NHS
Bedfordshire
Clinical Commissioning Group

Integrated Commissioning and Quality Committee

DRAFT MINUTES

Minutes of the meeting of the Integrated Commissioning and Quality Committee on 30 August 2017 Room 208, Endeavour House, Wrest Park, commencing at 14.00 and concluding at 16.30.

Members Present

Heather Moulder	Registered Nurse lay member (Chair) 2017	**HM**
David Howard	GP Locality Chair	**DH**
Donna Derby	Director of Commissioning and Performance	**DD**
Alison Borrett	Patient & Public lay member	**AB**
Robert Sherwin	Secondary Care Clinician	**RS**

Others in attendance

Mel Gunstone	Head of Patient Experience and Safeguarding	**MG**
Maria Laffan	Head of Clinical Effectiveness	**ML**
Diana Blackmun	Health Watch Central Bedfordshire	**DB**
Jane Meggitt	Director of Communications & Corporate Affairs	**JM**
Michelle Summers	Head of Communications and Engagement	**MS**
Bernie Harrison	Senior Quality Manager	**BH**
Karlene Allan	Head of Children's, Young People and Maternity Services	**KA**
Teresa MacDonald	LAC Designated Nurse	

Apologies for absence

Anne Murray	Director Quality and Nursing	**AM**

No	Item
1.0 & 2.0	**Welcome and Apologies** Apologies for absence were noted as recorded above.
3.0	**Declarations of Interest** There were no declarations of interest declared
4.0	**Minutes of the meeting held on 28 June 2017** The minutes were agreed as an accurate record. The Chair requested a glossary of terms to be added to future sets of minutes.
5.0	**Action Tracker** The actions were discussed and logged with relevant updates with in the live action tracker.

	All closed actions will be archived and coded accurately for future reference.
6.0	**Integrated Quality and Performance Report** DD presented the report which showed the latest position across the range of national and local indicators and reported that there had been a deterioration in performance in 8 areas. Ambulance responses was still an issue. There had been a slight deterioration in RTT since May. There had been movements in targets nationally around dementia and a resulting action plan had not delivered. Diagnostic test pathways for paediatric audiology had deteriorated. This is a fragile service following a recent serious incident and turnover in staff at Cambridgeshire Community Service. CCS have provided an action plan to recover the position. **Action ICQC-0048: The Chair requested that at the next meeting an update on the action plan was given to assure the committee on the quality and patient experience aspect of the service and whether any incidence of harm were recorded due to delay** . **(i) East of England Ambulance Service.** Activity against plan had decreased. An Ambulance Response Programme (ARP) deep dive on how vehicles are being deployed is in progress and should be completed by September. Any resulting performance issues will be reported to this Committee. DD reported that there is 'no quick fix' to get the CCG to where it wants to be in relation to provider performance. Working as a commissioning consortium of has challenges as may be differences of approach and priorities. The turnaround of ambulances at Watford was still an issue and continues to impact on Bedfordshire performance. DH queried whether response times for transferring patients from care homes were measured as he had witnessed crews completing paperwork in the ambulance before transfer commenced. ML commented that manual completion of paperwork was being phased out and electronic devices used. **Action** ML to raise this with EEAST at their next quality meeting. DD concluded that the Red 1 (8 minute) target would always be more difficult to achieve in the urban geographical area covered by BCCG. RS enquired whether or not the CCG was aware of any other CCG who had experienced similar problems to Bedfordshire and could share best practice. **(ii) Integrated Urgent Care Pathway**. Data had indicated that a significant portion of 999 calls did not require an ambulance, the implication being that this cohort of patients may be suitable for urgent care services. BCCG will be working closely with EEAST to reduce this level of activity. **(iii) Cancer.** DD reported that the Cancer Improvement Group set up to have oversight of performance was working well. The Group was looking at themes and how pathways for patients can be improved. **Action ICQC-0049: The Chair requested that assurance was provided to the next**

