

**Minutes of the Quality and Patient Experience Committee Meeting held on
11 October 2018 at West Offices, York**

Present

Keith Ramsay (KR) - Chair

Lay Member and Chair of the Primary Care Commissioning Committee and Remuneration Committee in addition to the Quality and Patient Experience Committee

Jenny Brandom (JB)

Deputy Chief Nurse

Michelle Carrington (MC)

Executive Director of Quality and Nursing/Chief Nurse

Dr Arasu Kuppuswamy (AK)

Consultant Psychiatrist, South West Yorkshire Partnership

Dr Kevin Smith (KS)

NHS Foundation Trust – Secondary Care Doctor Member

Dr Nigel Wells (NW)

Executive Director of Primary Care and Population Health

In attendance

Laura Angus (LA) – item 7

Lead Pharmacist

Victoria Binks (VB)

Head of Engagement

Barry Dane (BD)

Healthwatch, York

Susan De Val (SDV)

Commissioning Specialist, Children and Young People

Leah Dobson (LD)

Humber, Coast and Vale Strategic Transformation

Partnership Operational Delivery Network

Sarah Fiori (SF)

Senior Quality Lead

Sarah Goode (SG) – part

Quality Lead for Primary Care

Lynn Lewendon (LW) – item 6

Senior Manager Practitioner Performance (NHS England)

Shaun Macey (SM) – item 6

Head of Transformation and Delivery

Christine Pearson (CP)

Designated Nurse Safeguarding Adults

Gill Rogers (GR)

Patient Experience Lead

Michèle Saidman (MS)

Executive Assistant

Rachael Simmons (RS) – item 12

Corporate Services Manager

Sharon Stoltz (SS) – item 11

Director of Public Health, City of York Council

Dr Victoria Turner (VT)

Trainee Public Health Doctor

Elaine Wyllie (EW) – part

Designated Nurse Safeguarding Children

Apologies

Karen Hedgley (KH)

Designated Nurse Safeguarding Children

Debbie Winder (DW)

Head of Quality Assurance and Maternity

The agenda was considered in the following order

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. Minutes of the meeting held on 9 August 2018

The minutes of the meeting held on 9 August were agreed.

The Committee:

Approved the minutes of the meeting held on 9 August 2018.

4. Matters arising from the minutes

Matters arising were either incorporated in agenda items or had not yet reached their scheduled date.

5. Patient Story

JB read a piece provided by Emma Johnson (EJ), Deputy Chief Executive of St Leonard's Hospice, York, relating to end of life care received by the family of a lady whom they had looked after. The care and compassion afforded through the multi faith Sanctuary, Sunflower Centre and in patient unit had been highly commended.

JB explained that the CCG commissioned a range of services from St Leonard's Hospice of which Hospice at Home was one. JB advised that she met regularly with EJ to discuss quality aspects noting data sharing in this regard and reporting that the CCG met quarterly with senior members of St Leonard's Hospice and had also presented at their Board meeting. JB further noted that St Leonard's Hospice was rated as Outstanding by the Care Quality Commission.

In response to KR referring to Herriott Hospice Homecare JB advised that their services were commissioned by NHS Hambleton, Richmondshire and Whitby CCG.

8. Safeguarding Children and Children in Care

EW presented the report which provided an update on the CCG footprint's three Local Authority Safeguarding Children Boards; the recent City of York Joint Targeted Area Inspections – Child Sexual Abuse in the Family Environment; timeliness of Health Assessments for Children in Care; and quarter two highlights from the Designated Professionals Safeguarding Children Strategic Plan. The Safeguarding Children Designated Professionals Annual Report 2017-18 was also included.

EW noted that the Investigation Report on Ampleforth Abbey and School acknowledged that further work was required in respect of partnership working to develop safeguarding arrangements. She advised that progress was being made and this work would continue.

