

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the meeting of the Quality and Performance Committee held on 17 April 2013 at West Offices, York

Present

Mr Keith Ramsay (Chair) Lay Member and Audit Committee Chair

In Attendance

Dr Shaun O'Connell (part)	GP Clinical Lead for Quality and Performance
Mrs Rachel Potts	Chief Operating Officer
Mr Richard Reed (for item 5)	Joint Interim Head of Provider Performance, North Yorkshire and Humber Commissioning Support Unit
Ms Michèle Saidman	Executive Assistant
Mrs Janice Sunderland (for item 6.7)	Relationships Manager, North Yorkshire and Humber Commissioning Support Unit
Mrs Liza Smithson (for item 5)	Business Intelligence Manager, North Yorkshire and Humber Commissioning Support Unit
Mrs Carrie Wollerton	Executive Nurse

Apologies

Dr Guy Porter Consultant Radiologist

A number of items were considered out of the agenda order.

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 19 March 2013

The minutes of the meeting held on 19 March were approved.

The Committee:

Approved the minutes of the meeting held on 19 March 2013.

4. Matters Arising

Quality – Risk Matrix: Rachel Potts reported that this would be aligned with the Assurance Framework which was the subject of a workshop for members of the Governing Body, facilitated by the Commissioning Support Unit (CSU), on 25 April. The Assurance Framework would be updated and presented to the Governing Body for approval on 2 May and to the Audit Committee thereafter.

Safeguarding: Carrie Wollerton advised that she had not yet received confirmation from the Area Team regarding support for Independent Medical Reviews as part of GP's safeguarding children responsibilities.

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

The Committee:

Noted the updates.

5. Performance

Richard Reed and Liza Smithson attended for this item

5.1 Dashboard, Fast Track and Exception Reporting

In introducing this item Keith Ramsay reiterated his request for inclusion in circulation of the weekly fast track information. It was acknowledged that Liza Smithson had sent a copy to members but the request was to include Keith Ramsay on routine circulation lists for the weekly data.

Liza Smithson referred to the draft Dashboard for the May Governing Body meeting. She noted that no finance update was available and that the final 2012/13 CCG position would be reported in the next iteration of the Dashboard.

In terms of the exception reporting Liza Smithson highlighted:

Domain 1 Preventing people from dying prematurely: Analysis of the Yorkshire Ambulance Service (YAS) turnaround times at the York site showed a 5.3 whole time equivalent loss of ambulance staff time due to delay in turnaround times. Following discussion of the trend analysis and potential impact of the delays on patients, Richard Reed noted that further work could be undertaken to investigate the impact on patients who were delayed for longer than 25 minutes.

Shaun O'Connell described issues with the Patient Transport Scheme pathway which had not had the planned impact due to insufficient transport and the transfer back at 6pm from the dedicated telephone number to 999. Rachel Potts reported that this issue would be highlighted at the Collaborative Improvement Board on 25 April and that management support would be identified. Carrie Wollerton agreed to arrange for Liza Smithson to receive the Patient Transport Scheme pathway information.

Domain 2 Enhancing quality of life for people with long term conditions: The information relating to number of episodes of crisis resolution/home treatment care provided was still at PCT level. This would be reported at CCG level for 2013/14 contracts but it would be June before this would be reportable in new format.

In regard to Leeds and York Partnership NHS Foundation Trust, item 6.6 on the agenda, Rachel Potts agreed to discuss with Gareth Winter, Senior Contract Manager, incorporation of data in the Dashboard.

Domain 4 Ensuring that people have a positive experience of care: In respect of 18 week referral to treatment times Richard Reed explained that the target was jeopardised due to the requirement for the longest waiters to be treated first as the Trust worked to reduce the number of long waiters.

The six patients, all for general surgery, who had waited 52 weeks or longer after referral by a GP or other healthcare professional had admission dates during April. Carrie Wollerton agreed to ascertain the detail relating to these patients.

The A&E performance, currently 90.8% actual performance against the planned 95% of patients waiting no longer than four hours from arrival to either admission or discharge, and the associated impact on ambulance turn around times continued to be a serious concern.

Domain 5 Providing a safe environment and protecting from harm: In view of the 39 cases of clostridium difficile to the end of March at York Hospital against the target of no more than 27 in 2012/13, it was reported that the PCT had applied the contractual financial penalty. Clarification of this was being sought. Carrie Wollerton advised that for 2013/14 the target for York and Scarborough was a joint one.

