

NHS HULL CLINICAL COMMISSIONING GROUP

QUALITY AND PERFORMANCE COMMITTEE

Minutes of the Meeting held on 18th April 2013

PRESENT:

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

IN ATTENDANCE:

Michelle Murrey, Personal Assistant, Note Taker
Jackie Lyon, Assistant Director of Medicines Management, (Minute 6)
Mike Napier, Head of Corporate Governance, (Minute 10)

APOLOGIES:

No apologies for absence were received for this meeting.

1 MINUTES OF PREVIOUS MEETING HELD ON 20 MARCH 2013

Resolved – The minutes of the meeting be taken as read and correctly recorded and signed by the Chair.

The Chair informed all Members that following the authorisation of NHS Hull CCG the Quality & Performance Group is now a Sub-Committee of the Board and all documentation and correspondence reflect this.

Resolved – That relevant documentation and correspondence reflects the change.

2 MATTERS ARISING FROM THE MINUTES – The Action List (enclosed) from the meeting held on 20 March 2013 were provided for information. The following updates were provided:

- Serious Incidents Quarter 3 – Humber NHS Foundation Trust (HFT) provided a report to the Contract Management Board (CMB) detailing that they have experienced capacity issues. The Trust has stated they are striving to meet

deadlines and deliver quality services. The report submitted had a number of discrepancies and HFT and the Commissioning Support Unit (CSU) are working to rectify this. Members of the Committee were concerned by reporting inaccuracies and stated that improvement notices through the contract should be considered should this continue.

- The Infection Control GP Audit Programme - GP audits are no longer the responsibility of the Clinical Commissioning Group (CCG) this will be led by the Local Area Team. Dentists are registered and have done well on the audits and Care Quality Commission (CQC) visits therefore the CCG are withdrawing from this area of work. Audits for GP's are still in place as the CQC visits for this year are yet to take place. The audits for the Local Enhanced Service are still in place for minor operations as this service provides a mechanism of assurance for the CCG.
- The revised terms of reference for the Quality & Performance Committee have been submitted to the CCGC and will come back to this committee for information.

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

(b) A letter detailing the Committee's expectations in terms of reporting of is submitted to the May CMB and included on the agenda.

(c) A validation of the quarterly serious incident reports is to be completed by providers via CSU prior to publication.

(d) Outstanding actions on the action plan are to be completed.

3 **REPORTING OF EMERGENCY MOTIONS** - In accordance with Standing Order 3.2(3), no business shall be transacted at this meeting other than that specified on the agenda or emergency motions subject to prior approval by the Chair in accordance with Standing Order 3.6.

No emergency motions were received.

4 **DECLARATIONS OF INTEREST** - Members are reminded of the need to declare (i) any interests which are relevant or material to the CCG Committee; (ii) any changes in interest previously declared; or (iii) any pecuniary interest (direct or indirect) in any item on the Agenda. Any item should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent.

No declarations of interest were received.

5 **GIFTS AND HOSPITALITY** - To remind Members of the need to declare the offer and acceptance / refusal of gifts or hospitality in the CCG's public register,

No declarations were made.

6 (1) **PRESCRIBING REPORT** - The Assistant Director of Medicines Management submitted this report to update members on prescribing performance for NHS Hull GP Practices during the latest three months. The following items were highlighted:

- The budget position is in a good place although year-end has not yet been reached.
- There have been issues with prescribing and areas identified where savings in Hull can be made, these areas have been included in the work plan.
- Hull has the third best prescribing rates of CCG's in the Yorkshire and Humber Strategic Health Authority area (SHA).

BNF Areas by Cost for NHS Hull

- Control of epilepsy - There has been an increase in prescribing of Pregabalin. Discussion took place regarding an alternative use to pregabalin for dependant patients who abuse Pregabalin. This will be discussed at the relevant committees and raised with the pain consultants to reflect in the pain guidelines for misuse.
- Drugs for dementia – There have been issues in terms of consultants co prescribing therefore work in agreement with HFT is required to address the rationale behind this and reduce it.
- Enteral Nutrition – Practice staff are been trained on malnutrition and support to patients is being given on the alternatives to using sip feeds. The GP Member and Assistant Director of Medicines Managements have had discussions about using rebate folding funding to support alternatives however this is not available. A business case is to be submitted to the prioritisation panel evidencing that nationally savings can be made.
- A PTL session around pain control is to be arranged for GP's by the Medicines Management Team.

