

**ISLE OF WIGHT CCG EXECUTIVE - PERFORMANCE BOARD
MINUTES - PART 1**

Minutes of PART 1 of the CCG Performance Board held on **21 February 2013** at 12.30 at The Innovation Centre, St Cross Business Park

PRESENT: Peter Coleman – CCG Executive [from item 13/026]
Joanna Hesse – CCG Executive
David Isaac – CCG Executive
Loretta Outhwaite – Chief Finance Officer
John Partridge – CCG Executive (Deputy Chair)
John Rivers – CCG Executive (Chair)

IN ATTENDANCE: Ian Anderson – Director for Community Wellbeing & Social Care, IW Council
Gillian Baker – Deputy Chief Officer
Liz Mackenzie – CCG Lay representative
Charles Rogers - Non Executive Director, SHIP PCT Cluster

MINUTED BY: Liz Elliott – EA/PA to the Chief Officer, Chair and Deputy Chief Officer

13/022 APOLOGIES FOR ABSENCE

Sarah Bromley, Mark Pugh and Helen Shields.

ACTION

13/023 DECLARATIONS OF INTEREST

Joanna Hesse declared that she was no longer a shareholder of Lighthouse Medical Limited.

13/024 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 17 January 2013 were accepted as a correct record.

13/025 MATTERS ARISING

Schedule of Actions from the 17 January 2013 meeting

The CCG Performance Board received the Schedule of Actions from the 17 January 2013 meeting, noting the following additional comments and actions:

13/004, 12/239 SHIP Policy Recommendations - Helen Shields presented the policy recommendation 145 (Resection of lung metastases) from the SHIP Priorities Committee for endorsement. David Isaac raised concerns that the policy statement was restricted to colon cancer. Helen Shields reported that a representative from the Cancer Network had been in attendance. Helen Shields / John Partridge to feedback that clarification was required; therefore as it stands the Isle of Wight CCG did not accept the recommendation.

John Partridge reported that Policy Recommendation 145 Policy had not gone to the Board of Clinical Commissioners (BOCC) and thus the question, raised by David Isaac, was not required. No further action was required and BOCC had now ceased in its present format. The policy was therefore not part of the existing suite of policies.

13/007 QUALITY HANDOVER DOCUMENT

Karen Morgan would feedback the issue of face-to-face meetings to Sarah Elliott, where specific risks relevant to receiving organisation would be highlighted. These meetings would be particularly important to the CCG in understanding the risks within off island providers.

John Partridge advised that this was progressing, it was a technical requirement and therefore Karen Morgan would be receiving the document in the week commencing 25 February 2013.

12/241, 13/004 SAFEGUARDING STRATEGIC SUPPORT

Gillian Baker confirmed that an agreement had been reached with the Isle of Wight Council, revised funding agreed for next year.

13/010 OFSTED INSPECTION OF LOCAL AUTHORITY ARRANGEMENTS FOR THE PROTECTION OF CHILDREN

John Rivers asked how the CCG could support the local authority over the next three months. **David Isaac** suggested a 're-refer' message for GPs who remain concerned regarding children/families. An email/letter to come jointly from **John Partridge** and **Ian Anderson**.

This had been actioned, an email had been sent to GPs today.

13/015 DRAFT PROPOSED LOCAL CCG PRIORITIES

Gillian Baker reported that the priorities had been taken to the Health & Wellbeing Board and were supported.

13/026 SHIP POLICY RECOMMENDATIONS

There were no policy recommendations for endorsement.

13/027 ADDITIONAL FUNDING FROM SLIPPAGE

Loretta Outhwaite advised that there was funding available from slippage for year end. A process was being undertaken to prioritise bids from Commissioners to benefit the next financial year or which align with the CCG Strategy. Gillian Baker advised that due to the timescales Loretta Outhwaite and Helen Shields would need to take chairman's action.

HS/LO

The CCG Performance Board approved the use of additional funding from slippage, noting that Loretta Outhwaite and Helen Shields would take chairman's action to approve prioritised bids.
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13/028 CHAIRMAN'S UPDATE

John Rivers provided the following updates on areas of development:

- **Authorisation Announcement** – the CCG were formally fully authorised to take on full responsibility from April 2013, this had been reported in the County Press. Huge challenge ahead but optimistic.
- The **CCG Clinical Leadership structure** had been reviewed – changes to roles and responsibilities will be published.
- **My Life: A Full Life Programme** – the first workshop with localities had been held, good feedback from stakeholders.

