

East Lancashire CCG Governing Body

Minutes of the meeting held on Wednesday, 4 September 2019, 1pm at Walshaw House

PRESENT:

Dr Richard Robinson	Chair
Dr Santhosh Davis	GP Clinical Lead - Burnley
Dr Mark Dziobon	Medical Director
Dr Fiona Ford	GP Clinical Lead – Hyndburn
Kirsty Hollis	Chief Finance Officer
Kathryn Lord	Director of Quality & Chief Nurse - Interim
Dr Tom Mackenzie	GP Clinical Lead – Rossendale
Michelle Pilling	Deputy Chair & Lay Member – Quality & Patient Engagement
David Swift	Lay Member – Governance
Dr Paul Taylor	Secondary Care Doctor
Alex Walker	Director of Commissioning
Naz Zaman	Lay Member – Equality & Inclusion

In Attendance:

Debra Atkinson	Head of Corporate Business
Roger Parr	Chief Finance Officer, BwD CCG
Claire Richardson	Director of Population Strategy and Transformation
Adele Thornburn	Nursing & Quality Manager - shadowing the Director of Quality & Chief Nurse
Anne Holden	Corporate Administration Manager

Min Ref:		ACTION
19:106	<p>Welcome, Introductions & Chair's Update</p> <p>The Chair thanked everyone for attending the Governing Body meeting and introductions were made.</p>	
19:107	<p>Apologies</p> <p>Apologies were received from Dr Julie Higgins.</p>	
19:108	<p>Patient Story</p> <p>The Chair confirmed that September is World Sepsis Month and consideration had been given as to how the Governing Body want to recognise this. He felt that many of the Members will have previously met Julie Carmen, a former PCT employee and survivor of sepsis, who is now working with the Sepsis Trust.</p> <p>Julie was unable to attend the meeting but her story was shared with Members via a video link. Julie explained how a series of everyday communication failures conspired to create delays in her receiving effective treatment. These delays and the resultant risk to her life led to a slower recovery, and in her view were probably avoidable.</p> <p>Dr Robinson asked what assurance does the Governing Body have that we are doing the right things. In response, Kathryn Lord, Director of Quality &</p>	

	<p>Chief Nurse, confirmed that the Quality Team are working with the Trust and are reviewing documentation that is needed to be completed to ensure the coding is correct, as this has been identified as an issue. Discussions have also been ongoing through the PL Quality Committee.</p> <p>All information is being aligned nationally to ensure there is one consistent pathway. The Sepsis care bundle is currently being reviewed and audited and has been presented to Junior Doctors to raise awareness in terms of screening and the importance of highlight any concerns as soon as symptoms are recognised. Where a death has been attributed to sepsis, there will be a full review.</p> <p>With reference to primary care, it is important to ensure practices have a named sepsis champion and an educational session would be held to support general practice, noting there currently is a lot of work ongoing locally.</p> <p>Michelle Pilling thanked Kathryn for her update. She pointed out that one of the recent headlines in the Lancashire Telegraph highlighted that the numbers of deaths from sepsis are higher than expected over the last six years. She asked if deaths from sepsis are rising, and if so, what is attributable. It was considered that an area for concern is ambulance conveyance time.</p> <p>Paul Taylor referred to his previous role as Consultant Radiologist in Acute medicine where he was dealing with many different cases. He dealt with many cases of sepsis and made a number of points, particularly that there was no mention of sepsis ten years ago and cases were not recorded, recognising that the method of recording has now changed. He felt there is a need to be clear that every case is caused by delayed diagnosis and the Sepsis Bundle has to ensure people question at an early stage - is it sepsis?</p> <p>Kathryn outlined next steps and provided assurance that the process will be monitored, with structured reviews received through the PL Quality Committee.</p> <p>Dr Ford referred to named champions in primary care, as she had not seen any drive for this and asked if they have the necessary training to manage.</p> <p>The Chair also asked if there are processes for recognising sepsis in the nursing and care homes. Adele Thornburn, Nursing & Quality Manager confirmed that the Regulated Care Sector have a comprehensive educational programme, part of which is recognising early detection and supporting carers to recognise when something is different. Adele advised there is a good relationship with ELHT and their training department and an education programme is also provided through Lancashire County Council's Infection Prevention Team, dedicated to recognise early symptoms.</p> <p>The Chair thanked Kathryn Lord and Adele Thornburn for their input to the patient story and would await further developments regarding primary care training.</p>	
<p>19:109</p>	<p>Public Questions</p> <p>There were no public questions.</p>	

