

Quality, Finance and Performance Committee

Minutes of the meeting held on Wednesday 23rd September 2015,
13:00 to 16:00, in the Priory Suite, Harcourt House

Members present (in alphabetical order):

Name:	Initials:	Title:	Organisation:
Dr Bilquis Agha	(BA)	GP Governing Body Member	NHS SCCG
Melanie Craig	(MC)	Chief Officer	NHS SCCG
Charles Cormack	(CC)	Lay Member for Governance	NHS SCCG
Dr Krishna Chaturvedi	(KC)	GP Governing Body Member and Clinical Executive Committee Chair	NHS SCCG
Linda Dowse	(LD)	Chief Nurse	NHS SCCG
Dr Jose Garcia-Lobera	(JGL)	Chair and GP Governing Body Member	NHS SCCG
Janis Gibson	(JG)	Lay Member for PPEI and QFP Chair	
Dr Kelvin Ng	(KN)	GP Governing Body Member	NHS SCCG
Dr Devesh Sharma	(DS)	Secondary Care Consultant	NHS SCCG
Jason Skinner	(JS)	Chief Finance Officer	NHS SCCG
Robert Shaw	(RS)	Joint Director of Acute Commissioning and Contracting	NHS SCCG
Dr Taz Syed	(TS)	Clinical Lead for Quality and Patient Safety	NHS SCCG
Angela Wood	(AW)	Head of Corporate Services	NHS SCCG

In Attendance

Nick Faint (Item 8)	(NF)		NHS SCCG/SBC
Sharon Connell (Item 7)	(SC)	Designate Nurse for Safeguarding Children	NHS SCCG
Sadie Parker (Item 5)	(SP)	Associate Director of Primary Care and Engagement	NHS SCCG
Simon Williams (Item 9)	(SW)	Head of Medicines Management	NHS SCCG

Minute Taker

Lucy Godsell	(LG)	Corporate Services and Complaints Officer	NHS SCCG
--------------	------	---	----------

1. Welcome and Apologies for Absence

- 1.1 Apologies for absence were received from Dr Brian Houston, Dr Fahim Khan and Jacqui Lansley.
- 1.2 Post Meeting Note: due to the availability of colleagues to present their papers the agenda items were not discussed in order.

2. Declarations of Interest

- 2.1 Declarations of interest were noted from the GP colleagues in relation to Item 4. Independent Residential Nursing Care Procurement and Item 5. Dedicated GP Service to Residents of Care Homes.

3. Minutes and Action Log from 26th August 2015

- 3.1 The minutes of the meeting held on the 26th August 2015 were reviewed for accuracy. The minutes were agreed as an accurate record of the meeting.

3.4 Action Log

The action log was reviewed and updated appropriately.

4. Independent Residential Nursing Care Procurement

4.1 A paper was presented to the committee outlining the process which has been undertaken jointly with Southend Borough Council to procure residential and nursing care. The committee are asked to not the work undertaken to date, to approve a decision to award subject to further review of the outcome of the tender and to delegate the final authority to approve the contact award to the IRN project board. It was noted that the CCG has been involved with the process from the start.

4.2 Questions were raised surrounding the scope of the service. It was noted that the care and support pathways are for 'frail older people aged 65 and over. A discussion was had regarding amending this to reflect the needs of the current population.

4.3 A discussion was had surrounding the use of the **Arriba** system. It was noted that providers are not always aware of the system and therefore may miss an opportunity to submit their bid.

Action: LD to check the process for **Arriba and the ability to amend the field on the applications. Once this is complete a communication is to be sent out confirming the arrangements.**

4.4 It was questioned what the new service will provide that is more beneficial to that which is currently in place. LD confirmed there will be a more integrated approach/methodology for making placements and will bridge the gap between Southend Borough Council and the CCG as both organisations will be working on the same system. Care homes will gain improved contracts and quality specifications which they are to work to.

4.5 It was noted that Southend borough Council has overall responsibility for the care homes and the CCG are responsible for placing CHC clients within them. It was confirmed that the CCG now has a designated nurse within the quality team who specialises in out of hospital care.

