

CCG Board

Date of meeting		31 January 2019	
Agenda Item	11	Paper No	WHCCG19/009

Minutes of West Hampshire CCG Committee Meetings

Key issues	<p>To note the publication on our website of the approved minutes of the:</p> <ul style="list-style-type: none"> Clinical Governance Committee meeting held on 8 November 2018 Clinical Cabinet meeting held on 8 November 2018 <p>Please note that the Clinical Cabinet minutes have been redacted as a commercially confidential discussion took place. This section of the minutes has been provided to the Confidential Board meeting for information.</p> <ul style="list-style-type: none"> Finance and Performance Committee meeting held on 1 November 2018 <p>There are no key issues arising from this paper.</p>
Actions requested / Recommendation	<p>The West Hampshire Clinical Commissioning Group Board is asked to note the publication of the approved minutes of the:</p> <ul style="list-style-type: none"> Clinical Governance Committee meeting held 8 November 2018 Clinical Cabinet meeting held on 18 November 2018 Finance and Performance Committee meeting held on 1 November 2018
Principal risk(s) relating to this paper	There are no risks arising from this paper.
Other committees / groups where evidence supporting this paper has been considered.	Clinical Governance Committee (supported by Clinical Quality Review Meetings), Clinical Cabinet and Finance and Performance Committee.
Financial and resource implications / impact	There are no financial implications arising from this paper.

Legal implications / impact	There are no legal implications arising from this paper.
Public involvement – activity taken or planned	Not applicable.
Equality and Diversity – implications / impact	This paper does not request decisions that impact on equality and diversity.
Report Author	Various – refer to each set of Minutes
Sponsoring Director	Sarah Schofield, Clinical Chair
Date of paper	22 January 2019

Minutes

Clinical Governance Committee Meeting

Minutes of the West Hampshire Clinical Commissioning Group Clinical Governance Committee meeting held on 8 November 2018 at 3.00pm in the Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB

Present:	Judy Gillow John Carr Beverley Goddard Simon Garlick Karl Graham Heather Hauschild Adrian Higgins Rachael King Ellen McNicholas Heather Mitchell Matthew Richardson Sarah Schofield Caroline Ward	Lay Member: Quality (Chair) Patient Representative Director of Performance & Delivery Lay Member: Governance Board GP: Eastleigh Southern Parishes Chief Officer Medical Director (part meeting) Director of Commissioning: South West Director of Quality & Nursing (Board Nurse) Director of Strategy & Service Development Deputy Director of Quality & Nursing CCG Chairman Lay Member: New Technologies & Digital
In Attendance:	Carole Berryman Joanna Clifford Nicholas Cole Michelle Ennis Alison Lawrence Debbie McGregor Jaki Metcalfe Cindy Skelton Jackie Zabiela	Senior Quality Manager: South West Hampshire Senior Quality Manager: Mid Hampshire Quality Manager: West Quality and Safeguarding Nurse Quality Manager: South Named Nurse: Safeguarding Adults Consultant Nurse: Safeguarding Adults Administrator: Safeguarding Team (observing) Governance Manager (minutes)
Apologies:	Charles Besley Helen Cruickshank Jenny Erwin Roland Fowler Don Hedges Rory Honney Kim Jones Johnny Lyon-Maris	Board GP: Totton & Waterside Public Health Consultant (Hampshire County Council) Director of Commissioning: Mid Hampshire Board GP: Test Valley South and Eastleigh Southern Parishes Patient Representative Board GP: Andover Designated Nurse: Safeguarding Children Board GP: West New Forest

Summary of Actions

Minute Ref.	Details	Who	By
4.7	CLIN18/057 12 Hour Trolley Breaches (Mental Health) Process in SFT and RBCHFT. To ask Kieran Humphrey to summarise / provide the escalation protocols included within contracts, as well as confirming how this is picked up as 'business as usual' / how we are assured that these are being followed.	Rachael King	ASAP
6.11	12 Hour Trolley Breaches / HHFT ED Winter Action Plan. To ensure that work in relation to 12 hour MH breaches is brought together with HHFT's ED Winter Action Plan.	Heather Mitchell (with Jenny Erwin)	30 Nov 2018
6.11	12 Hour Trolley Breaches HHFT: Quality. To write a letter to the Mental Health Sub Group expressing concerns regarding the quality of care for patients in ED.	Ellen McNicholas	15 Nov 2018
6.11	12 Hour Trolley Breaches: Themes and Trends / Preparations going into winter. To provide feedback at the next meeting regarding further work being undertaken around underlying themes and trends / short term actions in preparation for winter.	Quality Team	17 Jan 2019
7.2	CCG governance / assurance processes. To schedule a discussion at the lay members briefing regarding the wider question in gaining assurance from providers, given that incidents / areas of concern continue to be identified, despite actions put in place.	Beverly Goddard	19 Nov 2018

1. WELCOME AND INTRODUCTIONS

- 1.1 Judy Gillow welcomed those present to the NHS West Hampshire Clinical Commissioning Group (CCG) Clinical Governance Committee. It was confirmed that the meeting was quorate.

SECTION 1: BUSINESS

2. DECLARATIONS OF INTEREST (Paper CLIN18/135)

- 2.1 Judy Gillow referred the Committee to the declarations of members' interest.
- 2.2 No specific interests were declared relating to issues to be discussed at the meeting. Attention was drawn to the fact that should a conflict arise at any point during the meeting members would need to declare this fact.

2.3 AGREED:

The West Hampshire CCG Clinical Governance Committee received the register of interests of members.

3. MINUTES OF LAST MEETING – 11 SEPTEMBER 2018 (Paper CLIN18/136)

- 3.1 The Committee received the draft minutes of the meeting held on 11 September 2018.
- 3.2 It was confirmed that topics agreed for escalation to the Board of 27 September 2018 as detailed below were noted by the Board:
- Multi-Agency Safeguarding Hub: To escalate that concerns remain and to update on the work that is being taken forward.
 - Gosport War Memorial Hospital Independent Review: For the Board to be aware of the learning and what is being done about it.
 - Portsmouth Hospitals Trust: Single line to reflect that the Care Quality Commission (CQC) report will be in the public domain and to assure the Board that Julia Barton, Director of Quality & Nursing, South East Hampshire / Fareham & Gosport CCGs will be attending the Committee in November to provide an update.

Matters Arising

Sarah Schofield raised the following:

- 3.3 Attention was drawn to section 7.6 of the minutes, with clarification sought as to whether the demand management plan for the Millbrook Hampshire Wheelchair Service (MHWS) had been approved by Clinical Cabinet. In response it was advised it had been approved and will be implemented from Monday 12 November. The CCG is developing some easy read tools to try and improve performance. There have also been discussions around ensuring good, clear communications for GPs who may not be aware that there are eligibility criteria. A link day took place on 7 November with community therapists to go through the criteria and MHWS will be reviewing the referral forms, for which contact will be made with Sarah Schofield for her input.
- 3.4 With reference to section 7.16 of the minutes, it was confirmed that the CQC report following their most recent visits to Southern Health NHS Foundation Trust (SHFT) had been published on the CQC website, for which updates had been included within papers provided for the meeting.
- 3.5 **AGREED:**
- The West Hampshire CCG Clinical Governance Committee:**
- **Approved the minutes of the meeting held on 11 September 2018 as being an accurate record of the meeting**
 - **Confirmed that the items agreed for escalation were reported to the Board of 27 September 2018.**

4. ACTION TRACKER (Paper CLIN18/137)

- 4.1 The Committee received the updated action tracker. Additional verbal updates were provided as follows:

- 4.2 **CLIN17/066 SCAS safeguarding training.** It was noted that an update on South Central Ambulance Service (SCAS) safeguarding training had been included in the South West Directorate Report (reference CLIN18/140b). SCAS have reviewed their face to face training which is of good quality and would meet intercollegiate guidance. CQC feedback to Fareham & Gosport CCG (lead commissioners) is that although the intercollegiate guidance explicitly states that paramedics require Level 3 child safeguarding training the CQC would consider a provider's performance in light of whether they have 'looked at the roles of different members of groups of staff' and determined which level of training is required, and also on the basis of examples of safeguarding referrals and the processes they have in place. It is the opinion of Simon Jones, Designated Doctor: Safeguarding Children that they have good quality training. The Section 11 audit is due to come out soon, although providers have not yet had their letters and so the CCG is not aware of their content.
- 4.3 It was noted however that the trust were only 50% compliant for safeguarding training and it was queried if this is a contractual issue that needs to be addressed. In response it was advised that in addition to being assured regarding the quality of training, the audit in September demonstrated robust compliance within the frame of practice to ensure that patients with safeguarding needs were being managed appropriately; it was acknowledged that this does not negate concerns around training compliance. It was confirmed that this will continue to be monitored as 'business as usual' through Clinical Quality Review Meetings (CQRM) and Contract Review Meetings (CRM).
- 4.4 With regard to this action being RAG rated 'Red', the Committee were reminded that it had been agreed at the 10 July 2018 meeting that this risk should be rated Red. There had been no discussion around reviewing / amending the rating at the following meeting in September. In light of feedback provided, it was agreed that this action could now be closed.
- 4.5 **CLIN18/055 Mental Health Act Breaches e.g. S132.** Application of the NICE guidance 'Violence and aggression: short term management in mental health, health and community settings' has been raised for Hampshire Hospitals NHS Foundation Trust (HHFT), Southern Health NHS Foundation Trust (SHFT), Royal Bournemouth County Hospitals NHS Foundation Trust (RBCHFT) and Salisbury NHS Foundation Trust (SFT) who have all provided assurance. University Hospital Southampton NHS Foundation Trust (UHSFT) have advised that they are undertaking a gap analysis against the standards and will provide a comprehensive response. Feedback will be provided through CQRM. It was therefore agreed that this action could be closed.
- 4.6 **CLIN18/057 12 Hour Trolley Breaches (Mental Health) process in SFT and RBCHFT.** Kieran Humphrey, Deputy Director of Commissioning had advised that the reporting and escalation protocol is within contracts and is the same as for UHSFT. The CCG is aware of two 12 hour Emergency Department (ED) breaches related to mental health patients this year at RBCHFT; both required transferring to a mental health bed in Hampshire. The CCG is not aware of any breaches for this reason at SFT.
- 4.7 It was noted that the action was around ascertaining the process within the trusts for escalation of 12 hour trolley breaches relating to patients with mental health issues in EDs and it was agreed that Rachel King would ask Kieran to summarise / provide the

escalation protocols included within contracts, as well as confirm how this is picked up as 'business as usual' / how we are assured that these are followed.

ACTION: Rachael King

4.8 The following additional actions remain open:

- **CLIN18/056 SHFT: Out of Area Placements.** Action plan has been received from SHFT; Heather Mitchell will provide an update at the next meeting in January 2019.
- **CLIN18/059 GPs Supporting Hospital Wards.** Information on how many community hospital wards have a GP supporting is linked to delivery of the Gosport War Memorial Hospital action plan for the CCG, for which an update will be provided in January 2019.
- **CLIN18/060 Medicines Optimisation Prescribing Comparison.** A decision has been taken to obtain prescribing information around antibiotic prescribing in order to keep the comparison between primary care, acute and out of hours manageable. An email has been sent to chief pharmacists at UHSFT and HHFT asking for antibiotic data from their EDs; currently awaiting a response.

4.9 The Committee supported the rationale for closing the following actions:

- **CLIN18/023 Workforce Template.** Too large a project for Don Hedges to take forward as information not readily available.
- **CLIN18/026 Committee Effectiveness Questionnaire.** Provisional survey reviewed, amendments suggested and way forward agreed.
- **CLIN18/035 Mazars Recommendation 9.** Update report on agenda. Nigel Watson, Local Medical Committee has been asked for support in raising awareness amongst GPs of the Learning Disabilities Mortality Review (LeDeR) process.
- **CLIN18/037 LeDeR Resource.** Superseded by NHS England (NHSE) allocation of funding to address backlog.
- **CLIN18/040 CHC Complaints: Deep Dive.** Thematic review report on agenda, paper reference CLIN18/144.
- **CLIN18/053 PHL GP Out of Hours.** Update on quality contract provided within Part 1 South West Directorate report reference CLIN18/140.
- **CLIN18/054 MASH Report.** Update provided in Part 2 paper reference CLIN18/154.
- **CLIN18/058 Dr Foster.** Executive discussion has occurred around the benefits of Dr Foster and the company are being asked to provide a presentation on the current system and potential impact on performance and quality.

4.10 **AGREED:**

The West Hampshire CCG Clinical Governance Committee:

- **Accepted the updates on the action tracker**
- **Supported closure of the actions detailed above.**

SECTION 2: KEY RISKS

5. RISKS REGARDING QUALITY ON THE CORPORATE AND QUALITY RISK REGISTERS (Paper CLIN18/138)

5.1 Matthew Richardson reported that currently there are eight risks from quality and safeguarding that meet the Corporate Risk Register threshold assessed as scoring 12 or above and 38 risks on the Local Quality Team Risk Register. All risks have been reviewed. Only risks rated above ≥ 6 (moderate risk) were presented to the Committee.

5.2 The following new risks were highlighted:

- **Risk ID 448: CAMHS (16 Very High)** - Assurance of safety of young people on the waiting list: If the mental health of the young people on the waiting list is not reviewed they could deteriorate whilst waiting for treatment and have a poorer outcome once treatment starts.
- **Risk ID 545: Millbrook (6 Moderate Risk)** - If MHWS staff do not upload records to the MHWS electronic system in a timely manner then this may impact on the responsiveness and quality of services provided to service-users and referrers.
- **Risk ID 544: Millbrook (6 Moderate Risk)** - If MHWS are unable to meet their internal training targets (90% compliance) then their staff may not have the skills to provide a safe and high quality service to meet the needs of service users and their organisation.

