Agenda Item: 4.0

Integrated Commissioning and Quality Committee

MINUTES

Minutes of the meeting of the Integrated Commissioning and Quality Committee on 25 April 2018 Room 208, Endeavour House, Wrest Park, commencing at 09.00 and concluding at 11.00.

Attendees

Heather Moulder	Registered Nurse lay member (Chair) - *Dialled in*	**HM**
Anne Murray	Director Quality and Nursing	**AM**
David Howard	GP Locality Chair – Bedford Borough	**DH**
Charlie Wood	Programme Director of Commissioning for Planned and Unplanned Care – attended part of meeting	**CW**

Mel Gunstone	Assistant Director of Nursing and Quality	**MG**
Alison Borrett	Patient & Public lay member	**AB**
Carole Davis	Head of Performance	**CD**
Rachel Volpe	Head of Mental Health	**RV**
Karen Chisnall	Quality & Safeguarding Facilitator	**KC**
David McNeil	Assistant Director of Governance Risk and Corporate Services	**DMc**

Apologies for absence

Maria Laffan	Associate Director of Nursing and Quality	**ML**
Ian Brown	Assistant Director of public Health	**IB**
Jane Meggitt	Director of Governance Risk and Corporate Services	**JM**

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 over and above those on the declarations of interest register.
4.0	**Minutes of the meeting held on 28 February 2018** The minutes were discussed and a number of changes were recommended. HM to revise, AM to review and agree.
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** **Integrated Urgent Care –HUC:** More detail has been provided in the report since the new contract was signed with HUC. There is a synopsis of data including home visits and base visits, and percentages around those. Slight improvement seen but continued poor performance. Information received through contractual routes has improved which will enable increased scrutiny. AM/MF will be attending a meeting in 1 week with HUC Directors, to ensure a continued focus on improvement. HM raised concern that almost 40% of urgent visits are not being achieved within 2 hours. We need to understand how much longer performance is to appreciate impact and therefore clinical risk. We also need to understand what the process is for calling the patient for an update when the 2 hour target is not met, and what the outcome is when 2 hours are exceeded. DH queried the position in relation to the training re-accreditation update, he believes this is only being completed in Biggleswade. Position to be confirmed. **Action ICQC-0067**: AM will follow up with ML. DH shared that a member of staff had made a complaint regarding her son not receiving a call back, and has not received a response from HUC. **Action ICQC-0068**: AM will follow up with MF who is aware of complaint. AM advised that it was felt that HUCs staffing infrastructure had not grown prior to the organisation growing. They have since recruited more local senior staff and have been and this will be one of the points to discuss at the next meeting. An item for the next board meeting should be, what else we can do as a CCG. EEAST are achieving the 10% transfers going directly from HUC. However there are questions over what % of patients may go directly if HUC is not achieving the 2 hour target. Contract now includes expectation of better reporting with analysis of this data. CW reported that the Urgent Treatment Centre (UTC) is due to go live in October and the foundation level is that there is an operational integrated 111 service and support. GP resource is a very limited, and workforce issues are concerning and therefore a multi-disciplinary model is being looked at from a wider clinician's point of view. From a contractual point of view, CCGs need to take a proactive Commissioning approach with clear modelling and flexibility on how to deliver the UTC. AB enquired about patient experience and complaints, and whether there was any intelligence from Healthwatch or ourselves. AM advised there was a question at Governing Body from Health watch in relation to performance for call backs. The ability therefore to continue to analyse the data and where we are with urgent visits, base visits, and call answering is essential ongoing. HM noted how important it is to take GP colleagues with us, and address any concerns

	raised in relation to service safety. DH queried what was happening with Dunstable cover, as at times there was only doctor covering whole area. **Action ICQC-0069**: AM to follow up with MF. MG noted HUC is Herts Urgent Care, not Hertfordshire Urgent Care. Important to refer to correctly due to legal entity. **52 Weeks:** East and North Herts hospital remains the same in relation to be able to report their performance position due to the implementation of the data system Lorenzo. CD provided an update on the 52 week position. If there is a breach, a clinical harm review is carried out by the Trust. To date there has been no harm identified. Fortnightly meetings continue with NHS England and NHSI. AM confirmed that quality team have linked in with East & North Herts team. DH stated that people have a right to know it's not going well. AM agreed and confirmed we are not assured and therefore this will be escalated to QSG. The Trust won't be able to report until November, with a possibility of extending further. AM confirmed this is a QSG conversation and it will go in the next report for Governing Body. CD update is based predominately on February data, although some March data is included. Data is being transferred to NHS digital portal and there are some data quality issues coming through already. **Diagnostic waits:** Cambridge Community Services have ongoing issue around workforce and have seen a rise in referrals and have 30 breaches in March for audiology. 196 breaches are predicted for May. They are trying to incentivise the staff to stay, recruit and trying to look at it in a different way. **Action ICQC-0070**: CW to explore alternative pathway, potential to subcontract to another provider. L&D continue to recover on diagnostics, and now down to 12 breaches in March in the Endoscopy department. **Care Programme Approach – ELFT:** The Trust has identified a discrepancy in the national reporting of the Care Programme Approach 7 day follow up. An explanation of why some patients weren't on CPA was given. Some cases were straightforward and therefore CPA not required, or a breach occurred because contact was achieved on day 8 instead of day 7, or moved out of area. HM queried whether there were any patients that should have had CPA but didn't? and is

