Agenda Item: 18.37

NHS
West Norfolk
Clinical Commissioning Group

DRAFT MINUTES OF THE GOVERNING BODY MEETING
HELD ON: Thursday 29 March 2018 at 12.40pm
AT: West Norfolk Deaf Association, 32b Railway Road, King's Lynn PE30 1NF

These Minutes have been produced in line with the Agenda and not in relation to the actual occurrence of items being discussed.

Members:

Dr Paul Williams	(PW)	Chair
Revd Hilary De Lyon	(HDL)	Deputy Chair & Lay Audit Chair
John Webster	(JBW)	Accountable Officer
Mark Wheeler	(MW)	Chief Finance Officer
Sue Hayter	(SH)	Registered Nurse
Dr Pallavi Devulapalli	(PD)	Governing Body GP Member
Dr Imran Ahmed	(IA)	Governing Body GP Member
Mr Alistair Wilson	(AW)	Secondary Care Doctor
Tim Bishop	(TB)	Lay Member (Patient & Public Involvement)
Michelle Barry	(MB)	Lay Member

Non-voting participants:

Sarah Jane Ward	(SJW)	Director of Nursing and Quality Assurance
Heather Farley	(HF)	Head of Corporate Affairs

Attendees:

Nikki English	(NE)	PA to Accountable Officer and Chair – *MINUTES*

Two observers and one member of the general public.

Item	Subject	Action *(initials)*
18.17	**THE CHAIR'S OPENING COMMENTS, HOUSEKEEPING NOTES AND APOLOGIES FOR ABSENCE**	
	PW opened the meeting of the West Norfolk Clinical Commissioning Group (WNCCG) and welcomed Governing Body members, attendees and the general public. Apologies were received from Ross Collett (RC), Clare Hambling (CEH), and Tina Ariffin (TA).	
18.18	**QUESTIONS FROM THE PUBLIC ON AGENDA ITEMS OR OTHER CLINICAL SERVICES COMMISSIONED BY WEST NORFOLK CCG**	
	PW moved to suspend the meeting for a period of 15 minutes to answer questions from members of the public (a maximum of three questions per person). Mr Robert Raab directed a question to the Governing Body relating to the matter of Fairstead Surgery, and possible change of use to the building. In response to the question, PW advised that Fairstead Surgery being part of the Vida Group has not yet asked for any business plans for change of use, and as far as PW is aware Vida have not submitted an application for anything to do with the Fairstead building. Any application would need to be considered by the CCG before it was approved by the Governing Body. Mr Robert Raab went on to raise concerns about the lack of consultation rooms. JBW was unable to comment on number of consultation rooms, and other requirements, that would be needed, it would be for Vida to set out in the case that they make.	

	In short WNCCG need to receive the proposals, whatever they are, and as a CCG will undertake our responsibility to look at them. JBW clarified other Governing Body GP's are within Vida, but not currently at this Governing Body Meeting. There were no further questions and PW re-opened the meeting.	
18.19	**DECLARATIONS OF INTEREST**	
	Declarations are available to view on the West Norfolk Clinical Commissioning Group website: http://www.westnorfolkccg.nhs.uk/about-us/standards-business-conduct-and-registers-interest PW reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of WNCCG. The register of interests for members of the Committee was made available as a paper and **NOTED** by the committee. **There were no new declarations of interest from today's meeting.**	
18.20	**NOTIFICATIONS OF ANY ITEMS OF URGENT BUSINESS TO BE DISCUSSED DURING THE MEETING**	
	There were no notifications of any items of urgent business to be discussed.	
18.21	**MINUTES OF THE PREVIOUS MEETING HELD ON 25 JANUARY 2018**	
	The following amendments were requested– page 2 Declarations of Interest, paragraph 5; due to typing mistake, and Page 6, heading AO's Report, paragraph 2, sentence needing to be simplified. With these agreed the minutes were approved as a correct record.	
18.22	**ACTION LOG/MATTERS ARISING (not covered elsewhere on the Agenda)**	
	Action 17.60: Some risks still to be reviewed. **Action 17.65:** Due 31 May. **Action 17.66:** Date to be changed to 4 July on the action log. **Action 17.67:** Due 31 May. **Action 17.70:** It was **AGREED** to close this action. **Action 17.71:** It was **AGREED** to close this action. **Action 18.07:** Will be available for the July Board Meeting. **Action 18.08:** Will be available for the May Board Meeting. **Action 18.09:** It was **AGREED** to close this action. **Action 18.10:** It was **AGREED** to close this action. **Action 18.12:** It was **AGREED** to close this action.	
18.23	**DECISION LOG FROM MEETING ON 25 JANUARY 2018**	

