



# Herts Valleys Clinical Commissioning Group

**Board meeting**

**10.20 am, Thursday 30 May 2019**

**Penn Chamber, Three Rivers District Council,  
Three Rivers House, Northway, Rickmansworth,  
Herts WD3 1RL**

## **Note concerning HVCCG management of conflicts of interest.**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

## **Members and attendees of the Committee are reminded of their responsibilities.**

To ensure transparency and openness, individuals should notify the Chair of any potential conflicts of interest in relation to agenda items, even if the interest is already formally recorded.

# The Nolan Principles

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the “Nolan principles”. These principles are the basis of the ethical standards expected of all public office holders.

The Herts Valleys CCG Constitution recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, set out below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

- 1. Selflessness.** Holders of public office should act solely in terms of the public interest.
- 2. Integrity.** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- 3. Objectivity.** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- 4. Accountability.** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- 5. Openness.** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- 6. Honesty.** Holders of public office should be truthful.
- 7. Leadership.** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.



# Agenda

**Board Meeting Held in Public**  
**Thursday, 30 May 2019 at 10.20am**  
**Penn Chamber, Three Rivers District Council, Three Rivers House,**  
**Northway, Rickmansworth, Herts WD3 1RL**

**Meeting Quorum:**

Eight board members, GPs from three localities, one lay member and one executive member

**Note to representatives of the press and members of the public**

Members of the public are reminded that CCG Board meetings are meetings held in public, not public meetings. However, the Board provides members of the public at the start of each meeting the opportunity to ask questions that relate to the agenda items. The Chair will not normally allow more than one question per person due to time constraints. The time given over to questions will need to be limited in order for the board to cover their agenda fully within the given time

Members of the public are urged, if possible, to give notice of their questions at least 48 hours before the beginning of the meeting in order that a full answer can be provided; if notice is not given, an answer will be provided whenever possible but the relevant information may not be available at the meeting. If such information is not available, the CCG will provide a written answer to the question as soon as is practicable after the meeting.

The Secretary can be contacted by email ([hertsvalleysccg.corporate.office@nhs.net](mailto:hertsvalleysccg.corporate.office@nhs.net)), by telephone (01442 284074), or by post to: Board Secretary, Herts Valleys Clinical Commissioning Group, Hemel One, Boundary Way, Hemel Hempstead, HP2 7YU.

**Audio Visual Recording**

The CCG will be recording the board meeting to provide access to proceedings for people unable to attend the meeting in person. We would like to inform you that the CCG assumes you have given consent to being recorded by registering your attendance on arrival at this meeting.

The CCG does not permit any other audio or video recording of the board meeting unless expressly agreed by the Chair in advance of the meeting and with prior agreement of all members of the public present at the meeting. Anyone found using such a device without prior agreement will be asked to cease recording and may be asked to leave the meeting.

Meeting in public		Led by		
Administrative items				
1.	Chair’s introduction	Verbal – for information	Nicolas Small	10.20am
2.	Interests to declare	Verbal – for information	Nicolas Small	
Link to registers of interest: <a href="#">Managing conflicts of interest :: Herts Valleys CCG</a>				
3.	Minutes of previous meeting 25 April 2019	Attachment - for <b>approval</b>	Nicolas Small	

# Herts Valleys Clinical Commissioning Group

## Board agenda 30 May 2019 contd.

4. Matters arising and action log	<i>Attachment for <b>approval</b></i>	Nicolas Small	
5. Questions received prior to meeting from members of the public	<i>Verbal – for information</i>	Nicolas Small	10.30am
<b>Strategic discussion</b>			
6. West Hertfordshire Hospitals NHS Trust redevelopment strategic outline case	<i>Attachment for discussion and <b>agreement</b></i>	David Evans Juliet Rodgers	10.45am
7. STP Update Report: April	<i>Attachment for information</i>	Kathryn Magson	11.30am
8. Provider quality account statements	<i>Attachment for <b>approval</b></i>	Diane Curbishley	11.45am
<b>Governance and assurance</b>			
9. Update on submission of Annual Report and Accounts	<i>Verbal for information</i>	Caroline Hall	11.50am
<b>Conclusion</b>			
10. Review of how conflicts of interest were managed in the meeting	<i>For discussion and <b>agreement</b></i>	Nicolas Small	11.55am
11. Reflection on equality and diversity in relation to decisions	<i>For <b>agreement</b></i>	Nicolas Small	
12. Risks identified during the meeting	<i>For discussion and <b>agreement</b></i>	Nicolas Small	
13. Date and time of next meeting 27 June 2019 – planning for Dacorum conference rooms 1 and 2	<i>Verbal</i>	Nicolas Small	
14. Close of meeting	<i>Verbal</i>	Nicolas Small	12.05pm

**Meeting** : NHS Herts Valleys CCG Board Meeting in **Public**

**Date** : 25 April 2019

**Time** : 10.20am – 11.38am

**Venue** : Council Chamber, Watford Town Hall Town Hall, Hempstead Road, WD17 3EX

**Members present:**

Nicolas Small (NS)	GP member (Hertsmere) – CCG Chair
Stuart Bloom (SB)	Lay member
Daniel Carlton-Conway (DCC)	GP member and Locality Chair (St Albans and Harpenden)
Corina Ciobanu (CC)	GP member and Locality Chair (Dacorum)
Diane Curbishley (DC)	Director of Nursing and Quality and Deputy CEO
Rami Eliad (RE)	GP member (Watford and Three Rivers)
Asif Faizy (AF)	GP member and Locality Chair (Watford and Three Rivers)
Alison Gardner (AG)	Lay member
Caroline Hall (CH)	Chief Finance Officer
Kathryn Magson (KM)	Chief Executive Officer
Catherine (Kate) Page (KP)	GP member and Locality Chair (Hertsmere)
Richard Pile (RP)	GP member (St Albans and Harpenden)

**In attendance:**

Laura Abel (LA)	Corporate Governance Support Manager (minutes)
Elizabeth Babatunde (EB)	Executive Clinical Lead for Primary Care Transformation
Lynn Dalton (LD)	Director of Primary Care
David Evans (DE)	Director of Commissioning
Brian Gunson (BG)	Healthwatch Hertfordshire representative
Juliet Rodgers (JR)	Associate Director Communications and Engagement
Hein Scheffer (HS)	Director of Workforce and ODL
Piers Simey (PSi)	Consultant in Public Health
Rod While (RW)	Head of Corporate Governance
John Wigley (JW)	Patient Representative

There was one member of staff and two members of the public observing the meeting.

B/43/19	Welcome and apologies
43.1	<p>The Chair welcomed the board to the public session and made the following comments relating to public attendance at the meeting:</p> <ul style="list-style-type: none"> <li>The meeting was being recorded to provide access to the proceedings for people unable to attend the meeting in person. As per the information on the sign in sheet, the CCG assumed consent to being recorded by registering attendance on arrival at this meeting.</li> <li>This was a meeting in public, rather than a public meeting, which means that members of the public have an opportunity to see how we go about our business and how any decisions are made.</li> <li>There were no scheduled fire alarm tests therefore any fire alarm should be treated as a genuine evacuation.</li> <li>Introductions were made for the benefit of AF and PSi. AF had taken over the role of Locality Chair for Watford and Three Rivers; Kevin Barrett was now deputy Chair.</li> </ul>

	<ul style="list-style-type: none"> <li>Apologies for the meeting had been received from Trevor Fernandes (TF), Paul Smith (PS) and Thelma Stober (TS).</li> <li>The meeting was quorate.</li> </ul>
<b>B/44/19</b>	<b>Declarations of interest</b>
44.1	<ul style="list-style-type: none"> <li>The Chair noted that all declarations of interest had been received prior to the meeting.</li> <li>There were no specific declarations in respect of the agenda items.</li> </ul>
<b>44.2</b>	<b>The board agreed that there were no declarations of interest in respect of the agenda items.</b>
<b>B/45/19</b>	<b>Review of previous minutes</b>
<b>45.1</b>	<b>The board approved the minutes of the board meeting held in public on 14 March 2019.</b>
<b>B/46/19</b>	<b>Action log and matters arising</b>
46.1	<p>The following was noted:</p> <ul style="list-style-type: none"> <li>B/24.4/19 – Chief Executive Officer’s report: J Rodgers share adult community health services fact sheet with the board. <i>Action to remain open.</i></li> <li>B/32.4/19 – Annual update on organisational Health and Safety compliance: C Hall to ensure that near misses or incidents requiring no action were recorded and reported in the next report. C Hall confirmed that this would be done in the next annual update. (Post meeting note: Head of Corporate Support is currently reviewing the Health and Safety policy in conjunction with Dacorum Borough Council; this will make it clear that near misses should be reported. She also confirmed that a “near miss” category field had been added to the Datix system. This will be covered in the health and safety for managers training.) <i>Agreed to close.</i></li> </ul>
<b>46.2</b>	<b>The board noted the updates on the action log.</b>
<b>B/47/19</b>	<b>Questions received prior to meeting from members of the public</b>
<b>47.1</b>	<b>No questions had been received from members of the public prior to the meeting.</b>
<b>B/48/19</b>	<b>Chief Executive Officer’s report</b>
48.1	<ul style="list-style-type: none"> <li>KM presented an overview of key activities since the last board meeting. She noted that the Sustainability and Transformation Partnership (STP) and partnership working reports had been included.</li> </ul> <p><b>1. NHS England assurance</b></p> <ul style="list-style-type: none"> <li>No meeting had been held since 4 March, which had been reported in the 14 March report to the board.</li> </ul>
	<p><b>2. Primary Care Networks (PCNs)</b></p> <ul style="list-style-type: none"> <li>Good progress was being made; however, there was still a potential gap in St Albans and Harpenden. The LMC were helping to resolve the position.</li> <li>The intention was for all patients to be covered by a PCN by 15 May 2019.</li> <li>The CCG, led by EB and DCC, had been providing support to GP practices to transition into a PCN in a number of ways: <ul style="list-style-type: none"> <li>PCN target events held in each locality during March 2019.</li> <li>These were being enhanced via a support and development programme, which would run from April to July 2019.</li> <li>Further organisational development for PCNs would be delivered during the rest of the year.</li> <li>The CCG was providing the required core network payment of £1.50 per actual patient each year over the five-year Direct Enhanced Service (DES) contract period.</li> </ul> </li> </ul>
	<p><b>3. Adult community health services procurement</b></p> <ul style="list-style-type: none"> <li>The contract had been signed by both CEOs on 4 April 2019.</li> <li>A comprehensive mobilisation programme was in place.</li> </ul>

	<p><b>4. Children and Adolescent Mental Health Services (CAMHS)</b></p> <ul style="list-style-type: none"> <li>A new emotional wellbeing and mental health accreditation for schools and colleges in Hertfordshire had been launched on 3 April. The launch event had been very well attended.</li> </ul> <p><b>5. Mental health and learning disability services</b></p> <ul style="list-style-type: none"> <li>In partnership with East and North Herts CCG, Cambridge and Peterborough CCG and Hertfordshire County Council, Herts Valleys had agreed a new five year contract for mental health and learning disability services with Hertfordshire Partnership NHS Foundation Trust (HPFT).</li> </ul>
	<p><b>6. Medicines and prescribing</b></p> <ul style="list-style-type: none"> <li>Significant progress had been made with developing a joint and integrated formulary with West Herts Hospital.</li> <li>The STP medicines optimisation group (which was a national pathfinder group for how medicines optimisation could work across an STP) had appointed a workforce lead for one year. Part of this role would be to try to identify how a large number of additional pharmacists could be brought into primary care without destabilising other parts of the NHS system.</li> </ul> <p><b>7. Estates and premises</b></p> <ul style="list-style-type: none"> <li>The premises team would work with all practices that had been successful in their infrastructure improvements bids for 2019/2020 to deliver the projects by 31 March 2020.</li> <li>The aim of the programme was to identify projects that will improve/increase clinical and/or training facilities.</li> </ul> <p><b>8. Office move</b></p> <ul style="list-style-type: none"> <li>The office move had been successfully completed.</li> <li>KM thanked the corporate office team and the various working groups for their hard work to ensure the move went smoothly.</li> </ul> <p><b>9. NHS App</b></p> <ul style="list-style-type: none"> <li>The Herts and West Essex STP CCGs had been chosen by NHS Digital (NHSD) to be an early launch site for the NHS App ahead of the national launch during July 2019.</li> <li>It was now important to encourage people to use it.</li> </ul>
	<p><b>10. HR and organisational development and learning update</b></p> <ul style="list-style-type: none"> <li>The HR &amp; ODL Team who support five CCGs across Hertfordshire had been shortlisted for the category of HR Team of the Year by the Healthcare People Management Association (HPMA) "Excellence in HRM Awards" for 2019. This nomination was well-deserved at a time of great change for the team.</li> <li>The HR operations team had implemented an online annual leave application and authorisation form through ESR effective from 1 April 2019. This would also track appraisals.</li> <li>TUPE arrangements regarding the transfer of HR Services for BLMK (Bedfordshire, Luton and Milton Keynes) had been confirmed and the consultation was launched on Thursday 18 April 2019. Two members of the HR &amp; ODL team were at risk of redundancy. The HR Director and his team were working to support affected staff in sourcing potential suitable alternative employment in order to mitigate the impact.</li> <li>The provider from 1 June 2019 would be Arden and GEM CSU (Commissioning Support Unit)</li> </ul>
	<p><b>11. Partnerships and providers</b></p> <ul style="list-style-type: none"> <li>West Hertfordshire Hospitals NHS Trust development plans were progressing and a number of public events had been held.</li> <li>No further discussions in public could take place until after the end of the pre-election periods, i.e. from 11 April to 2 May 2019 inclusive for local authority elections, and from 2 May to 23 May 2019 for the European elections.</li> </ul>

