


MEETING DATE:	14 March 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY
AGENDA ITEM NUMBER:	Item 8.8	
AUTHOR: JOB TITLE: DEPARTMENT:	Karen Rhodes Senior Officer Quality and Assurance Quality and Assurance	

**QUALITY GROUP MINUTES
22 NOVEMBER 2012 AND 24 JANUARY 2013**

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 22 November 2012 and 24 January 2013 are attached for the CCG Committee/Governing Body to receive and note, for information only.			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:			
Continue to improve the quality of services			x
Reduce unwarranted variations in services			x
Deliver the best outcomes for every patient			x
Improve patient experience			x
Reduce the inequalities gap in North Lincolnshire			x
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
	Yes		No x
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
	Yes		No x

5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
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 Thursday 22nd November 2012**

Meeting Notes

Present:

Karen Rhodes (Chair)	Sarah Glossop	Dr Robert Jaggs-Fowler
Christine Bromley	John Pougher	Ian Reekie
Greta Johnson	Dr Andrew Lee	Dr Sheena Kurien George
Jane Ellerton	Barry Jackson	

In attendance:

Vivienne Simpson Pat Penfold

1 Apologies

Mike Griffiths	Ellie Gordon	Zoe Wray	Tim Fowler
Mark Randerson	Richard Staniforth		

2 Minutes of last meeting

The notes of the meeting held on the 25th October 2012 were approved.

Governance - Terms of Reference

KR reported that she had now been appointed to the role of Nurse Member for the CCG Governing Body role until March 2013 and this will be reviewed following authorisation. KR will therefore continue to Chair this group as per the Terms of Reference.

KR stated that once the Quality Group receives comprehensive reporting from the CSU on quality she will look to re-structure the agenda. KR also suggested implementing an action log for the group and KR intended to produce an annual plan outlining core requirements which will aid future planning of meetings.

Action: KR/VAS

3 Matters arising

SUI guide (what constitutes an incident and how to report it) – No comments were received and it was concluded that members were happy with the guide and to remove from the matters arising. Once more information is known about the LAT involvement with primary care quality support it will be reviewed again. Item closed.

Safeguarding Adults – DNA policies for children and adults who lack capacity – MG not present – item still to be discuss with SG.

Action: MG/SG

CDiff cards –GJ confirmed she had still to contact Helen Crombie re the list of current issues that are blocking the use of CDiff cards at the moment.

Action: GJ

Clinical Pathways – Cdif clinical pathway GJ had previously reported that Peter Cowling has made some suggested changes. GJ now meeting with PC, following which she will discuss with James Tindall how to take forward.

Action: GJ

Salbutamal Inhalers – Mark Randerson has requested a copy of the Patient Group Direction from ASDA however this was declined on the basis of protecting commercial interests. Unfortunately as the company is private and the activity not commissioned by the NHS we cannot use the Freedom of Information Act to request.

MR spoke personally to the Superintendent Pharmacist at ASDA, who explained that the PGD is for patients who have run out of their salbutamol inhaler, are unable to obtain a timely supply via a prescription from their GP but who do not meet the national inclusion criteria for an 'emergency supply' by the pharmacy. Repeat supplies via the PGD are not allowed and the Direction has been recently updated so that patients have to consent to the pharmacy informing their GP in order to access the service.

MR does not believe the service to be unsafe and would expect the number of patients who access to be low.

NHS 111 Governance arrangements – where does the CSU fit in the governance system – Pat Penfold to have further discussions with Becky Bowen and Karen Billany

Action: PP

Work is still on-going on how to obtain appropriate clinical governance input.

Patient Access to Records – BJ reported that there had been no real interest by patients to access their records but could potentially be of interest for patients with long term conditions. BJ currently developing a protocol for practices.

Representation at quality section of contract meetings – discussions still on-going at the CSU. PP to meet with JP to discuss further.

Action: PP/JP

CQC mental health survey RDaSH – copy now available – VAS to circulate.

Action: VAS

Information Governance Tool Kit – BJ reported that the practice manager from the highest scoring practice had agreed to share good practice and BJ to distribute information to other practices.

Action: BP

Patient Experience

4. Patient and Public Involvement update

Engagement update

CB reported that the key focus of the engagement work at present is around supporting the Experience-led Commissioning approach to End of Life Care and Long-Term Conditions. Discussions are taking place around the future administrative needs for the ELC approach.

Insights and Future Arrangements

To support the CCG with a systematic approach to using patient/public insights in commissioning a database has been drafted. The concept of the plan is to provide information on the three elements of engagement, experience and communications on any service area. The aim is to provide information/evidence both prior to any future work taking place, i.e. to avoid unnecessary activity and to provide a monitoring framework to demonstrate how engagement activity/insights has influenced commissioning decisions. CB agreed to circulate draft plan for comments and to bring back to the January meeting for discussion.

**Action: CB-completed
Agenda item January**

Ian Reekie updated the group on progress in engagement with practice participation groups. Of the 21 practices he has visited or has arranged to visit 8 and received invites to 3 more in the New Year, 2 practices have no PPI groups, 2 practices have virtual groups and no contact from the remaining 6 practices.

Family and Friends Test

PP reported that this is led at cluster level by Kate Ireland. KI has delegated the operational lead to the CSU. CCG will be increasingly accountable. HEY state of readiness to be circulated.