4.6 It was noted that some of the terminology and the way the information has been set out could be misinterpreted by the reader. It was noted that the paper was written by the council and is therefore in the format which they would use. It was confirmed that the procurement process will be for the care homes to submit a bid to be on the framework. It was noted that there is no obligation for the CCG to commit to the framework at present.

4.7 The committee approved the recommendations set out in section four of the report.

5. Dedicated GP Service to Residents of Care Homes

5.1 The paper was presented to the committee by TS and SP. The committee were invited to approve the financial envelope and the procurement process for the service. Declarations of interest for this item were submitted by all GP colleagues.

5.2 A discussion was had surrounding the financial aspects of the proposal. It was noted that NHS England will finance the service through capitation. The funding will be recurrent and will increase.

5.3 It was noted that the Clinical Executive Committee approved the clinical case for change on the 10th September 2015.

5.4 Questions were raised with regards to how the CCG are looking to engage the care homes

in the pilot. SP confirmed that a detailed communications plan is being compiled, each care home has been written to and invited to attend a meeting to discuss the pilot in more detail.

- 5.5 It is estimated that approximately 100 patients per month will register through the pilot. The aim is to provide the patients with more choice and to better the training of the carers.
- 5.6 It was suggested that an article could be published in Outlook magazine in order to better inform the families of the service. It was noted that there are strict guidelines in place surrounding the promotion of the service. All promotional material will be subject to approval prior to distribution.
- 5.7 It was confirmed that the service will not put pressure onto GPs or care homes to join and the service is not part of the enhanced services framework.
- 5.8 There are a number of Key Performance Indicators (KPIs) in place for the service including, reducing avoidable A&E attendances and reducing avoidable ambulance call-outs. It was noted that the care home data is not always available from the hospital as they do not always record the care home details on the records at time of admission. This therefore leads to receiving potentially skewed data.
- 5.9 CC stated that it is important to remember that a similar pilot has previously taken place which was successful; lessons from this have now been learnt and therefore there should be no reason why this new service would fail.
- 5.10 KN abstained from the voting; it was noted that all GP colleagues are except from the voting due to their interests declared in the service.
- 5.11 The remaining eligible to vote committee members agreed that following the approval of the new proposed QFP terms of reference are agreed later in this meeting, chairs action will be taken for approval.

6. NHS Out of Hours (OOH) and 111 Quarterly update

- 6.1 The committee were asked to note the contents of this report. Due to time restraints this item will be recirculated to members for noting.

7. Children's Safeguarding

a. Child protection report

- 7.1 A paper regarding the child protection information sharing (CP-IS) was presented to the committee. Following the recommendation by the standardisation committee for care information NHS England has approved a new information standard for use. The standard is intended to be delivered at a national level across England by 2018. In order for child protection to be fully effective all local authorities and all NHS unscheduled care settings are required to use and if appropriate integrate this standard into current processes.
- 7.2 It was confirmed that this is a national project for which there is no funding. Further guidance surrounding the implementation has been requested.

b. Safeguarding and looked after children annual report

- 7.3 It was noted that the report covers both Southend CCG and Castle Point and Rochford CCG due to the fact that the safeguarding team is shared between both.

It was noted that there have been significant improvements at SUHFT with a staged plan now in place for safeguarding children training requirements to be completed by April 2016.

- 7.4 Child sexual health exploitation numbers contained within the report are high; it was

confirmed that a lot of training on this topic has taken place. It was noted that of the high risk cases, many are looked after children who are vulnerable due to the child having been subject to abuse for a prolonged period of time. It was agreed that outside of this meeting SC will look into the links and information channels available for GPs with regards to their looked after children and share the identified information.