	<p><b>12. Hertfordshire and West Essex STP update report</b></p> <ul style="list-style-type: none"> <li>The three strategic priorities for 2019/20 had been agreed by a sub-group of the CEO board. These were: <ul style="list-style-type: none"> <li>CEO/AO group to design, sign off and ensure elective implementation of the key system architecture including leadership and resourcing, i.e.: <ul style="list-style-type: none"> <li>ICS</li> <li>ICA/P</li> <li>Paced based partnerships</li> <li>Primary care networks</li> </ul> </li> <li>To develop Place Based Partnerships with Local Government to integrated management of demographic and housing growth ensuring maximum synergy on estate funding, workforce and service integration, especially on prevention and tackling inequalities.</li> <li>To ensure effective implementation of STP wide frailty programme objectives already signed off by CEO/AO group including explicit focus on reducing inequalities of care for vulnerable groups.</li> </ul> </li> <li><b>Estates and Technology Transformation Fund (ETTF)</b> The current funding stream for interoperability had been used. A business case had been submitted to NHSE for Health System-Led Investment (public dividend capital money) to support the programme for the next two financial years (19/20 and 20/21). This had not yet been approved.</li> <li><b>Planned Care: outpatients</b> The first pan-STP outpatient transformation workshop had been held on 12 March 2019, with presentations on examples of innovation in service delivery within each of the three local health systems. The development of a five-year outpatient transformation plan for each local system was underway in order to input into the STP long term plan.</li> <li><b>Mental Health</b> A meeting had been held to correlate intended funding and delivery plans for 2019/20 to ensure delivery against the Mental Health Five Year Forward view requirements and begin the process toward building a five-year plan related to the NHS 10 year plan. Herts Valleys CCG and East and North Herts CCG had made it through the first part of a two part bidding process for NHSE transformation funding for Individual Placement Support (IPS). This would provide employment support for around 380 service users with severe and enduring mental illness. Herts Valleys CCG had supported the expansion of primary care mental health pilots with £650k, progressing to a proof of concept phase across the whole CCG.</li> <li><b>Workforce</b> This was the biggest risk to the delivery of the NHS Long Term Plan.</li> </ul>
48.2	<p>The CEO report was discussed.</p> <ul style="list-style-type: none"> <li>PCNs: RE noted GP concerns about conflicts of interest and finances. LD responded that the development of a support programme was in hand and reminded GPs that free advice and support was available from the LMC. KM added that this was not yet clear nationally, and that more detail would be available during May/June. DCC advised that the STP primary care oversight group had been complimentary about Herts Valleys' approach.</li> <li>SB requested more information about how the £7.5k grant from the Leadership Academy would be used. It was agreed that a report should be submitted to the quality committee for review.</li> <li>AG commended the project into mental health in the workplace.</li> </ul>
48.3	<b>The board noted the CEO report.</b>
48.4	<b><i>ACTION: H Scheffer to provide a report for quality committee on how the Leadership Academy grant would be used.</i></b>



B/49/19	Board Assurance Framework (BAF) update
49.1	<ul style="list-style-type: none"> <li>RW presented the paper which provided a summary proposal of the year end position (at the end of quarter 4) for the Board Assurance Framework (BAF) for 2018/19.</li> <li>The key points to note were: <ul style="list-style-type: none"> <li>It was proposed that BAF risk 2.5 '<i>Risk that we are unable to commission good quality and sustainable healthcare for the population of west Hertfordshire</i>' should be closed as the risk mainly related to the CCG managing business as usual alongside multiple procurements in 2018/19.</li> <li>BAF risk 3.4 '<i>Risk that we are unable to manage satisfactorily all transformation, quality, communication and finance requirements during the mobilisation of the new community services contract</i>' had been added to replace the risk previously discussing re-procurement of Adult Community Services.</li> <li>BAF risk 3.5 '<i>Risk that our plans do not focus on prevention of ill health and reduction of health inequalities</i>' was previously BAF risk 2.3. It had been moved from the Quality section to Transformation since the mitigation of this risk was closely related to new pathways.</li> <li>A change was proposed to one Corporate Risk Register (CRR) risk scores at end of Q4: SO4/23 '<i>Risk that additional expenditure will occur which is not budgeted for</i>'. The current risk score has been reduced to 6.</li> <li>It was proposed to close three CRR risks at end of Q4 <ul style="list-style-type: none"> <li>SO2/26 '<i>Risk to the CCG of not implementing the objectives of Building the Right Support via the Transforming Care Programme.</i>' The Transforming Care programme ended on 31 March 2019 and the risks associated with delivery were moving into business as usual.</li> <li>SO2/36 '<i>Risk that the decision to cease funding respite services for families at Nascot Lawn will impact the relationship that the CCG has with its stakeholders.</i>' The S75 agreement had been signed and sealed by both CCGs and HCC. The one remaining child to be settled was being managed by the Children's Continuing Care team.</li> <li>SO3/02 '<i>Risk that localities will not be aligned with CCG strategic objectives.</i>' This risk was now covered by BAF risks 1.2 and 3.2b.</li> </ul> </li> </ul> </li> <li>The paper also proposed strategic risks to be included in the BAF for 2019/20.</li> </ul>
49.2	<ul style="list-style-type: none"> <li>The improvements implemented in risk management processes were noted, and it was agreed that the focus and depth of discussion about risk in committee meetings had had a big impact. This meant that there was less discussion about risk at the board meetings.</li> <li>RW and KM had offered to support identification of system strategic risks at STP-level.</li> <li>PSi noted the inclusion of a risk around the focus on prevention of ill health and the reduction of health inequalities.</li> </ul>
49.3	<p><b>The board:</b></p> <ul style="list-style-type: none"> <li><b>Approved the BAF 2018/19 end of Q4 position as agreed by the Executive team; and</b></li> <li><b>Approved the BAF proposal for 2019/20.</b></li> </ul>
B/50/19	Financial Plan 2019/20
50.1	<ul style="list-style-type: none"> <li>CH explained that the final financial plan for 2019/20 had been submitted to NHSE on 4 April 2019.</li> <li>The CCG was planning to meet its 2019/20 in-year control total of breakeven, with £15.395m QIPP savings supporting draft expenditure budgets of £919.151m.</li> <li>The paper set out the final plan and budgets for 2019/20. These had been discussed in various forums prior to the board.</li> <li>No fundamental changes had been made since board approval of the draft plan and budgets on 14 March 2019 and reflected a strong and stable financial position.</li> <li>However, the underlying recurrent surplus had been reported as £3.9m, which was an improvement on the assumed underlying recurrent surplus of £2.7m based on month 9. This was balanced by £3.9m non-recurrent expenditure to maintain the overall run rate.</li> <li>The majority of contracts had been agreed, with some of the smaller London contracts still</li> </ul>

	outstanding. The settlement of these remaining contracts was not due to any disagreement between parties, and was not expected to present a risk to the financial position.
50.2	<p>The following points were made during discussion:</p> <ul style="list-style-type: none"> <li>• RE queried the London contracts exceeding value for 2018/19. CH explained that most of this was due to provision of critical care which was a fluctuating spend and hard to plan for.</li> <li>• The strong leadership and tight grasp on finances was commended by the board. This stable position had enabled the CCG to take a considered view of providing financial support to providers as part of a system approach.</li> <li>• The board welcomed the contingency of £1m for prescribing price increases as a result of EU exit. This was noted to be a key risk.</li> <li>• It was noted that QIPP delivery for 2019/20 would be more challenging than it had been for the preceding two financial years as the 'easy wins' had already been delivered. However, efficiencies and transformational savings of £15.4m were also less than the previous saving target and reflected the scale of transformation work that the CCG had undertaken during the past two years to achieve financial sustainability.</li> <li>• The next stage would be to identify STP, system-wide efficiencies through collaborative working and procurements.</li> </ul>
50.3	<b>The board approved the final plan and detailed budgets for 2019/20.</b>
<b>B/51/19</b>	<b>Revised CCG Constitution</b>
51.1	<ul style="list-style-type: none"> <li>• RW presented the revised CCG constitution, which was based on a new model constitution published by NHSE in September 2018. The key changes were: <ul style="list-style-type: none"> <li>○ Reworded description of patient and public engagement</li> <li>○ Non-voting board members now described as "attendees"</li> <li>○ Addition of joint commissioning arrangements with local authority partners (joint arrangements with other CCGs and NHSE already in place)</li> <li>○ Addition of terms of reference for statutory committees</li> <li>○ Maximum terms of office of nine years for lay members</li> <li>○ Updated board quoracy arrangements in standing orders</li> </ul> </li> <li>• In the light of expected changes in local commissioning and the establishment of primary care networks, it had been proposed to describe locality structures in the (separate) "integrated governance protocol" in order to "future proof" the constitution and prevent frequent amendments required to be approved by the board and GP membership (GP forum).</li> <li>• Capsticks had reviewed the previous draft and were content that the document was legally sound, although they had made some recommendations, such as the removal of locality governance, which had been implemented.</li> </ul>
51.2	<p>The board discussed the latest version of the constitution.</p> <ul style="list-style-type: none"> <li>• Clause 1.8.3: at the advice of Capsticks, removal of references to patient choice for treatment in secondary care in the description of patient and public engagement. This was the policy direction in the NHS generally, which was moving away from promoting choice. KM highlighted that CCGs were currently obliged to offer patient choice under the statutory framework.</li> </ul> <p>It was agreed to keep clause 1.8.3 in, but include the definition of patient choice from the statutory framework for clarity, and update the wording of the clause to reflect the national position. Information on the website must also be updated to reflect the national position and our patient choice policy.</p> <ul style="list-style-type: none"> <li>• Clause 3.4 Localities: the inclusion/exclusion of information about localities.</li> </ul> <p>It was agreed to keep localities in; the rationale being that there would be a gap in the structure of the membership to the governing body, even though this is included in the integrated governance protocol.</p> <p>Reference should be made to the transition to PCNs.</p>
51.3	<b>The board approved the revised constitution subject to the minor revisions above. This would be presented to the GP Forum on 16 May for final approval.</b>
51.4	<b><i>ACTION: J Rodgers to ensure the CCG's website is updated to reflect changes to the national</i></b>

	<i>direction regarding patient choice.</i>
<b>B/52/19</b>	<b>Integrated Governance Protocol (IGP) and membership of board committees</b>
52.1	<p>RW presented the integrated governance protocol had been updated to reflect the following:</p> <ul style="list-style-type: none"> <li>• reduced references to Capacity and Capability review as no longer relevant;</li> <li>• changes to board committee structure and terms of reference;</li> <li>• removed board development plan;</li> <li>• changes to authorisation limits;</li> <li>• updated templates and guidance;</li> <li>• addition of policies and other information removed from the new model constitution.</li> <li>• The paper also presents a proposal on board committee membership for 2019/20.</li> </ul>
52.2	<p>The revised protocol was discussed and the following changes agreed:</p> <ul style="list-style-type: none"> <li>• Update lay member terms of office on page 12 to reflect re-appointments.</li> <li>• Committees section 5 – inconsistent, sometime we name the chair and other times we don't: remove.</li> <li>• Pages 2, 19, 34, 36, 66, 68, 157, 177, 178 there are still references to finance and performance committee.</li> <li>• WHHT CQC oversight group no longer meets.</li> <li>• Chairs' reports from board committees: it was agreed that these were no longer required to be submitted in document format and that from the next board meeting (27 June) these would be verbal updates.</li> </ul>
52.3	<p>Board committee membership for 2019/20</p> <ul style="list-style-type: none"> <li>• It was agreed that changes would take effect from 1 June 2019 onwards to enable GP members to re-arrange diaries where necessary.</li> <li>• It was also agreed that local delivery board time needed to be protected for GP attendance.</li> <li>• It noted for clarity, that locality vice-chairs were not board members, therefore they could attend board committee meetings as an attendee if a locality chair was unable to attend, but they would not have voting rights at that meeting.</li> </ul>
52.4	<p><b>Subject to the minor amendments above, the board ratified V2.0 of the integrated governance protocol, including the updated terms of reference for the Commissioning Executive Committee and Primary Care Commissioning Committee.</b></p> <p><b>The board also approved the proposal for board committee membership.</b></p>
<b>B/53/19</b>	<b>Delegation of approval of Annual Report and Accounts to the Audit Committee</b>
53.1	<ul style="list-style-type: none"> <li>• CH explained that the draft annual report and accounts had been submitted to NHSE.</li> <li>• The accounts were being audited.</li> <li>• As there was no board meeting before the annual report and accounts had to be submitted (9am 29 May 2019) the board were asked to delegate authority to approve to the audit committee who were meeting on 23 May 2019.</li> </ul>
53.2	<b>The board delegated approval of Annual Report and Accounts to the Audit Committee</b>
<b>B/54/19</b>	<b>Committee chairs reports and approved minutes</b>
54.1	<b>The board noted the Chairs' reports and approved minutes of the board committees.</b>
<b>B/55/19</b>	<b>Questions from members of the public</b>
55.1	<ul style="list-style-type: none"> <li>• The Chair provided an opportunity for the members of the public to ask a question not related to the board agenda.</li> <li>• A member of the public asked when parents of children who had received respite care at the Nascot Lawn facility would receive a letter from the CCG in response to his complaint made to the Parliamentary and Health Service Ombudsman and their response.</li> <li>• KM confirmed that this was in hand and she would respond shortly.</li> <li>• There were no other questions from members of the public.</li> </ul>
55.2	<b>The board noted the question from the member of the public and the CEO's response.</b>

<b>B/56/19</b>	<b>Review of management of conflicts of interest</b>
55.1	The board agreed that the conflicts of interest relating to item B/36/19 had been managed appropriately.
<b>B/57/19</b>	<b>Reflection on equality and diversity in relation to decisions</b>
57.1	It was agreed that no decisions requiring equality and diversity consideration had been made in the meeting.
<b>B/58/19</b>	<b>Risks identified in the meeting</b>
58.1	<ul style="list-style-type: none"> <li>Risk around GP engagement needed to be closely monitored with progress through new governance structures, e.g. Primary Care Networks, ICS/ICA.</li> </ul>
58.2	<b>There were no new risks to add to the corporate risk register or board assurance framework.</b>
<b>B/59/19</b>	<b>Next meeting</b>
59.1	The next meeting in public would take place on 30 May 2019. Time and venue to be advised.
<b>B/60/19</b>	<b>The meeting closed at 11.38am</b>

Herts Valleys CCG Board Action Log								
Action Log	Date of Meeting	Subject	Action	Responsible Officer	Due Date	Comments	Date of Meeting to be Reviewed	Status
B/126.5/18	08.11.18	Priorities for joint working with HCC public health	J McManus to update the paper to include the original needs analysis from the locality profiles and reference the other areas of work.	J McManus	17.01.19 27.06.19	Richard Pile, Piers Simey and Miranda Sutters are working on a paper to explore and describe ways PH and NHS can work together to deliver prevention/ NHS long term plan. We aim to get a rough draft to you before your joint CCG commissioning intentions meeting in mid-March, and following that present to the respective CCG boards in May/June. <b>For June meeting.</b>	30.05.19	Open
B/48.4/19	25.04.19	Chief Executive Officer's report	H Scheffer to provide a report for quality committee on how the Leadership Academy grant would be used.	H Scheffer	TBC	To be added to quality committee workplan to co-incide with the next workforce update to the committee	30.05.19	Open
B/51.4/19	25.04.19	Revised CCG Constitution	J Rodgers to ensure the CCG's website is updated to reflect changes to the national direction regarding patient choice.	J Rodgers	31.07.19	Will be taken to next PPI committee (17 July) for discussion. Then to the Executive team meeting on 22 July for approval.	30.05.19	Open

	Overdue or no update provided
	Open (rearranged completion date)
	Completed by due date
	Plans in place to meet due or revised due date