Action: PP/VAS-completed

It was agreed that it would be useful to receive a quarterly report on what themes are coming out of the responses they are receiving and what conclusions are being drawn and actions taken.

5. Delivering Single Sex Accommodation

No new breaches identified. Concern expressed as to how every breach can be clinically justified. JP stated that we would be reviewing via the contract meetings how to take forward.

The CSU are also concerned why HEY have no clinically justified breaches and have requested further information from HEY and will continue to monitor.

6. Customer Care Report for the period of October 2012

October update taken as read and accepted.

KR to clarify with Zoe Wray outside the meeting the current position on the Ombudsman reports.

Action: KR

KR notified the group that there is a draft Ombudsman report involving the PCT and one practice. Once the CCG is in receipt of the final report it will be brought to this group.

Action: KR

7. Identification of any new risks from business discussed

None

8. Any new business

None

Clinical Excellence

9. Medicines management/prescribing update

It was noted that Mark Randerson had confirmed there was nothing new to report.

It was noted that discussions are on-going about the practice pharmacists terms and conditions.

RJF reported that there was nothing discussed at the Prescribing Committee which impacts on primary care.

AL reported that there is a process issue on what is being submitted to the Area Prescribing Committee and queried how the CCG have input into decision making. There is the potential for setting up a virtual group in particular looking at new line drugs. AL to discuss further with MS

10. Identification of any new risks from business discussed

None

11. Any new business

None

Patient Safety

12. NHS 111 Governance Arrangements

JP confirmed that this remains on the Risk Register and will be monitored accordingly. KR confirmed she had briefed the Audit Group on the risks involved in mobilisation of NHS 111 in time for the 1st April and the other is lack of clinical engagement.

IR raised concern about the communication strategy for the launch of NHS 111 in North Lincolnshire could be compromised as there are buses advertising that the service is already in operation. JE to discuss with Becky Bowen and the CSU communications lead.

Action: JE

KR reported that as part of the requirements from the national team we need to establish a group where all the providers involved in 111 in North Lincolnshire come together to discuss issues around mobilisation. KR feels that this group will sit under the quality group. JE felt that the Un-Planned Care Board needs to be re-established and it should report to them and then feed into the Quality Group.

KR suggested that in the interim as North East Lincs still have their Un-Planned Care Board in place we have the other providers and ourselves who are not involved in the NEL Board be invited to one of their meetings for a specific agenda item to discuss the clinical governance issues around mobilisation until ours is established.

AL flagged up issues with electronic transfer of information and process mapping. JE to clarify.

Action: JE

It was agreed to invite Becky Bowen to the January meeting to provide an update.

Action: VAS

13. Safeguarding Children update

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

There is a further multi-agency review in progress and approaching completion, with the potential of another one arising out of the death of a young person earlier this year. In this latter case, further information is required from some agencies before a decision is taken on whether this meets the criteria for a SCR.

As part of the authorisation process we identified that we have the professional leadership in place in terms of the SG children arrangements, child death process arrangements and LAC arrangements. The statutory responsibility for oversight of all these arrangements will lie with the CCG. The CCG governance structure is clear for Safeguarding children arrangements, but we need to be clearer in respect to governance processes for the child death process, and LAC arrangements, as they are hosted in a provider organisation. SG reported that as a member of the multi-agency Child Death Overview Panel, she could provide links to the CCG for this area. However, SG works with those providing LAC health services, but has no role in the leadership and oversight of LAC processes. SG asked the group whether we need the Designated Nurse for LAC to attend this meeting or provide a regular report? Following lengthy discussion it was agreed that at twice yearly report i.e. September and an annual report would provide assurance and if necessary invite to attend for any specific issues. It was agreed that this report would be noted on the new work plan.

SG asked the group whether we need the Designated LAC Nurse to attend this meeting or provide a regular report? Following lengthy discussion it was agreed that at twice yearly report i.e. September and an annual report would provide assurance and if necessary invite to attend for any specific issues. It was agreed that this report would be noted on the new work plan.

Action: VAS

SG updated on the Healthy Child Programme - Health visiting and school nursing services are delivering the national healthy child programme, within this programme there are various tiers of safeguarding – concern has been raised that not enough attention is being paid to safeguarding – concern re the pressure being put upon the health visitors by the providers – SG to clarify what is in the SLA and is checking the wording with the commissioning intentions.

KR reported that the CCG has received the moderating report from the CCG authorisation process and the red on safeguarding has been turned to green.

14. Safeguarding Adults update

NHS Yorkshire and the Humber Safeguarding Adults Assurance

KR updated the group on current position in respect of the standards against which North Lincolnshire is not compliant. It was agreed that further input is needed in GP practices.

15. Infection Control

October update – report noted.

GJ highlighted:-

Waste management issues.

Outstanding MRSA RCA is due to be held next week

MRSA screen positives – unprecedented rise in screen positives which is classed as a good result.

CDif figures now increased to 17

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.

18. Continuing Care update

Report taken as read and noted.