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	meeting in relation the late referrals indicated in the table reporting on 104+ day breaches, DD reported that the CCG want to improve the access/travel times for Bedfordshire residents requiring access to radiotherapy. A piece of work was underway to identify a radiotherapy site closer to Bedfordshire (Milton Keynes) and the committee would be kept informed of progress. **(iv) 18 Weeks referral to Treatment.** Five specialties had underachieved – general surgery, ophthalmology, urology, neurology and trauma and orthopaedics. Ophthalmology is currently the biggest areas of pressure and a delivery plan is in place with Moorfields to tackle the backlog. Compliance is expected to be completed by the end of September. Oral surgery is showing some pressure with the number of patients on the waiting list rising. It is not sure why this has spiked but a deep dive is underway and a recovery plan is being monitored through the Trust Access Board. Neurology has been flagged as a risk and the CCG is working in partnership with the Trust to review disease specific pathways to determine opportunities for service provision and management of increasing demand. RS commented reviewing and setting parameters for first to follow up ratio could help. Trauma and Orthopaedics was still a challenge where patient choice was meaning that patients were choosing to be treated at BHT which was outside of the Circle contract. When activity is referred to a provider and it has not gone through Circle, this activity is validated at a patient level by BCCG to ensure that both the activity meets the referral criteria and that the CCG only pays once for the activity. Dermatology. RTT performance a risk for this service. OPTUM has failed to manage the 18 week data. BHT (the incoming provider) was prepared to 'inherit' the historical breaches. A clinical harm review will be undertaken for patients on the current pathway and the Committee would be kept informed on progress. ML confirmed that the CCG is working closely with both OPTUM and Bedford Hospital to ensure the transition completes both safely and effectively and would identify opportunities to further improve the model and patient experience. **(v) Stroke**. DD reported that the BLMK STP review on acute stroke pathway created a gap in the ability of BCCG to develop a 24/7 HASU at the L&D. The review's proposal is to introduce a joint HASU model with L&D and Milton Keynes with MK offering a daytime HASU service. DD confirmed that clinical safety will be maintained and this interim solution would be stopped if there are any patient safety concerns. A pilot will commence in October. **Action:** A report will come back to the committee after Christmas once the initial outcomes of the pilot are known.

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	The Committee reviewed and noted the full contents of the Integrated Performance, Quality & Safety report.
7.0	**Integrated Urgent Care Contract Position Statement** DD presented the report. The Bedfordshire and Luton Integrated Urgent Care contract was awarded to Herts Urgent Care which commenced on 30 March 2017. In July 2017 HUC informed both LCCG and BCCG that the contract was not viable without additional investment. The CCGs were informed that GP pay rates required enhancing to that of Hertfordshire; the cost of GP out of hours indemnity was too high and GPs were therefore opting not to work out of hours; GPs felt that the clinical model was too lean and felt unsafe when working in the service. The report outlined the difficulties that have occurred following the award of the contract. Given the escalating concerns around patient safety, BCCG have instigated an urgent independent clinical assessment. A preferred option for action is emerging and a paper is being taken to the 7 September Governing Body meeting. The GB will be asked to approve the recommendation from the Finance & Performance Committee to consider a caretaker approach with HUC for a limited period of 18 months. A remedial action plan was presented to the Committee together with an action log which were noted by the Committee. **Action ICQC-0050: The Chair requested that the Committee received an update on the action plan at the next meeting** The Committee were advised that the CCG has very little evidence of assurance and that contract enforcements were being put in place. ML advised that a NHS England Assurance meeting would be held early September. Healthwatch advised that they would be making a visit early September. DB raised a concern that HUC had not signed the contract. It was explained that the CCG had taken legal advice and HUC are contracted by "implication" as they are taking payment from the CCG. DD concluded that shift fills were better, however, A&E activity had naturally increased as patients were attending A&E who could not contact OOHs. The committee were informed that the national model has issues and a new model is being developed BCCG's re-procurement will need to take account of the revised national model. **The Committee noted the report and that a recommendation is being taken to the next Governing Body for consideration**.
8.0	**Private Ambulance Service Update** DD presented the report which informed the Committee on the current status and performance of the Non-Emergency Patient Transport Services (NEPTS) contract. The report outlined the details of the current performance issues and the progress on the procurement of the new service that begins in April 2018. The issues had been around a high number of complaints; lack of robust data from PAS; poor call centre performance;