# NHS Herts Valleys Clinical Commissioning Group Board Meeting 30 May 2019

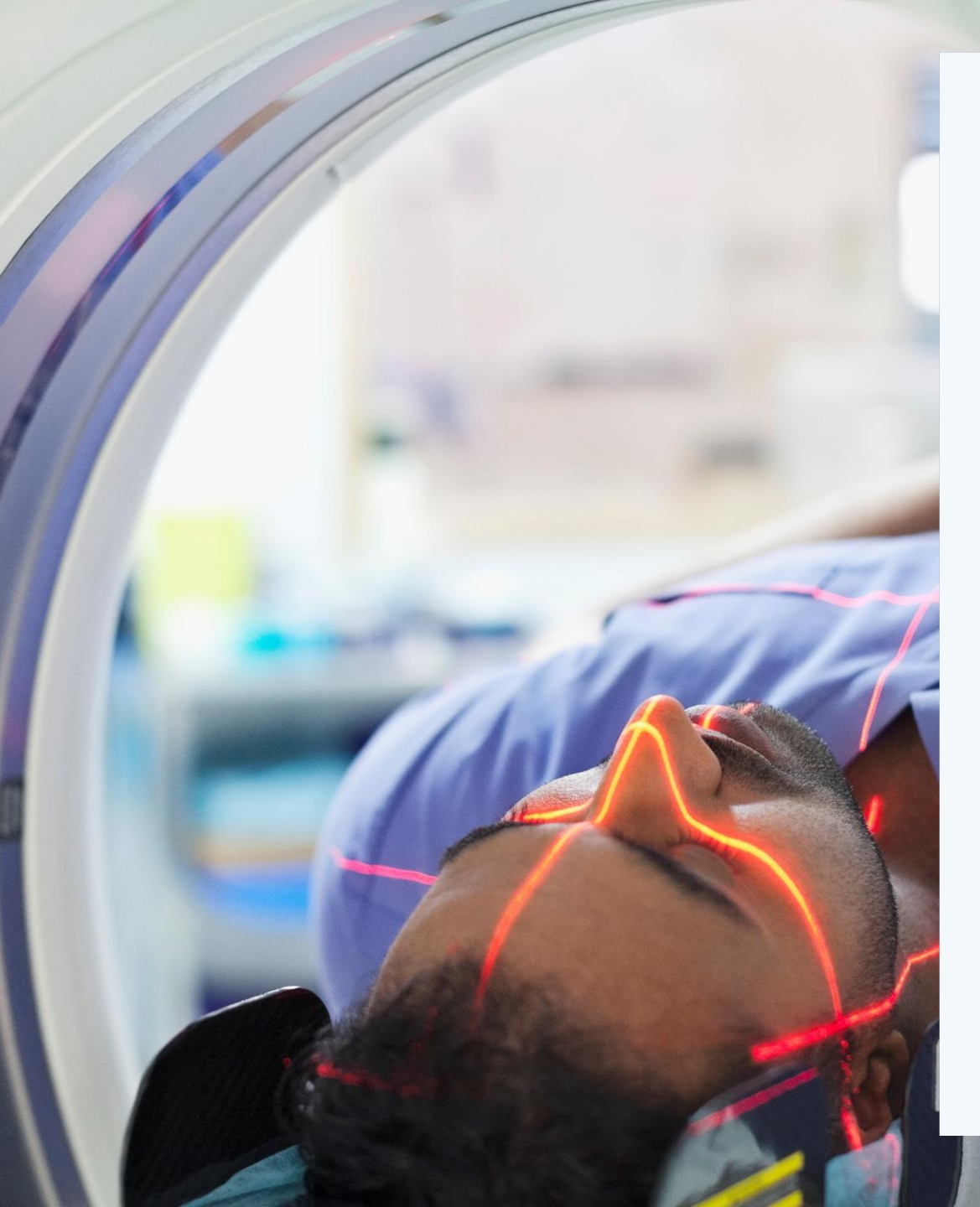
<b>Title</b>	Shortlist of options for the future of hospitals in west Hertfordshire				<b>Agenda item 6</b>
<b>NHS Official Sensitive: Commercial</b>		<input type="checkbox"/> Check the box if paper contains commercial information which may be damaging to the CCG, another NHS body or a commercial partner if improperly accessed.			
<b>NHS Official Sensitive Personal</b>		<input type="checkbox"/> Check the box if paper contains personal information relating to an identifiable individual where inappropriate access could have damaging consequences.			
<b>Purpose* (click appropriate box)</b>	Decision <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Information only <input type="checkbox"/>				
<b>Author and job title</b>		<b>Responsible director and job title</b>		<b>Director signature</b>	
The director is signing to indicate their approval of the paper and to confirm that any EQIA, QIA or DPIA has been approved.					
Juliet Rodgers, Associate Director Communications and Engagement		David Evans, Director of Commissioning			
<b>Short summary of paper</b>	The board is asked to discuss in the public domain, the decision made previously at a business board session on 28 February. This concerns the shortlist of options for the future of hospitals in west Hertfordshire - inviting any further comments on the shortlist as presented previously, noting the decision previously made or making any other further decision in the light of those discussions and comments.				
<b>Recommendation(s)</b>	<b>The Board is being asked to:</b> Note the previous discussion and decision make comments or make any further decision.				
<b>Engagement with patients/public/staff and other stakeholders</b>	The hospital redevelopment programme has benefitted from considerable public engagement and more is planned until boards made decisions in early July.				
<b>Links to Strategic Objectives (click on all boxes that apply)</b>					
<b>Effective Engagement.</b> We will continually improve engagements with member practices, patients, the public, carers and our staff to contribute to and influence the work of Herts Valleys CCG.					<input checked="" type="checkbox"/>
<b>Quality.</b> We will commission safe, good quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well.					<input checked="" type="checkbox"/>
<b>Transforming Delivery.</b> We will work with health and social care partners to transform the delivery of care through the implementation of "Your Care, Your Future", the Strategic Review in west Hertfordshire and its fit with the wider STP strategy, "A Healthier Future".					<input checked="" type="checkbox"/>
<b>Affordable &amp; Sustainable Care.</b> We will ensure that we fulfill our statutory duty to deliver a financially sustainable and affordable healthcare system in west Hertfordshire.					<input checked="" type="checkbox"/>
<b>Board Assurance Framework</b>					
<b>Ref.</b>	<b>Risk Owner</b>	<b>Risk description</b>	<b>Current risk score and movement</b>	<b>Target risk score</b>	<b>*Assurance Level</b>
3.1	DC	Risk that the joint submission to obtain additional capital resource to successfully transform the delivery of care in west Hertfordshire is unsuccessful	16→	8	<b>Medium</b>
<b>New strategic risks identified by this report</b>					
<b>Other significant risks related to this report (from the Corporate Risk Register)</b>					

Resource implications	Full financial information will be provided when the strategic outline case papers are presented to the board in July.			CFO Signature	
Potential conflicts of interest	Not aware of any conflicts of interest				
Equality and quality impact analyses (EQIA and QIA)	EQIAs will be presented to board for review and discussion as part of papers on shortlisted options at future meetings.				
Equality delivery system (EDS2)	Does your paper provide supporting evidence for HVCCG's EDS2 portfolio? Please refer to EDS2 guidance here: <a href="https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf">https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf</a> and indicate which goal your proposal/paper supports by clicking the appropriate box(es)				
	Better Health Outcomes				<input checked="" type="checkbox"/>
	Improved Patient Access and Experience				<input checked="" type="checkbox"/>
	A Representative and Supported Workforce				<input type="checkbox"/>
	Inclusive Leadership				<input type="checkbox"/>
Data Protection Impact Assessment (DPIA)	None needed at this stage.				
Report history	Previous board meeting in private considered the proposed shortlist. 28 February 2019				
Appendices	Appendix one: slides on shortlisting options as presented to public meeting, 7 March 2019.				

**\*Assurance levels – use this guide to identify the level of assurance indicated in the risk table above.**

Level	Details
<p><b>**N.B.</b> The executive summary for this paper should explicitly point to the evidence to support the assurance level indicated. For example:</p> <p><b>Very high</b> – Where in the report is the evidence is to support the current strong position &amp; how it will be sustained?</p> <p><b>High</b> – Where in the report is evidence of what is being done to strengthen controls and mitigate the likelihood of this risk materialising?</p> <p><b>Medium</b> – Where in the report is the evidence of what is being done to address gaps in assurance and how successful is this action proving?</p> <p><b>Low</b> – Where in the report is a statement of the urgent actions planned to address the lack of assurance?</p>	
<b>Very high</b>	Taking account of the issues identified in this report, the Board can take <i>reasonable assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.
<b>High</b>	Taking account of the issues identified in this report, the Board can take <i>reasonable assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective. However, we have identified issues that, if not addressed, increase the likelihood of the risk materialising.
<b>Medium</b>	Taking account of the issues identified in this report, whilst the Board can take <i>some assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective, action needs to be taken to ensure this risk is managed.
<b>Low</b>	Taking account of the issues identified, the Board <i>cannot take assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. Action needs to be taken to ensure this risk is managed.



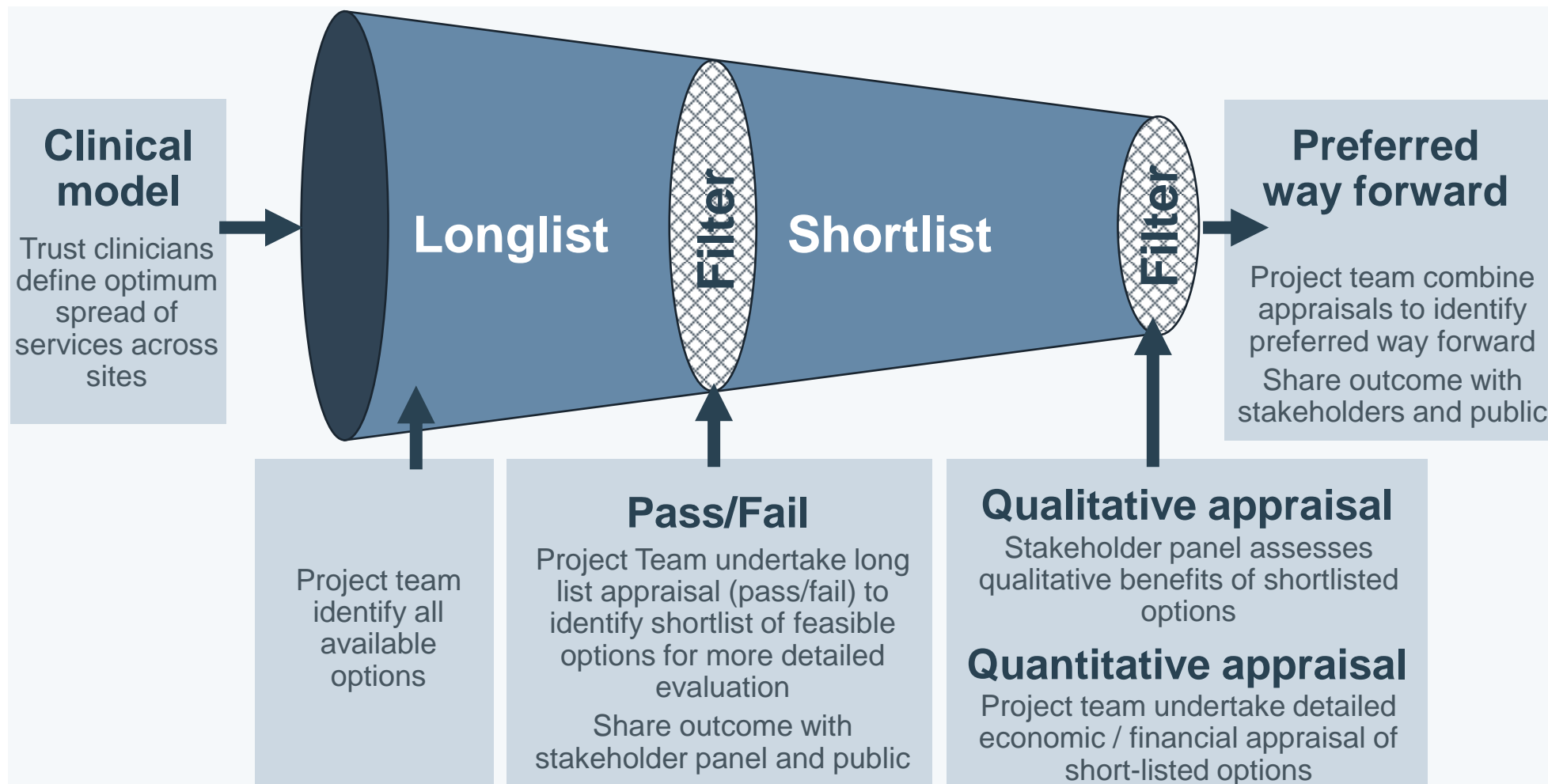


# Future of hospital services in west Hertfordshire

Summary slides from Board  
workshop on 7<sup>th</sup> March 2019



# Overall appraisal approach



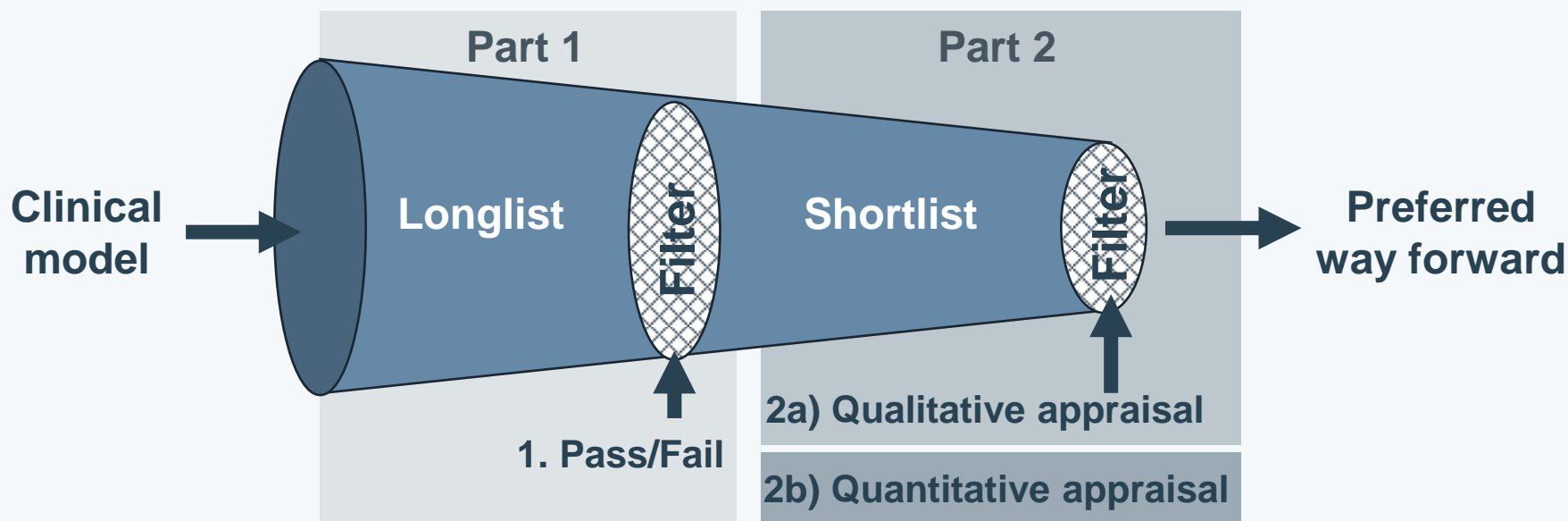
## Shortlist appraisal – assessing value for money

- The shortlist appraisal is focused on establishing which option provides best overall public value – this is the **balance of benefits against costs**.
- There are different types of benefit:
  - **Financial** – These reduce the costs of an organisation and can be quantified in terms of the savings forecast to be achieved
  - **Non-financial** – These may be able to be quantified (i.e. measured in some way), but not in terms of money
- Financial benefits will be appraised within the **quantitative economic appraisal**, alongside the costs
- These combined outputs will then be presented to the Board to enable a decision to be reached as to the preferred way forward for the case that will be submitted to regulators.

