

PENNINE LANCASHIRE QUALITY COMMITTEE

Minutes of the meeting held on 25 July 2018

PRESENT:

Name and Title	Org.	24/01	28/02	28/03	25/04	23/05	27/06	25/07	22/08	26/09	24/10	28/11	19/12
		2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018
Michelle Pilling – Chair Lay Advisor: Quality and Patient Engagement	ELCCG	✓	✓		✓	A	✓	✓					
Geraint Jones: Deputy Chair Secondary Care Doctor (retired)	BwDCCG	✓	-		✓	A	✓	A					
Ryan Catlow Compliance and Resilience Manager	ELCCG	✓	-	-	-	-	-	-	-	-	-	-	-
Jackie Hanson Deputy Chief Officer, Director of Quality & Chief Nurse	ELCCG	A	-		✓	✓	✓	✓					
Kirsty Hollis Chief Finance Officer	ELCCG	✓	-		✓	✓	✓	A					
Dr Nigel Horsfield Lay Member	BwDCCG	✓	-		✓	✓ Chair	✓	✓					
Kathryn Lord Associate Director of Quality and Nursing	PLCCG	✓	✓		✓	✓	✓E	A					
Sharon Martin Director of Performance and Delivery	ELCCG	A	✓		✓	A	✓	A					
Claire Moir Governance, Assurance and Delivery Manager	BwDCCG	A	✓		✓	A	A	✓					
Dr M Ridgway Director of Quality and Performance	BwDCCG	A	✓		✓	A	✓	✓					
Dr Paul Taylor Secondary Care Consultant	ELCCG	✓	✓		✓	✓	✓	A					
Janet Thomas Associate Director of Quality and Commissioning	BwDCCG	A	-		-	✓	✓	A					
Medicines Management Representative (one needed):													
Julie Kenyon Senior Operating Officer, Primary, Community & Medicines Commissioning	BwDCCG	-	-		A	A	-	-					
Lisa Rogan Associate Director of Research, Medicines & Clinical Effectiveness	ELCCG	✓	-		✓	✓	✓	✓					
Safeguarding Representative (one needed):													
Peter Chapman Head of Safeguarding (Adults) and MCA Leads	PLCCG		✓		-	✓	-	✓					
Susan Clarke Head of Safeguarding	PLCCG	✓	-		-	-	✓	-					
Debbie Ross Head of Safeguarding (Children)	PLCCG		-		A	-	-	-					
Clinical Representatives (two needed):													
Dr Ridwaan Ahmed GP Representative	BwDCCG	✓	-		✓	✓	✓	✓					
Dr Asif Garda GP Representative, Pendle Locality	ELCCG	A	✓		A	-	A	A					
Dr Stephen Gunn GP Representative	BwDCCG	A	-		A	✓	A	A					
Dr Ash Misra GP Representative, Burnley Locality	ELCCG	-	✓		✓	-	A	-					
Dr Richard Robinson GP Representative, Hyndburn Locality	ELCCG	A	-		A	A	A	A					
Dr Zeenat Sykes GP Representative, Rossendale Locality	ELCCG	✓	✓		A	A	✓	✓					
VACANT GP Representative, Ribble Valley Locality	ELCCG	-	-	-	-	-	-	-	-	-	-	-	-
Dr Umesh Chauhan GP Quality Lead	ELCCG				✓	A	✓E	✓					

✓: present A: apols L: arrived late E: left early

In Attendance:

Deryn Ashby
Debra Atkinson
Kim Ciraolo
Andrew Daniels
Carol Hedley
L Jackson
Adam James
Judith Johnston
Dr Gifford Kerr
Caroline Marshall

Executive Assistant, ELCCG - Minutes

Quality & Performance Manager, M&LCSU
Quality & Performance Specialist, M&LCSU
Cancer Transformation Lead, ELCCG (1 item)
Service Transformation Manager, CYP, BwDCCG (1 item)
Corporate Business Manager, ELCCG
Head of Clinical Commissioning, ELCCG
Consultant in Public Health, BwD Borough Council
Locality Lead – Quality and Performance, M&LCSU