19. North Lincolnshire Serious Incident Group

JP reported that the focus of the discussions were around the current outstanding serious incidents, how to put new serious incidents on the STEIS system, how to move forward with incident management, how to maintain communication between the CCG and the CSU. It has been assumed the LAT will take responsibility for the Independent Contractor SIs but concern raised that this might be passed back to the CCG. Discussion around encouraging independent contractors to report further incidents and to feedback. Agreed a way forward on the management of SIs, however RDaSH is different in that it is performance managed by NHS Doncaster. A new monitoring system has been established by the CSU Risk Manager Gary Johnson. It is felt the system that has been put in place is more robust than the previous one.

KR reported that there are currently a combination of issues coming in from GP's– incidents, contract issues around quality and other concerns. All going via a different route. In future propose to use the new intranet to note the concerns – this can be screened by the CCG and then forwarded to the most appropriate person for action. Needs further discussion re most robust system in future.

CSU undertaking trend work for the CCG.

Encourage all practitioners get involved and use alert area on new intranet however noted no reference to this made by Dr Vora in his presentation to the CoM. KR to discuss with AV and MS

Action: KR

20. Screening Issues

Diabetic Eye Screening – Hull CCG commissioned an audit between the the diabetes register at Hull’s Hospital Trust and the Retinal Screening Data Base, the audit identified a significant number of patients which were on HEYs data base that were not having retinal screening. There are 8 patients for the South Bank, their GP records have been reviewed and they are not on the practice registers as having diabetes, the retinal screening state some have gestational diabetes – KR has asked for another opinion as there is a difference of clinical opinion as to whether these should be on diabetic registers.

Rose LeBrun (Public Health screening lead) is to commission an audit to look at patients going into diabetes care at NLaG. This to coordinate with practice diabetes registers as well as the retinal screening data.

Breast Screening – KR reported that following problems with the mobile screening units during the summer 2012, an action plan was provided which stated that the services would be back on track by the 31st December. Further problems have arisen and are now looking at the 31st March 2013.

Concern was expressed as to why this is not classed as a Serious Incident and how credible the breast screening assessment of the situation was.

KR and JP to review the rating on the Risk Register.

Action: KR/JP

Dr Lee raised concern about an ophthalmology home assessment carried out by a local contractor. JP to discuss further with Liz Greenwood.

Action: JP

21. Identification of any new risks from business discussed

None

22. Any other business

None

Information Governance

23. 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.

BJ to update JP outside meeting on both issues.

24. Information Governance update

BJ reported that the main issue this month is the transition work re moving information on the network drives and he highlighted the general risk of people moving their own information in an inappropriate way.

Task Group is being established by KR to try and coordinate legacy and handover.

Information Tool Kit – recent paper which went to the Audit Group attached at Appendix A

25. Identification of any new risks from business discussed

Ensure all transitional issues are on the CCG Risk Register.

Action: JP

26. Any other business

No

General Quality Issues

27. Quality and Contracts

NLaG contract and Quality Group notes for 11th October 2012 – paper noted.

NLaG Stroke Service update – this report was found to be helpful. A query was raised re dates on the action plan. Jane Ellerton to clarify with Caroline Briggs whether the dates are correct.

Action: JE

Post meeting note:

RDaSH Performance and Service Delivery meeting notes 30th October 2012 – Nothing significant to note.

28. Quality handover report

JP stated that our local report has been sent to the cluster which in turn forms part of the cluster report which is sent to the SHA. The final iteration of version two should be ready by the end of the month which will be used to communicate with LINKs and OSC. Version two will be finalised by mid-December. KR proposing to bring this to the January Quality Group meeting.

Action: Agenda item

29. Mortality update

SHMI steering group reviewed the first draft of the health community action plan and identified a few areas where there is work still to be done. KR meeting with Zena Robertson and David Brown to do further work for the next meeting on the steering group on the 11th December. Once amendments made it will be brought back to this group for information.

One of the main areas of discussion at the steering group was how to address the primary care assessment of patient deaths and how to link primary care clinicians and secondary care clinicians. In addition there is a need to build a systematic programme in primary care to review all deaths not just deaths in hospital. RJF would be interested in linking that with the QoFF data to see if there is any correlation between high death rates and low performance on QoFF or high exception reporting on QoFF in those areas indicative of greater enquiry being needed. AL felt it would be difficult to draw conclusions as the numbers involved will be so small

RJF would look at performance within a particular practice

30. CQUINS

NLaG – Quarter 2 Achievement

JP highlighted 6.5 on page 7 re discharge letters which identifies NLaG has a problem. However concern raised by the group that this information has been audited by their own clinicians and Dr L disputed the factual accuracy and still not receiving relevant information.

CQUIN development – Pat Penfold meeting with Julie Wilson

Hilary Gledhill has suggested CSU do a position statement outlining all of the CQUINS schemes in the Humber, position on them with a space for quality nurse/leads in the CCGs in the Humber to input. It was agreed that this should also be sent out to the GPs to seek their ideas.

NLaG Discharge communication action plan

In light of the fact that NLaG are reporting that they are not doing well there is nothing in the action plan on how addressing quality issues.

HEY Quarter 2 Action Plan

PP agreed to circulate the summary and update position

Action: PP/VAS

It was reported that HEY have another problem with Never Events – two wrong site surgery and one retention of swabs recently reported.

31. Identification of any new risks from business discussed

None


32. Any other business

PP - to enable CSU to populate the Quality Dashboard it would be useful to link into the Integrated Reporting Group – need to be clear what CCG define as quality in these indicators. It was agreed that PP to meet with JP, Debb Pollard and Emma Munday re quality aspects.

