

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 1 August 2018
Energus, Blackwood Road, Lilyhall, Workington, CA14 4JW

Present:	Jon Rush	Lay Chair (Chair) (JR)
	Carole Green	Lay Member – Quality and Performance (CG)
	Denise Leslie	Lay Member – Public Engagement (DL)
	Colin Patterson	Lead GP – Primary Care (CP)
	Peter Rooney	Chief Operating Officer (PR)
	Charles Welbourn	Chief Finance Officer (CW)
	John Whitehouse	Lay Member – Finance & Governance (JW)
	Kevin Windebank	Secondary Care Doctor (KW)
In Attendance:	Kieron Bradshaw	Communications & Engagement Assistant (KB)
	David Blacklock	Healthwatch Cumbria (DB)
	Julie Clayton	Head of Communications and Engagement (JC)
	Eleanor Hodgson	Director of Children’s Integration (EH)
	Louise Mason Lodge	Deputy Director of Nursing & Quality/Designated Nurse Safeguarding (LML)

GB 69/18

AGENDA ITEM 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Amanda Boardman Lead GP for Children's Commissioning, Mental Health, Learning Disability and Safeguarding; Caroline Rea, Director of Primary Care and Integrated Care Communities; David Rogers, Interim Accountable Officer/Medical Director; Sue Stevenson, Healthwatch Cumbria; Anna Stabler, Director of Nursing & Quality; and Brenda Thomas, Governing Body Support Officer.

GB 70/18

AGENDA ITEM 02: Declarations of Interest

The Chair reminded Committee 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 interests declared at the meeting.

GB 71/18

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

Minutes:

- 06 June 2018

Resolved: The minutes of the meeting were agreed as a true record.

Action Log:

- 06/18-19, GB 53/18 – Action completed
- 08/18-19, GB 67/18 – Action completed; Lay Member Denise Leslie met with Clare Edwards from Action4Health. It was noted that 12 members of third sector organisations took part in CLIC courses throughout June and July. It was also noted that work may potentially take place in November and December to show colleagues how to log on to use CLIC facilities, and to simplify language, to ensure the courses were accessible.

Resolved: The action log be updated accordingly.

GB 72/18

AGENDA ITEM 04: Questions from members of the public present

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

GB 73/18

AGENDA ITEM 05: Chair & Accountable Officer Report

JR presented the report.

Healthcare For The Future Update

Following a brief update from KW, discussion ensued about recommendations of the Implementation Reference Group. The importance of the relationship between the various groups involved in work was noted.

Whitehaven Medical Centre

Conversation took place about potential anxiety amongst patients of Whitehaven Medical Centre following its closure on 31 July 2018. Following a question from DL it was advised that the CCG had tried to be open with stakeholders about the issue, and this had involved opening a patient helpline. It was noted that a steady flow of concerns had been raised, and that this may continue over the next few weeks if patients struggle to get appointments at their new practices. It was advised that the CCG would continue to work with patients to overcome any challenges that arise.

Increase in Clinical Research Studies

Conversation took place about clinical research studies taking place in primary care in North Cumbria.

Resolved: The update be noted.

GB 74/18

AGENDA ITEM 06: Organisational Development Plan

The report was presented by EH.

Conversation took place about the action highlighted in the report to link patient experience/engagement to the work that staff did. Following a question from DL it was highlighted that a CCG staff opinion survey seemed to indicate that staff didn't understand how their work linked to co-production. It was noted that the CCG did lots of work in terms of co-production, and that efforts would be made to ensure staff understood the link between their work and the treatment of patients.

Resolved:

1. The contents of the report be noted
2. The Governing Body Organisational Plan being combined into the Organisational Development Plan (Appendix 1) be noted.

GB 75/18

AGENDA ITEM 07: Quality Exceptions Report

The report was presented by LML.

There was a recommendation that when the Quality Exceptions Report highlights an issue, for example the rise in patients with urinary catheters within NCUHT detailed in the current report, there should also be information to outline the action plan the CCG is following and the work that is being done to manage the issue, as it currently looks like the CCG is just observing each issue. It was advised that the minutes of meetings would reflect the work being done in this respect.

