

REPORT TO:	GOVERNING BODY		
MEETING DATE:	22 September 2017		
REPORT TITLE:	Sub Committee Summary		
SUMMARY OF REPORT:	<p>This report summarises each Sub-Committee meeting of the Governing Body. Full copies of all minutes are available from the Board Secretary on request.</p> <p>The report identifies:</p> <ul style="list-style-type: none"> ▪ Items requiring approval from the Governing Body ▪ Advises on delegated decisions taken ▪ Reports on key decisions ▪ Highlights items of particular interest or potential risk. 		
REPORT RECOMMENDATIONS:	<p>a. Ratify and endorse the delegated decisions taken by the Sub Committees;</p> <p>b. Receive the monitoring information on key decisions;</p> <p>c. Be advised of the items of particular interest or risk;</p> <p>d. Receive the Stakeholder Committee minutes for information.</p>		
FINANCIAL IMPLICATIONS:	None		
REPORT CATEGORY:	Formally Receipt	Tick √	
	Action the recommendations outlined in the report.		
	Debate the content of the report		
	Receive the report for information		
AUTHOR:	<p>Anne MacLeod Corporate Administration Manager</p> <p>Report supported & approved by your Senior Lead Y</p>		
PRESENTED BY:	<p>Angela Brown Director of Corporate Business</p>		
OTHER COMMITTEES/ GROUPS CONSULTED:	Content discussed at the Sustainability Committee, Primary Care Committee & PL Quality Committee.		
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	N	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If yes, please attach</td> <td style="width: 50%;">If no, please provide reason below - N/A</td> </tr> </table>		If yes, please attach
If yes, please attach	If no, please provide reason below - N/A		
RISKS	Have any risks been identified / assessed?	N	
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N	
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	Y	
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	Y	
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y	
Which Strategic Objective does the report relate to		Tick	
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√	
2	Optimise appropriate use of resources and remove inefficiencies.	√	
3	Improve access, quality and choice of service provision within Primary Care	√	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√	

**NHS EL CCG Governing Body
25 September 2017**

SUB COMMITTEE SUMMARY OF BUSINESS

1. INTRODUCTION

- 1.1 This report summarises each sub-committee of the Governing Body and identifies:
- Items requiring approval from the Governing Body
 - Advises on delegated decisions taken
 - Reports on key decisions
 - Highlights items of particular interest or potential risk.

Full copies of the minutes are available from the Board Secretary on request.

2. SUB COMMITTEES

2.1 Audit Committee: 21 August 2017 Chair : David Swift

The minutes of the meeting held on 21 August 2017 have been approved by the Chair but have not been ratified by the Committee. The minutes are attached in full at Appendix A.

2.2 Sustainability Committee: 14 August & 11 September 2017 Chair : David Swift

The Group discussed issues relating to the following areas:

- a. Items requiring approval from the Governing Body : NONE**
b. Delegated decisions requiring ratification by the Governing Body :

▪ **Ratification of Pan-Lancashire Clinical Commissioning Policies**

The Commissioning Policy Development & Implementation Group was established in April 2017 to review, update and support the implementation of clinical commissioning policies on behalf of the eight Lancashire CCGs. Members approved the following five commissioning policies:

- Surgical Release of Trigger Finger
- Surgical Release of Carpal Tunnel
- Male Circumcision
- Tonsillectomy/Adeno-Tonsillectomy
- Endoscopic Procedures on the Knee Joint Cavity
- Rescind the existing policy for Planned Caesarean Section
- Accept the recommendation that there is no requirement for a policy to be developed on Home Births.

Governing Body Members are asked to ratify the decision of the Sustainability Committee, following which the policies would be updated on the EL CCG website and included on the Medicines Management website.

c. Reporting on key decisions

14 August

▪ Financial Monitoring

Members received an update on the financial position for the 3 month period to 30 June which outlined a small improvement in the financial position. The scenario planning element of the report illustrates trends and highlights issues that could impact on the financial position together with areas of mitigation.

▪ Contract Management Report – Month 1

Members were updated on the position at the end of Month 2 and highlights from Month 3. Following on from discussions at the last meeting, Sepsis coding had been queried with the National Standard Contract Team by Lancashire CCGs. It was confirmed that national guidance on coding is for immediate implementation and providers should notify commissioners of the change they are required to implement. Any financial impacts would be progressed through the ELHT Contract Management Executive. Members were also updated on the position regarding the cancelled operation.

▪ Sustainability & Performance Group Update

QIPP schemes of £9.4m have been identified but a gap of £5.2m remains. Schemes are reviewed regularly by the leads and discussions are ongoing with finance colleagues to synchronise reporting. Further discussions will also take place with Senior Clinicians at their meeting in September. With reference to RightCare, the PL CCGs continue to successfully adhere to the Wave 2 schedule and the Programme Logic Model was submitted in July.

