

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 5 December 2018
Conference Room, The Oval Centre, Salterbeck Drive,
Salterbeck, Workington. CA14 5HA

Present:	Jon Rush	Lay Chair (Chair) (JR)	
	Amanda Boardman	GP Lead for Safeguarding, Maternity, Children, Mental Health & Learning Disability (AB)	
	Carole Green	Lay Member – Quality and Performance (CG)	
	Denise Leslie	Lay Member – Public Engagement (DL)	
	Colin Patterson	GP Lead for Primary Care (CP)	
	Peter Rooney	Chief Operating Officer (PR)	
	David Rogers	Interim Accountable Officer/Medical Director (DR)	
	Anna Stabler	Director of Nursing & Quality (Governing Body Registered Nurse) (AS)	
	Charles Welbourn	Chief Finance Officer (CW)	
	John Whitehouse	Lay Member – Finance & Governance (JW)	
	Kevin Windebank	Governing Body Secondary Care Doctor (KW)	
	Observer:	Sue Stevenson	Healthwatch Cumbria
	In Attendance:	Gina Tiller	Chair, North Cumbria University Hospital Trust (NCUHT) (GT)
Robin Talbot		Chair, Cumbria Partnership Foundation Trust (CPFT) (RT)	
Julie Clayton		Head of Communication & Engagement (JC)	
Ramona Duguid		Director of Integration, NCUHT (RD)	
Eleanor Hodgson		Director of Children's & Families	
Caroline Rea		Director of Primary Care & Integrated Care Communities Development (CR)	
Brenda Thomas		Governing Body Support Officer (BT)	

GB 103/18

AGENDA ITEM 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. He also introduced Gina Tiller, Chair of NCUHT and Robin Talbot, Chair of CPFT, advising that as North Cumbria was working towards an Integrated Care System (ICS) it had been agreed that the chairs from each organisation would be invited to the respective Board/Governing Body meeting. Robin Talbot apologised that he would have to leave at 14:00 as he had another meeting that he must attend.

GB 104/18

AGENDA ITEM 02: Declarations of Interest

The Chair reminded Members of their obligation to declare any interest they may

have on any issues arising at committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Interests declared by member of the Governing Body are listed in the CCG's Register of Interests. The register is available either via the Governing Body Support Officer or the CCG website at the following link:

<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/index.aspx>

Declarations made at this meeting:

There were no conflicts of interests declared.

GB 105/18

AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 3 October 2018

Resolved: The above minutes of the meeting were agreed as a true record subject to the following amendment:

Page 7, GB 97/18, agenda item 14, Performance Report, first paragraph should be amended to read: PR presented the report confirmed that this had been considered in detail at the Finance & Performance Committee on 19 September 2018 and there had been *no* material changes since that meeting.

Action Log: 3 October 2018

Resolved: There were no outstanding issues on the action log.

GB 106/18

AGENDA ITEM 04: Summary of written questions from Members of the Public on items on this agenda

The Chair advised that written questions could be submitted by members of the public present at the meeting. These would be received and then answered under the relevant agenda item. At the end of the meeting there would be another chance would be offered for members of the public to ask for clarity on any item discussed on the agenda. See Appendix 1 for responses.

GB 107/18

AGENDA ITEM 05: Chair & Accountable Officer Report

DR presented the report highlighting the following key areas detailed in full within the document:

CQC inspections:

Whilst North Cumbria University Hospitals Trust (NCUHT) remained with an overall rating of 'requires improvement', there were a number of significant improvements across its services. In all services staff were recognised for their hard work and the kind and compassionate care they provided.

North West Ambulance Service (NWAS) had been rated 'good' where previously it had been rated as 'requires improvement'. As well praising frontline staff for the caring and compassionate work with patients, they were also commended for the way they

looked after their colleague's health and wellbeing too.

Healthcare for the Future; Updates were provided on the following:

- Hyper Acute Stroked Unit (HASU);
- Maternity;
- Paediatrics; and
- Community Hospitals.

Integrated Care Communities:

It was noted that the co-ordination hubs for the eight Integrated Care Communities (ICCs) across North Cumbria were now open seven days a week. In addition there was one telephone number which supported healthcare professionals needing advice to get in touch with the right person first time. Work was ongoing with staff from community and acute teams to develop consistent approaches to service delivery, prioritisation and data collection.

CCG Assurance Framework and Risk Register:

CW advised that there was a programme of work being undertaken to refresh the CCG's assurance framework to align with its new organisational milestones. The revised document would be presented to the Governing Body at its February 2019 meeting.

In response to a question from CG, GT advised that the action plans in response to the CQC inspections would be monitored through the Trusts' Boards.

