Minutes of Previous Governing Body Meeting held on 27 July 2016
NHS Chorley and South Ribble CCG Governing Body Meeting

28 September 2016

Governing Body Meeting - Minutes
27 July 2016
Cross Room, Civic Centre, West Paddock, Leyland PR25 1DHat 3.45pm

Present
Dr Gora Bangi, Chair
Mrs Anne Bowen, Governing Body Nurse
Dr Steve Cairns, Secondary Care Doctor
Mrs Linda Chivers, Lay Member Finance and Audit
Mr Matt Gaunt, Chief Finance and Contracting Officer
Mr Anthony Gick, Lay Member Governance
Mrs Jan Ledward, Chief Officer
Dr Matthew Orr, GP Director
Dr Satyendra Singh, GP Director

In attendance
Mrs Helen Curtis, Head of Quality and Performance
Mrs Jayne Mellor, Head of Planning and Delivery
Ms Karen Sharrocks, Head of Strategy and Corporate Services
Mrs Anne Whittle, Governing Body Secretary (Minutes)

Members of the Public
Ms Catherine Brown, Communications Manager, CCG
Dr Margaret France, Chorley Borough Council Health Champion
Mr Glenn Mather, Evidence and Effectiveness Lead, CCGs (item 2 only)

CSRGB
160727-1
Welcome and Apologies for Absence
Dr Bangi welcomed everyone to the meeting. Introductions were made for the purpose of members of the public.

Apologies for absence were received from Dr Richard Kelsall, GP Director, Mr Geoffrey O’Donoghue, Lay Member Patient and Public Involvement, Dr Tony Reid, Local Medical Committee Representative, Healthwatch Representative and Public Health Representative.

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160727-2
Patient Story
Ms Sharrocks presented a video introducing to the Governing Body ‘Lizzie’s Story’. Lizzie is a member of the local Brothers of Charity advocacy group. She has learning disabilities and uses a wheelchair.

In the DVD Lizzie’s story was told and described many of the challenges which she has experienced with accessing healthcare and moving around buildings. Although she found most people have a positive attitude in the health service, she changed her GP because of problems accessing the building. She referred to the
Red/Amber/Green (Hospital Passport) factsheet system which she finds helpful when she attends hospital appointments; it helps people to give her the support she needs.

Governing Body members sought assurances that our providers are meeting the needs and wishes of our patients. Mr Glenn Mather, Evidence and Effectiveness Lead for the CCGs was in attendance and replied that a general lack of awareness of patients' needs has been identified through the Winterbourne Review, and subsequently the CCG is working on the Right Track plan to improve access through a review of services.

Governing Body members acknowledged that there is a willingness for patients to engage with others to improve the lives of other patients with similar conditions. The Governing Body expressed thanks to Lizzie for sharing her experiences and noted progress in respect of the Right Track plan.

The DVD can be viewed on the CCG’s website www.chorleysouthribbleccg.nhs.uk.

Resolved
That the Governing Body welcomed and noted the Patient Story.

Declarations and Register of Interests
Dr Bangi invited members and attendees to declare any interests pertaining to agenda items. GPs declared their interests as providers of primary care services.

Minutes of Previous Meeting
The minutes from the meeting held on 25 May 2016 were presented for approval. The Governing Body accepted the minutes as a correct record.

Resolved
That the minutes of the previous meeting held on 25 May 2016 were accepted as a correct record.

Matters Arising
Governing Body members noted the matters arising on the sheet provided and agreed to all items identified as complete. The following comment was made:

Clarity was sought whether the risk for GBAF05 could be managed under GBAF01. Ms Sharrocks confirmed there was a debate at the development session and it was agreed that we would only pick up risks for which the CCG is accountable; GBAF05 has been reviewed by the risk owner.
Chair's Update

Dr Bangi provided an update on recent activities of the CCG Chair.

The outcome of the referendum in June has stimulated much debate across the country. We continue to work with our partners within central Lancashire on the Local Delivery Plan (LDP) as part of our submission for the Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria. We took part in a Lancashire wide peer review of our submission to identify any gaps. A meeting was held with STP leads in Leeds on 20 July where NHS England sought assurances that the CCGs can deliver transformation of health services in Lancashire and South Cumbria.