▪ Unlicensed Specials

Legal advice has been sought in respect of a number of challenges relating to the CCGs Unlicensed Specials Service Procurement. A number of options are to be considered to recommend a way forward with an update to the next meeting.

▪ Developing an Integrated Urgent Care Specification to Pennine Lancashire

The report outlined progress towards developing an integrated urgent care specification for PL and outlined the strategic direction and transformational changes required, including the national Must Do's. Next steps included the development of a service specification with outcome measures for sign-off through the governance process by October 2017, including a mobilisation plan and process implementation. It was anticipated the full service specification would go live in April 2018.

▪ Mental Health Reconfiguration

Members received an update regarding the implementation of the Mental Health Reconfiguration in Lancashire with a focus on next steps. The PL inpatient service will be provided from the Royal Blackburn Hospital (RBH) site, following enhancements to the existing service, and the transfer of beds from the Burnley General Hospital site is in line with previous consultation and engagement which identified the RBH site as the preferred location. Members supported the proposals outlined in terms of next steps.

▪ Over The Counter Prescribing Consultation

The report outlined the key findings from the consultation undertaken to obtain views from the public regarding the NHS prescribing of readily available over the counter products for minor ailments. Members supported the establishment and implementation of guidance to GPs to recommend the discontinuation of NHS prescribing of over the counter products for minor conditions and ailments, recognising that implementation and communication needs to be carefully managed.

11 September

▪ Financial Monitoring

Members received a highlight summary of the financial position for the four month period to 31 July 2017 and early analysis at Month 5. Pennine Acute were showing an under trade however there was overtrading with Airedale NHS Trust. The CCG continued to achieve the Better Payment Practice Code. It was recognised there are a number of

individual strategies in place and the PL Business Cases should achieve what is required.

▪ **Contract Management Report**

Members received key highlights at the end of Month 4, particularly relating to the number of patients having over 52 week waits and patients on the 18 week pathways with waits over 36 weeks which had increased and was being investigated with the Provider to understand the position. Further to previous discussions relating to Sepsis, it was confirmed that discussions are ongoing with ELHT and through the Contract Management Executive as to how this will be taken forward and the financial impact.

▪ **Update from Sustainability & Performance Group**

There remains a QIPP gap of £5.4m and significant work is required to reduce the deficit. It was considered there is sufficient funding within the existing resource to cover the deficit for 2017/18, however if Provider contracts over-perform the CCG would be under greater pressure to manage financially. Senior Clinicians had identified key areas at their meeting in September and QIPP would remain a standing item on their agenda. In terms of RightCare, a further submission was due at the end of August covering the third programme of Respiratory, Asthma and Chronic Obstructive Pulmonary Disease.

▪ **Self Care Over the Counter (OTC) Policy**

Following the decision to support the above policy at the last meeting, the issue of the Pharmacy First Minor Ailments Service was raised and concerns over mixed messages being relayed to patients from GPs and Community Pharmacists with regard to purchasing OTC products. Members supported the decision not to renew the existing contract that comes to an end on 30 September 2017, in line with the PL position, recognising that community pharmacy will remain a key element under the new models of care with care co-ordinators and other healthcare professionals.

d. Items of particular interest or risk : NONE

2.3 Pennine Lancashire Quality Committee: 26 July & 23 August 2017
Chair : Michelle Pilling

The Group discussed issues relating to the following areas:

- a. Items requiring approval from the Governing Body : NONE**
- b. Delegated decisions requiring ratification by the Governing Body : NONE**
- c. Reporting on Key Decisions**

26 July

▪ **Provider Quality Accounts**

Members received the Quality Accounts for BMI Healthcare, Lancashire Care Foundation Trust, Mersey Care Foundation Trust and EL Hospitals Trust.

▪ **Cancer Update**

The Cancer Team requested approval to make an adjustment to the cancer referral form to include the patients holiday dates. Following discussion with Christies, a mandatory field has been included on the two week referral form to include holiday dates and the appointment will be made when the patient returns from holiday. The proposal had also been shared with the National Team for approval and the outcome is awaited.

▪ **Home of Choice Policy**

The report provided an update on the process of the Supporting Patient's Choice to Avoid Long Hospital Stays (Home of Choice) Policy which had been developed across Lancashire and Sough Cumbria and was in line with National policy. Members supported the implementation of the Policy in East Lancashire, subject to the wording in the letters being amended slightly.