# Qualitative appraisal of the shortlist

We are running two stakeholder panels to appraise the options:

- Part 1 considered and confirmed the proposed shortlist of options – **to formally confirm today**
- Part 2 is where participants will be asked **to score each of the proposed options in terms of its ability to achieve desired benefits**



## Full list of benefits

The following benefits are anticipated to be delivered by the proposed acute transformation and were included in the original Strategic Outline Case:

- **Improved safety and better clinical outcomes for patients**
- **Improved patient and carer experience**
- **Improved operational performance and lower risk to business continuity**
- **A more attractive workplace for employees**
- **Reduced operational costs for WHHT**

Given the clear constraint around affordability of the proposal set by national regulators, we have included an additional benefit that each of the options should be appraised against:

- **Enabler to future changes in working practices**

# Shortlisting criteria

We have defined a **minimum threshold** for each criterion:

Criteria	Threshold
<b>Affordability</b>	The required capital investment must be within the Trust's annual turnover
<b>Quality</b>	The option must at least maintain patient safety at current levels
<b>Patient experience</b>	The option must support an improvement in patient experience from current levels
<b>Access</b>	Services must be located to serve the population of the Herts Valleys
<b>Deliverability</b>	The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option
<b>Value for money</b>	The option must support an improvement in the Trust's financial position in the long term
<b>Strategic alignment</b>	The option must deliver the objectives and provide flexibility for the future

# The options vary in two main ways

As a starting point, we have considered permutations of options according to the two main variables – the number of sites and location of sites.

## 1. Number of sites

Three sites			Two sites			One site		
Emergency care	Planned medicine	Planned surgery	Emergency care	Planned medicine	Planned surgery	Emergency care	Planned medicine	Planned surgery

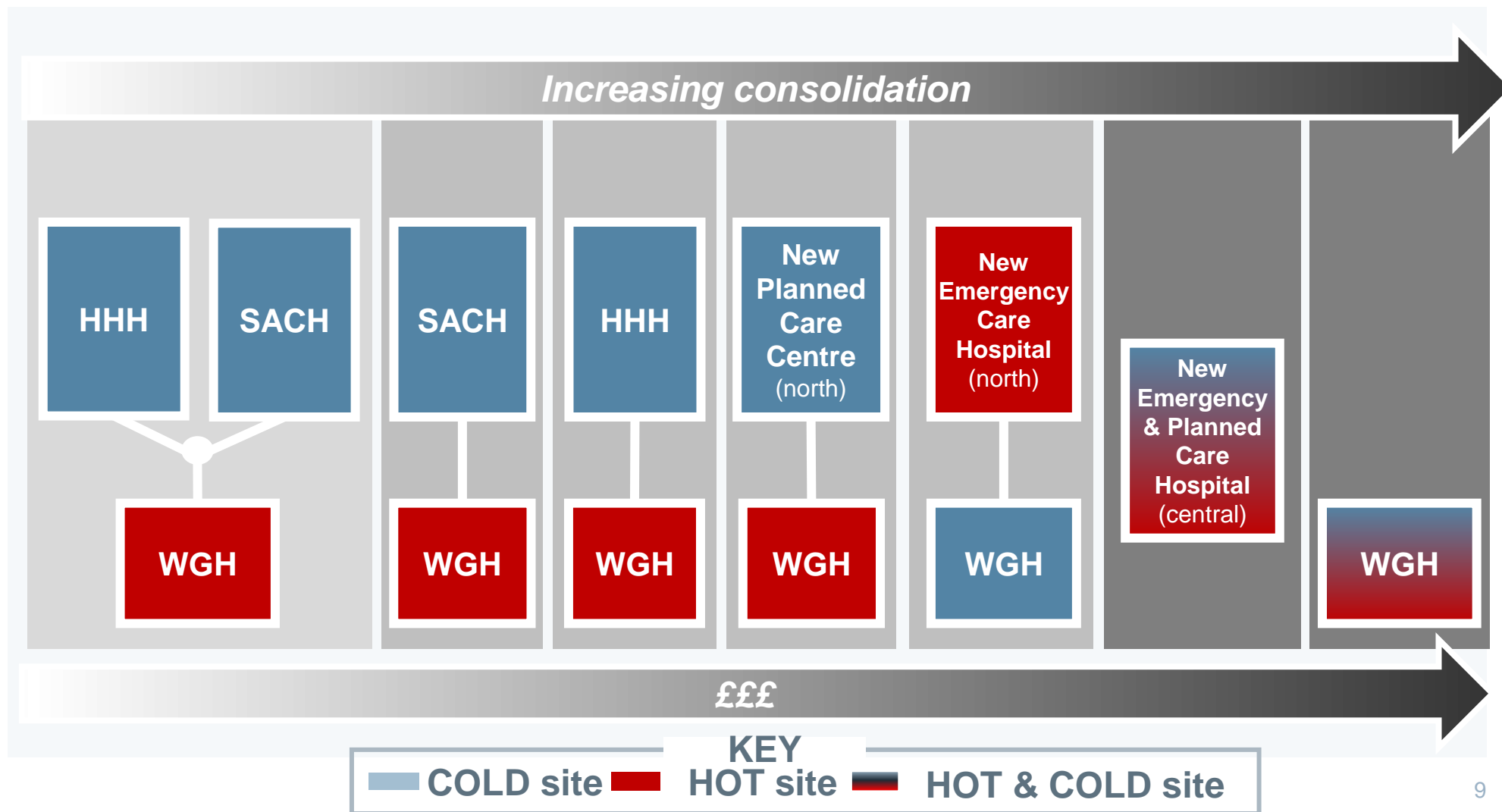
## 2. Location of sites

Watford General Hospital (WGH)	St Albans City Hospital (SACH)	Hemel Hempstead Hospital (HHH)	New Greenfield (north)	New Greenfield (central)
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# The clinical model varies slightly across the options

Three sites			Two sites			One site		
Emergency care	Planned medicine	Planned surgery	Emergency care	Planned medicine	Planned surgery	Emergency care	Planned medicine	Planned surgery
<ul style="list-style-type: none"> <li>Emergency care, planned surgery and planned medicine will each be consolidated as far as possible on a separate site</li> <li>All sites will be supported by diagnostics and clinical support services appropriate to the clinical need of the site</li> </ul>			<ul style="list-style-type: none"> <li>Emergency care will be consolidated on one site, with urgent treatment available at both sites</li> <li>Planned care (including both planned surgery and planned medicine) will be consolidated as far as possible on a separate site</li> <li>Both sites will be supported by diagnostics and clinical support services appropriate to the clinical need of the site</li> </ul>			<ul style="list-style-type: none"> <li>All acute hospital services will be provided from a single site, but with a clear physical separation between emergency and planned care</li> <li>Further urgent care will be provided separately (either co-located with local services or standalone)</li> </ul>		

# Long-list of options

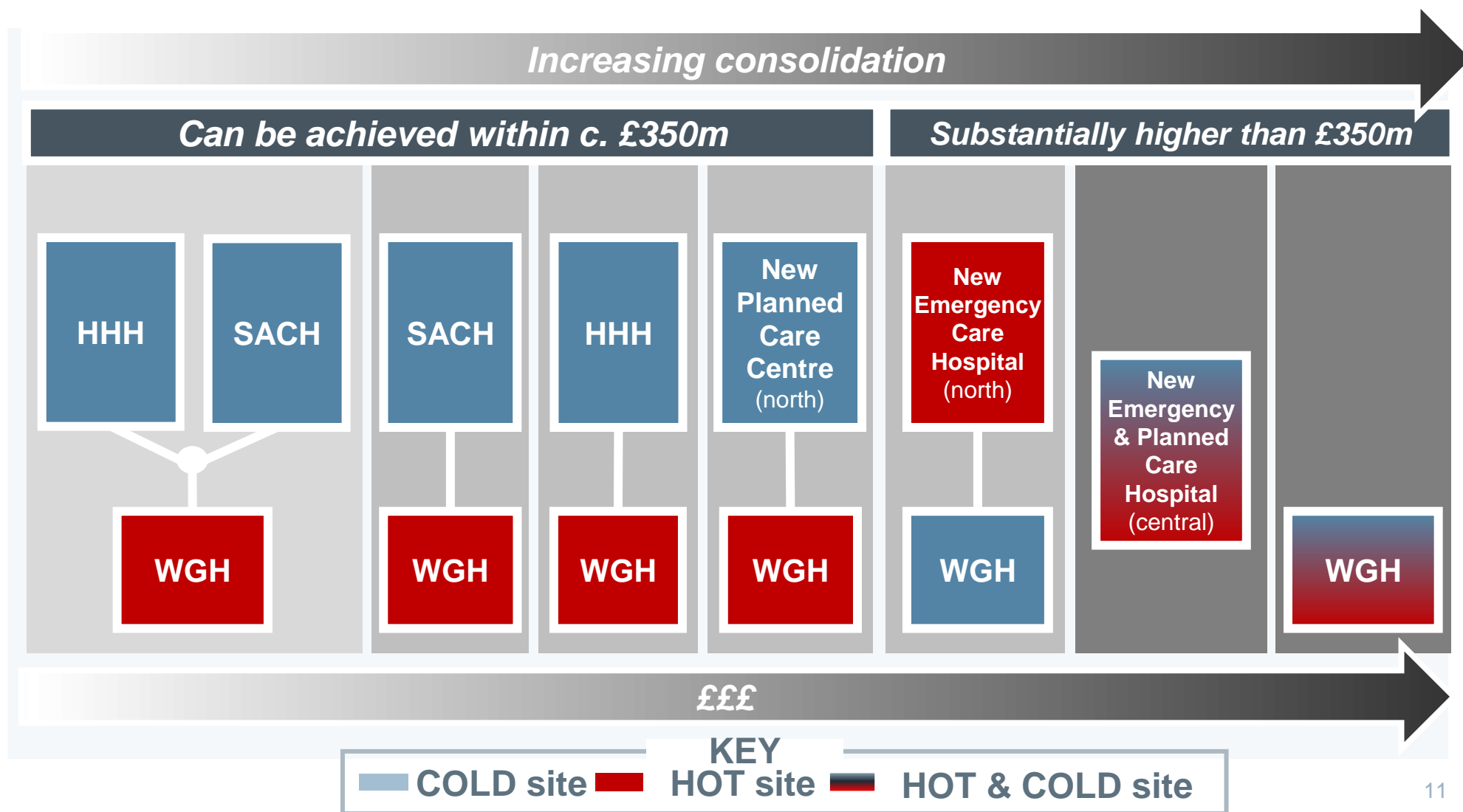




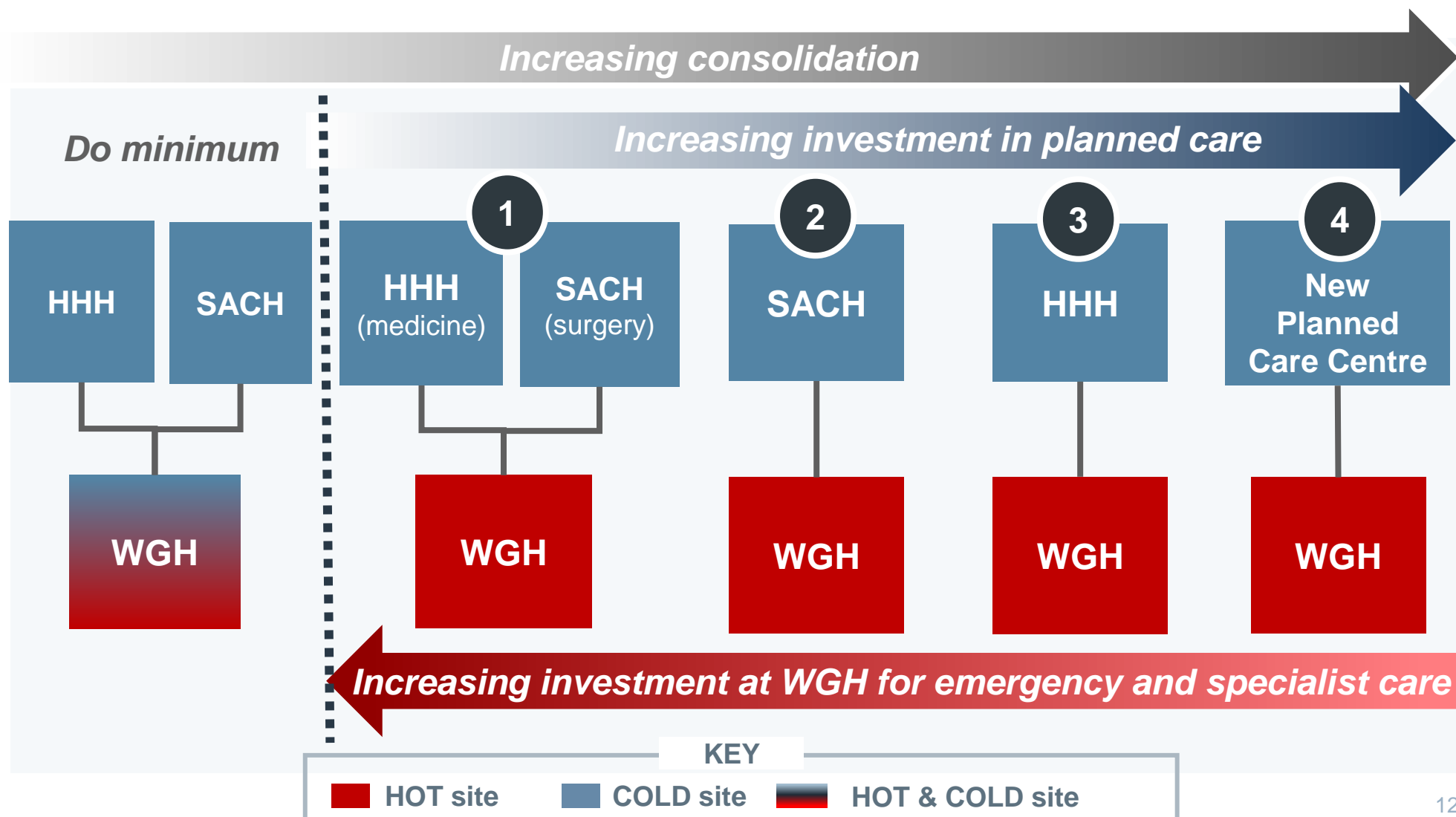
## Summary of findings against evaluation criteria

