Item AO (vi)

**JOINT QUALITY, PATIENT SAFETY AND RISK AND FINANCE AND PERFORMANCE COMMITTEE MEETING**

Tuesday 27th November 2018, 1.30 – 3.00 pm
St Paul's Church, Hammersmith, London W6 9PJ

**Present**

| Name | Role and Organisation | Initials |
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| **Governing Body Members:** | | |
| Vanessa Andreae | Vice Chair and Practice Nurse, Hammersmith and Fulham Governing Body (Chair) | VA |
| James Cavanagh | Vice Chair and GP, Hammersmith and Fulham Governing Body | JCa |
| Janet Cree | Managing Director, H&F Clinical Commissioning Group | JC |
| Amy Wilson | GP member, H&F Clinical Commissioning Group | AW |
| Vicki Cooney | GP member, H&F Clinical Commissioning Group | VC |
| Pritpal Ruprai | GP and Governing Body member | PR |
| Trish Longdon | Lay member, H&F Clinical Commissioning Group | TL |
| Jane Wilmot | Lay member, H&F Clinical Commissioning Group | JaW |
| Nick Martin | Lay member, H&F Clinical Commissioning Group | NM |
| Katie Embleton | Site Operations Manager and Elected Member | KE |

| Name | Role and Organisation | Initials |
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| **Officers in** | | |
| Sue Roostan | Deputy Managing Director, H&F Clinical Commissioning Group | SRo |
| Mark Jarvis | Head of Governance and Engagement, H&F Clinical Commissioning Group | MJ |
| David Hill | Senior Contracts Manager (Imperial), H&F Clinical Commissioning Group | DH |
| Margie O'Connell | Assistant Director for Clinical Quality Improvement & Assurance | MOC |
| Olivia Clymer | Chief Executive Officer, Healthwatch CWL | OC |
| Owen White | Interim Head of Finance, H&F Clinical Commissioning Group | OW |
| Sue Hillyard | Interim Financial Recovery Director, H&F Clinical Commissioning Group | SH |
| Margaret Kelly | Business Support Manager, H&F Clinical Commissioning Group (minutes) | MK |

Hammersmith and Fulham
Clinical Commissioning Group

**Apologies**

| Name | Role | Organisation |
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| Amy Wilson | GP member | Hammersmith and Fulham CCG |
| Smitha Addala | GP member | Hammersmith and Fulham CCG |

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| **1.** | **Welcome** | |
| 1.1 | VA welcomed everyone to the meeting. | |
| **2.** | **Minutes of the previous meeting** | |
| 2.1 | The minutes of the previous meeting were approved as an accurate record of the meeting. | |
| **3.** | **Conflict of Interest** | |
| 3.1 | The previously acknowledged potential conflicts of GPs as commissioners and providers were noted. No additional conflicts were reported. | |
| **4.** | **Matters Arising/Action Log** | |
| 4.1 | The action log and matters arising were discussed. The majority of actions were deemed as closed, with the exception of the following:<br><br>**ACT426 (ii) – West London NHS Trust - New serious incident (SI) regarding incidents reported (1700+) where no evidence of any follow up action was evident, including scrutiny of the incident and to ensure that any harm and the incident category were correctly reported**<br>To date the commissioners have not been notified of any incidents resulting in severe harm to patients. The trust planned to conduct a peer-led independent review of the high-risk incidents that were 'live' at the time of the incident being raised to mitigate any immediate risks. The process and mechanism for completing this has been agreed with the commissioners, who have agreed to participate in the review, with on-going meetings to be held in con junction with the Trust to monitor and support serious incident (SI) management and progress with the backlog of overdue serious incidents (SI's). The committee agreed for this action to remain open until such time that sufficient assurance had been obtained that the restructuring of teams and systems in place were effective to prevent any reoccurrence.<br><br>**ACT428 6-week Diagnostics (Imperial) - To review the low volume diagnostic modalities in community cardiology and sleep studies not currently encompassed in the reporting and to report back through the Integrated Performance Report cover sheet on any impact on sleep studies.** The committee noted that October's performance included several of the corrections required, with the Trust continuing to achieve the 1% standard. A further update on progress to come back to the committee in February through the Integrated Performance and Quality cover sheet, once the SystmOne corrections had been implemented, which are planned for early 2019. | |
| **5.** | **Corporate Risk Register – Joint Quality and F&P Risks** | |
| 5.1 | MJ presented the report. He assured the committee that all risks on local risk registers in conjunction with the CCG corporate risk register are reviewed on a monthly basis by individual teams, as part of the wider risk management process. | |

