

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	20 December 2016
Chair	Keith Ramsay

Areas of note from the Committee Discussion

- The Committee established terms of reference.
- The Committee received an update on Children's Safeguarding.
- The Committee received a report on a new delivery model for an integrated 0-19 Healthy Child Service and considered impact of the change.
- The Committee emphasised the significance of the information reported on Serious Incidents.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

**Minutes of the Quality and Patient Experience Committee Meeting held on
20 December 2016 (rearranged from 8 December) at West Offices, York**

Present

Mr Keith Ramsay (KR) - Chair	CCG Lay Chair
Mrs Michelle Carrington (MC)	Chief Nurse
Miss Jenny Carter (JC)	Deputy Chief Nurse
Mrs Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Mr Gordon Masson (GM)	Quality and Performance Data Analyst
Mrs Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Dr Andrew Phillips (AP)	GP Governing Body Member/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Debbie Winder (DW)	Head of Quality Assurance

In attendance

Ms Jayne Andrews – for item 5	Nurse Consultant in Public Health, City of York Council
Miss Victoria Hirst (VH)	Senior Engagement Manager
Mrs Gill Rogers (GR)	Patient Experience Officer
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Miss Siân Balsom (SB)	Director, Healthwatch York
Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Mrs Victoria Pilkington (VP)	Head of Partnership Commissioning Unit

KR welcomed everyone to the first meeting of the Committee.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Quality and Patient Experience Committee Terms of Reference

RP referred to the draft terms of reference highlighting the need for clarity as to whether the Committee was a decision making forum or primarily for scrutiny and assurance making recommendations, or escalating concerns, to the Executive Committee. In respect of decision making MC explained that there was a strategy and structure in place for remedial action required as a result of quality issues and for review of commissioned services and business cases for changes to commissioning in line with the CCG detailed scheme of delegation at Chief Officer level. However, the aspect of escalation to the Executive Committee required adding.

In terms of confirmation of membership, inclusion was agreed of the Interim Executive Director of Joint Commissioning, the Medical Director as the Clinical Executive representative. Consideration would be given to attendance by the Executive Director of Transformation following appointment to the post. Core membership, 'in attendance' and quoracy would be considered outside the meeting and included in the revised draft terms of reference for presentation at the next meeting.

The importance of focus on patient experience and engagement was emphasised and it was agreed that the Senior Engagement Manager would be in attendance.

A number of further revisions were agreed, including clarity about patient and public engagement feedback. MC additionally agreed to draft a forward plan for agenda items including detailed analysis of specific areas.

The Committee:

1. Agreed that the draft terms of reference be revised and presented for agreement at the February meeting.
2. Requested that MC draft a forward plan.

4. Quality and Patient Experience Report

In introducing this item MC sought members' feedback on the report which provided an overview of quality of services across the CCG's main provider services and an update on the Quality Team's work in respect of quality improvements affecting the wider health and care economy. Meetings where quality was a focus included the Sustainability and Transformation Plan Quality Leads Forum and the NHS England Quality Surveillance Group – Yorkshire and Humber Region, established as a mandated structure post The Francis Inquiry. MC noted that escalation and monitoring of routine and enhanced surveillance took place through the Quality Leads Forum and agreement of local indicators.

MC advised that where the Care Quality Commission had local concerns they made the CCG aware but did not routinely share intelligence.

MC explained that the NHS England Quality Risk Profile Tool, used to systematically assess quality risks at a point in time, would be run in January 2017 for the York Teaching Hospital Foundation Trust. The results would inform discussions between MC, the Chief Nurse and Medical Director.

In respect of Serious Incidents (SIs) MC highlighted that the definition of closing SIs varied across Yorkshire and The Humber. She advised that quality improvement plans relating to York Teaching Hospital NHS Foundation Trust's falls and pressure ulcers provided assurance that would enable many of these SIs to be closed. MC noted that concern had been raised that York Teaching Hospital NHS Foundation Trust was declaring falls and pressure ulcer incidents that were not within the current NHS Serious Incident Framework 2015 thereby generating excess work for both organisations' SI teams. Work was progressing to ensure all incidents were reported and investigated appropriate to the level of harm.

Discussion ensued on management and reporting of SIs. Members noted that Tees, Esk and Wear Valleys NHS Foundation Trust had a good reporting culture and a robust process for action plans. The value of learning from SIs was emphasised.

DW referred to the Infection Prevention and Control section of the report advising that a more proactive approach was being adopted and that providers were implementing learning. Sharing learning between primary and secondary care was also a key focus of this work.

DW noted there had been five cases of MRSA Bacteremia Infection attributable to York Teaching Hospital NHS Foundation Trust against a zero tolerance. She assured members that if there were any further cases a meeting would be requested to discuss themes and trends.