Criteria	Analysis undertaken	Summary of findings
<b>Affordability</b>	Outline capital investment estimates developed	Main criterion for ruling out options
<b>Quality</b>	None at this stage	All options can be designed to ensure patient safety, therefore all options meet minimum threshold
<b>Patient experience</b>	None at this stage	All options can be designed to improve patient experience, therefore all options meet minimum threshold
<b>Access</b>	Travel and catchment analysis	All options provide services located to serve the population of the Herts Valleys and provide reasonable access, therefore all options meet minimum threshold
<b>Deliverability</b>	Schedules of accommodation developed based on clinical model	Existing sites have some limitations due to space constraints, ruling out some options
<b>Value for money</b>	None at this stage	All options have the potential to improve the Trust's financial position, therefore all options meet minimum threshold
<b>Strategic alignment</b>	None at this stage	All options can be designed to meet the objectives to varying degrees, therefore all options meet minimum threshold

# Outputs from affordability analysis



## Proposed short-list

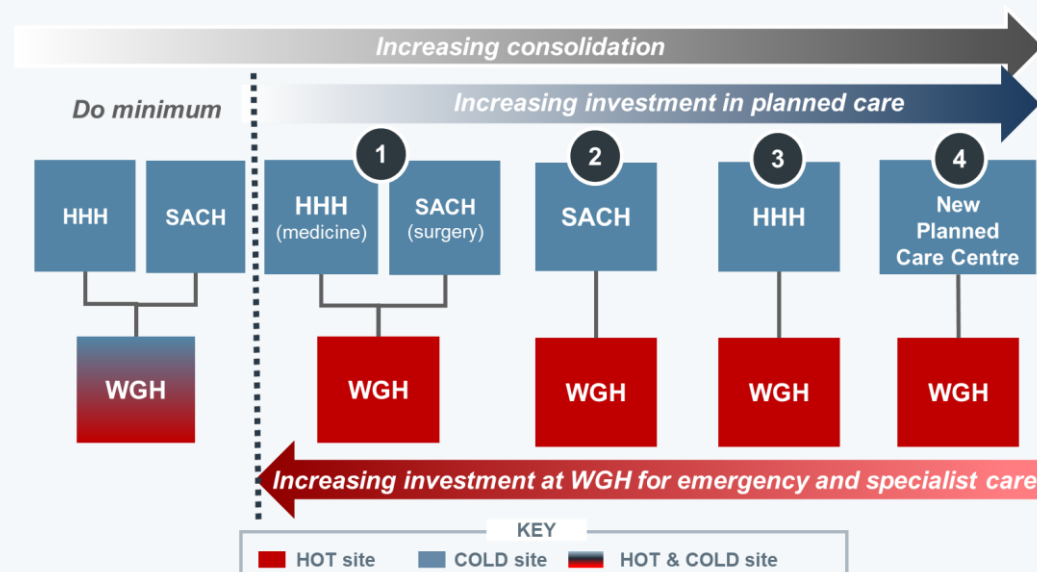


## Confirming the short-list

The stakeholder panel have considered the proposed short-list and confirmed this is an appropriate short-list given the constraints and criteria.

One member voiced their view that we should be considering a Greenfield Emergency site / Greenfield single site. It was explained this is not within the constraints and criteria we have been set.

**On the basis of the rationale presented, and previous discussions, do you confirm the short-list as below:**



## Hertfordshire and West Essex STP

April 2019

<b>Title</b>	STP Update Report
<b>Purpose</b>	The report provides an update on the STP and will ensure that STP member organisations Boards and Governing Bodies are up to date with developments.
<b>Report authors</b>	Dean Westcott, STP Finance Director and interim STP lead Dennis Carlton, Head of Programme Management Helen Edmondson, Associate Programme Director Alison Gilbert, Director of Delivery and Partnerships STP Harper Brown, Director of Strategy Charles Allan, Director of Transition and Performance

## **STP Update**

**April 2019**

### **Introduction**

This paper provides an update from Hertfordshire and west Essex STP to be discussed at STP member organisations Board or Governing Body meetings.

In particular this report provides an update on:

- ICS/ ICA design work
- System opportunity analysis
- STP lead
- Comms update

### **1. ICS/ICA design work**

A joint meeting between chief executives and chairs was held on the 16<sup>th</sup> April 2019 to discuss the detailed design brief developed by the STP CEO lead and Chair. The brief was endorsed by the group as the basis for developing a transition plan with the goal of moving to shadow working from April 2020 and an operational integrated care system and partnerships from April 2021. The STP Chair has updated the paper to reflect the feedback on the 16th April and circulated the revised paper to chief executives and chairs for boards to note.

### **2. System opportunity analysis**

Following a request from the CEO board, the central PMO team has conducted an analysis of potential areas for productivity opportunities within our STP and compared these to known (and available) plans. Model Hospital and Right Care benchmarking data was reviewed (at a clinical service line level) for areas of unwarranted variation. The potential opportunity of reducing this variation was then reconciled with 18/19 outturn plans and 19/20 plans to establish if plans were already in place to realise the suggested opportunity.

The results of this analysis will be used to facilitate the prioritisation of our programme to areas with the largest opportunity.

### **3. STP Lead**

The STP Independent Chair is currently leading a process to appoint an interim STP Lead following the retirement of Deborah Fielding in April. Expressions of interest have been sought from within the HWE system and interviews are scheduled with shortlisted candidates in mid-May. The appointment will be for between 6 and 9 months during which time work on the transition plan will be progressed and decisions taken regarding the final arrangements for executive leadership of our integrated care system and partnerships.

#### 4. Communications and Engagement Update

The dashboard provided in appendix 1 gives a summary of the STP communications and engagement work that took place across Hertfordshire and west Essex during the previous month. It includes: details of media releases issued; media coverage received; social media highlights, including website stats; and internal and external communications activity, including stakeholder briefings and public engagement, flagging up future planned engagement.

#### 5. Work Stream Update

##### 5.1. Frailty

- The workstreams are starting to consider a tailored plan to prioritise the delivery of the all the emerging design elements , recognising the risk in potentially overwhelming the delivery units
- Dementia pathways have been designed and will be distributed for consultation
- A tissue viability STP needs assessment is complete and the pathways have been designed in line with the agreed vision for tissue viability. These will be presented to the work stream on 11th June.
- EOL priorities have been agreed with particular focus on the wider workforce training agenda
- Care home priorities are being progress and NHS mail roll out to all care homes remains a priority
- Frailty training identified as requiring a focus on the implementation planning and mobilisation of the 180 trained staff from the fusion 48. Training approach for senior leaders locally being explored
- An options paper will be presented to STP CEO's laying out the landscape and vision for the frailty hub development as one of the components of the approved frailty pathways and how this aligns with existing system developments across the STP
- A refreshed approach to engagement and communication of the work across the whole workstream has been recognised
- A commitment agreed for an improved focus on the oversight of the delivery plans at a local level
- Frailty modelling workshop has been held and the output and lesson learnt has been presented to STP FD's and the workstream. Work will continue but with a more local system approach to the ask

##### 5.2. Planned Care

###### 5.2.1. Outpatients

Following the successful Pan STP outpatient transformation workshop held on 12<sup>th</sup> March, all three localities were asked to each submit high-level plans of how outpatient services will be configured and delivered based on best practice. East & North Herts and West Essex systems have submitted their plans; and Herts Valley is committed to submitting by week ending 10<sup>th</sup> May. These high-level plans will be reviewed in May to ensure they are ambitious, robust and able to truly transform services for the benefits of patients.

After this, all three systems will work to flesh out their individual plans into detailed plans by end of July. These detailed plans will feed into the 5-year STP wide plan due for submission to NHS England by September.

#### 5.2.2. Ophthalmology

An STP wide demand & capacity review was conducted and submitted to NHS England for feedback. Consideration will be given to NHSE feedback at the next joint commissioner/provider group on 17<sup>th</sup> May where the group will determine potential areas for Pan STP collaborative work and next steps going forward.

#### 5.2.3. Urogynaecology

The Pan STP Urogynaecology task & finish group led by Dr Rachel Joyce STP Medical Director completed the design of two new pathways – a) GP pathway for managing female adult urinary incontinence and prolapse; and b) Urogynaecology triage pathway. Also, a standardised Urogynaecology referral form that will enable efficient triage of patients to the most appropriate services has been developed. These new pathways and referral process have been signed-off by clinicians across all systems and approved by planned care programme board. When implemented, these new pathways will:

- a) Avoid unnecessary appointments especially in hospital outpatient clinics
- b) Reduce unwarranted variations in care
- c) Ensure patients are cared for at the right setting and on time

#### 5.2.4. MSK

Following the Pan STP MSK meeting held earlier in the year, a core group of stakeholders led by Dr Rachel Joyce will meet on 10<sup>th</sup> May to develop draft care model of how to integrate IAPT into MSK services. When implemented, this model will enable care to be delivered for at the right setting whilst further equipping patients with the right knowledge on how to better manage their conditions.

#### 5.2.5. Diabetes

STP wide diabetes steering group led by Dr Peter Winocour met in April. At this meeting, the group shared success stories around a telehealth support worker pilot scheme aimed at 16 – 30 year olds support by dedicated diabetes specialist nurse. This innovation has led to improved blood sugar control, increased blood & urine tests and increased uptake of retinal screening. This initial pilot success was also presented at the April planned care programme board. Dr Winocour has highlighted this innovation as an area that could be prioritised and has agreed to lead a business case on how this and other initiatives can be scaled across the STP footprint.

### 5.3 Urgent & Emergency care

A Discharge to Assess Programme Manager was appointed in February 2019. The first Pan-STP Programme Board took place on 30<sup>th</sup> April 2019 with representation commissioners and providers across the system. The programme governance, aims and objectives were signed off and Quarter 1 and 2 deliverables agreed for the work streams. The primary focus for the programme is:

- Agree standardised outcomes (& KPIs) for D2A pathways
- Agree standardised targets for the above
- Develop system dashboard for measurement of item 2 & 3
- 'As-is' Baseline regarding approaches to D2A pathways across the system
- Agree standardised pathways (using best practice in system & national evidence base)
- Gap analysis of system against the standardised pathway and deliver outcomes
- Develop plan to reduce variation
- Report plans and progress on plans to relevant governance boards



## 5.4 Cancer

### 5.4.1 Transformation Funds

The STP was recently notified of the allocation of £15m transformation revenue funding to the East of England Cancer Alliance. There has been no indication of any capital funding. The Cancer Alliance made a submission to the national team to secure this funding and details of how the allocation is being split centrally and locally and the priorities are detailed below:

- Centrally held £3.5m Cancer Alliance funding to cover:
  - Sustainable cancer performance through the delivery of all eight cancer waiting times standards via increases capacity, encourage effective, cross-organisational working and broker agreements between providers to balance supply and demand more effectively across the system
  - Demonstrable impact on uptake of the screening programmes, based on local need
  - Implement one RDC for a defined population within the Alliance geography

There will also be funding available for the following centrally funded projects allocated to specific STPs:

- Luton and Thurrock STP's - Working as part of the national Targeted Lung Health Checks Programme, develop and implement a plan for year one
- Improved quality of cancer care reviews with an extension on the current cancer care in the Community projects in Cambridge and Peterborough, Norfolk & Waveney and BLMK STP's.
- Papworth Lung Pathway

Details of what this should cover and how much will be retained centrally for pan STP work is in the process of being finalised. It is expected that STP members are likely to see increased funding for transformation in 2019/20 and details of this and how it will be accessed should become available soon.

- Current indications of priorities for STP the revenue allocation of £1,492,000 are to cover:
  - Demonstrable improvement in number of cancer patients receiving a diagnosis or being told that cancer has been ruled out within 28 days on a lung, prostate and colorectal pathway.
  - Implementation of oesophago-gastric timed pathway in all Trusts across the STP with a specific allocation of £120k for the OG centre.
  - Personalised/patient centred follow-up for patients with early breast cancer, stable prostate cancer and colorectal cancer.
  - Personalised care/improved quality of cancer care reviews

Schemes funded from 2018/19 transformation are well underway including a series of capital projects e.g. MpMRI at Princess Alexandra Hospital and FIT testing across the STP. Both the revenue and capital funding did not arrive at the STP until late in 2018/early 2019 and this has created an added pressure to implement the schemes at significant pace, a challenge that the system has risen well to meeting.

### 5.4.2. Workforce

Early in 2019 the Cancer Alliance commissioned GE Healthcare to review hospital system workforce in order to support six STPs to address their workforce challenges across the whole pathway of

cancer care. Inclusive of care delivered to patients from screening/diagnosis, through treatment, to living with and beyond cancer.

The primary focus of the programme is to

- Determine how the current workforce manages and delivers current cancer activity and care today
- Use this understanding to form a clear view as to how planned transformation initiatives impact on workforce and activity in the future (five years)
- Model future models of care for specified pathways.

The STP is currently in the mobilisation phase, which includes collection of work force and activity data. This will be followed by interviews and engagement, including data analysis and presentation of the current view. The final phase involves workshops with STPs to define future view and presentation of the results to each STP which will be presented in a final report.

#### 5.4.3. Recruitment

As part of the 2018/19 revenue allocation there was funding identified to support the recruitment of project management resource to support the scoping and implementation of two of the key workstreams. These were Early Diagnosis and Cancer Care in the Community. The delays in receipt of the final quarters of the funding impacted on the timelines for recruitment and an inability to appoint a suitable candidate in initial interviews had delayed this further. However a second round of interviews has now taken place with a successful appointment being made for the Early Diagnosis Project Manager post, with a potential start date of mid May 2019 and the Cancer Care in the Community post going to second interview early May 2019.

## 5.5 Mental Health

The workstream has undertaken an STP Mental Health Investment standard meeting to correlate intended funding and delivery plans for 19/20 to ensure delivery against the Mental Health Five Year Forward view requirements and begin the process toward building a five year plan related to the NHS 10 year plan. Furthermore, the new 5-year Hertfordshire Partnership University NHS Foundation Trust (HPFT) NHS standard contract has now been successfully negotiated and signed by all parties [HPFT, East & North Hertfordshire Clinical Commissioning Group (ENHCCG), Herts Valleys Clinical Commissioning Group (HVCCG), Cambridge & Peterborough Clinical Commissioning Group (CPCCG) and Hertfordshire County Council (HCC)]. From 1st April 2019, the contract will significantly contribute to delivering the ambitions laid out in the Adult Care Service 3 year plan (which fits in with the “15 Year Direction for Adult Social Care”); the Child and Adolescent Mental Health Services (CAMHS) transformation plan and the mental health and learning disability priorities set out in the Five Year Forward View and newly published NHS Long Term Plan.

Herts Valleys CCG and East and North Herts CCG have been successful in their bid for NHSE transformation funding Individual Placement Support (IPS). £543k in total over two years will provide employment support for around 380 service users with severe and enduring mental illness, bringing the Hertfordshire provision in line with that offered in West Essex. Employment specialists offer coaching and advice, along with practical tips on finding a job and preparing for interviews. They can also search for jobs and engage with employers directly on patient’s behalf to identify well-suited roles - acting as a crucial link between patient, their employer and medical team.