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	patients missing appointment times; delayed collection/pick-ups; vehicle suitability and patients with renal dialysis needs. The Committee was assured that renal and palliative patients had been given a priority status and ML also gave assurance that the Quality Team were robustly monitoring the quality of the service in conjunction with the Contracting Team. A NHS England Quality Summit is to be held at the end of August with provider and stakeholders in attendance. **The Committee noted the current position regarding PAS and the performance issues. The Committee also agreed the progress on the procurement of the new service..**
	Dr David Howard and Donna Derby left the meeting at 3.30.
9.0	**Bedfordshire Community Dermatology Update.** The paper provided an update on plans for the Bedfordshire Community Dermatology Service following contract termination notice from Optum with effect from 31st July. The report outlined the new provider arrangements, service transfer arrangements, the new service model, communication arrangements and how the CCG is working with both Optum and Bedford Hospital to ensure the transition completes both safely and effectively. **The Committee noted the report.**
10.0	**Serious Incident Report – June and July 2017** KM presented the report. There had been 12 incidents reported in June and 8 in July. One Never Event had been reported in June (Moorfields at Bedford Hospital- wrong strength lens inserted) and ML added that a further Never Event reported from the L&D both incidents had been reported to NHS England's QSG meeting in August. The committee's attention was drawn to 2 maternity incidents that had been reported from Bedford Hospital and assurance was given that this didn't appear to be a trend and BHT themselves were addressing these concerns. RS enquired whether or not the CCG requested information from the NRLS on Trusts falling within the "low reporting with high harm" sector and whether any of our providers fell within this category. ML advised that the NRLS annual summary review would be published soon. **Action ICQC-0051:** ML to bring NRLS paper to the next meeting. **The Committee noted the report**
10.0a	**Serious Incident ELFT – Ash Ward** BH presented the report which highlighted that since April 2016, 4 serious incidents had been reported for patients on Ash Ward, Oakley Court, Luton and a further 2 reported soon after discharge, all of which resulted in the death of the patient. The report explained that the contract with ELFT gave access to 64 inpatient beds for Bedfordshire patients. These beds can be in any of ELFT's inpatient wards. In 2016 male beds were moved from Weller Wing to Ash Ward.

