

NHS HULL CLINICAL COMMISSIONING GROUP

QUALITY AND PERFORMANCE GROUP

Minutes of the Meeting held on Thursday 24 January 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
Owen Southgate, Business Intelligence Lead
Paul Jibson, Quality Facilitator
Robert Thompson, Practice Manager

IN ATTENDANCE:

Sue Lee, Patient Experience & Engagement Manager (Minute 85)
Keith Baulcombe, Senior Commissioning Specialist, (Minute 86)
Mike Napier, Head of Corporate Governance (Minute 88)
Natasha Suffill, Senior Pharmacist, (Minute 89)

APOLOGIES:

Graham Gedney, Ambassador, Patience Champion
Sarah Smyth, Director of Quality and Clinical Governance
Pete Beckwith, Senior Business Intelligence Lead

78 **(62) MINUTES OF THE LAST QUALITY AND PERFORMANCE GROUP HELD ON 11 DECEMBER 2012**

Resolved – That subject to following addition, the minutes of the Quality and Performance Group held on 11 December 2012 be taken as read and correctly recorded and signed by the Chair.

In attendance the word “Minute” be replaced with report.

Minute 52 includes that The Infection Prevention & Control Manager attends a Practice Managers Meeting to discuss Audit Awareness.

79 **(63) MATTERS ARISING FROM THE MINUTES** – The Action List from the meeting held on 11 December 2012 was submitted for information. Subject to the following all actions were noted and agreed.

- Resolved** – (a) That the action list be noted.
(b) Guidance is provided to practices on what they are been audited on and what they should be achieving is now been prepared is changed to Amber.

- 80** **(64) 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.

- 81** **(65) DECLARATIONS OF INTEREST** – The GP Member (Dr L Witvliet) reported that he had been offered £500 by a pharmaceutical drugs company to undertake some work. This work was declined.

The Designated Nurse for Safeguarding Children declared she has been offered £150 to undertake some training. This work was undertaken but the payment declined.

- Resolved** - (a) Both individuals were requested to contact The Head of Corporate Governance to officially declare the items raised and to complete of the relevant paperwork.

- 82** **(66) 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.

- 83** **(67) QUARTER 2 CQUINS** - The Quality Manager submitted this report to the Quality & Performance Group (Q&P) on the Q2 achievement against the 2012/13 CQUIN schemes. It was highlighted that although Humber Mental Health Foundation Trust still have some areas of underperformance they are still achieving 97%. Providers are strengthening themselves and trying to achieve quality in Q3 and Q4 where the larger amounts of money are attached. In some areas there are long waiting lists for services.

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

- (i) The group could take assurance that providers are improving quality and the CQUINS schemes are managed appropriately.

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

- 84** **(68) BUSINESS INTELLIGENCE** – The Senior Business Intelligence Lead submitted this report supported by the Hull CCG Clostridium Difficile action plan and a presentation. The documentation provides a summary of financial performance, forecast achievements, details around the delivery of all financial targets and an

update on performance against national and local indicators. The Senior Business Intelligence Lead, (J Dodson) and the Business Intelligence Lead, (O Southgate) presented these items. It was felt the targets are in a good place as they have been scrutinised through the authorisation process.

Lengthy discussion took place regarding the information included, how long out of the 18 week period patients are waiting for appointments and the increased risk this creates, the choose and book system offering limited appointments which are often cancelled. Concern was raised regarding some of the figures.

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

- (i) Assurance could not be provided around the action plans of areas of underperformance in HEY and the referral to treatment pathways.

Resolved – (a) That the report be noted.

- (b) The Business Intelligence Framework for reporting performance is being refined and will be in place for 2013/14 performance reporting.
- (c) Clostridium difficile action plans must be submitted within the report deadlines set to ensure they are distributed with the full meeting papers.
- (d) Concerns regarding the achievement of 18 week Referral To Treatment and 6-week diagnostic waiting times to be escalated to Contract Management Board.
- (e) Concerns regarding Prescribing are to be raised at the Clinician to Clinician Meeting.

85 (69) PATIENT EXPERIENCE – The Patient Experience and Engagement Lead submitted her report to give an overview of the current position of key providers in relation to Patient Experience. Key providers have been asked to provide a summary in relation to their organisations this is included within the report. The report is in a working format and guidance on the information to be included/subtracted in future reports was requested.

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

- (i) Members were assured from the exceptional standard of report submitted that mechanisms are in place to monitor patient experience.

Resolved - (a) That the report be noted.

- (b) The Family and Friends Test is included on the agenda for the February Q&P Meeting.
- (c) The Patient Experience and Engagement provides a presentation

on the Family Test at the next meeting.

