

Herts Valleys Clinical Commissioning Group

Meeting : NHS Hertfordshire Valleys CCG Board Meeting

Date : 3rd September 2015

Time : 13.30 – 16.30

Venue : Conference Centre, Rothamsted Research, Harpenden, Hertfordshire, AL5 2JQ

Present:	
Nicolas Small (NS)	Chairman (Hertsmere GP)
Nicola Bell (NB)	Accountable Officer
Stuart Bloom (SB)	Deputy Chairman (Board Lay Member)
Mike Edwards (ME)	Board GP Member (Hertsmere)
Rami Eliad (RE)	Board GP Member (Watford and Three Rivers)
Alison Gardner (AG)	Board Lay Member
Robert Ghosh (RG)	Secondary Care Consultant of the Board
Keith Hodge (KH)	Board GP Member (Dacorum)
Clair Moring (CM)	Board GP Member (Watford and Three Rivers)
Richard Pile (RP)	Board GP Member (St Albans and Harpenden)
Thelma Stober (TS)	Board Lay Member
Mike Walton (MW)	Board GP Member (St Albans and Harpenden)
Alan Warren (AW)	Chief Finance Officer
Diane Curbishley (DC)	Acting Director of Nursing
In attendance:	
Laura Abel (LA)	Corporate Governance Assistant
Charles Allan (CA)	Director of Contracting and Resilience
David Buckle (DB)	Medical Director (from B/193/15 to B/204/15)
Brian Gunson (BG)	Healthwatch Representative
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Phil Sawyer (PS)	GP, Clinical Lead for Cancer (from B/193/15 to B/201/15)
Hein Scheffer (HS)	Director of HR
Avni Shah (AS)	Acting Director of Strategy, Planning & Delivery
Caroline Sutherland (CS)	Patient Representative
Rod While (RW)	Head of Corporate Governance

13 members of the public in attendance

B/193/15	Welcome and Apologies for Absence
193.1	The Chair welcomed everyone to the meeting and introduced new members and attendees: Thelma Stober, Diane Curbishley, Hein Scheffer, Avni Shah and Rod While. Apologies for absence were received from Trevor Fernandes and Paul Smith.
B/194/15	Declarations of Interests
194.1	There were no interests declared beyond those already declared on the Register of Interests

	and no interests declared in relation to the agenda items.
B/195/15	Minutes of Previous Meeting
195.1	The minutes of the meeting held on June 4 th were accepted as an accurate record
195.2	The Minutes were signed as an accurate record
B/196/15	Matters Arising and Action Log
196.1	There were no matters arising in addition to the agenda items
196.2	It was agreed that all actions on the log were being satisfactorily progressed and should be closed
B/197/15	Accountable Officer's Report
197.1	<p>The key points from this report were:</p> <ul style="list-style-type: none"> • The strategic case for change (Your Care Your Future) requires final Board approval • The System Resilience Group (SRG) attended a tripartite meeting in June with NHS England, Monitor and the Trust Development Authority (TDA). However it was noted that at the time of the meeting performance had improved significantly and that A&E four target is now being achieved on a regular basis • Emergency Planning Resilience and Response. There have been no major issues to report. The CCG is working towards full compliance with NHS England's Core Standards assessment and an action plan is in place for those themes that are not fully compliant • A big(29%) increase reported on the number of carers listed on GP registers • A timetable is in place for potential submission for delegated primary care commissioning on November 6th • An agreed winter plan is in place with the SRG overseeing delivery • The current contract for GP Out of Hours and 111 has been extended to April 2017 as we await national guidance on urgent and emergency care.
197.2	<p>The key points from the discussion were as follows:</p> <ul style="list-style-type: none"> • SB asked how confident were that Delayed Transfers of Care (DTCOs) would be reduced to zero? • In response NB stated that a good deal of work is taking place to improve performance in (DTCOs). It was noted that some of the delays were due to social care and that there were some issues with stroke rehab. The CCG is working across all partners via the Integrated Discharge Team to improve performance • A&E performance, whilst improving, is inconsistent
197.3	The Strategic Case for Change was approved by the Board
197.4	The Board noted the Accountable Officer's Report
B/198/15	Patient Story
198.1	<p>A patient presented her experience about being diagnosed with breast cancer during pregnancy. The following points were made in the presentation:</p> <ul style="list-style-type: none"> • There was a delay in diagnosis of the breast cancer as her midwife was not concerned about her symptoms and her GP had also advised the patient not to worry • The patient returned to the GP and was referred but there was no discussion regarding potential cancer or the urgency of the tests • She was diagnosed at the L&D hospital and was shocked to hear she had cancer • As she was not aware of the possibility of cancer, she was alone when she received the diagnosis • A friend recommended a gynaecologist at UCLH who was an expert in breast cancer in pregnancy and her care was transferred there • Mental health support was provided via a midwife referral • The good care the patient received following diagnosis was noted