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	Following these incidents ELFT have undertaken an internal review. As a result the number of male inpatient beds have been reduced from 29 to 20. At the same time staffing levels have been maintained and supervision has been increased. Increasing activities and more engagement with patients has reduced the incidents of violence or unacceptable behaviour. ELFT have also worked with the Police to tackle the allegation of Class A and Class B drugs being brought onto the ward following patients taking leave. The Quality Team are working with ELFT to ensure all the actions falling out of the root cause analysis of the six serious incidents reported are implemented and lesson learnt. **The Committee noted the report**
11.0	**Millfield Lodge Care Home** MG presented the report which advised the committee that following significant concerns during a visit in early August to this care home and considerable evidence found of risk of harm to residents, the CQC made an application to Court and subsequently the Order to cancel the home's registration was granted and the remaining residents required to be moved to alternative accommodation. In light of the escalating concerns the CCG supported by CBC had been in discussion with residents and their relatives and a clear plan was already in place to move residents the same day. This was achieve by 20.30 on the same day as the Order was granted. All residents will be visited to ensure their new placements are suitable for their needs. **The committee noted the report**.
12.0	**Looked After Children** TM presented the paper which highlighted the performance data for Bedfordshire looked after children. East Partnership University Trust are responsible for completing the health assessments for all Bedfordshire LAC children placed in Bedford and Central Bedfordshire and up to an hours travel outside of Bedfordshire. The report highlighted that the percentage of health assessments carried out within 20 working days fell short of the target required, as did review health assessments carried out within 40 days. A contract performance letter has been issued. The CCG has requested explanations on why the targets have not been met and one explanation was due to the internal referral processes within BBC. It was not clear whether the performance targets would be better if the LAs referred in the correct number of days but it was expected that the performance notice would ensure the provider engages better with the LAs. The report also highlighted other reasons raised by the provider for not reaching target and it has been agreed to convene a meeting with all stakeholders to address these. The performance over the last three years for both LAs was discussed. It was evident that the percentage increase in 2017 had risen significantly in CBC and it was explained that the success was due to the diligence of one particular member of staff. Concerns have been raised around whether CBC had contingency should this member of staff decide to leave. **Action ICQC-0052**: **The Chair requested that the action plan from the performance**

	notice is brought to a future committee together with a broader report on the issues concerned. **The Committee noted the report and recognised the hard work of the LAC Team**.
13.0	**Risk Register Summary Report** **The Committee did not discuss these report but they are taken as being read and noted by members.**
14.0	**Thematic Review of Mental Health Services for Children and Young People** KA presented the paper which outlined the relevant information being pulled together by the CQC. She explained that the CCG would not be rated as a result of the findings. We are one of ten areas being looked at through six thematic reviews. The information will be fed back to the Department of Health and a green paper produced in 2019. The paper will identify what good looks like so that be practice can be shared. It will also identify themes and potential risk areas. ELFT will be compiling the required case studies. **Actions ICQC-0053:** • Once the review recommendations are received an action plan will come back to this meeting. • AB requested that a paper is also taken to the Patient and Public Engagement Forum. **The Committee noted the report**
15.0	**Review of the Patient & Public Engagement Forum** MS presented the paper which gave the findings of a review which had been undertaken of the existing PPEF following a period of poor attendance and concerns that the CCG was not meeting its statutory duties through a lack of meaningful engagement, The change in membership altered when the PPEF stopped reporting directly to the Governing Body and became a sub group which reported into the Integrated Commissioning & Quality Committee. Attendance waned as a result and it was felt the group was no longer influential. The last ICQC approved the action for PPEF to work with a focus group to identify options for development in conjunction with the Consultation Institute. Three options were proposed – (i) do nothing – keep the same membership and continue to report into the ICQC (ii) change governance arrangements to keep existing membership but re-establish as a formal committee of the Governing Body (iii) establish a new look committee which reports into the Governing Body. The Committee was therefore asked to agree to the third option which is supported by Patient and Public Engagement forum Members, to disband the existing Patient and

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	Public Engagement Forum and create in its place a new Patient and Public Reference Committee that reports directly into the Governing Body. **The Committee supported this proposal.**
16.0	**Bedfordshire and Luton Prescribing Committee governance arrangements** In the absence of a presenter, the committee did not consider this paper. The Chair, however, did comment that she though it inappropriate for the Prescribing Committee or the Joint Prescribing Committee to report into the ICQC items for “noting” that were not patient safety or commissioning specific.
17.0	**Any Other Business** The Chair requested an Infection Control report is brought to the next meeting
18.0	**Items to raise to the Governing Body** **(i) PAS** **(ii) HUC** **(iii) Millfield Lodge** It was noted however, that papers are being submitted to the Governing Body on these subjects. The Chair would therefore discuss at the GB pre-meet what to report over and above what is already on the GB final agenda.
19.0	**Date of Next Meeting** 25 October 2017. 9.00 to 11.30 am The Training Room, Endeavour House

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