

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

Tuesday 27th September 2016
St Paul's Church, Hammersmith

Governing Body Members Present:		
Vanessa Andreae	H&F Clinical Commissioning Group - Vice Chair and Practice Nurse Member (Chair)	VA
James Cavanagh	H&F Clinical Commissioning Group - Vice Chair and GP	JaC
Paul Skinner	H&F Clinical Commissioning Group - GP	PS
Rohan Hewavisenti	H&F Clinical Commissioning Group – Lay member	RH
Peter Fermie	H&F Clinical Commissioning Group - GP	PF
Trish Longdon	Lay member	TL
Jane Wilmot	Lay member	JaW
Sena Shah	H&F Clinical Commissioning Group – Practice Manager	SS
Tony Willis	H&F Clinical Commissioning Group - GP	TW
Lizzie Walman	Assistant Director for Quality & Clinical Assurance	LW
Steve Buckerfield	Head of Children's Joint Commissioning	SB

Officers in attendance:		
David Hill	Senior Contracts Manager, H&F Clinical Commissioning Group	DH
Mark Jarvis	Head of Governance and Engagement, H&F Clinical Commissioning Group	MJ
Margaret Kelly	Business Support Manager, H&F Clinical Commissioning Group (minutes)	MK

Apologies:		
Keith Edmunds	Chief Financial Officer, CWHHE	
Liam Edwards	Assistant Director for Quality Improvement and Clinical Assurance, H&F Clinical Commissioning Group	
Janet Cree	Managing Director, H&F Clinical Commissioning Group	

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies	
1.1	VA welcomed everyone to the meeting.	
2.	Conflicts of Interest	
2.1	The general conflict of GPs as commissioners and providers was noted. No additional conflicts were declared.	
3.	Minutes of the last meeting	
3.1	The minutes of the last meeting were approved.	
4.	Matters Arising/Action Log	
4.1	The outstanding actions were reviewed and discussed. The updates are reflected in the action table. Closed Action (0337) – Imperial Friends and Family Test - TL queried whether a report on the Friends and Family Test would be coming to October's meeting. LW clarified that Liam Edwards had discussed the Friends and Family Test with Jane Wilmot and Imperial would triangulate data from the report once published and Liam Edwards would incorporate the update into the Integrated Performance and Quality Report. TL said that the committee would need to know when the next Friends and Family Test report was due and if ready to present it at this committee in October. LW agreed to clarify with Liam Edwards.	LW

	<p><u>POST MEETING NOTE</u></p> <p>A synopsis of the Quality Report for the Friends and Family Test, due in October, will be included in November's Integrated Performance and Quality Report.</p>	
5.	<p>Integrated Quality and Performance Report – month 4 2016/17</p>	
5.1	<p>The month 4 Integrated Quality and Performance Report was introduced. DH provided a performance update and highlighted the following:</p> <p>Imperial</p> <ul style="list-style-type: none"> • Accident And Emergency (A&E): September was a challenging month due to consistent bed issues and higher rates of admissions and the need to address issues with the discharge process, therefore do not anticipate that the Trust will hit the trajectory in month 5. The delivery of the month 4 trajectory was linked to estates work at Imperial's St Mary's site. The work has been delayed with a revised recovery plan and trajectory required from the Trust in light of these delays. • Urgent Care Centre (UCC) at St Mary's: The service provided by Vocare, continues to pose a challenge to site performance for Imperial. In particular, with shift coverage and patient flows through to A&E, also with timely patient streaming and information reporting. These issues were escalated to senior management to address the concerns raised. • Mental Health Patients in the A&E Department: Several instances of long delays for mental health patients were reported in the A&E department. DH explained that following a Liaison Psychiatry Group meeting with Imperial, that the Trust had agreed segment metrics to look at the different elements of the mental health pathway. The system changes should ensure that all patients who present at A&E with a mental health concern are referred on for treatment within 2 hours. An issue around volumes was reported but data was not available for the report. DH agreed to obtain the performance data on the A&E referrals to Liaison psychiatry made within 2 hours from the Trust. • RTT: This was the most challenging area for Imperial with performance continuing to deteriorate month on month. However, it shows a significant element of more accurately reporting on the backlog of patients, already on the Trust's waiting list. DH said this was driven by an NHS mandate to deliver RTT by outsourcing activity to independent providers at the point of referral, and for patients awaiting surgery. As part of the Trust's plan to increase capacity and reduce the waiting list backlog, the Trust had drafted an outsourcing plan with BMI and Aspen healthcare expressing an interest in providing the volumes of activity, Imperial wish to outsource, but final arrangements were yet to be confirmed. The next steps in the process would be to make contact with patients to explain the changes being implemented; which would allow them to be seen quicker, and have the choice of having their care delivered by an alternative provider other than Imperial. • Waiting Lists: NHS England (NHSE) and the Intensive Support Team (IST) carried out a review of Imperial's processes, in light of the data issues being reported concerning Imperial's waiting lists. The report was requested by the HSJ under a freedom of information request. The Trust agreed to release the full report following their public board meeting, which was a positive decision in terms of openness and transparency. • Cancer: In regards to the cancer 62-day performance targets, it was noted that Imperial are below the national standard but continue to deliver the recovery trajectory. DH said that the reallocation rules were looked at, which will formally come into effect from April 2017 and will affect how Trusts are measured. He explained that if patients were referred late through the complex pathways; but were treated very quickly (within the 21-day requirement) and the total pathway remained over the 62-day target, that this would result in a breach and be reallocated back to the original Trust. He highlighted that if this methodology was currently used by Imperial, that the Trust would have achieved the standard. He explained that the majority of problems that Imperial was experiencing 	DH

