

**MINUTES OF THE MEETING OF THE QUALITY AND PERFORMANCE
COMMITTEE HELD ON 18 SEPTEMBER 2013 AT WEST OFFICES, YORK**

Present

Mr John McEvoy (Chair) (JM)	Practice Manager Governing Body Member
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member

In Attendance

Mrs Wendy Barker (WB)	Acting Executive Nurse
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mr John Fitzsimmons (JF) (for item 6.1 and 6.2)	Joint Interim Head of Provider Performance, North Yorkshire and Humber Commissioning Support Unit
Professor Alan Maynard (AM)	Chair, NHS Vale of York CCG
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Liza Smithson (LS) (for item 6.1 and 6.2)	Business Intelligence Manager, North Yorkshire and Humber Commissioning Support Unit
Mr Gareth Winter (GW) (for item 6.2)	Head of Contracting

Apologies

Dr Shaun O'Connell (SO)	GP Clinical Lead for Quality and Performance
Mrs Rachel Potts	Chief Operating Officer

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

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 July and 21 August 2013

The minutes of the meetings held on 17 July and 21 August were approved.

The Committee:

Approved the minutes of the meetings held on 17 July and 21 August 2013.

4. Matters Arising

Safeguarding Children Annual Report 2012/13: In regard to timescales for integration of health and social care records WB noted that this information had not been included in the Annual Report as this was a retrospective report and did not relate to the current financial year. In response to clarification sought about performance monitoring of safeguarding WB advised that activity and action plans were reported. She also identified concerns around training and staffing and confirmed that work was taking place to achieve integration of data. In further discussion FB noted the planning work in regard to the 3% top slicing of CCG budgets for the Integration Transformation Fund for which high level prioritisation plans were required later in 2013.

WB explained that arrangements were in place within strict criteria for information sharing but noted that there were elements of health information which were not appropriate to share. She advised that a significant piece of work was being undertaken by the Partnership Commissioning Unit (PCU) relating to Safeguarding Adults and additionally expressed a higher level of confidence in Safeguarding Children processes, noting concerns about assurance relating to Safeguarding Adults including ongoing work with partner organisations. WB also noted the proposal for Designated Safeguarding Adult Lead arrangements to mirror that of Safeguarding Children, namely two Leads having responsibility for the same two CCGs and covering in each other's absence. She was also arranging for the Leads to have a regular presence in the CCG office.

Members discussed further issues relating to implementation of data integration and WB's concerns about assurance. They requested that FB and WB advise Janet Probert (JP), Director of Partnerships at the PCU, of concerns raised and that she be requested to attend the December meeting. FB additionally reported that she had met with JP and agreed areas of prioritisation for urgent action, including safeguarding and out of area activity.

Dashboard: In regard to the audit of A&E admissions Andrew Phillips had advised that he and the Performance Improvement Manager were meeting with the York Teaching Hospital NHS Foundation Trust Emergency Department Directorate Manager, who, following analysis of the data, would report back to a meeting on 26 September. Members additionally discussed the recent winter monies allocation of £1.4M for pre-hospital care, £156K for A&E flow and £482K for equipment; FB noted that clarification was currently awaited of the detail and confirmed that a range of potential schemes had been identified against this funding. WB additionally noted the imminent publication of the Care Quality Commission report on A&E at Scarborough Hospital.

Patient Transport Scheme - Post meeting note regarding answering of phones: Yorkshire Ambulance Service cannot track the GP referral calls easily and have to manually record this data. Call volumes are approximately 20 per day so it would not be economical to have a dedicated team/person to answer the calls. GP calls are given the highest priority so as long as there is an agent available, they will be answered efficiently. If the service was extended beyond 6.00pm additional costs would be incurred; there were no plans to do this at present.

Neighbourhood Care Teams (NCT): In addition to the report circulated FB provided an update noting that she was aware of the historic priority placed on the introduction of NCTs. However, she explained that the term NCT related to allocation of community resources to GP practices; implementation was the process of providing care to patients via a multi disciplinary team approach with identification of outcomes to be delivered by this combined resource. This work was being progressed through the ongoing system transformation and development of the community contract.

The multi disciplinary team approach was discussed in the context of variation of membership across GP practices and learning from past experience, noting that ideally there would be GP, community nurse and social care representation. FB advised that this was integral to the work relating to core community service requirements.

Terms of Reference: JM expressed concern that there was duplication of both discussion at and membership of the Governing Body committees and noted that quality and performance was integral to the work of the Finance and Contracting Committee. He proposed that the Quality and Performance and Finance and Contracting Committees be amalgamated and that the new terms of reference should enable a more robust forum for both holding to account and providing a supportive opportunity for discussion of developmental work prior to decision making.