5.3 Matthew highlighted that the Child & Adolescent Mental Health Service (CAMHS) risk around waiting lists had been upgraded. Whilst a great deal of work has been done to obtain assurance around the single point of access and multi-agency triage, there is more to be done around the waiting list for treatment following assessment and the variation in service between areas. Although there have been no Serious Incidents (SIs) reported it is not possible to identify if there is any potential harm e.g. if treatment has to be extended as a result of waiting too long. It was highlighted that this had also been raised at the recent Finance & Performance Committee where actions from discussions had been captured and shared with the Children's Commissioning team. An escalation meeting has been arranged with Ros Hartley, Executive Director of Strategy and Transformation and Angela Murphy, Deputy Director and Lead for Children & Maternity, North East Hampshire & Farnham CCG (lead commissioners) to go through the issues in detail, with the expectation that Heather Mitchell will be providing an update to the CCG Board.

5.4 With regard to follow-up appointments in ophthalmology services at University Hospital Southampton NHS Foundation Trust (UHSFT) as discussed at previous meetings of the Committee, it was reported that the age-related macular degeneration (AMD) cohort backlog had been cleared and that the diabetic retinopathy backlog had reduced from 1,500 to just over 300 which was expected to be cleared by Christmas. The backlog for the glaucoma cohort has risen to 3,200 (as expected). There is a trajectory in place to manage this down however there is no end date as yet. It was confirmed that all patients had now been written to, although there had been a delay in writing to glaucoma patients because of the requirement to

be able to give patient's advice on where to go if they were concerned and whilst commissioning of this was arranged. There has also been a recent article in HSJ and the trust are starting to receive calls from patients.

5.5 AGREED:

The West Hampshire CCG Clinical Governance Committee noted the quality risks on the corporate and quality risk registers.

SECTION 3: ASSURANCE

6. REVIEW OF PATIENTS WITH MENTAL HEALTH NEEDS WHO EXPERIENCE A LONG WAIT IN THE HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST EMERGENCY DEPARTMENT (Paper CLIN18/139)

6.1 Joanna Clifford reported that Hampshire Hospitals NHS Foundation Trust (HHFT) highlighted concerns to commissioners regarding long waits faced by patients with mental health needs who attended ED. In response, as part of Local Care System working, West Hampshire CCG set up a monthly ED Mental Health Table Top Review meeting to review all reportable twelve hour trolley breaches and long waits (defined as total time spent in ED >12 hours) involving patients presenting with mental health needs to learn from them to see if practice could be improved.

6.2 The quality team developed a process for the management of formal breaches and a root cause analysis (RCA) template which is used to analyse these patient cases. The RCA includes a focus on the patients care needs prior to ED attendance and a review of the care provided in ED. The first meeting took place in April 2018 and has now been running for six months during which time 24 cases have been reviewed.

6.3 Analysis of these highlights the following key themes and areas for focus - Mental Health Assessment responsiveness (Hampshire County Council); mental health bed availability; secure transport (timeliness); care and crisis planning; Community Mental Health Team (CMHT) responsiveness; earlier mental health referral and additional staffing protocol within ED department. Joanna reported that there has been some improvement in mental health assessment responsiveness, although there is still some way to go with mental health beds remaining the key theme. The group escalate concerns where necessary and the report as provided to the Committee has been to the SHFT and HHFT CQRMs and will also be going to the Mid & North Hants Mental Health Group.

6.4 It was confirmed that there are currently no timeframes for the recommendations within the report, however in terms of winter planning stakeholders will be looking at what can be done in the short term to unlock some of these issues, working across Hampshire on bed availability, patient flow and S136 transport etc. Providers have been asked to draw together their plans with a Mental Health Sub Group meeting (formally known as Crisis Care Concordat) taking place on Monday 12 November to discuss some of these issues, some of which are complicated to resolve.

6.5 Both Judy Gillow and Heather Hauschild expressed concern in that, whilst they appreciated that a lot of work had been undertaken, similar issues had arisen over the past two winter periods. This raised the question how can we make a difference

this year and determine the decisive action to be taken. In response it was advised that since last winter, work was handed to the team working across the Sustainability and Transformation Partnership (STP) looking at the crisis pathway as well as linking with out of area beds, bed capacity and management with acute hospitals. Last year there were concerns regarding the inappropriate use of police cells; since then there has been a significant improvement in this, however there remain issues with patients turning up in ED despite investments into CMHTs, S136 transport, with ongoing issues regarding staffing which are under constant review.

- 6.6 It was agreed that there needs to be clear articulation of the short term actions over the next couple of months to ensure that services are in a better place going into winter. Whilst it was acknowledged that the next meeting takes place in January, it was agreed that an update would be provided on the more tangible actions in order to close the loop on what has been put in place.
- 6.7 Ellen McNicholas suggested that she writes to the Mental Health Sub Group to formally escalate the Committee's concerns regarding quality issues related to 12 hour trolley breaches and to ask what the plan is for winter.
- 6.8 Adrian Higgins stated that as far as he is aware, the issue of 12 hour breaches for people with mental health issues is not included within the A&E Delivery Board agenda as part of HHFT's winter plans, which therefore raises concern. Rachael King added that there are also reporting requests from NHS England (NHSE) in relation to both primary care and mental health which start next week so these will need to be reviewed to identify if there are any gaps.
- 6.9 Simon Garlick noted that the focus of the report had been on 12 hour breaches, however he queried what is done about the cohort of patients who do not reach 12 hours. Joanna Clifford confirmed that these also inform discussions.
- 6.10 Clarification was sought on arrangements for RBCH, SFT and UHSFT. In response it was advised that the ED Mental Health Table Top Review meeting methodology had been piloted in HHFT in order to extract some of the data, although Carole Berryman advised that there is a similar meeting in place for UHSFT. It was pointed out that the key concern was more about winter plans and whether the CCG is confident the same issues will not arise as in previous years. Rachael King responded that with respect to the South West system, the CCG is not assured; further assurance regarding mental health provision over the winter period has been requested, with a formal presentation to provide more detail to the SW A&E Delivery Board.
- 6.11 Actions were summarised as follows:
- Ensure that work in relation to 12 hour MH breaches is brought together with HHFT's ED Winter Action Plan
ACTION: Heather Mitchell with Jenny Erwin
 - Letter to go to the Mental Health Sub Group expressing concerns regarding the quality of care for patients in ED
ACTION: Ellen McNicholas
 - To provide feedback at the next meeting regarding further work being undertaken around underlying themes and trends / short term actions in preparation for winter.
ACTION: Heather Mitchell / Quality Team

6.12 **AGREED:**

The West Hampshire CCG Clinical Governance Committee:

- **Received the review report**
- **Agreed the actions detailed above.**

7. DIRECTORATE QUALITY REPORTS (Paper CLIN18/140)

7.1 The Committee received directorate quality reports, which were supported by a cover sheet in an SBARD format (Situation, Background, Assessment, Recommendation, Decision) with the issues selected either because they had the greatest consequence or impact on patient safety, experience or clinical effectiveness, or because the controls put in are not considered to fully mitigate the risk. Updates on the key current and previous risks or issues for the Committee to be aware of were included within the directorate reports provided. Key issues highlighted were as follows:

Millbrook Hampshire Wheelchair Service (Mid Hampshire Directorate)

7.2 In September 2018 Millbrook Hampshire Wheelchair Service (MHWS) received 344 referrals into the service which is 96 more than planned. The current waiting list for adults is 1731 and for children 306 and for West Hampshire CCG the average waiting time is 21.2 weeks for adults and 15.5 weeks for children. Recent changes to practice include the piloting of evening clinics (to provide additional capacity) and longer hours for the customer service team (0800 – 2000 hours) to improve booking appointments for service users, although take up of the evening clinics has not gone as well as hoped with a few DNAs. SHFT have offered to let their community staff undertake wheelchair prescribing so MHWS and SHFT are working together to see what the offer would be. Eligibility criteria have been made more explicit; getting this implemented is a key action to address the mismatch between demand and capacity e.g. there are people on the waiting list who may not be eligible.

7.3 In response to a query Joanna stated that she could not say that she was confident that MHWS are on a consistent improvement trajectory and making the right improvements until there has been an improvement in performance, which remains a challenge. However, she added that the commitment of MHWS is consistently high and she was confident that new staff are dedicated to making improvements. There has already been feedback that the complaints process is improving and SHFT have reported that the last joint meeting went much smoother and information was readily to hand.

7.4 CCGs are on trajectory in terms of re-procuring the service when the current contract ends in two years' time, so the CCG will continue to work with the existing provider and use learning from this procurement to inform a better service specification / model for commissioning.

7.5 Caroline Ward stated that whilst it was great to hear that MHWS are trying to improve, she was not clear on why there are such high waiting times. Joanna advised that there is an 18 week target for children that the service are working towards. However there are different types of wheelchairs, some of which are off the shelf but others that are bespoke. In some cases by the time a service user is assessed and

the wheelchair made their condition could have deteriorated and so the wheelchair needs to be re-commissioned. There is also an anomaly in that Motor Neurone Disease patients who may already have been seen and assessed for one thing may come back for assessment for something else. There is a significant problem nationally with wheelchair service provision, however on a positive note we are aware of all the issues whilst other providers may not be in the same position. It was highlighted that Steve Trembath, Commissioning Manager (Acute) is also looking at wheelchairs which are for social needs as well as health.

- 7.6 Ellen McNicholas added that it has taken a lot of work and time to reach the current position which has been challenging from both a commissioning and quality perspective. She added that Jo does herself a huge disservice by underplaying her involvement in this; all the improvement work has been driven by Jo and her commitment to improving services for patients. Bearing in mind the re-procurement the CCG will keep a watching brief and try to ensure that there is no deterioration.
- 7.7 The Committee noted that it was still not assured on performance of the MHWS, however it was assured in terms of the work that has been undertaken.

Hampshire Hospitals NHS Foundation Trust (Mid Hampshire Directorate)

- 7.8 On 28 September 2018, the CQC published their inspection report following the unannounced visits to all three of HHFTs sites (June 2018) and a well-led inspection (11 – 13 July 2018). The CQC has rated the trust overall as moving from *Good* to *Requires Improvement* and noted that HHFT had not sustained the momentum and improvements demonstrated during their previous inspections in 2015 and 2017. The CQC has issued the trust with eight Health and Social Care Act 2008 requirement notices.
- 7.9 The key areas for improvement related to workforce (capacity, capability and leadership); safety (medicines management, equipment, infection control and recognition/escalation of the deteriorating patient); leadership and governance (culture, clinical leadership model, risk awareness/management) and patient experience (protection of privacy and dignity and care planning).
- 7.10 HHFT has developed three action plans in response to the CQC findings; a Section 31 Improvement Plan on improvements within ED, a Section 29A Recovery Plan on specific areas CQC visited and a CQC Quality Recovery Plan which includes all actions required from the CQC 'must do' and 'should do' actions. The CCG are attending HHFTs monthly CQC Plan Executive Oversight meetings at which CCGs, NHSE and NHS Improvement (NHSI) are present to review progress against the action plans and to provide constructive challenge, where necessary. The CCG is continuing to support the review of HHFTs safety climate and continue to undertake supportive quality visits.
- 7.11 An area which could benefit from more focus would be culture and leadership from a more senior level; this has been fed back to the trust. The CCG will continue to monitor progress against the action plans and will be undertaking supportive visits to ensure that actions have been undertaken.
- 7.12 Adrian Higgins commented that it is clear that there is a lot of work ongoing, adding that culture at a senior level is a significant issue. It should be noted that it has been

proposed that the current structure for governance and oversight is amended to strengthen senior and executive oversight.

- 7.13 Joanna advised that she was assured that the actions include all the issues highlighted by CQC and are appropriate, although the challenge will be ensuring the actions are embedded. Bearing in mind the large number of actions, a request was made that the report for the next meeting includes a summary of the actions which have not been closed by that stage as by then there would have been a significant length of time since the trust had received the Section letters i.e. number of actions, numbers outstanding, any of concern and the nature of those concerns (*logged for next agenda*).
- 7.14 Sarah Schofield queried if there is a sense that changes are being driven from Board level. In response it was advised that Julie Dawes, Director of Nursing is very driven about it. Matthew Richardson informed the Committee that he had attended the last Executive Oversight Board which had been chaired by Julie. She gave a lot of robust challenge not just with regard to local actions but where issues had been identified on a specific ward whether they had been expanded elsewhere within the trust. She had also challenged that other executives had not been present at this first meeting. This may have been because the meeting was held during the school holiday period and so we need to wait to see the executive presence at the next meeting before this can be answered; an update on executive involvement will also be included within the next report.

Southern Health NHS Foundation Trust (South West and Strategic & Service Development Directorates)

- 7.15 The CQC report of their visit to Southern Health NHS Foundation Trust (SHFT) in June/July 2018 has been published. The trust were rated as Requires Improvement and there were seven requirement notices which identified breaches of regulated activities across the trust. The CQC issued a warning notice due to immediate concerns they had about the safety of young people on the child and adolescent mental health wards (Bluebird and Leigh House), which are commissioned by NHSE. The trust took immediate measures to address these and the warning notice was lifted within two weeks.
- 7.16 The previous CQC visit was in October 2014 when the trust was rated as Requires Improvement and had 11 Requirement Notices. The CQC found 83% (62 out of 75) domains were rated as 'good' or 'outstanding', an improvement from 65% in 2014.
- 7.17 The CQC noted a positive, strong senior leadership team with the capability and integrity to continue to build on developments and improvements that had been progressively made over the last 12 to 18 months. There was a clear programme of board and executive team development and the trust had clear vision and values. Staff reported as feeling respected, supported and valued and reported a significant change in culture and a developing sense of optimism over the previous 18 months. Frontline staff felt positive and proud of their work. An improvement plan is being developed by the trust in response to the CQC which has not yet been seen by the CCG. There is a clear quality improvement programme in progress, a meeting of which Carole Berryman reported she has been able to observe.