were due to receiving patients very late in the pathway. DH indicated that London North West (Northwick Park) were not passing on their complex patients early enough in the pathway; due to backlog issues, which could impact on Imperial meeting next month's performance target and in achieving their recovery trajectory.

- JaC stated that cancer performance at Imperial has greatly improved and work was underway with London North West, the North West London Cancer Network and with Imperial to ensure patients transfer across the pathway sooner.
- TL commented on A&E and cancer being on trajectory and RTT causing huge concerns and said that data being presented as percentages depersonalises the information and takes away from the information being about real people and the number of local people affected by these delays. She emphasised that it minimises the huge impact of how people are feeling, and would need to reconsider how the information could be presented more effectively.
- TL highlighted that the RTT list had increased to 1553 in one month, which includes the backlog data, and on the Trust's failure to reach the month 4 RTT target. She said by reporting on the backlog figure it highlights that 1553 people who live in Hammersmith and Fulham have waited longer than necessary for their treatment and that the actions have not materialised. TL asked for members of the public to be made aware of the RTT position, at the next public governing body meeting, and to report that this issue was seriously affecting large numbers of local people.
- RH said that the committee would need to understand how many people have been treated, whether the level of demand for treatment had increased and affected the backlog and whether there are any resource problems.
- JaC said that he understood that the turnover rates had increased but would need to evidence this and highlighted that the level of demand had increased. JaC explained that planned care referral rates had increased across North West London in the interim period, and the rate of unplanned care at Charing Cross had increased by approximately 9% and had also increased at St. Mary. He said that the CCG are trying to establish why extra people are going into A&E despite all the moderating pathways being implemented. DH agreed to provide a summary for the next governing body meeting of the points raised and the work happening at Imperial to ensure patients are treated. JaC highlighted that communication was developed capturing the CCG work with Imperial since 2014/15 to improve the quality of data and performance, in particular of the Trust's position on RTT, and suggested sharing this alongside David's summary update.
- **Maternity and Critical Care:** TL said that the committee were previously concerned about maternity and critical care, but understood that maternity had now improved in terms of quality, but said that the detail was not captured. TL stated that concerning critical care that little assurance was provided. JaC clarified that two meetings were held with Imperial to look at whether the correct coding was used for critical care, and if patients were seen in the right place and received the correct care. JaC explained that a lot of work was carried out with the Medical Director at Imperial. He highlighted that the issue related to one ward, which has since been closed, which has resulted in the number of critical care incidents falling to zero. JaC explained that the Trust was now coding all critical care patients correctly.
- **West London Mental Health Trust Serious Incidents (SIs):** TL stated that given the focus on Mental Health Trusts and the importance of SIs, she was concerned that the figures fail to show any improvements, and asked whether the committee should raise this as an issue. LW explained that support had been increased at WLMHT; similar to the Imperial model, but agreed to clarify the arrangements in place with the quality team. JaC highlighted that the co working arrangements with Imperial had worked well to ensure SIs were reported promptly and to ensure that reports submitted were of high quality standard.
- **Community Independence Service (CIS):** TL noted the CIS update provided but asked for information on the number of people it anticipated would refer into the service, also

