

Integrated Commissioning and Quality Committee

**Minutes of the meeting of the Integrated Commissioning and Quality Committee on 22 August 2018
Room 208, Endeavour House, Wrest Park, commencing at 09.00 and concluding at 11.00.**

Attendees

Heather Moulder	Registered Nurse Lay member (Chair)	HM
Roshan Jayalath	GP Bedford & Mental Health Clinical Lead	RJ
David Howard	GP Bedford Locality Chair	DH
Jane Meggitt	Director of Unplanned Care Commissioning	JM
Kathy Nelson	Commissioner Planned Care Team	KN
David McNeil	Associate Director of Governance, Risk and Corporate Services	DMc
Alison Borrett	Patient Participant Lead Vice Chair	AM
Maria Laffan	Associate Director of Nursing & Quality	ML
Anne Murray	Director of Quality & Nursing	AM
Ratan Das	GP Member – Bedford Locality	RD
Caroline George	PA to Anne Murray (Minute taker)	CG

Apologies for absence

Ian Brown	Assistant Director of Public Health	IB
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No	Item
1.0 & 2.0	Welcome and Apologies Apologies for absence were noted as recorded above. The meeting was Quorate.
3.0	Declarations of Interest Nothing to declare
4.0	Minutes of the meeting held on 27 June 2018 KN noted that her title was incorrect on Page 1 of the minutes. Action: Caroline to amend.
5.0	Action Log Please see the action log for full update.
6.0	Integrated Quality and Performance Report It was noted by members that the IQPR had not been shared prior to the meeting and was

tabled instead. AM noted that the current timings of these papers makes it difficult to turn them around in time to be shared in advance of the meeting. DMC asked the Chair if there would be sufficient time to give assurance to the Board that the report has been reviewed. AM informed the group that a pre-meet of this report had been held and attended by relevant directors. AM and HM noted that areas of concern would be flagged prior to Governing Body and appropriate actions taken.

CANCER STANDARDS & QUALITY INDICATORS

Q1 performance for Cancer 31 day under performing with 6 patients breaching the threshold. Reasons for breaches have been requested from the provider.

Action: KN to update at next meeting

Main issues around capacity, medical delays, patient choice, unspecified.

Cancer 62 Day also under performing against plan.

An increase in the number of patients treated in Q1 with the majority at Bedford Hospital. Team currently reviewing 62 day breaches to understand extent eg: just over a week or longer?

Urology, Upper GI and Gynae pressure points across the system.

DH asked if we know what the expected incidents of these cancers are, are we above what we expect or below. KN will liaise with Public Health to have sight of it.

Action: Invite Carol Davies to next meeting.

Action: JM to update at next meeting.

18 Weeks

JM now undertaking Director responsibility for Planned & Urgent Care. 18 Weeks RTT trajectory for return to compliance in place at BHT and L&D. L&D planning on compliance by July however how under review, BHT forecast for compliance is Q3. 52 week referral pathway for Q1 5 breaches. Clinical harm on all 5 breaches being followed up. NHS England have issued new guidance on how we report against 52 week breaches. This will require a change in our future reporting.

Diagnostic tests CCS

The trajectory and expectation for improvement currently challenged against the proposed timescales. A robust action plan is in place. Breaches currently associated with staffing capacity.

Action: Bring back detailed review of position to next meeting ML

A & E

JM updated on productive Winter Summit. Ongoing conversations with BCCG AO and BHT CEO regarding capacity management and bed modelling to support winter delivery.

UTC timescale for opening 1st October. Extended Access go live on 1st September. Ongoing risk around ability to clinically staff A & E, UTC, Extended Access and IUC.