AK, VB and BD joined the meeting during this item

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In referring to the Joint Targeted Area Inspections – Child Sexual Abuse in the Family Environment, which had taken place from 24 to 28 September, EW noted City of York Council had been the first to receive this particular inspection. She highlighted the timescales and amount of information required and provided clarification on key findings detailed under areas of strength, areas for development and next steps. EW noted KH had reported that colleagues who had taken part in the inspection had viewed the findings as a fair reflection. EW also explained that all health providers were developing action plans which KH and she would collate and present to the Care Quality Commission following publication of the final report. MC highly commended KH's commitment and work in support of the inspections. She added that City of York Council had recently appointed a new Director and Assistant Director of Children's Services.

With regard to timeliness of City of York Council Health Assessments for Children in Care EW reported an improvement in quarter two when there had been 30% compliance in Initial Health Assessments and 40% compliance in Review Health Assessments, respectively 11% and 20% in quarter one. KH would be meeting bi-monthly with the incoming Assistant Director for Children's Services to closely monitor performance. Further discussion took place in the context of the significantly better compliance achieved in North Yorkshire. MC noted that the issue had been due to City of York Council's internal processes and progress was now expected to continue in this regard. She also noted that from a secondary care perspective performance was good in terms of timescales for these children. EW added that a greater understanding was required between the various social work roles relating to Looked After Children as there were multi factorial issues.

The Committee:

1. Commended KH's work in support of the Joint Targeted Area Inspections.
2. Noted the progress against Case Reviews across North Yorkshire and City of York.
3. Noted the initial feedback from the City of York Joint Targeted Area Inspections and agreed to receive the final report at the December meeting. of this Committee.
4. Received the Safeguarding Children Designated Health Professionals Annual Report (2017-18).

LL and SM joined the meeting

6. Assessing Quality in Primary Care

LL presented the report which proposed a quality assurance process and methodology for assessing GP Practices' readiness for Care Quality Commission inspections and how this information could be used to identify any gaps in compliance which the CCG could support Practices to address prior to inspection. LL explained that the proposal was to use a self-assessment questionnaire, based on the "Tips and Myths buster for GPs" information on the Care Quality Commission website, which Practices would be asked to return to the CCG for analysis within four weeks. The findings would be published through the GP Practice bulletin with each Practice being given a unique

identifier code to enable them to identify how their performance benchmarked against their peers for each domain and/or criterion.

Discussion ensued on the proposed 5% validation exercise with Practices chosen at random, the proposal to pilot the questionnaire with Unity Health, discussion with the Council of Representatives and the time commitment from the CCG's perspective following the analysis. With regard to the latter LL explained that a half day verification audit would be undertaken with a Practice, followed by assessment of needs including any identified through "soft" intelligence. Members emphasised that this was in the context of supporting Practices noting that visits would involve reviewing the evidence Practices proposed to use to demonstrate compliance with the Key Lines of Enquiry.

KS advised that he would explain the proposal to the Council of Representatives at the meeting on 18 October; a launch event would then be arranged following a number of pilots including Unity Health. Members agreed that the validation exercise should be undertaken by visit to 20%, rather than 5%, of Practices chosen at random; other Practices could also request a visit if they so wished.

LA joined the meeting

The Committee:

Agreed the self-assessment questionnaire be circulated to Practices for return to the CCG within four weeks with 20% of Practices chosen at random receiving a subsequent visit.

SG, LL and SM left the meeting

7. What is the Role of Medicines Management in Supporting the CCG Quality Strategy?

KS noted that prescribing and medicines management was part of the aspects of primary care quality that had been incorporated in the remit of the Committee. Consideration was therefore required about providing information in this regard.

LA referred to the report which gave a detailed overview of medicines management's intrinsic links with the CCG's quality agenda and strategy. She explained that the medicines management team provided a supportive function, including advice and guidance, across the CCG teams and was seeking members' views on appropriate reporting.

Discussion ensued in the context of the focus on finances, the fact that medicines management QIPPs tended to achieve delivery and recognition that the CCG had the lowest prescribing costs in Yorkshire and the Humber but that there was further expectation in this regard. LA highlighted that savings would be achieved as a consequence of delivering quality.