	there a trajectory to recover? A request was made for the report to be explicit on where the breach has occurred, more detail behind it needed? RV shared that a contract performance notice had been issued to look at the reasons and the notice had been retracted as a full detail report is sent with every breach providing reasons. There is no plan or trajectory in place as not required, assurance received. **Action ICQC-0071**: AM requested that RV work with CD to ensure report has additional detail going forward. Also to work with Bernie Harrison so risk to patients is covered. **Referral to Treatment: RTT** RTT, February data showed further deterioration, which was expected with capacity issues associated with winter. Planning shows we are not likely to achieve 92% until month 4 and this has been accepted by NHSE. The Transfer of dermatology service has had an impact too, more detail can be found on p9 of the report. 52 week report just received and there have been 5 breaches in March, 2 of them we are aware of and will be following up on detail of the others. A&E shows an improved position for March but still under the trajectory. Plan is to be at 95% currently the position is 88.21%. **Dementia:** Dementia, have just seen March data and this has deteriorated again, 58.86%. DH enquired if extra finance available if targets met? DH also confirmed that there is no longer a shared care protocol, once the patient is stable, they are discharged back to the GP. RV gave assurance that the discharge protocol is being looked at. RV also confirmed that the quality premium is no longer available, so extra finance is not awarded when targets met. A lot of work is going on around data quality, checks are being completed at GP surgeries to find out if people who have dementia may not have been coded, this started in December. There is also a care home project underway as our data may not be accurate which started very recently. NHSE have provided £14k funding to enable this. DH confirmed that a proper diagnosis ensures better care can be delivered, encourages relatives to get Power of Attorney sorted. RV continued to provide update on pilot of CANTAB, which is an iPad to assist primary care to diagnose. CW shared that the future aim is to be able to pull out some of the narrative on all the work, in a succinct way, to demonstrate the focus and the level of work that is going on to improve this position. Trying to be more measured in approach, to track and monitor areas which are more intangible and difficult to measure.

	DH queried if ELFT liaise with BHT and L&D when older people are admitted with confusion, do they refer for a memory test directly, instead of going through GPs. RV shared that ELFT are currently recruiting for a specialist in older people for this role. When all data quality assurance process driven work is completed, if constitutional targets are still not achieved, then more of the transformational side will be needed. **Action ICQC-0072**: CW & AM to start the process for transformational work. **IAPT :–** Predicting end of year position of 14.53%, which is under the standard but a 2% increase on last year. Numerous contract performance notices have been served, a lot of work has gone on but not a lot of movement has been seen. A number of ELFT staff have TUPE to Bedfordshire so we have the lowest vacancy rate we've ever had. ELFT have appointed a new psychology lead who is very dynamic. Emphasis on long term conditions, respiratory, diabetes, pain management and considered ahead of the game and have been asked to present at an NHSE regional event. We were given additional funding last year to meet targets, this year half has been given with the other half to be awarded when achieved. **Stroke :** Discussion on poor snap data results at Bedford and CW & AM to bring back further detail to next meeting on potential solutions in improving care. **Action ICQC-0073**: Stroke to be agenda item on next meeting – **CHC:** AM requested update on CHC data issue This should be aligned to funded care report as NHSE cannot change their data. Discussion on where late completions will be recorded, if they are counted in the next month's figures. **Action ICQC-0074**: CD will check documentation, it is likely to be a snapshot of data. **Vaccine query:** DH queried pneumococcal vaccine availability, confirmed there has been none in England for last 8 months. When will it be made available again? AM confirmed this is a question for Public Health and this will be raised with them outside of the next meeting.
	Diabetes **Action ICQC-0075**: Diabetes NICE standard to be added to next agenda as not being achieved.
7.0	**Serious Incidents** AM presented the report noting that it provides the number and type of Serious Incidents