The elections for our two vacancies for GP Directors have been completed, and we welcome Dr John Cairns and Dr Joegy Shah when they take up their posts in August.

A key piece of work has been undertaken on the primary care estates strategy. This has involved a comprehensive stock take and review of our existing primary care premises taking into account the City Deal and housing developments. This work was key to prioritising bids for the Estates Technology Transformation fund which had to be submitted by 30 June. NHS England has indicated that across the north of England bids received have been oversubscribed by 10 times the available fund.

Dr Bangi expressed thanks to the CCG team in supporting our practices to progress their action plans prior to the implementation of the GP Quality Contract. All our practices have signed up to the contract.

NHS England has approved our revised Constitution which is now in the process of being shared with our member practices.

Dr Bangi has attended national and local forums. Key messages from Simon Stevens, Chief Executive NHS England were around workforce challenges and STP, along with huge challenges in general practice.

Dr Bangi has met with the new Chair of Lancashire Care NHS Foundation Trust, David Eva.

Dr Bangi continues to attend NHS ClinicalCommissioners; a document will soon be published explaining what the future will look like for clinical commissioners.

Dr Bangi acknowledged the hard work which everyone is undertaking at the CCG and in general practice to deliver the work of the CCG.
He encouraged Governing Body members and staff to take part in the nominations for our annual staff awards and to attend the celebration event on 9 September.

Resolved
That the Governing Body noted the update provided by the Chair.

Chief Officer’s Report
Mrs Ledward presented a report on the key issues for the CCG that had not been covered elsewhere on the agenda. Both local and national updates were provided in her report.

Mrs Ledward was pleased to confirm that NHS England’s annual assessment for 2015/16 has rated the CCG as ‘good’. She thanked all her colleagues for their hard work leading up to the assessment. With regard to the assurance framework for CCGs 46 out of the 60 Improvement and Assessment Indicators have been published and are available on MyNHS.

Mrs Ledward provided updates on the following areas.

Local Updates
- Sustainability and Transformation Plan (STP) 2015/16 to 2020/21.
- Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) Referral To Treatment performance issues and Chorley A&E Department. We continue to raise concerns with LTHTR and a meeting has been arranged with NHS England and NHS Improvement to satisfy the CCG that these issues are being addressed.
- Lancashire Care NHS Foundation Trust – CQC update provided. We now have a timeframe for the mental health resource facility for central Lancashire.
- Primary care providers – Nationally the CCG is the second highest for improvement to access to primary care services.
- GP quality Contract – we have 100% sign up from practices.
- Safeguarding
- Staffing position
- Constitution and the appointment of two new GP Directors.

National updates
- NHS England priorities and new planning guidance published with links to STPs.
- Statutory guidance on Conflicts of Interest.
- Junior Doctors Contract.
- New appointments to NHS England and NHS Improvement.
- Care.data programme closed.
- Congenital heart disease services.
Governing Body members acknowledged that there was nothing more that the CCG could do to improve the annual CCG assessment due to provider performance issues. In the meantime sanctions available to the CCG with regard to managing provider performance have been removed by NHS England. The CCG continues to develop and continuously improve our processes regarding management of the assurance framework.

Resolved
That the Governing Body noted the contents of the Chief Officer’s report.

Governing Body Assurance Framework / Corporate Risk Register
Ms Sharrocks presented the Governing Body Assurance Framework (GBAF). The GBAF provided the Governing Body with an overview of the totality of risks affecting the organisation’s strategic objectives together with the controls in place and the action plans to address the gaps.

Mrs Chivers provided some assurance that the Audit Committee has seen improvement with the clarity around gaps and controls in place and that it is being embedded across the organisation. Where any gaps are worsening these were noted in the cover sheet, however a comment was received that headlines would be useful to help members to focus on the issues. The Quality and Performance Committee also provides assurance where any gaps are worsening.

The Corporate Risk Register is currently undergoing development and is led by the Programme Efficiency Delivery Group to identify risks which may score 15 or above. In addition the Corporate Risk Register is a standing agenda item at Senior Management Team meetings.