Members sought and received clarification on a number of areas including in respect of clinical pharmacists and non medical prescribers to relieve pressures on GPs. With regard to the latter LA advised that, following a recent consultation, Health Education

England planned to increase the number of non medical prescribers. KS added that, as prescribing was part of the clinical pathway, the approach should be one of practitioner prescribers. He also emphasised that any prescribing changes would be evidence based.

It was agreed that updates on medicines management be incorporated in the Quality and Patient Experience Report; any additional reporting would be agreed separately. CP added that there were aspects of safeguarding relating to medicines which also required incorporating.

KR requested that a future patient story incorporate aspects of medicines management. BD, from the patient perspective, highlighted the need for easy access to support should concerns arise as a result of prescribing changes.

The Committee:

1. Agreed that updates on medicines management be added to the regular Quality and Patient Experience Report.
2. Requested that a future patient story incorporate aspects of medicines management.

LA and EW left the meeting

9. Quality and Patient Experience Report

JB referred to the report which provided an overview of the quality of services across the CCG's main providers and an update on the quality improvement work of the CCG's Quality Team relating to quality improvements affecting the wider health and care economy. Key pieces of improvement work included: Special School Nursing Review as part of review of the 0 – 19 pathway, Care Home Strategy development, maternity services transformation and workforce transformation.

With regard to quality in primary care JB noted Unity Health's restriction on new patient registrations had been lifted by the Care Quality Commission. The CCG was continuing to work with the Practice who had welcomed the support they had received. JB also noted that further elements of primary care quality, such as e-consults, would be incorporated in the report.

In relation to Infection Prevention and Control JB explained that the number of cases of Multi Resistant Staph Aureus (MRSA) across the CCG was higher than the national average. However this was as a result of patients being discharged from York Teaching Hospital NHS Foundation Trust following appropriate identification and treatment of MRSA and having a secondary episode within a timescale which required classification as a new case. JB noted that the CCG participated in post infection reviews and there had been no lapses in care.

JB reported that the CCG was not an outlier for clostridium difficile although the number of cases had increased and in some months was above the trajectory for both the CCG and York Teaching Hospital NHS Foundation Trust. She also noted seasonal variation. Work was taking place through a collaborative approach, including medicines management, to address the variation.

JB highlighted that significant progress had been made regarding Serious Incident reporting at York Teaching Hospital NHS Foundation Trust since the appointment of the Deputy Director of Patient Safety as reported at the last meeting. The Deputy Director was attending Serious Incident Panels which assisted understanding and resolution of queries. JB also noted that a schedule of site visits for theatre assurance had been arranged.

JB advised that York Teaching Hospital NHS Foundation Trust was undertaking detailed analysis of falls and pressure ulcers, including de-logging, following a peak in the number of cases, particularly of pressure ulcers. This work was being led by the Deputy Director of Patient Safety with the aim of developing timely processes. MC added that this review was being treated as a priority. She also noted the removal of bed censor alarms following an issue that had resulted in change in falls management risk assessment that had to date resulted in positive outcomes.

With regard to the CCG's Aligned Incentive Contract with York Teaching Hospital NHS Foundation Trust JB reported that the first meeting of the new Quality and Safety Group had taken place where the focus had been on patients. She also noted this as an opportunity regarding nursing leadership and workforce. KS added that he and NW had attended a meeting and also met with the clinical leads and the Medical Director at York Teaching Hospital NHS Foundation Trust when discussion had focused on clinical pathways.

JB explained that the CCG no longer had a member of staff providing clinical mental health expertise and this had therefore been added to the risk register. A proposal was planned for a new model with a specific post to provide this expertise on a flexible basis. JB reported that Tees, Esk and Wear Valleys NHS Foundation Trust continued to be responsive to collaborative working, improved processes and providing assurance noting that issues relating to Child and Adolescent Mental Health Services had been discussed at their Quality Meeting.

JB advised that a pragmatic resolution was being sought to avoid duplication in response to quality concerns raised by the radiology department at York Teaching Hospital NHS Foundation Trust regarding images provided by York Health Solutions.