REF:		ACTION
18.134	<p>Welcome & Chair's Update</p> <p>The Chair opened the Pennine Lancashire Quality Committee and welcomed all attendees.</p> <p>The Chair thanked Jackie for her passionate advocacy of nursing and ensuring that the voice of nurses is heard loud and clear across the health system. Her personal leadership has helped to drive collaboration across Pennine including the combining of the East Lancs and BwD Quality committees. She has steered the CCG through some difficult times including the Keogh review and the turnaround of Calderstones, and done much to improve quality across the system, including with residential homes.</p> <p>Above all she has focused on commissioning compassionate, high quality care and demonstrated all the qualities required of a great Chief Nurse and Deputy Accountable Officer. We wish her well and feel confident that it is Jackie who is picking up the Lancashire and South Cumbria Quality baton.</p> <p>She also expressed thanks on behalf of the Quality, Safeguarding and Medicines Management Teams. J Hanson thanked the Chair, and also thanked members for their hard work, dedication and support as well.</p>	
18.135	<p>Apologies</p> <p>Apologies were received from: Simon Bradley, Dr Asif Garda, Kirsty Hollis, Geraint Jones, Kathryn Lord, Sharon Martin, Dr Richard Robinson, Janet Thomas.</p> <p>Judith Johnston has attended to represent Sharon Martin.</p> <p>The meeting was confirmed as quorate</p>	
18.136	<p>Declarations of Interest</p> <p>None Noted</p>	
18.137	<p>Minutes of the Meeting Held On 27 June 2018</p> <p>Minor amendments were offered for the minutes of the meeting held on 27 June 2018.</p> <p>18.114: LCFT CQC Inspection Report The sentence: <i>"The CQC found areas for improvement including 9 breaches of legal requirements that the Trust must put right, along with 23 areas that the Trust should improve to comply with a minor breach that did not justify regulatory action to prevent breaching a legal requirement or to improve service quality."</i> Need to be re-worded slightly as it does not flow.</p> <p>18.120: Pennine Lancashire Primary Care Quality Update The action should read: <i>J Hanson and Dr M Ridgway to discuss whether to include the Primary Care Quality minutes with the agenda for information."</i></p> <p>With the above amendments, the minutes were approved as an accurate record.</p> <p><i>The minutes were accepted as a true and accurate record.</i></p>	

18.138 Action Matrix

18.65: Memory Assessment Service Update

An update was sent from the MH team. It stated *“Monitoring of the referral forms is being undertaken from the MAS Team – any referrals that are coming through on the old template the Practice are contacted and reminded and also been sent the new referral form. Further correspondence has been sent out to GP Practices/Practice managers stating again the new referral form by EL CCG Locality Managers and BwD CCG Primary Care Team. This has also been shared on BwD portal GP Team Net and East Lancs GP Newsletter”*. This action can be closed.

18.073: Acute Kidney Injury Update Guidance

R Watkins has been identified to lead the Task and Finish Group work; UC will arrange with her. A confirmation that this action can be closed to be provided at the next meeting.

18.089.4: CONFIDENTIAL: Provider Report

C Marshall advised that a meeting had been held with ELHT regarding concerns around the SLA that ELHT holds with BMI for pain management. There was discussion about the quality assurance processes that they have for managing this spot contract. ELHT have acknowledged that their processes have not been as robust as they could be, and it has already been identified that the pain management policy needs reviewing to ensure is clear and precise. The Integrated Care System (ICS) is also reviewing the policy across the Lancashire South Cumbria footprint, but there needs to be clarity on who is leading each piece of work to ensure there is no duplication or error. It was confirmed that this is a sub-contract with ELHT, therefore they are responsible for monitoring quality, but the CCG are funding the service through ELHT so need to be assured that the money is being used effectively.

Dr L Rogan added additional issues have been identified with prescribing for pain management, such as ketamine infusions, making the whole situation more complex. Local commissioners should be reviewing these practices in line with the service specification and discussing with the provider. She warned that Lancashire was very high for opioid-related deaths, meaning there will be further scrutiny on activity.

