

NHS HULL CLINICAL COMMISSIONING GROUP

QUALITY AND PERFORMANCE GROUP

Minutes of the Meeting held on Wednesday 20th March 2013

PRESENT:

Dr James Moulton, GP Member (Chair)
Jason Stamp, Lay Representative
Joy Dodson, Senior Business Intelligence Lead
Lorna Morris, Designated Nurse for Safeguarding Children
Louise Metcalfe, Quality Manager
Sarah Smyth, Director of Quality and Clinical Governance/Executive Nurse

IN ATTENDANCE:

Michelle Murrey, Personal Assistant, Note Taker
Gary Johnson, Patient Safety Lead (Minute 118)
Jo Raper, Infection Prevention & Control Nurse, CHCP (Minute 120 & 121)
Mike Napier, Head of Corporate Governance (Minute 122)
Sue Lee, Patient Experience & Engagement Manager (Minute 123)
Tim Horne, Head of Patient Experience - Hull and East Yorkshire Hospitals (Minute 123)

APOLOGIES:

Dr Leen Witvliet, GP Member
Paul Jibson, Quality Facilitator
Robert Thompson, Practice Manager

112 (96) MINUTES OF THE LAST QUALITY AND PERFORMANCE GROUP HELD ON 21 FEBRUARY 2013

Resolved – The minutes of the meeting held on the 21 February 2013 be taken as read and correctly recorded and signed by the Chair.

113 (97) MATTERS ARISING FROM THE MINUTES – The Action List from the meeting held on 21 February 2013 was handed out for information.

Resolved – (a) That the action list be noted.

114 (98) REPORTING OF EMERGENCY MOTIONS - Members noted that, in accordance with Standing Order 3.2(3), no business was to be transacted at the meeting other than that specified on the Agenda, or Emergency Motions allowed under Standing Order 3.6.

An Emergency Motion was received to discuss Quarter 2 Serious Incident Reporting this will be discussed with report 102 Serious Incidents Quarter 3. Hard copies of the report were provided at the meeting.

- 115 **(99) DECLARATIONS OF INTEREST** – Members were reminded of the need to declare (i) any interests which were relevant and material to the PCT Board; (ii) any changes in interests previously declared, and (iii) any pecuniary interest (direct or indirect) in items on the Agenda.

No declarations of interest were received.

- 116 **(100) GIFTS AND HOSPITALITY** – Members were reminded of the need to declare the offer and acceptance/refusal of any gifts and hospitality in the PCT's public register.

There were no declarations made.

- 117 **(101) BUSINESS INTELLIGENCE** – The Senior Business Intelligence Lead submitted this report to provide a update around delivery of all financial targets and performance against national and local indicators. A performance highlight and update report was also tabled in which the content was discussed particularly in respect of further information regarding diagnostic breaches. Members were guided through the key areas and issues contained within the report in further detail and any breaches were discussed.

Forecasts of financial performance are all on track to deliver.

The contracts for healthcare providers are close to signing off and in context of the challenges presented by changing architecture of the commissioning system there are no significant problems anticipated.

The Director of Quality and Clinical Governance/Executive Nurse stated that mental health out of area placements continue to be a cost pressure and in light of Winterbourne we need to be better at raising this at the Planning & Commissioning Group. This morning a high cost placement was approved for accommodation for a MAPPA 1 patient. This item is to be deferred to the Planning & Commissioning Group by the Quality & Performance Group Chair and then a response with formal position statement should come back to the Quality & Performance Group.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) The group were assured around the delivery of all financial targets including QIPP and the investment programme and that areas of underperformance are being addressed.
- (ii) There was further assurance that issues highlighted by this group have been raised at Contract Management Boards.

- Resolved** – (a) That the report be noted and,
- (b) An action plan from HEY is requested in relation to the CQC report.
 - (c) More information is obtained around diagnostic breaches.
 - (d) Root cause analysis is requested for all cancer 62 day breaches.
 - (e) The Chair is to raise the issue of out of area placements at the Planning & Commissioning Group. A formal position statement is requested from the Planning & Commissioning Group to be submitted to the this group at a later date.

(102) SERIOUS INCIDENT QUARTER 3 – The Patient Safety Lead presented this report of behalf of the Quality Lead to provide members with a update on provider services performance on Serious Incident (SI) Management and to provide assurance that SI's are been managed effectively. Members were assured with the presentation of information and narrative contained with the report and requested that this format is used for future reports. The SI team have met with providers and are addressing resilience and pushback issues due to organisational change. There are some concerns at Humber Foundation Trust in which there has been 8 incidents that have been dealt with internally these will be highlighted in the SI Quarter 4 report and escalated to the Humber Contract Management Board. At a Strategic SI Meeting attendees were informed the STEIS reporting tool is being adapted to include a discovery date, recording date and the incident date in order to ensure a consistent approach to reporting. The Strategic SI Lead is working on revamping the SI policy which will be implemented as of 01 April 2013.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) The group were assured this amended report provided assurance around Serious Incidents quarter 3 and that processes were been developed to monitor quality of reports and external requests.

- Resolved** – (a) That the report be noted and`
- (b) Concerns in relation to Humber NHS Foundation Trust are detailed in the quarter 4 report and escalated to the Humber Contract Management Board.
 - (c) An Emergency Motion was received to review a revised Quarter 2 Serious Incident Report. Members were assured that the report now included accurate reporting numbers.