- (d) That the date anomalies and the provider reports requiring more detail are raised at the HEY Contract Management Board.
- (e) A wider conversation is to take place out of this meeting to discuss report content and patient participation.
- (f) Future reports include page numbers.

86 (70) SAFEGUARDING ADULTS INCLUDING WINTERBOURNE – The Senior Commissioning Specialist provided members with a update on safeguarding issues with a particular focus on the recommendations for “Transforming Care” and the draft care and Support Bill. Discussion regarding the content of the report took place.

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

- (i) Members were assured that mechanisms are in place to safeguard adults and local discussions are in place to move forward current issues concerning safeguarding adults.

Resolved - (a) That the report be noted.

- (b) That members of the Q&P group provide clarity as to which Committee(s) and board(s) reporting on safeguarding adults is required.
- (c) That the Winterbourne Concordat Action Plan is developed to include context regarding each area.
- (d) The Chair discusses the concerns in relation to staffing in the CSU safeguarding adults team with the Director of Quality & Clinical Governance.
- (e) Discussion regarding the new Designated Safeguarding Adults Nurse sitting on the Safeguarding Assurance Board takes place.

87 (71) QUARTER 3 SAFEGUARDING CHILDREN - The Designated Nurse for Safeguarding Children provided an update on current key issues and monitoring of key indicators in relation to Safeguarding Children in Hull.

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

- (i) Members noted the exceptional report and were fully assured around the monitoring of key indicators in relation to safeguarding children and the robust systems in place.

Resolved - (a) That the report be noted.

88 (72) QUARTER 3 COMPLAINTS / PALS - The Head of Corporate Governance provided this report to set out the activity, performance and learning in relation to

PALS and Complaints activity for Quarter 3.

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

- (i) Assurance was provided that the data in relation to complaints and PALS is available and there is learning identified to improve performance.

Resolved - (a) That the report be noted.

(b) Future analysis of complaints and reports includes the following:

1. Clearly link the issues relating to patient experience
2. Demonstrate the trends and the actions been taken
3. What happened as a result of the complaint?
4. What will be done differently moving forward?
5. A response date is required for all complaints
6. What prevented complaints hitting the relevant targets?

(c) The compliments received in the service are more publicly shared and included in the Hull CCG Newsletter.

89 (73) PRESCRIBING - The Senior Pharmacist submitted this report to update members on prescribing performance for NHS Hull GP Practices during the latest three months for which prescribing data is available. Members were made aware Hull is prescribing more than other areas but are showing cost effective savings in line with the QIPP plan for next year. The BNF areas table now includes the action needed for each item as requested at the last meeting. In relation to the 5 prescribing areas high risk antibiotics is now below the national average and Proton Inhibitors are now 10% higher than they were in the previous quarter.

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

- (i) The group were assured that the prescribing report covers the prescribing performance for NHS Hull GP Practices during the latest three months for which prescribing data is available i.e. August to October 2012.

Resolved - (a) That the report be noted.

(b) A conversation is to take place with the Senior Commissioning Manager regarding contractual issues in relation to pain management services.

(c) Future report cover sheets are fully completed.

90 (74) RAPID REVIEW RESPONSE POLICY – Members reviewed the first draft which is been developed to provide guidance to staff in determining when to instigate a Rapid Response Review. The policy has started to address the failures in the healthcare system and develop a systematic approach tailored for NHS Hull CCG and

contracted provider services.

- Resolved** - (a) That the report be noted.
- (b) Members were asked to provide suggestions and comments in relation to the policy to the Quality Facilitator paul.jibson@nhs.net by close of business Monday 11th February 2013.
- (c) The CCG are working with the CSU to develop a quality dashboard.
- (d) The Public Inquiry Report of Sir Robert Francis is to form part of the CCG Board Development Session in February.
- (e) It is identified within the policy when a rapid review is undertaken on a provider and requires identifying on the risk register.

91 (75) **NEWLY PUBLISHED QUALITY DOCUMENTS** - The following documents was submitted for information and to inform members how quality will be assured in the future.

Resolved – That the documents be noted.

- Compassion in Practice Nursing, Midwifery and Care Staff: Our Vision and Strategy
- Not the Francis Report – A National Voices Report on how to ensure Safety and Quality
- The Mid Staffordshire NHS Foundation Trust Public Inquiry: A Learning and Development Session

92 (76) **MINUTES OF THE CLOSTRIDIUM DIFFICILE REVIEW GROUP** - The Minutes of this 13 December 2012 meeting were submitted for information.

Resolved – That the minutes be noted.

93 (77) **DATE AND TIME OF NEXT MEETING** - The next meeting will be held at 10.00am on 21 February 2013 in the Board Room, at the Maltings, Silvester Square, Silvester Street, Hull, HU1 3HA.

94 (78) **RESTRICTION OF MINUTES**

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

95 (79) **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 and Performance Group)