Both Herts Valleys CCG and E&NHCCG have supported the expansion of primary care mental health models in 19/20 with over £650k each, progressing from pilots to a proof of concept phase. This will

reduce DNA's and wait times by providing appropriate care and support in a familiar setting, bridging the gap between primary and secondary care. WECCG are setting out their mobilisation plan in Q1 for implementation in 19/20.

The STP CAMHS leads are currently developing our bid for Wave 2 or 3 of the CAMHS Trailblazers which were released for expressions of interest earlier in April to implement CYP Mental Health Support Teams in Schools (MHST) in 2019/20. Hertfordshire was one of 25 areas awarded Wave 1 funding, but there is a desire to further increase the coverage of this provision.

## 5.6 Workforce

There has been excellent progress in the last quarter as resources have been brought on board to support delivery for newly defined workstreams and the more advanced workstreams (Workforce Planning, Temporary Staffing and HR Services) continued to implement the agreed next stages of their plans, as well as determine the next steps for 19/20.

In addition the developing workforce strategy has been discussed with many stakeholders, through the monthly workstream leads meeting and a 'strategy development meeting'. The strategy has been presented to the LWAB meeting following a very successful session at the STP CEO's meeting on 2nd April 2019. At this meeting the CEOs were very positive about the strategy and were pleased with the ambition shown, supporting all the key areas of strategic focus and now the elements of the strategy work plans are being defined through the existing workstreams, but also areas where implementation plans and mechanisms of delivery need to be defined.

Two key risks worthy of particular note are:

- a) Capacity of workstream leads and teams to support implementation these major programmes of work. *Mitigation: Identify deputies for each of the major workstreams, increase the number of people participating in the programmes and align activities where possible.*
- b) Sustainability of resources to support the ambitions of the workforce strategy and associated programme. *Mitigation: Gain clarity on future HEE funding, proactively agree future funding requirements for workstreams and agree through system CEOs and executives*

### 5.6.1 Attraction, Recruitment, Retention - Progress and Next Steps

1. The team attended the Lincolnshire Talent Academy Workshop (LTA) on 24<sup>th</sup> January 2019 to learn more about their experience of setting up the academy and lessons learnt. Two key elements that came out of the day were:
  - a. Herts and West Essex may be able to use the technology developed by Lincolnshire – this will accelerate the development of the portal which is integral to the project. We are awaiting further details from LTA and HEE.
  - b. As well as supporting delivery of the Attraction Strategy, the talent academy could be a delivery vehicle for key elements of the Leadership and OD, and Workforce Redesign and Development workstreams e.g. managing apprenticeships across HWE, graduate development programmes and managing training pathways. This has been discussed with workstream leads and it has been agreed in principle that we should develop this in a joined up way across the three workstreams.

2. In the meantime, two foundations pieces are being developed – an HWE Work Experience approach (building on existing work e.g. PAH) and developing the brand (based on the values / behaviours of partner organisations across HWE).
3. In addition the first 'Future Heroes' event of the year was successfully run on 2<sup>nd</sup> April. There was great interest in the event with 700 students signed up (17% up on last year).
4. These pieces of work will continue and in addition resources are being sought to undertake a short piece of work on understanding current retention initiatives across HWE, identifying synergies and gaps, and making recommendations on HWE cross-cutting activities.

#### 5.6.2 Leadership and OD - Progress and Next Steps

1. A mapping process for existing leadership programmes is now underway across the STP. Several Trusts are already in a place where they can open up places to STP partners. Work is now taking place on the communications and booking process to enable this to happen.
2. A Temporary website is being evaluated in order to facilitate communication and booking of system training whilst a permanent portal is being scoped out and developed
3. Key contacts are being identified across the system. Up to date contacts and organisation structures are being collated in order to give a clear picture of what resource there is within leadership and OD across the system
4. Mary Seacole process for expansion has been agreed with the original 4 partners provisionally. Contract negotiations are now taking place and funding has been provisionally secured for next 2 years.
5. Organisations across the STP are working together to create a system wide approach to this year's Graduate Management Training Scheme placements. Requests for around 20 GMTs have been made from partnership organisations. The aim is to provide placements in a variety of settings across the system.
6. Links have also been made with 2 key contacts within the system to provide masters level training across the system, using the apprenticeship levy.

#### 5.6.3 Workforce Redesign and Development - Progress and Next Steps

1. A PID is broadly agreed and a project plan, programme delivery mechanisms have been created.
2. A short-term process for commissioning of roles for this year and communication of this has been agreed. Alignment between commissioning requirements and ongoing gaps demonstrated in workforce planning is being developed.
3. Newly qualified demand for 2023/24 has been sent through from organisations, STP demand forecast is being created.
4. Meetings have taken place with HEI's to understand expectations, previous challenges and discuss strategic direction.
5. Apprenticeships – Following the last LWAB there have been three main areas of focus:
  - The transfer of apprenticeship levy from levy-paying organisations to primary care is being explored. Meetings are taking place with CCG's to understand logistics. Two TNA apprenticeship posts in Primary Care are confirmed for the next cohort.
  - Existing strategy and plans for use of apprenticeship levy within organisations are under review. The review aims to identify commonalities and disparities and conjoin where appropriate to maximise spend

- Process underway to identify expertise within organisations that are capable of delivering apprenticeship training for the system, understand capacity and operational requirements.

#### 5.6.4 WS4 HR Services - Progress and Next Steps

**Occupational Health:** First stakeholder engagement workshop was held (Jan19) to launch the work around establishing one OH service for the STP. The current provision was reviewed, outlining improvements needed in the delivery of the service for each provider and recommendations for collaboration. (Including: Transactional Occupational Health Services (TOHS), Employee Assistance Programmes (EAP) and Fast-Track Musculoskeletal services (FTMS). These have been approved and two working groups will take this forward. Mini market tests were conducted to establish interested parties for delivering an OH service for HWE, with 8 expressions of interest.

**Payroll:** A scoping exercise was conducted to establish the current delivery of payroll services across the STP. East and North Hertfordshire NHS Trust (E&NHT) is the provider of payroll services for six of the eight organisations. A mini market test was conducted to ascertain the potential interest of providers wishing to provide services for the STP if required. One party provided an EoL.

**Mandatory and Statutory Training Passport (MaST):** A survey was conducted across the STP to map the current provision of mandatory and statutory training CSTF, and to highlight the differences in delivery. The MaST group has agreed an STP action plan to address misaligned areas.

East of England's ESR team have been engaged to support organisations to implement enablers to allow the automatic transfer of training records between NHS organisations for new starters and leavers. Action plans have been agreed.

#### 5.6.5 WS5 Temporary Staffing- Progress and Next Steps

1. DHSC pilot completed successfully on 31<sup>st</sup> March 2019 with DHSC report due April/May
2. The numbers of organisations that now make up The Bank Network has moved from 3 to 5 and for the first time we have genuine interoperability that allows mixed provision within a shared bank.
3. Decision making process has begun re future management of bank provision as contract with current incumbent, NHSP expires in April 2020.
4. Appetite has been sought across the East of England to extend and develop the medical locum initiative with the key areas suggested as follows:
  - Continued creation of ceiling rates to enable consistency
  - Bank rate alignment where reasonable
  - Aligned procurement strategy
  - Internal controls framework
5. Other areas being investigated through the Medical Locum Consortium are the full potential of the app market and also should doctors be included in the bank network.

#### 5.6.6 Workforce Planning - Progress and Next Steps

##### Current Workforce

- Workforce Information / Planners group met Jan 19 / Feb 19
- Benchmarking information was returned and Q3 18/19 report has been completed
- Sources of information have been identified for profiling. Profile information is available.
- Initial update on STP workforce numbers and profile has been completed

- In addition Trust provider NHSI workforce plans have been collated and summarised for H&WE (workforce projections and narrative). This has been used for discussions and reporting with NHSE and NHSI.
- HEE toolkits demonstration viewed – the use of these analytical tools is being evaluated.
- It has now been agreed that there will be a quarterly refresh of current workforce numbers

#### Future Workforce

- A plan is being developed for developing an approach to understanding future workforce requirements – this has two elements – quantitative and qualitative. Both elements will involve working with HWE Clinical workstreams as well as developing an overarching workforce view.
- The Kings Fund / Nuffield are keen to work with HWE on the qualitative work and building workforce capability
- A tendering exercise is also beginning to build a quantitative future modelling capability which can then be used by the system.

### 5.7 Medicines Optimisation

The medicines optimisation workstream has undertaken a stock take of its priorities and has aligned the design of these through the Integrated Pharmacy Integration Programme (IMOP), which the HWE STP has been chosen as one of 7 STP test sites.

The priorities include:

1. De-prescribing / polypharmacy reviews in the moderately and severe frail population - Start-stop. This will be designed in close connection with the STP frailty programme and aims to embed the delivery and design of this through the standardised assessment tool - Rockwood.
2. Education and training of the wider workforce on medicines optimisation through the appointment of a frailty pharmacy consultant.
3. Development of a pan STP pharmacy workforce offer for the pharmacy element of PCN's.
4. Linking in a pharmacist bank to the pan STP wider workforce bank

### 5.8 Primary care

The primary care workstream has started to scope the detail of the programme to design the three agreed STP priorities which include:

- Primary care networks functioning
- The further development Integrated social prescribing model
- Design and oversight of the existing GP practice on line consultation roll out

The draft primary care strategic framework has been circulated by the SRO for comment into the STP senior leadership teams and the work programme will be developed in line with this. This has been supported by the STP CEO's.

Current thinking is that the priorities agreed all align under the design of the future functioning of the PCN's and are components to the PCN functional development.

## 5.9 Technology

A renewed STP Technology workstream structure was proposed and agreed at the STP Technology Board on 15<sup>th</sup> April. The new structure responds directly to the NHS 10-year plan and the STP Health and Care strategy.

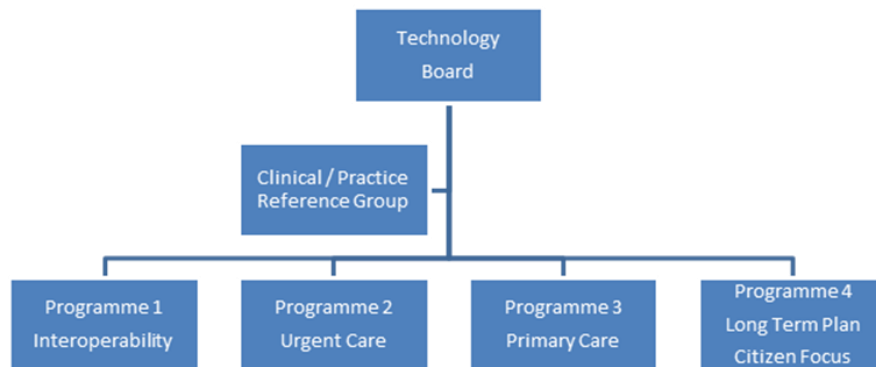


Fig 1. New STP Technology structure

A meeting has been held between our STP Technology leads and NHSE representatives to discuss our strategic plans for interoperability and funding availability for the coming years (including HSLI).

A paper to STP Technology Board – proposing that the Shared Intelligence workstream move to the new Population Health Management structure – was approved and work is ongoing to ensure an effective transition.

The live dashboard (SHREWD) portfolio of projects has been reinvigorated by a project manager coming into post. There has been positive engagement with leads from across the STP and papers have been tabled at all LDB / SRG meetings to promote engagement. There is some national interest (NHSE, NHSD) in this project, so expedited delivery is desirable.

The Programme Manager for the work stream will finish on 1<sup>st</sup> May and recruitment for a successor is being worked on.

## 5.10 Integrated clinical oversight group

Dr Rachel Joyce has taken up the chair of the Integrated Care oversight Group (ICOG) and the group has now reviewed and discussed the implementation of the TOR agreed at the STP CEO meeting.

A priority for the group will be the engagement and collaboration with clinical and professional leaders across the STP and further development of the integrated care strategy outcomes framework.

It has been agreed that the first STP workstream deep dive at the May meeting will be the technology workstream.



## Communications and engagement update – March 2019

This dashboard is a summary of the STP communications and engagement work that took place across the STP in March. For more information, contact [nuala.milbourn@nhs.net](mailto:nuala.milbourn@nhs.net)

### Internal comms

**Weekly updates** - STP updates are shared with communication and engagement leads for circulation every week. This month these included feedback on the events listed below and the appointment of our new Clinical and Professional Director, Dr Rachel Joyce.

### Engagement

**Incentivising innovation in outpatients – making the first contact count.**

Supported a workshop with over 40 senior clinicians, service managers, patient representatives and commissioners to share examples of outpatient and out-of-hospital service transformation, alongside presentations from the Academic Health Science Networks and NHS Right Care. The next steps for outpatient reform are now in development (12 March)

**Engagement with the voluntary sector** – presented the STP's Integrated Health and Care Strategy at a meeting of CEOs from many of the Hertfordshire- based voluntary sector organisations and discussed how best the STP can work with them (12 March)

**Integrated pharmacy and medicines optimisation regional event** - STP pharmacy professional leads, Anurita Rohilla and Pauline Walton, hosted a regional conference with NHSE to share information on a wide range of STP initiatives. Over 60 attendees attended (13 March)

**Meeting with Hertfordshire Healthwatch CEO** to discuss engagement regarding strategy and NHS Long Term Plan with hard to reach groups (19 March)

**The future of personalised care in Hertfordshire & west Essex** – supported workshop to update over 30 health and care professionals, carers and patients with lived experience on what has been achieved so far in relation to personalised care in our region and to discuss steps and a vision for the future (21 March)

### External comms

The following press releases were issued by the STP comms team in March and can be read in the 'news' section of the STP website.

- STP pharmacists lead new national medicines pilot (07.03.19)
- Hertsmer plan to help housebound residents cut medicines waste (18.03.19)
- STP appoints new clinical and professional director (28.03.19)



# A Healthier Future

Improving health and care in Hertfordshire and west Essex

[www.healthierfuture.org.uk](http://www.healthierfuture.org.uk)



## Social media

Four week 'winter' messages advertising campaign via buses and social media (awaiting stats)

### **Paid for advertising campaign**

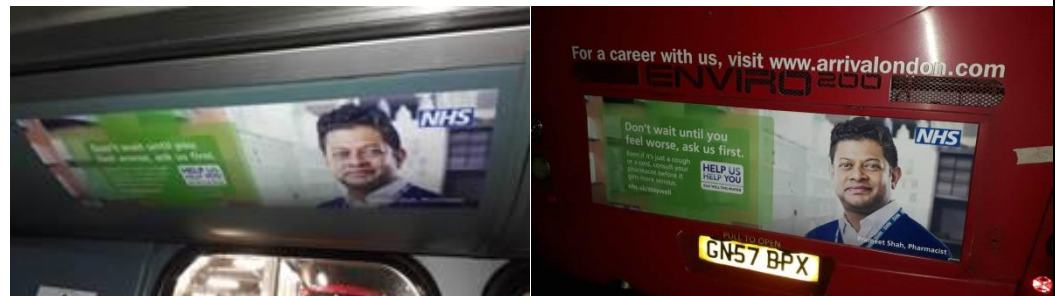
A STP- wide winter health campaign ran between February and March. Using funding from NHSE, Herts Valleys CCG and East and North Herts CCG, the campaign had three main aims:

- 1) Encourage the public to think 'pharmacy first'
- 2) Encourage the public to get the 'flu jab and take preventative health measures
- 3) Encourage the public to use the free NHS111 advice service.

