

NHS Herts Valleys Clinical Commissioning Group

Minutes of the Quality and Performance Committee held on Thursday, 27 August 2015

in Apsley Room, Hemel One, Boundary Way, Hemel Hempstead Herts

Present

Stuart Bloom	Lay Member (Chair of the meeting)
Alison Gardner	Lay Member
Clair Moring	GP Board Member
Alan Warren	Chief Finance Officer

In Attendance

Laura Abel	Assistant to Head of Corporate Governance
Charles Allan	Director of Contracts and System Management <i>(from item QP/111/15 to end of item QP/123/15)</i>
Julie Dean	Head of Financial Planning (Locality Finance & Performance) <i>(for item QP/116/15 only)</i>
Kathy French	Deputy Director, Nursing and Quality
Sue Hand	Head of HR and Workforce <i>(for item QP/118.2/15 only)</i>
Laura Mhlanga	Assistant Director of Continuing Health Care <i>(for item QP/122/15 only)</i>
Margaret Morgan	Patient Representative (Dacorum)
Heather Moulder	Safeguarding and Quality Project Lead for East and North Hertfordshire and Herts Valleys CCGs <i>(for item QP/121/15 only)</i>
David Radbourne	West Herts Strategic Review Programme Director <i>(for item QP/123/15 only)</i>
Juliet Rodgers	Associate Director, Communications and Engagement <i>(from item QP/122/15 to item QP/128/15)</i>
Caroline Sutherland	Patient Representative (Hertsmere)
Jayne Taylor	Chief Locality Officer (Hertsmere) <i>(from item QP/111/15 to end of item QP/122/15)</i>
Rod While	Head of Corporate Governance <i>(from item QP/111/15 to end of item QP/123/15)</i>

QP/111/15 Welcome and Apologies for Absence

- 111.1 The Chair of the Committee welcomed everyone to the meeting, particularly R While and M Morgan who were attending for the first time.
- 111.2 Apologies for absence were received from D Curbishley, R Ghosh, T Fernandes and R Pile.

QP/112/15 Declaration of Interests

- 112.1 There were no new interests declared and no interests declared in relation to open items on the

agenda.

QP/113/15 Minutes of Previous Meetings

It was noted that A Warren had been present at the previous meeting. With this amendment, the minutes of the meeting held on 30 July 2015 were accepted as a true record.

QP/114/15 Matters Arising and Action Log

114.1 Matters Arising

There were no matters arising in addition to those included on the agenda.

114.2 Action Log

All completed actions were agreed to be closed. Open overdue actions were discussed in turn:

QP/21.2/15 – Dementia Activity Report The update from K Tizzard advising that a project had been launched to review the mental health strategy and all mental health services currently commissioned under the HPFT block mental health contract was noted. Agreed to leave open.

QP/53.2/15 – Serious Incident Report K French explained that the new Serious Incident Policy would be submitted to the meeting on 24 September 2015. Agreed to leave open.

QP/98.7/15 and QP/98.8/15 – Integrated Quality, Performance and Finance Report Stoke Data and increased activity at Hertfordshire Partnership Foundation Trust (HPFT) C Allan to provide updates at the meeting on 24 September 2015. Agreed to leave open.

QP/98.12/15 – Integrated Quality, Performance and Finance Report Friends and Family Test response rates for maternity data. K French advised that Barnet and Chase Farm Hospital did not routinely report this information, but that it would be included in the report from September 2015. Agreed to close.

QP/100.1/15 – Organisational Development Plan R While to check if the turnover data was tracked year-on-year. Agreed to leave open.

QP/107.2/15 – Emergency Care Data Set Information Standard Notice Project In the absence of R Ghosh the action was carried forward to the next meeting. Agreed to leave open.

QP/115/15 Finance Report as at 31 July 2015

115.1 A Warren presented the report as at 31 July 2015 (month 4). The report showed that the CCG had recorded an in-year deficit of £0.2m and a cumulative surplus of £2.1m, which was £0.2m lower than plan. 40% of the overspend was due to running costs and 60% programme costs. The running costs issue was largely due to the number of interim managers in place and was being addressed. The situation with programme costs was recoverable but could be addressed from contingency funds if necessary.

115.2 In response to a question from C Moring, A Warren confirmed that the data was being validated and D Buckle had started to scope an audit on coding.

