

Minutes ratified on
23 July 2019

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE
Tuesday, 9 July 2019 at 2.00pm
Silk Room, Moor Lane Mills, Lancaster**

PRESENT:

Dr Lauren Dixon	GP Executive Lead - Children and Maternity
Hilary Fordham	Chief Operating Officer
Anthony Gardner	Director of Planning and Performance
Dr Jim Hacking	GP Executive Lead – Urgent Care and Mental Health
Jerry Hawker	Chief Officer
Dr Geoff Jolliffe	Clinical Chair
Dr Rahul Keith	GP Executive Lead
Dr Andy Knox	GP Executive Lead - Health and Wellbeing
Kevin Parkinson	Chief Finance Officer
Margaret Williams	Chief Nurse

In attendance:

Kate Hudson	For item 151/19
Gary O’Neill	For item 153/19

Action

147/19 APOLOGIES FOR ABSENCE

There were no apologies of absence received.

148/19 DECLARATIONS OF INTEREST

All GPs declared an interest in item 151/19. Declarations declared by members of the Executive Committee are listed in the CCG’s Register of Interests. The Register is available on the CCG’s website.

149/19 MINUTES OF THE MEETING OF HELD ON 25 JUNE 2019

Minutes of the meeting held on the 25 June 2019 were agreed as a correct record with the following amendments:

- Dr Rahul Keith had been missed off the attendance list.
- The following needed to be added to the end of the update on QIPP Delivery “Following the discussion on QIPP the Executive returned to the discussion regarding Bentham and whether this piece of work would be taken forward. After

discussion it was agreed that it would be deferred until 2020/21.”

150/19 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

119/19 - On-going

122/19 - On-going

138/19 – on the agenda

139/19 – Anthony Gardner updated the group that he had spoken to Sarah Arun regarding the need to include PCN Leads in the discussion about pharmacists going forward and he awaited a response. Action complete.

151/19 **PROPOSED EXTENSION OF PRIMARY CARE CONTRACTS**

Kate Hudson attended for this item. It was clarified that this paper was for consideration by the Executive for recommendation to the Governing Body not for decision. Kate explained the background to the paper; there were a number of primary care related Contracts which required review in light of the development of PCNs and their responsibilities going forward and also in light of the CCGs previously stated visions regarding Out of Hours and Extended Access Services.

Those Contracts were the two Out of Hours Services provided by CHOC and PDS, Extended Access Services again provided by these organisations and the Urgent Care Treatment Centre service provided by PDS in Morecambe. It was noted that whilst the Urgent Care Treatment service in Kendal was not subject to this paper in terms of Contract issues it should be considered as part of any wider review in terms of service provision going forward.

The Executive discussed the range and scope of the Contracts to ensure understanding of coverage and the implications of the piece of work that was being proposed. It was also requested that some further information be gained with regard to benchmarking information on cost and value for money, particularly in relation to the Out of Hours Services as part of the work.

The Executive then considered the recommendations. It approved the recommendations that:

- The PDS and CHOC Contract for Out of Hours should be extended until the end of March 2021.
- The Extended Access Services Contract which relates to the £6 a head and will be part of the PCN DES from March 2020 be extended until March 2020 with the proviso that a discussion commences immediately with the PCNs regarding how they wish to procure the Extended Hours Contract for 2020-21.
- The Morecambe UTC Contract be extended until March 2021

with a view to review all of these by that period and making decisions on what should happen next.

It was noted that only gave 18 months for Contract Review and then for further procurement work to happen and so this needed to be taken forward with some speed once agreement was reached at the Governing Body.

KH/TP

152/19 **CCG ASSURANCE FRAMEWORK AND RISK REGISTER**

Margaret Williams introduced this item, explaining the background to the paper and the update and review process that had been undertaken in order to reach a point where there was greater clarity regarding how the assurance framework and risk register was being used within the CCG.

It was noted that there were some duplicates between the Risk Register and the Assurance Framework and these should be addressed and the risk removed from or other framework depending on its severity.

The Executive then used one of the risks to talk through the process so that the Executive understood how the process of re-assessment of risk was being undertaken.

It was agreed that there was still some work to do to ensure that all managers understood the use of the framework and that it was being used to drive the discussion at the Executive, Governing Body and the work of the CCG.

It was agreed that the map that had been produced of the risks in relation to severity was very useful in terms of identifying those which were most need of attention.

It was also noted that the process for the Assurance Framework was being aligned to the process which was being used for the ICP.

The Executive then discussed the recommendations and they were agreed.

153/19 **QIPP**

Gary O'Neill presented the paper outlining the update to the Governing Body. Improvements in process and initial focus for the next key areas to target (e.g. MSK, gastro and administrative costs).

Margaret Williams asked for clarification on reporting processes during the summer period when people are on leave. Gary O'Neill stressed the need for Senior Managers to make preparations to ensure this continues; this was supported by Kevin Parkinson and Jerry Hawker.

Kevin outlined the parallels between the work of UHMBFT and opportunities for enhanced collaborative working. This included and Executive in August and a Board to Board in September.

Jerry stressed the need to assure the Governing Body that the unfound QIPP values are reducing through the Executive action. This included clinical actions such as proposals that could be made to Practices and clinical views on messages to UHMBFT Consultants where there is need to take further action.

The Executive supported the paper and it was agreed to review at the Clinical Executive meeting.

