

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE GOVERNING BODY MEETING**

Wednesday 3 December 2014, 13:00

The Botcherby Community Centre,
Victoria Road, Carlisle CA1 2UE

Present:	Hugh Reeve Ruth Gildert Les Hanley Nigel Maguire Rachel Preston David Rogers Jon Rush Peter Scott Charles Welbourn Anthony Woodyer	Clinical Chair (Chair) (HR) Nurse Member (RG) Lay Member (Health Improvement) (LH) Chief Officer (NM) Locality Lead GP for the North of the County (RP) Medical Director (DR) Lay Member (Patient Engagement) (JR) Lay Member (Finance and Governance) (PS) Chief Finance Officer (CW) Consultant Member (AW)
Observers:	Michael Hanley Sue Stevenson	Local Medical Committee (MH) Healthwatch Cumbria (SSt)
In Attendance:	Kieron Bradshaw Karen Morley Chesworth Peter Rooney Stephen Singleton Brenda Thomas	CCG Administrator (KB) Communications Officer (HC) Director of Planning & Performance (PR) Clinical Director of Innovation (SSi) Governing Body Support Officer (BT)
For Item 9 only	Nicola Jackson	Senior Programme Manager - Children & Families (NJ)
For Item 6 only	Louise Mason Lodge	Designated Nurse for Safeguarding (LML)

GB 99/14 AGENDA ITEM 1: Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Geoff Jolliffe, Locality Lead GP for the South of the County.

A special welcome was given to Michael Hanley who was attending as an observer for the Local Medical Committee. The Chair also welcomed Jim Lawson and Sue Gallagher who had both been newly appointed as Lay Representatives for the South Lakes and Allerdale localities respectively.

GB 100/14 AGENDA ITEM 2: Declarations of Interest

There were no declarations of interest.

GB 101/14 AGENDA ITEM 3: Minutes of the Governing Body Meeting held on 1 October 2014

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

GB 82/14, Agenda Item 3, page 2 should read that Venetia Young had been appointed as the named GP for Adult Safeguarding for the County.

GB 102/14 AGENDA ITEM 4: Questions from members of the public present

Questions and answers from Members of the Public are contained in Appendix 1.

GB 103/14 AGENDA ITEM 5: Chair & Chief Officers Report

The report was presented by NM highlighting the following:-

Accident and Emergency (A&E) Standard

NM gave an overview of a meeting with the Chief Executive of NHS England, Ann Farrar, David Rogers and himself regarding the required standard in A&E waiting times in North Cumbria not being met. This resulted in an action plan being devised which everyone was now working to deliver.

It was agreed that a detailed report of the progress against the action plan would be delivered to a future meeting of the Finance & Performance Committee.

Maternity Review

In response to a question from JR, NM confirmed it was unfortunate that the North Cumbria University Hospital Trust (NCUHT) had published its options around Maternity Services prior to the recommendations of the Independent Maternity Review which had taken place in November. However it was anticipated that once the recommendations were received they would be considered in detail by all concerned. It was also acknowledged that if the recommendations were for major change to the current system then there would also be a need for public consultation.

Mental Health Partnership Group – Appointment of a Vice Chair

In response to a question from JR DR advised that a Vice Chair of the Group would be appointed in due course. Timescales would be confirmed outside of the meeting.

Survey on Sexual Assault Referral Service (SARC)

In response to a question from RG NM advised that the last sentence of the third paragraph on page 4 of the report should read 'All responses are in confidence/anonymised'.

Resolved: The report be noted

Agenda Item 6: Safeguarding Children and Vulnerable Adults Policy was deferred due to Louise Mason Lodge having been delayed.

GB 104/14 **AGENDA ITEM 7: Emergency Preparedness, Resilience and Response (EPRR) Assurance Process 2014-15**

PR presented the report and detailed the two outstanding core standards needed to be achieved to ensure the CCG was fully compliant with the standards required.

PR also confirmed that during the first year of operation, NHS England Area Team had delegated the responsibility of being a category one responder for major incidents to the CCG. This responsibility had now been passed back to the Area Team. However the CCG did operate an out of hours on call rota.