	The Decision Log from 25 January 2018 was **NOTED**.	
18.24	**CHAIR'S REPORT**	
	PW presented his report to the Governing Body. It has been a very busy period since the last Governing Body Meeting. PW was pleased to report that the meeting with NHS England to discuss the CCG's financial plans had gone very well but it is now left to the CCG to deliver the substance of that plan. PW also noted various meetings he had attended since the last Governing Body.	
18.25	**ACCOUNTABLE OFFICER'S REPORT**	
	JBW presented his report drawing attention to key issues. He has referenced the Deloitte Report in recent meetings and one of the streams or sections of the recommendations concern the appraisal processes, objective setting and personal development. JBW had some discussions internally with the teams about bringing in support on a fixed term basis to begin the implementation of those plans and start to address the actions. Fundamentally it is not just about achieving an action Deloitte have recommended, also the CCG owe this to staff and need to setting objectives, appraising staff and setting personal development plans. JBW made commitments internally that this will be addressed. WNCCG is going through a significant period of change. JBW is very much committed to making sure that staff are in the best possible place to take on the opportunities that change will bring. A programme of work has been agreed over the next 3 months to start to implement the appraisal processes and will be shared with the public. The Executive Team are entirely new, with JBW being the longest serving member having started 9 months ago. JBW shared some information with Governing Body members regarding a NHSE funded programme, which the CCG is now part of. It is a workshop based approach being led by Pricewaterhouse Cooper (PWC) and Optum, and part of that offer there is also 1:1 coaching being made available to the Executive's including Rebekah Mercer, Assistant Director of Commissioning and Contracting as part of her personal development to join on the programme. As we move out of the planning phase we are starting to talk much more now about how we implement our plans, Andrew Pike has approved the approach. Ruth Derrett has commenced as Turnaround Director to help with some implementation regarding QIPP delivery. Ruth's background most recently was at a senior level at Cambridgeshire and Peterborough CCG. Ruth understands the agenda and what is involved, she will be a great source of support to our teams internally around the implementation of work we need to do. JBW noted interviews for Governing Body member are being held this afternoon. This will bring much needed support to GP's colleagues regarding some of the work needed with Quality Innovation Productivity and Prevention (QIPP) programme implementation this year. JBW is positive of getting a good outcome this afternoon. Howard Martin, Chief Finance Officer will be joining WNCCG on 14 May. A personal thank you was directed to Mark Wheeler for his massive support to both JBW and the Executive Team. Mark who is staying within the commissioning family and JBW is very grateful for all his hard work and wished him well.	

Within the STP, the 5 Governing Bodies are continuing discussions around future commissioning arrangements. The CCGs are moving towards creating a single commissioning organisation for Norfolk and Waveney. There is clearly a lot of work to be done to reach that point. JBW is focusing attention on how the CCG retains a local commissioning focus as well. As these are not mutually exclusive at all. The Joint Strategic Commissioning Committee (JSCC)'s and its formation are a good example of how the CCGs are trying to draw relevant decisions for the whole population in one place. Equally important will be how we meet the specific needs of our population, therefore how we commission for them on a local basis, and much of this will become clear over the next several months. West Norfolk Health Limited is central in JBW'S view on how the CCG develops the new models of integrated care for West Norfolk over the next few years. The CCG needs Primary Care working at scale supported by community based services. WNCCG has drawn together with facilitated workshops, system partners to work together to start to construct what that may look like and actually separate to whatever is happening with the STP. JBW will ensure the Governing Body will be appraised of how that work is developing in the next few months.

JBW is delighted to inform the Governing Body that WNCCG have agreed, in full, a contract with Queen Elizabeth Hospital (QEH) for next year. The contract includes a Memorandum of Understanding, committing the hospital and WNCCG working towards a block contract for services from quarter 2 of this year. In terms of reducing risk effectively to WNCCG commissioning budgets and indeed giving the QEH surplus of income over the remainder of the year. This is a real measure of how relationships have moved on and improved between us as commissioners and the provider QEH, which is a positive outcome.