- **PL Quality & Performance Report**
Members received a comprehensive report and key issues were highlighted.
- **Serious Incident Review Group Recommendations**
During June ELCCG reviewed 20 reports, of which 15 were approved for closure and 5 required further information from the provider. During the same period BwD CCG received 11 reports, of which 6 were approved and 5 required further information from the provider. During the same period, 15 extension requests were submitted by ELHT and 6 from LCFT, noting an increase from both providers which would be further discussed at the respective Quality and Performance meetings. To provide assurance that lessons are being learned from the incidents, a diagram has been incorporated into the SIRG meetings to capture all themes, trends and lessons learned and any repeated areas of concern can be identified.
- **PL Risk Management Update**
Members received the combined Risk Management Report which outlined operational and strategic risks for both CCGs. Across PL there are six risks which are included on the Risk Registers of both CCGs and two new risks had been added to the EL Register since the last report.
- **ELCCG Workforce, Race & Equality Standards Report**
The report provided a summary of the technical guidance issued by NHS E in respect of the implications and actions required following the introduction of the Workforce Race Equality Standard. The CCG is required to publish workforce data relating to the indicators within the standard on its website, however the chair asked for the comparative data to be confirmed as correct before publishing, as it seemed high compared to consensus data.

23 August

- **Stroke Pathway Update**
The presentation provided assurance that an action plan relating to stroke is being implemented to effect improvements, which is a joint approach between commissioners and providers. The focus of the presentation was the acute phase and the Integrated Community Stroke Team. Following concerns raised by Members at a previous meeting, the Stroke Team have agreed to walk the stroke pathway to gain a full understanding of the pathway. Arrangements were also in place for Professor Tony Rudd, National Stroke Lead to visit to provide further insight. Following discussion, the Chair acknowledged the hard work ongoing and the improvements made to date.
- **PL Risk Management Update**
Members received the combined Risk Management Report which confirmed that BwD CCG had 16 risks on the Risk Register and EL CCG had 17 risks, details of which were outlined in the report. There had been no new risks added to the registers in July. It was agreed that a combined approach to the combined risk areas would be more beneficial to both CCGs and this would be further reviewed.
- **Domestic Homicide Review**
The report provided an overview of the serious incident in 2014 and subsequent Independent Investigation report and action plan and Members requested assurance that the resulting actions and outcomes address all areas. NHS E are monitoring the action plan in liaison with Lancashire Care Foundation Trust (LCFT) and will also be discussed with BwD Safeguarding Board to identify relevant learning.
- **PL Quality & Performance Report**
Members received a comprehensive report and key issues were highlighted.

- **PL Serious Incident Review Group Recommendations**
 During July ELCCG reviewed 10 reports, 7 of which were approved for closure and 3 were returned to the provider for more information. BwD CCG reviewed 5 reports during the same period, 2 of which were approved for closure and 4 required further information. During the same period, 3 extension requests were submitted by ELHT and 3 from LCFT. It was noted that the number of extension requests was decreasing, which was assuring.
- **2016/17 CQUIN Reconciliation Q4**
 The report set out the EL CCG and BwD CCG hosted provider performance at Quarter 4 2016/17 for outstanding indicators and Quarter 1 2017/18 against each indicator in Providers CQUIN schemes. Members supported the recommendations to release the newly reconciled Quarter 4 monies as specified and the identified Quarter 1 payments.
- **Primary Care Quality Assurance Report**
 The Quality Concerns Trigger Tool has been adopted by the PL Team and the indicators have been developed against which the GP practices will be monitored. The Annual GP Survey was published in July which highlighted a vast range in the individual practice responses, noting that specific work is being carried out with EL practices through the Quality Framework. Work is ongoing to review complaints received regarding GP surgeries and to identify any themes or trends. There are currently three providers awaiting their first CQC inspection and three practices have been rated 'inadequate' following inspection.
- **Lancashire IPC Update**
 The report outlined the Q1 position for Health Care Associated Infections across the Lancashire footprint. There were 3 cases of MRSA, 2 of which were assigned to the CCG. For EL CCG there were 23 cases of E-Coli against a target of 14 and 11 cases for BwD CCG against a target of 10. During the same period the IP Team have received 16 Care Home referrals and continue to support those undergoing the Quality Improvement Programme. Support had also been provided to 29 care homes to manage norovirus outbreaks.
- **PL Safeguarding Dashboard**
 The report outlined progress on the development of a PL model for safeguarding which includes two Specialist Practitioners for Children's Safeguarding and one additional Specialist Practitioner for Adults Safeguarding, together with additional administrative support to manage the wider CCG work. There were concerns regarding health assessments not being completed within timescales which has been escalated to safeguarding leads for assurance that the backlog will be completed. Compliance against safeguarding training has been raised at both Executive Management Teams and awareness of the training is being promoted across both CCGs
- **PL Individual Patient Activity (IPA) / Continuing Health Care (CHC) Update**
 The report updated on progress and current risks in relation to Individual Patient Activity for the PL CCGs. CCG managers continue to work with the CSU to implement the jointly agreed action plan and a new IPA database has had some impact on forecasting financial commitments. In relation to transforming care, both CCGs have 3 CCG responsible patients remaining in hospital, two of which are complex and have been escalated to NHS E for advice and support.
- **PL Complaints, MP Letters and PALS Reports Q1**
 Members received the first joint report which provided details of complaints, Patient Advice and Liaison Service enquiries and MP letters received across Pennine Lancashire. The number of complaints received during the Quarter had reduced for both CCGs and a detailed analysis outlined themes and trends.