Resolved
That the Governing Body noted the GBAF update report for 2016/17 and the update provided for the Corporate Risk Register.

Capital Development and Estates Strategy
Ms Sharrocks presented the Primary Care Capital Development and Estates Strategy. She advised that Bilfinger GVA were appointed in October 2015 to provide a baseline assessment which would support the development of an estates strategy capable of supporting the overall vision for primary care over the next five years. The strategy included detailed findings including gaps, risks and immediate priorities, as well as data and quality findings from practices and how we link these to the Local Delivery Plan. Ms Sharrocks confirmed that the data was taken at a point in time and additional housing...
growth in the local area has since been allocated. This work will support the Delegated Commissioning Committee and the Our Health Our Care transformation programme.

Governing Body members acknowledged that one of the risks over next five years relates to workforce. A number of GPs are due to retire in the next 5 – 10 years and a proportion of the practices are owned by those GPs. Mrs Ledward confirmed that this was being debated alongside the new models of care including out of hospital care.

Governing Body members commented that this was an informative and comprehensive strategy and acknowledged the challenges facing primary care infrastructure including the expansion of housing whilst there is little room for expansion on current primary care sites, and the reduction of GPs due to retirement. The Our Health Our Care transformation programme is key to finding solutions to these challenges going forward.

Resolved
That the Governing Body received the Capital Development and Estates Strategy and noted the priorities identified and links to the Our Health Our Care programme.

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Performance Report
Mrs Curtis presented the performance report which provided an update on the performance of provider organisations for the period May 2015 to April 2016. The report highlighted areas where standards have been met as well as showing those areas where performance is deteriorating and where standards are not being met. Governing Body members noted the following areas and actions being taken in terms of exception reporting:

Elective Care
- Referral To Treatment Times (RTT)
- Diagnostic waiting times
- Cancer Targets

Urgent Care
- A&E 4 Hour Breach
- Ambulance Response Times
- Ambulance Handover Times

Quality and Safety
- HCA1

Mrs Curtis provided an update on progress being made and actions in place to address concerns about quality performance of our
providers. The Quality Team continues to work with LTHTR to resolve performance issues. The Quality and Performance Committee is also looking at quality data to measure outcomes for stroke patients.

A review of performance was carried out across the eight CCGs in Lancashire for Referral To Treatment, Cancer, A&E and Diagnostic targets to ascertain whether Chorley and South Ribble CCG was an outlier against any of the measures. This does not appear to be the case as a number of CCGs across Lancashire and nationally are also failing to meet performance targets.

A meeting with NHS England and NHS Improvement was taking place to address those areas which the CCG requires assurance that performance is being addressed. These included recovery of the Chorley Hospital A&E Department, RTT, Cancer, Quadramed and 52 week breaches.

In reply to a question about the A&E target being achieved whilst the Chorley A&E Department is closed, the Governing Body were advised that attendances at the Urgent Care Centre were being included in the performance figures.

Members sought assurances that lessons are being learned around ambulance handover times and acknowledged that there is an appetite across Lancashire to improve in this area.

Governing Body members expressed a concern that there was little or no assurance that the Quadramed system will work in future as there have been issues for several years.

In reply to a comment that stroke patients are penalised because of lack of beds and medical outliers on the stroke ward, Mrs Curtis advised that the Clinical Utilisation CQUIN that is in place this year will identify issues and solutions regarding the use of beds. This system when implemented in other organisations has served to highlight that many of the problems are in fact internal.

Concern was expressed that elective care waiting times are not being met and that this was not an acceptable position. For some of these services there was no alternative provider in respect of local choice for patients.

Resolved
That the Governing Body noted the contents of the report.

CSRGB/160727-11 Financial Performance Report
Mr Gaunt presented the financial performance report which explained the CCG’s financial position at the end of June 2016. The report was
presented in a new format as agreed by the Joint Finance Delivery Group in June. The forecast position reflected the latest data available and the CCG remains on target to deliver the planned 2016/17 surplus of £2.4m.

