NHS Vale of York Clinical Commissioning Group

Item 13

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the meeting of the Quality and Performance Committee held on 15 May 2013 at West Offices, York

Present

Mr Keith Ramsay	Lay Member and Audit Committee Chair
Dr Guy Porter	Consultant Radiologist, Airedale Hospital NHS
	Foundation Trust – Secondary Care Doctor Member

In Attendance

Dr Shaun O'Connell	GP Clinical Lead for Quality and Performance
Mrs Rachel Potts	Chief Operating Officer
Mr Richard Reed (for items 5 and 7)	Joint Interim Head of Provider Performance, North Yorkshire and Humber Commissioning Support Unit
Ms Michèle Saidman	Executive Assistant
Mrs Liza Smithson (for items 5 and 7)	Business Intelligence Manager, North Yorkshire and Humber Commissioning Support Unit
Ms Fliss Wood	Performance Improvement Manager

Apologies

Mrs Carrie Wollerton

Executive Nurse

Keith Ramsay welcomed Guy Porter, who would take over the role of Committee Chair, to his first meeting.

1. Apologies

As noted above.

2. Declarations of Interest in the business of the meeting

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 17 April 2013

The minutes of the meeting held on 17 April were approved.

The Committee:

Approved the minutes of the meeting held on 17 April 2013.

4. Matters Arising

Quality – Risk Matrix: Rachel Potts reported that following the workshop facilitated by the Commissioning Support Unit (CSU) on 25 April it had been agreed to incorporate risks identified at project and programme level into the Corporate Risk Register. This work was ongoing and the Assurance Framework would be presented at the June meeting of the Governing Body

Safeguarding: Fliss Wood reported that Carrie Wollerton was attending a meeting organised by the Area Team on 16 May at which the focus would be primary care and safeguarding.

Patient Transport Service (PTS): Shaun O'Connell referred to the ongoing issues with PTS with particular reference to the change of phone number since its introduction and the 6pm cut off time. It was agreed to progress this with Bernard Chalk, Chief Finance Officer at Harrogate and District CCG who managed the YAS contract on behalf of the North Yorkshire and York CCGs, and to request that Yorkshire Ambulance Service (YAS) reissue to GP practices updated information and extend the PTS into the early evening, i.e. beyond 6pm.

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

The Committee:

- 1. Noted the updates.
- 2. Requested that Fliss Wood progress the YAS Patient Transport Service actions regarding re-issue of updated information to GP practices and extending the service beyond 6pm.

5. Performance

Richard Reed and Liza Smithson attended for this item

5.1 Dashboard, Fast Track and Exception Reporting

In terms of the exception reporting Liza Smithson highlighted:

Domain 1 *Preventing people from dying prematurely:* Based on February PCT data which was the latest available information, YAS indicators were: percentage of Red 1 999 calls responded to within 8 minutes (Red), percentage of Red 2 999 calls responded to within 8 minutes (Amber) and percentage of Red 2 999 calls responded to within 19 minutes (Amber). Liza Smithson presented detailed analysis for each YAS performance category which enabled identification of issues at geographic and practice level. She also noted that the NHS contract now included penalties for both YAS and the

hospital for breaches of the 15 minutes handover time and the 25 minutes redeployment time for ambulances.

Whilst recognising improvements in the overall YAS performance the need for the appropriate forum to raise concerns at a local level was highlighted. Rachel Potts requested that Fliss Wood liaise with Gareth Winter, Senior Contract Manager, to ensure the issues were formally escalated as part of the YAS contract management arrangements.

Richard Reed noted that a website was being developed which would provide anonymised data on CCG boundaries and also enable weekly reporting. Liza Smithson agreed to upload the information to the CCG intranet in addition to reporting to the Committee.

Shaun O'Connell requested that Carrie Wollerton present a report to the Governing Body describing YAS issues and associated expectations.

Domain 2 Enhancing quality of life for people with long term conditions: The number of episodes of crisis resolution/home treatment care provided was discussed later in this agenda item.

