

**Minutes of the Quality and Patient Experience Committee Meeting held on
8 February 2017 at West Offices, York**

Present

Mr Keith Ramsay (KR) - Chair	CCG Lay Chair
Mrs Michelle Carrington (MC) - part	Executive Director Quality and Nursing
Miss Jenny Carter (JC)	Deputy Chief Nurse
Mrs Karen Hedgley (KH)	Designated Nurse Safeguarding Children
Mrs Christine Pearson (CP)	Designated Nurse Safeguarding Adults
Dr Andrew Phillips (AP)	Joint Medical Director (Designate)
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance
Mrs Debbie Winder (DW)	Head of Quality Assurance

In attendance

Miss Victoria Hirst (VH)	Senior Engagement Manager
Mr Michal Janik (MJ) -part	PA to MC, JC and DW
Mrs Gill Rogers (GR)	Patient Experience Officer
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Shaun O’Connell (SOC)	Medical Director Designate
Mrs Victoria Pilkington (VP)	Head of Partnership Commissioning Unit

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 20 December 2016

The minutes of the previous meeting were agreed, subject to amendment on page 3, paragraph one which should read:

‘...Members noted that Tees, Esk and Wear Valleys NHS Foundation Trust had a good reporting culture. However the process around generation of action plans had been questioned and a meeting scheduled...’

The Committee:

Approved the minutes of the meeting held on 20 December 2016 subject to the above amendment.

4. Matters arising from the minutes

Update on Development of New Healthy Child Service 0-19: KR referred to the request for a report to the February meeting from the City of York Council Nurse Consultant in Public Health advising that this had not been available due to the staff consultation on the new service model. He requested that both the Nurse Consultant and the City of York Council Director of Public Health be asked to attend a single item meeting of the Committee, to be arranged before 1 April, to provide assurance as per discussion at the December Committee meeting and also regarding the cessation of a number of services provided by Public Health.

A number of other items were noted as agenda items, completed or scheduled for a future meeting.

The Committee:

Requested that a single item meeting be arranged for purposes of assurance regarding the City of York Council 0-19 Healthy Child Service and the cessation of a number of services provided by Public Health. *(Post meeting note: Single item meeting arranged for 20 March)*

5. Quality and Patient Experience Committee Terms of Reference

RP referred to discussion at the December Committee meeting advising that members' comments had been incorporated in the revised draft terms of reference presented. A number of further amendments were agreed, including clarification of attendance by the two interim executive directors and the Partnership Commissioning Unit service leads. In respect of the latter RP advised that the membership would require further review in light of the changes that were currently taking place. The potential for providers to attend the Committee to discuss areas of concern was also agreed.

It was noted that Governing Body approval would be sought on the terms of reference following amendment as agreed by the Committee.

The Committee:

1. Agreed the terms of reference subject to a number of amendments.
2. Noted that Governing Body approval of the terms of reference would be sought at the 2 March meeting.

6. Quality and Patient Experience Committee Forward Plan

JC reported that the Committee Forward Plan, which would incorporate engagement and patient experience, was being developed to align with the Quality Assurance Strategy and the recent organisational changes within the CCG. The plan would be presented at the April Committee meeting.

The Committee:

Noted the update on the Forward Plan.

7. Quality and Patient Experience Report

JC presented the report which provided an overview of quality of services across the CCG's main provider and an update on the Quality Team's work in respect of quality improvements affecting the wider health and care economy. She noted the ongoing work in respect of the Humber, Coast and Vale Sustainability and Transformation Plans, the NHS England CCG Improvement and Assessment Framework and the bi-monthly meetings of the NHS England Yorkshire and Humber Region Quality Surveillance Group.

JC reported that the CCG had been asked to attend a Quality Review meeting with NHS England predicated specifically on York Teaching Hospital NHS Foundation Trust's number of 12 hour trolley wait breaches since April 2016. The review meeting, which aimed to seek assurance that all possible measures were in place to address delays at the front door, was also to be attended by NHS Scarborough and Ryedale CCG and NHS Improvement.