QP/116/15 Update on the planning process

- 116.1 J Dean presented the process behind the medium term financial plan for 2016/17–2018/19. The planning parameters included:
- Key messages from Your Care, Your Future – demographic changes, variations in performance and financial pressures.
 - Calculation of closing recurrent forecast 2015/16 financial position for each main budget line.
 - Application of national and locally-determined uplifts for 2016/17 and a range of sensitivity testing.
 - Requirement to ensure delivery of business rules.
 - Identification of required QIPP savings.
 - Repetition of this cycle for subsequent years.
- 116.2 The key planning assumptions were noted to be:
- Replication, as near as possible, of the assumptions built into 27 May 2015 plan submission.
 - Plans to be developed on a like for like basis with 2015/16 in terms of the commissioning portfolio.
 - Include variations to national assumptions based on local experience and work with Deloitte for Your Care, Your Future.
- 116.3 It was noted that a rolling process to identify QIPP Schemes should be considered to ensure that plans were in place at the start of each financial year which would enable better delivery. C Allan advised that the commissioning intentions and QIPP for 2016/17 were already being discussed.
- 116.4 In response to comments from S Bloom and A Gardner, A Warren agreed to provide an update to the Board on the planning process and the context of the challenge at a future Board meeting.
Action QP/116.4/15 A Warren

QP/117/15 Quality Innovation Productivity Prevention Report

- 117.1 A Warren presented the QIPP Report to 31 July 2015. The following points were highlighted:
- The total QIPP target for 2015/16 is £20,085,000 based on the commissioning plan including additional activity required by NHS England. The total value of schemes in the QIPP Plan is £16.2m, with £0.7m from running costs.
 - YTD NET savings for June are £3,124,222 against the YTD planned NET savings of £3,682,593 which represents 85% achievement against plan.
 - More savings were due to be made in the second half of the year as schemes were implemented.
 - Three further QIPP Schemes had been identified to address the £3.2m 'shortfall'. These include:
 1. Savings from reductions in A&E attendance charges resulting from reductions and avoided NEL admissions: - £366,000
 2. Savings from contract validations - £1.6m
 3. Savings from Diagnostics - £0.1m
- Further information on the remaining unidentified QIPP Schemes would be provided to the meeting on 24 September 2015.
- 117.2
- Schemes performing above plan were noted to be:
 - Ambulance Contract, Paediatric Urgent Care Pathways, Children's A&E Attendances, Care homes/ECP, Consultant to Consultant referrals for Follow up Outpatient appointments.

- 117.3
- Schemes performing below plan were noted to be:
 - Schemes with no savings against YTD plan: Consultant to Consultant referrals for 1st outpatient appointments, Excess Bed Days, Continuing Health Care and Running Costs.
 - Schemes performing below plan: Community Respiratory Contract, Living Well (Rapid Response), Long Term Health Conditions including high risk over 75s, First to Follow-ups, AQP Counselling and Medicines Management.
- 117.4
- Schemes with an overall red rating:
 - Excess bed days, First to Follow Ups and Medicines Management.
- 117.5
- Mitigating actions were noted to be:
 - Schemes with an overall red rating and schemes performing below plan are being reviewed to assess the need for additional project management resource and / or to identify alternative delivery options; schemes relating to outpatient appointments are a key area of focus given that current activity levels exceed those in the commissioning plan.
 - CHC savings have been affected by transition arrangements from HVCCG to HCT for patients who are no longer eligible for CHC support; this has now been resolved.
 - An assurance process is underway in AQP counselling to validate the activity and finance data before the YTD position for savings against plan can be confirmed.
- 117.6
- In response to a question from S Bloom, A Warren explained that performance was shown both before and after NHS England to track performance against the original CCG plan and the plan following the changes requested by NHS England.
- 117.7
- The improvements made including the cycle of review and challenge processes were noted.

QP/118/15 Integrated Quality, Performance and Finance Report

- 118.1
- The highlights from the report to 30 June 2015 were noted to be:

Performance:

- The teleconference with NHS England, the Trust Development Authority (TDA) and the CCG was now fortnightly, not weekly, as performance continued to improve.
- Cancer 2 week waits for Breast Cancer symptoms where cancer not suspected – high number of patients not taking up their appointments.
- In response to a question from M Morgan it was noted that Patient Groups could encourage patients to take up their 2 week wait referrals by explaining the importance of early diagnosis.
- Cancer 31 and 62 day targets – had been green in July and were expected to remain green in August, which was contrary to the national trend.
- In response to a question from C Sutherland about the Cancer 62 day wait performance at Barnet and Chase Farm Hospital, C Allan explained that the backlog was being closely monitored and that one reason might be duplication of patient records. J Taylor added that the risks around the migration to a single patient administration system had been raised with the Trust's Quality Team.
- 18 week referral to treatment (RTT) – was expected to be green in July.
- It was noted that from Q2 2015/16, RTT would focus on patients on incomplete pathways only, which would also include diagnostics waits.