Action: UTC update at next meeting

	<p>Ambulance</p> <p>Good performance on category 1 calls, ongoing challenges for category 2, 3 and 4 graded calls. All managed via consortia contract.</p> <p>Maternity:</p> <p>AM updated position on stillbirths at BHT and L&D. Most recent data and update from acute maternity units not available until later in the week. Relevant updates and review will be made to the report before submission to Governing Body.</p>
<p>7.0</p>	<p>Serious Incident Report</p> <p>ML noted the number of serious incidents reported in June and July. In June there was 1 Never Event at Bedford Hospital and 6 serious incidents. One SI at Luton & Dunstable, 2 at ELFT, 1 EEAST and 1 in Buckinghamshire acute.</p> <p>In June 18 1 Never Event was reported (Bedford Hospital Retained swab) and 6 Serious incidents from Bedford Hospital, L&D, ELFT and EEAST. During July 18 1 Never Event was reported for Lister Hospital (retained swab) with a further 20 Serious incidents from 5 Providers including 10 incidents from ELFT, 5 from Bedford Hospital and 3 from the L&D.</p> <p>ELFT 10 SI's – concern that ELFT SI's are increasingly associated with unexpected death. An additional paper has been shared with Committee which the Quality team have produced to review number of unexpected deaths reported as ELFT SI's over the last 18 months.</p> <p>(Please see item below)</p>
<p>8.0</p>	<p>Review of MH Unexpected Deaths</p> <p>ML stated that they met with ELFT on 21st August 2018 as part of their standard Quality meetings. The focus of this meeting was on ELFT SI's, learning from SI's and action plans regarding changes to service provision across in-patient and community based mental health service provision. Prior to the Quality meeting ML met with Paul Gilluley who is the new Corporate Medical Director for ELFT and Lorraine Sundoza who is their Corporate Chief Nurse, to present the paper that the CCG Quality team have produced on trends in Unexpected deaths/ELFT SI's. Whilst this paper is not conclusive, we are seeing an increase in trends and year to date we have had 19 unexpected deaths and if it continues in the same trend we will be looking at 60 full year effect.</p> <p>The Quality team have also reviewed the ONS data on suicide. Nationally the trend for suicide seems to be on a downward trend, however for Bedford Borough and Central Beds there appears to be a slight increase. We have more unexpected deaths here. The ONS Data looks at suicides and that's why we can't be conclusive.</p> <p>These are all community MH service users. We have challenged ELFT with providing a focus learning from SI's across all community MH services. ML stated that ELFT's medical director is leading a Quality Improvement organisational project on number of unexpected service user deaths to ensure the organisation has a real focus on this. It is very high profile and very structured, what is the link between that work and operational delivery. DH suggested that ELFT should attend a Governing Body meeting. AM suggested bringing</p>

	<p>ELFT to the next ICQC meeting. HM noted that at the next Board meeting she will flag the Group's concerns and we are doing some work, as we want the Board to be sited.</p> <p>HM noted that there are challenges around discharge planning and risk assessment also the continuity of care. These are repeated findings.</p> <p>HM stated that we are still concerned because what we are not seeing is the learning from themes that have been coming up throughout the year.</p> <p>RJ noted that there is a lot of reorganisation in ELFT, he has raised the staffing issue with them several times as a lot of consultant vacancies still remain. So we have been pushing them as they are struggling to employ people. ML noted that there are links with use of locums and some root cause in SI's.</p> <p>DMc asked if any triangulation work around vacancy factors, staff numbers that are the underlying cause of this happening, as oppose to the actual events, is there a trend of not being able to recruit, people leaving, turnover, sickness etc. AM noted the Quality team receive ELFT Quality Reports on a quarterly basis, we undertake routine and ad-hoc visits to service provision areas and we triangulate all information that we hold on service provision so that we don't look at anything in isolation.</p> <p>RD asked if in relation to these meetings, do we have a consultant or a clinician presence. ML noted that ELFT have just appointed a substantive Medical Director, for Bedfordshire, Dudley Manns and he is undertaking responsibility for this report, which we had sight of yesterday.</p> <p>AB asked is that linked to the fact that they have got locums, what is the change and what has happened in ELFT.</p> <p>AM stated that ELFT are a good organisation to work with, they are very responsive and alert us to any concerns via email or telephone without having to wait for a report. ML stated that there is a strong response from ELFT and they are taking this increasing trend very seriously.</p> <p>AB asked what are we doing in patient and public involvement around Comms? AM stated that there is a lot of work being done. We may need to include Public Health, ELFT, CCG's and Local Authorities on a wider scope of work on suicide prevention as the message and awareness training needs to be carefully managed.</p> <p>DMc noted that with the PWC report in mind, and its criticism of the board not being fast paced in decision making, this seems an ideal thing to demonstrate at Board Level. HM stated that we have had a data led discussion and requested the commissioners attend the meeting to get their support.</p> <p>Action: Invite ELFT to the next meeting</p> <p>Action: Add Suicide/Self Harm to next agenda</p> <p>Action: Look at (ELFT) Board Papers – AM</p>
<p>9.0</p>	<p>Thematic Review – Never Events BHT</p> <p>BHT Never Events theme is around theatres and invasive procedures. AM met with BHT Medical Director, Director of Nursing and undertook a walk around with the whole theatre</p>