Detailed discussion ensued on the serious incidents process in relation to 12 hour trolley breaches. DW referred to the NHS Serious Incident Framework advising that serious incidents were identified in terms of harm to patients as opposed to overall patient experience, noting that assurance could be gained in a number of ways which explained why requests to de-log 12 hour breach serious incidents had been agreed whilst identifying the need for increased assurance on quality of patient experience. Work was currently underway with York Teaching Hospital NHS Foundation Trust to agree a range of quality and assurance processes including invites for the CCG to attend their ward assurance visits which used an accreditation tool to assess assurance against a detailed list of criteria. AP added that the University of Manchester was undertaking an evaluation at York Teaching Hospital NHS Foundation Trust and the CCG had been invited to join a 'Utilisation Walk Through' at both the Scarborough and York sites. The need for a system approach to address Emergency Department performance was emphasised.

AP referred to a recent letter, which he would circulate to members, from the Chief Executive of NHS Improvement requiring acute trusts to change their escalation processes to that of reporting any delay of more than 60 minutes to on call directors. He noted the potential for changes in emergency preparedness, resilience and response arrangements being required as a result of this.

DW presented the Infection Prevention and Control section of the report which included a proposal for joint infection prevention and control meetings between NHS Vale of York and NHS Scarborough and Ryedale CCGs, chaired by the latter. This approach would support the Sustainability and Transformation Plan and the proposed Scarborough, Ryedale and Vale of York Operational Group; membership would include representation from City of York Council and North Yorkshire County Council and discussion would take place with SOC and AP regarding Medical Director representation. DW noted that the new structure also aimed to enhance robustness of community post infection reviews.

DW referred to the outbreak management work which was proving beneficial but reported that two wards at the York Hospital site were currently affected by norovirus.

AP reported that the Operational Pressures Escalation Levels (OPEL) Framework had been established with two GP Practices and DW advised that work in developing robust care pathways to support patients with uncomplicated Diarrhea and Vomiting to remain in their usual place of residence was taking place with local care homes.

Members noted that flu had been an issue on some wards and discussed aspects of vaccination including uptake both in the community and in hospital.

In respect of MRSA DW reported that a further case had been recorded in January. Its origin had not yet been finally attributed but was thought to be a third party attribution. DW noted that York Teaching Hospital NHS Foundation Trust's policy had been updated but they remained an outlier in terms of numbers of cases. DW noted that post infection reviews, attended by the CCG, considered themes and trends and advised that she had requested a meeting to seek assurance developing robust processes on other infections such as MSSA and the new ecoli targets. She also reported that NHS England had released a Quality Premium – Reducing Gram Negative Blood Stream Infections and inappropriate antibiotic prescribing in at risk groups – which would be incorporated in the Infection and Prevention Control work plan for 2017/18.

DW referred to the earlier discussion on serious incidents and additionally highlighted that Tees, Esk and Wear Valleys NHS Foundation Trust had reported more serious incidents to the end of quarter three of the current year than the whole of the previous year. She noted that the required 60 day timeframe for investigation reports was a challenge but Tees, Esk and Wear Valleys NHS Foundation Trust had improved compliance with this. A meeting had taken place on 6 February where further assurance on outstanding action plans, plus the recent organisational decision within Tees, Esk and Wear Valleys NHS Foundation Trust not to generate an action plan if no root cause or contributory factors were identified, was obtained. Tees, Esk and Wear Valleys NHS Foundation Trust had agreed to share their learning from themes from investigations which would be incorporated into the contact performance meetings in the future. DW also noted that she had been invited to give a presentation with MC at York Teaching Hospital NHS Foundation Trust on commissioner expectations of serious incident reports. This had been very positively received by those present.

DW explained that the CCG did not receive reports of serious incidents in primary care which were reported on the national system but added that the Care Quality Commission had processes in place in this regard. The CCG was about to advertise for a Quality Lead for Primary Care, which was a clinical post with a remit which included incident reporting and anonymised sharing of lessons learnt. DW also noted that she had presented a session to the Practice Nurse Forum on reporting of and learning from serious incidents.

JC reported that she had attended the Yorkshire Ambulance Service Quality Meeting due to concerns regarding Yorkshire Ambulance Service response times when a 999 ambulance was called for from a GP practice. She also noted that the Yorkshire Ambulance Service Director for Planned and Urgent Care and the Locality Director, Emergency Operations Centre had attended the January meeting of the CCG's Council of Representatives to discuss ambulance response times to Practices and a proposal was being developed. Members were also asked to note that the Yorkshire Ambulance Service, York Teaching Hospital NHS Foundation Trust and the CCG had met to

progress this proposal which the Committee will continue to receive updates about. In addition DW noted in respect of 12 hour trolley waits that further work was being undertaken to provide additional assurance regarding the care of patients whilst in the Emergency Department.

