

**NHS HULL CLINICAL COMMISSIONING GROUP**

**QUALITY AND PERFORMANCE GROUP**

**Minutes of the Meeting held on Thursday 21 February 2013**

**PRESENT:**

Dr James Moulton, GP Member (Chair)  
Jason Stamp, Lay Representative  
Dr Leen Witvliet, GP Member  
Joy Dodson, Senior Business Intelligence Lead  
Lorna Morris, Designated Nurse for Safeguarding Children  
Louise Metcalfe, Quality Manager  
Michelle Murrey, Personal Assistant, Note Taker  
Paul Jibson, Quality Facilitator  
Robert Thompson, Practice Manager  
Sarah Smyth, Director of Quality and Clinical Governance

**IN ATTENDANCE:**

Liz Vickerstaff, Quality Lead, CSU (Minute 86 & 87)  
Jo Raper, Infection Prevention & Control Nurse, CHCP (Minute 88 & 89)  
Gail Mayes, Head of Safety & Quality, CHCP (Minute 88 & 89)

**APOLOGIES:**

No apologies for absence were received for this meeting. The group were informed that G Gedney has resigned from the Quality & Performance Group. Discussion will take place out of this meeting regarding a replacement Ambassador Representative.

**96** **(80) MINUTES OF THE LAST QUALITY AND PERFORMANCE GROUP HELD ON 24 JANUARY 2013**

**Resolved** – That subject to following amendments the minutes be taken as read and correctly recorded and signed by the Chair.

Minute 81 - The Designated Nurse for Safeguarding Children declared she had been offered £150 to undertake some training. This work was declined is replaced with *undertaken but the payment was declined*.

Minute 83 - The following paragraphs are to be removed.

*The Practice Manager is to contact the Infection Prevention and Control Nurse and update her on the concerns in relation to patient waiting lists.*

*The Infection Prevention and Control Nurse is to address the concerns at*

*the relevant Contract Management Boards.*

Minute 84 – The following paragraph is removed: (b) As requested at the previous meeting future reports are to detail the specialists with low, medium and high risk ratings and track if the areas are improving.

*and replaced with The Business Intelligence Framework for reporting performance is being refined and will be in place for 2013/14 performance reporting.*

(c) The word *Presentations and* is removed.

The following paragraph is removed: (d) Capacity in relation to demands and the risks this develops in terms of the gap, choose and book appointments and the 18 week waiting list are discussed at the Contract Management Board.

*and replaced with concerns regarding the achievement of 18 week Referral To Treatment and 6-week diagnostic waiting times to be escalated to Contract Management Board.*

The Minutes are to be reissued.

- 97 (81) **MATTERS ARISING FROM THE MINUTES** – The Action List from the meeting held on 24 January 2013 was submitted for information. Subject to the following all actions were noted and agreed.

The Senior Business Intelligence Lead provided a contract update; work is currently being undertaken by the CSU and the CCG are closely monitoring this and working through formatting and the KPI's. The contracts will be a Standard NHS Contract and we are working through the revised formatting and the KPI's.

The Director of Quality & Clinical Governance confirmed she is the senior CCG representative on the local Safeguarding Adults Board. Work around the safeguarding adults agenda is a core element of the CCG Safeguarding Assurance Board and reports into the Quality & Performance Group and the CCGC. A specific Safeguarding Adults post within the CCG is currently being recruited.

Comments in relation to the Rapid Response Review Policy have been received and the Equality Impact Assessment has been revised.

The development of a Quality Dashboard is in progress.

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

- 98 (82) **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.

The Chair reported that no Emergency Motions had been received/approved.

- 99 (83) 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.

- 100 (84) 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.

No declarations were made.

- 101 (85) BUSINESS INTELLIGENCE** – The Senior Business Intelligence Lead submitted this report supported by a presentation and a Hull CCG Clostridium Difficile action plan.

A wide ranging discussion occurred particularly around the diagnostic and 18 week Referral to Treatment breaches and the following questions were agreed to present to Hull and East Yorkshire Hospitals:

1. When will NHS Hull CCG see the Action Plan for delivering on Diagnostic waiting times?
2. We contract for the provision of a service, why are there issues caused by a single clinician?
3. What is the impact on the patient?
  - a) How soon after their breach are they seen?
  - b) Is there a risk of delayed diagnosis e.g. of cancer?
  - c) Is there a risk of Serious Incident through delayed diagnosis?
4. What is the anticipated performance for February and March in terms of numbers of breaches?
5. Are the diagnostic breaches having an impact on achievement of RTT?
6. Who is overseeing the breaches to mitigate the patient impact?

**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. A series of actions require progressing regarding the HEY 18 week work before full assurance can be given.

**Resolved** – (a) That the report be noted.  
(b) Answers to the questions around diagnostic breaches are sought from Hull & East Yorkshire Hospitals.

**102 (86) SERIOUS INCIDENT QUARTER 3** – The Quality Lead of the CSU submitted this report on the current position of serious incidents with providers. Following on from feedback received additional history, content and data has been included in the report. The team have met with providers to ensure they are aware of the expectations required following the changes to the organisations infrastructure.