CW advised that NWAS had already made a number of changes which included changes in its leadership team. DR also added that there was now an additional 12 ambulances in Lancashire and Cumbria.

Resolved: The update be noted.

GB 108/18

AGENDA ITEM 06: Delivery of Mental Health and Learning Disability Services

PR presented the report outlining the agreed joint commissioning intentions regarding the future delivery of services within Cumbria Partnership Foundation Trust (CPFT). This included delivering services through strong partnerships with CPFT, Lancashire Care NHS Foundation Trust (LCFT) and Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT). Business Cases were being developed and work was underway to ensure that due diligence exercises were undertaken. It was anticipated that final approval for any change in delivery of services would be brought to a future Governing Body meeting in early 2019.

Discussion ensued around how models of care would be focused on patient needs and how these would be embedded into ICCs. In particular Members were keen to ensure that service users were involved in the development of the full business case through true co-production work. It was also confirmed that appropriate assurances would be in place regarding the approach to the contracting for these services and any service transfer or change model.

Resolved: The progress for the future delivery of relevant services currently provided by CPFT be noted.

Robin Talbot left the meeting.

Item 7 was deferred pending the arrival of Ramona Duguid.

GB 109/18

AGENDA ITEM 08: Commissioning in the North Cumbria System

PR presented the report advised that in October 2018 the CCG formally began an engagement phase with the CCG's General Practice Membership, CCG staff, CCG regulators, partner organisations and key service providers in the context of the developing the ICS. The engagement was based on a set of outline proposals regarding the continued deliver of:

- CCG core functions, as required in legislation and by NHS England (NHSE) as the CCG regulator
- CCG activities relating to service pathways, improvement, transformation and working collaboratively with partner organisations. Potentially including stronger partnerships with the two local NHS Trusts and Cumbria County Council.

PR stated that feedback had been received from a number of partnership organisations and stakeholders including CCG General Practice Members, CCG staff, Cumbria County Council, Local Medical Committee, NHSE, NCUHT, CPFT, NTWFT, and Morecambe Bay, Newcastle and Gateshead, Northumberland, South Tyenside and Sunderland CCGs. These responses were being reviewed and appropriate follow up discussions were being undertaken.

In response to a question, PR confirmed that feedback from all stakeholders had been on the whole positive and included potential options which had not previously been considered prior to this engagement exercise.

The Chair advised that in relation to the CCG Membership some practices were fully engaged and some were not. However, an update would be provided at the next Full Council of Members.

Discussion also ensued around a letter received from NHSE which required all CCG's to make a 20% reduction in its running costs. CW advised that this was to be realised in 2020/21 and it was anticipated that further guidance would be received as part of the planning guidance due 21 December 2018.

Resolved: The progress in relation to the ongoing engagement phase in relation to the future delivery of commissioning in North Cumbria be noted.

GB 110/18

AGENDA ITEM 10: Cumbria Learning and Improvement Collaborative (CLIC) 6 Month Update Report

The Chair presented the report. Discussion ensued around the positive outcomes of work which had been undertaken across the system by the CLIC team which had resulted in significant improvements in several areas. However, whilst Members praised the content of the report, it was felt that it could be further improved if it

included some comparable data detailed from previous reports and also featured outcomes which had been achieved.

Resolved: The update be noted.

GB 111/18

AGENDA ITEM 09: Safeguarding Annual Report – Adults & Children and Children Looked After

AS presented the report in three elements.

CCG Safeguarding Annual Report 2017/18

AS advised that this report provided an overview of the challenges and developments relating to Safeguarding and Children Looked after in North Cumbria CCG in 2017/18. She confirmed it had been a busy and productive year in which, despite some significant organisational changes, progress had been made against the CCG's priority areas. These included Child Sexual Exploitation, Asylum Seekers, Modern Slavery and Human Trafficking and PREVENT. It also provides assurance that the CCG had fulfilled its statutory duties and responsibilities. AS stated that during the remainder of 2018/19 the team will focus on the impact of revised Working Together Guidance, the Intercollegiate Competency Guidance for Adults and the safeguarding arrangements within the developing Integrated Health System.

CCG Safeguarding Internal Audit Report

As part of the CCG's internal audit plan the safeguarding arrangements had been reviewed and an assurance level of good had been achieved. Three medium priority issues were identified:

- CCG wide guidance for the development and approval of policies
- Approval of safeguarding policies by the Outcomes & Quality Assurance Committee (OQAC), as required by the CCG's scheme of delegation
- The staffing capacity issue had been recognised on the CCG's risk register. However, the actual control, assurance and gaps in these were not appropriately described to ensure effective action which resulted in the risk not being added to the CCG's Assurance Framework.