Productivity and efficiency was showing under performance against plan by £0.4m in the year to date position. Forecast for the year was showing underperformance of £0.9m primarily due to the opportunities identified by Rightcare having yet to be worked up. Mr Gaunt advised that risks have crystallised in the period resulting in the utilisation of the full CCG contingency of £1.3m. The CCG is currently reporting total risks of £5.2m. The available confirmed mitigations are £2.6m, meaning that without further action there is a material risk to delivery of surplus, the un-committed 1% funds, or both. Mr Gaunt advised that the CCG should consider and identify contingencies and new schemes to achieve reductions in activity for approval at the next Governing Body meeting in September.

Mr Gaunt talked through the report which included details of the financial performance of the normal business rules as well as the efficiency and productivity. He explained the following key areas of financial performance:

- the 1% surplus and expenditure profile
- the financial management of current assets and liabilities and cash position
- a summary of income and expenditure
- main provider performance for Lancashire Teaching Hospitals NHS Foundation Trust
- Productivity and Efficiency (QIPP) and Disinvestments

The risks related to Productivity and Efficiency and Disinvestments were outlined in the report and included actions in place to mitigate each risk. Governing Body members discussed the risks around disinvestment and the level of commitment of our providers. Members also considered how we build additional mitigation and whether to push for delivery at speed rather than diverting resources from other schemes. Mr Gaunt clarified for Governing Body members the best case, likely case and worse case scenarios for the risks identified and the options available to address the risks.

Resolved
That the Governing Body noted the contents of the report and the financial position at the end of June 2016.

CSRGB /160727-12 Chorley Hospital Accident and Emergency Department Update Mrs Mellor presented a report which provided an update to the Governing Body following the decision to temporarily close the A&E Department at Chorley Hospital in April. The System Resilience
Group (SRG) meets weekly to seek assurances that all options to continue A&E services on both hospital sites have been explored. A meeting with NHS England, NHS Improvement, CCGs, LTHFT, NWAS and Health Education England was scheduled for 21 July to expedite the matter.

As a consequence of the risks associated with the timelines for reopening which had previously been potentially planned for August, it was recommended that a review of the reopening timeline, current and planned staffing, ongoing risks and a review of the options is completed and given priority by the SRG and notification to key stakeholders. The CCGs’ Governing Body had requested an external review of the decision to close the A&E Department and consider any lessons learned that could have been considered earlier. The CCG intends to progress the review.

The CCG has received weekly reports from the SRG as the August date has lapsed and a further options appraisal will be discussed at the next meeting of the SRG. In the meantime, Cllr Holgate, Chair, Overview and Scrutiny Committee has requested further information to determine the impact on Chorley and Preston Hospital sites and for Chorley patients who may have gone to other A&E Departments.

Although there has been an increase in the staffing position there is still insufficient staff to re-open Chorley Hospital A&E Department.

Governing Body members discussed the challenges with appointing middle grade doctors and whether there has been an increase in incidents or patient complaints. Mrs Ledward confirmed that one child had been taken to a hospital in Lancaster and an elderly person had a fall outside Chorley Hospital and was taken to Royal Preston Hospital but was advised that they would have been taken to Preston anyway. Ms Sharrocks advised that Healthwatch is undertaking a piece of work around the impact on patient experience.

Resolved
That the Governing Body noted the content of the report and the recommendation to review the re-opening plan timeline and notification of such changes to stakeholders.

Lancashire and South Cumbria Change Programme Terms of Reference Joint Committee CCGs

Mrs Ledward presented for ratification a third draft of the Terms of Reference for the Lancashire and South Cumbria Change Programme Joint Committee of CCGs, following input from the Collaborative Commissioning Board and a Question and Answer session with Capsticks LLP and CCG Accountable Officers, Chairs and Lay Members.
Mrs Ledward recommended that discussion around the Scheme of Delegation is deferred until we are assured that this fits in with our own CCG’s Constitution. A comment was received that the structure including accountability is required as some very challenging decisions will be made by this committee. It was noted that the last three bullet points under Membership on page 85 on ModGov should be indented as they related to the bullet point above.

Resolved
That the Governing Body:

1) Approved the Terms of Reference in order to establish the Joint Committee CCGs, subject to the above amendment to commence the next phase of the Healthier Lancashire and South Cumbria Change Programme;

2) agreed not to approve the Scheme of Delegation until assurance is provided that this fits in with our own CCG’s Constitution.