Action: JP & PP

33. The next meeting will take place on the 24th January 2012 at 3.00 pm in Room GH 1, Global House, Kingsway, Scunthorpe

Appendix A

MEETING DATE:	20 November 2012	 North Lincolnshire Clinical Commissioning Group AUDIT GROUP
AUTHOR:	Barry Jackson Information Governance & Security Manager barry.jackson@nhs.net	
REFERENCE:	Item	
FOR DECISION/ NOTING/ INFORMATION:	Information	
FREEDOM OF INFORMATION: OPEN/CLOSED	Open	

Information Governance Report

PURPOSE OF THE REPORT and RELEVANCE TO AUDIT GROUP:
<i>To provide an update on Information Governance issues and present an action plan for NL CCG V10 submission</i>
WHAT ACTION DOES AUDIT GROUP NEED TO TAKE and ANY RECOMMENDATIONS – INCLUDING TO PROVIDE ASSURANCE?:
<i>To note assurance around IG Toolkit</i>
HOW DOES THIS REPORT SUPPORT CCG DEVELOPMENT and AUTHORISATION?:
<i>Achieving Level 2 on IGT is an on-going requirement</i>
HOW DOES THIS REPORT PROVIDE ASSURANCE TO THE BOARD? Note: beware of the need for assurance regarding delegated responsibilities from the Humber Cluster Board including E&D, Environmental Impact, Risk, Legal Implication.
<i>That a plan is in place to achieve Level 2 on all requirements in IG Toolkit</i>
DOES THIS PAPER NEED TO BE FORWARDED TO ANOTHER GROUP / COMMITTEE? (If yes, please state Group / Committee)
No

REPORT TO: NL CCG Audit Group
REPORT FROM: Information Governance & Security Team
REPORT DATE: November 2012
REPORT SUBJECT: IG Update
REPORT STATUS: For Information

1. IG Toolkit. Version 10 of the IG Toolkit has been published by DoH. IG Team have worked through the system and imported all evidence from V9 into relevant sections. There are no significant differences in V10. The next assessment for NHS NL is due for submission on 31st March 2013 which will be in the form of a combined Humber Cluster return. The current situation with the scores in NHS NL is that they are the same as at the end of March 2012.

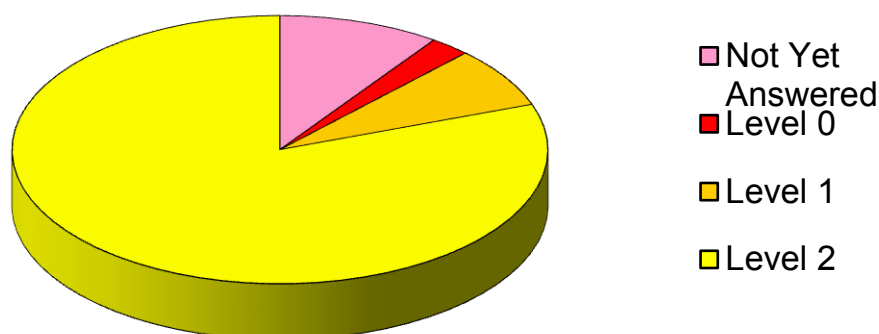
IG Toolkit Assessment Summary Report

NORTH LINCOLNSHIRE PCT

Prepared on 20/07/2012

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Overall Score
Version 10 (2012-2013)	Current	1	3	33	0	56%

Version 10 (Current) Breakdown by AttainmentLevel



2. Recommendation. Following discussion with Internal Audit an appropriate action plan has been developed whereby the current situation would continue, with on-going actions being carried out by staff and teams to maintain the existing scores, but no new resources would be allocated to improve the 4 scores which are assessed as being at a not satisfactory level. This approach will have the advantage of allowing staff to concentrate on CCG IGT plans whilst still maintaining the requirements upon NHS NL. However it is noted that a number

of actions planned to be carried out as part of the transition work will have a positive impact upon IG, particularly the requirement to audit all information held.

3. Outstanding areas. The 4 areas of IGT currently still assessed as not satisfactory are shown here along with comments on how they are being addressed:

R112 Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained

This requirement will be ongoing for all staff moving into new organisations such as CSU and CCG and so by default NHS NL staff will continue to maintain training levels.

Level 0 reflected the fact that NHS NL no longer has an Induction process in place for new staff. This will be addressed by all new organisations that staff will move to.

R308 All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers

The national transition programme being implemented by the Humber Cluster Transition Team will require that all data being migrated from NHS NL into another organisation must be identified and mapped as well as any legacy data that is identified.

R324 The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate

The requirement for commissioning organisations to use only pseudonymised information will also be an ongoing one and specific projects are in place to ensure that this is done.

In addition for the current NHS NL Risk Profiling project the Informatics Department have implemented pseudonymisation which has been a successful trial of the wider system going to be adopted.

R515 There is a robust programme of internal and external data quality audit

As set out at Annex B a plan has been completed to achieve this.

4. CCG. The CCG Authorisation: Draft Applicants' Guide has been published and can be viewed at <http://www.commissioningboard.nhs.uk/files/2012/04/board-2-ccg-auth.pdf>.