- **PL Equality & Inclusion (E&I) Quarterly Report**

The report provided an update on E&I work being carried out across both CCGs. A decision had been made to have the same Business Partner covering PL CCGs to ensure consistency in the approach to deliver the joint E&I Strategy. A tracker is being developed to monitor the Equality Impact Risk Assessments and a presentation to the Senior Management Teams outlining the support available had been successful and raised awareness. The new Equality Resource Pack is available on line for primary care across both CCGs.

- **Maternity Services Update**

The report provided an update on Local Maternity Systems following the publication of 'Better Births'. It also set out some of the pathway changes that have been implemented with the outcomes showing a reduction in stillbirth rates. ELHT contributed to the Every Baby Counts national quality improvement programme and were also a pilot site for the Saving Babies Lives care bundle, introduced by NHS E in March 2016, which was included as a local CQUIN indicator for 2016/17. As a result of these measures the Trust have achieved a 53% reduction in avoidable stillbirths.

- **Clinical Coding Audit**

A clinical coding review was undertaken by Mersey Internal Audit Agency of non elective activity in the specialties of Trauma & Orthopaedics and Respiratory Medicine at ELHT to help identify the reason for an increase in activity and cost. The review identified that the overall accuracy of the coding was variable and the report provided limited assurance on the clinical process overall with physical records and staffing levels identified as a high risk. It was recognised that improvement would be difficult until the Trust moved to an electronic patient record.

d. Items of Particular Interest or Risk : NONE

**2.4 Primary Care Committee : 12 July 2017, 9 August 2017 meeting cancelled
Chair : Naz Zaman**

The Group discussed issues relating to the following areas:

- a. Items requiring approval from the Governing Body : NONE**
- b. Delegated decisions requiring ratification by the Governing Body : NONE**
- c. Reporting on Key Decisions**

12 July 2017

- **Care Navigation**

The report outlined proposals for the purchase of equipment to relieve the pressure on GP reception staff and afford them time to support care navigation and signpost patients. This included GP Practices having automated arrival screens to enable patients to book themselves in for their appointment, together with a Practice telephone messaging system to signpost patients to the most appropriate service when they ring the Practice. Members supported full roll out in principle, with the proposal to pilot in Hyndburn in September and explore in more detail the phasing out of the system moving forward.

- **ECG/Ambulatory Blood Pressure Monitoring Payments**

The CCG Quality Framework focused on providing additional investment for new areas of quality improvement schemes, whilst consolidating a number of existing enhanced service schemes. A review of activity and cost for both the ECGs and 24 hour Ambulatory Blood Pressure Monitoring (ABPMs) service specifications highlighted that activity is extremely variable due to inconsistencies in coding at individual practice level.

The CCG had agreed to review activity during 2016/17 and provide a reconciling payment at the end of the financial year where a practice demonstrated an increase in

activity from 2015/16 and also to establish a robust baseline and payment methodology from 2017/18 onwards. Members supported the proposals to fund reconciliation payments for 2016/17 and the recommendation to fund ABPMs and ECGs in 2017/18 at an agreed rate per 1,000. Payments would be funded from slippage on the Quality Framework investment.

9 August 2017

Due to a number of apologies, the meeting was not quorate and therefore stood down.

2.5 Locality Steering Group Summaries : Chair – GP Clinical Leads

Locality summaries are attached at Appendix B.

3. STAKEHOLDER COMMITTEES

The following Stakeholder Committee minutes are attached at Appendix C for information.

- Health & Wellbeing Board : 20 June & 7 August 2017
- Pennine Lancashire System Leaders Forum : 22 July 2017

4. RECOMMENDATIONS

Members are asked to:

- a. Ratify and endorse the delegated decisions taken by the Sub Committees;
- b. Receive the monitoring information on key decisions;
- c. Be advised of the items of particular interest or risk;
- d. Receive the Stakeholder Committee minutes for information.

ANGELA BROWN
Director of Corporate Business