In respect of 'flu vaccination NW commended the work that had taken place to resolve the licence issue and enable the vaccination programme to progress. JB advised that the CCG was working with York Teaching Hospital NHS Foundation Trust in this regard.

GR highlighted complaints received in July and August particularly regarding the Patient Transport Service for which eligibility had not changed but a different set of questions was now being asked. She noted that the questions were being reviewed as, following further information provided, six of the 12 complainants had been found to be eligible on appeal and transport had been reinstated. KS added that lessons should be learnt from this and work was required with clinical teams; eligibility for transport was based on circumstances not medical conditions.

GR also reported that the CCG's Unreasonable and Persistent Complainants Policy had been reapplied to an individual who had contacted the CCG 154 times in the two

month period. JB noted the number and complexity of complaints, such as relating to continuing healthcare. The team had also received a compliment from a carer who had been concerned about the change in the anticoagulation service and the impact on her husband.

With regard to patient engagement VB highlighted development of an End of Life Care Strategy through work with patients, partners, carers, family members and the public. The Communications and Engagement Team had, in response to Internal Audit recommendations, worked with the CCG's programme management team on guidelines and principles around legal and statutory requirements for public and patient involvement including Quality Impact Assessment.

VB referred to patient stories at previous meetings relating to continuing healthcare and advised that these were being shared with those delivering the care to ensure follow up.

With regard to care homes and adult safeguarding CP reported that the Care Quality Commission had lifted their embargo on admissions to Stamford Bridge Beaumont-Barchester and a phased approach for readmissions was being negotiated. She advised that the Leonard Cheshire home, Alne Hall, York, was now up for sale and noted that there was no alternative provider in that area. Two homes in York, Amelia House and Moorlands, were also closing.

SF reported that she continued to work with NHS Scarborough and Ryedale CCG Quality Lead in respect of care homes and domiciliary care including identification of priorities and providing support through winter.

SF advised that 75% of care homes were now engaged with the React to Red initiative and work continued to be rolled out relating to identifying the deteriorating resident. SF highlighted that the latter, currently in six homes, had resulted in a reduced number of calls to GPs and enabled residents to stay at home; it was being rolled out to a further two care homes. Funding had also been secured to extend this initiative to domiciliary care.

SF noted that issues with the bed capacity tracker had been escalated as required; also highlighting he need for work with the local authorities in this regard.

KR welcomed the nomination to Skills for Health in recognition of the work of Michaela Summers-Binns, Manager of The Grange Care Home in Selby, on implementation of the React to Red framework. JB additionally commended Alison Redhead, Home Manager at Minster Grange Care Home, York, for her presentation at the CCG's recent Annual General Meeting.

Members noted that SF was also involved in the Skills for Care workforce development within social care as a member of the Humber, Coast and Vale Excellence Centre, a "virtual" development.

JB highlighted the part time appointment through secondment of a Research and Development Manager. This previously shared function had now been brought in house. The Research and Development Manager's role included working with the

CCG's Communications Team following successful application to the National Institute for Health Research and the award of £20,000 to support and promote research and also included providing support for a smooth transition to new arrangements for reimbursement of excess treatment costs.

JB welcomed the Significant Assurance report from Internal Audit in respect of Quality Impact Assessments. The recommendations were currently being considered.

JB noted the inclusion of an update on the quarter one Commissioning for Quality and Innovation for each of the CCG's providers.

In presenting the update on children and young people SdV referred to the matters arising schedule relating to a demand and gap analysis of capacity and demand for Child and Adolescent Mental Health Services and the Community Eating Disorder Service noting that the additional staff appointed through the recent investment were expected to take up post in early October or November. With regard to the staffing gap between available clinic hours and the requirement to manage within national and contracted times SdV explained the pathway offers, set out the number of whole time equivalent staff needed to clear the waiting list backlog, the number of whole time equivalent staff required to efficiently manage services and avoid a backlog recurring for all disciplines including autism, the emotional pathway, attention deficit hyperactivity disorder, family therapy and learning disabilities, but excluding the FIRST cases. There was a total shortfall of 7.95 whole time equivalent staff which would require around £456k additional funding. SdV noted that the joint CCG and Tees, Esk and Wear Valleys NHS Foundation Trust Contract Management Board had also received this analysis which would be used as a basis for discussion in the event of any future funding becoming available. SdV explained that recruitment to the posts identified was not expected by Tees, Esk and Wear Valleys NHS Foundation Trust to be a problem and also noted that unfortunately a clinical psychologist recently appointed to support the autism work had withdrawn on health grounds.