An update on this will be provided at a future PLQC.

ACTION: L Rogan to liaise with A Thornton around pain management prescribing concerns

L Rogan

18.113: Pennine Lancashire 12-Hour Breach Report

It was confirmed that S Bradley has received further information regarding the 12-hour breaches, and it has been found that a number of patients were already known to MH services, which is in contradiction to the narrative of the report brought to committee in June 2018. Work is ongoing to map the total number of contacts of frequent attenders, with work being undertaken by the ICS around Section 136 patients across the system; the number of S136 patients has remained stable but the number of conveyances to ED has increased, so this needs to be understood as these are accounting for a significant proportion of the 12-hour MH breaches. J Hanson added that the number of patients experiencing long waits has also increased, which is concerning. The chair expressed concern about the number of available beds, and asked how this is being resolved. It was noted that there are high numbers of super-stranded patients, who remain in a MH bed whilst not receiving treatment, that are affecting flow through the pathway, so this needs to improve. There is a commissioning service gap which is affecting capacity, and this needs test modelling to ensure solutions are workable. The MH community provision also needs to be understood. The ICS is pulling together a plan to amalgamate all of the different action plans into a single over-arching document and start to predict when the impact of service changes will be felt.

The LCFT Quality Summit was held on 06 July 2018, where it was agreed that there would

be a Quality Oversight Committee established with an overview of the action plan, focussing on the quality perspective. P Chapman noted that a number of patients in the community are also at risk as they are placed in a care home or in the care of family members, where there are not the skills available to manage them safely.

ACTION: To request R Snow-Miller and P Hopley from ICS to attend and provide an update position.

D Ashby

18.114: LCFT CQC Inspection Report

This has been included on the agenda for August 2018. This action can be closed.

18.116.1: Pennine Lancashire Quality and Performance Report – Month 01

C Marshall advised the patient waiting at Leeds does not have a treatment date, but provided an update from Leeds Hospital which stated that patients are being dealt with in clinical priority order, and that the waits are a direct result of the cancelled operations due to winter pressures. This has been challenged by the CCG who have requested the reason for the delay, and whether the patient has been offered an alternative placement at another provider. It is also being investigated whether the patient has experienced harm as a result of the wait.

All other waiters have treatment dates included in the report.

18.116.2: Pennine Lancashire Quality and Performance Report – Month 01

S Martin to provide an update at the next committee regarding her discussions with A Walker.

18.116.3: Pennine Lancashire Quality and Performance Report – Month 01

J Hanson to discuss in more detail with J Thomas before this action can be closed.

18.116.4: Pennine Lancashire Quality and Performance Report – Month 01

The 9 'Must Do' items have been included within the report for May 2018. This action can be closed.

16.120.1: Pennine Lancashire Primary Care Quality Updates

The ELCCG GP Quality Primary Care Meeting was cancelled in July 2018, but this item has been included on the agenda for August 2018. It was advised that the Friends and Family Test is reviewed annually. This action can be closed.

16.120.2: Pennine Lancashire Primary Care Quality Updates

It has been agreed that the minutes will be marked as 'confidential' and that they will be included in the confidential part of the meeting.

16.121.1: Pennine Lancashire IPA / CHC Update

The Transforming Care Team have been scheduled to provide an update in October 2018. This action can be closed.

16.121.2: Pennine Lancashire IPA / CHC Update

This will be included in the next IPA/CHC report, which is scheduled for August 2018. This action can be closed.

18.122: Pennine Lancashire E&I Quarterly Report

D Atkinson will liaise with HR.

18.131: Any Other Business - Community Services

This meeting has not yet taken place. It will be taken forward by K Lord in her new role, and J Thomas will feedback to committee.

18.139 Cancer Services Update

C Hadley presented a general update on Cancer pathways.

Cancer Alliances were established as part of 5-year Forward View, there are 6 workstreams within the alliance, working to reduce fragmentation across the patch.