19:110	<p>Governance</p> <ul style="list-style-type: none"> ▪ Declarations of Interest : The Chair invited members to declare any interests they may have in relation to items on the agenda. There were no further declarations of interest in addition to those already included on the Conflict of Interest Register. ▪ Quoracy : The meeting was quorate 	
19:111	<p>Declarations of Other Business</p> <p>There were no declarations of other business.</p>	
19:112	<p>Minutes of the Meeting held on 3 July 2019</p> <p>The minutes of the meeting held on 3 July 2019 were presented and the following points were made:</p> <ul style="list-style-type: none"> ▪ There were amendments required to the members listed as present and apologies; ▪ Min 19:90 : Developing a Shared Strategy across L&SC – the meeting was not quorate and the Chair had agreed to contact those clinicians not present to obtain their views. Dr Robinson confirmed that he had made contact with Dr Ford who had shared her views and made contributions which were included in the CCGs feedback. ▪ Min 19:93 : Finance Report - the penultimate paragraph should read past two years. <p>RESOLVED: that subject to the above changes, the minutes were approved as an accurate record.</p>	
19:113	<p>Action Matrix</p> <p>18.15 : MH Act 1983 Code of Practice It had previously been agreed to retain this issue on the Action Matrix to ensure LCFT meet this requirement. Alex Walker confirmed there was currently no update and the position would be monitored through the Northumberland, Tyne & Wear (NTW) Review Report and Action Plan.</p> <p>19.88 : Joint Chief Officer Report David Swift referred to discussions at the July meeting when he had highlighted the need to consider how PCNs will be accountable to the CCG as the statutory body, pointing out this had not transferred to the Action Matrix.</p> <p>In response, Claire Richardson outlined the current position, confirming that discussions are ongoing with ELHT regarding tripartite development and reviewing governance arrangements, recognising the need to have a mechanism in place for PCNs to report into ICPs .</p> <p>The issue would be transferred to the Action Matrix. The remainder of the Actions were now closed and would be removed from the Matrix.</p>	<p style="text-align: right;">AH</p>

19:114	<p>Matters Arising</p> <p>There were no matters arising.</p>	
19:115	<p>Sub Committee & Stakeholder Minutes</p> <p>Debra Atkinson, Head of Corporate Business presented the report which provided Members with minutes of the Sub Committees of the Governing Body. She drew Members attention to the revised Terms of Reference for the Pennine Lancashire Quality Committee (PLQC) which had been reviewed following difficulties in achieving quoracy in terms of clinical representation, and were presented for ratification.</p> <p>Michelle Pilling, Chair of the PLQC pointed out there remained some minor changes in terms of membership and role outlines.</p> <p>David Swift was pleased to confirm that the August meeting of the PL Committees in Committee was quorate on both sides.</p> <p>RESOLVED: that Members receive the report and, subject to minor amends to the membership role outlines, the PLQC Terms of Reference were approved.</p>	
19:116	<p>Joint Chief Officer Report</p> <p>Kirsty Hollis, Chief Finance Officer and Deputy Chief Officer, presented the report which provided an update on major pieces of work, both nationally and locally. Following on from the Special Educational Needs and Disabilities (SEND) inspection in Blackburn with Darwen (BwD), Inspectors had reported that considerable progress had been made in implementing the SEND reforms since 2014, details of which were outlined in the report, together with key areas for development. It was anticipated a Lancashire SEND inspection was imminent during September and the CCG would be notified 10 days in advance, allowing time to prepare. Kirsty pointed out that based on the learning from the BwD inspection, preparation for the inspection will take a significant amount of officers time.</p> <p>A review of Integrated Care System (ICS) governance had taken place and a set of recommendations were presented to the ICS Board in July. Further iteration of the proposals had taken place and ICPs had provided feedback, with the final draft being presented to the ICS Board earlier that day. It was understood there was a difference of opinion across ICPs and a Task and Finish Group had been established to discuss further.</p> <p>A number of Policy updates were included in the report with links to further information. The Chair asked if the links had been shared elsewhere and it was agreed to include them in the Staff Bulletin.</p> <p>Michelle Pilling, Lay Member for Patient & Public Involvement, referred to the update in the report relating to the Integrated Assessment Framework for Patient and Public Involvement (PPI). In the previous year, both BwD and EL CCGs received a rating of 'requires improvement'. This was an opportunity to review processes and approaches to engagement across both CCGs and significant improvements have been made, resulting in a rating of 'outstanding' for EL CCG and 'good' for BwD CCG.</p>	DR