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	<p>how many had referred in and whether they referred in promptly. LW noted that the commissioners were developing the handover process for the new provider. HP stated that the activity numbers and values were awaited and would circulate them prior to October's meeting.</p> <p>The committee noted and discussed the month 4 Integrated Quality and Performance Report</p>	<p>HP</p>
<p>6.</p>	<p>CAMHS Out of Hours Pilot update</p>	
<p>6.1</p>	<p>SB introduced the report. He explained that the report was generated due to issues highlighted by the governing body in relation to the out of hours support pilot, adopted across North West London. He highlighted that the report provides a brief background of the young people's mental health Out of Hours pilot.</p> <p>SB explained that in November 2014, H&F CCG Finance and Performance Committee agreed to pilot the new model of care, which introduced child and adolescent trained nurses to attend emergency departments in the evening, at weekends and over bank holidays. He said that the other North West London (NWL) CCGs reached similar decisions and the out of hours pilots for young people's mental health was commissioned from WLMHT and from Central and North West London NHS Foundation Trust (CNWL).</p> <p>SB indicated that the pilot had been evaluated by WLMHT and CNWL, with input from 'young champions' (supported by ReThink), and local commissioning staff. He said that young people involved in the evaluation had found concerns with the adult service.</p> <p>SB highlighted the findings of the out of hours evaluation as follows:-</p> <ul style="list-style-type: none"> • Between February and July 2016, a total of 21 H&F young people presented in crisis and were offered specialist support. However, these young people all presented at Chelsea and Westminster hospital, where CNWL staff were providing the out of hours support. • Following changes at Ealing hospital, WLMHT out of hours support focused on West Middlesex hospital in Hounslow, but West Middlesex did not see any H&F young people. The WLMHT out of hours support was used exclusively by young people presenting from Hounslow and Ealing. • Several of the H&F young people seen at Chelsea and Westminster (C&W) were seen more than once by the CNWL nurses for follow-up <p>SB explained that in the short-term; Hounslow and Ealing CCGs have confirmed additional funds to support the extension of the WLMHT service; until the end of the financial year, but H&F CCG are not expected to contribute any further funding for the WLMHT Out of Hours service in 2016-17. SB said that CNWL were approached to confirm that H&F young people who present at C&W Hospital; would continue to receive support until April 2017, or earlier, when the new service model was implemented. He said that should CNWL request funding support, that this funding could be met from the H&F CAMHS Transformation budget for 2016-17.</p> <p>SB stated that the anticipated publication of the Crisis Care Concordat, which was due in September 16, was expected to confirm Government expectation that 24/7 crisis support was readily available for patients experiencing mental health crisis, irrespective of age. SB said that the expectation, as well as the favourable evaluation from young people, supports the case for developing an effective and sustainable out of hours service for young people, in H&F and across NWL.</p>	

	<p>SB outlined that CCG commissioners and Like Minded are now in discussions with both CNWL and WLMHT, to agree a longer term model of support, which takes into account:</p> <ul style="list-style-type: none"> • Building on the pilot to further strengthen diversion from inpatient admission • Changing operating hours, as there shows little demand for the service beyond 2 am • Responsibilities of the existing adult Psychiatric Liaison Service, will intervene from 16 years in some areas but not for all CCGs • Utilising the provider trusts adult single point of access (SPA) • Looking at the option of a lead provider trust • A broader brief incorporating in-hours CAMHS crisis and urgent care teams possibly commissioned across the eight CCG's <p>SB indicated that tentative H&F costs were produced but were excluded from this report until further discussions were had on the proposed options with the Chair and Managing Director at the H&F Operational Group. SB explained that following the Operational Group discussion, a paper would be taken to the Finance and Performance Committee with some concrete numbers and 2 to 3 options, for CCG consideration. SB said that the implications are not huge, and hopes to come up with a solution by utilising the Transformation Fund monies (approximately £400k) plus some additional CCG funding, and would come back to this committee in 2/3 months once an alternative longer-term solution was developed.</p> <p>JaW questioned how WLMHT persuaded H&FCCG to contribute towards the costs. SB explained that there was shared accountability and additional resources were sought to speed up the service, but had failed to scrutinise the detail. He said that H&F are now better informed and need to adopt a robust process that supports the direction of travel and prevents young people from going into hospital.</p> <p>The committee:</p> <ul style="list-style-type: none"> • Noted the outcome of the evaluation of the young people's mental health Out of Hours pilot • Supported the direction of travel to establish a cost effective and robust Out of Hours service across North West London for young people's mental health 2017- 2020 and that detailed proposals are currently being discussed, and will be costed and brought back to a future committee meeting for consideration. 	
7.	Any Other Business	
7.1	There were no items of any other business.	
Date of next meeting: Tuesday 25th October, 2.00 - 3.00 pm, St Paul's Church, Hammersmith		