NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the meeting of the Quality and Performance Committee held on 26 February 2013 at Sovereign House, York

Present

Mr Keith Ramsay (Chair)

Lay Member and Audit Committee Chair

In Attendance

Mrs Rachel Potts Chief Operating Officer

Mr Richard Reed Joint Interim Head of Provider Performance, North

Yorkshire and Humber Commissioning Support Unit

Ms Michèle Saidman Executive Assistant

Mrs Liza Smithson (for item 5)

Business Intelligence Manager, North Yorkshire and

Humber Commissioning Support Unit

Mrs Carrie Wollerton Executive Nurse

Apologies

Dr Shaun O'Connell GP Clinical Lead for Quality and Performance

1. Apologies

As noted above.

2. Declarations of Interest

Declarations of Interest were as per the register of interests.

The Committee:

Noted the information regarding declarations of interest.

3. Minutes of the meeting held on 29 January 2013

The minutes of the previous meeting were approved.

The Committee:

Approved the minutes of the meeting held on 29 January 2013.

4. Matters Arising

Terms of Reference: Rachel Potts reported that Dr Guy Porter, Radiologist at Airedale NHS Foundation Trust, had been appointed as Secondary Care Doctor to the Governing Body and would be a member of the Committee.

Risk Matrix: Carrie Wollerton confirmed that once the CCG had confirmed its approach to risk and the register, a risk matrix would be developed for agreement by the Committee

4.1 Action Plan Relating to Hospital Acquired Infections

Carrie Wollerton presented the Infection Prevention Integrated Annual Plan 2012/13 and the Clostridium Difficile Infection Redution Strategy 2012/13 in respect of York Teaching Hospital NHS Foundation Trust. She highlighted the need for enhanced monitoring of the action plan and that the breach of the challenging target of no more than 27 cases of clostridium difficile was a comparatively good performance in the national and regional contexts.

In regard to clostridium difficile Richard Reed reported that from 2013/14 the NHS Commissioning Board would set CCG targets which would include cases in the community. Keith Ramsay emphasised the need for information on the origin in terms of provider or community. Carrie Wollerton advised that management systems would be developed to gain assurance.

All other matters arising on the schedule had either been completed or were agenda items.

The Committee:

Noted the above information.

5. Performance

Richard Reed and Liza Smithson attended for this item.

Prior to discussion of the Dashboard Rachel Potts and Carrie Wollerton reported that concerns raised with York Teaching Hospital NHS Foundation Trust at contract management meetings over a period of time had been escalated to Chief Executive level and that a Performance Summit had been arranged for 6 March. This would be attended by the Chief Executives of York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service, East Riding, Scarborough and Ryedale and Vale of York CCGs, and senior members of the NHS Commissioning Board Area Team. The focus would be A&E performance, amublance turnaround times and patients waiting for treatment for 52 weeks or more after referral by their GP or other healthcare professional. An update would be provided at the next meeting of the Committee.

5.1 Dashboard, Fast Track and Exception Reporting

Processes for the development of the Dashboard were discussed. Keith Ramsay, whilst recognising the need for a culture change, sought confirmation that from 1 April 2013 the CCG's aim of receiving more timely information, and therefore having a greater ability to hold providers to account, would be achieved.

Richard Reed reported that, in regard to accountability, a major change was taking place in that providers would be required to report monthly on many aspects of compliance with real time data; this would result in availability of more timely information. He also described collection of fast track information and timescales for national data noting that the production cycle of the Dashboard required aligning with timing of the circulation of the papers for Governing Body meetings.

The dashboard was discussed within the context of both providing assurance to the Governing Body and to the Committee. The dashboard tended to represent a point in time but then sought to show trends emerging on key issues. The need for a system to enable more detailed discussion by the Committee of more current data was highlighted. For the next meeting Richard Reed agreed to provide, in addition to the Dashboard, further reports including weekly fast track data and monthly data for consideration and agreement of future presentation. It was also noted that a version control system was required and that QIPP would be reported to the Committee; there was a separate process for finance information.

Richard Reed and Rachel Potts reported on discussions regarding Commissioning Support Unit Key Performence Indicators in view of the priority of the work associated with the Dashboard.

An updated draft Core Performance Dashboard was tabled and discussed in detail. Areas of clarification and amendment were discussed and agreed, including:

- Alignment of the date on the front of the document with that of the Governing Body meeting at which it was being presented
- The summary of current assessment of performance in respect of the transition should remain at 'amber' in view of the nine authorisation conditions
- Carrie Wollerton would provide a number of amendments to the text
- Liza Smithson would incorporate narratives to support the Exceptions Supporting Analysis

The revised format of presentation of graphs was welcomed.