	<p>Michelle paid tribute to David Rogers, Head of Communications and Engagement and his small team and acknowledged their hard work to achieve this. She advised that EL CCG is in the top 10% of CCGs rated as outstanding for PPI which was testament to the team and the great work taking place.</p> <p>RESOLVED: that Members receive the report.</p>	
19:117	<p>NHS E – CCG Annual Assessment</p> <p>Kirsty Hollis presented the report which provided confirmation of the annual assessment for 2018/19 and formally reported that the headline rating for the CCG is Good for the second year running, in accordance with the accountability framework as monitored by NHSE. Given the pressures on the service as a whole, she considered this to be an excellent achievement and thanked all concerned. Members were also advised that the PPI assessment forms part of the overall rating too.</p> <p>In terms of areas for improvement, Dr Taylor asked if a strategy was in place as to how the CCG will respond. Kirsty advised that all areas identified form part of the ongoing work programme and delivery will be picked up through routine work streams.</p> <p>RESOLVED: that Members receive the report.</p>	
19:118	<p>Governing Body Assurance Framework (GBAF)</p> <p>In presenting the report, Debra Atkinson confirmed that the GBAF holds risks with a rating of 15 or above, noting that the most recent report was presented to the Pennine Lancashire Quality Committee in July. Scrutiny also takes place through Senior Managers and the Risk Management Compliance Group. Following an Audit by Mersey Internal Audit Agency (MIAA) in July, a number of recommendations were made to provide assurance in terms of management of the GBAF.</p> <p>Debra confirmed that PL CCGs have agreed a shared set of Corporate Objectives and all risks will be aligned to these. Following a review of all corporate risks, the GBAF currently holds six risks which are held on both registers, with the exception of Risk EL 133 relating to the CSU.</p> <p>It was confirmed there were no new or closed risks during the reporting period and one risk had reduced in rating and was now held on the Corporate Risk Register.</p> <p>Work is ongoing across the two CCGs to look at a more streamlined approach in terms of handling and monitor risk, with the intention of adopting a tool used in the ICS to ensure a consistent framework.</p> <p>Discussion followed and it was confirmed that risks that have been on the Register for some time have work streams linked to them.</p> <p>David Swift queried why the risk rating had reduced for the Initial Health Assessments for Looked After Children. In response Debra provided feedback from discussions at the last Risk Management Group when it was confirmed that when the initial risk assessment had been done, the wrong consequence was listed. There was challenge that it sits outside the scoring</p>	