Domain 4 Ensuring that people have a positive experience of care: In respect of 18 week referral to treatment performance further analysis was being undertaken to understand the issues. Of the six patients who had waited 52 weeks or more after referral by their GP or other healthcare professional, five were waiting for general surgery and one for gynaecology. It was agreed that data by specialty be included in the Dashboard on referral to admission performance.

The A&E performance, currently 93.2% actual performance against the planned 95% of patients waiting no longer than four hours from arrival to either admission or discharge, was being clarified due to data concerns and was subject to a contract query in March. Fliss Wood reported on an action plan and ongoing work, also noting the national requirement for an Improvement Plan by 31 May. The pilot 12 bedded assessment unit was discussed in detail. The need for a review and detailed analysis was emphasised prior to any consideration of its extension. Fliss Wood additionally agreed to clarify associated cost implications with Gareth Winter.

Shaun O'Connell requested a report to the Committee on A&E issues and potential solutions.

Domain 5 Providing a safe environment and protecting from harm: Members expressed concern at the nine cases of clostridium difficile reported for 2013/14 as at 8 May against the annual planned performance of no more than 43 across both York and Scarborough Hospital sites. In regard to the £3.8M contractual penalty for 2012/13 performance it was agreed that the reinvestment plan be presented at the next meeting.

In response to the request for inclusion of Leeds and York Partnership NHS Foundation Trust the addition of *Domain 6 Enhancing quality of life for people* with mental health conditions was agreed; exception reporting would be included as per the other domains. Further discussion ensued regarding qualitative information from Leeds and York Partnership NHS Foundation Trust.

Further development of the Dashboard would include primary care information in due course.

It was noted that the first 2013/14 finance information would be reported as at Month 2 in the Dashboard to the July Governing Body due to availability of information. The 2013/14 QIPP would also be incorporated in that iteration due to the alignment of the information.

In regard to Red Amber Green (RAG) rating it was agreed that each domain be RAG rated individually on the summary of performance page and that 'amber' be utilised to highlight potential issues at either side of indicator levels.

The Committee:

- 1. Requested that Fliss Wood ascertain the appropriate forum for raising local concerns with YAS.
- 2. Requested a report on YAS issues and expectations to the Governing Body.
- 3. Requested inclusion of admission data by specialty in the Dashboard.
- 4. Requested that costs associated with the 12 bedded assessment unit pilot in A&E be clarified.
- 5. Requested a report on A&E issues.
- 6. Requested the reinvestment action plan for the clostridium difficile financial penalty be presented at the next meeting.
- 7. Agreed the addition of Domain 6 *Enhancing quality of life for people with mental health conditions.*
- 8. Agreed that each domain be RAG rated individually on the summary of performance.

6. Quality

6.1 Serious Incidents

Fliss Wood presented the report which detailed Serious Incidents as at 8 May at York Teaching Hospital NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, YAS and Children's Safeguarding; there were none at the latter two. She noted that measures had been implemented at York Hospital to address the backlog highlighting their open culture of reporting which was welcomed.

Detailed discussion included reporting processes and timescale and sharing of lessons learnt at monthly meetings with colleagues from Scarborough and Harrogate as well as York Trust. In response to concerns raised by Shaun O'Connell, Fliss Wood agreed to request escalation protocols pertaining to the deteriorating patient from York Trust. Keith Ramsay requested further information regarding the timescale of reporting of the two patients who had died.

In response to concerns about reporting arrangements, Fliss Wood advised that the CSU were providing quarterly reports on Serious Incidents which would be presented to the Committee in addition to the regular exception reporting by Carrie Wollerton. It was agreed that any concerns would be escalated to the Governing Body as appropriate.

6.2 York Hospital Performance Report.

This item was covered through the discussion at item 5.1 above.

The action plan emanating from the recent Board to Board meeting with York Teaching Hospital NHS Foundation Trust was noted.

Fliss Wood additionally reported that the draft annual Quality Account had been circulated for comment and that she had provided feedback.