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| | TL sough further clarity on *risk HF160 - that West London NHS Trust has given notice on the provision of female PICU (psychiatric intensive care unit) and wants to transfer commissioning responsibility to the CCG which will create a risk to the quality of the acute inpatient pathway and finance risk to the CCG*.<br><br>JC explained that the level of demand for the service had dropped; with a bed required for one female patient, but the Trust wants to transfer this function back to H&F CCG. JC explained that as a result of the proposed changes that the patient may not be cared for in West London. VA stated that the service would be removed from the contract once formal notice was provided. SRo clarified that no formal notice was received from the Trust. VA asked for the name of the provider to be changed on the CCG corporate risk register given the recent name change and asked for the risk to be reviewed further for the next iteration.<br><br>**The committee:**<br>**Noted** that since the last iteration of the corporate risk register;<br>○ The number of joint Quality and Financial risks scored twelve and above had reduced from four to three, with no additional risks added to the register.<br>○ Risk HF49 *(due to the lack of robust data quality, particularly for live waiting list management, there is a risk of impaired delivery of care through longer waits and non-patient tracking).* That owing to a new cystoscopy issue the likelihood score had increased from a three to a four, resulting in the current risk score increasing from a twelve to a sixteen. That an SI investigation was underway and would also consider whether the existing cycle of audits appropriately manages similar risks. This risk would remain under continual review and scrutiny at the Imperial RTT and Performance and Contract Executive (PCE) groups, with regular updates on the processes to improve and monitor data quality of RTT waiting lists to be received at the RTT steering group. | **MK** |
| **6.** | **M6 Integrated Performance and Quality (IPQ) Report – 2018/19** | |
| 6.1 | DH introduced the M6 IPQ report and provided a performance update on Imperial including M7 unvalidated data, with a particular focus on the following:<br><br>Imperial College Healthcare Trust (ICHT)<br><br>**A&E:** DH reported that the Trust had met the recovery trajectory for five out of the last seven months and the upward trend had continued, with a 0.1% increase on the previous month. The October M7 performance was 90.6% which shows that the recovery trajectory was again being met. However, M8 performance based on unvalidated data was 89.7%, making it difficult for the Trust to achieve the recovery trajectory in November.<br><br>DH reported issues with the Imperial M7 finance data and noted that Ambulatory Emergency Care (AEC) activity had plummeted. On-going discussions are being had between the CCG as commissioner and the provider with Imperial asked to produce some internal modelling by the end of this week to comprise of the financial risks to them. DH advised that once the information becomes available it would inform H&F CCG in deciding whether to expand the clinical audit wider. | |

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| | DH mentioned the 50 additional beds at Imperial over the winter period across the Hammersmith (HH), Charing Cross (CXH) and St Mary's (SMH) sites with the Trust providing a high level forecast of activity and finances for the year end position and winter plan return. DH noted that formal feedback with greater detail and an explanation of the additional activity levels was awaited from the Trust. DH noted that further discussion would be had at the Trust's A&E Delivery Board and A&E Ops Group on Friday.<br><br>TL made reference to the comment that the 50 additional beds should generate a 20 bed efficiency saving across the collaborative care journey and the community beds should allow the Trust to achieve over 90% on the 4-hour target, even during the most pressured periods. However, queried the lack of costing and detail around how the additional 50 beds would be utilised. DH said the Trust advised that the beds would be used to improve occupancy and efficiency.<br><br>TL said owing to the additional 50 beds that the Trust should be able to hit the A&E 4-hour target.<br><br>SRo highlighted that the process would also need to reflect the higher throughput in intermediate care and step down.<br><br>JC explained that H&F CCG would have to pay for the additional activity levels going through the 50 beds based on a tariff price; with the Trust required to pay more costs towards staffing, but were required to ensure this was factored in.<br><br>JaW asked for assurance that such issues are escalated up to the NW London CCGs Joint Committee for wider discussion. JC said the Joint Committee are sighted on these issues as a collective; therefore are seen in totality, but cannot be assured that the Joint Committee can influence NHSE decision making, given the lack of CCG acknowledgement or consent for the additional 50 beds.<br><br>DH said that Imperial assured the commissioners that no additional activity levels would go through the system because of the additional 50 beds. Nonetheless, were unwilling to block the activity levels, and the national rules state that mutual agreement was required to block the contract activity levels. DH said any additional activity levels would increase the total cost of the Imperial Contract across NW London.<br><br>JC said that the NW London CCGs Joint Committee could be used as greater advantage and to provide greater traction for the discussion with the Trust, making sure that joint risk share was encompassed as part of the overall process.<br><br>VC mentioned the 16 winter beds allocated as therapy beds and their use and the Home First Project and asked for further clarity on the current position on Imperial's Home First Project. DH said the commissioners were not aware that the Trust did not wish to continue with the Home First Project but agreed to clarify how the project would interconnect with the 16 therapy beds. JC said there was a national initiative and trajectory for Home First with capacity required to support 15 H&F patients per week with an extra cost for the CIS provision. JC added that currently six patients were going through the service with additional investment requested from H&F CCG towards the | **DH** |

increase in capacity levels from 6 to 15 beds. However, as the additional funding was not agreed by H&F CCG the volume levels would therefore remain at six, which was less than the expectation for pathway one.