DW reported that an action plan was awaited from York Teaching Hospital NHS Foundation Trust following a rare carbapenemase-producing enterobacteriaceae (CPE) outbreak. She also noted the requirement to fulfil the expectation of a 50% reduction in e-coli over the next three years which would require work across all CCG providers. DW confirmed that work was ongoing to share learning following the review of the norovirus outbreak in 2015 at Scarborough Hospital.

In respect of the two never events at York Teaching Hospital NHS Foundation Trust - one relating to a medication incident and the other wrong site surgery - DW advised that both investigations had been completed; there had been no further never events reported. She noted that further assurance was being sought regarding the wrong site surgery through the Quality and Performance Sub Contract Management Board.

DW reported that there had been nine further 12 hour trolley waits since the report had been written, five of which had been on the same day. This continued to be a system issue but the detailed reports of patient care gave no cause for concern regarding harm; the incidents had therefore been delogged as Serious Incidents

DW noted that compliance by York Teaching Hospital NHS Foundation Trust with the Duty of Candour requirements remained a concern and assurance was being sought on all Duty of Candour requirements via the Sub Contract Management Boards. MC additionally highlighted the need for data capture at all stages of an apology.

With regard to Yorkshire Ambulance Service members noted that the nine SIs reported in 2016/17 for the North Yorkshire CCGs related to performance, not patient issues. Concerns relating to response times raised by primary care would be addressed through a presentation at the January Council of Representatives by a Yorkshire Ambulance Service representative.

In response to AP referring to the feedback mechanism Yor-Insight on the CCG website at <https://secure.yhcs.org.uk/soft-intelligence/voyccg/> JC advised that work was taking place to promote its use.

JA joined the meeting

GA presented the Patient Experience information which provided an overview of complaints and concerns to the CCG and other organisations and from other sources of patient feedback. She noted that a future report would describe lessons learnt.

MC noted a gap in commissioned services for adults with attention deficit hyperactivity disorder (ADHD). She advised that the CCG procured ADHD diagnosis from the Tuke Centre but there were gaps in service post diagnosis. The Partnership Commissioning Unit, had been asked to look into addressing this issue.

In response to KR enquiring about triangulation of patient experience information across the CCG, including Patient Participation Groups and providers, MC confirmed that this was done. She also noted that VH would be making contact with Patient Participation Groups.

MC noted that the CCG did not currently receive information in respect of primary care complaints.

MC referred to Commissioning for Quality and Innovation (CQUIN) noting that from 2017/18 this would be a two year scheme with a focus on two areas supporting the Five Year Forward View: clinical quality and transformational indicators and supporting local areas. There would be no local indicators.

In respect of the 2016/17 York Teaching Hospital NHS Foundation Trust CQUIN for timely identification and treatment of sepsis, partially achieved in quarter 2, AP noted that work was ongoing in this regard at both the York and Scarborough sites but the indicator was not expected to be achieved in quarter 3.

Discussion was continued after item 5.

5. Update on Development of New Healthy Child Service 0-19

JA presented the report which described City of York Council's proposed new delivery model for an integrated 0-19 Healthy Child Service following its transfer from York Teaching Hospital NHS Foundation Trust on 1 April 2016. The intention was for public health nursing to be integrated into Local Area Teams and developed for children, education and community services.

Detailed discussion ensued on aspects of the proposed new service model. Members requested a report to the next meeting to provide assurance on areas of concern that may have implications for quality and health. A need for understanding of risk assessment was also noted.

The Committee:

1. Received the update on development of the new Healthy Child Service 0-19.
2. Requested a report to at the February meeting to provide assurance on concerns regarding the Healthy Child Programme input for Special Schools, Epipen training for schools, Emergency Contraception service, Continence training for schools and Looked After Children.

JA left the meeting

Quality and Patient Experience Report Continued

AP referred to the Regulatory Inspection Assurance regarding Care Quality Commission inspections and concerns relating to care homes. He noted impact on staffing levels in the event of any resident being subject to a deprivation of liberty order.

In response to KR expressing concern about 'red' quality risks on the Risk Register, MC explained in respect of the Special School Nursing service that since 1 October 2016 the CCG had been the responsible commissioner. The generic contract was being rolled over until April 2018 to gain a full understanding of the work required. She explained that this was categorised as 'red' due to quality issues but that progress was being made. Discussion was taking place at Chief Finance Officer level regarding the issue of the associated funding not being transferred to the CCG.

MC advised that the lack of assurance on quality and performance monitoring in primary care was 'red' due to absence of assurance processes. She referred to agenda item 8 and noted that discussion was scheduled for the January Council of Representatives in this regard. *(Post meeting note: this was deferred to the February Council of Representatives meeting).*

The Committee:

Received the report which provided both an update on commissioned services and narrative on risks and good practice affecting patient care, safety and experience.