- Diagnostics – West Hertfordshire Hospitals Trust (WHHT) continued to achieve compliance for diagnostic waiting times.
- The DEXA machine at WHHT was not working and was beyond repair. Whilst the business case for a new machine was progressed, all DEXA scans were being carried out at Mount Vernon Hospital.
- Waiting times for echo-cardiograms continued to improve and weekend working had now ceased.
- In response to a question from S Bloom, C Allan explained that weekend sessions were no longer available as the cost of the additional clinics and theatre lists had been substantial. However, as theatre sessions had been re-configured, there had been some changes to job plans and the backlog had been reduced, weekend sessions were less important. There were concerns that performance might slip and the situation would be closely monitored by the CCG, NHS England and the TDA.
- A&E 4 hour wait – considerable improvements have been made, although performance has been below 95% on some occasions.
- Delayed Transfers of Care – Social Care capacity continues to be a challenge. The System Resilience Group has been and would continue to address this.
- Barnet and Chase Farm/Royal Free Hospital – the Trust continued to report to Unify 2 and a timetable for meeting the backlog by June 2016 would be provided at the next meeting.

Action QP /15 C Allan

- Ambulance – handover times had improved.
- Turnaround times continued to exceed target, and the East of England Ambulance Service Trust (EEAST) had been asked to provide an update against the recovery plan.
- Hertfordshire Partnership Foundation Trust – EMDASS referrals meeting the 6 week wait were improving.
- In response to a question from A Gardner, C Allan explained that the dementia diagnosis target for the CCG remained unchanged, despite the national revision.
- Performance against IAPT treatment targets were also improving.

118.2

S Hand presented the Workforce report for Quarter 1 2015/16 which was noted. The following points were highlighted:

- A new Shared Parental Leave Policy had been implemented in April 2015, following legislation changes.
- During the first quarter there had been one formal employee relations issue; following a full investigation the outcome was the dismissal of the member of staff concerned.
- Director of Workforce to commence with effect from 1 September 2015.
- The CCG's compliance in all respects of training had decreased from the previous quarter to 95.09%, due to the new requirement for agency/interim staff to undertake mandatory training.
- The number of staff on long-term sickness absence has been reviewed and HR were supporting managers in encouraging members of staff to return to work where possible or seek alternative solutions.
- In response to a question from S Bloom, J Rodgers explained that the Staff Involvement Group (SIG) had reviewed the results of the Staff Survey and that she was the link from the SIG into the Senior Leadership Team.

QP/119/15 Quality Report to 30 June 2015

119.1

K French presented the Quality Report which provided a full, detailed report of quality and safety performance of providers. The Quality Issues to note were discussed. These included:

- 119.2 **West Hertfordshire Hospitals NHS Trust (WHHT)**
- The draft report following the April visit by the CQC had been received and a Quality Summit arranged.
 - The Trust had declared one Never Event in Q1 regarding a misplaced NG Tube.
 - The Trust had declared 14 Mixed Sex Accommodation breaches in Q1, which was noted to be high.
- 119.3 **Barnet & Chase Farm (BCF)(The Royal Free London NHS Foundation Trust - RFH)**
- The Trust was currently over the C. difficile trajectory. A total of 20 cases were reported in Q1.
 - Two cases of MRSA had been declared during the quarter.
 - A Quality Visit had taken place and focussed work was underway to address the Healthcare Associated Infection (HCAI) issues above.
 - The Trust was reporting a high number of caesarean sections which was being addressed, as well as a high numbers of 3rd and 4th degree tears.
- 119.4 **Hertfordshire Community NHS Trust (HCT)**
- HCT had received the CQC report following the visit in April 2015. The Trust received a rating of 'Requires Improvement'. The CCG had attended the Quality Summit held in July 2015.
 - HCT had two cases of C. diff in Q1. This was one case over the trajectory.
- 119.5 **Hertfordshire Partnership Foundation NHS Foundation Trust (HPFT)**
- The draft CQC report following their visit to the Trust in April has been received. A Quality Summit was planned for August 2015.
 - The CAMHS review has been completed and the findings and recommendations shared with HPFT.
- 119.6 **Buckinghamshire Healthcare Trust (BUCKS)**
- The Trust's lead commissioner has identified a SI backlog within the Trust. Progress has been made to reduce the backlog.
 - Further to a number of maternity SIs between January-June 2014 an external review had been requested.
- 119.7 **Luton & Dunstable Hospitals University Hospital Foundation Trust (LDHUFT)**
- LDHUFT reported one case of C. difficile in Q1 and remained within trajectory.
 - The Trust had reported one case of MRSA during the quarter.
- 119.8 **Herts Urgent Care (HUC)**
- The vacancy rate for Call Handlers (now called Health Advisors nationally) in June was over 35%. This was noted to be a national issue.
 - The NHSE 'pause' on procurement of NHS 111/Out of Hours Urgent Care services was noted. C Allan explained that work was in hand across the Hertfordshire Health Economy to prepare in advance of the national guidance.