- 7.5 A discussion was had surrounding the data for causes of child deaths in 2014-15. It was noted that from the causes list on the date provided asthma has been deemed a high cause with prematurity smoking identified as a modifiable factor. Following the review further work surrounding water safety and co-sleeping is being undertaken.
- 7.6 SC noted that the figures are small and that further details will be contained within the annual report due imminently. It was suggested that it would be good to identify whether there are any links between any of the child deaths and any serious or untoward incidents.
- 7.7 A summary position for safeguarding children training across the board was provided. It was noted that some local GPs have now been trained at champion level.
- 7.8 A discussion was had surrounding Female Genital Mutilation (FGM); it was noted that enhanced data set reporting will become mandatory for GPs.

8. Better Care Fund

- 8.1 The Better Care fund (BCF) update was presented to the committee. The presentation contained updates on the five projects currently being work on in partnership with Southend Borough Council.
- 8.2 It was noted that the BCF quarter one return was submitted on the 28th August 2015 and that mapping and integration are the main risks currently being targeted.
- 8.3 KC questioned whether there is a process to coordinate with other GP practices surrounding the prevention and engagement work-stream; it was noted that this is being led by Public Health and the questioned would need to be directed to them.
- 8.4 JGL highlighted a key risk in the Community Recovery Pathway surrounding the current capacity of reablement and domiciliary care services. It was questioned whether there are enough providers based on the facts that one has recently given notice and another consistently fail to meet the contracted capacity.
Action: NF to identify how big this risk is.

9. Medicines Management Quarterly Update

- 9.1 An update was provided to the committee surrounding QIPP; it was noted that all work-streams are progressing well although there are some outstanding issues surrounding Endocrine (diabetes).
- 9.2 It was noted that July's data shows a £500,000 overspend although the number of prescriptions is currently 14% less than July and 5% less than the numbers of 2014/15 equalling £100,000.
- 9.3 It was noted that the CCGs figures for the prescribing of Antibacterials is much improved on last year's figures.
- 9.4 A table outlining the departments spend was presented to the committee. Questions were raised surrounding the high spend in the central nervous system group. SW confirmed that this will be looked at over the next couple of years.
- 9.5 It was noted that dressings are a high spend area and that this is a big focus for the team at

present. SW confirmed that the team are planning to share more information with the clinical leads shortly in order to progress with discussions on whether the team stop the work surrounding diabetics and move the focus to another area.

10 Integrated Performance Report

10.1 Quality

- 10.1.1 It was noted that there have been eight new complaints received since the last report; the CCG is continuing to see an increase on the average of six. The committee were provided with an update on the lessons learnt through complaints. It was noted that concerns have been raised by the CCG over capacity issues within the hospital complaints team and the backlog they are working to reduce. These issues will be raised at the next Clinical Quality Review Group at the end of September.
- 10.1.2 **Accountability and Assurance Framework**
The committee were presented with an update action plan which has been prepared jointly by the Designated Nurse for Safeguarding Children and the Adult Safeguarding lead which outlines the work to be undertaken in order to comply with the Accountability and Assurance framework 2015.
- 10.1.3 **Deprivation of Liberty**
The committee were previously informed of the Deprivation of Liberty pilot case which has been submitted to the court of protection. It was noted that regular reviews are being undertaken and the committee will be informed of progress.
- 10.1.4 **Female Genital Mutilation**
A discussion was had surrounding the actions being taken by the hospital surrounding Female Genital Mutilation. It was noted that a number of these actions are taking place at a late stage and concerns have been raised. The hospital has been asked to provide a written report of progress and how they will evidence that systems are effective for the October Clinical Quality Review Group.
- 10.1.5 **Saville/Lampard Review**
The lessons learnt and recommendations were published in February 2015, following this the CCGs were requested to work with NHS England and regulators to ensure the relevant and appropriate recommendations are delivered. It was confirmed that this will become a standing item on the Quality Surveillance Group meetings going forward.
- 10.1.6 **Winterbourne View**
An update was provided on Winterbourne. The expectation for the national target 2015/16 is to reduce the in-patient cohort by at least 10% and to transfer a further 10% of the population to a less restrictive setting. It was noted that each CCG is required to actively prevent unnecessary admissions by implementing pre-admission care and treatment reviews and holding an at risk of admissions register for patients, including children and young people with a learning disability and/or autism.
- 10.1.7 **Continuing Healthcare**
A discussion was had surrounding Continuing Healthcare. It was noted that there are concerns about the levels of financial risk to the CCG. The level of growth in the numbers of people found eligible is exceeding the planned growth and therefore puts the CCG in a potential position of overspend of up to £2million in this financial year. Assurance was provided to the committee that the activity and cost is being closely monitored. A meeting is planned with Arden & GEM CSU on the 22nd September 2015 to discuss these matters further.
- 10.1.8 **Southend Hospital**
It was noted that SUHFT have reported a serious incident whereby a patient waited over 9