	<p>matrix.</p> <p>David also considered that some of the targets of the remaining risks on the register were not realistic and requested a review of the targets.</p> <p>He also highlighted two additional risks relating to the current financial position and the unknown risks associated with Brexit. It was confirmed that both are included on the Corporate Risk Register as they are rated at a lower level.</p> <p>RESOLVED: that Members receive the report.</p>	
<p>19:119</p>	<p>Midlands & Lancashire CSU Data Mitigation</p> <p>In presenting the report, Kirsty apologised out that the title of the report should be Data Migration and not Data Mitigation.</p> <p>The report described how the Midlands & Lancashire Commissioning Support Unit (MLCSU) and NHS Digital disseminate and store personal identifiable information and to advise Members of the intention to change the way that data flows from NHS Digital and the CSU and how it is stored.</p> <p>Kirsty confirmed that data is currently stored on a server, however the hardware is out of date and will not be supported by Microsoft and would incur significant costs to replace. In conjunction with NHS Digital, the proposal is to move to a cloud based solution.</p> <p>Kirsty has worked with the Information Governance Team and the Data Protection Officer who have been reviewing the information on behalf of the CCG and have provided assurance that all standards have been met. In her role as Senior Information Responsible Officer (SIRO) for both BwD and EL CCGs, Kirsty had provided NHS Digital with assurance, and her statement was outlined at Para 4.2 of the report.</p> <p>Dr Taylor referred to Annex 2 of the report which referred to data sharing between members of the European Economic Area and the United States. It was noted that once the outcome of Brexit is known, the data sharing agreement will be amended at that point. It was also confirmed that the cloud servers will still be UK based.</p> <p>RESOLVED: supported the recommendations outlined in the report.</p>	
<p>19:120</p>	<p>Confirmation of Delegated Actions</p> <p>Use of the Seal</p> <p>The report confirmed that the Chief Officer undertook the signing and sealing of legal documents in respect of the following:</p> <ul style="list-style-type: none"> ▪ Section 75 Agreement – Integrated Home Response and Falls Lifting Service between: <ul style="list-style-type: none"> - NHS Chorley & S - South Ribble CCG - NHS East Lancashire CCG - NHS Fylde & Wyre CCG - NHS Greater Preston CCG 	

	<ul style="list-style-type: none"> - NHS West Lancashire CCG - NHS Morecambe Bay CCG - Lancashire Teaching Hospitals NHS Foundation Trust - Lancashire County Council <p>The commitment was through a pooled budget across Lancashire and the project has been managed through the ICS and Urgent and Emergency Care Network. It was a small contribution from the CCGs for a very useful service.</p> <p>David Swift queried if the CCG can enter into a formal Section 75 agreement with a Provider. It was confirmed that Lancashire Care NHS Foundation Trust will contribute the NHS digital funding, but are not providing the service and commissioning delegation is through the L&SC Clinical Commissioning Board. It was also confirmed that Blackburn with Darwen CCG are not included as Lancashire County Council are leading the procurement of this service, and BwD CCG already have a service in place.</p> <p>ACTION: Attach relevant documents to future reports regarding use of the Seal.</p> <p>RESOLVED: that Members confirm the delegated actions as outlined.</p>	AH
19:121	<p>Finance Report</p> <p>Kirsty Hollis, Chief Finance Officer presented the Finance Report for the four month period to 31 July 2019, advising there had been no change from the previous month. The CCG was still forecasting delivery of all statutory duties, although small pressures were starting to build up on non-contracted activity due to a significant influx of people who have fallen ill in other parts of the country.</p> <p>Kirsty was confident that the CCG can achieve the statutory duties, however was more concerned regarding the ICP position, including EL CCG, BwD CCG and East Lancashire Hospitals Trust. There is a need to undertake further work to understand what their forecast is likely to be at year end and an emerging picture would be provided in October.</p> <p>Members requested clarity regarding the financial commitment to the Stroke pathway, advising that the Committees in Common supported further investment. It was noted the Resources Group are working with the provider to bring the investment into the envelope that has been provided.</p> <p>RESOLVED: that Members receive the report.</p>	
19:122	<p>Contracts, Quality & Performance Report</p> <p>Alex Walker, Director of Performance & Delivery presented the report, pointing out that performance is becoming more of a challenge compared to last year. He highlighted the following key areas:</p> <ul style="list-style-type: none"> ▪ A&E identified slight improvements but still continues to struggle against trajectory and tracking where we stand compared to others is ongoing. ▪ Referral to Treatment (RTT) is becoming significantly more challenging this year, with more specialties experiencing difficulties. 	