198.2	<p>The key learning points were as follows:</p> <ul style="list-style-type: none"> • Diagnosis could have been much earlier • The public need to be able to understand and recognise the symptoms and not be deterred from seeking a diagnosis • There needs to be better coordination between midwifery services and the GP • GPs might worry about making patients anxious if they raise the issue of cancer but patients need to know that this is a possible diagnosis so that they are aware of the importance of attending an outpatient appointment for tests • This patient was well informed and still experienced problems. We need to be even more concerned about less informed patients <p>The patient agreed that her story could be shared with GPs and midwives so that learning could be disseminated</p>
198.3	TH challenged the Board to think about how we would utilise the lessons learned to make sure that this situation never happened again. It was agreed that a plan to improve the patient journey would be developed.
198.4	It was noted that there are new cancer guidelines published which should help to improve earlier diagnosis.
198.5	The Chair thanked the patient for having the courage to present her thought provoking story.
198.6	The Board noted the story and committed to utilise the learnings to improve care in the future.
	<i>ACTION: D Curbishley, R Eliad , P Sawyer</i>
B/199/15	Integrated Quality, Performance and Finance Report
199.1	<p>The key points on <u>performance</u> from the report were as follows:</p> <ul style="list-style-type: none"> • Underperformance on cancer 2 week waits due to patient choice, which requires addressing. 31 and 62 day waits are being achieved • 18 week referral to treatment (RTT) targets are being achieved, though it was noted that from Q2 2015/16, RTT will focus on patients on an incomplete pathway only, which also includes diagnostics waits • A&E Four Hour Wait– 95% is being largely achieved, though some weeks are dipping below 95% • Some improvements seen in patients admitted directly to stroke unit within 4 hours • Improvements still required for admission of patients with Transient Ischaemic Attack (TIAs) within 24 hours • Improvements in performance have led to less frequent telephone conferences with NHS England and the TDA
199.2	<p>The key points emerging from discussion were as follows:</p> <ul style="list-style-type: none"> • Ambulatory emergency care allows the GP and consultant to discuss individual patients management needs, often avoiding the need for admission • It was noted that financial issues at West Herts Hospitals Trust (WHHT) had led to a reduction in weekend working and SB asked whether this would result in a downturn in 18 weeks performance. It was noted that this was unlikely to be the case as weekend working had been put in place to address a short term back log • Significant improvements in performance were as a result of better clinical engagement, more robust processes and the high level of focus and support provided by the CCG
199.3	<p>The key points from the <u>quality</u> element of the report were as follows:</p> <ul style="list-style-type: none"> • One never event reported at WHHT in June, which was a misplaced naso-gastric tube • The CCG has been working with the Trust to improve the speed of Serious Incident (SI) reporting and the robustness of governance systems • There has been an increase in cases of C Difficile at WHHT, targeted infection control