- 7.18 The community services section of the CQC report shows that the services which were visited were rated Good overall which is better than before. From the mental health point of view one area which achieved Outstanding overall was the LD inpatient wards.
- 7.19 There are seven requirement notices which SHFT are working on and will be monitored through CQRM. One domain which requires improvement is effective community End of Life Services which remains the same as 2014 due to not all teams meeting the 60% target for syringe driver training and competence and some 'Do Not Attempt cardiopulmonary resuscitation' (DNACPR) decisions were not recorded appropriately.
- 7.20 Simon Garlick queried if there was a wider question given the significant amount of effort in gaining assurance around our providers (not just SHFT) in that incidents / areas of concern continue to be identified, despite the actions put in place. Do our processes therefore go far enough? It was agreed that this would be discussed further at the next Lay Members Briefing to agree how this is taken forward.
ACTION: Beverley Goddard to schedule
- 7.21 Ellen McNicholas responded that we will never get to a position where everything is perfect all the time; the aim is to try and ensure that the right processes are in place to reduce incidents and that learning is identified and taken forward. In terms of SHFT, she advised that she is seeing improvements and that colleagues have also reported this. There is now greater transparency and we are aware of situations as soon as they happen whereas previously this was not always the case. There is definitely willingness from the Board and other senior people within the trust, with some delivery along with that willingness.

Poole Hospital NHS Foundation Trust (South West Directorates)

- 7.22 Following an unannounced CQC inspection visit of theatres in June 2018, Poole Hospital NHS Foundation Trust (PFT) were informed of a number of quality and safety concerns which the trust are expected to take action on by mid-November (the trust are rated as Good overall). The unannounced visit to theatres by the CQC was undertaken as a result of seven Never Events since May 2016 and concerns from three whistle-blowers.
- 7.23 The six broad areas of concern were related to overall governance arrangements, processes for reducing risks to patients, adherence to management of medicines policies, infection prevention and control practice, maintenance of premises and ensuring that staff receive suitable training and support.
- 7.24 Nick Cole advised that, since writing the report for the Committee the formal CQC report had been published with a number of 'must do' and 'should do' actions focussed around their theatres which Dorset CCG are reviewing; an update will be provided within the next Committee directorate report, to include details of how many of our patients use Poole Hospital in order to help provide some context (*logged for agenda*).

Southern Health NHS Foundation Trust (Strategic & Service Development Directorate)

- 7.25 As a result of challenges in maintaining staffing levels across the Older People's Mental Health (OPMH) wards, the trust has taken the decision to suspend admissions to two organic wards, Poppy ward, based at Gosport War Memorial Hospital and Beaulieu ward based at The Western Hospital, Southampton, to help maintain a safe level of care to patients.
- 7.26 There is a national shortage of nursing staff for OPMH services. Beaulieu ward has been of concern regarding ensuring sufficient staffing levels for some time and have had daily staffing calls since August 2018. It has been increasingly difficult for Poppy ward to fill shifts with agency staff which is thought to be due to the ward being in Gosport, which has access challenges. As a result Poppy ward have not been able to ensure two registered nurses, as a minimum per shift, on the ward, sharing this resource at times, with Rose ward (OPMH functional ward). There are currently 16 patients on Poppy ward and 12 on Beaulieu ward. All patients are being reviewed to ensure that care plans and risk assessments are up to date and meet patient's needs.
- 7.27 Admissions to organic wards within the trust have not stopped as there is an organic ward at Parklands Hospital and in order to enable this Poppy and Beaulieu wards will be receiving transfers of appropriate patients from that ward.
- 7.28 Additional actions are being taken at organisational and system-level to ensure that those patients who are ready for discharge are able to do so safely. The trust have stated that despite their best efforts and system-wide support, they cannot rule out relocating patients from Poppy ward to a different environment allowing staff to help fill vacancies in other OPMH services across the trust. Poppy ward is the likely choice if this were to happen as they also have mixed sex accommodation challenges as identified by the recent CQC report. A meeting is taking place on Friday 9 November where commissioners will be updated on next steps.

Sussex Partnership NHS Foundation Trust – Children's and Adolescent Mental Health Service (CAMHS)

- 7.29 As discussed in the confidential section of the meeting, a significant waiting list remains for access to treatment for young people to CAMHS. CAMHS previously had two separate waiting lists, one for young people who had a mental health condition and a second one for young people who were on the waiting list for autistic spectrum condition (ASC) with no mental health issues. In September a new provider, Psicon, was commissioned to take over the ASC waiting list. A number of actions are being taken by the provider to manage the remaining waiting lists and to ensure the quality assurance/mitigation of these young people.
- 7.30 There is currently no information for commissioners that provides assurance that there has been no harm to young people on the waiting list; however there have been no serious incidents reported whilst waiting for treatment. The senior quality manager has visited teams, attended multi-disciplinary meetings and events run by the service, which have provided self-help and support to young people, their parents and families. CAMHS has been requested to develop a process to identify if there has been any harm to people on the waiting list.

7.31 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the Directorate Quality Reports.

8. SOUTHERN HEALTH NHS FOUNDATION TRUST: REVIEW OF INTELLIGENCE POST CARE QUALITY COMMISSION REVIEW – OCTOBER 2018 (Paper CLIN18/141)

8.1 As reported above, following visits by the CQC in June 2018 and their well-led inspection during July 2018, SHFT received two warning notices, one under Section 18 (staffing) and the other under Section 12 (safety) of the Health and Social Care Act 2008 on two child and adolescent mental health wards. These were lifted within two weeks by the CQC following immediate action taken by the trust. The final CQC report published on 3 October 2018 rated the trust as 'Requires Improvement' and identified 20 breaches of seven legal requirements and 74 minor breaches.

8.2 The Review of Intelligence report identifies that the trust and CCG were aware of all of the concerns raised by the CQC and highlights the actions taken by the CCG when areas for improvement were noted prior to the CQC visit. The CCG awaits the action plan from the trust in response.

8.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the report.

9. WORKFORCE SEMINAR: SEPTEMBER – UPDATE (Verbal)

9.1 Ellen McNicholas reported that, as requested at previous meetings of the Committee, a Board seminar took place on 27 September 2018 to discuss workforce across both the West Hampshire CCG area and the wider Sustainability & Transformation Partnership. Agreement after the seminar was to have a further discussion at the Executive Team meeting to agree what is done next. Unfortunately this has not yet taken place. An update will be provided at a future date (*logged for agenda*).

9.2 **AGREED:**

The West Hampshire CCG Clinical Governance Committee noted the verbal update on the outcome of the Board Workforce Seminar of 27 September 2018.

SECTION 4: PRESENTATION

10. PORTSMOUTH HOSPITALS TRUST: UPDATE

10.1 The Committee welcomed Julia Barton, Director of Quality and Nursing, Hampshire CCG Partnership who was in attendance to provide assurance on lead commissioner oversight of Portsmouth Hospitals Trust (PHT) both to follow up the presentation she had provided to the CCG Board on 25 January 2018 and in light of the publication of the CQC visit report on 5 October 2018 which rated the trust as 'Requires Improvement' overall.

- 10.2 Julia reminded the Committee that when she last attended commissioners were collectively concerned; whilst there were some 'green shoots' for improvement there had been no intelligence at the time to indicate that improvements were sustainable and that everything had been resolved. Julia added that she was pleased to say that things are now going in the right direction.

PHT Regulatory Position

- 10.3 Over the last two months PHT have been taken off the NHSI challenged providers list, which the trust has been on since 2015 with enhanced oversight and assurance arrangements. This is a positive sign that progress has been made and the trust can be returned to 'business as usual' in terms of monitoring quality, although this does not mean that everything has been sorted.
- 10.4 CQC are in the process of standing down the three Section 31s, although as this had not yet been finalised the trust are still required to provide weekly reports with regard to the radiology position. Unfortunately a new Section 29A was served as a result of the CQC inspection in May 2018; this is the only outstanding CQC enforcement action.
- 10.5 The trust have established a Quality Recovery Group which is chaired by the chief executive and which CCGs are an integral part of in order to oversee the actions arising from the May inspection. There were a number of breaches of regulations which prompted the Section 29A and there is a clear plan in place to deliver actions; these should all have been completed by the CQC deadline of 31 October 2018. Some of these were new issues, however some should have been sorted out from the previous inspection but weren't i.e. actions had not been sustained. It is hoped that completion of these actions will result in the removal of the Section 29A.
- 10.6 The Portsmouth Safeguarding Adults Board established a joint assurance board as there were a number of actions arising as part of the system review with involved Hampshire and all of the CCGs which continues to meet. Although CQC have stood down all the actions related to safeguarding, it was felt that there is some outstanding work which needs to be undertaken i.e. more to be done on the Mental Capacity Act and the Deprivation of Liberty Standards, which is the only thing which has been rolled over to the new action plan.

CQC Inspection Outcomes

- 10.7 The CQC inspection had taken place at what was quite a difficult point in time in that a new Board had come into place in February, there had been a difficult winter and a lot of operational issues, so the trust had not taken forward the actions and embedded them by the time CQC came. CQC had been positive but saw a lot of things that had not been sorted, although they were confident in the plans in place. There were 54 'must dos' and 71 'should dos' which form the basis of the action plan.

PHT (CCG) Quality Risks

- 10.8 As a CCG, in terms of where they believe the quality risks are at the moment, there are some on the CCG's issues log and others that are lower rated; the risks as highlighted to the Clinical Governance Committee were those that are rated as 12 and above; there are currently none with a risk rating of 20, when there had been several previously. Julia highlighted that it is intended that a number of the risks

currently rated at 15 and 16 will be reduced when reviewed at the next Fareham & Gosport / South Eastern Hampshire CCGs' Quality Governance Meeting.

Spinal Network Implementation Delays

- 10.9 Commissioners had been very concerned regarding delays in implementing the spinal network where the trust was not compliant with national requirements. The risk rating for this has since been reduced as the network solution is now in place, although this continues to be closely monitored.

Governance Processes

- 10.10 In terms of governance processes, there has been a lot of work with CCG representatives going into the trust to observe arrangements e.g. complaints and Serious Incident pathways, for which the CCG's lay members have helped. The trust has completely re-written their Board Assurance Framework and Risk Register and has a new director of integrated governance who is really open and wants to work with the CCGs, who were included in the appointment of her deputy. The risk around governance processes will therefore be reduced from 15/16 to 9.

Planned Care Waits

- 10.11 Concern remains about waits in planned care in terms of Referral to Treatment (RTT) performance and outpatient waiting lists in some specialities. Gastroenterology is a key issue with demand outstripping capacity and so work is ongoing to get the pathway sorted. There are also concerns around ophthalmology as West Hampshire CCG has with UHSFT. A summit will be taking place in the near future to see if everyone is doing the right thing and to share learning / ideas across the patch. There is a significant backlog in audiology for the issue of hearing aids, with PHT having served notice on the contract. Sarah Schofield informed Julia that West Hampshire CCG had developed a local solution that has worked very well.

Adrian Higgins left the meeting.

Safeguarding

- 10.12 There is increased confidence as a result of recruiting to new posts. Training is not quite where it needs to be but this is being closely monitored; there is now more confidence regarding the internal safeguarding process for adults and children. The risk around safeguarding will therefore be reduced from 15/16 to 9.

Radiology Reporting Delays

- 10.13 The radiology backlog was cleared in February. This does not resolve problems around workforce which remain a risk, however the trust are looking at new roles and extended roles for radiographers. The risk around radiology will therefore be reduced from 15/16 to 9.

Mental Health Provision

- 10.14 The risk around mental health will be reduced from 15/16 to 9, however the Portsmouth and South Eastern Hampshire system has a work stream with regular meetings with SHFT, Solent NHS Trust, PHT and commissioners to try and resolve some of the problems e.g. plans to pilot a mental health assessment unit in ED and a

joint approach to crisis with Solent and SHFT joining their resources for a single crisis pathway.

Key Quality Risks of Focus

Planned Care

- 10.15 Still focussing on planned care waits for RTT and outpatients waiting lists as there remains a backlog with very long waits and a potential risk of harm. A planned care work stream is in place in the local system.

Emergency Department Improved Position

- 10.16 PHT achievement is now at 82% which is an improved position but not where we want it to be. Even though the trust experienced a difficult time over the summer with the heatwave there was a much quicker recovery and quicker response time when there were signs that things were unravelling. However, it is anticipated that this winter will again be challenging. A large piece of work was undertaken in summer regarding increasing capacity not just for beds but in domiciliary and community capacity. The trust is in a better place now than has been seen for some years. There has been a reduction in ambulance holds (although these are still occurring), a reduction in outliers and less queuing in ED, but there are still periods where patients are in corridors. There are plans for redesigning the emergency floor, for which the trust has won a bid.

Mortality

- 10.17 Numbers for Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) continue to reduce. The CCG is working closely with the trust, attending mortality review panels and are confident regarding the trust's process for reviewing unexpected deaths. PHT have really embraced CCG involvement and the trust are committed to improve.

