

**QIPP Core Committee Meeting**  
**8<sup>th</sup> September 2016**  
**Thames Room, Civic Offices**

<b>Present:</b>	Dr R Arhin (RA)	Chair of Committee
	Mr M Tebbs (MT)	Director of Commissioning
	Ms L Buckland (LB)	Deputy Chair & Lay Member
	Ms J Richards (JR)	Lead Nurse Planned Care
	Dr N Raj (NR)	GP Board Member, Safeguarding Lead
	Mr A Ahad (AA)	Head of Financial Strategy
	Ms J Hucey (JH)	Director of Transformation TCCG
	Dr A Deshpande (AD)	Chair of the Board
	Dr A Bose (AB)	GP Board Member TCCG
	Ms N Meeks (NM) (dialling in)	Head of Corporate Governance
	Dr V Raja (VR)	GP Board Member TCCG
	Dr R Mohile (RM)	GP Board Member, Mental Health Lead
	Ms E Sanford (ES)	Strategic Lead, Health & Social Care, Public Health
	Ms T Van Wjk (TVW)	Regional Information Governance Lead
	Mr M Evans (ME)	Business Support Team (minutes)
<b>Apologies</b>	Ms A.Springett	Senior Primary Care Manager
	Mr R Chaudhari	Head of Primary Care & Acute Commissioning
	Mr A Olarinde	Chief Finance Officer
	Ms S Cleall	Quality & Patient Safety Manager
	Mr B Hughes	Senior Business Intelligence Specialist NELCSU
	Ms M Ansell	(Acting) Interim Accountable Officer

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	<p>The Chair welcomed all to the meeting. The apologies were noted above.</p> <p>Chair asked if there were any declarations of interest that were not already on the register, none were noted.</p>
<b>2.</b>	<b>Minutes of the meeting held on 11<sup>th</sup> August 2016 and Action Log</b>

	<p>Group agreed minutes to be an accurate account of last month's meeting; however VR noted page 7 should read Raj Mohile is the fund holder, rather than himself. <b>(ME to amend)</b> Item for agenda at bottom of page 7 <b>(ME to look)</b></p>
<p><b>3.</b></p>	<p><b>ToR for Sustainability &amp; Transformation Group</b></p> <p>MT presented paper which had been circulated to group on behalf of Head of Corporate Governance. It is required that ToR is reviewed and subsequent self-assessments take place on an annual basis. To summarise, it was felt that some changes needed to be put into this year's ToR. As current ToR does not reflect the current plans in place, a draft ToR has been formatted. NM to update section surrounding Lay Member membership.</p> <p>Committee to review and consider with aim to then approve ToR to go to Board Committee Meeting. AD queried where the QIPP would be presented in this particular scenario. NM stated that clarity of the committee around QIPP will be needed. NM also stated that we need to ensure QIPP plans and Transformations now align, and the scheme will be monitored. NR stated that the pathway has to go through the QIPP as it is a statutory committee, and felt this was not clearly stated within paper. NM informed group that this should not be the case, our scheme of delegation prevents that from happening. MT stated that moving to the new ToR will improve and ensure the committee is on track with QIPP throughout the year. AD stated that 'Pathway to the QIPP' needs to be included in paper. NM happy to pick this up with MT and make amendments to ensure correct path is used, paper can then be recirculated.</p> <p>Statutory clinical leadership is based mainly in the QIPP, NM agreed to insert comment on clinical and strategic leadership section.</p> <p>NM proposed that amendments will be made; circulate early next week for virtual sign off. This can then go to Audit Committee at end of September, Board in October, then to the new committee in November.</p>
<p><b>4.</b></p>	<p><b>QIPP</b></p> <p><u>QIPP 16/17</u></p> <p>AA presented dashboard to group. At the moment a target of 88% achievement is due to be achieved amounting to £6.6m as opposed to the forecast of £7.1m. There are QIPP savings year to date of 592k, this is 78% of estimated savings. BTUH has not brought savings. MSK, Referral Management and Unplanned Care are in this area. Currently it has been difficult to get engagement from the trust. TCCG were asked to provide various information to BTUH in order to release savings going into BTUH QIPP, TCCG has so far done all that is required and have as yet had nothing in return. AA believes this will be escalated and we will receive support from NHS E. MT stated that it is a block contract which was supposed to focus on transformation and this clearly isn't being reflected in the behaviours from BTUH. AA stated that with Referral Management the case is hindered slightly as referrals have increased.</p> <p>AA presented planned and unplanned care data to group. LB queried the identifying of outpatient by provider is showing 19% growth, it is important to ascertain if this is incremental.</p>

Respiratory referrals section is something which needs to be looked at further by AA.  
 VR stated that 6 months previously, a meeting took place at Basildon but nothing since has taken place. We need to improve our flow of COPD nurses; specific nurses are required in the community.  
 AB informed group that these will need to be looked at in every CEG and T2L in order to ensure GP's are following correct pathways.  
 LB believes public have a fear and need to be educated further. Public Health may be able to assist with this.  
 MT stated there are a number of avenues we can explore, new acute commissioner started working at TCCG yesterday. This could be an area Kehinde Adeniji could explore. RA and Dr Mohile could assist in this.

