

NHS Herts Valleys Clinical Commissioning Group

Approved Minutes of the Quality and Performance Committee held on Thursday, 26 March 2015 In the Apsley Room, Hemel One, Boundary Way, Hemel Hempstead Herts

Present

Stuart Bloom	Lay Member (Chair of the meeting)
Charles Allan	Director of Contracting and Resilience
Trevor Fernandes	GP Board Member (<i>part</i>)
Alison Gardner	Lay Member
Bob Ghosh	Lay Member
Clair Moring	GP Board Member (<i>item QP/34/15 onwards</i>)
Richard Pile	GP Board Member
Jan Norman	Director of Nursing and Quality
Alan Warren	Chief Finance Officer

In Attendance

Laura Abel	Assistant to the Head of Corporate Governance
Kate Chand	Quality Lead (<i>item QP/38/15 only</i>)
Tracey Cooper	Head of Adult Safeguarding (<i>item QP/37/15 only</i>)
Juliet Rodgers	Associate Director, Communications and Engagement (<i>to item QP/38/15</i>)
Caroline Sutherland	Patient Representative (Hertsmere)
Jayne Taylor	Chief Locality Officer (Hertsmere)

QP/30/15 Welcome and Apologies for Absence

- 30.1 The Chair of the Committee welcomed everyone to the meeting.
- 30.2 Apologies for absence were received from D Crump, D Curbishley, M Donohue, L Hughes, R Pike and Nico Schonken.

QP/31/15 Declaration of Interests

- 31.1 There were no new interests declared and no interests declared in relation to open items on the agenda.

QP/32/15 Minutes of Previous Meetings

- 32.1 The minutes of the meeting held on 19 February 2015 were accepted as a true record subject to J Taylor being added to the list of apologies and minute QP/20.3/15 changed to:

“J Williams explained that following the East of England Ambulance Trust Summit meeting which took place in January 2015, work had taken place to further improve risk management arrangements.”

QP/33/15 Matters Arising and Action Log

33.1 Matters Arising
It was agreed that all non-voting members apologies would be minuted going forward.

332 Action Log
All completed actions were agreed to be closed. Open outstanding actions were discussed in turn:

QP/6.1/15 – It was noted that a more detailed QIPP update would be presented at the April meeting.

QP/19.3/15 It was noted that an update against the East of England Ambulance Trust action plan had not been received and C Allan agreed to remind D Fountain.

QP/19.4/15 It was noted that A&E processes had been reviewed following an internal exercise at WHHT and an update would be provided to the next meeting.

QP/20.2/15 – J Norman noted that J Williams and C Moring had visited the maternity unit at WHHT and would provide an update report to the April 2015 meeting.

QP/20.2/15 – A discussion took place about taking Serious Incident/Never Event details to the Board and it was agreed to discuss this further at the next meeting.

QP/21.2/15 – It was noted that this action was outstanding.

QP/21.3/15 – J Norman noted that no positive dementia stories had been shared to date. It was agreed that when these were available they would be shared via the Community Navigators within the Localities.

QP/21.4/15 – It was noted that M Allen would attend the Dacorum Clinical Governance meeting on 21 April 2015. Action to be closed following confirmation of attendance.

QP/28.1/15 – J Norman confirmed that progress against the Dementia Diagnosis target had been included on the Corporate Risk Register. Agreed to close.

QP/34/15 Finance Report

34.1 A Warren presented the financial position as at 28 February 2015. It was noted that the CCG planned to meet its surplus by the financial year end of 31 March 2015. A discussion took place about the financial situation at WHHT and its possible impact on HVCCG. It was noted that this had been discussed with WHHT throughout the year. Discussion took place with regards to the need for a meeting between Non-executive Board members across the local health economy.

- 34.2 In response to a query from T Fernandes, A Warren agreed to provide more information about the underspend position in mental health specifically for the Dacorum locality **ACTION QP/34.2/15 (A Warren)**

QP/35/15 Quality Innovation Productivity Prevention Update

- 35.1 A Warren presented a QiPP update. It was noted that each scheme was underpinned by schedules, processes and people at all levels and that there was more engagement and evidence behind the plans than had previously been in place. B Ghosh highlighted that QIPP did not operate in isolation, and was supported by other initiatives such as the System Resilience Group, the West Hertfordshire Strategic Review, Programme Executive, Finance Activity Reference Group etc. It was agreed that the QIPP action log, which monitored activity and milestones, would be submitted to each meeting going forward and that A Keen would attend the next meeting to present the updated programme plan. **ACTION QP/35.1/15 (A Keen)**