Maternity

- 10.18 There is concern around maternity, which CQC raised as it looked like there had been deterioration with a number of SIs reported and Friends and Family Test results had reduced. The trust were concerned and arranged for an external review by the Royal College of Obstetricians and Gynaecologists, with a Board established to oversee maternity, that the CCG are part of. A deep dive is being undertaken at the moment, including clinical visits and a presentation to CQRM to triangulate data on areas of concern.

Workforce

- 10.19 The other area of major concern is workforce with high nursing vacancies. This is of most concern for the winter; there were huge pressures last year when the trust had more staff, so there is more concern this year.

CCG Approach

- 10.20 In terms of how the CCG is working with the trust, Julia advised that on reflection, being in a crisis helps to create new ways of doing things, which is what happened with PHT. The CCG feel they can go in and conduct unannounced visits and can immediately feedback findings to a director, so there is now more assurance around

processes. The aligned incentive contract is helping as this ensures that actions are in the right place. Loretta Kinsella is mapping out all of the contractual requirements with the aim of seeing how this fits into some form of framework to capitalise on the more open relationship; Julia advised that she would be happy to share the work, which is similar to that which Joanna Clifford is doing with HHFT.

- 10.21 The CCG are also members of numerous trust groups, conduct both announced and unannounced clinical visits and undertake deep dives linked to CQRM and clinical visits e.g. Maternity in November and Audiology in December.
- 10.22 Heather Hauschild asked what advice Julia would give to West Hampshire CCG in terms of the commissioning function and its role in improving services. In response Julia advised that her CCG had to do quite a lot of soul searching regarding the CQC reports and the harm which was occurring as a result of things not being done. A forensic analysis had been undertaken of where issues had been escalated; this did give assurance that the CCG had escalated concerns, however did not resolve the problem. There needs to be a less transactional and more transformational relationship in order to achieve improvements; the CCG had to build relationships with the trust in the first instance, which had contractually been very transactional. The contractual mechanism changing was a big game changer as has the leadership and cultural change which has had a significant impact. Building trust and putting incentives in the right place has really changed contracting, not just for quality.
- 10.23 CCGs have a lot to offer providers; we have resources and people with experience, but it is about finding the way in to add value rather than being seen as a hindrance. A member of trust staff has been appointed into a quality role in order to try and share assurance and not duplicate.
- 10.24 In terms of the morale of front line staff, staff are now generally feeling re-motivated. PHT have initiated new things like award schemes, social media and executive engagement with staff. However, CQC found when they conducted their inspection in May that ED staff were not quite there, which is why ED were rated as 'inadequate for the 'responsive' indicator as they were not overly confident in the response from senior staff. Changes have been made and staff have been moved around to try and improve this; doing this has meant that staff have seen that senior leadership are willing to change.
- 10.25 Jaki Metcalfe observed that the way the safeguarding service has been changed is phenomenal and she queried if there is any learning that can be shared which could assist other providers; Julia responded that she would be happy for their safeguarding team to link with Jaki.
- 10.26 Julia tabled hard copies of the Month 6 report / dashboard for the trust.
- 10.27 Judy Gillow thanked Julia for her really helpful update which was to the point and which had given much more assurance, whilst recognising that there is still work to do.
- 10.28 **AGREED:**
The West Hampshire CCG Clinical Governance Committee noted the update provided.

SECTION 5: SAFEGUARDING

11. ANNUAL REPORT SAFEGUARDING CHILDREN AND LOOKED AFTER CHILDREN 2017/18 (Paper CLIN18/142)

11.1 The Clinical Governance Committee received the Safeguarding Children and Looked After Children Annual Report 2017/18 which had been reviewed and approved at the August 2018 meeting of the Hampshire CCGs Safeguarding Governance Committee.

11.2 AGREED:

The West Hampshire CCG Clinical Governance Committee received the annual report.

SECTION 6: IMPROVEMENT

12. PATIENT EXPERIENCE AND COMPLAINTS: QUARTER 2 REPORT 2018/19 (Paper CLIN18/143)

12.1 Matthew Richardson introduced the Patient Experience & Complaints Quarter 2 report which reported that during quarter two 2018/2019, 142 people from the west Hampshire area contacted the Patient Experience and Complaints Team (PECT). These comprised of: 45 complaints, 54 concerns, 3 compliments and 39 comments or requests for information or advice.

12.2 The CCG has an internal timescale standard of 25 working days and this was achieved for 27% of all internal CCG complaints (including CHC). For internal Continuing Healthcare (CHC) complaints 23.5% were completed within 25 working days. This is a decrease (<25) from 42% last quarter. The PECT are reviewing processes and the use of the Datix complaints database to identify where delays are occurring and establishing reporting mechanisms to highlight and negate the process delays wherever possible.

12.3 Matthew informed the Committee that the PECT are in the process of trying to further develop the report. In the past it has been difficult to extrapolate themes over a quarter and so the team have started to try and look at providers over a longer period of time to identify themes, reviewed together with concerns, complaints and GP feedback, which will provide a much richer source of information. The intention is to also provide context around complaints with better use of Statistical Process Control (SPC) charts. Whilst the number of complaints has remained fairly static, the number of concerns has gone up, which is regarded as positive as this demonstrates that more people are talking to us and shows that awareness of the CCG is increasing. The team are trying to address concerns immediately, rather than escalating into the complaints process; it is anticipated that eventually the number of concerns goes up and complaints reduces.

12.4 The report provided shows some of the combined intelligence from complaints, concerns and GP feedback. Going forward the aim is to index this e.g. some providers jump out, as well as some services such as ENT which is around availability of appointments.

- 12.5 Judy Gillow acknowledged that the report is taking shape and providing more robust information. She drew attention to table 5 on page 11 of the report that demonstrated the deterioration in performance in complaints response times, which has been of concern for the Committee for some time. Judy was very supportive of moving from the standard of closing complaints within 25 working days to a timescale agreed with the complainant as this will help to ensure a robust response, however she questioned if Matthew were confident that the actions being undertaken were going to help the CCG become a role model in responding to the complaints the CCG manage. Matthew responded that he was confident that an improvement would be made in both performance and the experience of patients, however he was not confident that actions would get the CCG to where we need to be e.g. the complaints team will summarise complaints as this will save time and make responses more focussed, earlier intervention for concerns, Datix is being reconfigured to generate flash reports so there can be focus on where delays are occurring. It was suggested that the most recent deterioration in performance reflects that there are new processes in place that are starting to embed.
- 12.6 Ellen McNicholas added that there has already been an impact in terms of the length of time for sign off, however the team are presently dealing with a lot of issues as complaints which should have been responded to and resolved with patients at an earlier stage. Part of the issue around sign-off is the quality of responses and getting them amended / signed off; Ellen now provides her feedback on a face to face basis in order to prevent any potential misunderstanding of her written notes.
- 12.7 Heather Hauschild commented that it would be more beneficial for the Committee to have clear visibility of how long people are waiting, as extended response times could potentially have implications for patients and their families and potentially for the CCG in terms of costs. She therefore requested assurance that there is oversight of waiting lists and how long people are waiting for a response, that patients are communicated with and that complaints do not repeat. Mathew informed the Committee that data is currently available in spreadsheet format; once Datix has been reconfigured it will be able to provide data on median and longest wait time and by complainant in terms of how long they have been waiting for a response together with the reasons why. Ellen added that whilst the Datix system is not yet entirely in place, a new initiative is just being started whereby directors will receive a report on when complaints are first logged together with information on what is causing issues.
- 12.8 In terms of the GP feedback tool, there is a 10 day timescale for the team to respond to GPs; the team may not always meet the timescale however they do respond and this is logged on the PECT system. One of the biggest challenges is that in order to take the process forward the CCG often needs to have the patient details in order to investigate properly, for which patient consent is needed. A project is being undertaken looking at GP feedback in terms of how this is streamed e.g. to identify if GPs need to be prompted to provide patient detail in order to provide a response.
- 12.9 Judy summarised that the patient experience and complaints report format is improving, it was recognised that performance still needs to improve but that there are actions in place, with more information needed on long waits.

12.10 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the quarter 2 2018/19 patient experience and complaints feedback report.

13. CONTINUING HEALTHCARE (CHC) COMPLAINTS THEMATIC REVIEW (Paper CLIN18/144)

- 13.1 Alison Lawrence introduced the report on a thematic review of all the complaints within a six month period received by the PECT regarding CHC. During the period of 1 January 2018 to 30 June 2018 there were a total of 48 complaints relating to 48 patients (in comparison there was 59 complaints in the previous six month period). The results of the thematic review illustrate that 54% of all complaints had one or more complaint themes considered important to the patients and/or their family members, with eligibility, delays and communication forming all or part of the complaint.
- 13.2 Further analysis has shown that of the cases that cited eligibility as all or part of the complaint, 74% were not upheld or partially upheld. This is 7% lower than the previous six month period. Cases that cited communication as all or part of the complaint, 47% were upheld or partially upheld. This is 42% lower than the previous six month period. The results present CHC with learning opportunities and the chance to focus on areas to assist in meaningful change.
- 13.3 Judy Gillow noted that the overall conclusion of the report was helpful and that things were going in the right direction, although some challenges remain, whilst Sarah Schofield added that she really liked the sections about learning. In terms of the training programme for administration staff, clinicians and acute and primary care staff, she queried if there was any information on if anyone is using the programme, the outcomes and whether this needs to be revised in any way e.g. some people might find attending a course helpful but it is unlikely that GPs would be able to attend. In response Alison advised that it is still early days and is aspirational; however she added that she needs a clearer sense of where we are now and how this is taken forward, with a review to be undertaken to identify if the programme is good for learning needs and to identify what else is required.
- 13.4 It was agreed that a report on themes would be provided in 6 months as embedding the new system and the training in place will have made an impact, to include updates in response to the queries raised above. Alison also requested that Committee members advise if there is anything else they would like to see included in the report (*logged for agenda*).
- 13.5 **AGREED:**
The West Hampshire CCG Clinical Governance Committee received the thematic review report.

SECTION 7: ITEMS FOR INFORMATION

14. LEARNING FROM SERVICE USERS PROGRAMME 2018/19 ACTON PLAN: UPDATE (CLIN18/145)

- 14.1 The Committee received a paper which reported that in the wake of the MAZAR's report the Committee requested a cross directorate plan to develop the CCG's understanding of how people experience commissioned services. The Committee received a report in May 2018 which provided an update on the themes identified

during 2016-18 and the actions taken as a result, along with the details of the key actions proposed for 2018/19.

14.2 An update on progress against these actions was provided. No comments or queries were raised.

14.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee noted the update report.

15. MAZARS RECOMMENDATION 9 (MR9): PROJECT SUMMARY REPORT (Paper CLIN18/146)

15.1 The Committee received a report which provided an update on progress to date on the actions taken by the CCG in response to the Mazars report on SHFT published in December 2015, specifically an overview of the project group convened to progress Recommendation 9 from the report (MR9), its actions to date, underway and scheduled i.e. 'The trust, CCG and local authority should undertake a retrospective review of all Learning Disability unexpected deaths regardless of place of residence...'

15.2 It was confirmed that Mazars did not attribute a timescale to undertake the review.

15.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee noted the update report.

16. LEARNING DISABILITY MORTALITY REVIEWS (LEDER): UPDATE REPORT (Paper CLIN18/147)

16.1 The Committee received a report which gave an update on the local processes developed for undertaking reviews of the death of people with a learning disability under the LeDeR programme. To date the CCG have completed nine reviews and, due to a lack of trained LeDeR reviewers, there are ten waiting for allocation to a reviewer. The report also includes the themes that have been identified from the completed cases to date, which are similar to those identified on a national scale in the LeDeR Annual Report, December 2017 published on 4 May 2018.

16.2 No comments or queries were raised.

16.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee noted the update report.

17. MINUTES FOR INFORMATION (Paper CLIN18/148)

17.1 AGREED:

The West Hampshire CCG Clinical Governance Committee received the following minutes which had been provided for information:

- **Clinical Cabinet meetings of 9 August and 13 September 2018**
- **Medicines Optimisation Clinical Steering Group of 4 September 2018.**

SECTION 7: ESCALATION & CLOSE OF MEETING

18. RISKS / ISSUES

18.1 It was agreed that no new risks were identified through discussion for adding to the Risk Register.

19. BOARD

19.1 The Clinical Governance Committee agreed that the following topics should be highlighted to the Board of 29 November 2018:

- A focus on mental health issues i.e. mental health and links with ED, the new governance arrangements, what has been achieved, what is outstanding together with actions to resolve in order to provide assurance on the areas that are outstanding.
- To provide a synopsis of feedback from Julia Barton in relation to Portsmouth Hospitals Trust in order to close the loop from the update provided to the Board in January 2018.

20. ANY OTHER BUSINESS

20.1 Judy Gillow referenced the earlier agreement for a preliminary discussion at the Lay Members Briefing regarding assurance processes within West Hampshire CCG (section 7.20) adding that this was relevant to the update provided by Julia Barton and it would therefore be helpful to link with her regarding the way that relationships had been improved between commissioners and PHT as part of this discussion.

21. DATES OF FUTURE MEETINGS

21.1 The next meeting of the West Hampshire CCG Clinical Governance Committee will be held from 9.00m to 12.30pm on Thursday 17 January 2019 in the Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.