**18 Weeks RTT:** M6 performance for the incomplete pathway was 82.62% against the trajectory of 85.59%; this was due to a reduction in under 18-week waits and an increase of over 18-week waits.

**52-week breaches:** The number of 52-week breaches reported in M6 was 46 patients, an increase of six from the August position. The current estimate suggests a small reduction in the number of breaches reported in October with the number of breaches down to 22, and was expected to decrease to 16 by the end of November, with the aim of achieving zero 52-week breaches by the end of this financial year. The committee noted that ten of the patients on the list were `pop-ons' and that some of which were associated with the downtime in Cerner reporting.

**Cancer:** The Trust had achieved the M6 performance standard achieving 85.8% for the 62-day target, sustaining the return to above standard performance after a three-month dip due to biopsy delays. The M7 and M8 performance was expected to remain above the standard position, with no further issues being reported in the urology department. The committee noted that the 2 week-waits and 62-day screening standards were not met, impacted by inter-Trust referrals from LNWH, not being received in a timely manner.

**6-week Diagnostics:** The Trust achieved the 6-week diagnostics performance standard for the eighth consecutive month. DH said of the breaches reported the largest contributors were in endoscopy modalities and non-obstetric ultrasounds. DH said the M7 draft position shows continued achievement of the standard irrespective of planned patients being removed from the denominator.

MOC provided a quality update, and noted in particular the following:

<u>Imperial College Healthcare NHS Trust (ICHT)</u>

**Patient safety – incidents:** MOC reported that three severe/major harm incidents were reported in August 2018. MOC acknowledged that a great deal of improvement work was happening at Imperial on serious incidents (SIs), including work on the nine safety streams and learning from incidents.

<u>West London NHS Trust</u>

**Serious Incident (SI)/ Incident Reporting:** MOC reiterated that commissioners had not been notified of any incidents resulting in severe harm to date. She noted the planned peer-led independent review of the high-risk incidents to be conducted by the Trust that were 'live' at the time of the incident being raised to mitigate any immediate risks, with the commissioners to participate in the review process.

**Psychiatric Intensive Care Unit:** MOC mentioned that staffing and patient safety concerns were raised about the Psychiatric Intensive Care Unit. She advised that the Director of Nursing and Operating Officer were looking at the concerns, but were

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| | assured that suitable action was being taken by the Trust to improve the ward with additional support and guidance provided to ensure patient safety was maintained.<br><br>**CAMHS Deep Dive:** The committee noted that the revised Special Educational Needs and Disabilities (SEND) action plan was currently under review by the Trust, with the audit tool being used to identify any gaps for future action. JC reported that a joint CQC and OFSTED inspection of the local area for CAHMS SEND was planned for next week, with evidence and timetable being pulled together in conjunction with the Local Authority (LA).<br><br>TL mentioned the 258 CAHMS cases still awaiting assessment and the 209 open cases and sought assurance on the work that was underway to address this for young Hammersmith and Fulham residents. PS said that Ealing CCG was the lead commissioner for the Waiting Times Project but agreed to take this back as an action and provide an update for the December meeting.<br><br><u>Central London Community Healthcare NHS Trust</u><br><br>**Pembridge Unit update:** The four CCGs have begun an urgent review of the Pembridge service, and the wider palliative care system. The committee noted that recruitment was still being pursued to address the staffing issues at the Pembridge Unit (inpatient unit and day hospice) with a paper going to next week's Policy and Accountability Committee (PAC) to be presented by the Trust.<br><br>OC mentioned that Healthwatch had members of the public inquiring about the Pembridge Unit, with a great deal of concern from the public about what was happening given the lack of communication, in particular in West and Central London CCGs. VA explained that the unit had 13 beds in total with only 8 in use and 63% occupancy rate. VA added that it highlights the fragility of the current system and the requirement for a consultant to be located at the unit with a system review to be conducted in a phased way. OC highlighted that lack of communication had created unnecessary concern amongst members of the public.<br><br>JC mentioned the on-going recruitment process for palliative consultants. VA said that Vicki Cooney in her role as clinical lead for end of life care was involved with this unit and emphasised the importance of having comms sent out to our GP practices by Central London CCG, the Lead Commissioner, with clear precise messaging for them to communicate to those patients with pathways. TL asked what was happening post the end of November mitigations. VA clarified that the advert would be held back and goes out over the x-mas period. OC asked about the arrangements with the other hospices after the end of November. VA clarified that the existing arrangements would continue.<br><br>The committee collectively agreed that clear communication on all aspects with Healthwatch should be produced by Central London CCG, the lead commissioner and asked MOC to link in with Central London CCG with support from JC and VA to ensure this transpires.<br><br>VA emphasised the importance of handling any change in bed patterns to ensure the service continues in a safe and robust way and for the unit to continue to allow patients to make plans for their end of life. SRo said that the availability of additional community | **PS**<br><br>**MOC** |