Advertising targeted:

- people with long term conditions
- people aged 55-75
- parents of young children
- young adults ages 18-25

Messages were disseminated through social media and through adverts on internal bus panels and the backs of buses. Buses routes that ran across Hertfordshire and west Essex were used.



Our digital advertisements were displayed on devices more than 1 million times in the campaign period, generating over 2,000 hits to either the NHS111 website or the 'Stay well this winter' page. In addition, promotional videos were viewed for at least 10 seconds on more than 149,000 occasions.



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### Top Tweet earned 1,862 impressions

Learning about new outpatient models such as teleconsultations and virtual clinics which can reduce wait times and provide other benefits for patients @UCLPartners @TheEAHSN #HWEoutpatients @ENHertsCCG @nhswestessex @HVCCG #patientcare  
[pic.twitter.com/ecK4hMWYS7](https://pic.twitter.com/ecK4hMWYS7)



4 10

Social media statistics (As compared with February 2019)		STP website statistics (As compared with February 2019)	
	37 Tweets (25) 651 followers (613) 144 mentions see top tweets above	Unique users:	867 (844)
	Follows 53 (43)	Page views:	2,709 (2,466)
	<a href="#">Norovirus video</a> : 584 views total <a href="#">Winter advice for respiratory conditions</a> : 189 views total	Busiest day:	28 March



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## Top 10 most viewed pages [www.healthierfuture.org.uk](http://www.healthierfuture.org.uk) website

1. Home: **572** (552)
2. Publications: **137** (148)
3. News – new clinical and professional director: **80 (new story)**
4. Venues: **71**
5. News (main page): **64** (74)
6. News (Hertsmere pharmacy initiative): **62** (new story)
7. STP organisations: **59**
8. Jobs: **52** (100)
9. System leadership/workstream news: **51** (66)
10. Search page: **50**

### Pledges & sign-ups

**671** direct subscriptions to Healthier Future Newsletter (up 18).  
Subscribe [here](#).

### Media coverage

#### Local and regional media coverage

##### New Clinical and Professional Director

Bishops Stortford Independent, 30 March

<https://www.bishopsstortfordindependent.co.uk/news/new-top-job-for-medical-director-for-east-and-north-hertfordshire-clinical-commissioning-group-9065692/>

##### Hertsmere plan to help housebound residents cut medicines waste

Borehamwood & Elstree Times, 21 March

<https://www.borehamwoodtimes.co.uk/news/17518135.initiative-launched-in-hertsmere-to-reduce-risk-of-elderly-people-stockpiling-medicines/> (+)

Watford Observer, 21 March

<https://www.watfordobserver.co.uk/news/17518139.initiative-launched-in-hertsmere-to-reduce-risk-of-elderly-people-stockpiling-medicines/> (+)




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**NHS Herts Valleys  
Clinical Commissioning Group  
Board Meeting  
Date of Meeting: 30 May 2019**

<b>Title</b>	<b>Provider Quality Accounts – commissioner statements</b>	<b>Agenda item 8</b>
<b>NHS Official Sensitive: Commercial</b>	<input type="checkbox"/> Check the box if paper contains commercial information which may be damaging to the CCG, another NHS body or a commercial partner if improperly accessed.	
<b>NHS Official Sensitive Personal</b>	<input type="checkbox"/> Check the box if paper contains personal information relating to an identifiable individual where inappropriate access could have damaging consequences.	
<b>Purpose* (click appropriate box)</b>	Decision <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input type="checkbox"/> Information only <input type="checkbox"/>	
<b>Author and job title</b>		<b>Responsible director and job title</b>
<b>Director signature</b>		
<i>The director is signing to indicate their approval of the paper and to confirm that any EQIA, QIA or DPIA has been approved.</i>		
Zilpah Okeyo Head of Quality Assurance		Diane Curbishley Director of Nursing and Deputy CEO 
<b>Short summary of paper</b>	<p>Commissioners are involved in the development of provider Quality Accounts and receive draft Quality Accounts from providers. Commissioners are then given 30 days to prepare their statement and return it to the provider in advance of the Quality Account being published on the NHS Choices website by 30th June.</p> <p>This report provides a summary of the process to date:</p> <ul style="list-style-type: none"> <li>• Quality accounts received from providers</li> <li>• Comments sought from stakeholders i.e. clinical leads/CCG stakeholders reviewed and incorporated into the commissioner statements as directed and/or appropriate</li> <li>• Draft commissioner statements were shared with the Quality Committee on 3 May 2019 for review and comments</li> <li>• Quality Committee gave delegated authority to the Chair and Executive Lead of the Committee to approve final drafts for submission to Board</li> <li>• Comments from the Quality Committee incorporated into final drafts</li> <li>• Final drafts approved by Chair and Executive lead for the Quality Committee</li> <li>• Draft commissioner statements for RFL/HPFT and HCT shared with the providers following Quality Committee approval (as requested by providers)</li> <li>• WHHT commissioner statement to be sent back to provider after Final Board sign off (as agreed with provider)</li> <li>• Final Board approval and sign off of commissioner statements on the 30th May 2019</li> <li>• Signed commissioner statements to be sent back to providers by the 3rd June 2019</li> </ul>	
<b>Recommendation(s)</b>	<p><b>The Board is being asked to:</b></p> <ul style="list-style-type: none"> <li>• Note and sign off commissioner statements for the four providers included</li> <li>• Delegate authority to the Quality Committee to sign off commissioner statement for HUC (still in development by ENHCCG)</li> <li>• Delegate authority to the Quality Committee to sign off commissioner statement for EEAST (still in development by lead commissioner)</li> </ul>	
<b>Engagement with patients/public/staff and other stakeholders</b>	Engagement carried out by provider organisations in the development of quality accounts	

Links to Strategic Objectives (click on all boxes that apply)						
<b>Effective Engagement.</b> We will continually improve engagements with member practices, patients, the public, carers and our staff to contribute to and influence the work of Herts Valleys CCG.					<input type="checkbox"/>	
<b>Quality.</b> We will commission safe, good quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well.					<input type="checkbox"/>	
<b>Transforming Delivery.</b> We will work with health and social care partners to transform the delivery of care through the implementation of "Your Care, Your Future", the Strategic Review in west Hertfordshire and its fit with the wider STP strategy, "A Healthier Future".					<input type="checkbox"/>	
<b>Affordable &amp; Sustainable Care.</b> We will ensure that we fulfill our statutory duty to deliver a financially sustainable and affordable healthcare system in west Hertfordshire.					<input type="checkbox"/>	
Board Assurance Framework						
Refer to latest BAF report here for current and target risk scores: <a href="#">N:\Nursing &amp; Quality\8 Risk Management System\2. Board Assurance Framework\BAF 201920\Current versions for front sheet reference</a>						
Ref.	Risk Owner	Risk description	Current risk score and movement	Target risk score	*Assurance Level	
Example:			*Refer to assurance levels table below.			
2.1	DC	<b>Risk that we do not deliver on all NHS Constitutional pledges, key national targets and priorities</b>	16→	8	Medium	
New strategic risks identified by this report						
Other significant risks related to this report (from the Corporate Risk Register)						
Resource implications		None	CFO Signature			
			NA			
Potential conflicts of interest		None				
Equality and quality impact analyses (EQIA and QIA)		Not required				
Equality delivery system (EDS2)		Does your paper provide supporting evidence for HVCCG's EDS2 portfolio? Please refer to EDS2 guidance here: <a href="https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf">https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf</a> and indicate which goal your proposal/paper supports by clicking the appropriate box(es)				
		Better Health Outcomes				<input checked="" type="checkbox"/>
		Improved Patient Access and Experience				<input checked="" type="checkbox"/>
		A Representative and Supported Workforce				<input type="checkbox"/>
		Inclusive Leadership				<input type="checkbox"/>
Data Protection Impact Assessment (DPIA)		Complete a DPIA checklist to establish whether one is needed <a href="#">N:\Information Governance\Information Governance\PIA\DPIA Checklist</a> Liaise with the Data Protection Officer or Information Governance Manager to complete the necessary form <a href="mailto:trudi.mount@nhs.net">trudi.mount@nhs.net</a> or <a href="mailto:ruth.boughton@nhs.net">ruth.boughton@nhs.net</a> Confirm that your DPIA has been reviewed by the Information Governance Lead and approved by the Information Governance sub-group. Attach the approved assessment to your draft and final reports. State here any outcomes from the privacy impact assessment and how they will be implemented.				
Report history		First Report				

<b>Appendices</b>	Appendices: <ol style="list-style-type: none"> <li>1. West Hertfordshire Hospitals NHS Trust (WHHT) Quality Account Commissioner statement</li> <li>2. Hertfordshire Community NHS Trust (HCT) Quality Account Commissioner statement</li> <li>3. Hertfordshire Partnership University NHS Foundation Trust (HPFT) Quality Account Commissioner statement</li> <li>4. Royal Free London NHS Foundation Trust (RFL) Quality Account Commissioner statement</li> </ol>
<b>*Assurance levels – use this guide to identify the level of assurance indicated in the risk table above.</b>	
Level	Details
<p><b>**N.B.</b> The executive summary for this paper should explicitly point to the evidence to support the assurance level indicated. For example:</p> <p><b>Very high</b> – Where in the report is the evidence is to support the current strong position &amp; how it will be sustained?</p> <p><b>High</b> – Where in the report is evidence of what is being done to strengthen controls and mitigate the likelihood of this risk materialising?</p> <p><b>Medium</b> – Where in the report is the evidence of what is being done to address gaps in assurance and how successful is this action proving?</p> <p><b>Low</b> – Where in the report is a statement of the urgent actions planned to address the lack of assurance?</p>	
<b>Very high</b>	Taking account of the issues identified in this report, the Board can take <i>reasonable assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.
<b>High</b>	Taking account of the issues identified in this report, the Board can take <i>reasonable assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective. However, we have identified issues that, if not addressed, increase the likelihood of the risk materialising.
<b>Medium</b>	Taking account of the issues identified in this report, whilst the Board can take <i>some assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective, action needs to be taken to ensure this risk is managed.
<b>Low</b>	Taking account of the issues identified, the Board <i>cannot take assurance</i> that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. Action needs to be taken to ensure this risk is managed.

## 1. Executive Summary

A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website by June 30 each year.

Commissioners are involved in the development of provider Quality Accounts and receive draft Quality Accounts from providers by 30th April. Commissioners have 30 days to prepare their statement and return this to the provider in advance of the publication of the Quality Accounts being published on the NHS Choices website by 30th June.

The progress made with the quality priorities set out by each organisation within their Quality Accounts is monitored throughout the year at the Contract and Quality Review Meetings and reported to the HVCCG Quality Committee.



# Draft

## **Herts Valleys Clinical Commissioning Group's response to the Quality Account of West Hertfordshire Hospitals NHS Trust (WHHT)**

Herts Valleys Clinical Commissioning Group (HVCCG) recognises the steps that West Hertfordshire Hospitals NHS Trust (WHHT) is taking to improve the quality of services provided to patients, service users, carers and staff.

The information provided within this Quality Account presents a balanced report of the quality of healthcare services that WHHT provides and is, to the best of our knowledge, accurate and fairly interpreted. The Quality Account clearly evidences the many improvements made and identifies some improvements still to be done.

HVCCG have been working closely with WHHT during the year, gaining assurance on quality of care ensuring it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, HVCCG has reviewed the information contained within the WHHT annual account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate and fairly interpreted to the best of our knowledge.

Throughout the year HVCCG have worked with WHHT to drive the ambitions of the Five Year Forward View resulting in transformation programmes such as the Integrated Diabetes service for Adults and the Gynaecology service. Looking forward to the coming year the CCG expects that WHHT will continue to commit to the transformation work and will be focussed on working with system partners in other areas of transformation. System collaboration is also expected from the Trust during the first part of 2019/20 regarding contractual targets around the Trust's responsibilities for prevention and public health messages to patients. The CCG looks forward to seeing the results of those discussions and the impact the Trust can make in this important area of focus.

HVCCG notes the progress WHHT has made against the Quality Improvement Plan (QIP) that was developed following from the previous Care Quality Commission (CQC) inspections. The Trust continues to be rated as 'requires improvement' by the CQC, however improvements have been made during the year in a number of key areas such as the emergency care pathway and discharge processes. The CCG would like to acknowledge that in the Autumn 2018 the CQC noted that staff cared for patients with 'compassion, kindness and respect' and examples of outstanding practices were observed in the children's emergency department, medical care and the maternity unit. The CCG does note that there are improvements required in areas such as the Minor Injuries Unit at St Albans City Hospital and the Urgent Treatment Centre at Hemel Hempstead Hospital and the CCG will continue to work with the Trust to ensure that the plans developed by the Trust continue to be implemented at pace.

Performance against the four hour ED target remains a challenge. A recovery plan to improve delivery and achieve the 95% target for patients to be admitted, transferred or discharged within 4 hours of arrival at ED, was agreed with the CCG last year. However at the end of the year, the WHHT performance was 82.1% against the national target of 95%. HVCCG, with NHS England and NHS Improvement, will continue to work with WHHT, as well as other local system partners such as primary care and the out of hours service, to ensure that only appropriate patients attend the

Trust's ED. The expectation in 2019/20 is that WHHT will now focus on redesigning their internal emergency care systems to ensure that these patients are seen quickly and safely.

During 2018/19 WHHT experienced significant challenge with achieving the national standard that ensures no-one waits more than 52 weeks for treatment, resulting in a backlog occurring. Towards the end of 2018 WHHT cleared the majority of the backlog and has plans in place to ensure that a similar position does not recur. In addition to those local plans, new national guidance states that from 1<sup>st</sup> April 2019 any patient on a waiting list for 26 weeks will have the right to choose where they are treated. HVCCG and WHHT are currently working together to ensure that any new processes and systems developed resulting from these actions are smoothly implemented within the first quarter of the financial year to achieve both the national standard but importantly so that patients are seen and treated in a safe and timely manner.

WHHT also experienced difficulties with achieving some of the cancer national waiting time targets, namely sustaining performance regarding to the number of patients waiting longer than 62 days from referral to first treatment and also the 62 day NHS screening target. In particular lung and urology patients have experienced long cancer waits which exceeded 104 days. WHHT have plans in place to improve performance and the CCG will be closely monitoring the progress made against those plans to ensure that performance is improved and sustained. The Trust is also expected to enhance their investigations into all cancer long waits in order to learn and continuously improve services.

It is clear that WHHT have embedded the 2018/19 quality priorities into their current systems and processes. Examples include improvements in the number of patient falls causing harm resulting in WHHT now reporting below the national average. Another successful and embedded quality priority relates to the number of Clostridium difficile cases at the Trust. WHHT has reported a continued reduction in number of cases with the YTD position of 15 against their annual ceiling target of 22 (data is correct at the time of this report).