Emergency Preparedness Resilience and Response Core Standards Action Plan Update

Ms Sharrocks presented an update report on the progress against the Emergency Preparedness Resilience and Response (EPRR) Core Standards Action Plan. All actions were now complete and the Corporate Services team are starting to collate evidence for the next submission and new actions for the year ahead. Each of the Core Standards was described in the report, along with the improvement required and action taken to deliver the improvement.

Ms Sharrocks provided an update with regard to ongoing activities across Lancashire including some exercises which had taken place, plans for more in the new year and work was ongoing to ensure P3 mass casualties sites were identified and business continuity plans were in place.

Resolved

Ipsos Mori Report 360 Degree Stakeholder Survey

Ms Sharrocks presented a report which outlined the high level results from the CCG’s 360 degree stakeholder survey for 2016. The survey was commissioned nationally by NHS England and delivered by Ipsos Mori. The results are used as part of the ongoing assurance checkpoint meetings with NHS England. Overall the CCG showed significant improvement on results when compared to 2015, and also high performing results when compared to a group of similar CCGs and similar CCGs nationally.
The results of the survey showed some improvements operationally with regard to the Membership Council and engagement with CCG practices. Governing Body members acknowledged that some of our providers have responded to one survey on behalf of both CCGs, therefore the results differ for the two CCGs.

Resolved
That the Governing Body received and noted the information provided in the Ipsos Mori 360 Degree Stakeholder Survey.

CSRGB /160727-16

Audit Committee Annual Report and Effectiveness Review
Ms Sharrocks presented the Audit Committee’s Annual Report which had been written in conjunction with the Annual Governance Statement and included a self-assessment checklist as recommended in the HFMA Audit Committee Handbook. The results of a review of the committee’s effectiveness which provided support to the committee’s Annual Report was included in the report.

Overall the review indicated a high level of effectiveness. Mrs Chivers advised that the committee will consider five areas where the results scored three or less through a programme of training sessions throughout 2016-17. The first of the training sessions was held on 20 July where Audit Committee members met with CCG teams and were provided with an overview on the depth and breadth of the work which those teams undertake for the CCG. Mrs Chivers commented that the session had been very useful and had identified some areas where more training and awareness would be helpful.

Resolved
That the Governing Body noted the Audit Committee Annual Report and Effectiveness Review.

CSRGB /160727-17

Constitution Review Update
Ms Sharrocks presented an update on the recent review of the CCG’s Constitution. The CCG has submitted an application to vary its Constitution to NHS England on 6 April 2016.

The application to vary reflected a full overhaul of the CCG Constitution to add strength to governance arrangements, including revisions to the eligibility of members of the Governing Body, process for electing members to the Governing Body, terms of office for Governing Body members, and removal of the sub committee terms of reference from the Constitution to ensure these can always remain fit for purpose.

The CCG received confirmation on 15 June 2016 that the reviewed Constitution had been approved by NHS England.

Resolved
| CSRGB /160727-18 | **Remuneration Committee Terms of Reference Update**  
| | Ms Sharrocks presented an update on the Terms of Reference for the Remuneration Committee which have been revised to include that the committee should not include full time employees.  
| | **Resolved**  
| | That the Governing Body approved the amendment and ratified the Terms of Reference for the Remuneration Committee. |
| CSRGB /160727-19 | **Audit Committee Update**  
| | Mrs Chivers presented for information the minutes of the Audit Committee meetings held on 6 May and 24 May 2016, and a summary report on matters discussed at a meeting on 1 July, the minutes of which are not yet available. Mrs Chivers highlighted in particular the requirement to appoint External Auditors for next year and the single tender procurement process used as a preferred bidder for Lancashire CCGs that has been agreed at a shared cost. A nominated member from each CCG Audit Committee would attend a meeting to discuss this and it had been agreed that Mr Gick would attend if Mrs Chivers was unable to attend due to other commitments.  
| | **Resolved**  
| | That the Governing Body received and noted the minutes of the Audit Committee meetings held on 6 May and 24 May 2016 and the update report provided. |
| CSRGB /160727-20 | **Joint Quality and Performance Committee Update**  
| | Mr Gick presented for information the minutes of the Quality and Performance Committee meeting held on 1 June 2016 and the update provided on the meeting held on 6 July 2016. The committee continues to meet monthly, alternating formal and thematic meetings to understand the performance issues of both LTHTR and LCFT. Mrs Curtis added that the committee will be considering the performance issues with regard to future commissioning of maternity services and staffing levels.  
| | **Resolved**  
| | That the Governing Body received and noted the minutes of the Quality and Performance Committee meetings held on 1 June 2016 and the update report provided. |
| CSRGB /160727-21 | **Patient Voice Committee**  
| | Mr O'Donoghue presented for information the minutes of the Patient Voice Committee meeting held on 10 March 2016 and a summary of the discussions held at a meeting on 8 June, the minutes of which have not yet been ratified. Mr O'Donoghue also presented the |
Patient Voice Committee Annual Report which demonstrates that the committee has fulfilled its terms of reference in its obligations and responsibilities relating to engaging with our local patients and members of the public.