Proposed by Jon Rush, seconded by Les Hanley;

Resolved:

1. The Assurance Self-assessment and associated Work Plan be approved
2. The level of compliance identified be agreed

GB 105/14 **AGENDA ITEM 8: Co-commissioning of General Practice**

The Chair apologised that there had not been a covering report circulated with the document 'Proposed next steps towards primary care co-commissioning: an overview'. He then detailed the three options for the Membership to consider. These were:

1. CCGs collaborate closely with their Area Teams around the commissioning of primary care. No new governance arrangements would be required.
2. CCGs could choose to assume joint commissioning responsibilities with their Area Team. This would require the formation of a joint committee and changes would be required to the CCG's Constitution.
3. CCGs assume full responsibility for the commissioning of primary care services. The approvals process would involve describing to NHS England's regional office how the CCG proposed to handle and mitigate conflicts of interest.

General discussion ensued around the options available, resource implications and current issues that the CCG was currently facing. Concerns were raised about the lack of detail around what, if any, resources would be transferred to take on the additional responsibility of the commissioning of primary care services.

Members were advised that the Full Council of Members would be meeting on 18 December 2014 to consider the options and, if the CCG wanted to assume full responsibilities, submissions needed to be made by 9 January 2015.

Given the tight timescales involved and the unknown resource implications the Chair advised that the Clinical Leads Group was recommending that the CCG take on the first option (close collaboration) for the coming year. It was proposed the CCG develop a strategy for primary care and consider an application for full delegated responsibilities later in the year.

Resolved: The Members support the first option detailed above

GB 106/14 **AGENDA ITEM 9: Patient Experience Update**

JR presented the report providing a detailed update of the work undertaken to date and the planned future developments to the system. JR also advised that negotiations were still ongoing with iWantGreatCare regarding future developments and a full report on costs would be presented to the Finance & Performance Committee once finalised.

The Chair welcomed NJ who presented an overview on how patient experience data from children was being collated, submitted and actioned. One of the areas highlighted was that children did not feel safe because they did not perceive some staff to be friendly. As a result of the feedback services had been changed.

The Chair praised the work which had been undertaken and thanked all the teams involved.

In response to a question from AW JR advised that further work was being undertaken to ensure that all patients could access the system even if they were partially sighted or had hearing impairment.

SSt advised that Healthwatch Cumbria was aligned with this work and helped signpost patients to the system.

Resolved:

1. The approval for the ongoing costs and the BSL signing project be deferred until negotiations have been finalised with iWantGreatCare
2. The aspiration for patient feedback to form part of the contractual quality measures with all Trusts be endorsed

GB 107/14 **AGENDA ITEM 6: Safeguarding Children and Vulnerable Adults Policy**

LML presented the report advising that the policy:

- defines the roles and responsibilities for the CCG as a commissioning organisation and that of its employees;
- provides clear service standards against which healthcare providers and the CCG will be monitored to ensure that all service users are protected from abuse and the risk of abuse;
- provides assurance to the Governing Body; and
- describes clear lines of accountability within the organisation for work on safeguarding.

DR praised the clarity of the report and the work which had gone into producing it.

Proposed by Jon Rush, seconded by Les Hanley;

Resolved: The Safeguarding Children and Vulnerable Adults Policy be approved

GB 108/14 **AGENDA ITEM 10: Cumbria Safeguarding Adults Board Strategic Plan 2014**

DR presented the report advising that the Plan was being provided for information to ensure that the CCG was aware of the Adult Safeguarding Board's priorities for the next three years.

Discussion ensued around the various forums and locality groups and how they link into each other. It was agreed that the Chair would write to the Chair of the Adult Safeguarding Group and the Health & Wellbeing Board to request that they ensure they all have a link into each other.

Resolved: The report be noted.

GB 109/14 **AGENDA ITEM 11: South Cumbria "Better Care Together (BCT)" Programme**

The Chair presented the report.

Members were advised that the University Hospital Trust of Morecambe Bay (UHTMB) was in the process of engaging with its workforce to discuss how the plan will impact on current working practices. Once this consultation had been undertaken the full strategy would be presented to the Governing Body.

Discussion took place around the revised strategy and the resources required to deliver the programme. In response to a question from PS the Chair confirmed that the financial risk around this programme was detailed in the CCG's risk register.

In response to a question from JR NM confirmed that until the funding of the project had been secured there would not be a 'public facing document' released.

Resolved: The current progress and position of the BCT programme be noted

GB 110/14 **AGENDA ITEM 12: North Cumbria "Together for a Healthier Future (TfaHF)" Programme**

PR presented the report advising that a Gateway review had been undertaken to ensure that the plan for the above programme was fit for purpose. The Action Plan attached to the report detailed the recommendations of the review and the actions proposed to meet them.