QP/120/15 CQC Outcomes Report

- 120.1 K French provided an update on the CQC inspections for providers and GP Practices which was noted. The overall ratings received to date of the meeting were noted to be:
- HCT – Requires Improvement
 - HPFT – Good (draft report only)
 - WHHT – report not received at time of the meeting

- BUCKS – Requires Improvement

120.2 It was also noted that nine GP Practices had been inspected: all had received a 'Good' rating.

QP/121/15 Safeguarding Children & Looked After Children Annual Report

121.1 H Moulder presented the Safeguarding Children and Looked After Children Annual Report covering the period April 2014- March 2015, which was discussed. The following key points were highlighted:

- It was the CCGs second Safeguarding Children and Looked After Children (LAC) and Care Leavers Report.
- The purpose of the report was to provide East and North Herts and Herts Valley CCGs with the assurance and information regarding compliance with safeguarding children arrangements and duties as per section 11 of the Children Act 2004, Working Together to Safeguard Children 2013 (updated March 2015) and the Accountability Framework 2013 (updated July 2015).
- Three of the six priorities identified had been achieved:
 - A review and update of the Safeguarding Children Training Strategy.
 - Implementation of the service model recommended by the Looked After Children review.
 - The quality schedule of all contracts would include an outcome based section (KPIs and metrics) on Safeguarding and Looked After Children.
- Three of the six priorities had been partly achieved:
 - To ensure that Service Level Agreements were in place with all organisations providing Designated Professional functions - Formal agreements with providers were being finalised to ensure effective governance arrangements and delivery of the Designated Professional functions.
 - CQC recommendations (2013 Review) – Four areas remain amber with full compliance expected by all providers by December 2015.
 - To develop a more robust process to link and cross-reference learning from the Child Death Overview, Rapid Response, Serious Incident and Serious Case Review (SCR) processes - Child Death Overview and Rapid Response processes review completed. Work to review health's SCR processes has been instigated and was progressing.
- Training compliance remains outstanding for ENHT, WHHT and HPFT. HPFT have two areas where action has been taken but the impact of these requires assessment.

QP/122/15 Continuing Healthcare Update

122.1 L Mhlanga presented the report which provided an update on progress to ensure compliance with the National Framework Standard for NHS Continuing Healthcare. The context, current service model and issues were discussed. The following points were highlighted:

- A systematic review of CHC processes had been undertaken against the National Framework for NHS Continuing Health Care 2012 (revised) which covered: quality, performance, accountability, governance, capacity and capability.
- Using a gap analysis process map, a number of areas of the service were found to be non-compliant with the National Framework for NHS Continuing Healthcare and an action plan had been developed to address these.
- The review process was discussed and it was noted that communication around application of the National Framework needed to be positively managed to ensure that patients/carers understood that care packages could change over time as clinical needs changed.
- The progress to date against the action plan was noted.

QP/123/15 Your Care, Your Future Progress Update

123.1 S Bloom noted that the role of the Quality and Performance Committee was to oversee financial and performance issues, and queried the process for agreeing changes to the programme budget for Your Care, Your Future. D Radbourne and A Warren explained that the Programme Executive for Your Care, Your Future had discussed to need to extend the contract for Deloitte to undertake additional work and the Accountable Officer had authorised the additional expenditure required within her delegated limits. The following points were noted:

- The funding was accounted for in the Running Costs spend.
- The Board should be informed of significant changes to the budget for programmes in the future.
- A briefing for Board Members should be provided to enable them to respond to questions.
- Deloitte will cease to provide services at end September 2015.

123.2 The next steps for Your Care, Your Future were noted to be:

- Implementation by providers of the recommendations to be discussed and agreed.
- Graylings to continue to provide Communications and Engagement support.

QP/124/15 Herts Health Economy Infection Control Group Committee Minutes

124.1 The draft minutes of the Hertfordshire Health Economy Infection Group meeting held on 21st July 2015 were noted.

QP/125/15 Any Other Business

125.1 There was no other business.

QP/126/15 Risks Identified During Meeting

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

QP/127/15 Actions for Commissioning Executive/Localities

- CQC Inspections of GP Surgeries
- Performance improvements
- Progress made in CHC

QP/128/15 Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday, 24 September 2015 at 10am in Apsley Meeting Room, Hemel One, Hemel Hempstead.