In response to MC seeking assurance that Tees, Esk and Wear Valleys NHS Foundation Trust had reviewed processes and pathways SdV explained that the default position following review of the emotional pathway for children with depression and low mood was now to offer those waiting group therapeutic work. She noted that after the first group of seven had completed six sessions, five children and young people had required no further intervention. SdV added that web linked and app support was being developed mainly for the emotional pathway through the Recovery College model.

SS joined the meeting

SdV explained that Tees, Esk and Wear Valleys NHS Foundation Trust had in late 2017 revised its initial screening processes for those referred for autism assessment, to both reduce numbers waiting and improve the conversion rate for diagnosis, which was currently under 60% in York and between 80% to 85% in North Yorkshire. Discussion regarding this disparity emphasised the need for a whole system approach to support the autism spectrum disorder pathway.

SdV noted that the Joint Targeted Area Inspection, discussed at item 8 above, had also highlighted waiting times at Lime Trees, which the CCG knows to be long through

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regular monitoring data. A number of recent national reports had been published regarding issues with performance relating to child and adolescent mental health services. In respect of a report from the Education Policy Institute SdV advised that, as not all providers submitted data, she had forwarded the report to Tees, Esk and Wear Valleys NHS Foundation Trust requesting their response in terms of the benchmarking. SdV however highlighted that feedback from families was 90% positive once children were in receipt of Tees, Esk and Wear Valleys NHS Foundation Trust child and adolescent mental health services.

SdV referred to the local Healthwatch Report on families waiting for child and adolescent mental health services and autism spectrum disorder assessments which was being updated for publication. She advised that the recommendations related to waiting times, crisis support, communication and access to early support noting that there were initiatives to address these areas.

RS joined the meeting

SdV emphasised that discussions were taking place with City of York Council and North Yorkshire Council on the need for a whole system approach to these issues and added that a workshop was taking place on 19 October to discuss autism concerns.

Members noted that Tees, Esk and Wear Valleys NHS Foundation Trust was currently focusing on resolving the capacity issues. KS additionally highlighted the local complexity due to multiple local authorities and services, also noting that the Local Transformation Plan was based on geography not organisation. He furthermore emphasised the need to support and develop resilience in schools as part of the system approach.

KR requested a patient story at the December meeting based on experience of child and adolescent mental health services.

The Committee:

1. Received the Quality and Patient Experience Report.
2. Requested a patient story at the December meeting based on experience of child and adolescent mental health services.

10. Safeguarding Adults including Proposed Process and Governance Framework for Learning Disabilities Mortality Review

CP presented the report which provided an update on the Learning Disability Mortality Review programme; City of York and North Yorkshire Safeguarding Adults Boards; current safeguarding reviews with City of York Safeguarding Adults Board, North Yorkshire Community Safety Partnership and NHS England; and Internal Audit. The proposed governance arrangements for the North Yorkshire Learning Disability Mortality Review Steering Group were also included. MC noted that she had approved the latter therefore the Committee's endorsement was sought.

CP noted that the Safeguarding Adults Annual Report for 2017/18 had been delayed and would be presented at the December meeting.

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CP highlighted that the task and finish group established to seek assurance on Disclosure and Barring Service checks for agency staff had completed its work. A summary had been sent to all care providers on the CCG's list reminding them of their responsibility in this regard.

The Committee

1. Endorsed the governance arrangements, previously approved by MC, for the North Yorkshire Learning Disability Mortality Review Steering Group.
2. Received the Safeguarding Adults report.