	<p>team. There is a new Manager and Matron in place for theatres. BHT have made changes the whole management, and developed an enhanced focus on auditing. The Quality team plan to go back in 45 days to ensure each case is followed up with robust action plans. Also reported to Regional Quality Surveillance group, nationally seeing an increase in Never Events. BHT are providing focussed training on Human Factors for theatre staff. No immediate actions. Focus via Quality Management.</p> <p>Action: Raise at the board</p>
10.0	<p>Cancer Performance Recovery Plan</p> <p>KN updated with regards to challenges at East & North Herts NHS Trust. Currently using the contracting route for challenges to support lack of progress in terms of cancer performance. A contract performance notice has been issued. E & N Herts have a large recovery plan which they are working through on a systematic basis focussing on urology, data systems and MDT's. There are small numbers of BCCG patients on cancer pathways at E & N Herts Trust, however we are not seeing an improvement in the waiting time for those patients. HM asked if we need to advise GP's of the issues at E & N Herts with a view to refer to an alternative provider. KN stated that E & N Herts Trust for many patients is a personal choice due to the level of clinical skill and expertise in their consultants on specialist pathways, therefore KN not sure that would make that much difference.</p> <p>Action: KN to update Ivel/Central locality board on current performance issues on E & N Herts so that local GP's are sighted.</p> <p>KN has met with Addenbrooks and BHT regarding cancer performance. Addenbrooks as a tertiary provider continuing to see challenges on their endoscopy pathway, ongoing challenges on the quality of the referrals from BHT and GP's. Work in hand to improve the quality of referrals from acute and GP's prior to referral to tertiary centre. Clinical pathway in development for urology with Dr Choudhury at BHT. KN to bring this pathway to Clinical Reference Group for discussion.</p> <p>Action: KN will bring this to the next CRG</p>
11.0	<p>SEND Written Statement of Action (WSOA)</p> <p>AM updated WSOA. BCCG have agreed to part fund 3 posts with Bedford Borough. These posts will work with our community provider and children's commissioning teams to deliver against the action plan. Draft job descriptions have been prepared. Five areas of concern highlighted in the action plan. We will report progress to this committee and have published the action plan on the website. Need to consider how we support fund same process with Central Beds.</p> <p>Action: AM to update in 3 months' time</p>
12.0	<p>Mortality Rates – BHT Update</p> <p>Current Standardised Hospital Mortality Indicator (SHMI) data covers period up to November 2017. BHT remain within expected limits on published data. Next published data will cover period from December 2017 to January 2018. This data is due to be published on 20 September 2018 and will update accordingly.</p>