Prescribing Quality

- Low risk non-steroidal anti-inflammatory drugs (NSAIDs) – the team are specifically looking at prescriptions for Cox-2 inhibitors due to the high cost implications.
- Antibiotic volume - the 26% of practices prescribing a greater volume than the CCG average has increased to 50% this is expected going into the summer season.
- High risk antibiotics – There is a new combination inhaler available to reduce costs.
- Audit results and immediate discharge letter's were discussed; it was highlighted that treatment request forms need to be electronic. Hull and East Yorkshire Hospitals NHS Trust have requested funding to implement this change.

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

- (i) The Committee were assured that prescribing had achieved a significant projected under spend of £2 million and generic prescribing rates are the third best CCG in the Yorkshire and

Humber SHA area.

- (ii) The Committee were assured that the action plans were appropriate and performing against targets and requested that additional items be added to reflect emerging risks.

Resolved – (a) That the report be noted and

- (b) In order to progress from the current position of the third best prescribing rates of CCG's in the Yorkshire and Humber SHA area to the 1st, it was requested that the team continually monitor growth and that the actions on the points to note document continue in addition to the tasks identified on the work plan.
- (c) A date for a PTL session around pain control is to be arranged and the date cascaded immediately.
- (d) A business case for the funding of a Dietician is to be submitted to the Prioritisation Panel.
- (e) An alternative use to Pregablin for dependant patients is discussed at the relevant committees and raised with the pain consultants to reflect in the pain guidelines for misuse.
- (f) Review dates are to be incorporated into action plans to include set targets with clear measurable indicators.
- (g) The issues highlighted regarding red drugs form part of the work plan and are included in quarterly reports to inform the committee who is prescribing them.
- (h) The results of the recent audits of the IDL's regarding prescribing are brought to a future meeting.
- (i) Electronic treatment requests forms for audits are discussed at the HEY CMB to determine if this is a core business element.

7 (2) BUSINESS INTELLIGENCE – The Head of Business Intelligence provided this report to present the performance of high level financial indicators for the 2012/13 financial year and to provide an update on performance against national and local indicators. The team are nearly at the end of the financial accounts which are going to the Integrated Audit and Governance Committee and then will be distributed through the CCG. Draft figures are reporting that the PCT/CCG achieved its financial targets in 2012/13.

In addition to this a Performance Highlight and Update Report was tabled. The following update was provided.

- Information on timings relating to 52-week waits breaches highlighted at the previous meeting have been requested from HEY and the team are awaiting a

response. The 3 breaches for January published are un-validated these are potentially a different three.

- Cancer treatment waiting times haven't been updated due to the current Information Governance issues in relation to the Health and Social Care Act 2012 that stated we cannot hold or access personal data in the ways previously done, without patient consent or for direct patient care.
- Incidence of infection of clostridium difficile have just slightly missed the target but huge improvements have been made year on year. However there is further work to be done and the CCG will continue to work to reduce infections further.
- The number and type of A&E breaches were discussed. Further information was requested.

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

- (i) Members of the Committee were assured of the position relating to performance targets and on-going actions in relation to performance.

Resolved – (a) That the report be noted and

- (b) The CSU and Business Intelligence Team follow up the 52 week Breaches with Hull and East Yorkshire Hospitals NHS Trust
- (c) Information detailing how the A&E breaches for February and March compare to last year was requested.

8 (3) NHS HULL BUSINESS INTELLIGENCE FRAMEWORK - The Head of Business Intelligence provided the proposed Hull CCG Business Intelligence Framework for approval from members of the committee. The document is a proposal and is work in progress. There are some amendments to the terminology used and work is underway to define the interface with member practices and how that will work. The team will also look at presenting the report to highlight the exceptions, monitor the trends and make it more user-friendly.

Discussion took place regarding how the targets which are the responsibility of other organisations e.g. Local Authority and NHS England Area Team are reported inwards to the CCG where they are in respect of Hull patients. This will be kept under review as the framework becomes established.

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

- (i) Assurance was provided that the new Business Intelligence Framework met the Committees requirements.
- (ii) Members were assured the report was clearly aligned to the CCG Commissioning Strategy and targets.

Resolved – (a) That the report be noted and

- (b) The amendments discussed above are incorporated into future reports.
- (c) Clarification is provided as to how performance against Local Authority and NHS England targets is reported.

9 **CLINICAL QUALITY REPORT** – The Chair clarified that this item had been removed from the agenda due to a need to review and assure the content of the report. It was agreed this would be deferred to the next meeting.