The NICE Guidelines for suspected cancer have been updated and have been included as part of LES for 2017/18 by ELCCG; the main differences between the updated and previous guidelines were summarised. The Chair queried whether the number of people referred for ultrasound diagnostics had increased, and it was confirmed that the wait for non-obstructive ultrasound is increasing. This issue was raised at the Cancer Tactical Meeting and diagnostic performance was also discussed at the ELHT Quality and Performance Meeting in July 2018, where it was advised that pressures on diagnostic performance will impact on cancer diagnostic performance. ELHT have a remedial strategy in place, and ELCCG are also reviewing the radiology service specification.

E-referrals were implemented in May 2018 and were very successful, with no paper referrals received since 12 July 2018. Work is also ongoing on the national optimal pathways, with the first drafts circulated approximately 4 months ago and a new version due to be published in September 2018.

Another development is the Faecal Immunochemical Test (FIT) to be rolled out as part of the bowel cancer screening. This test can also be used to support early diagnosis pre-colonoscopy and hopefully reduce the need for investigations in some patients. There will be a communications plan once the roll out arrangements are finalised. Bowel cancer non-responders are being contacted, and cervical screening will be included in the bowel screening event work to increase the uptake. There has been a reduction in the number of people presenting for breast screening, but ELHT are monitoring this.

The Cancer Alliance bid obtained funding for a Vague Symptom clinic for those patients that do not have specific symptoms or do not fit criteria, the money has been provided against improving performance of the 62-day cancer waiting time.

The Chair was concerned about the deteriorating performance with regards to the time to treat standards and asked what actions are being taken to improve performance. It was advised that there is a task and finish group in place, working towards ensuring that a patient should have a definitive positive or negative decision within 28-days. ELHT was one of pilot sites for this initiative, which finished in March 2018, and ELHT are rolling this out across all services. There were issues with guidance from the national team about how to audit and collect the information, but there is a drive to document information in the patient notes in a standard way to alleviate delays.

The Chair acknowledged that diagnostics is a huge area of concern and asked about the support being offered by the Alliance. It was noted that cervical cytology attendance rates in BwD have increased as part of the 25-30 scheme, and the Vague Symptom clinic has been set up as part of a national programme. C Hedley advised that various sites are piloting different models to see how they work. She agreed to share the report from Leeds for CRUS, and advised that once further information is available from the Vague Symptoms clinics she would be happy to attend the committee and provide an update. It was noted that the information provided today could be used to update the risk narrative on the risk register for both CCGs.

ACTION: C Hedley to circulate the report by Cancer Research UK into the Accelerate, Co-ordinate and Evaluate (ACE) Programme.

**C Hedley /
D Ashby**

	<p>The Chair thanked C Hedley and the team for their work and support around the cancer targets.</p> <p><i>Members received and acknowledged this report.</i></p>	
<p>18.140</p>	<p>CONFIDENTIAL: Provider Update</p> <p>This paper was tabled for reference. The content of this item is for committee members and attendees only, and is not for wider distribution.</p> <p>The confidential minutes of this part of the meeting will be circulated under separate cover.</p> <p><i>Members received and acknowledged this report.</i></p>	
<p>18.141</p>	<p>Claims Management Policy</p> <p>D Atkinson presented an update to the ELCCG Claims Management Policy for review and ratification. There were a number of amendments within the document, which were highlighted to members. Members were asked to approve the amendments.</p> <p><i>Members approved the amendments to this report and ratified the policy.</i></p>	
<p>18.142</p>	<p>Safeguarding Adult Review: EL Resident</p> <p>P Chapman summarised the background to this report, which identified delays in triggering 1:1 care and the challenges faced by care homes in managing complex patients. It highlights issues around capacity in community services, which are causing delays, and bed availability resulting in individuals being left in inappropriate placements. Many of these issues still remain pertinent, although the incident reported happened in 2015.</p> <p>This has triggered a wider conversation about how to support care homes managing these individuals as part of the Regulated Care workstream. The Lancashire Safeguarding Adults Board (LSAB) have asked about role of safeguarding in these instances, the duty of board and the duty of the Local Authority, so this is an ongoing piece of work.</p> <p>J Johnston advised that whilst the issues are accepted, it is not possible to accept all of the recommendations within the report as they are multi-agency. She gave an example of reviewing the 1:1 care policy, which is a multi-agency piece of work as not all residents in care homes are funded by the NHS. P Chapman noted that amendments to the recommendations can be referred back to LSAB, and J Johnston clarified that it is about ensuring the responsibility is held in the right place, but emphasised that this should be multi-agency. It was agreed that a clear process for escalation is needed, and members were concerned about individuals waiting for a Mental Health bed with no clear mitigation of risk to support that individual whilst they are waiting. P Chapman explained that there is a challenge that the 1:1 Policy was available to care homes, but that it is a complex and convoluted system. J Johnston advised that the recommendations should state the need for an action plan across Pennine Lancashire.</p> <p>It was noted that this report had been brought to committee to highlight the system issues, and it was queried whether this is also being sent to the LA and LCFT boards to seek assurance from them about their processes. P Chapman confirmed that this report has</p>	