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| | provision will provide additional capacity in the system to allow patients to be supported in alternative ways.<br><br>The committee **noted and deliberated** the M6 Integrated Quality and Performance Report | |
| **7.** | **QIPP – 2018/19 M6 report plus Financial Recovery Plan update** | |
| 7.1 | SRo introduced the report. She informed the committee that H&F CCG would need to deliver £17.2m QIPP this financial year. The Year to Date (YTD) QIPP performance showed £3.3m delivery against £7.2m with a £3.9m gap and 54% variance, with under-performance impacted by local and NWL schemes.<br><br>SRo advised that the forecast outturn position has improved by £1.6m with a revised opportunity relating to the UCC contract challenge. SRo reported that the forecast reporting to NHS England (NHSE) was to deliver £14.2m QIPP but the aim was to reach £17.2m delivery (internal target) with 70% to be delivered from M8 onwards, with provider discussions on going to achieve the savings. The committee noted that delivery of QIPP was dependent on a few high-risk schemes such as the Better Care Fund (BCF) of £1.25m and the UCC contract challenge of £5.87m.<br><br>SRO advised that the savings plans for 2019/20 include a list of three options, with staff asked to develop options to reduce expenditure for each of their programme areas. The Financial Recovery Programme Group (FRPG) would be required to make an assessment on the likely delivery prior to wider governing body consideration. JC said once the detail was worked up that the plans would be brought back to a governing body seminar for wider discussion prior to obtaining sign off. JC reiterated the need to start delivering against our QIPP trajectories from M8 onwards.<br><br>TL sought further detail on the £8m of the £10.8m QIPP profiled in M12. JC clarified that this was made up of a combination of things to include the outcome of the contract negotiations being progressed with Imperial, with the aim of achieving a proportion of this, as well as delivery against our other programme areas being delivered throughout the year.<br><br>TL said that H&F CCG has put a great deal of expectation on non-elective (NEL) delivery. SRo explained that this encompasses a range of areas combined as a NEL admission, as H&F CCG did not measure separately which ones saved on admissions.<br><br>VA said in order to achieve the QIPP target for next year that big fundamental items would need to be presented to the governing body for decision-making. MJ emphasised the importance of incorporating the complete engagement process as part of this work.<br><br>VA highlighted the importance of joined up work and network development, and obtaining evidence from elsewhere in the country of CCGs who have progressed, and achieved QIPP delivery year on year.<br><br>OC referred to Walsall Mental Health Trust, where previously employed, who managed to turn things around and achieved their QIPP target. OC reinforced MJ's comments on the importance of engagement and testing with patients, to explain the H&F CCG | |

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| | financial position, so that patients understand the urgency of the consequences.<br><br>MJ said that H&F CCG were looking to devise a series of events and would include some dedicated dates in the diary; to build on the engagement already held on the H&F CCG financial position, and to use financial colleagues to explain this to members of the public.<br><br>TL suggested holding a seminar discussion on this topic to include details of the savings required. JC clarified that this was the intention; with H&F CCG working on the possibilities, information required and key impacts, and planned to test the enthusiasm from a governing body perspective. JC said the engagement aspect would firstly involve internal conversations to agree what as a CCG it wanted to pursue.<br><br>OC emphasised the significance of the right language being used to allow members of the public to understand and articulate the message. OC said it was important for H&F CCG to set out its plans, the drivers and constraints for instance reduced flexibility and lack of funding. JC informed members of the committee that H&F CCG were asked to produce an information paper on our finances for the next PAC meeting scheduled for the evening of Tuesday 4th December.<br><br>The committee **noted and deliberated** the M6 QIPP report, noted the Financial Recovery Plan update and FRPG minutes and that the final options for the 2019/20 QIPP Plan would be presented to the F&P committee for review, once devised. | **MJ**<br><br>**MJ** |
| **8.** | **Any other Business** | |
| 8.1 | No other business was discussed. | |
| **Date of next meeting: Tuesday 18th December, 1.30 – 3.00 pm, St Paul's Church, Hammersmith** | | |