	<p>training has taken place to address</p> <ul style="list-style-type: none"> Friends and Family test scores are good, though poor response rates are being addressed
199.4	NB raised the issue of C.Difficile at Royal Free, noting that has also declined at the hospital also. In response DC stated that this appears to be related to the fact that the Infection Control Team is now spread across a wider area due to the acquisition of Barnet Hospital. It was stated that the Royal Free is working to improve this situation and the there was a need to embed Trust-wide policies effectively.
199.5	<p>The key points on <u>financial performance</u> from the report were as follows:</p> <ul style="list-style-type: none"> At month four the CCG is off plan with an over spend of £240k. 40% of this is due to running costs and 60% programme costs. The running costs issue is being addressed and is largely due to the number of interim managers in place. The situation with programme costs is recoverable but can be addressed from contingency funds if necessary. QIPP delivery for this year is much improved on 2014/15 and achievement currently stands at 80%. However the achievement needs to be over 95% to be classed as green.
199.6	The question was asked by RE as to why, if activity is under plan, we are overspent on programme costs? In response it was stated by AW that this is either due to increased acuity of our patients or a change in counting and coding by the Trust. NB stated that this is the CCGs biggest current challenge and we need to understand the reasons for the increase in unit costs and ensure that all coding is appropriate.
199.7	The Board noted the Integrated Quality, Performance and Finance Report
B/200/15	Prostate Cancer Follow Up
200.1	<p>The key points from the paper were:</p> <ul style="list-style-type: none"> The purpose of the project is to change the patient journey which means that when a patient is stable, care is moved from the hospital to primary care Most practices are signed up to deliver this change in management of care If successful the approach will be repeated with other cancers
200.2	<p>The key points from discussion were as follows:</p> <ul style="list-style-type: none"> TS stated that the challenge was the need to ensure that practices have sufficient resources and training to manage patients. DB is confident that this is the case. The project represents a “test” of what we are trying to do in Your Care Your Future
200.3	The Board noted the update on Prostate cancer follow up
B/201/15	Cancer Review Update
201.1	<p>The key points from the paper were:</p> <ul style="list-style-type: none"> The Ramsden review was commissioned to understand the reasons for WHHT’s non-compliance with 2 week wait cancer pathway guidance 25 recommendations from the review were presented to the HVCCG Board in July 2014 WHHT has worked with the CCG to develop a cancer recovery action plan A local cancer action group was implemented to drive forward progress Good progress has been made against the 25 recommendations with the result that the Trust met all cancer wait standards in Quarter 1 2015/16 Key to the good progress has been changes to the governance arrangements within the Trust, including improved clinical leadership and raising the profile of cancer within WHHT
201.2	The main discussion point emerging from the paper was related to patients failing to attend for an urgent 2 week appointment and the fact that patients were discharged if they failed to attend twice. NS requested assurance that there is a mechanism for following up patients discharged in this way, the concern being that the GP may not be aware of the situation if the

	Trust was relying on a written communication. It was noted that the Trust is required to telephone practices to inform them of such discharges.
201.3	<i>ACTION: C Allan to ensure that the Trust is telephoning practices to inform them of patients being discharged due to non-attendance</i>
201.4	The Board noted the Cancer Review Update and the progress made
B/202/15	Future funding of the home visiting service delivered by Home Start
202.1	<p>The key points from the paper were:</p> <ul style="list-style-type: none"> • In July 2015 Hertfordshire County Council (HCC) made the decision that the home visiting service, with nine Home Start contracts would expire in September 2015. • The HVCCG contribution to the service is £103,000 which represents 17% of the total cost. • The decision made by HCC means that the service cannot continue in its current form and will cease on September 30th. • It is recommended to the Board that the CCG continues to make full use of its £103,000 contribution to support the health needs of vulnerable children and their families • If approved the children's commissioning team would engage with Home Start and other providers to look at how this resource might be targeted to address the most needy
202.2	<p>The key points of the result discussion were as follows:</p> <ul style="list-style-type: none"> • It was emphasised that we cannot change the decision made by HCC so the Board was being asked to consider how we might utilise the CCG's funding in the future. The CCG would continue to utilise the budget for the benefit of vulnerable children and their families but the service would be different because the HVCCG contributed represents 17% of the total • Opportunity to use other under-utilised services such as Childrens' Centres • In response to a question from SB it was confirmed that HCC have put in place good transitional arrangements to ensure that individuals to not suffer unduly • AG expressed concern that HCC may be making other similar decisions and that this might place a risk on the delivery of our strategy. It was noted that a great deal of discussion was taking place with HCC to prevent a similar decision being made in the future • AG raised a question as to whether we have the budget to cover the service in full. We do not, but the HVCCG contribution is ring fenced • We need to stop looking at individual budgets and consider how to utilise the total resource to meet the needs of local people • This unilateral decision means that HVCCG needs to work even closer with HCC to ensure that both organisations are strategically aligned
202.3	The Board approved the recommendation that the children's commissioning team would engage with Home Start and other providers to look at how this resource might be targeted to address the most needy
202.4	<i>ACTION: Children's Commissioning Team to bring back proposals to the CCG Board (update due in December) : D Evans</i>
B/203/15	Communications and Engagement Report
203.1	<p>The key points from this paper were:</p> <ul style="list-style-type: none"> • There is a new national campaign planned to address issues around winter pressures. The CCG will need to supplement this with a local campaign; this will be a joint campaign with East and North Hertfordshire CCG • Your Care Your Future: we need to learn some lessons about clarity of message so that the public are able to understand the strategic review and what it means for them