11. Public Health Commissioned Services

SS presented the report that proposed inclusion in the Committee's remit of public health commissioned services noting that, in common with most other local authorities, City of York Council had established mechanisms for governance of public health commissioned services. She noted however that this did not provide a structure or process for monitoring the quality of customer experience or outcomes across shared care pathways nor the impact of public health commissioned services on other parts of the system, for example primary care.

SS referred to previous occasions when she had attended to discuss specific issues at the Committee's request but proposed that a more structured approach would facilitate assurance about quality, safety and outcomes relating to public health commissioned services for the CCG's registered patients, particularly in the context of the move towards integration and joint commissioning. SS noted that City of York Council was supportive of this approach and, in response to clarification sought in regard to her attendance at the Governing Body, emphasised that her role included holding the local authority to account in terms of commissioning and budget decisions. SS also noted that she had mechanisms of liaising with North Yorkshire County Council and East Riding of Yorkshire Councils as required.

Members supported SS's proposal and noted that MC and SS would continue discussions outwith the meeting to ensure clarity for a proposal and recommendation to be made to seek approval of City of York Council.

The Committee:

Supported the proposal for public health commissioned services to be incorporated in the Committee's remit.

SS left the meeting

12. Risk Update Report

In presenting this report RS highlighted that three new events had been identified, two relating to the closure of care homes in the area and the third due to mental health individual funding request letters not being processed. A new risk had been identified: lack of clinical mental health expertise in regard to Serious Incidents.

RS advised that no risks had increased in rating and two risks had decreased. Five risks had remained the same. There were no risks for archiving and all events were reported as requested by the Committee.

With regard to the risk relating to the new model of care being developed by The Retreat, JB advised that she was visiting there later in the day and noted that DW was working with York Teaching Hospital NHS Foundation Trust in respect of Serious Incidents.

RS reported in relation to the mental health individual funding request letters that work was taking place to clear the backlog and establish a robust process noting that lessons learnt would be reported. She also highlighted that Unity Health had been able to reopen their list to new registrations from 26 September and would be re-inspected within three months.

In response to KR enquiring about the April 2020 opening of the new mental health hospital, RS agreed to seek confirmation. *Post meeting note: April 2020 was confirmed as the opening date.*

MC commented that the Committee had discussed all the risks at earlier agenda items. Discussion ensued as to whether the risk report should be moved up the agenda as was the practice in a number of other meetings.

The Committee:

1. Received the risk report.
2. Reviewed the corporate risks assigned to the management of the Committee and ascertained that appropriate action was being undertaken to mitigate risks to an acceptable level in line with the CCG's risk appetite.
3. Confirmed that all risks and events, regardless of RAG rating, should be reported.

13. Key Messages to the Governing Body

The Committee:

- Expressed continuing concerns in relation to Child and Adolescent Mental Health Services
- Agreed that medicines management be incorporated in the Quality and Patient Experience Report
- Expressed continuing concern about timeliness of health assessments for Looked After Children
- Agreed a new approach for supporting Practices in terms of quality in primary care

The Committee:

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

14. Next meeting

9am, 14 December 2018.

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND PATIENT EXPERIENCE COMMITTEE
SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 11 OCTOBER 2018 AND CARRIED FORWARD

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE21	9 August 2018	Patient Story – Child and Adolescent Mental Health Services	<ul style="list-style-type: none"> • Update in six months 	JB/VH	14 February 2019
Q&PE22	9 August 2018	Children and Young People's Mental Health	<ul style="list-style-type: none"> • Gap analysis of capacity and demand to be presented at the next meeting. • Requested that an update be provided at the December meeting on all patient stories. • VH to consider how to report on patient experience and feedback from providers 	SdV JB/VH	11 October 2018 13 December 2018 TBC
Q&PE23	11 October 2018	What is the Role of Medicines Management in Supporting the CCG Quality Strategy?	<ul style="list-style-type: none"> • Future patient story to incorporate aspects of medicines management. 	JB	TBC
Q&PE24	11 October 2018	Quality and Patient Experience Report	<ul style="list-style-type: none"> • Patient story based on experience of child and adolescent mental health services. 	JB	13 December 2018

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