6. Safeguarding Adults Update

CP presented the report which provided an update in respect of safeguarding adults recruitment, Prevent, modern slavery/human trafficking, NHS England CCG Safeguarding Assurance Tool, suicide prevention, North Yorkshire Safeguarding Adults Board, Mental Capacity Act and Deprivation of Liberty Safeguards, Tees, Esk and Wear Valleys NHS Foundation Trust safeguarding report, and the Care Quality Commission State of Care Report.

CP advised that since circulation of her report the City of York Suicide Audit report had been discussed at the York Health and Wellbeing Board and the next steps had been described at the Safeguarding Adults Board. CP agreed to provide a suicide report to the next meeting of the Committee.

CP also noted that she was a member of the Suicide Prevention Task Group which met on a quarterly basis.

CP referred to the discussion at item 4 regarding care homes and provided an update from the adult safeguarding perspective.

Members noted that assurance was sought through local quality groups that provider adult and children's safeguarding requirements were up to date.

The Committee:

1. Received the safeguarding adults update report.
2. Requested a suicide report to the next meeting.

7. Safeguarding Children Update

KH presented the report which provided an update on: the CCG footprint's three Local Authority Safeguarding Children Boards; safeguarding children in terms of NHS England assurance, quarter two of the Strategic Plan 2016/17 and a specialist safeguarding children training event; children in care – unaccompanied asylum seeking children; primary care in terms of coding, multi-agency risk assessment conferences, Practice Safeguarding Leads Forum, Named GP Forum and Named GP Conference; and the fourth Safeguarding Children and Children in Care Annual Report.

KH noted that the recent City of York Ofsted inspection had been immediately followed by a Care Quality Commission inspection of Looked After Children and a safeguarding review. KH had led on the co-ordination of these inspections with support from MC. She described the processes and explained that the Ofsted inspectors had reviewed cases of 0-19 year olds and escalated associated risks to the Care Quality Commission as they were not permitted to make recommendations for services not commissioned through the NHS. KH noted that no issues had been identified of which the CCG was not already aware and that positive feedback had been received relating to maternity, governance, leadership, and primary care particularly in respect of coding. KH confirmed that she would present the action plan that would be developed in response to the report that was due in February.

KH explained that unaccompanied asylum seeking children were legally children in care noting that the Designated Professionals were working closely with the local authorities in respect of the potential needs of this vulnerable group.

The Committee:

1. Received the safeguarding children report.
2. Noted that the Safeguarding Children and Children in Care Annual Report would be presented to the February meeting of the Governing Body.

8. Quality Outcomes Framework for Primary Care

MC referred to the Quality Outcomes Framework for Primary Care which described a proposed approach to address the CCG's risk register rating of *'lack of assurance on quality and performance monitoring in primary care – quality assurance and monitoring processes need to be developed, agreed and embedded'*. She noted that the Audit Committee had considered the Framework at its September meeting and that indicators would be incorporated following discussion with the Council of Representatives. Agreement would then be sought at the Primary Care Commissioning Committee.

The Committee:

Approved the proposed approach for the Quality Outcomes Framework for Primary Care.

9. Continuing Healthcare Update

This item was deferred.

10. Key Messages to the Governing Body

- The Quality Outcomes Framework for Primary Care would be discussed at the January meeting of the Council of Representatives.
- Progress was being made in terms of culture change at York Teaching Hospital NHS Foundation Trust in reporting of serious incidents.
- The Committee requested that forward planning include detailed analysis of specific areas.
- The Committee emphasised the importance of the link between patient experience and patient engagement.
- The Committee noted that the CCG's Engagement Plan would be an agenda item at the next meeting.

The Committee:

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

11. Next meeting

9am, 9 February 2017; subsequently rearranged to 2pm on 8 February.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 20 DECEMBER 2016

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE01	20 December 2016	Quality and Patient Experience Committee Terms of Reference	<ul style="list-style-type: none"> Revised terms of reference to be presented at the next meeting Forward plan to be drafted 	RP MC	8 February 2017
Q&PE02	20 December 2016	Update on Development of New Healthy Child Service 0-19	<ul style="list-style-type: none"> Report providing assurance on concerns raised to be provided for next meeting 	MC/JA	8 February 2017
Q&PE03	20 December 2016	Safeguarding Adults Update	<ul style="list-style-type: none"> Suicide report to be provided for next meeting 	MC/CP	8 February 2017
Q&PE04	20 December 2016	Safeguarding Children Update	<ul style="list-style-type: none"> Safeguarding Children and Children in Care Annual Report to be presented to the Governing Body 	MC/KH	2 February 2017
Q&PE05	20 December 2016	Quality Outcomes Framework for Primary Care	<ul style="list-style-type: none"> Indicators for framework to be discussed with the Council of Representatives Agreement to be sought at Primary Care Commissioning Committee 	MC	16 February 2017 28 February 2017
Q&PE06	20 December 2016	Key messages to the Governing Body	<ul style="list-style-type: none"> Engagement Plan to be presented at the next meeting 	RP	8 February 2017

Unconfirmed Minutes