On page 29 it states:

Threshold for authorisation

4.3.3 Sufficient capacity and capability to develop the intelligence requirements to support commissioning.

Evidence for authorisation

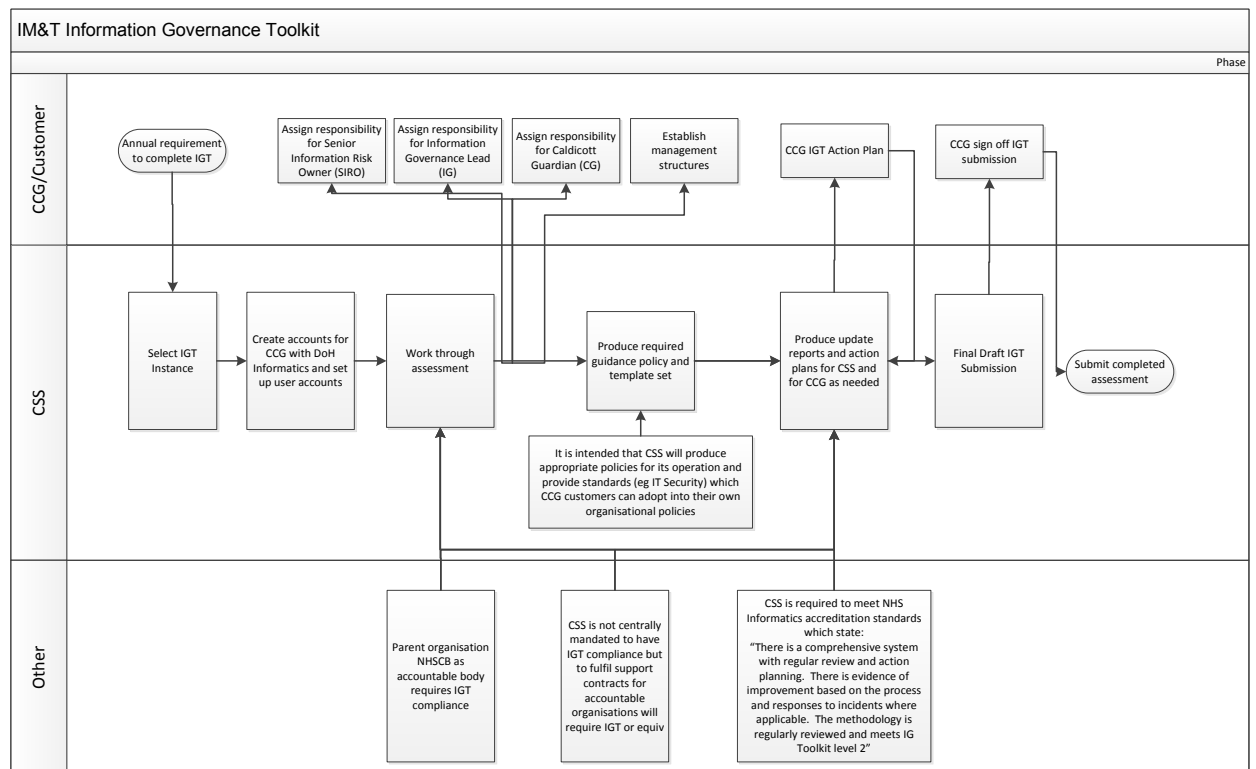
CCG has assessed its information requirements and planned capacity/ capability to deliver those requirements. **CCG has used NHS**

Information Governance toolkit to assess its capability to meet information governance requirements.

The CCS Information Governance, Security & Compliance Team are now starting work on the delivery of services to NL CCG and have developed an action plan for the IGT. Annex A shows a process map for the delivery of the IGT to CCGs.

5. Information Governance Forum. An IG Forum has been established at the CSU to provide support and assistance to CCGs and will consist of membership of all the 8 CCG IG Leads in the NYH CSU area and provide them with quick access to IG resources and escalation if required.

Annex A



Annex B

Information Governance Toolkit: Action Plan						
Requirement Desc: There is a robust programme of internal audit and external data quality audit					Requirement No : 10-515	
Initiative: Secondary Use Assurance		IG Version: 10	PCT Lead: Barry Jackson		Deadline: March 2013	
Evidence to Support: The documented procedures have been implemented and in internal data quality audit has been undertaken within the last 12 months (prior to the financial submission of the IG toolkit)						
Issue			Action		Action Owner	Timescale
Revise the set of DQ audit procedures			Information Flows group to be tasked with the production of a revised programme of data quality audit and procedures notes as part of the contract data quality and improvement plan. This should include the process to undertake the audit and details of the areas to be covered, the method, timescales and regularity of the audit.		Emma Munday	31/10/2012
Agreed and sign off the revised set of DQ audit procedures			Sign off of the revised DQ audit process at the Information Flows working group (with Acute Provider), and Data Warehouse Steering Group (Commissioner only).		Emma Munday	30/11/2012
Schedule Internal DQ Audit as per procedure			Agree a date at which point the Internal DQ audit will take place, as per audit details described in the procedures.		Emma Munday	30/11/2012
Undertake Audit			As agreed, undertake the DQ audit as per the procedures.		TBC	18/01/2013
Report Results			An internal audit report to be produced and shared with the Information Flows Group for review with findings and recommendations.		TBC	08/02/2013
2013/2014 Internal DQ audit agreed			Based on the findings and recommendations from the 12/13 DQ audit, agree the 2013/2014 Internal DQ audit programme.		TBC	31/03/2013