119 (103) QUALITY DASHBOARD – The Director of Quality & Clinical Governance/Executive Nurse provided the following update in the absence of the Quality Facilitator. Further meetings have taken place with the Commissioning Support Unit, Business Intelligence Team and Quality Team about how the quality dashboard is developed further, specifically in relation to incorporating patient

experience data. The Quality Facilitator has produced some clear timescales to deliver this work from 01 April 2013. There may be a requirement for the Quality & Performance Group to discuss a specific provider or speciality in greater detail as and when the need may arise.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) The Members of the group were assured that the development of a Quality Dashboard is progressing

Resolved – (a) That the report be noted.

120 **(104) THE INFECTION CONTROL GP AUDIT PROGRAMME** – The Infection Prevention and Control Nurse provided an update on the implementation of the Infection Control Audit Tool (ICAT) which is being used to audit GP practices in Hull.

The Infection Control Team have requested Action Plans from practices where they did not meet the required standards of the Audit Tool and a revisit to each of the practices to monitor progress will take place within the next three months. If the standards around refurbishment are not met then additional time will be allowed, as this may require substantial alterations and financial input. Progress will be monitored on a regular basis by the Infection Control Team. The Care Quality Commission (CQC) has been monitoring ICAT Action Plans as part of their ongoing inspection and registration process. Comparable data on the impact and effectiveness of ICAT will be available in a year's time when a further round of audits has taken place. The Director of Quality and Clinical Governance/ Executive Nurse advised that discussion would need to take place with the Local Area Team regarding the future role of NHS Hull CCG in infection control audit work in primary care.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) Assurance was provided that the implementation of the ICAT audit tool used within GP Practices has been successful and supported the continued roll out across all GP Practices.
- (ii) The members of the group felt the report was of a good standard and very informative.

Resolved – (a) That the report be noted and,

- (b) A discussion regarding the role of the CCG in audit work takes place with the Local Area Team and the outcome is fed back.

121 **(105) CLOSTRIDIUM DIFFICILE REOCCURANCE REPORT**– The Infection Prevention and Control Nurse provided this report to provide the Quality & Performance Group with an overview of those patients who have had more than one episode of Clostridium Difficile. The report aims to identify any themes or trends within the 17 cases reviewed. Discussion took place regarding the reduction of cases when training has taken place and the possibility of Clostridium Difficile training been

facilitated at a future PTL Session. The team are in the process of refreshing the Clostridium Difficile action plan for next year.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) Members were assured that the reviews and themes of Clostridium Difficile have been identified and that a review of all cases has been undertaken. Further learning will be reported in September 2013.
- (ii) Members were pleased with the report which was of good quality and very informative.

Resolved – (a) That the report be noted and,

- (b) A report detailing all aspects of Clostridium Difficile including training, the impact of the training, recurrence rates and relapses is submitted to the Quality & Performance Group in September 2013.

122 (106) TERMS OF REFERENCE FOR QUALITY AND PERFORMANCE – The Head of Corporate Governance presented revised terms of reference for consideration and approval this is due to NHS Hull CCG becoming a statutory body from 01 April 2013. Following discussion about the remit of the group the following points on the terms of reference are to be included and or amended:

- Some minor housekeeping amendments.
- Additional inclusions regarding litmus testing, rapid review, external accountability and patient safety.
- The Membership of the group includes a Safeguarding Adults Nurse.
- The quoracy includes a Senior Business Intelligence Lead or a deputy and a Lay Member.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) That following some further amendments to the terms of reference for the Quality & Performance Group, members were assured this was fit for purpose for the Committee and reflected its role, function and remit.

Resolved – (a) That the report be noted and,

- (b) A discussion takes place between the Director of Quality & Clinical Governance/Executive Nurse and Head of Corporate Governance to agree additional wording for the terms of reference.
- (c) The ambassador role on the CCGC Sub Committees is discussed at a Senior Leadership Team Meeting.
- (d) That the terms of reference are adapted to include the points raised above.

123 **(107) FRIENDS AND FAMILY TEST PRESENTATION** - The Patient Experience & Engagement Manager and the Head of Patient Experience of Hull and East Yorkshire Hospitals attended the meeting to present members with a overview of the Friends and Family Test currently been implemented at Hull and East Yorkshire Hospitals. There will be a full implementation of the Friends and Family Test from 01 April 2013. A question and answer session followed on from the presentation.

Assurances: - The group concluded this item by summarising the assurances/lack of assurances received, namely:

- (i) Members were assured that Hull and East Yorkshire Hospitals Trusts have the required mechanisms in place for the implementation of the Family and Friends Test from April 2013.

Resolved – (a) That the presentations be noted.

- (b) That feedback from the Friends and Family Test would be incorporated into the patient experience reporting cycle.

124 **(108) MINUTES OF THE HULL CCG SERIOUS INCIDENT PANEL - 16 JANUARY 2013** - The Minutes of this meeting were submitted for information.

Resolved – That the minutes be noted.

125 **(109) DATE AND TIME OF NEXT MEETING** - The next meeting will be held at 10.00am on 18 April 2013, The Boardroom, The Maltings, Silvester Square, Silvester Street, Hull, HU1 3HA.

126 **(110) RESTRICTION OF MINUTES**

Resolved – That none of the Minutes be treated as confidential and not published.

127 **(111) CHAIRS ASSURANCE REPORT** – The Chairs Assurance Report was discussed after the meeting.

Signed: _____

(Chair of the Quality & Performance Group)