	<p>been flagged to them but assurance is also being sought from them. This report has been included on the agenda for the LCFT Quality and Performance Meeting in August 2018.</p> <p>It was queried whether this incident was preventable; on discussion it was felt that this was unclear. P Chapman stated that the recommendations highlight the support that needs to be put in place to support individuals in care homes who are waiting for mental health beds, such as care home skills and training. There was a similar incident where a member of care home staff was attacked by a patient awaiting a mental health bed, but the police prevented an incident occurring. The system needs to think about the local offer to care homes, with regard to escalation and support.</p> <p>The Chair was concerned that the patient was discharged to a care home setting following hospital admission despite the view they should not go into any care home. There was concern that this could happen again, which means that a recurrence is not preventable due to the significant pressure on care homes. , It was queried whether it was possible, as suggested in the report to audit the number of times police have been called to care homes to help to manage challenging patients.</p> <p>ACTION: P Chapman to ascertain if it is possible to audit the number of police attendances at care homes over the past 12 months to help to manage challenging individuals</p> <p>P Chapman informed members that there is an additional piece of work being undertaken around Approved Mental Health Practitioners, who do not complete paperwork until a bed is identified, to see how many patients are in this position and what setting they are being left in. J Hanson added that if a bed is being commissioned by the CCG, and the care home need to call the police, this is a serious incident and this should be reported as will to give insight into process. This message needs to be re-enforced to care homes.</p> <p>The Chair summarised that this report raises a lot of concerns, with no assurance that it could not occur again. P Chapman advised that the LSAB are developing a group with LCFT and the LA to risk mitigate, and provide care homes with access to additional support.</p> <p>ACTION: P Chapman to ensure that R Snow-Miller and P Hopley have sight of this report</p> <p>Dr Z Sykes informed members about an incident she had experienced at a residential home, stating that GPs can be under pressure to sedate the patient, but mental health, police and ambulance crew will not try to de-escalate the individual. Concern was expressed that no accountability is taken of the potential harm to clinical staff.</p>
<p>18.143</p>	<p>Pennine Lancashire Quality and Performance Report Month 02</p> <p>K Ciraolo and A Daniels presented the key points from the Pennine Lancashire Quality and Performance Report for Month 02. Full details are available within the report.</p> <p>Members were informed that there is a plan to move to joint assurance meetings, meaning that some performance statistics will be across both CCGs as part of a pilot of reviewing progress as a single system; areas would include cancer, A&E and ambulance targets.</p> <p>ELHT: A&E Breaches There was underperformance against the 4 hour A & E target with performance in May 2018 at 84.14% (ELHT), although this was just above the recovery trajectory. Members</p>

were advised that the June 2018 data shows that the Trust are just below the recovery trajectory. Flow through ED and bed availability both remain an issue. There was discussion about the position, and it was noted that the Trust has been mandated to achieve 95% recovery by March 2018. There was concern that performance remains very fragile, and August 2018 is usually a month where performance drops. This is being monitored by the A&E Delivery Board.

