

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE GOVERNING BODY MEETING
 Wednesday 1 April 2015
 North West Auction, Junction 36,
 Crooklands. LA7 7FP

Present:	Ruth Gildert Rachel Preston Hugh Reeve David Rogers Jon Rush Charles Welbourn Anthony Woodyer	Nurse Member (RG) Locality Lead GP for the North of the County (RP) Interim Chief Clinical Officer (HR) Medical Director (DR) Lay Member (Patient Engagement) (JR) Chief Finance Officer (CW) Consultant Member (AW)
Observers:	Richard Russell Sue Stevenson	Local Medical Committee (RR) Healthwatch Cumbria (SSt)
In Attendance:	Kieron Bradshaw Anthony Gardner Mark McAdam	Interim Communications Assistant (KB) Network Director (South) Communications Manager (MMc)
Item 12 only:	Caroline Rea Peter Rooney Brenda Thomas	Network Director (North) Director of Planning & Performance (PR) Governing Body Support Officer (BT)

GB 19/15 AGENDA ITEM 1: Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Les Hanley, Lay Member - Health Improvement, Nigel Maguire, Chief Officer and Peter Scott, Lay Member - Finance and Governance.

GB 20/15 AGENDA ITEM 2: Declarations of Interest

Rachel Preston declared a pecuniary interest in item 12 – In-Hours Pathfinder Scheme – North Localities as the item included payments to a high volume of GP practices in the North of the County.

GB 21/15 AGENDA ITEM 3: Minutes of the Governing Body held on 4 February 2015

Resolved: The minutes of the meeting be approved as a true record.

GB 22/15 AGENDA ITEM 4: Questions from members of the public present

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

GB 23/15 **AGENDA ITEM 5: Chair & Chief Officer's Report**

HR presented the report highlighting the key areas.

- Better Care Together to Lead NHS into New Era of Patient Care
- Together for a Healthier Future – High Risk Pathways
- Millom Alliance celebrates six months of operation
- Maternity Matters – Launch in South Lakes
- Furness Listening Event

In respect of the success of the Millom Alliance, HR praised everyone who had been involved in developing and implementing the scheme, advising that was a prime example of how local communities can work with health providers to create new and effective models of healthcare.

In response to a question from JR the Chair advised that the possibility of rolling out listening events across the County would be discussed at a future Clinical Leads meeting.

Resolved: The report be noted

GB 24/15 **AGENDA ITEM 6: The Report of the Morecambe Bay Investigation – Dr Bill Kirkup**

EH presented the report advising that this was a harrowing report which had, for obvious reasons, attracted a lot of media interest. She also advised that the recommendations were wide reaching and would require NHS Cumbria CCG, NHS Lancashire North CCG and all the Trusts in Cumbria to work together to deliver. The report also acknowledged Morecambe Bay NHS Foundation Trust's (UHMBT) unreserved apology and the significant improvements that they had already achieved.

EH stated that a sub-committee of the UHMBT's Trust Board had already been established and the CCG would have representation on it. In response to concerns raised by SS about the relationship between the CCG and the maternity services liaison committees including Maternity Matters, EH advised that the CCG would be happy to attend meetings and engage with the user groups.

The Chair expressed concern around the structure being established because he did not believe that the families which had been involved in these tragic incidents should carry the public burden on the sub-committee of the Trust. SS supported the Chairs view and offered support through Healthwatch. EH advised she would feed this back.

AW commented on the fact that the UHMBT recommendations had clear timescales, yet those directed at the wider NHS regulators and other agencies did not. The Governing Body requested that this fact be feedback to NHS England.

The Governing Body praised the report and asked that their thanks be sent to Dr Kirkup and his team.

Proposed by Jon Rush, seconded by Anthony Woodyer;

Resolved: The recommendations of the Kirkup report be adopted in full

GB 25/15 **AGENDA ITEM 7: The report of the Royal College of Obstetricians & Gynaecologists – Maternity Review – November 2014**

EH presented the report.

JR highlighted paragraph 6.4.3 on page 24 of the report stating that he felt it was a poignant statement which represented the feeling of the public. SS echoed JR's comments around the lack of public trust and therefore it was considered important that public involvement in the implementation of the recommendations was inclusive, although it was acknowledged that it would be a real leadership challenge to bring together the viewpoints of everyone involved.

PR confirmed that the CCG was committed to ensuring that they were open and transparent about the process undertaken to produce this report and to ensure it was published in full. He also confirmed the CCG's commitment to engage with the public on the recommendations contained in it.

Members also considered it necessary to ensure that the recommendations were considered in conjunction with those made in the Kirkup Report. In addition the work being undertaken in Cumbria needed to be fed into the National review on maternity services.

HR advised that the CCG was currently determining what resources were required to undertake this work. It was agreed that a further report outlining the proposed governance and project group arrangements would be presented to the Governing Body in June.

The Governing Body praised the report and asked that its thanks be forwarded to Dr Faulkner and his team.

