

Governing Body

REPORT

Subject	Sub Committee Report for the Integrated Commissioning and Quality Committee - 26 April 2017
Date	4 May 2017
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Executive Summary

The Integrated Commissioning and Quality Committee was chaired by Heather Moulder, Registered Nurse.

The Committee has now met 5 times on its bi-monthly cycle. The Governance directorate are to establish a revised draft work plan alongside the Directors of the Committee and are to be considered by the committee prior to the June 2017 meeting. This is to ensure that time for scrutiny of key CCG deliverables such as commissioning intentions CQUINs, quality schedules and quality accounts are to be programmed in across the financial year.

The committee now has the allocated the requisite clinical lead as set out in its terms of reference. Due to the absence of the Director of Commissioning or a representative of the team the meeting was not quorate; there was robust discussion and scrutiny across key areas of the CCG's Quality and Commissioning work.

Recommendation

The committee are requested to note the key points of discussion and agreed actions from the Integrated Commissioning and Quality Committee on 26 April 2017.

The substantive points raised in this paper have been discussed in more detail at the April meeting of the Integrated Commissioning and Quality Committee.

Links to the business and risks

Relevant Strategic Objectives 2016/17 (please mark in bold)

1. Systematically implementing prevention, early diagnosis and early intervention
- 2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.**
- 3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.**

4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	The registers for both Commissioning and Quality are reviewed in detail, escalations to the Corporate Risk Register to the Governing Body and Executive Directors
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	N/A
Financial Implications / impact	N/A
Legal Implications / impact	N/A
Partnership work / public engagement implications / impact	The items discussed within the paper have been taken to the Integrated Commissioning and Quality its sub groups.
Committees / groups where this has been discussed before	The items discussed within the paper have been taken to the Integrated Commissioning and Quality its sub groups.
Other options available and their pros and cons	N/A
Background papers	N/A

Initial key areas of focus in relation to provider quality and performance have been:

Cancer:

The CCG cancer performance in February for the 62 day standard was 77.89% (below the 85% target). The CCG has reviewed the revised Bedford Hospital action plan with updated milestones and timelines. The key challenge for the Trust is diagnostics (staffing and clinic capacity to book in slots). The overall CCG position is also impacted by delays at tertiary centres (Addenbrookes, East and North Herts and Papworth). The RCAs for patients waiting over 104 days are reviewed monthly.

The CCG Cancer Improvement Group was set up to have oversight of performance, quality and service redesign initiatives. The group has identified a work plan focused on improving 1 year survival.

Safeguarding:

- **Milton Park** – A risk summit took place on 20th February 2017 in response to quality concerns at the Milton Park Campus, called by NHS England following issues flagged to the NHS England Central Midlands Quality Surveillance Group (QSG). Bedfordshire CCG acts as the co-ordinating CCG for this provider and had been made aware of

numerous quality concerns about this provider which had been brought to their attention via a number of routes, whistle blowing allegations, LA safeguarding concerns, two deaths in recent months both investigated as S42 enquires, and the outcome of the most recent CQC published report Nov 2016; the service was rated as requires improvement.

An action plan is already in place in response to the CQC inspection findings, but this has been combined to include the actions from the risk summit. BCCG has been sighted on this.

Mel Gunstone, Head of Patient Experience and Safeguarding has independently met with the CEO regarding improved working relationships and support for Milton Park, and has also met with key senior leads in the service. Regular meetings with the CEO and service leads have been arranged.

A further NHSE Oversight Group took place on 3 April 2017 with clear actions for Milton Park to complete. The action plan is also being monitored through this group.

BCCG is still to act as coordinating CCG, but with revised governance arrangements between the service and placing commissioners to enable more comprehensive overview.

- **OFSTED** – Bedford Borough Council and Local Children Safeguarding Board were recently inspected by Ofsted, looking at children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the Local Safeguarding Children Board. Inspection date: 23rd January 2017- 16th February 2017. The details of the report and recommendations were reviewed and discussed.

The report identified the Local Safeguarding Board (LSCB) as having effective leadership by the independent chair which has led to the development of a strong partnership and a shared commitment to improvement. The Board maintains a clear line of sight to frontline practice, helped by a proactive and visible chair who engages directly with frontline staff.

The Board's system of assurance monitors and evaluates frontline practice effectively. BCCG is an active member of the LSCB and work streams.

- **Serious Case Review** – The Committee noted the report and assurance that progress against the recommendations have been made. Progress is monitored by CBSCB and BCCG is an active member of this Board. A number of recommendations were made, some single agency and some multi-agency. In response to the recommendations, a multi-agency action plan has been developed to address them. These findings informed the CBSCB's Learning and Development Plan and are being embedded in local practice through that plan. For example, a Pan Bedfordshire Neglect Strategy has been developed by partner agencies and widely disseminated across the Partnership. To ascertain efficacy a multi-agency audit will take place via the Learning & Improvement Group in the summer, which is Co-Chaired by the CCGs Designated Nurse.

At the end of March 2017 a Neglect Conference was held with over 300 delegates attending.

Feedback from this event will be shared and used to inform future Training programmes and work streams.

Pre Birth Assessment Processes have been reviewed across Bedfordshire & Luton and agreed by Partner agencies. Impact will be monitored across the Partnership via the Learning & Improvement Group.

- **Adult Safeguarding** – The summary of a report that was presented to the Safeguarding Adult Board on 8th November 2016 was reviewed and discussed regarding to a Safeguarding Adults Review (SAR). The four themes that were identified as areas of learning from the SAR were: Modern Slavery (Protection principle); Legal literacy and safe discharge from hospital (Proportionality and Accountability principles); Protection planning and risk (Prevention and protection principles); and Person centred working (Empowerment principle). Questions arising from these themes were discussed at the workshop in July 2016 and the output informed the recommendations from the SAR.

An action plan has been devised in relation to the above recommendations. In addition to the aforementioned, a National toolkit for professionals is being developed in relation to Modern Slavery, which will be rolled out upon publication. Further training in legal literacy is being planned for MH practitioners and a Safeguarding Competency framework for professionals will be devised providing guidance in relation to informal carers who are alleged abusers.

Stroke TIA:

Quality concerns have been raised following poor performance against the TIA metrics at BHT. The Trust has now put additional clinics in place to provide a 4 day service and additional capacity to reduce backlog of patients. The Quality team will be undertaking a walkthrough of the TIA service along with the stroke association and commissioners will be setting up a workshop to explore redesign of the service to address the current gaps.

Patient and Public Engagement Forum (PPEF):

It was noted that the Patient and public engagement Forum would be reviewing its role and responsibilities. The Communications and Engagement team is committed to involving patients and public in the communications and engagement process in a more meaningful way and proposes to increase opportunities for involvement by changing the Terms of Reference (TOR) of the PPEF, to ensure that the Forum has a greater role in scrutinising activity and can better provide assurance to the Integrated Commissioning and Quality Committee (ICQC).

A paper to outline the proposals will be taken to the next PPEF on 16 May, to outline the proposals for change and begin discussions with members about the new approach and how it can be taken forward.

Key areas for discussion/review at next meeting will include:

- Herts Urgent Care
- Private Ambulance Service
- OPTUM Contract
- Commissioning papers as deferred from the April 2017 meeting
- Weller Wing – Townsend Court - Update