Conversation was held about how information was gathered for the Friends and Family Test, following a question from DB to check if I Want Great Care was still being used. It was noted that new Friends and Family tests had better sharing of information across Trusts and the CCG about services, and overcame issues around the length of time it took for services to address issues raised in patient feedback, and that I Want Great Care hadn't been good value for money in these respects. There was discussion about how information from feedback was pulled together and analysed by the CCG's Quality Team. It was advised that a report was produced, with key strands identified for improvement, and that this was reviewed by the CCG's Outcomes and Quality Assurance Committee.

JR highlighted positive points in the report, including Friends and Family Test results for inpatient, outpatient, and maternity services at NCUHT, and community and mental health services at CPFT.

Resolved: The report be received for information and assurance.

GB 76/18

AGENDA ITEM 08: Performance Report

The report was presented by PR.

A recommendation was put forward by CP that key messages from the Performance Report be shared with GPs, in order to make it visible to the Primary Care community.

PR highlighted several positive stories contained in the report, particularly the performance of the ambulance service we have. It was recommended that the stories be made public, with North West Ambulance NHS Trust highlighted for their good work.

A short update was given by CG, noting that there had been massive recruitment for community first responders. The positive outcomes of this were highlighted.

There was brief discussion of average handover times, and how this was reported. Clarification was given over variation of times.

Resolved: The report be noted.

GB 77/18

AGENDA ITEM 09: Finance Report

The report was presented by CW.

Following a question from CG, it was clarified that money was sometimes paid back to the CCG by a provider of care where there had been an overpayment; for example, if there was a delay in payments stopping where the NHS should no longer be paying for care. It was highlighted that the NHS is free at point of use.

Short discussion was held about the implementation of schemes under cost improvement plans and it was advised that it was hoped that this would be finalised in QIPP stage 4.

Clarification was given on the 0.5% planned contingency that is detailed in the financial position. It was noted that although NHS England had relaxed the rules around this in the current financial year, it was good practice to have the contingency and so the CCG had continued to include it in its plans.

PR highlighted that although the report showed that the CCG was on track financially, it was important to note that the health system as a whole was under great strain, and so it was important to manage expectancies.

Resolved: The report be noted.

GB 78/18

AGENDA ITEM 10: Minutes of:

Executive Committee:

- 26 April 2018

Brief conversation took place relating to minute EC 61/18 (guidance for Complaints Team & IFR Team). CP clarified that colleagues in the North East had a backlog of complaints where people were unhappy following the process of reviewing patients' care pathways changing. It was noted that there wasn't currently a system in place for handling complaints against the processes involved in making funding decisions.

- 31 May 2018

Conversation took place about minute EC 71/18 (Haematology). CP advised that a series of meetings with NHS England had taken place, and that these

had brought all providers and commissioners involved together to find a solution to issues. It was noted that there was a deficit in the training of Haematologists, and that an interim agreement was in place to ensure that the service continued. The agreement will be reviewed in the future to ensure that the process is working.

Finance & Performance Committee:

- 16 May 2018
- 20 June 2018

Primary Care Committee:

- 02 May 2018

Outcomes & Quality Assurance Committee:

- 01 June 2018

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

GB 79/18

AGENDA ITEM 11: Wider System Meeting Minutes

Northern CCG Joint Committee:

- 03 May 2018

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

GB 80/18

AGENDA ITEM 12: Any other urgent items of business

There were no other formal urgent items of business.

GB 81/18

AGENDA ITEM 13: Questions from members of the public present

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

GB 82/18

AGENDA ITEM 21: Date and time of next meeting approved:

Wednesday 3 October, 2018, commencing at 13:00 at Botcherby Community Centre, Victoria Road, Carlisle, CA1 2UE.

The meeting closed at 16:05

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

Bernard Courtney

Is there any NHS Guidance available to identify the women who are likely to need more paediatric input?

EH advised that there was no NHS guidance available.

What contingency plans are being put in place for West Cumbria to prevent / minimise the predicted increase in deaths because of centralising stroke services in Carlisle?