Proposed by Jon Rush, seconded by Rachel Preston;

Resolved: The recommendations contained on page 64 of the report be adopted

GB 26/15 **AGENDA ITEM 8: North Cumbria University Hospitals NHS Trust Major Internal Incident**

HR presented the report advising that there had been extraordinary pressure on Accident & Emergency Departments (A&E) nationally since January. The CCG had been aware of capacity issues at North Cumbria University NHS Hospitals Trust (NCUHT) and officers had been working closely with the Trust to help support them. However because NCUHT felt that it either lacked bed capacity, or the required number of staff (predominately at Cumberland Infirmary Carlisle) to safely provide care, it had to declare a major internal incident and refer patients to other hospitals.

PR praised the support of neighbouring NHS organisations in ensuring the best interests of the Cumbrian patients were served.

In response to concerns expressed by SS PR advised the following actions had already been agreed with those involved in the incident:

- An immediate review of the escalation process within Cumbria would take place at the System Resilience Group on 2 April 2015;

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- External support would be sought to undertake a full and comprehensive root cause analysis in relation to the causes and management of the major internal incident; and
 - The way GP's received communications about the incident would be evaluated

Members requested that the Governing Body's thanks be passed to all NHS staff in neighbouring organisations for their response to this incident. Thanks were also expressed to everyone involved in the incident for the exceptional work undertaken in difficult circumstances.

Resolved: The report be noted

GB 27/15 **AGENDA ITEM 9: Mental Health Strategy**

DR presented the report explaining that this document was still in draft form and was an evolving document. However it was felt that it was at an appropriate stage to present to the Governing Body and allow patients and carers the opportunity to comment.

General discussion took place on the content of the document and the following actions were agreed:

- Report author and version control to be established
- Ensure all partner organisations have clear governance arrangements in place for approving the strategy
- Establish a process for obtaining feedback from the wider public and service users on this document
- Final strategy to be brought back to the Governing Body for sign off

Resolved: The report be noted

GB 28/15 **AGENDA ITEM 10: Interim Senior Management Arrangements**

HR advised that due to the long term sickness absence of the CCG's Chief Officer the following interim arrangements had been approved by the Governing Body and NHS England:

- Dr Hugh Reeve – Interim Chief Clinical Officer
- Dr Geoff Jolliffe – Interim Clinical Chair
- Peter Rooney – Acting Chief Operating Officer

The above arrangements to be reviewed by the Governing Body at its June 2015 Part 2 meeting.

Resolved: The interim arrangements detailed above be noted

GB 29/15 **AGENDA ITEM 11: Better Care Together & Five Year Forward View – Vanguard Applications**

AG presented the report outlining the key areas of work undertaken on the Better Care Together programme (BCT) since the last update. He advised that BCT's Vanguard expression of interest had been successful and work was now being undertaken to determine what this would involve and what resources and support

would be required.

In response to a question from JR AG advised that an easy read and audio publication around the programme was being produced.

CW confirmed that as yet there had been no determination on any funding allocation to support this project but it was hoped that a decision would be received by May 2015.

It was agreed a further update would be provided at the June 2015 Governing Body.

Resolved: The report be noted

GB 30/15 AGENDA ITEM 12: In-Hours Pathfinder Scheme – North Localities

CR presented the report.

In response to a question from AW CW confirmed that this scheme would not result in addition funding being paid to the North West Ambulance Service (NWAS). Therefore, even though NWAS was the provider of the 111 service which may initiate a GP call out, they would not have a conflict of interest as they would not be receiving a payment.

General discussion took place around the payments detailed within the scheme. Members sought clarification on when a payment would be made.

The Governing Body also requested that a mechanism for the evaluation of pathfinder and other schemes be established and reported back to the Finance & Performance Committee.

Proposed by Anthony Woodyer, seconded by Charles Welbourn;

Resolved: The North Localities pathfinder scheme be approved subject to clarification that payments will only be made if a GP undertakes a home visit

GB 31/15 AGENDA ITEM 13: Risk Management Update

CW presented the report.

JR advised that he felt assured by the progress on the risk register especially in relation to the inclusion of the Locality risks.

Resolved: The report be noted

GB 32/15 AGENDA ITEM 14: NHS 111 North West Procurement Outcome

CW presented the report. General discussion took place and the Governing Body was reassured that Cumbria Health on Call (CHOC) would maintain its call handling capacity throughout 2015/16 to ensure a smooth transition to the newly procured NHS 111 service. It was anticipated that the 111 service would commence in October or November 2015.

Resolved: The report be noted

GB 33/15 **AGENDA ITEM 15: Communications & Engagement Report**

MM presented the report. He also advised that a new communication had been created which would provide a brief overview of the decisions and actions of the Governing Body. This would be circulated to all CCG staff and would be available on the CCG website within three working days of each Governing Body meeting.

The Governing Body thanked the Communications team for the production of the report and the work undertaken as highlighted in the report.

Resolved: The report be noted

GB 34/15 **AGENDA ITEM 16: Quality Report**

DR presented the report highlighting the following key issues:

- North Cumbria had a prolonged outbreak of the Noravirus which contributed to the major internal incident detailed under agenda item 8; and
- There were increasing concerns around nursing and care homes which also impacted on the above

SS raised concern about wrong site surgery being incorrectly listed in the Quality Report and advised that a list of questions would be circulated to Governing Body Members following the meeting.