The CCG Performance Board received the Chairman's update.
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13/029 CHIEF OFFICER'S UPDATE

Gillian Baker provided the following updates:

- **Recruitment Process** – a good response had been received to advertised posts, of which a number of new appointments had been made. There were further posts to be filled.
- **Update on the CCG Accommodation Business Case** – revised date to be resident in the new accommodation was now the end of June 2013.
- **Winter Planning** – £600k funding had been received with 52% to be allocated to the Isle of Wight Council equating to £312k. Some additional funding from slippage had been agreed to support other schemes from the winter fund bids. A full evaluation of schemes would be undertaken in June 2013.
- **Somerset Care** – the successor organisation to Islecare had given notice to the Isle of Wight Council and the CCG. The CCG currently funded two residents with LD needs (continuing healthcare). Provision will be managed by

the Isle of Wight Council in the interim. The Isle of Wight Council and CCG were working in partnership managing the process.

The CCG Performance Board received the Chief Officer's update.

13/030 QUALITY EXCEPTION REPORT

John Partridge presented the St Mary's Quality Exception report from the Clinical Quality Review (CQRM) meeting held in February 2013:

- **Care Quality Commission Visit** - the final report remained outstanding.
- **Ambulance Handovers** – rated amber, still not regularly being met and not met during the month of December 2012.
- **Stroke** – amber, TIA 24-hour target. It was noted that there was a patient factor of late presentations. Consideration was being given to auditing those cases of stroke with delayed referral TIA in assessing the level of impact. John Rivers queried whether the Stroke Nurse Specialist findings of 50% of GP referrals were not TIA, whether this suggested inappropriate referrals. John Partridge could see an educational outcome was required. John Rivers requested a review from the provider of the stroke service - John Partridge to take away for action through Karen Morgan working with commissioners and providers.
- **Patient Experience – Complaints and Concerns** – increase and decrease in various areas. The total numbers were statistically minor across the board. John Rivers was concerned about the 'Friends and Family test' which suggested a poor reflection on the provider. The test will be compulsory from April 2013. This will be a CQUIN next year.
- **Patient Safety – Incidents** – SIRIs had decreased from December data. The Isle of Wight NHS Trust Executive Director of Nursing was looking carefully at what was being labelled as a SIRI and felt that there had been some over-reporting. John Rivers raised the issue of pressure ulcers, in the community and said this was an area GPs could play a part in preventing. John Partridge explained that there had already been a programme of education around this issue. Joanne Hesse suggested there should be a further effort to let every GP know how important this issue is. John Partridge will action this.
- **Cancelled Out-patient ophthalmology appointments** - the Eye Care Forum was reviewing the report on clinical consequences of delayed appointments for routine glaucoma monitoring.
- **Health Care Acquired Infections (HCAI)** – currently one case over trajectory the trajectory was achievable if there were no further cases. MRSA - need to have zero cases next year.
- **Information to the Clinical Quality Review Meeting** – the functioning of the CQRM was currently under review. Gillian Baker reported that quality was discussed at the Supra SLA meeting (a high level meeting of CCG/Provider directors), noting concern by the Isle of Wight NHS Trust regarding how the CQRM functions; the provider had suggested that quality should be part of the standard SLA meetings. The CCG have reiterated the importance of quality and the need for discussion at the appropriate forum.
- **LQg - Strengthening the safeguarding of children** – rated red. No change in status. Activity in progress.
- **Southampton – UHSFT Unsafe staffing levels** – a meeting was to be held on the unsafe staffing levels in Southampton.
- **Diabetic Retinopathy Screening SIRI** across Hampshire and Isle of Wight, patients over 12 months without a screen was being investigated as a SIRI. Awaiting outcome of this investigation. This applies to some 100 Island patients. Remedial steps being sought.

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JP

Discharge Summary Audit

John Partridge explained that this was an annual review which had previously led to improved discharge summaries. This year the audit had covered 50 inpatient discharge summaries and 50 A&E discharge summaries. Overall there was satisfaction that the inpatients had good, clear, detailed summaries, the only issue picked up was that they were adrift from the TTOs medical summary (linked to the introduction of the ISIS computer system).