Appropriate steps were now being put in place to mitigate these issues.

CCG Safeguarding Policies:

AS advised that policies had been updated to provide required information such as Safeguarding Leads, version controls, CCG committee approval and process for monitoring. This was in line with the findings of the Internal Audit. The policies which had been revised were detailed in the report.

Discussion ensued and concerns were raised in relation to the information contained on page 3 of the Safeguarding Annual Report appertaining to staffing levels within the CCG. Members were advised that this report was for 2017/18 and these issues had now been addressed.

In response to a question from SS, it was acknowledged that further work was

required to ensure that there was a clear pathway for members of the public to report any safeguarding issue they may have. However, it was recognised that reporting mechanisms had improved significantly in the last 15 years and that members of the public were more aware of the issues.

The report was commended by the Governing Body and all involved were thanked for their hard work and drive to affect change.

Resolved: The following be received and noted:

1. The CCG Safeguarding Annual Report 2017/18
2. The CCG Safeguarding Internal Audit Report
3. The revision of CCG Safeguarding Policies

GB 112/18

AGENDA ITEM 11: Quality Exceptions Report from Outcomes & Quality Assurance Committee on 28 September 2018 and 2 November 2018

AS presented the report advising that the report had actually been presented to the September and October 2018 Outcomes and Quality Assurance meeting and not November as stated in the report. The following areas were highlighted:

NCUHT:

- Serious incidents – maternity numbers have been significantly higher. A thematic review has been undertaken and a full report was presented to the Outcomes & Quality Assurance Committee and there were no key themes found. This was also considered at the Integrated Health Partnership Quality Assurance Committee.
- A never event was reported. Staff were quick to respond and there was no harm caused to the patient. A full review was being undertaken.
- A case of Methicillin Resistant Staphylococcus Aureus (MRSA) was reported in late November 2018. Whilst there were no lapses in care, a patient died, and a detailed review was being undertaken.
- There had been a significant increase in footfall through Accident & Emergency (A&E). However, improvements were still being made to achieve the A&E target.

CPFT:

- Serious Incident Reporting – medications relate to 44% of the previous 12 months reported incidents (although none were reported during October 2018). A recovery plan was in place and the CCG were working with the Trust to implement.

Discussion ensued and in response to questions it was confirmed that there was no financial implication due to the fact that NCUHT was only 60% compliant on meeting the guidance on procedures of limited clinical value. It was also noted that work across North Cumbria and the North East was being undertaken to strengthen the approval process for all health systems in order to move to full compliance in advance of 2019/20.

Resolved: The content of the report be noted.

Ramona Duguid joined the meeting.

7.1 North Cumbria

RD presented the report outlining work undertaken to date in the development of the North Cumbria ICS. Next steps included:

- Refresh the system strategy building on what has worked well in the last three to five years and incorporating the 10 year plan;
- Outcomes from development work undertaken in November 2018 be presented to the System Leadership Board (SLB) in January 2019;
- Work being undertaken to develop a regional clinical strategy for the North East and North Cumbria, including a special event to be held in January 2019 to progress this work; and
- Development of Governance Arrangements for the ICS – Further report to be presented to SLB at its January 2019 meeting – CLIC to support this work

Discussion ensued and in response to a question it was advised that there was a lot of work being undertaken in relation to Information Management and Technology (IM&T) to support the integration of services which will be included in future updates.

In response to a question on stakeholders it was confirmed that JR was leading on this and it was important that it was identified what purposeful engagement 'looked like'. It was also noted that the System Leadership Board brought a wide range of partners together and was now being held in public. It was confirmed that work was being undertaken to ensure that Research and Development would be incorporated into the system. This was being considered both locally and with the support of colleagues in the North East.

Resolved:

1. This report and associated appendices be noted; and
2. Note that the updated governance framework for IHCS and the system strategy refresh will be presented to the SLB in January 2019

7.2 North Cumbria and the North East

DR presented the report advising that Amanda Hume (AH) was the Executive Lead for the System Transformation and commissioning Development for the North East and North Cumbria and represented North Cumbria CCG on the national board of NHS Clinical Commissioners. The briefing note provided an overview of the headlines from the national members meeting, the work underway as part of the aspiring ICS programme for the North East and North Cumbria and also highlights any key risks, implications or actions for public and patient engagement. Although there were no specific risks outlined in this report.

DR advised that AH would be attending future meetings of the Governing Body to present these updates.

CR highlighted that a Workforce Transformation and Strategy Board was being launched which would incorporate the former Local Workforce Action Board. The

purpose of this board will be to develop a health and care workforce strategy and framework to support the vision “for the North East and Cumbria to be the best place to work with a focus on population health and wellbeing, delivered by an adaptable and flexible workforce”. CR advised that as well as Judith Toland, Executive Director of Workforce & Organisational Development, representing North Cumbria on this group it was envisaged that she would also represent the GP Primary Care element.