During the year both HVCCG and WHHT have worked together to ensure the handling of complaints is effective and in line with contractual requirements, especially regarding response times to complaints. The latest performance indicates that WHHT is achieving response rates of 70.4% YTD against a target range of 80-85%, which is a significant improvement on previous years. The CCG will continue to review complaints performance at the monthly contract review meetings to ensure that this is sustained and also that learning is triangulated with information received relating to litigation, incidents and feedback to the Patient Advisory Liaison Services (PALS).

The CCG notes that the Trust has also not included any information regarding their CQUIN achievement. Although discussions between the organisations continue and the year-end position is yet to be agreed, the CCG would like to note disappointment in relation to the Trust's performance in the CQUIN scheme regarding 'Preventing ill healthy by Risky Behaviours' and expects to see improvement in 19/20.

HVCCG also notes that the Quality Account does not mention the 2 Never Events that were reported during the year and what lessons were learnt following those incidents and how they will make a difference to future care. Information on Never Events will be expected in future Quality Accounts.

HVCCG support the Trust's quality priorities and indicators for 2019/2020 specifically those relating to the ED, IT infrastructure and Estates. For future Quality Accounts the Trust should include the data used as the baseline to support the choice of these priorities to ensure improvement can be measured. HVCCG will monitor the progress of the WHHT initiatives and improvements to ensure high quality healthcare and outcomes for the population of Hertfordshire and welcome the opportunity to continue working in partnership.





## **Draft**

### **Herts Valleys Clinical Commissioning and East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by Hertfordshire Community Trust**

Herts Valleys Clinical Commissioning Group (HVCCG) and East and North Herts Clinical Commissioning Group (ENHCCG) recognises the steps that Hertfordshire Community NHS Trust (HCT) is taking to improve the quality of services provided to patients, service users, carers and staff.

The information provided within this Quality Account presents a balanced report of the quality of healthcare services that HCT provides and is, to the best of our knowledge, accurate and fairly interpreted. The Quality Account clearly evidences the many improvements made during the year and identifies improvements still to be done and areas for focus in the coming year.

HVCCG and ENHCCG have worked closely with HCT during the year gaining assurance on quality of care to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, HVCCG has reviewed the information contained within the HCT Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate and fairly interpreted to the best of our knowledge.

During the review of the Quality Account the CCGs have paid particular attention to HCT's 2019/20 Quality Priorities as these will facilitate improvement of both the quality and safety of health services for our local population. Both CCGs support the 2019/20 priorities and welcome a focus on elements such as the recognition and management of the deterioration of patients and ensuring that carers and staff are recognised.

In addition to the aforementioned Quality Priorities the CCG's were pleased to see that in order to improve patient safety HCT will be implementing the tool, NEWS2, which will standardise the organisation's response to acute illness and management of sepsis. The NEWS2 tool will support improved system working, whilst also complementing the 2017/2019 CQUIN schemes (Commissioning for Quality and Innovation schemes).

In 2018/2019 there was a request for all community trusts to report on how they investigate and learn from the deaths of patients in their care and how the associated deaths inform quality improvements. The CCGs are pleased to note that in year HCT have undertaken Structured Judgement Reviews on deaths of patients in their care, we would like the Trust to build on this work and share with us the quality improvement plans for 2019/2020.

Improvements in the number of reported category 2-4 pressure were reported in 2017/18, however is disappointing to note that improvement did not continue into 2018/19. HCT are now required to build on the actions taken in previous years to effectively manage pressure damage and therefore the proposed initiatives for 2019/20 are supported by the CCGs.

During the year it became evident in HVCCG that the systems and processes HCT had in place in relation to record keeping at the Musculoskeletal (MSK) Service were not as robust as initially thought and this significantly impacted HVCCG patients when a new and different service was begun by another provider. HVCCG does not see any reference to this within the Quality Account therefore there is no assurance within the document that lessons have been learnt from this incident.

During the year HCT and HVCCG entered into contractual discussions relating to HCT's performance regarding length of stay within in-patient units and also delayed transfers of care. A remedial action plan was agreed between organisations and HVCCG are pleased to see that improvements have been seen in these two key areas. The CCG will support the need for ongoing sustained performance across Hertfordshire.

It is noted that the Quality Account does not include any reference regarding the required improvements at HCT in relation to the national Referral to Treatment targets, which has been adversely affected due to issues within the community paediatric service. HVCCG would like assurance that HCT is taking sufficient and collaborative action with the local health care and social care system to improve its position in addressing the demand and capacity issues, with particular focus on Attention Deficit Hyperactivity Disorder pathways. HVCCG would also like assurance that families are kept informed of any delays within the service as it is acknowledged that this is a difficult and uncertain time.

The CCGs would like to suggest that HCT considers a future Quality Priority related to the survey shared with patients, carers and families to improve on the reported patient experience outcomes. This is as a result of the NHS England "Always Event" which indicates that 49.1 % of patients/family member/carers agree or strongly agree with the statement *'I always know who is coordinating my care'* and 59% of patients/family member/carers agree or strongly agree with the statement *'I can always reach someone who will listen and respond at any time of the day or night'*.

The CCGs acknowledge that recruitment and retention has continued to be a challenge and HCT have put actions in place to ensure a sustainable workforce for the future.

Positive CQUIN performance is noted in areas such as improving staff health and well-being and focusing on flu vaccination for frontline staff. The CCGs note that the Trust has also not included detailed information regarding their CQUIN achievement. Although discussions between the organisations continue and the year-end position is yet to be agreed, the CCGs would like to note disappointment in relation to the Trust's performance in the CQUIN scheme regarding 'Preventing ill healthy by Risky Behaviours' and expects to see improvement in 2019/20. HVCCG and ENHCCGs support the HCT's Quality Priorities and indicators for 2019/2010 as set out in their annual account. For future Quality Accounts HCT should include the data used as the baseline to support the choice of these priorities to ensure improvement can be measured. During 2019/20 commissioners will monitor the progress of the HCT initiatives and improvements to ensure high quality healthcare and outcomes for the population of Hertfordshire.

ENHCCG looks forward to continuing to work with HCT to drive quality improvements in adult and children community services in 2019/20. HVCCG would like to acknowledge that from October 2019 HCT will no longer be providing adult community services to the population of HVCCG. Therefore HVCCG would like to thank all of the HCT staff for their hard work over the years in looking after the adult population of HVCCG and looks forward to continuing to work with HCT on the delivery and transformation of the children's services.

## **Draft**

### **Hertfordshire Partnership University Foundation NHS Trust Quality Account Statement from Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Group**

The information provided within this Quality Account presents a balanced report of the quality of healthcare services that HPFT provides and is, to the best of our knowledge, accurate and fairly interpreted. The Quality Account clearly evidences the improvements made and importantly where improvements are still required.

Commissioners have been working closely with HPFT during the year; gaining assurance on quality of care ensuring it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, commissioners have reviewed the information contained within the HPFT annual account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate and fairly interpreted to the best of our knowledge.

At the end of March 2019 we agreed a new five year contract with Hertfordshire Partnership University NHS Foundation Trust (HPFT) for the provision of mental health and specialist learning disability services in Hertfordshire. This reflects our view that HPFT is an organisation that we can work with to deliver, transformed and improved outcomes for people in Hertfordshire which is open, transparent and provides high quality patient focused services.

As with last year's Quality Account our most significant area of concern has been around staffing – both recruitment of new staff and retention of high calibre staff to enable HPFT to deliver good quality, and safe, services across the range of geographical and services areas that they provide. We know that the Trust shares these concerns and has significant focus not only on recruitment but also on retaining and supporting existing staff. For example in Learning Disabilities (LD) we know that many LD nurses are nearing retirement and the numbers of LD nurses graduating are falling. This is similar to what is being seen in other areas nationally and support HPFT in the work they are doing to encourage applicants e.g. working with the University of Hertfordshire to ensure that nurses in training locally remain in Hertfordshire once they qualify

Our second most significant area of concern has been HPFT's ability to see people waiting for a routine assessment of their needs within 28 days, both in adults and in Child and Adolescent Mental Health Services (CAMHS). We have worked with the Trust on a number of approaches to mitigating these issues. These have included primary care mental health pilots in adult services and increasing capacity in early intervention services for children and young people. Alongside this the Trust has been working on reducing the number of people who Do Not Attend (DNA) appointments. Improving performance here will continue to be important for us collectively in 2019/20 as we need to response to the increasing demand for services. We are very pleased to have been successful in our bid to become a trailblazer area for the development of mental health support teams linked to

schools and will be collaborating with the Trust to roll these out in the two pilot areas during the coming year.

In terms of specialist LD services both the inpatient (Dove ward) and Community Assessment Treatment service (CATs) are continuing to respond effectively to the rising acuity of mental health, behavioural and forensic support needs of people with learning disabilities residing in Hertfordshire. Commissioners are particularly impressed by Dove ward's approach to managing acuity and behaviours that challenge. CATs are being out under additional pressure by the numbers and complex needs of people being placed out of area into social care provision in Hertfordshire who are requiring their specialist learning disability services.

Working with HPFT has allowed us to embed expanded psychiatric liaison services in both Watford General and Lister Hospitals over the past year. These services are now operating 24 hours a day, 7 days a week and so meet the Core 24 standard. The evaluation undertaken during the year evidenced that these teams are vital to supporting urgent and emergency care staff in Accident and Emergency and on inpatient wards to identify, manage and support people with mental health needs.

The Trust moved to a new and more robust training programme for safeguarding children. This will improve training and bring benefits in the longer term, but caused short term training challenges. They have been open and transparent and worked closely with the Designated Team and commissioners through this transition.

We have worked with HPFT during the year to consider the closure of Prospect House, an assessment and treatment unit for people with dementia. This proposal has been considered by Hertfordshire County Council's Health Scrutiny Committee.

Over the coming year we look forward to working with HPFT to improve the response to crisis in both adults and children and young people, to developing community mental health services linked to primary care and considering the potential to extend CAMHS services up to age 25.

Kathryn Magson  
Chief Executive  
Herts Valleys CCG

Beverley Flowers  
Chief Executive  
East & North Herts CCG

## DRAFT

### **Herts Valleys Clinical Commissioning Group and East and North Hertfordshire Clinical Commissioning Group's Response to the 2017/18 Quality Account provided by the Royal Free London NHS Foundation Trust**

Herts Valleys Clinical Commissioning Group (HVCCG) and East and North Hertfordshire Clinical Commissioning Group (ENHCCG) recognise the steps that the Royal Free London NHS Foundation Trust (RFL) is taking to improve the quality of services provided to patients, service users, carers and staff. Both CCGs welcome the opportunity to review the RFL Quality Account and to provide a commissioning statement to the Trust.

The information provided within this Quality Account presents a balanced report of the quality of healthcare services that RFL provides and is, to the best of our knowledge, accurate and fairly interpreted. The Quality Account clearly evidences the improvements made and importantly where improvements are still required.

Commissioners have been working with RFL during the year; gaining assurance on quality of care ensuring it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, commissioners have reviewed the information contained within the RFL annual account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate and fairly interpreted to the best of our knowledge.

The CCGs note that the RFL compliance for Referral to Treatment (RTT) has been below the national average since 2017; with the latest compliance in January 2019 at 73.9% against a target of 92%. The CCGs would like to acknowledge the work the RFL has put in place through the use of a Patient Tracking List (PTL) to address this. The CCG notes that the Trust has issued a statement in April 2019 following the decision to pause reporting RTT figures. Whilst this is a temporary measure until the issue has been resolved, the Quality Account lacks data in relation to a trajectory for improvement and mitigations which would provide the assurance and expectations around improvements. The CCGs will continue to monitor to ensure that patients on the waiting list will be treated according to clinical need and those waiting longest are prioritised. In particular, the RFL continues to experience challenges addressing patients waiting over 52 weeks and the CCGs supports the approach to undertake harm reviews to understand the impact of these waits.

It is also noted that performance against the 4 hour Emergency Department (ED) target remains a challenge. The account notes that during the period December 2018 to January 2019, the RFL achieved an average monthly performance of 87.4% against the 95% target, which was not

significantly different from average performance in 2017/18. The CCGs note that the account does not provide a breakdown of performance at Barnet Hospital, but we are aware from our in year monitoring that it remains equally challenging at our local site. We are working closely with the Trust on improvements at Barnet to see this performance improve.

In 2018/2019, the RFL reported 9 Never Events against the national target of zero. The RFL has worked closely with commissioners, NHS Improvement and NHS England to learn from the Never Events by undertaking root cause analysis, risk assessments and implementing actions to prevent reoccurrence. Although the majority of the Never Events are not related to Hertfordshire residents, the CCGs support the focus on 'safer surgery' and Local Safety Standards for Invasive Procedures (LocSSIPs), to address the concerning numbers of Never Events reported previously and the CCGs will continue to monitor and scrutinise the implementation of learning and actions around the Never Events.

The CCGs would like to commend the Trust for the quality improvement project that has been put in place over the past 12 months in reducing the falls resulting in harm across the hospital sites. The overall trend for falls in Barnet Hospital has improved and the majority of falls reported are recorded as no-harm to the patients.

Over the last 12 months, the RFL has reported infection rates for Clostridium Difficile (C Diff) above the North Central London rate and the national rate for hospital onset C Diff infection. Over half of the Trust cases for C Diff were reported from the Barnet and Chase Farm sites. The RFL has also reported rates of MRSA and Escherichia coli (E. coli) which are above the national rate. It is good to see that this is an ongoing priority area for the Trust and the CCGs will closely monitor the remedial action plan to support an improvement.

During this year, there have been concerns related to delays in GP pathology results. The CCGs are pleased that the Trust has given significant attention to this issue and will continue to work with the Trust towards full resolution.

Last year HVCCG and ENHCCG noted that there was no mention made of safeguarding adults and children in the 2017/18 Quality Account and it was agreed that RFL would include how they met their responsibility in this key area, however this is not evident in 2018/19 Account. The CCGs would like to see an improvement in training/supervision compliance and implementation of learning from serious case reviews as this would provide some level of assurance on quality of safeguarding.

The RFL have participated in national clinical audits and national confidential enquiries. Work has also occurred with implementing Learning from Deaths and Mortality Reviews. Learning from these will support quality improvements which will be monitored by the CCGs.

HVCCG and ENHCCG in collaboration with Barnet and Enfield CCGs support the Trust's quality priorities for 2019/2020, in particular the focus on dementia care, clinical pathways and learning from Serious Incidents/Never Events and deaths as set out in the annual account. In doing so, we advise that the Trust include; a breakdown of Serious Incident numbers, themes and learning, complaints data themes and learning, including any learning from Parliamentary and Health Service Ombudsman (PHSO) recommendations and also a reference to staff survey results and workforce.

HVCCG and ENHCCG will monitor the progress of the Trust robustly in driving forward the 2019/2020 initiatives and improvements to ensure high quality healthcare and outcomes for the population of Hertfordshire and welcome the opportunity to continue working in partnership.

Kathryn Magson  
Chief Executive Officer  
Herts Valleys Clinical Commissioning Group

Beverley Flowers  
Chief Executive Officer  
East and North Herts Clinical Commissioning Group