	(SIs) reported in the months of February and March 2018 by our main providers. In total 7 serious incidents were reported in February 2018. These 7 incidents came from the following providers: • Bedford Hospital 1 case (1 x diagnostic incident) • L&D 1 case (1 x sub optimal care deteriorating patient) • ELFT 1 case (1 x case self-inflicted harm) • EEAST 2 cases (1 x delay to treatment, 1 information governance breach) • Other Providers 2 cases (1 sub-optimal care Lister Hospital, 1x IG breach Addenbrookes AM noted that there have been, in total, 10 serious incidents that were reported in March 2018. These 10 incidents came from the following providers • Bedford Hospital 1 case (1 x sub optimal care deteriorating patient) • L&D 2 cases (1 x information governance breach, 1 x diagnostic incident, treatment delay) • ELFT 3 cases (3 x self-inflicted harm) • EEAST 1 cases (1 x Accident/collision (not slips trips, falls)) • EPUT 2 cases (2 x Pressure Ulcers) • Other Providers 1 cases (Maternity incident: baby) Learning from final investigations has been included in the report and where known inquest conclusions and dates provided. The committee focused on the 2 drug cases, in one, a patient did not receive desmopressin medication for 3 days, and then died 3 days later. These have been taken to the SAR subgroup to see if they meet the criteria for serious case reviews. Quality team will keep a focus on drug management generally. Concerns raised with ELFT, national rise in suicide rates. Have seen a spike in Central Beds on children's suicides. ELFT process needs improving, the same mental health issues keep being identified. AM confirmed there is some really good work taking place with CAMHS services. The SPOC IS NOW has reviewed their RAG rating processes and triage is now completed by a clinician, previously completed by an admin person. **Action ICQC-0076**: AM agreed action to seek assurance on key recommendations being completed. DH raised issue with clarity needed on MH services available, and pathways. **Action ICQC-0077**: AM to follow up and gain clarity. AB raised issue with ref 5646, laptop theft. There was a delay of reporting this of 2 weeks. Expectation is of report to be made within 48 hours. **Action**: AM to gain more information on case and reporting delay. **The committee noted the report and thanked KM for the detailed paper.**
8.0	**BHT Radiology Report 1.23.10**

	Trust had decided to undertake review internally, prior to quality visit being completed with ML & Kay Elliott. Assurance gained from visit. Return visit planned for June. **The committee noted the update.**
9.0	**Safeguarding Adults Annual Report** MG advised that the report is very local authority focused, the activities have remained static and last year was the first full year of having the SAR subgroup. Looking for a Board business Manager to support with board resilience and keeping on top of emerging challenges. **Action ICQC-0078**: MG will send full report to this committee. Concern raised with potential conflict of interest when GPs both own nursing home and are registered as their designated doctors. Suspicion that safeguarding issues may not be raised. MG is aware that some GPs do own nursing homes but as far as is known, they don't have registered patients in them. **Action ICQC-0079**: MG will liaise with contracts team to check for conflict of interest. **The committee noted the report and thanked MG.**
10.0	**CQC Thematic Review of ELFT CAMHS Services – letter?** Very positive report, with Bedford Borough Early Intervention work being exceptional. **The committee noted the letter**
11.0	**Government consultation on Working Together to Safeguard Children (2015) guidance** Key partners for LSCB won't change, can still co-opt in partners. CDOP is moving from Department of Education to Department of Health. New national Child Safeguarding Practice Review Panel. Will follow consultation closely to understand changes. AM has meeting 02/05/18 with chairs of LSCB to define what we want and where the opportunities are. **The committee noted the briefing** It was noted that the new GDPR rules are adding confusion to information sharing guidance. It was advised that named or designated doctors should be consulted if in doubt, and that a GDPR team has been set up in NHSE to support GPs.
12.0	**Risk Register Summary Reports** **a) Commissioning Summary Report** Committee reviewed the report. HM noted that report was last updated 21/03/18 so now a month old. **Action**: AM to follow up on query over perinatal process, to understand where treatment is carried out.
13.0	**Complaints and FOI Report 2017/2018** DMc updated the committee that the Complaints Policy has been updated. 106 complaints were

	managed during 2017-2018. 57 were CCG complaints and 49 were Provider complaints. DMc confirmed that CCG will take the lead If a number of organisations are involved. **The committee noted the report and thanked DMc.**
14.0	**Sub Group updates** **a) Clinical Reference Group Minutes** Discussed Parity of Esteem item – query over gold/silver models. Confirmed this group does not make funding decisions but can give recommendations. **b) Prescribing Committee Minutes** The Committee did not discuss this report in the meeting, the minutes are taken as read and noted by members of the committee.
15.0	**Any Other Business** No other items of business were discussed.
16.0	**Items to raise to the Governing Body**
17.0	**Date of next meeting** **27 June 2018**
	Following amendments raised at meeting on 27 June, these notes have now been agreed as final.