JC referred to the Yorkshire Ambulance Service Quality Performance Dashboard which described performance against key indicators.

GR presented the information on patient complaints, concerns and enquiries in respect of the CCG and complaints and concerns relating to other organisations. Patient feedback from other organisations was also reviewed regularly to identify themes, trends or potential issues and enable early resolution where possible. Lessons learnt would be reported to the Committee.

MC joined the meeting

Members discussed concerns relating to continuing healthcare assessments and attention deficit hyperactivity disorder; MC referred to discussion at the Governing Body meeting regarding adult diagnosis of the latter. She also noted that reports from Healthwatch on continuing healthcare assessments and attention deficit hyperactivity disorder would help inform the CCG's decisions.

With regard to Commissioning for Quality and Innovation for 2017/19 MC explained that there would no longer be local schemes in addition to the national requirements. She highlighted in particular potential risk relating to the proactive and safe discharge in the community scheme noting the need for consideration in this regard of the CCG's contribution to the Selby hub.

In respect of regulatory inspection assurance members sought clarification on the three care homes rated as 'Inadequate' by the Care Quality Commission: Denison House and Lake and Orchard in Selby and Moorlands in Strensall, York. MC advised that the CCG was working with partners to support the care homes in making the necessary improvements.

Members noted the information pertaining to coding of dementia diagnosis rates, also discussed by the Governing Body, and the Learning Disabilities Mortality Programme.

York Teaching Hospital NHS Foundation Trust was working on a cancer recovery plan to address deterioration of performance. The 14 day fast track performance was the main concern and was primarily due to a gap in dermatology consultant capacity.

The CCG had led on a review of an end of life care experience which had identified the need for a whole system approach to co-ordinate services. The End of Life Locality Group had been reinstated and would develop an action plan based on this review with the aim of improving the quality of services across the system.

MC reported that Tees, Esk and Wear Valleys NHS Foundation Trust was working to address waiting times in respect of children's autism diagnostic and assessment and that, following validation of data, the waiting list had reduced to 166 people waiting in excess of eight weeks for child and adolescent mental health services. A number of initiatives had been put in place to ensure this reduction continued.

KR commended the holistic approach to the closure of Worsley Court in Selby on 23 December 2016.

MC noted the increase in retrospective continuing healthcare appeals since the December report and referred to the information in the Quality Risk Register section.

The Committee:

1. Received the Quality and Patient Experience Report.
2. Noted that AP would circulate the letter from the Chief Executive of NHS Improvement regarding escalation of delays.

MJ left the meeting

8. Safeguarding Children and Children in Care

KH sought members' views on the information in the report for this item. They requested executive summaries from the three Safeguarding Children Boards be included in future reports.

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 three of the Strategic Plan and serious incidents; children in care regarding unaccompanied asylum seeking children and private residential settings; primary care; and the Care Quality Commission City of York Looked After Children and Safeguarding Review.

In respect of City of York Safeguarding Board discussion took place regarding assurance on a particular case that actions were being implemented as a matter of urgency and were being monitored accordingly. KH noted in respect of the Ofsted Inspection that the Local Authority had been assessed as 'Good' and the Safeguarding Children Board as 'Outstanding'. She agreed to forward the full report to KR when available.

KH explained an additional concern regarding safeguarding children training at Tees, Esk and Wear Valleys NHS Foundation Trust in respect of Level Three training as only 20% of staff working directly with children were compliant with this. This issue was not due to availability of training but to staff not being released. KH reported that specific action plans had been requested which would be monitored.

JC referred to the issue of the level of reporting by York Teaching Hospital NHS Foundation Trust on the Local Quality Requirements. She advised that the 2017/18 contract would stipulate reporting requirements and that an escalation process would be implemented in the event of non compliance.

KH detailed safeguarding concerns about children from out of area being placed in private residential care settings in the Selby locality. She advised that partner agencies were working to manage the risk, including no further placements, and confirmed that local GP Practices were aware of the issues.