	<p>The report outlined the work ongoing to address the issues.</p> <ul style="list-style-type: none"> ▪ 52 week waiters was becoming more of a challenge, particularly regarding Lancashire Teaching Hospitals. ▪ Cancer continues to perform relatively well. <p>It was recognised that work is ongoing in all areas to try to turn the position around as much as possible.</p> <p>The Chair considered this has been a similar position for some time. He referred to discussions at the last informal meeting regarding the Ambulance Service and asked if the points raised would help to address some of the statistics.</p> <p>Alex Walker highlighted the importance of understanding our performance across the Category 1 and Category 2 position across PL, working on a broad NW basis with strong L&SC input. Alex considered there are quite radical changes that we have to work through together. There has been a notable reduction in Ambulance conveyances to A&E in our area over the last 2 months, which highlights that changes are being made in the way we are working together. As we develop some alternatives and properly invest in the community, this is where we will start to improve performance.</p> <p>Michelle Pilling articulated the same challenges experienced in the PL Quality Committee, where measures are deteriorating over a number of years. There is no reflection of the hard work put in by the staff and asked how do we assure ourselves we are making a difference.</p> <p>The Chair referred to the huge workforce gaps, which will contribute to the position and also have a knock on effect in terms of expenditure on locums etc. To make improvements in the 4 hour target in A&E, it is about primary care being able to work better and offer different services.</p> <p>David Swift pointed out that NWS performance has improved month on month but this is not reflected in the report as all areas are RAG rated Red.</p> <p>Claire Richardson pointed out that the organisation is still accountable for ensuring that performance is as on track as it can be, through Sub Groups and Partnership Groups, and the Governing Body needs to be assured that there are plans in place. She suggested deep dives be shared with GB members where areas are not improving or measures are changing to provide a higher level of detail.</p> <p>Dr Davis considered that looking into the future things will be different. Commissioning will be more neighbourhood based and PCN orientated with more collaboration across the system, but the quality standards should not be slipping.</p> <p>It was recognised there are some fundamental problems that cannot be resolved as a health economy and there is a need to look at different ways of working with providers to address areas of concern.</p> <p>The Chair noted the potential effect on morale to have a sea of Red against the Quality and Performance Measures.</p> <p>ACTION: There are a number of hot spots that the PL Quality Committee are reviewing and a resume will be shared with GB to understand the amount of work ongoing in specific areas with key actions.</p>	<p>AW</p>
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	<p>RESOLVED: that Members receive the report.</p>	
<p>19:123</p>	<p>Quality Assurance Report</p> <p>Kathryn Lord, Director of Quality & Chief Nurse presented the report and drew members attention to key points.</p> <p>As referenced earlier in the meeting, World Sepsis Day is to be held on 13 September 2019 and the CCG has planned communications to raise awareness.</p> <p>In terms of provider updates, ELHT Centralised Outpatients & Patient Administration Services have won the Public Sector Paperless Award for 'Best Use of a Digital Solution' and have also been shortlisted for the 'Special recognition Award'. The system allows patients to download their appointment letter to their smart phone. At the end of June, this has resulted in 38% of letters being downloaded, avoiding over 210,000 letters being printed.</p> <p>The Radiology Department was recently involved in a 'Getting It Right First Time (GIRFT) review. A lot of good practice was demonstrated through the department and Kathryn paid tribute to all the staff involved, particularly during times of significant pressures.</p> <p>Following the CQC inspection at Lancashire Care NHS Foundation Trust, it was highlighted that there was not enough patient care involvement. The Trust Experience Team are working on this to promote opportunities to collect service user feedback.</p> <p>The report also outlined the work ongoing in respect of the Northumberland Tyne and Wear (NTW) Mental Health pathway review.</p> <p>In primary care, the results of the GP Patient Survey 2019 were published in July and the report provided a summary of the outcome. Areas of focus include Improving Access and implementing Care Navigation as a way to manage demand.</p> <p>Kathryn advised that revised guidance for the Friends and Family Test is expected by April 2020. A webinar was also scheduled for 20 September to outline the benefits of First Contact Practitioner for musculoskeletal (MSK).</p> <p>The NHS Patient Safety Strategy was launched at the Patient Safety Congress in July 2019 and describes how the NHS will continuously improve patient safety and work is ongoing to build on the foundations of a safer culture across the whole system.</p> <p>Roger Parr made reference to the NTW report and the recommendation relating to capability commissioning, confirming that the ICS have devised a programme to support this going forward.</p> <p>GP colleagues also highlighted the importance of leading the way in terms of managing patient safety and incidents.</p> <p>RESOLVED: that Members receive the report.</p>	