**North Lincolnshire CCG Quality Group
Held on Thursday 24th January 2013**

Meeting Notes

Present:

John Pougher (Chair)	Sarah Glossop	Dr Sheena Kurien George
Christine Bromley	Karen Rhodes	Mike Griffiths
Greta Johnson	Zoe Wray	Dr Robert Jaggs-Fowler
Jane Ellerton	Barry Jackson	

In attendance:

Vivienne Simpson	Pat Penfold	Charlotte Sheridan-Hunter
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1 Apologies

Ian Reekie	Ellie Gordon	Tim Fowler
Jackie Lyon	Dr Andrew Lee	

2 Minutes of last meeting

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

3 Matters arising

3a Action Log

Action log and annual plan – completed

Information Governance Toolkit – Barry Jackson to distribute ‘good practice’ information to other practices.

Safeguarding Adults – DNA policies for children and adults who lack capacity – MG concerned as NLaG do not have a policy for adults who lack capacity. MG having discussions with Craig Ferris to take forward.

CDiff cards –GJ confirmed she had contacted Helen Crombie re the list of current issues that are blocking the use of CDiff cards at the moment.- Item closed.

Clinical Pathways – Cdiff clinical pathway GJ had previously reported that Peter Cowling has made some suggested changes. GJ still waiting to meet with PC, following which it will be put on the intranet. She also reported that a clinical pathway will also be developed for MRSA, MSSA PVL at the same time.

Action: GJ

NHS 111 Governance arrangements – discussions have taken place. Item closed.

Representation at quality section of contract meetings – KR confirmed that the CSU will represent the CCG at all the provider meeting boards. CCG will attend for any specific items. Action closed. PP to supply KR with a matrix as to who will be attending each meeting.

Action: PP

Current position on the Ombudsman reports and Draft Ombudsman report –
ZW updated under item 7 and action closed.

Concern re communication strategy for NHS 111 – JE explained that each CCG is responsible for their own local advertising and we are unlikely to be able to influence Lincolnshire to advertise in a different way. Action closed.

Concern also expressed about a GP practice website which has detrimental comments about the 111 service. Steps have been taken to remove some information and review what remains. KR informed the group that an audit of all practice websites has been undertaken and the report would be brought to this group when available.

Action: KR

Electronic transfer of information and process mapping – picked up under item 14. Action closed.

NHS 111 update – Becky Bowen unable to attend as attending the CoM meeting – written update provided and attached at Appendix 1. Action closed.

Incident Monitoring Group – discussed under item 19. Action closed.

Screening issues - Review RAG rating for Breast screening – JP confirmed it is on the risk register but still needed reviewing. He reported that the top rated risks on the register have been reviewed and that he is currently working with Dawn Taylor to update the lower rated risk register. Breast screening was never classed as an SI, this was challenged but never amended. Screening will be picked up by the LAT in April and as part of the handover process NHSNL will provide an update report. Action closed.

Ophthalmology home assessment – JP discussed with Liz Greenwood who contacted Dr Lee. Action closed.

Ensure all transitional risks are on the CCG Risk Register - System in place whereby JP attends the senior team meeting once a month where all transitional risks (including 111) are reviewed. Action closed.

NLaG Stroke Service - JE confirmed the March 2012 dates within the action plan should have stated March 2013. Action closed.

Quality Handover Report – KR reported that following a cluster meeting a Confirm and Challenge was undertaken and further work agreed. This report will be brought to the next meeting.

Action: KR

3b. Annual Work Plan – a draft annual plan has been produced and JP asked members if they had any amendments or additions. JB stated that FOI and Access to records performance would be covered under the information governance tool kit and would not be a separate report. CB suggested adding an annual Section 242 report (in September). It was agreed to let VAS have any more suggestions within the next week.

Action: All

4. Future Arrangements

PP outlined the discussions she had held with the CCG to develop a quality Dashboard. PP was aware that there is a group looking at an integrated reporting within the CCG, however PP could not attend the first meeting. The CSU will work with the CCG in tandem on the quality Dashboard. Using key indicators that are evidence based and adding local indicators that the CCG feel appropriate. The Dashboard would relate to Patient Experience, Patient Safety and Clinical Excellence. It would alert the CCG to areas of concern by producing an exception report and trend analysis, also covering Serious Incidents, Infection Control, Complaints, and PALs.

CS-H is developing a Quality Dashboard which is a core dashboard and will tailor this to local needs. Would not lose the narrative but it will be focussed around exceptions. Once the mock-up of the Dashboard is available it will be brought back to this group. JP queried when this would be available and CS-H stated she would try and bring back a template for the next meeting. It was acknowledged that this report would evolve over time to meet the needs of NLCCG.

Action: CS-H

PP to contact the leads in specific areas to develop local Dashboard.

Action: PP

Patient Experience

5. Patient and Public Involvement update

- **Engagement update**

CB reported that a CCG Stakeholder Event had been held this week which was well attended. The event gave an opportunity to promote the CCG and to

- Share the CCGs aspirations for North Lincolnshire
- Share what the CCG has been doing so far
- Share its emerging plans for 2013/14
- Get local stakeholder views on our plans and key priorities
- Help us choose 3 local outcomes priorities to be measured against by the NHS Commissioning Board

Update: a report on the event has now been produced and copies are available on request via nlp-pct.Talk2Us@nhs.net

JE reported that the CoM had just discussed the output and agreed to go with the suggested priorities.