	<ul style="list-style-type: none"> • A “smiley face” survey has been implemented amongst CCG staff to gauge how people are feeling at work • The revamped GP App would be launched shortly
203.2	<p>The key points from discussion were as follows:</p> <ul style="list-style-type: none"> • AG commended staff for clarity of presentations on QIPP and finance at the most recent PPI Committee development meeting • HS emphasised that engagement with staff was critical to the performance of the CCG • NS noted that we needed to engage with practice staff due to the current high pressure in primary care
203.3	The Board noted the Communications and Engagement Report
B/204/15	Locality Committees Year End Reports
204.1	End of year reports were presented for each of the four localities, which emphasised the hard work taking place in the localities to deliver the CCG strategy. It was noted that we need to ensure that best practice is being shared across the four localities.
204.2	The Board noted the Locality Committee Reports
B/205/15	Care Quality Commission (CQC) Reports and Outcomes
205.1	<p>The key points from this paper were:</p> <ul style="list-style-type: none"> • The main providers have received CQC inspections in the past few months. • Hertfordshire Community Trust (HCT): The report has been published with the outcome of “requires improvement” • Hertfordshire Partnership Foundation Trust (HPFT): A Quality Summit was held yesterday, though the report is embargoed • WHHT: The report is not yet available, though the Quality Summit is taking place tomorrow (September 4th) • Buckingham Healthcare Trust: The report has been published with the outcome of “requires improvement” The CCG is working alongside Aylesbury Vale CCG to address this • Eight CQC inspections have taken place with member practices, with all achieving a good outcome
205.2	<i>ACTION: A full outcome report to be submitted to the September meeting of the Quality and Performance Committee and a headline report to be submitted to the November Board.</i> <i>D Curbishley</i>
205.3	The Board noted the CQC report
B/206/15	Register of Board Interests
206.1	<p>The key points from the paper were:</p> <ul style="list-style-type: none"> • The CCG has a statutory duty to effectively manage conflicts of interest (COI). • The CCG COI policy requires that we report the register of Board interests to the Board every six months • The current register includes all recent updates following a request to Board members in early August
206.2	The Board noted register of interests
B/207/15	GP Board Member Elections
207.1	<p>The key points from the paper were:</p> <ul style="list-style-type: none"> • The CCG Constitution was amended in June so that GP terms of office was staggered to preserve continuity. • Whilst NHS England have approved this change, our members need to approve and a vote will be held at the GP Forum on September 10th

	<ul style="list-style-type: none"> • A timetable for the election process is described in the paper
207.2	The Board noted the GP Board Member Elections update and approved the timetable
B/208/15	Annual review of Board Committee Terms of Reference
208.1	<p>The Board was presented the Terms of Reference for the following Committees for annual ratification:</p> <ul style="list-style-type: none"> • Audit • Quality and Performance • PPI • Remuneration • Joint Commissioning
208.2	The Board approved all Terms of Reference for the above Committees
B/209/15	Board Assurance Framework (BAF)
209.1	<p>The key points from the BAF were:</p> <ul style="list-style-type: none"> • The BAF represents the CCGs main risks to achieving our 4 strategic objectives • The risk descriptions were considered at the Board Development session on August 20th and the BAF has been updated to reflect the outcome of that discussion • The BAF is coming to the Board for the first time this year later than we would have liked and this will be addressed earlier in the next financial year
209.2	The Board approved the Board Assurance Framework
B/210/15	Board Committee Briefings
210.1	<ul style="list-style-type: none"> • The Chairman recorded his thanks to A Gardner for Chairing the Joint Committee prior to the appointment of T Stober. • The Annual Audit Letter was noted.
210.2	The Board noted the updates from Committee Chairs alongside copies of meeting minutes
B/211/15	Any other business
211.1	There was no other business outside of the main agenda
B/212/15	New risks identified in the meeting
212.1	No new risks emerged during the meeting
B/213/15	Next meeting
213.1	The next Board meeting will take place on Thursday 5 th November at 13.30