19:123 Integrated Care Partnership Priorities

Claire Richardson, Director of Population Strategy and Transformation gave a presentation outlining the current position in relation to the Integrated Care Partnership (ICP) priorities.

The CCG is in currently the middle of the five year planning round, expected to deliver a response to the Long Term Plan (LTP) and is tasked with providing standardised care within a new NHS delivery model, bringing together provider and commissioner functions. She advised that over the coming months the ICS will develop a strategy across Lancashire & South Cumbria (L&SC) for the next 5 years.

The Chief Finance Officer had previously outlined the financial challenges and there will need to be some assumptions across L&SC in terms of developing the strategy. However guidance has now been received and discussions are ongoing in terms of achieving an aligned view. The ICS priorities were considered at the last meeting of the Governing Body and Claire confirmed there was some consistency of feedback from across the ICS.

In terms of the content and context of how to model this going forward and to consider the ICP Planning Response, discussions are ongoing with the Chief Officer, Medical Directors and other Directors and Teams to focus on the things we are going to deliver on, particularly in terms of culture and ways of working. It is also important to ensure the neighbourhoods have the capacity and understand the needs of the system.

Claire made reference to the report received from the Good Governance Institute (GGI) following the Tripartite meeting which highlighted that the direction of travel is working with health partners and wider partners. Two Task and Finish Sub Groups have been established to manage resources and governance.

In reviewing and developing the Pennine Plan, it is important to look at fundamental building blocks and a system development approach, focusing on work with ELHT as to how to do business more effectively, and how to engage better, particularly on intermediate care and neighbourhoods.

In terms of transformational priorities, a number of Programme Boards are becoming established and work is ongoing to look at how to bring teams together and create some tangible work streams.

In terms of next steps, there is a need to finalise the narrative, building on the work already done and including more detail and more in depth discussion would take place at the GB Development Session in October. Claire confirmed there would be staged submissions to the ICS, once the templates have been received. The two Chief Finance Officers would sign off the finances for the first submission on 26 September and the 15 November submission will be signed off at the 13 November GB meeting.

RESOLVED: that Members receive the report.

19:124	<p>Any Other Business</p> <p>Items for inclusion on the Corporate Risk Register.</p> <p>There were no additional items for inclusion on the Corporate Risk Register.</p>	
19:125	<p>Date Time of Next Meeting</p> <p>The next meeting was confirmed as a Meeting in Common with Blackburn with Darwen CCG Governing Body and was to take place on Wednesday, 13 November 2019 at Walshaw House.</p> <p>David Swift queried whether BwD CCG can hold their public meeting outside their CCG boundary.</p>	
<p>RESOLUTION</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>(Section 1[2] Public Bodies (Admission to Meetings) Act 1960.</p>		

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