A&E discharges were audited on an electronic basis, excess brevity and insufficient clinical detail identified. This would be reflected back to the provider and the A&E department. It was noted that 25% of discharge summaries had no firm diagnosis and that pathology results in A&E could not be accessed by GPS and so tests were likely to be repeated. John Rivers felt timeliness of discharge summaries was still an issue.

Joanna Hesse felt that it was good that patients received copies now but she was still receiving occasional hand-written discharge summaries. David Isaac pointed out the progress made since beginning the audits of discharge summaries.

The CCG Performance Board received the update on the Quality Exception Report.

13/031 PERFORMANCE REPORT

Loretta Outhwaite reported on performance and the financial position:

- On-track to meet the planned year-end surplus
- As stated under minute 13/027, funding from slippage on schemes to be used to benefit next year
- A&E met its target. Ambulance handover delays not as high as previously reported, next year there will be a financial penalty.
- RTT is being closely monitored; additional waiting list activity has been purchased. Also exploring purchasing with the Isle of Wight NHS Trust waiting list activity in non-acute areas.
- Cancer targets were met for December
- ISTC almost at 100% minimum guaranteed value
- Choose & Book - Shanklin still to come on stream.

Referrals were still showing an increase. From 1 April 2013 there will be a change in contract responsibility; commissioners will be responsible for managing external demands for services and will be responsible for primary care referrals to providers. Providers will be responsible for managing internal demands for services. A clause in the contract states that commissioners have to notify providers within three operational days if referrals start to increase. The CCG will need to explore its method of monitoring and managing performance, and can be held to account for it. John Rivers noted the need to manage members and their effect on demand and stressed the importance of pathways.

Dermatology – Gillian Baker understood some work was being undertaken and a paper was expected to the April 2013 meeting with a dermatology pathway.

The CCG Performance Board received the update on Performance Report.

13/032 DELIVERY PLAN – QUARTER 3 UPDATE

Gillian Baker presented the Delivery Plan 2012/13 Quarter 3 Progress Report, focussing on outcomes achieved/behind due date since the previous quarter. The key highlights for achievement:

- The new rehabilitation service had been funded non-recurrently for this year and was now fully in place. Gillian Baker asked GP colleagues for their

perspective on access to rehabilitation. John Rivers confirmed that access had improved and that SPAARCS had been set up well. The intention was to continue with the service. The Falls Coordinator was now in post. In terms of ambulatory care a number of pathways had been agreed to take this forward. A paper on dementia including the memory service pathway was expected at a future meeting.

- There were a number of delays in various commissioning areas, slippage in priority were often due to pressures of work resulting from authorisation/transition/changes in staffing/ some vacancies were not yet filled. The intention for the 2013/14 was a more realistic and achievable plan.

The CCG Performance Board received the Quarter 3 Update on the Delivery Plan.

13/033 **PROCUREMENT DECISIONS**

Loretta Outhwaite advised that there had been three quotation waiver forms this month in relation to IW capital, these had been signed off through the Isle of Wight NHS Trust approval process.

The CCG Performance Board received the update on procurement decisions.

13/034 **RISK SHARE FRAMEWORK AGREEMENT (IW NHS TRUST) MONTHLY REPORT**

Loretta Outhwaite tabled the monthly report from the Isle of Wight NHS Trust on the Risk Share Framework Agreement:

- The basis of the report was to provide progress against how much had been moved into the SLAs from transitional funding during the year, with the objective of move as much non-recurrent before year-end to give the provider certainty around income
- The majority of flex sum had moved into SLAs
- Only £1.7m of transitional funding had moved
- Island Premium – the Isle of Wight NHS Trust had undertaken some more work, concluding that £5.2m of the £5.4m related to the CCG, with the balance to the National Commissioning Board
- Community Volume Growth – Finance were working through a letter from the Isle of Wight NHS Trust. Gillian Baker confirmed some elements suggested had been agreed and other elements required further supporting information which had been requested.
- Gillian Baker stated that numerous business cases were being received, some of which had been requested much earlier in the year. Concern was noted on late receipt of the business cases which was disappointing and necessitated a quick turnaround and approval.
- Cost Improvement Programmes by Directorate – Gillian Baker advised that a meeting had been scheduled on 28 February 2013 to go through the provider CIPs schemes, Gillian Baker and John Rivers would be attending with provider representation from the Executive Director of Nursing.
- In response to a comment from Charles Rogers and David Isaac regarding the Island Premium, Loretta Outhwaite explained there was currently a risk around the CCG allocation related to specialist commissioning. The contract needed to be agreed by 31 March 2013 by which time the CCG allocation should be known. Monitor were not yet ready to mobilise therefore this would need to be agreed non-recurrently until Monitor can make a recommendation in 2014.