Dates of future meetings:

7 March 2019

2 May 2019

4 July 2019

5 September 2019

7 November 2019

9 January 2020

5 March 2020

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Minutes **REDACTED**

Clinical Cabinet Meeting

Minutes of the West Hampshire Clinical Commissioning Group Clinical Cabinet meeting held on Thursday 8 November 2018 at 09.30am in the Boardroom, Omega House

Present:	Adrian Higgins Ian Corless	Medical Director (CHAIR) Board Secretary and Head of Business Services
	Jenny Erwin	Director of Commissioning: Mid Hampshire (part meeting)
	Roland Fowler	Clinical Locality Director, Eastleigh North and Test Valley South and Clinical Director Children and Families
	Karl Graham	Clinical Director, ICT
	Beverley Goddard	Director of Performance and Delivery
	Heather Hauschild	Chief Officer
	Emma Harris	Clinical Director, Medicines Management
	Rory Honney	Clinical Locality Director, Andover
	Rachael King	Director of Commissioning, South West
	Johnny Lyon-Maris	Clinical Locality Director, West New Forest
	Ellen McNicholas	Director of Quality and Safety (Board Nurse)
	Beverley Meeson	Deputy Director Service Development
	Heather Mitchell	Director of Strategy and Service Development
	Katrina Webster	Clinical Director, Mental Health and Learning Disabilities
In Attendance:	Helen Cruickshank	Consultant in Public Health Medicine deputising for Simon Bryant
	Michaela Dyer	Deputy Director Performance and Delivery
	Cheryl Harding-Trestrail	Senior Commissioning Manager – Acute Transformation, South West (Items 6 & 7.1)
	Karen Gregory	Clinical Advisor to WHCCG (Item 7.2)
	Terry Renshaw	Governance Manager
Apologies:	Charlie Besley	Clinical Locality Director, Totton and Waterside
	Simon Bryant	Associate Director of Public Health HCC
	Demelza Dancey	Associate Director Communications and Strategic Planning
	Judy Gillow	Lay Member, Quality
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Clare Harris	Named Doctor: Safeguarding Children

Commercial In Confidence – Minute reference 5.

Summary of Actions:

Minute Ref:	Action	Who	By
7.1.3	Community Dermatology Service – Simplify wording around BCCs. Final wording to be agreed with Karl Graham and Johnny Lyon-Maris.	ASAP	CH-T/(KG)/J-LM)
7.3.2	Operating Plan: <ul style="list-style-type: none"> • Heather Mitchell to talk outside of meeting to Rory Honney and Helen Cruickshank regarding the 'supporting people to stay well' page. • South West Hampshire Health Need: <ul style="list-style-type: none"> • People aged 85+ - Change 1.1% to read 5.1%. • Review/change mental health and dementia text. 	ASAP ASAP ASAP	HM/RH/HC HM HM
9.2	AOB : Fibroscan Project – Update to December meeting.	JE	05.12.18

1.	<u>WELCOME, APOLOGIES AND CONFIRMATION OF QUORACY</u>
1.1	Adrian Higgins welcomed members present to the Clinical Cabinet meeting and apologies for absence were noted.
1.2	It was confirmed that the meeting was quorate.
2.	<u>DECLARATIONS OF INTEREST (Paper CC18/093)</u>
2.1	Adrian Higgins directed members to the Declarations of Interest Register.
2.2	Adrian reminded Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS West Hampshire Clinical Commissioning Group.
2.3	No further specific interests were declared relating to items to be discussed at the meeting.
3.	<u>MINUTES OF LAST MEETING (Paper CC18/094)</u>
3.1	Clinical Cabinet reviewed the minutes of the last meeting, held on the 11 October 2018.
3.2	AGREED: Clinical Cabinet:

	<ul style="list-style-type: none"> • Agreed the minutes of the Clinical Cabinet meeting held on the 11 October 2018 and commended them for signature by the Chair of the meeting.
4.	<u>ACTION TRACKER</u> (Paper CC18/095)
4.1	Adrian Higgins introduced paper CC18/095 and the items on the action tracker were reviewed. An update was provided on:
	<p>1. CC18/009 CEO Report - 360° Stakeholder Survey – It was reported that due to resourcing issues there is currently no plan available for publication. Heather Hauschild has agreed with Ellen McNicholas additional support is to be sourced whilst a review is undertaken of what is needed in the team. Currently we are reliant on Directors of Commissioning and Locality Clinical Directors raising awareness of the work being undertaken by the CCG for example sharing with Localities the materials produced for Directorate reviews.</p>
	<p>2. CC18/019a) LDS Report Andover Hub Outline Business Case: To present to Cabinet August/September – It was reported that the Outline Business Case was approved by the Board on the 1 November 2018 for submission to NHS England (NHS E). It was noted that NHS E normally fund 60% of costs but the CCG on this occasion is asking for 100% ETTF funding. The outcome is awaited. CLOSED.</p>
	<p>3. CC18/020b) Referral Support Service: To develop a communication/messaging strategy to support the recruitment process – It was reported that due to resourcing issues this has not been progressed. It is recognised that this is now becoming time critical as the recruitment process is due to commence shortly.</p>
	<p>4. CC18/024a) Stakeholder Engagement Plan: Communication to go out to the membership to promote achievements and to thank membership for what it does – It was highlighted that due to resourcing issues this has not been progressed.</p>
	<p>5. CC18/024b) Stakeholder Engagement Plan: September update to Cabinet deferred to October 2018 – It was highlighted that due to resourcing issues this has not been progressed.</p>
	<p>6. CC18/026a) Children and Young Peoples Services: Prepare paper for Executive Team on due diligence and contracting check points in terms of an integrated service – It was reported that a new timetable has been compiled. Position was noted and action is to remain open.</p>
	<p>7. CC18/026b) Children and Young Peoples Services: Service Specifications/implementation/governance plan update to be presented at 8 November 2018 Clinical Cabinet - It was reported that a new timetable has been compiled. Position was noted and action is to remain open.</p>
	<p>8. CC18/018/028 Declaration of Interest: Katrina Webster change of interest - It was noted that change of interest has been received/actioned. It was agreed that this action can now be CLOSED.</p>

	9. CC18/029a) FRP Seminar – RTAP questions write up of group feedback/notes to next meeting – Agenda item 6. CLOSED.
	10. CC18/029b) FRP Seminar: Reword question ‘consider how the members of Cabinet can best support the delivery of 4 major transformational schemes within our QIPP - Agenda item 6. CLOSED.
	11. CC18/030a) HPC Recommendation Policy Statement 41 Management of Rotator Cuff Tears: Reword bp3 of cover paper CC18/090A and page 6 of report to reflect that ultrasound should not be used as an initial investigation in primary care – It was noted that this has been actioned in the finalised document. CLOSED.
	12. CC18/030b) HPC Recommendation Policy Statement 41 Management of Rotator Cuff Tears: Cabinet supported work to be progressed to look at shutting down direct access to ultrasound in Primary Care for Rotator Cuff Tears - It was noted that this has been actioned in the notice letter to provider and communication to primary care. CLOSED.
	13. CC18/031a) Collaborative Commissioning Report (September 2018): Service Specification – Urgent Care of infants and children (HHFT) to be presented to Cabinet for review: Timing to be confirmed – It was noted that Heather Mitchell has requested the documentation, but this has not been received as yet. To be progress chased.
	14. CC18/031b) Collaborative Commissioning Report (September 2018): Developing a Hampshire Mental Health Strategy. Timing for Cabinet review to be confirmed – It was reported this is likely to be available in the New Year. Heather Mitchell to obtain a ‘firm’ date from the team.
	15. CC18/032a) Collaborative Commissioning Report (September 2018) CHC – Provide visibility of where additional commissioning beds are. Map to be shared with Cabinet - It was noted that Ellen McNicholas is to send the map to Terry Renshaw to cascade. CLOSED.
	16. CC18/032b) Collaborative Commissioning Report (September 2018) CHC: Discuss access to additional commissioned beds and cross border issues – It was reported that Ellen McNichoas and Charlie Besley have discussed the challenges in the New Forest area. The additional commissioned beds are not the only beds being used. There is also ‘spot purchasing’ being undertaken in every area. CLOSED.
4.2	AGREED: Clinical Cabinet: <ul style="list-style-type: none"> • Received updates on the actions arising. • Agreed that eight actions are now complete and can be closed.
5.	<u>CHIEF OFFICERS REPORT</u> (Paper CC18/096)
5.1	Heather Hauschild introduced the Chief Officers Report that covers the following matters:

	<ul style="list-style-type: none"> • 2019/20 Finance Planning • Partnership Arrangements • Winter Money for Local Authorities • New Cancer Strategy for the NHS • Update on South West and Southampton System Workshop • Executive Team update. <p>Particular attention was drawn to:</p> <p>Commercial in Confidence</p> <p>Redacted</p>
5.2	<p>AGREED:</p> <p>Clinical Cabinet:</p> <ul style="list-style-type: none"> • Noted the Chief Officers Report (November 2018).
	<p>Seminar Session</p>
6.	<p><u>FOLLOW UP SESSION – REVIEW OF SAVINGS OPPORTUNITIES</u> (Presentation)</p>
6.1	<p>Michaela Dyer provided feedback from the group work on the potential digital projects and confirmed those which are to be worked up for QIPP programme.</p> <p>It was reported :</p> <ul style="list-style-type: none"> • There was relatively consistent feedback from the 3 groups. • There was a clear request to focus on sorting out basic IT issues. • Attention was drawn to the following four schemes: <ol style="list-style-type: none"> 1. Remote assessments/observations (e.g via wearables in dermatology and maternity). This will achieve/ support: <ul style="list-style-type: none"> • System wide financial savings. • Support remote working and reduction in travel • Reduce interaction required with health care professionals/tests. • Facilitate patient choice, increase capacity within primary care. <p>To be prioritised for QIPP proposal.</p>
	<ol style="list-style-type: none"> 2. Improved radiology pathology access and communications (ICE) This will achieve/support: <ul style="list-style-type: none"> • Reduced costs of managing user access to multiple ICE systems. • Single place to access all records • Consistency, reduce time requesting results, reduce paper costs for instances when these are posted. <p>To be prioritised for QIPP proposal.</p>
	<ol style="list-style-type: none"> 3. Chatbots – for example to support mental health patients in crisis situations. This will achieve/support: <ul style="list-style-type: none"> • Reduced referrals (waiting times) for mental health services • Support patient self-management. • Reduce interactions with face to face care settings.

	<ul style="list-style-type: none"> • Reduce crisis. To be prioritised for QIPP proposal.
	<p>4. Apps to deliver virtual/digital consultations. This will achieve/support:</p> <ul style="list-style-type: none"> • Remote working and reduction in travel. • Reduction in estate requirements, facilitate patient choice, increase capacity within primary care. <p>To be prioritised for QIPP proposal.</p> <p>These four schemes will be worked up into detailed project plans by 12 November 2018.</p>
6.2	The NHS app initiative (roll out from December 2018) that allows user to access NHS111 online/symptom checker, book GP appointments, order their repeat prescriptions, view their GP medical record, register as an organ donor and set their national data sharing preferences was considered to be core business and the CCG will continue to progress.
6.3	<p>The following feedback was provided on the group review of five potential further RTAP areas:</p> <p>1. Elective surgery – Recommend referral to weight management service (WMS). Question: do we mandate referral to WMS or a BMI threshold for lower limb surgery? Conclusion:</p> <ul style="list-style-type: none"> • One group supported a mandatory referral for BMI over 35. • All groups supported better use of RSS to include stronger ‘fit for surgery’ screening tools and/or MDT approach prior to treatment. <p>The next steps were noted.</p>
	<p>2. Elective Surgery – Recommend referral to smoking cessation services. Question: Do we mandate for significant surgery where GA indicated: Conclusion:</p> <ul style="list-style-type: none"> • Supported mandatory referral to smoking cessation service. • All groups supported better use of RSS to include stronger ‘fit for surgery’ screening tools <p>The next steps were noted.</p>
	<p>3. Cataracts – Question: Do we diverge from NICE standards and tighten local criteria? Conclusion: This was not supported, do not proceed with original proposal, however consider commissioning options on local price pathways. The next steps were noted.</p>
	<p>4. MSK – Question: Do we mandate use of OC/triage service? Conclusion – Yes supported by all. The next steps were noted.</p>
	<p>5. Vasectomy – Question: Do we increase age limit to 40 from 30? Conclusion – Not supported, do not proceed.</p>
6.4	Beverley Goddard outlined the change required and the key areas requiring support around the delivery of the following major transformational scheme. (Detail outlined on page 6 of presentation):

	<ul style="list-style-type: none"> • Outpatients • Fraility • Ambulatory Emergency Care • MSK
6.5	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Elective surgery – Recommend referral to smoking cessation services. It was highlighted that public health do not support mandatory approach and there are various providers who currently provide this service. It was responded that this is the first time that feedback has been shared and there is recognition that there is a lot more work/consultation required before actual approach/arrangements can be confirmed. • Reflected that more support is needed around the QIPP outpatients programme in the North and Mid Hampshire system. • Reported that within outpatients there is bigger growth in consultant to consultant referrals than GP to secondary care referrals. There was discussion around the use of the RSS system and peer review of referrals. It was noted that: <ul style="list-style-type: none"> • This is not part of the RSS design that is currently being mobilised and that this will be considered as an area for future development. • Consideration is to be given to how activity is being recorded in respect of consultant to consultant referrals.
7.	<u>ITEMS FOR NOTING/APPROVAL</u>
7.1	<u>Community Dermatology Service Procurement Preparation – New Specification (Paper CC18/097)</u>
7.1.1	<p>Cheryl Harding-Trestrail introduced paper CC18/097 and explained that:</p> <ul style="list-style-type: none"> • This paper presents a revised service specification for a Consultant Led Community Dermatology Service which is due to be tendered and re-procured in 2019/20. • South West and Mid-Hampshire Directorates have agreed a single specification, built from the existing specification, provider referrer and patient feedback, and includes improvements identified from three years' experience with the existing services. Improvements include: <ul style="list-style-type: none"> • Greater integration of community and secondary care services through anticipated integrated partnerships and joint governance • A clearer and broadened range of conditions expected to be seen • Improved and innovative options for advice and guidance and diagnostic investigation (for example single lesion recognition service) • Improved educational opportunities and development for primary care.
7.1.2	<p>It was reported that:</p> <ul style="list-style-type: none"> • The financial modelling based on the clinical specification is currently being finalised and will derive additional quality improvements and financial benefits in terms of reduced secondary care activity. • The views of patients and the public have been gathered through collaboration with the communications team and network of practice participation groups and local focus groups.