GJ

154/19 **ICS IPA PROGRAMME PLAN ON A PAGE**

Margaret Williams introduced this item by explaining the background to the programme of work that the ICS had agreed in relation to Individual Patient Activity. This had been due to the fact that Lancashire and South Cumbria were one of the poorer performing areas in relation to CHC Standards across the Country.

The Executive reviewed the data that had been presented to make itself aware of the particular issues. Margaret then talked through the activity that had been agreed as part of this work stream and how it was being managed under IPA Programme Board which was being chaired by Jerry Hawker.

The Executive noted the Plan on a Page and would be provided with further updates as required.

155/19 **WHORLTON HALL INCIDENT DEBRIEF**

Margaret Williams provided background to this particular paper setting out that the CCG had been part of the incident which had occurred at Whorlton Hall with two patients being present within the facility. The debrief process had been undertaken a few weeks previously and the paper set out some areas for consideration in terms of capacity requirements that were likely to be required going forward, although it was not clear on the detail as yet as to what NHS England would be expecting of CCGs following this particular incident.

It was noted that a lot of the work that had been undertaken by the CCG had been very positive and it had been some of the wider issues in terms of sharing intelligence about the provider across a number of bodies which had proved to be very difficult and may have meant that the issues had not been picked up earlier.

The Executive then discussed at length the range of activities which could be undertaken to mitigate against similar issues occurring in relation to providers which are on the CCG's patch. In particular the 'RADAR' model was discussed where all CCGs have an opportunity

to feed any issues or concerns they might have about a provider to which ever statutory authority is responsible for them. Whilst this was accepted as probably positive practice it was agreed to await the national guidance and then receive a further paper on what the CCG should action going forward.

MW

156/19 **UHMBFT CQC IMPROVEMENT ACTION**

Margaret Williams introduced this item and gave a short presentation of the work that the Acute Trust had undertaken since receiving its CQC report on how it would take forward the actions. The presentation also set out that the Trust had been issued with four performance notices in relation to Good Governance; Dignity and Privacy; Safe Staffing and Safe Care and Treatment.

Margaret then went on to discuss with the Executive the assurance processes that should be put in place by the CCG to review the progress that the Trust was making in terms of addressing the issues that had been raised.

The Executive discussed this at some length being clear that it needed to see processes being embedded within the Trust that were sustainable going forward, but this needed to be undertaken within the financial context of 'the System' so as not to increase further the deficits which 'the System' was experiencing.

There was then discussion regarding how the CCG wanted to focus its attention with regard to assurance. Whether it wanted to focus on the 22 areas that had not been addressed as part of the previous process that had not been progressed or whether it wished to focus on particular areas such as Urgent and Emergency Care or Use of Resources.

There was general agreement that there needed to be focus around the areas where performance notices had been issued and where there was particular concern regarding clinical practice issues.

The Executive then discussed the fact that there would be a Board to Board process regarding the CQC report that would include the GPPA. This was to be held in September and that needed to be structured so as to gain assurance for the CCG's Governing Body.

157/19 **THE NHS PATIENT SAFETY STRATEGY**

Margaret Williams introduced the item by saying that this was for information at this stage and the strategy was a result of the NHS Long Term Plan and set out a process for quality improvement over the coming years.

The Executive noted the paper.

158/19 **CEO UPDATE**

This item was deferred.

159/19 **URGENT CARE RECOVERY PLAN**

Hilary Fordham introduced the item by saying that this was the Urgent and Emergency Care Recovery Plan that had been produced under the auspices of the A&E Delivery Board. It set out the background to the current position within Morecambe Bay showing deteriorating performance in both the 4 Hour Target and a number of other areas such as 12 Hour Breaches over the last 2 to 3 years.

The action which had been agreed were set out in four priority areas:

- Priority 1 – which was about avoiding people attending the department
- Priority 2 - which were about processes within the A&E Department
- Priority 3 – which were about processes within the hospital
- Priority 4 – which were about systems for intermediate care within the community

A question was asked regarding the link to the CQC report which had just been discussed by the Executive. It was believed that there would be a CQC plan which would sit alongside this recovery plan that had been discussed at the A&E Delivery Board.

Concern was raised that the plan itself may not cover all of the areas which would have the greatest impact immediately, so Triage was used as an example whereby patients may be able to be triaged more effectively if a more senior person undertakes that process and streams people to an alternative provision. This would be picked up through the discussions at the A&E Delivery Board.

A question was raised as to whether or not the plan would improve performance sufficiently. Concern was expressed over this as nothing is set out in the plan at the moment as to likely impact or the timescales on which that would be achieved.

The Executive noted the Recovery Plan which would be going to the Governing Body the following week and needed to be managed through a process if the CCG continued to have reservations once the impact analysis had been undertaken.

160/19 **STANDING ITEMS**

a) **Quality and Safeguarding Update**

The Quality and Safeguarding Update paper was accepted for information. It was requested that in future a few short key messages be lifted as an Executive summary.

b) **ICP Development**

No update at this time.

c) **ICS Update**

A paper had been received regarding future governance for the ICS. Including the outputs of a review of structures and groups. There would be a discussion of this at the ICP Leadership Team and a System response would be developed.

161/19 **FINANCE**

This would be reported in more detail at the Governing Body next week when the output from Quarter 1 would be available.

162/19 **ITEMS FOR THE NEXT AGENDA**

There were no items put forward.

163/19 **ANY OTHER BUSINESS**

There were no items of any other business.

164/19 **DATE AND TIME OF NEXT MEETING**

The next Executive Committee is at 2.00 pm on 23 July 2019 in the Silk Room, Moor Lane Mills, Lancaster