The CCG Performance Board received the update on the Risk Share Framework Agreement with the IW NHS Trust.

13/035 KEY ISSUES FROM THE LAST BOARD OF CLINICAL COMMISSIONERS (BOCC) – 20 FEBRUARY 2013

John Partridge provided a verbal update: on the final meeting of the Board of Clinical Commissioners:

- The March meeting would be replaced by a planning meeting between CCGs and the Wessex Area Team. The new style meeting would commence on 17 April 2013, there would be no meeting in May, and from June onwards the new series of meetings for Wessex (including Dorset) would be held on the first Wednesday of the month, clinical chairs should be present.
- Francis Report into the failings at the Mid Staffordshire Foundation Trust - Debbie Fleming reported on an overview of the Francis Report and Sarah Elliott gave a useful presentation on the themes from the report, particularly note for CCGs including:
 - the culture of the patient comes first
 - simplifying regulations
 - being more challenging Board to Board about how quality standards are met
 - not rushing to give all trusts FT status
 - effective complaints and incidents management
 - commissioning keeping quality at the forefront of negotiations
 - Healthwatch to be properly supported
 - strengthening patient involvement in all parts of regulation commissioning
 - openness and candour
 - transparency of information
 - senior clinical involvement in quality
 - undertaking impact assessments before major NHS reorganisations

Awaiting government response to the report. Common theme amongst CCG leaders was that GPs were in a good position to feedback soft information in order to pick up themes of concerning practice.

John Rivers confirmed that issues raised by the Francis Report had also been noted at the System Reform Board

- Authorisation for the rest of the SHIP Cluster was on track
- Specialist – still a significant amount of progress to be made
- 93 of 117 posts now appointed to within the Wessex Area Team
- Health & Wellbeing Boards across the Cluster met this week. The Isle of Wight was not present. Different styles between the Boards were discussed, felt valuable to have an annual meeting.
- Medical Director Report – content with progress on revalidation across SHIP. Appointments to Senates and clinical networks in progress.
- Academic and Health Science Networks – presentation given, this will be important in innovation, Wessex had just received authorisation.
- Transition and Legacy – Rob Dalton confirmed that this was nearing the end of the process; 28 February was an important date in terms of closure.
- Priorities Committee – options paper presented with four options to keep the committee running across SHIP. In the short term Public Health would contribute. Agreed the committee needs to be kept going however no decision made on which option to adopt. West Hampshire Clinical Chair would take forward and develop proposals.

The CCG Performance Board received the key issues from the Board of Clinical Commissioners meeting held on 20 February 2013.

13/036 CCG ASSURANCE MEETINGS: 30 JANUARY 2013

Loretta Outhwaite reported that an assurance meeting had been held with the SHIP Cluster and the SHA on 30 January, where regular performance issues were covered. The risk around continuing healthcare for next year was discussed, still a large number of retrospective claims to be settled.

The CCG Performance Board received the update on CCG Assurance meetings.

13/037 UPDATE: OPERATIONAL PLAN 2013/14 & ALLOCATION

Gillian Baker reported that the operational plan had been submitted to the timescales. No issues had been raised at the Assurance meeting regarding the local priorities. Currently working through the documentation, there could be an issue regarding timing for the operational plan approved at Performance Board. Submissions for the operational plan template are 5 April 2013. Although it was planned to take papers in March the finances may not be finalised.

The CCG Performance Board received the update on the Operational Plan and Allocation.

13/038 UPDATE: CONTRACT WITH IW NHS TRUST 2013/14

Loretta Outhwaite reported that there were many outstanding items but progressing. Supra SLA (high-level) meetings with the Isle of Wight NHS Trust were being held every two weeks, moving to weekly, where the top level contract was being negotiated. Consideration to be given to a risk share for 2013/14.