	<ul style="list-style-type: none"> Local providers have had an opportunity to contribute to the development of the specification. Locality Clinical Leads have contributed to this revision, co-ordinated by Sean Watters and gathered feedback from Locality groups. This service model will include 3 elements of service: <ul style="list-style-type: none"> Tier 1 : Primary Care support Tier 2 : Community Integrated Dermatology Service Tier 3: Secondary Care. The Tier 4 Secondary Care Cancer Service is specified and commissioned as per national requirements and is not covered by this specification. 																
7.1.3	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> Highlighted that the Integrated Community Dermatology Service will ensure that the correct pathways are used for high risk BCCs, suspected squamous cell carcinomas (SCCs) and melanomas which must be referred directly to the appropriate secondary care provider. Questioned as to why allergy patch testing is excluded. It was reported that there is an array of different allergens and it is therefore not practical to be done. Patch testing can go through a single point to the community dermatology service who can make a judgement on whether an onward referral is needed. Agreed that the elements around BCCs need to be simplified and made more explicit. Final wording to be agreed with Karl Graham and Johnny Lyon-Maris <p>ACTION: Cheryl Harding-Trestrail/Karl Graham/Johnny Lyon-Maris.</p>																
7.1.4	<p>AGREED:</p> <p>Clinical Cabinet:</p> <ul style="list-style-type: none"> Approved the specification subject to the revised wording being agreed around BCCs. 																
7.2	<p><u>IFR Decisions</u></p>																
7.2.1	<p><u>Overview of IFR Decisions September 2017 – September 2018</u> (Paper CC18/098)</p> <p>Karen Gregory provided the following overview:</p> <ul style="list-style-type: none"> September 2017 – September 2018 : <ul style="list-style-type: none"> Total cases 390 WHCCG 108 Average per Panel 16 The key points/underlying principles the panel consider are: <ul style="list-style-type: none"> Is the case exceptional? If so, why? Is there clear capacity to benefit? Is this treatment supported by evidence based medicine? Common requests include: <table border="1"> <thead> <tr> <th>Procedure</th> <th>Supported</th> <th>Declined</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breast reduction/augmentation</td> <td>12</td> <td>20</td> <td>32</td> </tr> <tr> <td>Breast asymmetry</td> <td>9</td> <td>3</td> <td>12</td> </tr> <tr> <td>gynaecomastia</td> <td>8</td> <td>4</td> <td>12</td> </tr> </tbody> </table>	Procedure	Supported	Declined	Total	Breast reduction/augmentation	12	20	32	Breast asymmetry	9	3	12	gynaecomastia	8	4	12
Procedure	Supported	Declined	Total														
Breast reduction/augmentation	12	20	32														
Breast asymmetry	9	3	12														
gynaecomastia	8	4	12														

rhinophyma	1		1
Nipple reconstruction	1		1
Bariatric surgery/ revision	6	1	7
Pinnaplasty/deformity	2	1	3
Scar revision	8	1	9
Labiaplasty	1	3	4
Varicose veins	3	8	11
Flash libre system (type 2)	2	1	3
Nerve blocks/epidurals etc	9		9
Mab eg omalizumab treatment	4		4

Particular attention was drawn to :

- **Bariatric surgery/revision** – There is an increase in the number of cases received and an audit has been undertaken on cases reviewed over the last twelve months. Six cases were reviewed and the outcome has indicated that a consistent approach has been taken to decision making.
- **Scar revision, Labioaplasty and Varicose veins** – Where audits had also been undertaken earlier in the year resulting in an outcome of consistent decision making.

7.2.2

The following areas were highlighted:

Challenges:

- Cases around Assisted Conception.
- Discussions around miscarriage and neonatal death.
- Surrogacy. Not available on the NHS but other parts of the pathway are. IVF is taken separately.
- Same sex couples – Not in remit. Pathway to be addressed.
- Unusual- Stammer, Pectus excavatum.

Hot topics:

- **Bariatric surgery** - It was reported that there are clear criteria around primary bariatric surgery (June 2016) and revisional surgery (May 2018). Primary surgery does not require prior approval, but due to fairly low volumes of revision surgery, these can be prior approved. Cases which don't fit the revision criteria are referred to the panel.
- All the 'mabs' –disease modifying drugs and autoimmune disease.
- **Pain pathway** – Any repeat intervention technically requires an IFR. However, there is a small but distinct cohort of patients who require repeat epidurals usually done to some form of spondylopathy or spinal stenosis and the pathway isn't catering for them. There is a need to put together a proper case to have the pathway amended to reflect this group. The panel take the clear view that such IFRs shouldn't be coming their way as they are not exceptional and should be addressed by the CCGs as a policy issue.
- **RTAP (Restricted Treatments and Procedures) Steering Group covers West Hampshire, North Hampshire and Southampton CCGs and meets every month** – Two members of the panel on this group. This considers the Priorities Committee policy statements, discusses how they might be implemented, and they are then presented to the Cabinet for

	<p>endorsement.</p> <p>It was reported that the panel have recently extended their remit to include the Isle of Wight and are currently progressing the backlog of cases. To cut travel time new technology solutions are to be used for example web-link. The first panel has been held.</p> <p>The Chair thanked Karen for her clear and concise summary.</p>
7.2.3	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Questioned how the panel address the many challenges identified in terms of ethical and cultural aspects. It was responded that the emotive aspects of the case need to be put to one side and discussion is based on the basic principles on which conclusions are reached. • Reported that the IVF pathway has been revised to ensure it is compliant with transgender requests. • Suggested that it might be helpful to visit another area to observe how their panel operates.
7.2.4	<p>AGREED:</p> <p>Clinical Cabinet:</p> <ul style="list-style-type: none"> • Reviewed the report, which gives an overview of activity from the Independent Funding Panel over the last twelve months. • Provided comment on the issues raised.
7.2.5	<p><u>Overview of IFR decisions – Children’s April 2018 – October 2018 (Paper CC18/099)</u></p> <p>Cabinet received paper CC18/099 and noted:</p> <ul style="list-style-type: none"> • Since April 2018 12 IFRs have been considered by the Children’s Complex Needs Panel • The Children’s Complex Needs Panel consists of commissioners and an independent paediatrician, and meets no more than monthly but the actual frequency is dependent on numbers of referrals • Requests for Bursledon House are for a range of conditions including <ul style="list-style-type: none"> ○ Selective Eating/Faltering Growth ○ Soiling/behavioural difficulties ○ Extreme low weight/Feeding phobia/eating disorder – cause of extreme aversion to eating unclear, no frank anorexic cognitions/Moderate depressive illness ○ Multiple joint pain/poor school attendance/sleep disturbance ○ Deeply entrenched faecal impaction with low self-esteem/consequential demotivation and refusal to take medication • For requests for admission to Bursledon House often the referral information has significant gaps, and lacks detail from the wider multiagency team around the child, leading to a high level of deferrals. • The CCG is encouraging the clinical teams to refer to children’s services if unmet need rather than pursuing a solely medical solution to a complex presentation with social and/or educational elements • All commissioning resource panels across the children’s landscape are currently being reviewed with the intention that they will all reflect a truly joined up multiagency response to meeting of need. These new

	arrangements are planned to be in place by December 2018
7.2.6	<p>AGREED:</p> <p>Clinical Cabinet:</p> <ul style="list-style-type: none"> Reviewed the report, which gives an overview of activity from the Independent Funding Panel since April 2018.
7.2.7	<p><u>Overview of IFR Decisions – Mental Health April 2016 – April 2018 (Paper CC18/100)</u></p> <p>Katrina Webster introduced paper CC18/100 which gives an overview of activity from the Independent Funding Panel since April 2016. Particular attention was drawn to:</p> <ul style="list-style-type: none"> Individual Funding Requests are managed by the NHS South Central and Commissioning Support Unit Team on behalf of the Hampshire 5 CCGs. The panel that makes decisions relating to IFRs does not currently include any mental health clinicians. The Vulnerable Adults (VA) Team was asked to support the decision making process and provide recommendations for IFRs relating to MH. Total Cases considered by the Panel 392 Total Cases Approved 385 WHCCG 230 Key issues when reviewing cases - The VA Team currently consider IFRs at their fortnightly individual placements panel: <ul style="list-style-type: none"> Requests for ADHD have reduced significantly with the commissioning of service Requests for post diagnostic support for people with Autism remain high Requests that exceed the support tier commissioned for Chronic Fatigue Syndrome remain high A high proportion of applications that do not provide sufficient or specific enough information for the panel to make a recommendation. Significant Liaison is required in specialist clinical areas where expertise is not available to the CCG
7.2.8	<p>On concluding the presentation it was reported:</p> <ul style="list-style-type: none"> The number of IFRs has reduced significantly due to commissioning of contracted services; however gaps in pathways for commissioned services are emerging, along with a need for specialist expertise. Through due process in the CCG and further papers are expected with options to address the issues noted in this report.
7.2.9	<p>As a result of discussion clarification was sought over the ratio of requests that are not approved. It was reported that the majority of cases are approved, however most cases have to be referred back for more information to be provided, which results in more work for the Vulnerable Adult's team. Work is to be undertaken to enforce the process with practices and the need for sufficient information to be provided.</p>

7.2.10	<p>AGREED: Clinical Cabinet:</p> <ul style="list-style-type: none"> Reviewed the report, which gives an overview of activity from the Independent Funding Panel since April 2016.
	Jenny Erwin joined the meeting.
7.3	<u>Operating Plan (Paper CC18/101)</u>
7.3.1	<p>Heather Mitchell introduced paper CC18/101 and outlined:</p> <ul style="list-style-type: none"> The Hampshire and Isle of Wight STP arrangements The West Hampshire CCG Strategy The Integrated Care Model: <ul style="list-style-type: none"> Cluster development Supporting people to stay well Proactive joined up care for those with on-going or complex needs. Better access to specialist care. Integrated Urgent and Emergency Care Services Effective Step-Up, Step-Down nursing and residential care Our enablers Our statutory responsibilities <p>It was noted that this will form a high level summary of the more detailed Operating Plan and the proposed timetable is as follows:</p> <ul style="list-style-type: none"> November 2018 – Priorities and high level summary content finalised and agreed with Board December 2018 – Operating plan guidance published, following that high level content to be sense checked against the guidance and then worked up into a professional document for publication on website / external use January 2019 – Feb 2019 – Detailed activity and financial annexes (and others as dictated by the guidance) completed March 2019 – Operating plan submitted.
7.3.2	<p>As a result of discussion</p> <ul style="list-style-type: none"> Clarification was sought from Locality Clinical Directors as to whether the document provides enough detail on the CCG’s role focus and strategic priorities for them to use this document within their Localities to increase awareness of the CCG and its business. It was confirmed that the high level messages could be shared within Localities. However, further reflection is required around how we get everyone and patients on Board with this not just catching those who regularly attend meetings. It was agreed: <ul style="list-style-type: none"> Heather Mitchell is to speak to Rory Honney and Helen Cruickshank regarding the ‘Supporting people to stay well’ page. <p>ACTION: Heather Mitchell</p> <ul style="list-style-type: none"> South West Hampshire Health Need: <ul style="list-style-type: none"> People aged 85+ above national average should be 5.1% not 1.1%. Review/change mental health text and dementia text as they read the same.

	ACTION: Heather Mitchell
7.3.3	AGREED: Clinical Cabinet: <ul style="list-style-type: none"> • Received and provided comment on the priorities described. • Agreed the action outlined at paragraph 7.3.2
8.	<u>RISKS AND ISSUES IDENTIFIED AS A RESULT OF ITEMS DISCUSSED AT THE MEETING</u> - There were no new risks identified.
9.	<u>ANY OTHER BUSINESS</u>
9.1	<u>2ww Lower GI Pathway</u> Adrian Higgins drew attention to an issue that has arisen around the SW Directorate return on the 2ww forms. Derek Sandeman has been contacted and asked to provide assurance that forms are not being returned. Also a booked call has been arranged with John Knight regarding the revised pathway. An update will be provided once more information is available. It was noted that this has been raised contractually with the Trust and will also be progressed through the quality route.
9.2	<u>Fibro scan Project</u> It was noted that LFT has been dropped from Target as there is no LFT in the hot-topics programme. An update on implementation was requested for the December meeting. (Post meeting note: This will be covered as part of the Local Delivery System update.) ACTION: Jenny Erwin
10.	<u>DATE OF NEXT MEETING</u>
10.1	The next meeting of the Clinical Cabinet will take place on Thursday 13 December 2018 from 09.30am in the Boardroom, Omega House, and Eastleigh.