PR advised that there is not an anticipated increase in deaths as a result of the changes to stroke services. It was clarified that there was a potential that two-to-three patients would not have access to thrombolysis treatment; however, although this is a significant issue, the patients would not necessarily die. It was advised that the changes would provide improved, 24/7 care, and would see a reduction in mortality, including people in West Cumbria. It was also noted that the information to address these concerns had been communicated extensively.

PR responded to a further question, regarding whether there were any contingencies in place to try and reduce the few people that may have reduced outcomes. It was noted that all other interventions were available to these patients, and that for a lot of people strokes were avoidable. It was advised that one area being looked at was work in Copeland to increase the detection of atrial fibrillation. It was also noted that when the new services were in place, there would be further work to address what could be provided for the few that may not benefit from the changes.

It was highlighted that the changes would improve stroke outcomes for everyone, and that there was an immediate risk in sustaining the current service at WCH, where there was no substantive stroke physician.

What is the CCG doing to recruit GPs/health professionals for Copeland?

CP discussed various initiatives that are in place to try to attract new GPs to the area, including a GP salary supplement, overseas recruitment schemes, promoting flexible ways of working to make roles more attractive, and GP alliance work that is being led by Professor John Howarth.

What is the CCG doing to minimise/prevent the future closure of small surgeries?

CP advised that as there was only one practitioner on the contract for Whitehaven Medical Centre, it had resulted in challenges arising which led to the surgery's closure. It was noted that most other practices have another practitioner on the contract, and that this removed the threat of the issue arising again. The CCG is also trying to find ways of getting practices to partner up, to avoid those breaches happening in the future. It was also advised that the CCG provides support to GPs where it can, where circumstances are particularly challenging.

Liz Clegg fed back her gratitude for the work that had been done in response to the closure to Whitehaven medical Centre.

Neil Hughes

By what date does the CCG envisage a fully joined up health and social care IT system in Cumbria, viewed as essential by the CQC in its recent system review?

It was advised that a date for this wasn't available at the moment. However, work on this area will be picked up in the near future.

Liz Clegg

How is the conflict of interest, presented by having the Nurse Representative on the Governing Body and the Director Of Nursing as the same person, going to be managed?

JR advised that governance arrangements around how to manage this were being put in place, and that it would involve Louise Mason-Lodge presenting any agenda items where a conflict of interest would occur. It was noted that Anna Stabler was now working with the CCG full time, and so no longer had a dual role with North Cumbria University Hospitals NHS Trust, and that this would make things a lot easier. It was also noted that as organisations progress into the Integrated Care System, there would be an increase in instances where the lines between commissioner and provider become less distinct.

Liz raised a concern that the two separate roles mentioned above were able to challenge each other, and that this lay perspective would be removed.

It was advised that the vast majority of CCGs do not have an external nurse member, and that it was the responsibility of all Governing Body members to challenge.

Please can you explain the difference in reporting on quality matters to the Governing Body, which have taken place this year, and how does it relate to the changes in the committee structure on quality issues?

LML advised that the reporting structure had been rehearsed as the Governing Body was duplicating work in the previous structure.

Liz Clegg raised a concern that the report didn't come to the Governing Body meeting anymore, and so was not made public. It was advised that the Quality Report was no longer made public due to the efforts required of redacting personal information. However, the Governing Body now receives a Quality Exceptions Report, where issues were picked out in terms of exceptions and reported that way. It was highlighted that Governing Body member CG had key role in the quality committee structure, as Chair of the Outcomes and Quality Committee, and that this ensured a second challenge process from CG for the Governing Body.

Sue Gallagher

Please would you give a couple of examples of the type of patient who would benefit from the Short Stay Paediatric Assessment Unit (SSPAU).

EH advised that children that have illnesses that are quick to get better, and that aren't complex, would benefit from the service; for example, wheezy sick children. The children would come in, be treated quickly and recover, and then go home the same day.

It was advised that the SSPAU service works by organising the staff to get the children through the treatment quickly, including assessing the child and then having a professional there to check the child again after a few hours, enabling them to be sent home if appropriate. Previously, as there wasn't a clinician to perform the second check on the same day, it would have been done a day later.