The CCG was also moving forward with an ELC Sustainable Services during February & March project which will be structured around 3 life stages.

- **Patient Experience Report**

Charlotte Sheridan-Hunter, Quality Improvement Manager working as part of the CSU Quality Team, tabled the East Riding Patient Experience report as an example and explained that this report provides a summary of patient experience data and the information may be used to:

- Inform commissioning decisions

- Provide an early warning where services may be failing and remedial action is required
- Recognise good practice which can be shared

CS-H requested feedback on the areas chosen within the report and it was agreed that members would email CS-H with their comments by 8th February.

Action: All

- **Insights and Future Arrangements**

CB advised that work was continuing around the gathering of insights and their impact on commissioning decisions and that the CSU was exploring how this could be developed to enable it to be used effectively and not being unwieldy.

- **Family and Friends Test**

CS-H reported that she is the Humber Cluster lead for the F&F Test. The Communication Strategy has been sent out to the trust communications leads asking them to contact their operational leads to work together to create a smooth and consistent way of making sure this information is communicated to patients.

Drafts of CQUIN guidance for F&FT and quality premium guidance for the CCGs has been received. The national CQUINs indicator will be structured into 3 separate elements with 30% of funding for adhering to the rollout of the national timetable. 40% of funding will be for increasing the response rates for the acute in patient and A&E areas and so achieving a response rate in the top 50 % which improves the Q1 rate. 30% of funding is for increasing the score of the F&FT up between 2013-14 compared to 2012-13 increasing the yes responses.

Maternity will come on board by end of October 2013 and there should be additional services yet to be defined by end of March 2014.

A workshop was held last week involving commissioners which discussed how the FFT is going to inform commissioning and how are things going to flow into the commissioning agenda. Most of the commissioners agree that they are most interested in qualitative information which for some large trusts will mean going through a very large amount of narrative information.

As contracts are being decided, it is time now for the CCGs to think about what they want to put into the contracts if they want to have access to this qualitative data. The themes from this data will be the factors which drive service improvement. How do we want this information reporting to us? If we do not obtain this information the trusts will not have any obligation to share with us as part of the CQUINs.

- **Who Cares Enter & View Reports relating to Dignity and Respect, Nutrition** – deferred to next meeting
- **Who Cares GP Access report** – deferred to next meeting

6. **Delivering Single Sex Accommodation**

No new breaches identified.

7. Customer Care Report for the period of November and December 2012

Update taken as read and noted.

Details on the ombudsman report were highlighted within the update.

The Ombudsman report was discussed and learning identified.

RJF declared an interest in the sense that he took part in the report but he felt the term 'maladministration' was inaccurate, which suggests that processes were not followed – he felt there was a difference of opinion.

8. Identification of any new risks from business discussed

None

9. Any new business

None

Clinical Excellence

10. Medicines management/prescribing update

It was noted that Jackie Lyon has taken on the role of strategic leadership for medicines management in North Lincolnshire. MG raised concern locally about pharmacists running on 'just in time' for medications – this has been shared with JL and has been discussed with the pharmacists.

11. NICE Quality Standards and Commissioning Guides

None

12. Identification of any new risks from business discussed

None

13. Any new business

None

Patient Safety

14. NHS 111 Governance Arrangements

Written update provided by Becky Bowen.

Directory of Services – JE reported that these have been signed off by the CCG Engine Room but still requires signing off by this group and the LMC. Agreed to delegate responsibility to a core group. Will need to notify the QG how and when this will be signed off outside the meeting

**Post meeting note: KR to sign off on behalf of Quality Group
Action: KR**

Submission was submitted to the Region which sets out how we are going to manage the clinical governance arrangements of 111

As part of that submission we have had to put a clinical governance structure together where we state how we are going to delegate our attention and resources and clinical focus on 111. To achieve this we are establishing a North Lincolnshire CCG NHS 111 Clinical Governance and Quality Assurance Group. JP circulated draft Terms of Reference asking the group to review and send any comments back by Friday 1st February and will seek to approve virtually. This group will sit under and report to this Quality Group and report to the regional and Humber groups.

15. Safeguarding Children update

SG confirmed they are still waiting on further information in order to close the one outstanding safeguarding incident.

NHS Yorkshire & Humber Safeguarding children's assurance – SG confirmed that the only area of concern for North Lincolnshire is NLaGs safeguarding children's training data. In terms of their level 1 trajectory has come to a standstill. Concerns have been raised with Craig Ferris and through contracting in terms of how they can get a better trajectory.

JP reported that Jo Coombs newly appointed Nurse Director of the LAT has been asking about the details.

Identified trend going down, this has been challenged, NLaG are taking actions and the action plan will be shared with SG. We would like our contracting colleagues to monitor this on a monthly basis.

Action: JP

RJF referred to item 7 – A named doctor is in place with a clear job description and sufficient capacity. The recommendation for an area this size is 2 sessions and RJF currently has 1 session.