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Minutes

Finance and Performance Committee

Minutes of the Finance and Performance Committee meeting held on Thursday 1 November 2018 from 1.00pm – 4.30pm in the Boardroom, Omega House, Eastleigh

Present:	Alison Rogers	Lay Member Strategy and Finance, CHAIR
	Charlie Besley	Locality Clinical Director Totton and Waterside
	Jenny Erwin	Director of Commissioning – Mid Hampshire
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member Governance/Audit
	Judy Gillow	Lay Member Quality
	Beverley Goddard	Director of Performance and Delivery
	Karl Graham	Locality Clinical Director Eastleigh Southern Parishes
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Rory Honney	Locality Clinical Director, Andover
	Rachael King	Director of Commissioning – South West
	Johnny Lyon-Maris	Locality Clinical Director, West New Forest
	Lorne McEwan	Locality Clinical Director, Winchester
	Ellen McNicholas	Director of Quality and Board Nurse
	Heather Mitchell	Director of Strategy and Service Development
	Helen Pardoe	Secondary Care Consultant
	Sarah Schofield	Clinical Executive Director and Clinical Chairman
	Caroline Ward	Lay Member New Technologies and Digital
 In Attendance:	 Ian Corless	 Board Secretary/Head of Business Services
	Tess Lawrence	Governance Officer (Minutes)

Summary of Actions:

Minute Ref:	Action	Who	By
4.1 3	<p><u>FPC18/013 Performance Report: Check figures/take advice regarding 111 warm transfers (page 27 of FPC18/092) –</u></p> <ul style="list-style-type: none"> It was agreed that this action should be closed on the action tracker and a new action added to seek confirmation on progress. 	TL/BG	29.11.18

1.	<u>WELCOME, APOLOGIES AND CONFIRMATION OF QUORACY</u>
1.1	Alison Rogers welcomed members present to the meeting of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Finance and Performance Committee and noted apologies for absence. It was confirmed that the meeting was quorate.
2.	<u>DECLARATIONS OF INTEREST (FPC18/102)</u>
2.1	Alison Rogers directed members to the Declaration of Interest Register.
2.2	Rory Honney provided updated information to be noted within his declaration of interests. In addition to the existing declaration Rory is also working for Hampshire County Council Public Health team one day per week on a project around cholesterol and statin prescribing.
2.3	No specific interests were declared relating to items to be discussed at the meeting. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.4	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee received and noted the Register of Interests.</p>
3.	<u>MINUTES OF THE PREVIOUS MEETING (FPC18/103)</u>
3.1	<p>The Finance and Performance Committee received the draft minutes of the meeting held on the 27 September 2018.</p> <p>Sarah Schofield sought confirmation for the following items:</p> <ul style="list-style-type: none"> 6 – Performance Reporting: <ul style="list-style-type: none"> 6.3 HHFT ED implement additional management capacity within ED commenced in September 2018. It was confirmed that additional management capacity was implemented.

	<ul style="list-style-type: none"> • CAMHS Performance and Waiting Lists 6.10 An interim provider Psicon starts seeing the families affected from the 1st October 2018. It was confirmed that Psicon did start to see families affected from 1st October 2018.
3.2	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the two confirmations above. • Approved the minutes of the meeting held on the 27 September 2018.
4.	<u>ACTION TRACKER</u> (FPC18/104)
4.1	Alison Rogers introduced paper FPC18/104. The following updates to the action tracker were noted:
	<p>1. <u>FPC18/108/012a) Performance Report: Agreed that the issues with regard to CAMHS need to be escalated and Heather Hauschild agreed to formally write to Maggie McIsaac to instigate a plan and find out what is being done to manage the situation at this stage –</u> The Joint Hampshire partnership and West Hampshire CCG Board will meet at the end of November and will consider the latest position and further action required on all areas of hosted commissioning including CAMHS. The constitution and remit of the committee will be decided at that time. Further actions on specific areas of concern will be agreed taking note of interim actions that have been progressed. Heather Mitchell has met to discuss concerns with the lead Director for Children’s Commissioning. A further meeting is being arranged to go through this in more detail with Directors and Deputies. It was agreed that this item should remain on the action tracker for further updates to be provided.</p>
	<p>2. <u>FPC18/012b) Performance Report: Agreed that the lead commissioner for CAMHS should be invited to attend the next Finance and Performance Committee (27 September 2018)</u> – The lead commissioner will be in attendance at this Finance and Performance Committee meeting, therefore, it was agreed that this action can be closed on the action tracker. CLOSED</p>
	<p>3. <u>FPC18/013 Performance Report: Check figures/take advice regarding 111 warm transfers (page 27 of FPC18/092)</u> – Figures have been checked and are correct. The percentage of warm transfers has been affected by two things – one counting, one service change. Firstly it was affected by changes in March 2018 to the way we count the ‘calls to clinicians’ figure. This now includes all calls to OOHs which are closed with a telephone triage (as per national IUC MDS definition). Therefore, the total number of calls counted has increased significantly but the number of warm transfers has not. Secondly, this is a direct result of the implementation of clinical triage for Cat 3 and 4 ambulance dispositions in March 2018 which was a national mandate. This means that 111 clinicians who would previously have been available for warm transfer are now being directed to triage the ambulance dispositions.</p>

	<p>Clarification was sought with regard to the term ‘warm transfer’ and it was explained that a ‘warm transfer’ is when a patient is transferred by a team member to another member of staff/department, without the patient having to telephone back or make another appointment.</p> <p>It was agreed that this action should be closed on the action tracker and a new action added to seek confirmation on progress. CLOSED ACTION: Tess Lawrence/Beverley Goddard</p>
	<p>4. <u>FPC18/014 Integrated Performance Summary: Request report be presented at Local Care System Board from UHS around their responsibilities as a digital exemplar, use of national monies, change implemented and how others can learn/apply advantages to the local system to benefit patients. Summary report to be received by Finance and Performance Committee</u> – It was reported that the South West workshop is to be held first. To be programmed for the November / December LCS Board and discussions are underway with UHS to progress this. It was agreed that this action can be closed on the action tracker and the outcomes are to be brought back to the Committee. CLOSED</p>
4.2	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received the updates. • Agreed that the three actions, as outlined above, are now complete and can now be closed. • A new action is to be added for FPC18/103 6.3 Performance Report – as detailed above.
5.	<u>FINANCE</u>
5.1	<u>Integrated Performance Report (Summary) (FPC18/105)</u>
5.1.1	<p>Beverly Goddard presented paper FPC18/105 and explained that this is the second month this new paper that has been presented bringing together the key exceptions in relation to:</p> <ul style="list-style-type: none"> • Financial performance against planned contract value • Performance against the financial value of planned QIPP schemes within contracts • Performance against constitutional standards <p>and sets out the key actions being taken to address performance, and the timetable within which these will be achieved</p> <p>It shows the clear theme in relation to ensuring continued focus of delivery of QIPP schemes at system level agreed within risk share / managed contracts.</p> <p>As noted last month, the most significant QIPP challenge relates to aligning resources and organisational commitment to driving system change in outpatient reform.</p>

5.1.2	<p>From a period of discussion it was noted that:</p> <p><u>Hampshire Hospitals</u> <u>A&E Four Hour Standard</u></p> <ul style="list-style-type: none"> Winchester are performing consistently better than Basingstoke with significant input being provided by NHSI and ECIST. A meeting is to be held on 5 November 2018 with the ECIST Manager to obtain feedback from their findings and outcomes from that meeting will be added to performance plans. A conversation will be held with regard to getting contractual oversight from them as the provider and will look to put something more robust in to the current CRM to strengthen that. <p><u>Waiting times</u> are also a key factor with tension between wanting to reduce planned care, and at the same time the expectation that HHFT will manage waiting times, so that the number of patients on an incomplete pathway should not exceed the March 2018 position.</p> <p><u>Outpatient performance</u></p> <ul style="list-style-type: none"> Is dependent on HHFT performance and engagement with signing up to programmes. <p><u>Neurology and Rheumatology</u></p> <ul style="list-style-type: none"> The opportunity was taken to bid for elective care monies from NHSE for these two specialties, not necessarily linked to outpatient transformation but linked to other areas including support for physicians in Primary Care. The bids have been approved and the funding awarded. <p><u>Non-elective bed days</u></p> <ul style="list-style-type: none"> The variance for Month 6 is £300k lower than planned. There is a lack of assurance with regard to the implementation of Newton's patient/service level outcomes in order to drive down the number of stranded and super-stranded patients. <p><u>Winter / Resilience</u></p> <ul style="list-style-type: none"> The regional team of NHSE asked WHCCG to join an assurance call with regard to the concerns over resilience going in to winter. Hampshire Hospitals is one of eight very challenged hospitals within the region. <p><u>Contract Management</u></p> <ul style="list-style-type: none"> The Local Care System Board are looking at some of the issues around financial management and general performance across the system to address the potential financial deficit across the system. The Local Care System Board have been asked to address these issues swiftly. <p><u>CQC Report</u></p> <ul style="list-style-type: none"> It was asked whether there is confidence that clinical leadership is in a good enough place and it was noted that the report from the CQC indicated issues with medical leadership which need to be addressed. <p><u>Clinical Services Strategy</u></p> <ul style="list-style-type: none"> A clinical strategy meeting was held in September 2018 which Heather Mitchell and Adrian Higgins attended. A substantial component of the meeting was with regard to the proposed redesign of the ED model. Higher level leadership issues remain and NHSE/NHSI are well sighted on what the issues with ED are. One of the options looked at is to use Consultants from other areas of the Hospital as an ED front door option to assist with triaging and reviewing patients.
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	<ul style="list-style-type: none"> • From attending the clinical strategy event it was clear that there are details of the model that need working through and that it may not be a viable solution at the moment in Winchester. It was agreed that focus also needs to be given to looking in to poor performance. • It was agreed that it is helpful to have an overview of targets and actions and the question was raised as to whether we are doing all we can and if lay members / GPs can contribute to help meet some of the targets and if they can have a more direct influence on the Board to get results. • It was agreed that it would be helpful to have clarification on when changes can be expected and whether progress is getting better or worse, instead of having milestone dates as 'ongoing.' It was noted that detailed information for items was provided within other reports and that some items cannot have a timescale put on them as they are reliant on engagement from other providers. • Changes to the way in which the report is structured i.e. to have the main report as it currently is and then papers for items as appendices, will need to be considered further as this will result in more papers that require additional sign off.
5.1.3	<p><u>University Hospital Southampton</u> <u>A&E four hour standard</u></p> <ul style="list-style-type: none"> • The Trust have put in place internal processes and 2.7 WTE additional consultants have now been recruited. This will allow for additional senior clinical decision support. ECIST are providing support and are looking at other Trusts to ensure best practice is followed. This will be included in the remedial action plan. <p><u>Cancer standards</u></p> <ul style="list-style-type: none"> • An assurance meeting is being held with NHSE to gain absolute assurance that now internal issues have been rectified focus will now be on cancer standards. • Cancer performance has improved but is still not at the level required, however, plans have been agreed and progress is being made against the four key areas. There has been a significant improvement with regard to breast cancer with two local breast radiologists now in post and there will be a substantive post filled from January 2019. • A cancer sciences quality review had been held and as a result from meeting with the administrative staff and appointment booking teams it was clear that there was a lack of demand and capacity management in place with no systems for planning ahead to accommodate referrals that are increasing year on year. Further information has been requested to provide assurance around improving this going forward. It was agreed that this needs to be provided as soon as possible and that a robust plan needs to be put in to place that is linked to the trajectories. • There is an additional consultant in post in urology and the robotic surgery capacity is increasing. • There has been a delay in regard to Endoscopy which was due to come on line in October due to a delay in the capital sign off for a new endoscopy suite. This is now back on target to be completed.

	<ul style="list-style-type: none"> If a milestone is not able to be achieved then it will be important to have a list of dates and any slippages for targets to be able to monitor progress or lack of. <p><u>Waiting list times for UHS</u></p> <ul style="list-style-type: none"> These are not included in the data as they are not such an issue as they are for HHFT. There has been a huge validation exercise carried out at UHS to confirm waiting list figures. QIPP underperformance is one of the biggest risks. The outpatient transformation includes innovative work in terms of the UHS Outpatient Transformation Programme and there is engagement in the Elective Wave 5 programme for three key specialties. It was recognised that the QIPP programme is not fully aligned with UHS's Cost Improvement Programme and that this will need to be addressed.
5.1.4	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> Noted the integrated performance report summary
5.2	<p><u>2018/19 Finance Report for Period Ending 30 September 2018 (Month 6) (FPC18/106)</u></p>
5.2.1	<p>Mike Fulford introduced paper FPC18/106 that provides an update to the Committee on the financial performance for the year as 30th September 2018 and the following areas were noted:</p> <p><u>Year to Date Position</u></p> <ul style="list-style-type: none"> The Year to date actual position for the first six months of the year is Breakeven on a planned deficit of £0.3m. <p><u>Forecast Out-turn</u></p> <ul style="list-style-type: none"> The CCG is currently forecasting to deliver its planned position of £0.7m deficit. This is in line with our formal control total of £2.2m deficit and being able to bring in our carried forward surplus of £1.5m but before accounting for CSF allocations of £0.7m that would enable us to break even if they are earned. The 2018/19 year-end forecast is at plan at this stage in the Financial Year. Net unmitigated risks associated with the delivery of the control total remain high at £9.5m. Mid-year reviews of the elements of the forecast overspend and risks are being undertaken to support a targeted action plan for the remaining months of the financial year. <p><u>Revenue Resource Limit</u></p> <ul style="list-style-type: none"> The Annual Revenue Resource Limit was reported to Board as £769.3m at the start of the year and has risen to £773m due to further notifications in year, all of which we were anticipating. <p><u>Financial Performance, Highlights and Exceptions</u></p> <ul style="list-style-type: none"> The September financial performance to date still contains some significant unknowns as we are at the early stage of the financial year and the trends in