The Committee:

- 1. Noted the update on serious incidents.
- 2. Requested that Fliss Wood obtain protocols pertaining to the deteriorating patient.
- 3. Requested that Fliss Wood obtain further information on the timescale of reporting of the two patients who had died.
- 4. Noted the information on York Teaching Hospital NHS Foundation Trust.

7. Service and Pathway Development

This item was discussed after item 5

QIPP Update

Rachel Potts tabled high level reporting proposals for a QIPP dashboard, which were being developed by Cheryl McKay, Interim Head of Delivery, to enable performance management of programme delivery against milestones in addition to monitoring against financial targets and also to monitor quality and patient safety. She requested that Liza Smithson discuss with Cheryl McKay monitoring and incorporating within processes of the current dashboard.

The Committee:

- 1. Noted the ongoing development of a QIPP dashboard.
- 2. Requested that Liza Smithson progress this work through discussion with Cheryl McKay.

8. Governing Body

- 8.1 Matters to Escalate to the Governing Body:
 - A&E performance with particular reference to the GP assessment unit
 - YAS performance, with particular reference to information by electoral ward
 - More detailed QIPP reporting
 - Monitoring of primary care and mental health performance

The Committee:

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

9. Any Other Business

Keith Ramsay advised that the CCG Chairman had raised the question of CQUIN and Patient Related Outcome Measures (PROMS) reporting. In regard to the former Fliss Wood highlighted that the 2013/14 national CQUINs related to venous thromboembolism (VTE), friends and family, dementia and safety thermometer; local CQUINs related to care of the deteriorating patient, implementing a new observation system which would provide data, reduction in length of stay on elderly wards, respiratory, discharge focusing on patients with long term conditions, and stroke. She agreed to circulate the 2012/13 CQUIN report for discussion at the next meeting.

Fliss Wood noted that there was a national system for reporting PROMS on a quarterly basis. She would also circulate the latest report for discussion at the next meeting.

Guy Porter sought clarification on availability of post operative outcome measure monitoring. He agreed to discuss this with Shaun O'Connell and Carrie Wollerton and report back to the next meeting. Shaun O'Connell noted that nationally collected orthopaedic data was due to be published in the coming months.

10. Next Meeting

19 June at 9am in West Offices

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 15 MAY 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 19 March 2013 15 May 2013	Quality - Risk Matrix	 Quality risks to be incorporated in CCG Risk Register by CSU Assurance Framework to be presented to Governing Body 	Rachel Potts	25 April Governing Body Workshop 6 June 2013 meeting
17 April 2013 15 May 2013	Dashboard	 Patient Transport Scheme pathway YAS to be requested to circulate updated information to GP practices and to extend the implementation beyond 6pm 	Fliss Wood	
15 May 2013	Dashboard	 Appropriate forum for raising local concerns with YAS to be identified Report on YAS issues to be presented to the Governing Body Admission data by specialty to be included in the Dashboard Clarification to be sought on costs of 12 bedded assessment unit in A&E Report on A&E to the Committee Reinvestment action plan for the clostridium difficile financial penalty to be presented to the Committee 	Fliss Wood Carrie Wollerton Liza Smithson Fliss Wood Carrie Wollerton Rachel Potts	6 June 2013 meeting 19 June 2013 meeting 19 June 2013 meeting

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
		 Domain 6 Enhancing quality of life for people with mental health conditions to be added to the Dashboard Each domain be RAG rated individually on the summary of performance. 	Liza Smithson Liza Smithson	28 May 2013 28 May 2013
15 May 2013	Serious Incidents	 Escalation protocols to be sought from York Trust Further information to be sought on two patients who had died 		
15 May 2013	QIPP Update	 Discussion of incorporation of project and programme monitoring within Dashboard 	Liza Smithson/ Cheryl McKay	
15 May 2013	Any Other Business	 CQUIN and PROMs reports to be agenda items at next meeting Discussion on post operative outcome measures to be reported 	/	19 June 2013 meeting 19 June 2013 meeting