It was not possible to align the Quality Innovation, Productivity and Prevention (QIPP) information with the financial position due to the absence of a finance update. Discussion of the 2012/13 QIPP pressures was discussed within the context of the organisational transition and capacity issues which were in the process of being resolved.

Rachel Potts explained that the 2013/14 plan was to deliver QIPP with an additional contingency element. She confirmed that contract negotiations included QIPP but recognised risks associated with delivery both in primary and secondary care. Rachel Potts noted that she would review with Cheryl McKay, Interim Head of Delivery, presentation of QIPP in the Dashboard.

Keith Ramsay requested that in the event of finance information not being available for a future iteration of the draft Dashboard that he be informed in advance.

Liza Smithson agreed to circulate an updated draft Dashboard for the addition of narrative.

The Committee:

1. Noted Keith Ramsay's request for inclusion in circulation of weekly fast track data.
2. Noted that narrative would be added to the Dashboard prior to publication for the Governing Body meeting on 2 May.

6. Quality

6.1 Serious Incidents

Carrie Wollerton presented the overview report which described systems and processes for the Commissioning Support Unit (CSU) to inform the CCG of serious incidents. She noted in regard to York Teaching Hospital NHS Foundation Trust that work was ongoing to reduce the backlog of open cases.

In response to Keith Ramsay's concern about the five cases which were overdue, Carrie Wollerton explained that the national prescribed timescale for completion was 12 weeks but noted that some cases which were complex, for example due to legal action, may be granted an extension. She confirmed that the CCG signed off all associated action plans and that the reasons for the five overdue cases would be investigated. Timescales would be assisted by the fact that an experienced Serious Incident Investigator had been appointed last year at York Hospital.

Carrie Wollerton reported that a template was being developed for monthly reporting of serious incidents and noted that work was ongoing in regard to processes for reporting serious incidents in areas of specialist commissioning. She agreed to seek clarification on a number of serious incidents and report back to the next meeting. High reporting of serious incidents was commended as an open and transparent practice.

It was agreed that serious incidents be reported monthly on an exception basis with detailed information if further assurance was required for a specific case.

6.2 Hospital and Community Acquired Infection

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

6.3 York Hospital Performance Report.

This item was covered through the discussion at item 5.1 above. Carrie Wollerton additionally agreed to circulate to the Committee the action plan from the Performance Summit with York Teaching Hospital NHS Foundation Trust and to report back on implementation; the Board to Board meeting on 7 May was noted.

6.4 *a) Safeguarding Adults and b) Safeguarding Children including Looked After Children*

Carrie Wollerton referred to the summary report in respect of publication of 'Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework' which summarised the accountability framework for vulnerable people, adults and children.

In regard to the Safeguarding Children report, Carrie Wollerton explained that the complex arrangements were implemented through established structures, which she detailed, and noted that Scarborough and Ryedale CCG was hosting safeguarding for the North Yorkshire CCGs. Advice was awaited from the NHS Commissioning Board Area Team in respect of primary care and GP safeguarding responsibilities.

It was agreed that Sue Roughton would present quarterly reports on Safeguarding Children including Looked After Children.

6.5 *Commissioning for Quality and Innovation (CQUIN)*

Carrie Wollerton highlighted complexities emanating from the fact that Vale of York CCG was the lead commissioner for Scarborough and Ryedale and East Yorkshire CCGs in respect of CQUINs and noted that any provider with whom the CCG had an NHS contract was entitled to be offered an agreed CQUIN scheme. All schemes, except the national CQUINs, contributed to QIPP programmes.

CQUINs relating to Leeds and York Partnership NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust were agreed with the host commissioner. However, scrutiny arrangements in regard to these contracts were being developed to provide assurance.

Carrie Wollerton advised that there were currently no local CQUINs with residential or nursing care homes.

6.6 *Leeds and York Partnership NHS Foundation Trust Performance Report*

Rachel Potts tabled a summary report as requested at the last meeting. The issues detailed were noted and it was agreed that Rachel Potts would discuss inclusion in the Dashboard of Leeds and York Partnership NHS Foundation Trust performance

6.7 *Commissioning Support Service Key Performance Indicators*

Janice Sunderland attended for this item

In introducing this item Keith Ramsay noted that he had requested development of a format of Red, Amber, Green (RAG) rating for performance monitoring the Key Performance Indicators (KPIs). Rachel Potts additionally reported on a meeting with the CSU when it had been agreed that a form of dashboard would be developed.