Ambulance Calls

There is underperformance for both CCGs; BwDCCG had underperformance against Ambulance Response Programme Categories 2-4, and ELCCG had underperformance against Ambulance Response Programme Categories 1-3. The Chair asked about the recovery actions being taken to improve the Red 1 targets in EL, which are 2 minutes behind target.

Diagnostic Test Waiting Times

The target if less than 1% of patients waiting 6 weeks or more for a diagnostic test was not met for either CCG in May 2018. This has been attributed to pressures in non-obstetric ultrasounds.

RTT Incomplete

There was underperformance against RTT incomplete standard for both CCGs. Patient flow at LTHTr continues to have the biggest impact on both CCGs, with patients waiting over 18 weeks. Greater Preston CCG (GPCCG) and Chorley South Ribble CCG have requested a refresh of LTHTr's recovery plan around RTT, with a specific focus on long waits.

52 week Waits

In May 2018 BwD reported 3 patients with a wait over 52-weeks, and ELCCG reported 7 patients with a wait over 52-weeks.

For BwDCCG, one patient is under the care of Blackpool Teaching Hospitals under Specialised Commissioning. Further information has been requested from the Trust as a matter of urgency. One patient is under the care of LTHTr with a proposed treatment date of 18 July 2018. GPCCG have requested a RCA for the breach. One patient for BwDCCG is awaiting treatment under a Specialised Commissioning contract so it has been challenged that this breach should be attributed to them.

For ELCCG 2 of the patients have since had their treatments completed, and 1 patient is under the care of Leeds Hospital who have advised they cannot give a treatment date; this has been challenged by the CCG with further details requested, including the risk of harm to the patient.

Cancer patients seen within 2 weeks for an urgent GP referral

This target was not met for either CCG in May 2018. There were 87 breaches, although the information was not available due to the changes to the new Cancer Waiting Times System. The number of e-referrals is increasing.

Cancer patients seen within 2 weeks for an urgent referral for breast symptoms

The 2 week target was not met at BwD CCG in May 2018. Year-to-date the target is not being met.

Cancer patients receiving definitive treatment within 1 month of cancer diagnosis

The target was not met by BwDCCG in May 2018.

Cancer patients receiving subsequent treatment for cancer within 31-days (surgery)

The target was not met by ELCCG in May 2018; year-to-date the target is not being met.

	<p>Cancer patients receiving treatment for cancer within 62 days from an NHS Cancer screening Service The target was not met by BwDCCG in April 2018. The new Cancer Waiting Times System and dataset went live on 1st April 2018, with Open Exeter switched off from 2nd May 2018. Healthcare providers will be required to submit additional data fields for July 2018 activity onwards.</p> <p>Clostridium Difficile In May 2018 BwDCCG had 4 cases of C-Diff meaning there have been a total of 9 cases against a trajectory of 6. ELCCG had 7 cases in May 2018, meaning there have been a total of 14 cases against a trajectory of 9.</p> <p>E-Coli In May 2018 there were 30 cases of E-Coli identified in ELCCG, and 6 cases in BwDCCG.</p> <p>LCFT: Duty of Candour Work is ongoing with LCFT to ensure their monthly reporting compliance is consistently reflective of all Serious Incidents affecting patients. In May 2018, improvement in the data submission was noted.</p> <p>LCFT: IAPT Prevalence In May 2018 the target was not met by the Trust nor by ELCCG.</p> <p>LCFT: IAPT Recovery In April 2018 the 50% recovery target was not met by BwDCCG</p> <p>LCFT: Early Intervention Psychosis In May 2018 the target was met by the Trust and by both CCGs.</p> <p>LCFT: ADHD Seen within 18-Weeks At Trust level, the target for 92% of service users to wait less than 18 weeks for treatment was not met in May 2018. J Hanson advised that she has raised the ADHD target with the interim Director of Nursing for review.</p> <p>LCFT: Out of Area Placements At Trust level there was an average of 21.39 Out of Area Placements (OAPs) in May 2018, against a trajectory of 16, and a target of 0.</p> <p>The Chair thanked the team for their update.</p> <p><i>The Committee formerly received the report for information.</i></p>	
<p>18.144</p>	<p>Pennine Lancashire Risk Management Update</p> <p>C Moir presented the risk management update. Across Pennine Lancashire there are 7 risks which are included on the Risk Registers for both CCGs. These are:</p> <ul style="list-style-type: none"> • 95% Accident and Emergency 4-Hour Standard • 62-Day Cancer Target • Ambulance Performance • Initial Health Assessments for Looked after Children • Non-achievement of statutory financial duties of the CCG in 2018/19 and future years 	