months for an appointment in Ophthalmology. It was noted that a full report is being prepared by the hospital and that NHS England have expressed their concerns over the waiting times.

10.1.9 **East England Ambulance Service Trust**

It was noted that there has been a 52% decrease in the number of reported SIs compared to this time last year; there are currently no SIs reported for Southend CCG.

10.1.10 **Care Homes**

An update was provided on Care Homes; it was noted that the CQC report for Chadwick Lodge has now been published and that a whistle-blower has raised concerns over the leadership and staffing ratio at Echo Wings.

10.1.11 **Primary Care**

An overview of the GP Friends & Family test results was provided to the committee. A discussion was had surrounding the number of practice who had no data recorded. It was agreed that all GPs are to check with their practice to ensure that they are sending NHS England the relevant forms/documentation.

Action: LD to check with NHS England to identify what work, if any, is taking place with the non-responders.

10.2 Finance

10.2.1 The CCG continues to forecast an in year surplus in 2015/16 which represents 0.5% of its opening £229m revenue resource limit. It was noted that month five remains on plan and that £105k has been allocated for eating disorders. The committee was provided with a table overview of month five spend in its cumulative status.

10.2.3 Questions were raised over extra pressured falling on the CCG should SEPT move to Payments by Results. It was confirmed that this would put higher pressure on the CCG however at present the CCG do not have the exact figures. The CCG is known to currently consume more that is paid for under the block contract. It was noted that other CCGs are in a similar position.

10.3 Performance

10.3.1 An update on performance and Southend hospitals new Acute Medical Services Model was provided to the committee. It was noted that the hospital recognised they have internal issues with communication and escalation as well as ongoing resource problems.

10.3.2 It was noted that for August the health and social care system failed to achieve the 95% standard. There were several factors including the flow of patients through the new ambulatory service due to: Consultant vacancies and overall net bed reductions.

10.3.4 The implementation of the new service has highlighted challenges across the wider community as patients would be readmitted into the acute medical units they can now only be admitted for ambulatory conditions, which is placing pressure back onto A&E. The risk here is with readmissions.

10.3.5 At the time of writing this report July's data was not available; it was noted that 62 day waits remain an ongoing issue.

11. Corporate Risk Register

11.1 Due to time constraints and attendance it was agreed that the corporate risk register be circulated again posts meeting for online approval.

12. Equality Delivery System (EDS2) Quarterly Update

- 12.1 Due to time constraints and attendance it was agreed that the corporate risk register be circulated again posts meeting for online approval.

13. Review of Committee Terms of Reference

- 13.1 The revised terms of reference were circulated to attendees prior to the meeting. The ToR was provisionally approved and are to be ratified at the Governing Body Meeting on the 24th September 2015.

14. Minutes of other meetings for noting:

- 14.1 **a. Clinical Executive Committee 13th August 2015**

Noted

- 14.2 **b. Joint Clinical Executive Committee 1st July 2015**

Noted.

- 14.3 **c. Clinical Quality Review Group 7th August 2015**

Noted

- 14.4 **d. Drugs and Therapeutic Committee 5th August 2015**

Noted

15. Committee Administration

- 15.1 **a. Items for exception reporting to the Governing Body**

None.

- 15.2 **b. Items for the agenda for next meeting on 22nd July 2015**

None.

16. Any Other Business

None.

Date of Next Meeting: 28th October 2015, 13.00 - 16.00, Priory Suite, Harcourt House.