The CCG Performance Board received the update on the Contract with the IW NHS Trust.

13/039 OFSTED INSPECTION OF LOCAL AUTHORITY ARRANGEMENTS FOR THE PROTECTION OF CHILDREN

Ian Anderson provided a verbal update:

- Currently awaiting a letter from the Minister for the Department of Education containing his response to the Ofsted inspection laying out what he expects or requires as improvements in the Island system.
- An Improvement Board will be set up, to be chaired by Professor Ray Jones (long standing director of Social Services in Wiltshire who has already worked with two local authorities as chairs of their improvement boards). John Partridge, John Rivers or Helen Shields will be asked to join the Improvement Board as a senior CCG level representative.
- The Isle of Wight Council is being encouraged to enter into a close partnership with another local authority to help with support and capacity to deliver the improvements required at a sustainable pace. Details to emerge shortly.
- An audit has been undertaken on cases subject to no further action, work now progressing through the system, seeing a marked increase in safeguarding referrals, partly as the system is more alert and catching up. Current audit activity in relation to 180 cases also generating work on top of that a significant number leavers however by week commencing 25 February 2013 the workforce will have stabilised through interims and additional social workers to manage the pressure the system is under and ensure quality is not lost. The management oversight of practice is also being strengthened.
- The next agreed audit activity within the LSCB was the intention to look at cases referred to children's services, looking backwards to the referral being made. This will be a deep dive of a small number of cases and will be led by Jenifer Smith.
- John Partridge described work being undertaken to ensure a smooth pathway for primary care to give access to records relevant to serious case reviews.

The CCG Performance Board received the update on local authority arrangements for the protection of children.

13/040 RISK REGISTER

Gillian Baker withdrew the Risk Register as the documentation was not the expected summarised version. It was noted that safeguarding children had been added to the register as requested.

The CCG Performance Board noted the Risk Register had been withdrawn.

13/041 NOTES OF MEETINGS

The minutes of the following sub-committees and partnership meeting were noted without comment:

- CCG Strategy Board 10 January 2013
- CCG Localities: West & Central 25 January 2013, North & South Wight 1 February 2013
- Individual Funding Request Panel (IFR) 9 January & 6 February 2013
- Board of Clinical Commissioners 19 December 2012 (draft)

Ian Anderson CCG Strategy Board meeting 10 January 2013, reference to the Children's Safeguarding Lead vacancy being replaced. John Partridge confirmed that it was still in process.

13/042 ACCESS TO SERVICES AT ST MARY'S

Peter Coleman commented there were concerns regarding access to gastroenterology, Gillian Baker reported that this had not been brought to the attention at the SLA meeting, Loretta Outhwaite to put on the agenda.

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13/043 DATE AND TIME OF NEXT CCG PERFORMANCE BOARD MEETING

Thursday 21 March 2013, 1pm – 3pm
Sitting Room, Osborne House, East Cowes

Circulation:

Voting Members

Sarah Bromley – CCG Executive
Peter Coleman – CCG Executive
Joanna Hesse – CCG Executive
David Isaac – CCG Executive
John Partridge – CCG Executive (Deputy Chair)
John Rivers – CCG Executive (Chair)
Loretta Outhwaite – Chief Finance Officer
Helen Shields – Chief Officer

In attendance

Gillian Baker – Deputy Chief Officer
David Newton – Governing Body
Frederick Psyk – Governing Body

Other Members

Ian Anderson – IW Council
Liz Mackenzie – Lay representative, CCG
Charles Rogers – Non Executive Director, SHIP PCT Cluster
Jenifer Smith – Director of Public Health
Mark Pugh – Medical Director, Isle of Wight NHS Trust

For Information (Minutes)

Rob Dalton, SHIP Director of Corporate Affairs
Carole Berryman, Associate Director Governance, SHIP PCT Cluster
Ian Corless, Head of Business Services, SHIP PCT Cluster
Brian Johnston, Head of Governance & Assurance, IW NHS Trust
Matthew Leek, CCG Commissioning Finance Manager
Shaun Sweatman, CCG Commissioning Finance Manager
Dawn Berryman, Rachael Hayes, Sue Lightfoot, Linda Rann – CCG Heads of Service