The report on York Hospital Performance at item 6 was referred to as it was apposite to the discussion on the Dashboard. Carrie Wollerton additionally tabled a draft paper detailing issues which would inform the agenda for the Performance Summit, referred to above, noting that further supporting data would be sought for inclusion. Richard Reed explained the support that his team could provide in terms of analysis in this regard and referred to a diagnostic tool as a framework for A&E evidence, and this was welcomed.

The Committee:

 Noted that a Performance Summit was taking place on 6 March following escalation of concerns at York Teaching Hospital NHS Foundation Trust performance.

- 2. Noted that, in addition to the Dashboard, Richard Reed would present a number of reports at the next meeting for consideration for further development of the Dashboard.
- 3. Agreed amendments to the Dashboard for the March Governing Body meeting.
- 4. Noted the information in the report provided at item 6.3.

6. Quality

6.1 Serious Incidents Update

Carrie Wollerton apologised for the Serious Incidents update not being available and agreed to circulate the information after the meeting. She noted that the report described incidents by provider and advised of one never event, an incorrectly measured and implanted lens at York Teaching Hospital NHS Foundation Trust; the root cause analysis would be presented at a future meeting of the Committee.

6.2 Hospital and Community Acquired Infection

Carrie Wollerton referred to the discussion at item 5 above and highlighted the 33 cases of clostridium difficile.

6.3 York Hospital Performance Report.

This item was also covered in the discussion at item 5 above.

6.4 a) Safeguarding Adults and b)Safeguarding Children, Looked After Children

Carrie Wollerton agreed to provide a verbal report from the Safeguarding Boards at the next meeting of the Committee. She noted that there appeared to be an expectation that the CCGs would undertake a stronger role in regard to primary care services in respect of Safeguarding. Carrie Wollerton would discuss with Adrian Snarr from a resource implications perspective and with the area team from a practise point of view.

6.5 Commissioning for Quality and Innovation (CQUIN)

Carrie Wollerton advised that the scheme discussed at the previous meeting was currently being finalised.

6.6 Mixed Sex Accommodation Breach

Carrie Wollerton reported that there had been 12 breaches of mixed sex accommodation highlighting that on this occasion it appeared to have been more of an issue of patient experience than patient safety but that appropriate care had been provided. The breach affected one woman and five men already in a unit on two occasions. The Trust reported that the bed was needed for urgent clinical reasons but that under the terms of reporting this

needed to be shown as affecting 6 people on each of the two occasions. She also expressed concern at a delay in reporting this to the contract management board.

The Committee:

- Noted that Carrie Wollerton would circulate the Serious Incidents report and that the root cause analysis for a Never Event would be presented at a future meeting.
- 2. Noted the information on Hospital and Community Acquired Infection.
- 3. Noted that Carrie Wollerton would present a verbal report from the Safeguarding Boards at the next meeting.
- 4. Noted that Carrie Wollerton would discussion with Adrian Snarr and the Area Team resource implications for Safeguarding.
- 5. Noted that the CQUIN scheme was being finalised.
- 6. Noted the mixed sex accommodation breaches at York Teaching Hospital NHS Foundation Trust.

7. Service and Pathway Development

Not discussed.

8. Shadow Governing Body

- 8.1 Matters to Escalate to the Shadow Governing Body
 - Development of the Performance Dashboard
 - York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service performance issues
 - Performance Summit
 - Hospital Acquired Infections

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Shadow Governing Body.

9. Any Other Business

Carrie Wollerton agreed to circulate to the Committee for comment draft Serious Incident Policy. She clarified that these would formalise governance processes and reporting to the Governing Body which would be via the Committee.

The Committee:

Noted that the draft Serious Incidents reports would be circulated for comment.

10. Next Meeting

19 March 2013 at 10.30am

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 26 FEBRUARY AND CARRIED FORWARD FROM PREVIOUS SCHEDULE

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by□(as applicable)
29 January 2013	Quality – Risk Matrix	Policy to be developed for discussion at the March meeting	Rachel Potts/ Carrie Wollerton	19 March 2013
26 February 2013	Performance Dashboard	 Agreed amendments to be incorporated Data reports to be presented to inform development of the Dashboard 	Liza Smithson/ Carrie Wollerton Richard Reed	19 March 2013
26 February 2013	Quality: Serious Incidents Safeguarding Adults and Children, Looked After	 Update report to be circulated Root cause analysis to be presented to the Committee Confirmation to be sought on resource implications for 	Carrie Wollerton Carrie Wollerton Carrie Wollerton	Completed 26 February 2013
	Children	Safeguarding Independent Medical Reviews		

Meeting Date	ltem	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by□(as applicable)
26 February 2013	Any Other Business: Seriour Incidents Policy	Draft policy to be circulated for comment	Carrie Wollerton	Completed 26 February 2013