QP/36/15 Integrated Quality, Performance and Finance Report

- 36.1 The Integrated Performance report as at 31 January 2015 was discussed and noted.
- 36.2 Attention was drawn to the East of England Ambulance Service performance for HVCCG which was noted to have improved since previously reported in all areas. C Allan explained that an action plan update from D Fountain would be presented to the next meeting as at action QP/19.3/15 above. **ACTION QP/19.3/15 (C Allan)**
- 36.3 In response to a question from J Taylor, C Allan agreed to verify the figures for Cancer waiting times for WHHT. **ACTION QP/36.3/15 (C Allan)**
- 36.4 The Accident and Emergency dashboard was discussed and the recent improvements around discharge were noted. In response to a query from C Sutherland, C Allan explained that NHS England had funding a Trust Capacity Plan for WHHT in order that both the Trust and HVCCG as Commissioners could make informed decisions in relation to capacity.
- 36.5 The mixed performance around Stroke was discussed and it was noted that this had been raised as an area of concern. It was agreed that this would be added to the weekly System Resilience teleconference with providers. **ACTION QP/36.5/15 (C Allan)**
- 36.6 It was also agreed that J Norman would arrange a visit to the Stroke Unit for herself and B Ghosh, in order to understand the outcomes for stroke patients and how measurement could take place going forward. **ACTION QP/36.6/15 (J Norman)**
- 36.7 It was noted that there was no data from East and North Hertfordshire NHS Trust for January 2015 for patients with low risk symptoms treated within 7 days of onset. C Allan agreed to investigate why the information had been omitted. **ACTION QP/36.7/15 (C Allan)**
- 36.8 In response to a query from C Moring, C Allan agreed to liaise with S Pattison to ascertain why no assessment activity had been entered for Hertfordshire Partnership NHS Foundation Trust in January 2015. **ACTION QP/36.8/15 (C Allan)**

QP/37/15 Safeguarding Adults at Risk of Abuse

- 37.1 T Cooper presented the report which was noted. She highlighted that safeguarding adults was led by the Hertfordshire Safeguarding Adult Board (HSAB) a multiagency partnership.
- 37.2 It was noted that annual assurance visits to care homes by HVCCG had concentrated on systems and processes to date; next year they planned to look at outcomes.
- 37.3 A discussion took place around the Co-ordinated Action Against Domestic Abuse (CAADA) review report and it was agreed that an update in relation to the performance of the Independent Domestic Violence Advocates would be presented to the PPI Development Day on 18 May 2015. **ACTION QP/37.3/15 (T Cooper)**
- 37.4 It was agreed that a quarterly Safeguarding Adults at Risk of Abuse Report would be submitted to the Committee and would be included on the workplan.
ACTION QP/37.4/15 (J Norman/L Hughes)

QP/38/15 Safer Care

- 38.1 K Chand presented the report which was noted. She highlighted that the data was gathered on a particular day each month and was, therefore, not a representative sample and should not be considered in isolation. K Chand highlighted that providers were challenged on the data provided and actions taken to rectify any issues identified. It was also noted that very few NHS organisations managed to meet the 98% target.
- 38.2 A discussion took place around achieving sustained improvements/prevention rather than short term improvements in response to individual events.

QP/39/15 Prior Approval of Individual Funding Requests

- 39.1 G Woods presented the report for Quarter Three, which was noted. C Allan explained that the Prior Approvals system at WHHT had had re-commenced. In response to a query from J Taylor, G Woods confirmed that applications for Prior Approval from GPs should continue to be submitted to Barnet and Chase Farm.
- 39.2 The processing of insulin requests via Individual Funding Requests was discussed. In response to a query from J Norman, C Allan agreed to look at the commissioning intentions to determine if that mainstream service was included as part of the diabetes services at WHHT. **ACTION QP/39.2/15 (C Allan)**
- 39.3 It was agreed that the guidance around the two processes was required to be drafted in plain English in order that it can be clearly understood by all readers.
ACTION QP/39.3/15 (G Woods)

QP/40/15 Retrospective Continuing Health Care Claims

- 40.1 J Norman presented the report, which was noted. She highlighted that there were more cases than had been previously commissioned which would result in an increased cost for the service. It was noted, however, that there would be no additional payments for patient cases due to them being covered by the Risk Pooling

Scheme. It was noted that the report would be submitted to the Committee on a quarterly basis going forward. **ACTION QP/40.1 (J Norman/L Hughes)**

QP/41/15 Any Other Business

41.1 There was no other business.

QP/42/15 Risks Identified During Meeting

42.1 There were no new risks noted that were not currently included on the Corporate Risk Register.

QP/43/15 Date and Time of Next Meeting

43.1 The next meeting is scheduled to take place on Thursday, 30 April 2015 at 10am in Apsley Meeting Room, Hemel One, Hemel Hempstead.