

Herts Valleys Clinical Commissioning Group

Meeting : QUALITY AND PERFORMANCE COMMITTEE
Date : 24/09/15
Time : 10.00am
Venue : Aspley Meeting Room, Hemel One, Hemel Hempstead

Present:	
Stuart Bloom (SB)	Lay Member and Committee Chair
Alan Warren (AW)	Chief Finance Officer
Alison Gardner (AG)	Lay Member
Bob Ghosh (BG)	Secondary Care Consultant
Clair Moring (CM)	Board GP Member (Watford and Three Rivers) – From Item QP/133/15
Richard Pile (RP)	Board GP Member (St Albans and Harpenden)
Trevor Fernandes (TF)	Board GP Member (Dacorum)
In attendance:	
Annette Keen (AK)	AD Planning and Transformation
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
Diane Curbishley (DC)	Acting Director of Nursing and Quality
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Kathy French (KF)	Deputy Director, Nursing and Quality
Mark Dillon (MD)	Deputy Director, Contracts
Natalie Clennell (NC)	Chief Locality Officer Hertsmere / Commissioning Manager Planned & Primary Care
Rod While (RW)	Head of Corporate Governance
Elaine Attrill (EA)	Transforming Care Commissioning Lead – Items QP/136/15 and QP/137/15
Jan Gates (JG)	Hertfordshire County Council – Items QP/136/15 and QP/137/15
Aryldi Moss-Burke (AMB)	Freedom of Information and Quality Systems – Item QP/142/15 and QP/143/15
Joan Plant (JP)	Head of Quality Improvement – item QP/144/15

QP/129/15	Welcome and Apologies for Absence
129.1	The Chair welcomed everyone to the meeting
129.2	Apologies for absence were received from Linda Mercy, Charles Allan, Jayne Taylor and Margaret Morgan
QP/130/15	Declarations of Interests
130.1	There were no new interests declared and no interests declared in relation to open items on the agenda.
QP/131/15	Minutes of Previous Meeting
131.1	CS clarified that the issue she raised regarding cancer performance was with regard to urology (P4 118.1).
131.2	The minutes were approved as an accurate record of the meeting of 27th August 2015
QP/132/15	Matters Arising and Action Log
132.1	SB noted that a note would be going to Board on the programme budget for Your Care from N

	Bell. This was in relation to item QP/123.1/15 in the minutes
132.2	It was noted that the Red items (21.2, 98.8) would be discussed at the next meeting
QP/133/15	Finance Report
133.1	AW introduced the report and made the following key points: <ul style="list-style-type: none"> At month 5 the CCG has made an in year deficit of £0.7m. This is due to high cost of interims and overspend on programme budgets A plan is in place to address the interim costs but it is more difficult to address the programme costs. The current forecast is for a £5m overspend in programme budgets. The CCG is forecasting meet its financial targets for 2015/16 but with the current in-year deficit and further QIPP savings of £3.2m to be achieved in the second half of the year, this would be particularly challenging
133.2	AW also updated the Committee regarding a meeting with the NHS England Regional Finance Director which was held on 23 rd September. NHS England has requested a list of actions that the HVCCG Board could take to ensure that the Financial Plan is delivered. A “Star Chamber” (or equivalent – name to be decided) will be set up to consider investments for 2015/16 that should be curtailed.
133.3	The following points were made by Committee members in discussion: <ul style="list-style-type: none"> The Star Chamber is urgently required and needs to be focused on prioritisation of investments to stop. This should not be a “one – off” meeting but a series of meetings to assess the effectiveness of its decision making MD stated that an audit on emergency admissions would be carried out to investigated why unit costs had increased, noting that it could be found that the costs had increased because the Trust had improved its processes The Committee members stressed that the outcomes of this audit are required urgently
133.4	The Committee noted the Finance Report
133.5	<i>ACTION: AW to arrange a committee to prioritise actions to reduce planned spending in the second half of the year</i>
QP/134/15	QIPP Update Report
134.1	AK presented this report and made the following points: <ul style="list-style-type: none"> QIPP delivery is currently 83% with an increase in monthly targets from now onwards Some of the bigger schemes have slipped and it is expected that delivery vs. target will decrease next month There are some competing priorities as the CCG is under some pressure to develop QIPP schemes for next year but we need to be firm about addressing slippage on existing schemes Focus for mitigation is C to C and first to follow up. Audits by specialities are required. We need to help GPs to identify those repeat appointments that are unnecessary There is a capacity issue at individual team level with some conflict between the need to deliver QIPP and Business as Usual activities Some delays in medicines optimisation schemes, e.g. nutritional supplements
134.2	The following points were made in discussion: <ul style="list-style-type: none"> SB stated that he felt that there was a lack of urgency in addressing the slippage and that 83% achievement of target is failure There was an opportunity for audits looking at coding issues to include C to C and First to Follow up. CS stated that at locality level QIPP does not seem to be prioritised and our challenges are not clearly understood. There is an opportunity to engage patients far more to drive behaviour change NC stated that at Locality Committee meetings, the financial messages do not appear