The service has now been established across country, and based on national standards 97 percent of children can go through the SSPAU. It was noted that due to the geography and population of Cumbria the number of patients treated in the SSPAU may be slightly lower than 97 percent.

Following a further question from Liz Clegg, it was advised that there is the appropriate staff in North Cumbria to be able to operate the unit. It was noted that it was the system, rather than staffing levels, that kept children in longer previously, and that this is being improved now.

It was also noted that attention needed to be given to helping parents and carers of the children to cope with the child's illness, as the system relied on them being able to help the child recover fully following discharge from the unit. It was noted that in particular this would involve giving the carer an assurance that the child would be better in a few hours, so that they are confident in the treatment.

The Quality Exceptions Report highlights that there is a number of patients with urinary catheters and UTIs. Do we know the reasons for this?

LML advised that although there was not a specific reason identified for the rise, it was likely to be linked to the warmer weather and dehydration. It was noted that there is always a seasonal variation in infections.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item 20

Sue Gallagher

Agenda Item 5: Chair & Accountable Officer Report (Whitehaven Medical Centre)

Regarding the closure of Whitehaven Medical Centre, I understand that where a patient has been allocated to a new practice, there is a waiting period before they can request to change practices again. Please can you clarify whether the waiting period is three months or six months?

CP advised that it had been agreed with NHS England that allocations would stand for three months, and after that patients could apply to go to other practices. This was in order to keep a realistic expectation, as when so many patients change it would be unrealistic that they would be able to move again sooner. It was noted that where patient safety was a concern adjustments would be made where clinically appropriate.

In relation to identifying patients with atrial fibrillation, are blood pressure checks a standard approach?

It was advised that as practices have large list sizes, it was not a formal requirement to carry out the blood pressure checks. The checks were carried out where clinicians deemed appropriate.

Evelyn Bitcon

Agenda Item 5: Chair & Accountable Officer Report (Healthcare For The Future Update)

The Success Regime informed the public that beds would not be removed until there was satisfaction that care was safe and effective. What is put in place regarding risk, safety and quality improvement, particularly regarding vulnerable people?

It was advised that the System Leadership Board was overseeing the process of closing beds in both Wigton and Maryport, and that closures wouldn't happen until there was a clear plan for staffing in place and appropriate care beds available. It was also noted that there was a requirement for patients to have access to alternative beds where a building was not complete.

It was highlighted that as the issues were looked at during System Leadership Board meetings, it was difficult to communicate information as the meetings were not currently held in public. However, the

Governing Body was informed of the work as the minutes of the System Leadership Board meetings were presented to them at Part 2 of the Governing Body meeting.

Following a challenge from Evelyn that the Success Regime had advised that new services would run alongside old ones before closing beds, an assurance was given that the decision made on 8 March 2017 was a public record, and the Governing Body had been consistent with that decision.

Agenda Item 5: Chair & Accountable Officer Report (Integrated Care Communities (ICCs))

A question was asked in relation to a mental health patient with high needs having care provided through the prison service.

It was advised that the CCG was unable to comment on an individual patient case.

Please can we have a piece of research done to identify how many people with mental health conditions are contacting emergency services inappropriately?

It was advised that it is often appropriate for a mental health patient to contact the emergency services. However, investment has been made into a new service led by psychologists which seeks to understand the reason behind particular mental health patients dialing 999, with the aim of putting bespoke services in place to deal with this.

Agenda item 6: Organisational Development Plan

Does the engagement action plan include working with localities (including patients, public and carers, as well as third sector), and if so, how?

It was advised that the Organisational Development Plan was for staff from NHS North Cumbria Clinical Commissioning Group, as the plan was just for that organisation.

Agenda item 7: Quality Exceptions Report

Will there be information available to help family members of patients receiving Continuing Healthcare to understand what they are being charged for. At the moment the families are informed who is responsible for funding and why, but then other charges come up later on.

LML advised that there are currently national challenges around understanding eligibility for CHC. However, work has begun locally on a co-production plan to produce public facing information around eligibility, and this would involve input from families and carers.