In response to a question from PS PR advised that in light of the review the timescales for the programme would be revised at the Programme Board on 4 December 2014.

JR advised that he had found the report and review process useful. However he raised concern that the working draft clinical strategy for acute care delivered by NCUHT did not incorporate interdependencies (as detailed on page 5 of the Action Plan). PR confirmed that that all projects planned for service delivery in the north of the County would be factored in to this programme.

Resolved: The report be noted

GB 111/14 **AGENDA ITEM 13: Cumbria Learning Improvement Collaborative (CLIC) Report**

The Chair introduced SSi, Clinical Director of Innovation, who ran through a presentation which had been circulated at the start of the meeting. This detailed the following:

- how CLIC was established
- CLIC's aims and objectives
- the challenges faced across the whole Cumbrian health economy and how significant changes were required to deliver the programmes detailed in agenda items 11 and 12
- tools being used to help facilitate culture changes across all organisations in Cumbria responsible for the provision of services
- website available for all to utilise

JR asked how CLIC would monitor effectiveness and value for money. In response SSi advised that CLIC would produce an annual report to the June 2015 Governing Body meeting which would include those details.

Resolved: The update be noted

GB 112/14 **AGENDA ITEM 14: Risk Management Assurance Framework**

CW presented the report. He advised that a common approach to risk management was being introduced across the organisation to ensure consistency in the way the CCG evaluates risk. CW also confirmed that regular assurance reports would be presented to the Governing Body.

The Chair welcomed the report. He stated that the challenge would be to ensure that risks were assessed as part of the 'day job' and feed into an effective evaluation process, rather than being a 'tick box' exercise. CW confirmed that the standardised approach being introduced across the organisation would ensure that the CCG evaluated all risks effectively.

JR advised that it was important that the CCG provided the following:

- clarity of proof on how risks were managed
- effective training to all staff responsible for assessing risk

Proposed by Les Hanley, seconded by Jon Rush;

Resolved:

1. The risk assurance framework be approved
2. The developments being made with the localities and team risk registers be noted

GB 113/14 **AGENDA ITEM 15: Quality Report**

DR presented the report advising that the recruitment issues across Cumbria were resulting in big gaps in service provision in a number of areas. He stated that this goes back to the issues raised during the CLIC report.

DR confirmed that Incident reporting had increased and there was a need to learn and embed change into practices, change behaviours and address issues faced in the care home sector as they have a direct impact on the Health Care system and hospitals.

Discussion took place around the recruitment issues across Cumbria and it was agreed that a report would be compiled and brought back to a future meeting of the Governing Body.

Resolved: The report be noted

GB 114/14 AGENDA ITEM 16: Performance Report

The report was presented by PR.

Discussion took place regarding A&E standards. NM advised that work was being undertaken collaboratively to analyse data, identify trends and review causes for delays.

Resolved: The report be noted

GB 115/14 AGENDA ITEM 17: Finance Report

CW presented the report advising that there was still a significant risk to achieving the planned financial surplus of £5 million due to considerable cost pressures as detailed in the report. CW also updated Members on the new Internal Audit arrangements.

General discussion took place on the cost pressures, in particular the increase in the number of requests to have out of area treatment.

CW also detailed the proposed changes to the CCG's authorised signatory arrangements which were contained in Appendix 2 of the report.

In response to a question from PS CW confirmed that the changes were required to allow senior accountants to be able to sign off invoices.

Proposed by Peter Scott, seconded by Rachel Preston;

Resolved:

1. The year-to-date and forecast financial position and the identified risks at October be noted
 2. The continued work being undertaken to manage financial risk be noted
 3. The changes to the authorised signatory list in Appendix 2 of the report be approved
 4. The new Internal Audit arrangements be noted
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GB 116/14 AGENDA ITEM 18: Minutes of:

Audit Committee

- 2 June 2014
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Clinical Leads Group:

- 18 September 2014
- 16 October 2014

Finance & Performance Committee:

- 24 September 2014

Locality Executives:

Allerdale:

- 25 September 2014
- 23 October 2014

Carlisle:

- 27 August 2014
- 25 September 2014
- 22 October 2014

Copeland:

- 28 August 2014
- 25 September 2014

Eden:

- 28 August 2014
- 25 September 2014
- 30 October 2014

Furness:

- 12 September 2014
- 10 October 2014

South Lakes:

- 04 September 2014

Outcomes & Quality Assurance Committee

- 19 September 2014

Resolved: The minutes be received for information

GB 117/14 **AGENDA ITEM 19: Any Other Urgent Items of Business**

There were no other urgent items of business.