	Action: Update in November
13.0	<p>Biggleswade ELFT Update – Community older peoples service</p> <p>An update was provided by ML on dementia services SI. Now confirmed 23 patients in total affected. 20 patients have been seen and reviewed, 11 of those 20 have received duty of candour letters. One patient wrongly diagnosed as having Dementia.</p> <p>Learning and highlights. Documentation of significant concern. Use of locum consultants and peer review for consultants in existing practice.</p> <p>Dudley Mann now appointed as substantive Medical Director. Under his remit focus on support and development to include peer review for medical staff.</p> <p>ELFT have produced a report on this incident. Details will be shared at the next meeting.</p>
14.0	<p>E & N Herts NHS Trust</p> <p>Discharge Letters</p> <p>Early notification from E & N Herts CCG regarding delays on discharge letters being sent out to GP's. Current indication suggests volume backlog in the region of 50,000. E & N Herts managing this as lead commissioner. HM noted concerns at E & N Herts Trust and requested that we have close involvement for BCCG patients.</p> <p>CQC</p> <p>ML presented CQC report which was published on 17th July 2017. Overall grading requires improvement. Action plan will be monitored by E & N Herts CCG as lead commissioner.</p> <p>Action: ML to arrange E & N Herts slot at next Locality Meeting.</p>
15.0	<p>EEAST – CQC</p> <p>ML presented the report for EEAST CQC, overall grading requires improvement. Ambulance service continues to see challenges around response times. BCCG Quality team continue to attend EEAST's consortia quality meeting, and will monitor action plans via this route.</p>
16.0	<p>HUC Risk Review</p> <p>AM updated the group on the actions identified following the recent risk review supported by NHSE. Hertfordshire have Dr Vishen Ramkissen who has advance clinical knowledge of integrated urgent care.</p> <p>AM is leading a meeting LMC, NHSE Deputy Medical Director, local clinical leads to review options on clinical leadership and local GP integration for integrated urgent care. BCCG AO is supporting funding for IUC Clinical Lead.</p> <p>Action: AM will update on progress at the next meeting.</p>
17.0	<p>Cost Reduction in PH Commissioned Children's Services</p> <p>AM updated on agreed changes in Public Health Commission and Children's Services.</p>

	<p>This had previously been agreed as part of procurement and awarding of contract. The agreement was based on delivery of outcomes and annuity of the contract. AM requested ICQC be aware of the change in funding and its potential impact on Urgent Care activity. AM will work closely with the DPH to oversee transformation changes within CCS.</p>
18.0	<p>Safeguarding</p> <p>LAC Annual Report</p> <p>TMc presented her report. The annual report covers the period April 17 - March 18. The format has been separated out for Bedford Borough and Central Bedfordshire Councils and reports on their respective performance. Performance was significantly improved from the initial assessment to the review assessments. Key areas of focus will be CAMHS services for LAC, asylum seekers and health passports for children that are transitioning into adult care. Also noted were the SDQ scores which have gone down which demonstrates improvement.</p> <p>The group noted the significant improvements for LAC and suggested a presentation for Governing Body.</p> <p>Action: TMc to present LAC report at Governing Body</p>
19.0	<p>Quality Risk Register</p> <p>ML presented the key red red risks for Quality Risk Register.</p>
20.0	<p>Sub Group Updates</p> <p>a) Clinical Reference Group Minutes</p> <p>Chairs update from Clinical reference Group shared with the group.</p> <p>b) Prescribing Committee Minutes</p> <p>Most recent minutes not yet available.</p>
21.0	<p>Any Other Business</p> <p>HM stated she is conscious that the Committee are still to discuss the commentary re ICQC from the PWC report.</p> <p>Action: Agenda item for next meeting</p>
22.0	<p>Items to raise to the Governing Body</p>
23.0	<p>Date of Next Meeting: 24.10.18 Need meeting to be 2.30 hours (0900-1130)</p> <p>The next meeting of the ICQC Committee is on 24 October 2018, 09:00-11:30, Room 208, Endeavour House</p>