Members expressed concern around the accuracy of some of the data included in the report and requested that it be reviewed and the report re-submitted to the March Meeting.

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

- (i) Members were unable to provide assurance until a revised report has been submitted with accurate reporting numbers.

**Resolved** –

- (a) That the report be noted and
- (b) A revised report comes back in March including accurate reporting numbers in relation to serious incidents and extension requests.
- (c) Narrative and greater context behind figures is provided. Work is required in relation to the escalation and incident date's to ensure consistency.
- (d) A process in relation to extension requests is developed to include details as to when and why an extension is granted and what happens with underperforming areas.
- (d) Percentages of extension requests are provided.

**103 (87) INCIDENT QUARTER 3** - The Quality Lead of the CSU submitted this report to provide an update on the current position of incidents with providers. The information included is incorporated from the datix system used within the trust for reporting incidents. The figures are falling in line with national figures.

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

- (i) Assurance could not be provided until members are provided with the following.

**Resolved** –

- (a) That the report be noted.
- (b) A revised report is submitted to a future meeting detailing how the trusts are performing on a national average
- (c) Percentages of incidents of patient harm
- (d) A review of the incidents that have closed and opened for incidents reported via the NHS Hull Datix System
- (e) What has been done with the incidents e.g. learning, sharing and corrective actions
- (f) The architecture of the Datix is revised for use within the CCG.

**104 (88) CLOSTRIDIUM DIFFICILE** - The Infection Prevention and Control Nurse Manager provided this report to inform and update members on the previous

Clostridium difficile report relating to episodes of Clostridium difficile and the impact of the Clostridium difficile training. The newly recruited Head of Safety and Quality from City Health Care Partnership attended to meet members of the group. There has been a reduction in Clostridium Difficile cases in February in which there are up to 66 which is 1 under target. The worst month was March last year with 13 cases. The team are potentially going to be over trajectory but much less than last year. An increase in cases at this time of year is expected.

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

- (i) Members were assured that there has been a reduction in both initial cases and reoccurrences of Clostridium Difficile.

**Resolved –** (a) That the report be noted.  
(b) Further work is to be done for June to triangulate data, look at how many practices have had a case of Clostridium Difficile and attendance and programmes at PTL Sessions.

**105 (89) CLOSTRIDIUM DIFFICILE CARD**- The Infection Prevention and Control Nurse Manager attended the meeting to obtain approval for a project proposal for the introduction of the Clostridium Difficile card implementation across NHS Hull and the options appraisal. The project has received funding the Hull CCG Prioritisation Panel. The card will be given to patients to carry to show to key professionals treating them that they are a carrier of the disease. The group considered the available options for implementation.

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

- (i) Members were assured around the project proposal for the implementation of the introduction of the Clostridium Difficile Card.
- (ii) The report was of a very good standard and met the requirements of the group.

**Resolved –** (a) That the report be noted.  
(b) Option 5 is implemented for the introduction of the Clostridium Difficile Card.

**106 (90) CLINICAL QUALITY** - The Quality Facilitator submitted this report to share with members of the group a proposed structure and format for the report and to present a range of available information to the group.

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

- (i) Members could take a level of assurance from the report that mechanisms were in place around the core elements of patient safety, experience and clinical effectiveness.

**Resolved –** (a) That the report be noted.

- (b) Further data relating to HEY and Humber is to be populated and data is to be provided from CHCP.
- (c) Additional work was identified around capturing Patient Experience Data.
- (d) The report format was agreed.
- (e) The Quality Facilitator liaise with the CSU to generate the report.

**107 (91) REPORT OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY – EXECUTIVE SUMMARY** – The Quality Facilitator submitted this report to inform Members of the release of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report and to identify and advise members on key issues and themes within the report to generate a high level indicative programme plan.

A CCG Development Session is taking place on 22 February 2013 to discuss the report. The expectation is all members have read the report prior to the session. A meeting with Directors of Nursing and Medical Directors to Review of Francis Report is to be rearranged. A formal paper will go to the CCG Board in March.

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

- (i) The group was assured that a programme plan for Francis 2 has been produced in order to consider the recommendations made in the above report.

**Resolved** – (a) That the report be noted.  
 (b) Actions required in terms of provider organisations are in the process of being developed.  
 (c) A meeting with Directors of Nursing and Medical Directors to Review of Francis Report is to be rearranged.  
 (d) A formal paper is to go to the CCG Board in March.

**108 (92) MINUTES OF THE NHS HULL CCG SERIOUS INCIDENT PANEL** – The Minutes of the meeting on 24 January 2013 were submitted for information.

**Resolved** – (a) That the report be noted.

**109 (93) DATE AND TIME OF NEXT MEETING** - The next meeting will be held at 2.00pm on 20 March 2013 in The Boardroom, The Maltings, Silvester Square, Silvester Street, Hull, HU1 3HA.

**110 (94) RESTRICTION OF MINUTES**

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

**111 (95) CHAIR’S ASSURANCE REPORT** - Members discussed and agreed the levels of assurance received by the group for relevant items on the agenda.

Signed: \_\_\_\_\_

(Chair of the Quality & Performance Group)