lincolnshire CCG ensures that the North Yorkshire & the Humber Commissioning Support Unit implements the recommendations of the NL LD Complex Care Review Outcomes Report
- Continuing Health Care is required to provide reassurance about patient's safety for those managed by their continuing care case management service.
- A time limited piece of work is undertaken with local stakeholders to review local readiness to respond to any further recommendations that may come from the Department of Health as a result of this SCR.

The group asked for the paper to go to the North Lincolnshire Local Safeguarding Adult Board.

**Post meeting note: LH confirmed paper has been sent to Julie Clarke for the LSAB**

The quality group noted the paper and recommendations.

#### **18. Continuing Care update**

Report taken as read and noted.

#### **19. SUI Monitoring Group**

September meeting notes – Histo pathology problem – it has been reported that this has not been resolved and KR waiting on further information. Minutes noted.

JP reported that he had raised concerns with Gary Johnson about the backlog of incidents. Work has been done to establish an 'in-box' for incidents which will enable GJ to take the work forward. The first meeting of the new group is to be held on the 21<sup>st</sup> November.

It was agreed to encourage more reporting from GP practises

#### **21. Any other business**

None

#### **Information Governance**

#### **22. Information Governance IR1s**



Two incidents reported and BJ investigating. Public health trainer has lost a paper diary with patient details in. The other was a breast feeding support worker has lost her mobile phone with patients details in.

### **23. Information Governance update**

Report noted.

Information Governance tool kit response – one practice was 100% compliant – BJ reviewed and reported that there was a lot of good practice going on. KR to ask BJ about how we can share with other practices

**Action: KR & BJ**

### **24. Identification of any new risks from business discussed**

None

### **25. Any other business**

No

### **General Quality Issues**

### **26. Quality and Contracts**

NLaG contract meeting – noted. LP reported that Tim Fowler would continue to lead re this for the CSU.

RDaSH – no report

CQC report recently published on the follow up visit by the CQC to SGH looking at record management – it was decided that NLaG were compliant and there would be no further actions.

### **27. Future reporting requirements from CSU**

Lynn Poucher, Head of Quality & Clinical Governance, CSU attended the meeting and discussed different methods that could be used to provide NHSNL with the information in the first instances and also include a narrative and assurance it needs. It was agreed to provide an overall DASHBOARD report. LP happy to provide a presentation to the CCG Committee if required.

Ultimately the CSU quality report will be available via a link from the CCG performance report.

### **28. Update on the implementation of the family and friends test**

PP stated that as commissioners we need to ensure that the acute trusts are prepared and have submitted a 'State of Readiness'. NLaG and HEY have already submitted their baseline and it was agreed to discuss these as an agenda item at the November meeting.

**Agenda item: PP**

This is one way to gathering patients insight and then we need to evidence that we are using them in the decision making in the CCG.

**29. Quality Report for the North of England**

Noted for information.

**30. Mortality update**

**SHMI**

The CCG now has a very first draft action plan for the commissioning aspects of what came out of Stephen Ramsden's report. NLaGs action plan is currently being built into this and will go to the next SHMI Steering Group meeting. Once finalised KR proposes to bring to this group.

The Cluster Quality Summit – KR reported on the meeting which was held on the 18<sup>th</sup> October. Discussions included what the role of primary care is in the future? – primary care keeping people well, 7 day working, increasing primary care skills, supportive community services, plan for the acute infrastructure, care in the right place and how all this is going to be achieved.

**31. CQUINS**

Nothing significant to report.

**32. Identification of any new risks from business discussed**

Nothing new.

**33. Any other business**

None

**34. The next meeting will take place on the 22<sup>nd</sup> November at 3.00 pm in Room GH 1, Global House, Kingsway, Scunthorpe**