Resolved
That the Governing Body received and noted the minutes of the Patient Voice Committee meeting held on 10 March 2016 and the Patient Voice Committee’s Annual Report to the Governing Body.

Delegated Commissioning Committee Update
Mr Gick presented for information the minutes of the Delegated Commissioning Committee meetings held on 18 May and 8 June 2016. He commented that it was good for the CCG to have a better understanding of the infrastructure of primary care estates for future development. Ms Sharrocks added that the new Conflict of Interest guidance will support decisions made around the development of primary care services. Some of the key changes have already been implemented by our own CCG.

Resolved
That the Governing Body received and noted the minutes of the Delegated Commissioning Committee meetings held on 18 May and 8 June 2016 and the update report provided.

Joint Finance Delivery Group Update
An update report outlining the key areas of discussion at Joint Finance Delivery Group meetings held on 7 April, 19 May and 16 June was provided for information.

Resolved
That the Governing Body received and noted the summary report on discussions held at Joint Finance Delivery Group meetings.

Our Health Our Care Joint Programme Board Minutes
The minutes of the Our Health Our Care Joint Programme Board meeting held on 14 April 2016 were presented for information. Workshops are scheduled to consider design of future pathways.

Resolved
That the Governing Body received and noted the minutes of the Our Health Our Care Joint Programme Board meeting held on 14 April 2016.

System Resilience Group Minutes
Governing Body members noted that the minutes of the weekly System Resilience Group meetings are available on the CCG’s website www.chorleysouthribbleccg.nhs.uk.
Resolved
That the Governing Body noted that the System Resilience Group minutes are available for information on the CCG’s website.

CSRGB /160727-26

Questions from the Public
Dr Bangi invited questions from members of the public.

Dr Margaret France expressed her disappointment that Chorley Hospital A&E Department has not yet re-opened. She was concerned that the long term plan is to manage without an A&E Department at Chorley Hospital and for patients to be seen at the Urgent Care Centre (UCC). She referred to the GP Newsletter and the list of conditions that can be treated at the UCC, much of which is within the remit of general practices. She sought assurance regarding patients being sent to GP Out of Hours services are similar numbers to A&E attendances.

Dr Bangi acknowledged Dr France’s concern, and advised that increased access for patients supports patient choice. Nationally Lancashire Teaching Hospitals NHS Foundation Trust has the second highest rate for referring patients back to GPs, and we have good access for patients to general practice. Patients with those conditions on the list referred to also present to A&E Departments, although we know they should be seen in primary care.

In reply to a question from Dr France about any charges which are applied when patients are seen at the UCC, Dr Bangi confirmed that there is a charge for a few of the hours, however if the numbers increased then this would complement A&E figures.

Mrs Ledward confirmed that this is not a back door to the closure of A&E at Chorley, and that we need to understand in more detail the impact on the wider health economy.

Any Other Business

There was no further business to discuss.

Date, Time and Venue of Next Meeting
Wednesday 28 September 2016, 1.30pm at the Lancashire FA, Thurston Road, Leyland PR25 2LF

Signed as an accurate record ……………………………. Date ……………………………. 