16. Safeguarding Adults update

NHS Yorkshire and the Humber Safeguarding Adults Assurance

MG noted that the assurance had been completed and sent to the SHA. There are no major problems with providers. The exception to compliant for NLAG is training and as with children there is an action plan in place.

Judging by a recent meeting of Safeguarding Leads at the SHA, there still appears to be some debate exactly how safeguarding will operate under the new architecture. In terms of the future in North Lincolnshire, it appears likely that there will be a South Bank arrangement for safeguarding but there is no further information at this time. This new arrangement will also have to take account of MCA 2005 requirements.

The one wild card in the system at present is PREVENT a new DOH initiative involving the protection of vulnerable adults from indoctrinated into terrorist activities. The CCG will need both Executive and Operational leads as part of the new arrangements and as PREVENT is a significant part of safeguarding in the national contract, this area may follow others by placing PREVENT with safeguarding.

Action: KR

17. Infection Control

November and December updates – report noted.

GJ reported at the last meeting we had a high level of MRSA positive screening and this has now returned to normal levels.

MRSA Bacteraemia - As at lunchtime today a further hospital acquired case has been detected bringing the current total to 4 – no further information available at this time.

E Coli bacteraemia stands at 85 which continues to cause concern.

Catheter Passport – 2,000 copies have been printed. LMC concerned in relation to its rollout. Is the information on Systmone and EMIS comparable with the information which is going to be logged on the passport? It has been agreed to have a pilot period March – July and then pull a set amount of notes and review the information contained within the passport, Systmone records, EMIS records, district nursing records to show some compatibility with the information being received.

CDifficile card – Progress made at NLaG - for every case of *CDifficile* the patient will be given a leaflet on *CDifficile*. Once a patient detected with *CDifficile* is discharged from hospital a letter is being sent to their GP with advice on recurrence of symptoms and prudent antimicrobial prescribing. GJ reported that NLaG are introducing electronic records and this will be used to electronically flag records re. infection risk such as *Cdifficile*. In the interim NLaG plan to put an alert sticker for *Cdifficile* on the case notes as they currently do for MRSA. NLaG are also investigating the possibility of flagging microbiology results as they do for out of range biochemistry results. It was noted that NLaG electronic information cannot be accessed by HEY.

It was noted that GPs to have IC training in March.

18. Clinical Performance issues (Independent Contractors)

RJ-F reported that there is one new case going through the GMC – he anticipates it will not be taken further.

19. Care Home update

Report tabled and noted.

- **Winterbourne Concordat** – response still unavailable.

20. Continuing Care update

Report tabled and noted.

21. North Lincolnshire Serious Incident Group

Once the minutes have been finalised will be circulated.

JP reported the group looked at two significant incidents reports from NLaG concerning the MAU – failure to detect the deteriorating patient. These reports highlighted disturbing failures within NLaG at that time.

The other key issue was a feedback report from Goole that looked into the deaths of 5 patients. The report concluded that these deaths could have been preventable and highlighted a number of concerns including lack of appropriate qualified clinicians on site.

Details of both of the above can be found in the minutes.

The group has also been looking at a format of a report to support GPs and staff working within the CCG to report incidents. It will be filled in electronically and sent to a dedicated inbox. A copy of this will be sent out to the Quality Group for comments.

Action: VAS/All

22. Identification of any new risks from business discussed

Child protection training impacts on NLaG but need to review whether this impacts on the CCG Risk Register.

Action: JP

23. Any other business

None

Information Governance

24. Information Governance IR1s

None

25. Information Governance update

- **Information Governance Policy & Procedure Agreement** –BJ outlined that as part of the transition process staff will remain employed by their existing organisation until 31st March 2013 and that legal advice is that the policies and procedures that currently apply to staff, as well as systems and processes, should stay under the remit of NHS NL until the 31st March 2013. The Quality Group supported the proposal to maintain existing PCTs policies and procedures during this transition period.
- **Implementation of User Identity Manager (UIM)** - BJ outlined the benefits and implementation of this totally electronic paperless system as detailed in paper 25a. The clinical access templates have been developed and tested at Bridge Street Practice in Brigg and they will be the first GP Practice to implement UIM in NHS NL. The basic principle is that for each role there are three templates. This will be a standard level access, then a reduced level access template for new or locum staff and a high level access for specific users who require full system access. BJ confirmed there are no significant implications as this simplifies the system. The Quality Group approved this implementation.

26. Identification of any new risks from business discussed

None

27. Any other business

None

General Quality Issues

28. Quality and Contracts

NLaG contract and Quality Group notes for 8th November 2012 – paper noted.

RDaSH Performance and Service Delivery meeting notes – Nothing submitted.

NLaG quality deep dive update – item deferred

Future arrangements for quality in contracts – item deferred

29. Quality handover report

KR attended a Confirm and Challenge session with the other clinical leads across the patch. Awaiting final report.

30. Mortality update

Deferred to next meeting.

31. CQUINS

PP reported that there are concerns that RDaSH are not introducing new CQUINS

JP reported that there is concern following audit reports on NLaG discharge letters. NLaG are reviewing internally but outcomes of audit remain poor.

32. Identification of any new risks from business discussed

None

33. Any other business

None

The next meeting will take place on the 28th February 2013 at 3.00 pm in Room GH 1, Global House, Kingsway, Scunthorpe