	<ul style="list-style-type: none"> • Lack of In-Patient Beds for Children and Young People with Mental Health Issues (Tier 4 beds) • Loss of Residential and Nursing Home Beds from Care Home Sector and impact upon system resilience <p>Both CCGs maintain rigorous processes for recording, monitoring and reviewing the management of risks. There have been 3 new risks added to the ELCCG Risk Register since the last report. There are 4 risks for ELCCG that will be closed; 2 have been amalgamated into an existing risk, and 1 has been closed and a new risk opened pertaining to the current financial year. BwDCCG has 3 risks which will be closed but aligned with EL to reflect a Pennine Lancashire risk.</p> <p>It was observed that much of today's discussions have been focussed on some of the areas of risk on the registers, which is positive. These areas will be updated on the risk register.</p> <p>C Moir advised that it has been difficult to obtain an update on stroke update; C Marshall advised that the SSNAP has improved, but the 4-hour performance still remains an issue.</p> <p>ACTION: C Marshall to share the stroke data with C Moir</p> <p>MIAA have been in to review both CCGs risk registers, and both received substantial assurance. The Chair thanked both authors, noting that she found it easier to review the risk registers. She noted that the CAMHS risk should include details of the Cove currently being 8 beds down which is captured within the narrative of the minutes for the risk meeting but not updated on the register.</p> <p>There was discussion regarding alignment of the risk registers. It was acknowledged that there are some joint risks, but both CCGs still have different strategies and processes for managing these risks therefore some joint risks have different scores, due in part to constitutional measures and how this affects each CCG differently. It was noted that the registers and report need to clearly highlight why the differences are there. There was discussion regarding the risk pertaining to Personal Health Budgets, and it was clarified that this only relates to direct payment element so there is a specific risk around transfer from one service to another. BwD is not in the same position as EL so the risk score is different. C Moir added that BwD do not include low risks on their register but EL include them, so there are still conversations to be had. The Chair summarised that there are still some opportunities to align further.</p> <p>There was a brief debate about setting targets that are achievable rather than setting them high. This will be included in aligning the methodology across both organisations.</p> <p><i>The Committee formerly received the report for information.</i></p>	<p>C Marshall</p>
<p>18.145</p>	<p>Pennine Lancashire Research Update</p> <p>L Rogan presented the committee with the Pennine Lancashire Research, Innovation and Clinical Effectiveness Strategy, which has been developed and informed by key stakeholders across EL CCG, BwD CCG, ELHT, LCFT, BwD Borough Council, LCC, Public Health, and Lay representation. Delivery is overseen by the RICE Committee that formally reports to the CCG Governing Body through the PL Quality Committee.</p> <p>A proposal for managing Excess Treatment Costs has been approved. This may need to be amended depending on the outcomes and recommendations from national discussions.</p>	