In respect of the Care Quality Commission City of York Looked After Children and Safeguarding Review KH noted that the full report had not yet been received and reiterated the feedback provided at the Committee's December meeting.

The Committee:

1. Noted progress against the Designated Professionals Strategic Plan, quarter 3, and agreed to receive specific updates regarding provider reporting and compliance against Safeguarding Children Local Quality Requirements at the next meeting.
2. Acknowledged the work currently being undertaken in respect of the health of unaccompanied asylum seeking children placed in North Yorkshire and City of York noting regular reports would be provided on this issue.
3. Agreed to receive an update regarding the children in private sector settings at the next meeting.
4. Agreed to receive the final report from the City of York Children and Looked After Safeguarding Review at the next meeting.
5. Noted that KH would forward the full report from the City of York Ofsted Inspection of the Local Authority and Safeguarding Board to KR when available.

9. Safeguarding Adults

CP presented the report which included updates from the North Yorkshire and City of York Safeguarding Adult Boards, the North Yorkshire Safeguarding Adults Partner Self-Assessment Framework, the City of York Safeguarding Peer Review, the City of York Suicide Audit and recent publications. She also sought and received confirmation that the Safeguarding Adults Annual Report should be presented to the March meeting of the Governing Body.

Discussion ensued on the key findings of the audit report of deaths by suicide between 2010 and 2014 within the City of York. CP highlighted that the detailed action plan would be implemented by a multi agency North Yorkshire and York Suicide Prevention Task Group of which the CCG was a member. A meeting of this group was scheduled for March. CP also referred to work to identify themes and described support and prevention programmes noting opportunities to learn from around the world. A free weekly bereavement drop-in service at St Leonard's Hospice was also noted.

CP confirmed that the Committee would receive progress reports on implementation of the suicide audit report action plan.

The Committee:

1. Received the Safeguarding Adults report.
2. Noted that the Safeguarding Adults report would be presented at the March meeting of the Governing Body.

10. Draft Engagement Work Plan

In presenting the draft engagement work plan VH explained that this high level plan was supported by detailed work and emphasised that the activities would begin in the

current financial year. The plan comprised activities for events and public engagement, patient experience and feedback, CCG engagement network, statutory duties, communications and conversations, and internal to the CCG.

Members noted the intention for a *You Said We Did* approach where appropriate and to work alongside other groups, including participation in a Parent Carers Event on 22 March. VH also noted the intention of developing a data base to record all engagement activities.

Discussion included the potential for patient case studies, both positive and negative, to be reported and engagement with non executive and lay members of partner organisations in terms of developing understanding of the challenges across health and social care.

KR expressed concern at the capacity required to implement the ambitious plan and sought and received confirmation that it would be presented at the April meeting of the Governing Body.

The Committee:

1. Received and welcomed the draft engagement work plan.
2. Noted that the Engagement Work Plan would be presented at the April meeting of the Governing Body.

11. Key Messages to the Governing Body

The Committee:

- Requested a single item meeting be arranged before the end of March for assurance on a range of decisions taken by City of York Council Public Health
- Noted the work taking place in relation to healthcare acquired infections
- Noted increased assurance from providers in respect of serious incidents
- Received an update on care homes
- Expressed concern, particularly in relation to Selby, regarding capacity in the children in care sector
- Received a report on the City of York suicide audit
- Discussed inviting providers to attend meetings to answer concerns and give assurance

The Committee:

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

12. Next meeting

9am, 13 April 2017; additional single item meeting to be arranged (*Post meeting note: arranged for 20 March*).

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

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 8 FEBRUARY 2017 AND CARRIED FORWARD

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 8 February 2017	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 Single item meeting to be arranged due to report not being available 	MC/JA	8 February 2017 20 March 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&PE07	8 February 2017	Quality Report	<ul style="list-style-type: none"> Letter to acute trusts from NHS Improvement Chief Executive to be circulated 	AP	
Q&PE08	8 February 2017	Safeguarding Children and Children in Care	<ul style="list-style-type: none"> Full report from the City of York Ofsted Inspection of the Local Authority and Safeguarding Board to KR when available 	KH	

Unconfirmed Minutes

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
Q&PE09	8 February 2017	Safeguarding Adults	<ul style="list-style-type: none"> Safeguarding Adults Annual Report to be presented to Governing Body 	CP/MS	2 March 2017