GB 118/14 **AGENDA ITEM 20: Questions from Members of Public Present**

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

GB 119/14 **AGENDA ITEM 21: Date and Time of the next meeting:**

Commencing at 13:00 on Wednesday 4 February 2015 at Energus, Blackwood Road, Lillyhall, Workington, Cumbria, CA14 4JW.

The meeting closed at 16:55

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

Liz Clegg (LC)

Following the problems earlier in the year of the reduction or withdrawal of health-related services in Millom, can the Governing Body re-assure the community that residents that qualify for free eye tests will not have to make over a 50 mile round trip for their test, following the closure of the last optician in the town on 17 December 2014? LC also advised that this would be particularly difficult as there were plans for bus services to be withdrawn from the area and it is unclear who has the duty to make sure that eye tests are provided in an easily accessible place for the local population.

LC confirmed that Vision Express had announced that the shop would remain open for a further six months due to public demand.

The Chair advised that the commissioning of Ophthalmology services was not within the CCG's remit as it was one of the primary care services which were contracted by NHS England Cumbria, Northumberland, Tyne and Wear Area Team. It was also stated that those involved in the Milliom initiative would also be a good point of contact to help address this issue.

SS also advised that Healthwatch Cumbria would also be able help to look into the issue in more detail.

Eric Martlew (EM)

1. EM stated that he felt the venues for Governing Body meetings appeared to be in obscure places with easy access to the Motorway. Given the fact that this was the most important meeting in the Localities with regard to health care, he felt that they should be more visible and be in more central locations.

The Chair advised that one of the key factors in deciding venues for these meetings was that it was on a bus route. The CCG alternates its venues around the County to ensure accessibility to all was possible. However it was acknowledged that it was often difficult to find venues of an adequate size to hold the Governing Body meetings without incurring the expense of using large hotels.

NM reiterated that the CCG does make every attempt to make its meeting accessible to all.

In response to above EM stated that there were a lot of Health Authority buildings which had board rooms which could be utilised.

JR, Lay Member for Public Engagement advised that he thought it commendable to be in a community venue, in what could be deemed as a difficult and deprived area of Carlisle. In addition he stated that it was often difficult to attract the public along to meetings, although he acknowledged that this meeting should not be the only way the CCG should engage with the public. He also advised that there was a formality about holding meetings in public in order to be transparent and commended the Group for doing so. However, generally across the public sector, it was a fact that people attend when there were contentious issues that they want addressed. JR stated that in terms of venues the CCG had used venues in the

heart of its communities but acknowledged that the CCG should consider how it makes itself more accessible when there.

The Chair advised that the CCG would welcome suggestions on future venues and asked people to submit these via Brenda.thomas@cumbriaccg.nhs.uk.

2. EM expressed concerns about capacity issues at the Cumberland Infirmary Carlisle (CIC) and detailed an incident that he had witnessed whilst at the hospital. This was appertaining to a lack of beds in the high dependency unit which had resulted in a bed having to be moved to Accident & Emergency (A&E) to accommodate a patient. He also stated that he had been advised that this situation had been made worse by the closure of Reiver House.

NM advised that the case EM had raised was completely unacceptable (although without knowing all the facts could not comment any further) and the CCG was aware that there had been increasing pressures at CIC, some of which had been as a result of transfers. He confirmed that the CCG was acutely aware of the issues and acutely aware of the need to ensure that the hospital provides rapid and responsive services particularly in A&E. The CCG would be working very closely with the Trust and would be scrutinising any proposals being put forward regarding the transfer of high risk patients to the CIC. Support would only be given if there was clear evidence that there was capacity and flow through the hospital to deliver and without that assurance we would be very concerned and we would object to those transfers. NM also confirmed that the Trust was aware that they need to ensure there was a better flow through the hospital.

Jim Lawson

What was the Governing Body's response to the recent report of the National Audit Office suggesting that the Better Care Scheme was based on optimism rather than evidence and was unlikely to achieve its objectives?

NM advised that the CCG's submission for the Better Care Fund was supported by a plan which it considered more realistically achievable in terms of reductions and emergency admission. This was below the National expectations of what should be delivered and the CCG was reflecting on this. However the CCG believed what it was trying to do was be realistic and has been working really hard to make its plans realistic and achievable for when it resubmits on 12 December 2014.

Appendix 2

Questions and Answers from the Public – Agenda item 18

There were no questions raised under this item.