Resolved: The update be noted.

GB 114/18

AGENDA ITEM 12: Performance

12.1 Performance Report

PR highlighted that there had been a change in format to the document to enable the report to be presented across the system. He also advised that there was an inaccuracy contained on page 11 of the report and this would be clarified and recirculated. However, there were no material changes from the last report presented to the Governing Body.

Discussion ensued around the friends and family test and it was acknowledged that whilst a number of elements were still red, there were positive trends showing improvement. It was also noted that the ICC strategy had started to have a positive impact on performance too.

Resolved: The update be noted.

12.2 Elective Waiting Times Briefing November 2018

PR presented the report advising that the key risk was potential 52 week waiters. If the waiting list numbers could not be reduced then there could be a consequential impact on Quality Premium. However Members should note that the risk had been reduced since the last report.

Resolved: The update be noted.

GB 115/18

AGENDA ITEM 13: Finance Report October 2018

CW presented the report advising that the CCG’s October 2018 financial position was broadly in line with the plan. However there was a cost pressure around the Continuing Health Care (CHC) packages but these were being worked through. A comparison with other CCG’s processes had been undertaken and in some areas, such as fast track funding, and as a result revised processes have been put in place.

Work was ongoing to quantify and manage financial risk across North Cumbria at both organisational and system level. NHS Improvement (NHSI) had been waiting for further evidence from NCUHT in relation to the circa £9 million investment into the system. Resources now been found and it was anticipated that this funding should be released in month nine. However, until this funding was released there was still a risk to the system achieving its control total.

CW confirmed that further schemes had been identified to release resources but need

a triangulate and work together to deliver.

Resolved: The update noted.

GB 116/18

AGENDA ITEM 14: Minutes of:

Executive Committee:

- 27 September 2018

Finance & Performance Committee:

- 19 September 2018

Primary Care Committee:

- 20 September 2018
- 02 October 2018
- 18 October 2018

Outcomes & Quality Assurance Committee:

- 07 September 2018
- 02 October 2018

Resolved: The minutes of the above meeting be received for information.

GB 117/18

AGENDA ITEM 15: Wider System Meeting Minutes

System Leadership Board:

- 06 September 2018

Resolved: The minutes of the above meeting be received for information.

GB 118/18

AGENDA ITEM 16: Any other urgent items of business

There were no other formal urgent items of business.

The Chair took this opportunity to seek feed-back on using technology at meetings rather than printing hard copies of the agenda and reports. Discussion ensued and it was agreed that it would result in cost savings. However, concern was expressed about the type of technology to be used. It was felt that laptops were a disabler in meetings especially for members of the public. Feedback would be sought and further consideration to the way forward would be given.

GB 119/18

AGENDA ITEM 17: Questions from members of the public present

Questions from members of the public and the answers are contained in Appendix 1.

GB 120/18

AGENDA ITEM 19: Date and time of next meeting approved:

Wednesday, 6 February 2019, 13:00, Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

The meeting closed at 15:35

Questions & Answers from Member of the Public – Agenda Item 4

Sue Gallagher

7.1 Page 14, Section 1, Mental Health

Under 20/8/19 deliverables, page 14 refers “maintain the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care”. Despite that I did have to search quite hard for “Dementia”, this does not seem a very ambitious aspiration compared to the others.

It was confirmed that the other targets outlined in the report were standard. CR advised that work was ongoing with practices with lower rates of diagnosis. However it was acknowledged that dementia was not always easy to diagnose. This said, the aim was to increase the diagnosis rate to 75% within the ICCs.

Questions & Answers from Members of the Public - Agenda Item 17

Sue Gallagher

Whilst not a question, I just wanted to say that I am involved in a couple of groups to do with the implementation of ICCs and if these had been in place when my husband and I had been in the system I do believe that we would have had better outcomes. I still believe that further work on IM&T and involving the third sector organisations is needed but I just wanted to say a big thank you because your all in it, either directly or indirectly and these new ways of working would have resolved the issues that I had in my situation, so thank you very much.

ACTION REFERENCE	MINUTE REFERENCE	ACTION	OWNER	FURTHER COMMENTS	TARGET DATE	STATUS
		04-Apr-18				
		05-Dec-18				
13/18-19	GB114/18	<p>Agenda Item 12 - Performance Report</p> <p>Performance Report – Page 11, there was an inaccuracy – this should be rectified and re-circulated.</p>	Peter Rooney		Completed 06 Dec 18	