Janice Sunderland advised that a balanced score card, which would be RAG rated, was being developed to monitor projects and standards; delivery status reports would be based on outcomes. She noted that the full set of KPIs was presented on this occasion but that the balanced score card would only report on those that related to Vale of York CCG. Additionally, the CSU was looking at a range of partners to develop CCG requirements.

Clarification was sought and provided on a number of the KPIs and it was agreed that the priority level of procurement be increased from Category B (Significant) to Category A (Must Do). Janice Sunderland explained that the Category A target was 95%, instead of 100%, due to the total responsibility for delivery not lying with the CSU, for example there may be an impact through CCG capacity availability. The CSU had been given six months to meet the contract which would then be reviewed. In the event of the KPIs not being met within this period a 5% penalty would be imposed.

Janice Sunderland referred to the CSU accreditation process and reported that at the latest checkpoint North Yorkshire and Humber CSU had achieved Level 2, readiness for long term sustainability. This achievement was commended.

6.8 Process for Development and Approval of Francis Report Action Plan

Carrie Wollerton referred to the Government response to the Francis Report, noted that a workshop had taken place and that the next steps were to develop a strategy for monitoring quality and performance. A framework would be developed with input from Guy Porter.

Following discussion of unannounced visits to York Teaching Hospital NHS Foundation Trust, Carrie Wollerton would confirm that this was agreed in the contract. She also reported that Wendy Barker, currently the Humber Safeguarding Adults Lead, had been appointed as Deputy Executive Nurse and would notionally work three days a week for Vale of York CCG and two days a week for Scarborough and Ryedale CCG starting in early July. Additionally, Jenny Robinson had taken up post on 16 April as Quality Facilitator across both CCGs.

Rachel Potts reported that the CCG staff structure had been revised and that recruitment was taking place for the increased contracting team.

The Committee:

1. Noted the update on serious incidents and agreed that serious incidents be reported monthly on an exception basis with detailed information if further assurance was required for a specific case.
2. Requested that Carrie Wollerton circulate the action plan from the Performance Summit with York Teaching Hospital NHS Foundation Trust to the Committee and noted that implementation would be reported.

3. Noted the update on Safeguarding Adults and Safeguarding Children including Looked After Children and agreed to receive quarterly reports.
4. Noted the information on CQUINs.
5. Noted the information regarding Leeds and York Partnership NHS Foundation Trust Performance Report and requested that Rachel Potts progress its inclusion in the Dashboard.
6. Noted and welcomed the Commissioning Support Unit Key Performance Indicators
7. Noted the update relating to the Francis Report Action Plan.

7. Service and Pathway Development

No items.

8. Governing Body

8.1 Matters to Escalate to the Governing Body:

- York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service Performance
- Clostridium difficile cases

The Committee:

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

9. Any Other Business

None.

10. Next Meeting

15 May at 9am in West Offices

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 17 APRIL 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	Quality – Risk Matrix	<ul style="list-style-type: none"> Quality risks to be incorporated in CCG Risk Register by CSU 	Rachel Potts	25 April Governing Body workshop
26 February 2013 19 March 2013	Safeguarding Adults and Children, Looked After Children	<ul style="list-style-type: none"> Confirmation to be sought from the Area Team on resource implications for Safeguarding Independent Medical Reviews 	Carrie Wollerton	15 May meeting
17 April 2013	Dashboard	<ul style="list-style-type: none"> Keith Ramsay to receive weekly fast track data Patient Transport Scheme pathway information Review QIPP presentation 	Liza Smithson Carrie Wollerton Rachel Potts	Ongoing
17 April 2013	Leeds and York Partnership NHS Foundation Trust Performance Report	<ul style="list-style-type: none"> Consideration to be given to incorporation of this information in the Dashboard 	Rachel Potts	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
17 April 2013	Serious Incidents	<ul style="list-style-type: none"> • Clarification of a number of serious incidents 	Carrie Wollerton	15 May meeting
17 April 2013	York Hospital Performance Report	<ul style="list-style-type: none"> • Performance Summit minutes to be circulated to committee 	Carrie Wollerton	