Members supported the approach described, subject to ensuring that all governance requirements were clarified and incorporated, and emphasised that the new committee as an accountable body must include appropriate clinical membership and that attendance should be prioritised, including by anyone requested to present a specific report. Rolling agenda planning was noted as a potential means of managing the volume of work and to facilitate timescales for officers to provide more effective reports.

Members noted that the Head of Integrated Governance was currently undertaking an overall review of the structure of the Governing Body committees and reporting arrangements. FB agreed to liaise with her about the overall committee and reporting structures.

Other matters arising were agenda items, ongoing or had been completed.

The Committee:

1. Noted the update and concerns relating to Safeguarding Adults and Children.

2. Requested that the Director of Partnerships at the Partnership Commissioning Unit present a response to issues raised at the December meeting.
3. Noted the update on the audit of A&E admissions.
4. Noted the update on the Patient Transport Scheme and answering of telephones.
5. Noted the report and update on multi disciplinary teams and community service development.
6. Agreed that the proposal to amalgamate the Quality and Performance and Finance and Contracting Committees would be progressed in light of the review of committee and reporting structures.

5. NHS Vale of York CCG Assurance Framework: Quality and Performance Risk Register

In referring to the Quality and Performance Risk Register WB noted that two risks - the Winterbourne View recommendations and Safeguarding Adults accountability arrangements - should have been RAG (Red, Amber, Green) rated red, not amber, and confirmed that assurance was being sought around concerns.

WB requested that members consider whether the level of risk described was appropriate and that they provide her with views via email.

The Committee:

Noted the Quality and Performance Risk Register and agreed to provide comments by email to WB.

6. Performance

JF and LS attended for items 6.1 and 6.2

6.1 Dashboard, Fast Track and Exception Reporting

In presenting the draft Performance Dashboard LS noted that there were no significant changes since last month. Discussion of the exception reporting of the performance and quality indicators included:

Domain 1 Preventing people from dying prematurely: The ambulance response times indicators, RAG rated as amber, had breached by a marginal number of incidents.

Domain 4 Ensuring that people have a positive experience of care: LS referred to the detailed information provided in respect of the 95th percentile for admitted patients who were on a referral to treatment pathway noting performance of 28 weeks against the planned 23 weeks. This was discussed within the context of 18 weeks performance and transfer of patients to the private sector. Members also sought and received clarification about CCG patients treated at providers other than York Teaching Hospital NHS Foundation Trust noting concern at the increasing trend and noting potential impact of winter pressures. WB agreed to raise these concerns via the Contract Management Board.

Domain 5 Providing a safe environment and protecting from harm: In regard to clostridium difficile and MRSA members noted respectively that the former was not reported as an exception this month.

LS reported 13 new mixed sex accommodation breaches in July. WB advised further analysis had shown over reporting and the breaches would be reported as three or five following clarification. WB also advised that she was undertaking a joint visit with the Care Quality Commission to the Vascular Imaging Unit at York Hospital in view of concerns about dignity, respect and privacy; she would report back to the Committee after the visit. She also noted that work was taking place regarding criteria for reporting of mixed sex accommodation breaches and confirmed that no patient complaints had been received in this regard.

Domain 6 Enhancing quality of life for people with Mental Health conditions (Leeds and York Partnership NHS Foundation Trust (LYPFT)): In respect of delayed transfers of care WB explained that in most cases this was due to the complexity of placements required and also Local Authority assessment processes. She noted that work was ongoing to address the latter and that she was working with the Chief Nurse at LYPFT to ascertain details of patients who were fit for discharge. Members expressed concern that these delays impacted on patients and families, and created pressures in terms of cost and hospital performance.

FB described proposals for relocating the intensive psychiatric treatment service from Leeds to a York location and noted that this would be linked to the transformation fund work. She also emphasised the need for system change highlighting that adequate placement provision would eliminate the issue of delayed transfers of care.

WB reported that the LYPFT Contract Management Board arrangements were currently being reviewed and reconfigured to provide increased assurance.

QIPP: FB reported on discussions to present QIPP in a clearer format in terms of quality, risk and financial impact. She advised that of the £10M QIPP schemes there was confidence in C£6M of plans and that at least a further £2M was required to achieve break-even. Potential in year measures were being sought to address the slippage.

In terms of slippage FB highlighted that contract challenges in respect of pathology testing charges were under discussion; remedial plans were in place to deliver the £152K respiratory scheme in view of contracting pressures; and that, although there was delay to the original planned start date of the Referral Support Service, its implementation would be more of an enabler to manage future change and would thus contribute in the longer term, including implementation of procedures of limited clinical value. FB noted that the transformation and intermediate work, including the long term conditions focus, would contribute to savings in 2014/15.