	<p>to be prioritised. It was concluded that the challenge to increase the focus on finance and QIPP should be taken back to localities</p> <ul style="list-style-type: none"> It was noted that teams charged delivering QIPP should be supported as it is recognised that they are under pressure to deliver. A specific example in Medicines was noted, where a scheme which would deliver £250k savings was being delayed due to lack of capacity
134.3	The Committee noted the QIPP update report
134.4	<i>ACTION: AK to discuss with MD the inclusion of consultant to consultant referrals and first to follow up ratios in the clinical coding audits</i>
QP/135/15	Integrated Performance Report
135.1	<p>MD introduce the performance element of the report and made the following points:</p> <ul style="list-style-type: none"> Cancer. WHHT is achieving 62 day targets but failing 2 week breast target due to patient choice. The message to patients from GPs needs to stress the importance of attending the appointment within 2 weeks. The Royal Free has made good progress across cancer targets RTT. WHHT continues to have good performance and Royal Free is making good progress Diagnostics. Good performance, above target in WHHT. Royal Free significantly under target A&E performance has been challenging, with increased pressure over the past two weeks Delayed discharges increased in July with corresponding pressures for A&E. Pressure needs to be applied to social care to ensure that delayed discharges are minimised Ambulance – Red 1 did not meet performance target in July There are issues with stroke data as the network is no longer providing this, WHHT are providing the data directly
135.2	<p>DC introduced the Quality elements of the report:</p> <ul style="list-style-type: none"> C. difficile is above threshold in many providers and is a current area of focus. CQC reports will be discussed later in the meeting
135.3	The Committee noted the Integrated Performance Report
QP/136/15	Transforming Care for People with Learning Disabilities
136.1	<p>EA introduced the paper and made the following points:</p> <ul style="list-style-type: none"> This programme aims to –reshape services for people with learning disabilities and / or autism with a mental health problem NHS England has established six fast track areas, of which west Herts is one. A local plan has been developed and submitted to NHS England and a response is awaited
136.2	<p>SB asked whether there are local resources in place to deliver the plan, EA stated that a local governance structure is in place to ensure delivery</p>
136.3	The Committee noted the Transforming Care report
136.4	<i>ACTION: EA to bring back an report to the January Q&P meeting</i>
QP/137/15	Learning from Serious Incidents Report
137.1	<p>JG introduced the paper with the following points:</p> <ul style="list-style-type: none"> A Serious Incident (patient death) in 2013 resulted in an action plan and the establishment of an all system Improving Health Outcomes Group, which has the responsibility of ensuring effective processes are in place for identifying and acting on health problems in people with a learning disability. The group also oversees and reports on organisational action plans from the learning disabilities conference held in March 2015 The group meets bi-monthly and any issues are escalated to the Planning and

	<p>Performance Group for Learning Disabilities</p> <ul style="list-style-type: none"> The Group has met twice and it has been decided to amalgamate the action plan into the wider Better Health action plan
137.2	It was agreed that progress reporting on this work would be built into CCGs Integrated Quality Performance and Finance Report
137.3	The Committee noted the update on learning from serious incidents
137.4	ACTION: DC and JG to ensure regular reporting takes place via the IQPFR
QP/138/15 Serious Incidents Policy	
138.1	DC introduced the policy which had recently been approved by Executive and has been brought to this Committee for discussion, with a particular focus on the escalation processes outlined in the appendices to the policy
138.2	It was noted that the included flowcharts were very helpful. Not all SIs should be brought to the Board, the policy defines which ones and these will be essentially the more sensitive issues.
138.3	The Committee noted the SI policy and its role in providing assurance to the Board
QP/139/15 Serious Incident Update	
139.1	DC introduced the update and made the following points: <ul style="list-style-type: none"> In Q4 2014/15 a backlog of SI reports was identified in WHHT. Concerns were also identified regarding the processes within HVCCG to ensure the closing of reports Following an intensive review of processes, the CCG has now established robust methods for managing the oversight and scrutiny of SIs and is fully compliant with its duties
139.2	AG raised a query regarding abuse / alleged abuse – was alleged abuse always an SI? It was stated in response that in alleged abuse is usually reported as a serious incident and would be de-escalated if not upheld or no substantive evidence identified.
139.3	The Committee note the SI update
QP/140/15 Complaints Update Q1 2015/16	
140.1	DC introduce the paper with the following points: <ul style="list-style-type: none"> Due to delays at WHHT, the CCG had decided to retain ownership of complaints relating to providers A recent review has identified that there were a number of complaints which were not managed appropriately due to the variation in temporary staffing A full review and refresh of CCG complaints management has been undertaken and processes are now more robust. The complaints process will be operating at business as usual levels by Quarter 3 and regular reports will be provided to the Senior Leadership team meetings from the end of October 2015.
140.2	The Committee noted the Complaints Update
QP/141/15 Q1 CQUIN Achievement Report	
141.1	DC presented a list of achievements in Q1 and an explanation of where specific CQUINs have not been achieved <ul style="list-style-type: none"> The table in 2.1 referred to a Red Rag rated indicator - Safer discharge (including stroke discharge). This was red because no plan had been produced however the Trust are still reporting that they are confident of achieving this CQUIN in Q2-Q4. The workforce indicator was amber which relates to a number of clinical areas not achieving targets for “Test Your Care” scores. This would indicate that staff may not be proactively driving quality, for example Ward Managers. Similar issues had been picked up by the recent CQC report at WHHT
141.2	The key points from discuss were:

	<ul style="list-style-type: none"> In response to a question AW stated that financial non-payments due to non-achievement had been factored into the CCG's forecasts SB raised the issue of no contract being signed with BMI and that no CQUIN evidence had been provided. DC stated that CQUINs had been agreed and that data should be provided
141.3	The Committee noted the CQUIN Achievement Report
QP/142/15	Quality Alert System Update
142.1	<p>AMB introduced the paper with the following key points:</p> <ul style="list-style-type: none"> Whilst the new Quality Alert System is still bedding in, there has been much greater uptake from GPs and usage has doubled since the pilot stage GPs have expressed the desire that we need to act on their feedback The emerging theme of quality issues is regarding problems with discharge
142.2	<p>The following points were made by the committee:</p> <ul style="list-style-type: none"> There has been some negative feedback from one locality, with some experiencing difficulty in logging in, difficulty in feeding back specific issues with the system which then need to be acted upon quickly. It was stressed that we need to feedback to practices on what we have done about issues they have with providers DC stated that quality alerts were now a standing item at contract meetings AMB has been attending locality meetings to help with specific issues AMB was urged not to wait to be invited to the Locality Meetings but to proactively request an agenda slot
142.3	The Committee noted the Quality Alert System Update
QP/143/15	Freedom of Information Report
143.1	<p>AMB introduced the paper with the following key points:</p> <ul style="list-style-type: none"> Workload is high with a number of quite complex questions being received Compliance is 100% Good buy-in from CCG Directors
143.2	The Committee noted the FOI Update
QP/144/15	Quality Improvement Report
144.1	<p>JP introduced the report and made the following points:</p> <ul style="list-style-type: none"> The level of support activity given to care homes has increased and collaboration with other agencies has increased The aim of the visits is to ensure that homes maintain compliance and to prevent embargoes being put in place for new admissions Only one small residential home is embargoed due to some quality issues The team has undertaken the monitoring of non-weight bearing beds
144.2	In response to a question JP stated that there was only one home in the Serious Concerns Process
144.2	The Committee noted the Quality Improvement Report
QP/145/15	Summary of the West Herts Hospitals CQC Quality Report
145.1	<p>KF introduced the report with the following points:</p> <ul style="list-style-type: none"> Overall the WHHT was rated by the CQC as inadequate Whilst staff in most areas of the hospital were caring, the Trust did not demonstrate a safety culture Weakness were highlighted in incident reporting, lack of organisational learning and ineffective management of risks
145.2	The following points were made in discussion:

	<ul style="list-style-type: none"> • The CCG Board has agreed that we will take a supportive approach • An Improvement Director is being recruited by the Trust • BG noted that 30-40% of patients should not be going to hospital and we have not yet provided a solution to this • Serious concerns were being expressed by members of the public and we need to help get some positive messages across about the Trust, for example regarding achievements in diagnostics, RTT and the low mortality rates
145.3	The Committee noted the CQC Report
145.4	<i>ACTION: DC to bring a monthly briefing paper to update on progress</i>
QP/146/15	Annual Review of Committee Effectiveness
146.1	A template had been sent out for completion by members and regular attendees of the Committee. Only 5 responses had been received which meant that a full assessment cannot be made.
146.1	<i>ACTION: All Committee members and attendees to complete assessment template by Oct 2nd</i>
QP/147/15	Any Other Business
147.1	There was no other business raised by attendees
QP/148/15	Risks identified in the meeting
148.1	There were no new risks identified but the biggest risk discussed relates to the delivery of QIPP
QP/149/15	Items for cascade to localities
	The need for emphasis to be placed on QIPP and finances at the locality meetings – “action focused” based on what the localities can do Re-emphasise positives regarding WHHT
QP/150/15	Next Meeting
	29 th October 2015 10.00