	<p>A portfolio of studies has been collated across primary and secondary care to enable members to have oversight and access to outcomes from such studies that can be used to inform future commissioning and provider decisions. Opportunities across the broader footprint to undertake research has been explored including Community Pharmacies and Practice Nurses. More collaborative working with the CLAHRC NWC (Collaboration for Leadership in Applied Health Research and Care, North West Coast) has been implemented with further opportunities to embed clinical evidence and research into practice.</p> <p>Workshops have been delivered to senior managers and clinicians on implementation and evaluation through the Greater Manchester CLAHRC. These have been well received and are mandated for commissioners in some of the GM CCGs.</p> <p>The Chair noted that it was good to see cross-system partnership work developing. It was also queried when the outcome of the CLAHRC bids will be known, and it was confirmed that these will need to go through interview so might be a few more weeks.</p> <p><i>The Committee formerly received the report for information.</i></p>	
<p>18.146</p>	<p>Pennine Lancashire Special Educational Needs and Disabilities (SEND) Update</p> <p>L Jackson attended to present the Special Educational Needs and Disabilities (SEND) update report. The report also details the risks to the CCG.</p> <p>Following the Lancashire Area SEND inspection, which took place on 13 November 2017, Lancashire partners were required to submit a written statement of action to explain how they would address the key areas of development, identified as a result of the inspection.</p> <p>A senior SEND management resource has been put in place across Lancashire, as agreed at the Collaborative Commissioning Board, to lead on the commissioning priorities on behalf of the CCGs. The Lancashire SEND Partnership Board have agreed to hold a series of parent / carer engagement events across the Lancashire County Council footprint to listen and understand how to improve SEND services to deliver better outcomes. BwD engagement work has taken place in developing the joint commissioning arrangements.</p> <p>As part of the Transformation Programme there is a requirement for CCGs to increase the number of Care Education and Treatment Reviews (CeTRs) for children and young people with learning disabilities to prevent admission to hospital. As a result, CCGs are reviewing the current capacity.</p> <p>The Government are trialling extending powers for First-Tier Tribunals to make non-binding recommendations about the health and social care aspects of Local Authority decisions regarding Education, Health and Care plans as part of a special educational appeal. The trial will run for 2-years from 03 April 2018. To date there have been no cases that have reached Tribunal across Pennine Lancashire.</p> <p>Diane Booth has been appointed as lead for SEND across Lancashire. Interviews have been held for the Designated Clinical Officer for Pennine Lancashire, and the post has been appointed. The key priorities to look at are quality of health and education plans. Partnership work with families and individuals has been good, and there has been a lot of process and engagement which has been fundamental. Feed back to commissioners is being channelled through the Lancashire Children’s Commissioning Network.</p> <p><i>Members acknowledged the report</i></p>	

18.147	<p>Quality Performance Meeting Draft Minutes: June 2018 BMI Lancashire East Lancashire Hospitals NHS Trust Lancashire Care NHS Foundation Trust</p> <p>Quality Performance Meeting Draft Minutes: May 2018 MerseyCare Foundation Trust</p> <p>These were distributed prior to the meeting for information. No comments were raised. <i>Members acknowledged the minutes.</i></p>	
18.148	<p>ELCCG Risk Management and Information Governance Group Draft Minutes: June 2018</p> <p>These were distributed prior to the meeting for information. No comments were raised. <i>Members acknowledged the minutes.</i></p>	
18.149	<p>Cancer Tactical Meeting Minutes June 2018</p> <p>These were distributed prior to the meeting for information. No comments were raised. <i>Members acknowledged the minutes.</i></p>	
18.150	<p>GP Quality Group Minutes for ELCCG and BwDCCG: June 2018</p> <p>These were distributed prior to the meeting for information. No comments were raised. <i>Members acknowledged the minutes.</i></p>	
18.152	<p>Pennine Lancashire Research and Effectiveness Minutes -</p> <p>These were distributed prior to the meeting for information. No comments were raised. <i>Members acknowledged the minutes.</i></p>	
18.153	<p>Any Other Business:</p> <p>As M Pilling is on leave during the August committee, G Jones or N Horsfield will chair the meeting on her behalf.</p>	
18.154	<p>Items for the Risk Register</p> <p>There were no additional items to be added to the risk register.</p>	
18.155	<p>Date & Time of Next Meeting</p> <p>The next meeting has been scheduled for Wednesday 22 August 2018 in Meeting Room 1, Walshaw House.</p> <p><i>Deadline for papers is 5pm on 13 August 2018.</i></p>	