	<p>expenditure are clearer but still emerging. These are reflected in the Risks as far as they can be quantified.</p>
5.2.2	<p>The key highlights outlined are as follows:</p> <p><u>Acute Contract Performance</u></p> <ul style="list-style-type: none"> • There is a potential forecast outturn overspend of £10.3m. • HHFT position is reported as breakeven in line with the conclusion of the contract negotiations that agreed a Minimum Income Guarantee for the Trust with variations by negotiation on the costs of providing any unplanned activity. The risk of paying under the contract arrangements for significant net unplanned activity levels is currently assessed to be low. <p><u>Non-Acute Contracts</u></p> <ul style="list-style-type: none"> • The year-to-date overspend on non-acute contracts consists of an overspend in Continuing Health Care £0.5m (forecast £1.5m overspend), NHS 111 £0.1m (forecast £0.1m overspend) and patient transport £0.2m (forecast £0.4m overspend), this is partially off-set by a Funded Nursing Care year-end underspend of £0.1m. <p><u>Medicines Management</u></p> <ul style="list-style-type: none"> • The Medicines Management forecast is for an underspend of £0.6m. However, this is still based on only 4 months actual data and, because of this, the forecast remains potentially volatile. <p><u>Primary Care</u></p> <ul style="list-style-type: none"> • Primary Care Delegated Budgets are £0.7m under-spent year-to-date. There is a need to deliver at least a planned under-spend of £0.7m for the year from this allocation. This represents the 1% planned surplus that is required to be made on this allocation. The forecast is currently for a further underspend of £0.2m. However, an adjustment for the costs of the GP pay review have not yet been included. This is estimated to be an additional unplanned spend of £0.6m which means that the delivery of the 1% surplus is at risk. • Other primary care budgets are forecast to break even. <p><u>Headquarters and Running Costs</u></p> <ul style="list-style-type: none"> • The initial forecast pressure has been reduced by £0.2m to £0.7m at month six following positive action from the Executive Team. A paper has been prepared following a review of running costs that once approved, will reduce the risk of the running costs target being breached. <p><u>Reserves and Contingency</u></p> <ul style="list-style-type: none"> • These budgets are back-weighted to month 12 for planning purposes as per NHS England's guidance and will be released into the position during the year. Reserves and Contingency are £4.5m favourable (Forecast £13.6m favourable at the year-end) including the planned 0.5% contingency reserve budget. Further improvement in the reserves assumption is due to forecasts for uncommitted reserves and potential future income and slippage.

5.2.3	<p>Quality, Innovation, Productivity and Prevention (QIPP)</p> <ul style="list-style-type: none"> The QIPP requirement remains at £27.4m. Currently the planned delivery is forecasting at 85% of plan.
5.2.4	<p>Risks and Mitigations</p> <ul style="list-style-type: none"> In addition to the in-year planned deficit of £0.7m, there are £9.5m of additional net risks and mitigations. If these risks and mitigations materialise the year-end deficit will increase to £10.2m. The £10.2m of risks relate principally to non-delivery of QIPP, over performance on acute contracts and potential pressures in Primary Care as well as risk on assumptions about potential additional income. The QIPP risk of £4.0 has reduced slightly from month five. Some mitigation is still felt to be possible principally in Medicines Management and Contract Management. This is out with any further recovery plans that may result from the mid-year review.
5.2.5	<p>Activity</p> <ul style="list-style-type: none"> Activity information has been received for April to August from providers. Significant work is being undertaken to validate what has been reported. August activity was generally lower than expected but this has not been built into forecasts as it is recognised as being a month where activity can drop significantly and subsequently be made up. General headlines appear to indicate non-elective activity has increased on last year in some providers. Full evaluation is now underway on the delivery of our QIPP plans in each contract vs. other emerging activity and pricing trends and pressures.
5.2.6	<p>As a result of discussion it was noted that:</p> <ul style="list-style-type: none"> There are material variances around critical care, excluding medicines and devices as well as around non-electives and follow ups. There is over performance across a range of areas which the finance team are identifying as part of a deep dive, the results of which will be presented to the Finance and Performance Committee at a later date. It has been identified that there are lots of variances that are relatively small in value but when are added up become a large number and there is a challenge to identify small issues that can be managed in a tangible way to prevent this. It was noted that there have been some changes to the structure of the contract with UHS and these will be fully implemented by the end of November 2018. There are still gaps in structure through recruitment vacancies and these are to be rectified as soon as possible. It was confirmed there is commitment to allocate additional resources to enable there to be a fully functional new team by January 2019. It was highlighted that coding is taken very seriously by Trusts and that data is assessed by impartial parties and information is audited and double checked. Therefore, the coding used would be correct and should not be a cause for increased volume and value of invoices. The question was asked whether WHCCG should be looking at providers for loss to the system, however, it was noted that there was a very clear message given that we should be meeting outputs first and foremost.

5.2.7	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the year to date and forecast financial position and level of unmitigated risk of £9.5m that remains at Month 6 2018/19.
5.3	<p><u>Update on 2018/19 Savings Programme – (FPC18/107)</u></p>
5.3.1	<p>Beverly Goddard introduced paper FPC18/107 and provided an update on the 2018/19 Savings programme:</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • There are no unidentified savings in the financial position at 30 September 2018. • The forecast outturn for each project has been agreed with the relevant director and takes into account estimated risk to delivery as at 30 September 2018. • The risk to the QIPP programme is assessed at £4.0 million. • This is offset by future financial recovery actions totalling £4.1 million.
5.3.2	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • The Finance and Performance Committee were reminded that the mitigating actions this year are to close the gap in the QIPP programme and there are a list of plans in place to achieve this. • It was noted that there are 4-5 MSK projects in train looking at a range of options with set milestones in development. There is a draft plan for delivery in Mid Hampshire and South West and it was queried as to whether there was any shared learning that could be taken from this. • It was noted that orthopaedic choice is a primary driver and some work is being undertaken with Southern Health, backed by a decision from WHCCG Clinical Cabinet, to further understand delivery against the contract. • Broader MSK projects are being looked at in North and West Hampshire that have different programmes of work and slightly different milestone plans.
5.3.3	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the forecast savings at 30 September 2018 and the risk to delivery.
6.	<p><u>PERFORMANCE REPORTING</u></p>
6.1	<p><u>Performance Report as at 11 October 2018 (FPC/108)</u></p>
6.1.1	<p>Beverly Goddard introduced paper FPC18/108 and explained that this report shows the overall performance for West Hampshire CCG and its main NHS providers. The report now includes a new section which summarises the key actions being taken by the CCG / providers where we have significant performance pressures.</p>

6.1.2	<p>Attention was drawn to the following key points:</p> <ul style="list-style-type: none"> • Referral to treatment times: WHCCG did not achieve the RTT performance standard in August with performance of 89.73% against the 92% standard. This represents slight deterioration on July (90.64%) and is the twelfth consecutive month of not achieving the standard. <p>Of our four main providers, only Salisbury achieved the standard with 92.57%. There are specialty level recovery plans in place with both HHFT and UHS, where performance deteriorated – work with UHSFT is focused on Orthopaedics, Ophthalmology and Urology, and with HHFT on Dermatology, Neurology and Ophthalmology – HHFT and CCGs have been successful in securing additional national funding to support Ophthalmology.</p> <ul style="list-style-type: none"> • Total RTT waiting list size: Slide 9 which sets out WHCCG, and individual provider, performance against the mandatory requirement to maintain the waiting list at 37,537 (the end of March position). The end of August 2018 waiting list position was 38,860 patients on an incomplete pathway, with the biggest rise being due to HHFT, where 820 patients more than planned are on an incomplete pathway. • Accident and emergency 4 hour standard: The standard was not met in September, with UHSFT deteriorating to 82.91%; HHFT showed improvement from 81.04% in August to 85.57% in September. <p>Key factors impact on ED performance at all Trusts, with the consistent theme being workforce challenges.</p> <ul style="list-style-type: none"> • Diagnostic 6 week waits: Performance improved across the majority of providers in August. HHFT have made good progress clearing the MRI backlog, reducing numbers to 47 trust wide in month. CCG performance has improved from 4.69% in July to 2.27% in August. <p>The CCG has a formal Recovery Plan in place with UHSFT to improve diagnostic performance by October, due to the impact on cancer standards.</p> <ul style="list-style-type: none"> • Cancer standards: WHCCG met five of the nine cancer waiting time standards at CCG level in August 2018. UHS cancer performance is of most concern, however there were improvements against the Breast two week wait and 31 day standard. There are now agreed recovery plans and trajectories for the four main cancer standards – with work focused on increasing consultant capacity in breast and urology services. • CAMHS: There are continued performance concerns in relation to CAMHS services and access times in August, and in particular a further increase in the number of patients waiting over 4 weeks for an initial assessment. The full position is detailed at slide 28.
6.1.3	<p>The key actions being taken forward by providers in relation to performance standards that are not being achieved are as follows:</p>

	<p>HHFT ED:</p> <ul style="list-style-type: none"> • Implement additional management capacity within ED commenced in September 2018 • Deliver 4 agreed actions from workforce strategy from October 2018 onwards. • Additional bed capacity to support flow during winter from November 2018 onwards. <p>UHSFT ED</p> <ul style="list-style-type: none"> • Address consultant staffing gaps with immediate effect. • Implement changes to minors service to manage injuries and illness from October 2018 onwards. • Implement weekly CEO reviews with immediate effect. <p>UHSFT Cancer Standards</p> <ul style="list-style-type: none"> • Further breast radiology consultant capacity to be in place from November 2018 • Completion of the endoscopy suite and additional capacity from October 2018 • Move to a single system plan across all commissioners from November 2018. <p>CAMHs</p> <ul style="list-style-type: none"> • Implement agreed action plan with immediate effect. • Prepare trajectory for recovery to standard was due in August and now expected in October 2018.
6.1.4	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the performance report.
7.	<u>GOVERNANCE</u>
7.1	<u>Financial Control, Planning Governance Self-Assessment Return and Action Plan - (FPC18/109)</u>
7.1.1	Mike Fulford introduced paper FPC18/109 the purpose of which is to inform the Committee of the return that was submitted for Quarter One of 2018/19 and the associated action plan to address self-assessed non-compliant areas.
7.1.2	<p>Attention was drawn to the following key points:</p> <ul style="list-style-type: none"> • On 12 June 2018, the NHSE local office issued CCGs with a self-assessment template to complete on Financial Control, Planning and Governance. • The purpose of the template is to provide ‘early warning signs’ of CCGs in financial distress and to provide assurance that there are adequately-designed and effective financial controls and governance processes in place to manage risk. <p>Process:</p> <ul style="list-style-type: none"> • CCGs were asked to complete an “Annual” tab and “Q1” tab by end of July 2018. • Local Area Teams will co-ordinate in their patch and determine the frequency by which they require each CCG to complete a template. We have

	<p>not yet heard when we will be required to repeat the exercise.</p> <ul style="list-style-type: none"> • The outcome of the assessment should be used as an indicator of risk to the local office among the other metrics the local office uses. • The Questionnaire was completed by the Deputy CFO and moderated by the CFO before being passed to the Chair of Audit for further moderation and sign off. • We are satisfied that we have answered the questions accurately and honestly. The resultant dashboard shows a picture of an organisation that is challenged financially but with a good grip on supporting governance and process. This self-assessment is in line with the assurances that we receive from audits and other reviews of our organisation <p>Outcomes</p> <ul style="list-style-type: none"> • There are two main areas where the CCG was not able to answer ‘Yes’ to all of the questions: <ul style="list-style-type: none"> • The first are substantive questions about the CCG’s financial plan compliance with the business rules. These are generally well rehearsed. • The second are a few specific WHCCG indicators where action is needed as follows: <ul style="list-style-type: none"> • All contracts are fully signed off. All contracts have been agreed but not all 2018/9 formal variations have been signed at the end of Q1. The SWCSU tracker has been reviewed and will be followed up every week to monitor progress. The target is for all signatures by 31 August.(Deputy CFO) • All staff including committee staff are trained in financial governance and there is a fully documented training record: Our staff are trained but we need to formalise the recording of this by 31/3/2019. (Board Secretary) • Audit Committee Lay members training needs are reviewed and adequately addressed. The training needs have been reviewed but not yet completely addressed. A training Programme will be developed working with Lay Members and Chair of Audit. (Deputy CFO) • A Finance and Investment Committee is in place that reports to the Board including an annual review of Performance. A formal Annual Review of the Committee’s Performance and a report to the Board will be implemented in 2018/19. (Board Secretary)
7.1.3	<p>As a result of discussion it was noted that:</p> <ul style="list-style-type: none"> • WHCCG self-assessment is supported with a good set of controls in place. • Links have been made with the new Head of Organisational Development (Kate Hardy) with regard to staff training needs and how these requirements can be met. • Work is also underway to look at the staff induction programme and the possibility of including financial training for everyone who joins the organisation. • A challenge was raised with regard to the statement on page 6 of the report <i>‘The LDS Boards receive regular reports and meet to address the system financial position. Governance and accountability is being strengthened as</i>

	<p><i>part of the move to Local Care Partnerships’ and it was confirmed that a meeting was being held to try and reinforce this process and monthly meetings with other LDS’.</i></p> <ul style="list-style-type: none"> • Once guidance is established for next year there will be ‘open book’ processes in place to support the system.
7.1.4	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received the summary of the completed return and approved the actions proposed.
8.	<p><u>ANY OTHER BUSINESS</u> –</p> <p>There were no items identified on this occasion.</p>
9.	<p><u>RISKS ARISING FROM DISCUSSION OF AGENDA ITEMS TO BE INCLUDED ON THE CORPORATE RISK REGISTER</u> -</p> <p>There were no items identified on this occasion.</p>
10.	<p><u>DATE OF NEXT MEETING</u> - The next meeting of the West Hampshire Clinical Commissioning Group Finance and Performance Committee will be held on Thursday 29 November 2018 in the Boardroom, timing to be confirmed.</p>