During discussion members expressed concern of the long term impact if financial balance was not achieved in 2013/14 and the capacity required for potential tendering processes. FB referred to a report presented to the Area Team at the CCG's recent Quarter 1 Review meeting which she would forward to LS for inclusion in the Dashboard. She also noted that a named finance and governance lead was being identified for each scheme to provide greater assurance.

Members discussed further proposed changes to the format of the Dashboard whilst acknowledging the work undertaken to date. JF and LS welcomed the opportunity to take part in discussion to further develop the presentation.

6.2 Contract Management Group

GW attended for this item

GW referred to the report which provided an update on the contract management of the York Teaching Hospital NHS Foundation Trust Standard Acute Contract and explained that root cause analysis and action plans were implemented for areas that were not being delivered. He advised that an early warning notice issued to York Trust in respect of clostridium difficile would remain open until the end of the financial year, as this was an annual target, and described the process of potential imposition of a penalty.

In response to clarification of contract management processes relating to 52 week waits GW reported that a range of activity management plans would be implemented and assured members that the contract key performance indicators included a mechanism for enforcing such action.

GW advised that an early warning notice had been issued to LYPFT in respect of Improving Access to Psychological Therapies and noted that mechanisms were in place for raising concerns for services hosted by other organisations. In relation to Yorkshire Ambulance Service (YAS) he assured members that the ongoing concerns had been raised noting that YAS achieved planned performance on a provider basis but not for NHS Vale of York CCG. Following further discussion GW agreed to arrange for senior representative(s) from YAS to attend the Committee to discuss issues.

In respect of Secondary User System (SUS) data GW advised that, following the recent issues, data was currently being validated and that completion of QIPP data validation was expected in October. He also clarified that activity plans relating to procedures of limited clinical value would be subject to contract negotiations and that activity management discussions were due to commence. Increased staff capacity would assist negotiation processes.

Members requested that future reports at this item include information relating to other service providers in addition to York Teaching Hospital NHS Foundation Trust.

- 6.3 *Dashboard Domain 1 – Preventing people from dying prematurely (Yorkshire Ambulance Service)*
- 6.4 *Dashboard Domain 5 – Providing a safe environment and protecting from harm*

Comments to be provided by email to WB on 6.3 and 6.4

The Committee:

1. Noted that WB would raise concerns expressed at 6.1 via the Contract Management Board.
2. Noted that FB would forward the presentation from the Quarter 1 Review meeting to LS for incorporation in the Dashboard.
3. Noted the breaches managed through the Contract Management process.
4. Requested that GW arrange for for senior representative(s) from YAS to attend the Committee to discuss issues.
5. Agreed to provide comments by email to WB on items 6.3 and 6.4.

7. Quality

- 7.1 *Serious Incidents*
- 7.2 *Dashboard Domain 6 – Enhancing quality of life for people with Mental Health conditions (Leeds and York Partnership NHS Foundation Trust)*

Comments to be provided by email to WB on 7.1 and 7.2.

The Committee:

Agreed to provide comments by email to WB on items 7.1 and 7.2.

8. Service and Pathway Development

- 8.1 *Quality, Innovation, Productivity and Prevention (QIPP) Report*

This was discussed under item 6.1 above.

9. Governing Body

- 9.1 *Matters to Escalate to the Governing Body:*

- Safeguarding
- Committee structure
- Delayed transfers of care
- QIPP
- Clostridium difficile

The Committee:

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

10. Next Meeting

16 October 2013 at 8.30am.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 18 SEPTEMBER 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)
17 April 2013 15 May 2013 17 July 2013 21 August 2013	Dashboard	<ul style="list-style-type: none"> • Patient Transport Scheme pathway: YAS to be requested to circulate updated information to GP practices and to extend the implementation beyond 6pm • Feedback to be sought on time to answer phones via weekly communication with practices and discussion at Council of Representatives 	SO	Ongoing See Post meeting note
20 June 2013	PROMS	<ul style="list-style-type: none"> • Assurance to be sought from York that areas of variation were performance managed • Report on PROMS reported in September 	WB	16 October meeting
17 July 2013 21 August 2013 18 September 2013	Dashboard	<ul style="list-style-type: none"> • Audit of A&E admissions 	Andrew Phillips	16 October meeting
21 August 2013	Clostridium difficile at York Teaching Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • Report from September learning forum 	WB	16 October meeting

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
18 September 2013	Items 6.3, 6.4, 7.1, 7.2	<ul style="list-style-type: none"> Feedback to be forwarded by email to WB 	All	