Resolved: The report be noted

GB 35/15 **AGENDA ITEM 17: Performance Report**

AC presented the report advising that the performance of NHS Cumbria CCG and that of the local acute trusts was below the national operational standards in a number of areas, as detailed in the report. This was based on the January/February 2015 figures. However she confirmed that weekly conference calls had been put in place with providers to ensure performance was improved and to support the achieving of the required targets.

Discussion ensued around the pressures across Cumbria. Concern was expressed by Members around the indicators in January for all the Trusts being red. Members requested that a development session of the Governing Body be utilised to consider the CCG's responsibilities as commissioners when faced with deteriorating indicators of care.

Resolved: The report be noted

GB 36/15 **AGENDA ITEM 18: Finance Report**

CW presented the report highlighting the year end process. He also advised that, as part of the approval process, the Annual Report and Annual Accounts needed to be approved by the Governing Body. Due to the submission date being brought forward to 29 May 2015 there was a requirement to hold an additional Governing Body meeting. CW stated that the CCG had considered the implications of having a public meeting to consider this one item and, after discussions with the External Auditors, determined that this approval would be taken in a Part 2 Governing Body meeting without the press and the public present. This was a pragmatic approach based on the fact that the Annual Report and Annual Accounts would be presented in the public Governing Body meeting on 3 June 2015 and would also be an agenda item at the CCG's Annual General Meeting in October 2015.

Resolved: The report be noted

GB 37/15 **AGENDA ITEM 19: Minutes of:**

Finance & Performance Committee:

- 07 January 2015

Locality Executives:

Allerdale:

- 26 February 2015

Carlisle:

- 21 January 2015

Copeland:

- 22 January 2015

Eden:

- 29 January 2015

Resolved: The minutes be received for information

GB 38/15 **Any Other Urgent Items of Business**

There were no other urgent items of business.

GB 39/15 **Questions from Members of Public Present**

Questions from members of the public and the answers are contained in Appendix 2.

GB 40/15 **Date and Time of the next meeting:**

Commencing at 13:00 on Wednesday 3 June 2015 at The Forum 28, Duke Street, Barrow-in-Furness, Cumbria. LA14 1HH

The meeting closed at 16:40

Appendix 1

Questions & Answers from Members of the Public - Agenda Item 4

Sue Gallagher

Morecambe Bay Investigation Report – Page 5 – paragraph 4

Given the description of culture and behaviours among maternity professionals, can you give some examples of specific training that is already happening to influence change in this area?

EH advised that there was a full range of training being undertaken to change the culture.

Maternity Services Reconfiguration – Page 49 of the Maternity Review Report – 8.3.4

Are all services involved considering what they can to ‘raise expectations’ of women who have low expectations and will accept a lesser services?

EH advised that this would be developed as part of the engagement process.

DR also advised that a number of members of the public had said that they would prefer bronze standard closer to home as opposed to gold standard which would entail travelling further.

Evelyn Bitcom

Cumbria’s revised Mental Health & Wellbeing Strategy

1. Is this document now finalised and when will it be available for consultation/discussion with the relevant wider stake holders and sectors, including the third sector with opportunities for patients, carers and the public to contribute?

DR advised that the document had not been finalised but feedback on the draft would be welcomed.

2. What date will the strategy now become effective from and what staff training will be put in place to help their understanding of the strategy?

DR advised that the timeline had not yet been finalised but would be forwarded once available.

3. What opportunities will be put in place for the six localities of Cumbria to be able to play a part during the ongoing transition?

Transition arrangements still to be defined.

Please also note the actions which are detailed in these minutes under reference GB 27/15, Agenda Item 9, Mental Health Strategy.

Questions and Answers from the Members of the Public – Agenda item 17

Liz Clegg

Morecambe Bay Investigation Report

North Lancashire CCG supports a Maternity Service Liaison Committee which provides a good opportunity for the community and users to feedback to, and have involvement with the clinicians. In view of all the problems at Furness General Hospital (FGH), when is a Maternity Service Liaison Committee (MSLC) going to be set up in Furness and South Cumbria? A properly functioning MSLC in the past, involving and listening to the service users would have helped expose the problems at FGH.

The Chair advised that the CCG is very much aware of this requirement and subsequently a MSLC type arrangement has been established.

Sue Gallagher

In-Hours Pathfinder Scheme – North Localities

Are the practices which have not signed up to this scheme being encouraged to participate?

RP advised that the CCG is actively encouraging them to sign up and will continue to do so.

Maternity Review

Need to ensure that the perception of some members of the public about the proposed loss of services at the new hospital in West Cumbria and the Maternity Review remain separate issues.

HR advised that the CCG was actively working through various forums to ensure these two issues remained separate.

Mental Health Strategy

The Mental Health Strategy does not appear to include CAMHS and dementia – concerned that people from these two groups may look at a mental health review and wonder ‘where are we in this and if we do not in this where will we be’?

DR advised that there was strong links to the Children and Adolescent Mental Health Services (CAMHS) with a Children’s representatives present. It is also recognised that this strategy had to link to any work on dementia.