Resolved – (a) That the report is submitted to the next Quality & Performance Committee.

10 **(4) COMPLAINTS AND PALS** – The Head of Corporate Governance provided a report to set out activity, performance and learning in relation to PALS and Complaints activity for Quarter 4. In addition to this it was reported that there has been some developments regarding the national arrangements for the Complaints and PALS Service. A new system has been implemented in which all enquires and complaints relating to primary care are directed to a national call centre in Redditch. The advantages and disadvantage of the changes to the service were discussed. Several test calls have been made to the call centre to sense check the overall service received and knowledge of local services This has included Dental and Medical enquiries. It had been found the service was prompt, specific and helpful. The Committee supported the continuation of the service locally and found it worrying they were not previously aware that the service had changed.

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

- (i) The Committee were assured by the quality of information provided around local PALS data and that learning had been identified.
- (ii) There was a lack of assurance around the new arrangements for the management of enquiries through a national customer contact centre in Redditch and further information was requested around quality assurance.

Resolved – (a) That the report be noted and

- (b) The Head of Governance has a discussion with Jo Coombs, Director of Nursing and Quality from the Local Area Team regarding the national arrangements for the Complaints and PALS service. Discussion to include how this will work in practice, affect staff within the team and how the changes will be communicated.
- (c) A process detailing the new arrangements for complaints is to be submitted to the Quality & Performance Committee.

- (d) A meeting is arranged with the Associate Medical Director, The Head of Corporate Governance and relevant Directors in the Local Area Team regarding sharing of information relating to complaints and PALS that affects the GP's in the Hull CCG Boundary.
- (e) Page numbers are included on future reports.
- (f) A definition of the difference between calls and contacts referred to within the report is provided.
- (g) Choose and Book waiting times are to be discussed at the Contract Management Board.

11 **(5) THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY REPORT** - The Quality Facilitator submitted this report to inform members of the release of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report. This report had been submitted to the CCG Board and has been distributed to members of this committee for information. There are key themes, actions that have been undertaken and next steps identified within the report.

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

- (i) The Committee were assured by the local proposed arrangements already undertaken relating to the recommendations in the Mid Staffordshire NHS Foundation Trust Public Inquiry Report.

Resolved – (a) That the report be noted and

- (b) That the next steps identified are progressed.

12 **(6) PATIENT FIRST AND FOREMOST DEPARTMENT OF HEALTH RESPONSE** – The Director of Quality & Clinical Governance/Executive Nurse provided a copy of the Department of Health publication for information. This is the initial government response to the Francis report into Mid Staffordshire NHS Foundation Trust. Discussion took place around the following:

- Report content.
- The work already completed as a CCG.
- The work to be undertaken as a CCG linking in the core values of the NHS and the constitution.
- What the CCG require providers to do?
- When do the CCG act in relation to a rapid response?
- At what stage would an observational visit take place?

It was highlighted Francis is a key work priority for the Quality & Clinical Governance Team and that a Francis 2 Programme Board is to be established to engage with stakeholders. There are five key pieces of work that capture the 290 recommendations made within the report which will form the basis of the Board. Providers are aware of the establishment of the Board and support this. Discussions regarding membership are yet to take place. Suggestions for membership included The Associate Medical

Director and representatives from Business Intelligence, Quality & Clinical Governance and CSU for core business items.

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

- (i) The Committee were assured by the local proposed arrangements already undertaken relating to the recommendations in the Mid Staffordshire NHS Foundation Trust Public Inquiry Report and the proposal for a Francis 2 Programme Board.

Resolved – (a) That the report be noted and

- (b) That the Francis 2 Programme Board is established and the terms of reference and membership developed.

- (c) The terms of reference for the Francis 2 Programme Board are submitted to a Senior Leadership Meeting.

13 **(7) MINUTES OF HULL CCG SERIOUS INCIDENT PANEL – 20 FEBRUARY 2013** - The Minutes of this meeting were submitted for information.

Resolved – That the minutes be noted.

14 **DATE AND TIME OF NEXT MEETING** - The next meeting will be held at 10.00am on 16 May 2013 in The Boardroom, Silvester Square, Silvester Street, The Maltings, Hull, HU1 3HA.

15 **RESTRICTION OF MINUTES** – The content of the Minutes was discussed.

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

16 **CHAIRS ASSURANCE REPORT** – The content of the Chairs Assurance Report was discussed.

Signed: _____

(Chair of the Quality & Performance Committee)