AA presented dashboard to the group.

**Paediatric Diabetes** was highlighted to the group; savings have been reduced to 50%, due to the on-going issues with BTUH.

**Intermediate Care Review** is still showing nothing in the year to date, MT stated that Mayfield is still holding 4 patients, expectations is that ward will close by the end of month. Public consultation is not required. Financial modelling is currently being worked on and it is expected that the forecast out turn of 166k will be delivered.

**Rawreth & Clifton** , MT informed committee that we now have assurance this will be de-registered on 1<sup>st</sup> October, Irene Lewsey is working on patient movements. This will become a CHC facility and we will only pay for the activity thereafter. It is believed that around 50% of savings will be achieved but a figure will be known next month.

**Admission Avoidance** was within the NELFT Contract, this service was decommissioned and reinvestment was put into the community model.

SRP has shown a forecast saving of 82k, previous years there was a block element of 100k.

RA highlighted Referral Management data needs updating.

#### QIPP Audit

AA gave audit packs to committee.

Page 7 was highlighted to group specifically as it identifies QIPP savings and targets, TCCG received Green for this. However amber was received for QIPP monitoring. AA has given statements of defence to auditors.

AA to circulate to group.

### 5. **Integrated Data Set Presentation**

MT presented to group (also to be presented at next week's CEG).

Maria Payne has met with Peter Martin to obtain comments surrounding the Service Specification document, Dr Martin was happy with content.

TVW clarified information governance section of the presentation.

LB queried role base access, at what stage are public engaged in this, are there others in the country to have done the same or similar.

ES stated many others in the UK have followed this. MT informed group it is on the agenda for next Health and Social Care group whereby we will seek advice on how best to engage public with this.

JH stated it would be worthwhile putting this to the Focus Groups aswell.

TVW stated each practice needs to agree for the tool to be put in place.

VR queried what will happen if some practices don't sign up, and what will happen also if not all patients agree for their data to be shared. ES believes that due to the pseudonymisation in place this will not be an issue. TVW will look into this.

	<p>ES informed group that if this is approved a company is lined up to assist which has extensive experience in doing this previously. RM stated that a number of his patients have already signed that they do not want data shared, TVW confirmed they will therefore not be used and are correctly coded to ensure this is the case. It was agreed to be a good idea and will go to CEG.</p>
<p><b>6.</b></p>	<p><b>System Escalation Plan</b></p> <p>MT presented 16/17 escalation plan to group. This is how we manage situations where demand is exceeding supply. This is reviewed annually. The document highlights how the RAG rating is calculated. It also provides descriptions of how an alert status is categorised. Critical Incidents is another area which is highlighted, this is where there is a serious threat to health/community. There is also action cards supplied highlighting how best to react to various alert statuses. MT asked group if any info in provider's actions is missing which should be included, and also discussions need to take place to highlight Primary Care being involved in this. AD highlighted the Swine Flu outbreak 5 years ago, Primary Care was outlined in the document sent out at that time which was very useful and could be looked into for this scenario. This could translate into other critical incidences in future. LB noted that Thurrock Council is mentioned in this Plan yet TCCG are not, this needs rectifying. Currently BBCCG is the lead on this. VR stated recent exercise took place at BTUH which was very similar to this. JH believed this is a remodel of what we currently do every year.</p>
<p><b>7.</b></p>	<p><b>Interventional Radiology Services Engagement Document &amp; Vascular Care</b></p> <p><u>Interventional Radiology Services &amp; Vascular Care Engagement</u></p> <p>MT presented discussion documents from within pack. These have not been distributed widely; it has only been shared with limited audience prior to going public. Feedback options will be given by the end of September. MT proposed to set up group to look at this in more detail. Kehinde Adeniji and MT will lead on this alongside a couple of GP members. NR agreed to work on this, AD also to join group. KA to liaise with named volunteers to organise dates.</p>
<p><b>8.</b></p>	<p><b>AOB</b></p> <p><u>Service Restriction Policy</u> Dates have been circulated for a meeting to be put in place, as yet no date has been agreed on due to numbers available. Dates so far are Tues 27<sup>th</sup> Sept 9:00am –11:00am as Dr Martin and Dr Raja are available. This was agreed upon.</p> <p><u>Phlebotomy Letter</u> Letter was circulated as there are concerns regarding phlebotomy services. Group agreed to use this version but make required amendments in order to tailor it to suit Thurrock.</p>
<p><b>Date of Next Meeting</b></p>	
<p>13<sup>th</sup> October 2016, 2PM, Thames Room, Civic Offices</p>	