WNCCG has a large QIPP programme for next year of around c£12.7m, which is over 4% of the CCGs allocation. If the CCG can get through this year and deliver on the savings programme then the CCG's will be in a completely different place financially, and gives options for investment in service improvement in the future.

Discussions are being held around a joint appointment between the CCG and QEH to support the development of a collaborative savings programme. For the first time instead of QEH producing its QIPP programme and CIP (Cost Improvement Plan) programme and the CCG producing its QIPP programme and CIP programme, this is a collaborative approach which will allow the organisations to move towards the block contract arrangement during the course of this year.

JBW informed the meeting QIPP schemes documentation is complete and the CCG is producing the PID (Project Initiation Document). The CCG will have 2 new GP's working on its behalf, and all this information is going forward to NHSE this afternoon. The progress on implementation will be reported to the Finance and Performance Committee and through to the Governing Body.

Finally JBW reported on finance, the CCG is on course for the financial plans. The Improvement Plan has been completed and sets out the medium term financial plan alongside the delivery recommendations, approval from NHSE is required. However achieving that sustainable financial position will absolutely support the development work needed for new models of care.

Opening the item to comments, TB responded to the issue of maintaining a single CCG whilst still retaining local services for local needs.

HDL was pleased to hear the progress which has been made, but expressed concern around the enormous challenge. QIPP has been around for some time and been a challenge, but there was appreciation for what WNCCG is trying to do. One of the problems with QIPP is that it starts too late, so becomes difficult to achieve within the financial year. HDL asked how

	quickly should we be beginning to see the results, and how quickly will JBW be reporting to the Governing Body to show that it is working? In response to the question, JBW informed HDL this will be reported within the first quarter and certainly by the end of the first quarter. There is more detailed work to do in relation to the PID, but there is sufficient to begin the process in a range of areas. Activity planning assumptions have been disused previously Governing Body Meetings regarding follow up ratios which have now been built into the contract and further work will take place with QEH to remove cost.	
18.26	**GOVERNING BODY ASSURANCE FRAMEWORK**	
	HF presented the GBAF Register noting that it currently shows 12 risks, a couple of reductions in risk ratings both due to the fact those risks have been mitigated. In summary, there are 5 risks rated significant, a couple have changes to risk rating being decreased; 4.4 and 4.7, there was no increase to risk rating, no new risks, no risks transferred from the Corporate Risk Register to GBAF, no risks moved to the Corporate Register, no risk removed from the Register and finally no change to risk description.	
18.27	**FINANCE AND PERFORMANCE**	
a	**Integrated Performance Report** JBW stated this report had a good discussion at last week's Finance and Performance Committee (F&PC). The Accident and Emergency (A&E) fallout standard has struggled due to issues across the winter. Some of the pressure the QEH is experiencing has suffered from high occupancy rates, difficulties around flow. Some of the reasons the CCG has seen a drop off in performance have been, infection prevention control issues within the QEH, and the flu has taken hold with patients coming in with it and staff off work too. These issues have not helped the Trust, in terms of improving its performance. The West Norfolk health system received a winter pressure money after the last budget. This allowed it to really provide additional focus on supporting the QEH with discharge out into community settings, and patients returning home. This is an area WNCCG are looking to strengthen in next year's approach to urgent care, and that is reflected in the QIPP plans for next year for admission avoidance schemes putting into place, and keeping a focus on supporting safe discharge. The winter pressures has had an impact on Referral to Treatment Time (RTT) performance within the Trust. For the last couple of months the Trust has been operating as an emergency hospital and even now are only operating on urgent cases, or cancer patients, which is in line with an instruction from NHSE and NHSI a couple of months ago. This is to protect the capacity within the hospital by only treating urgent cancer patients electively. As a result of that the Trust is under performing against its elective activity contract by 3% year to date. 3% below its plan for its elective has a significant bearing on the Trust's income, but also has a direct bearing on its performance of RTT standard and its ability to catch that up by doing the elective work it needs to do. For the month of January the Trust was 12% below its elective plan, and things did get tougher during February and March. There are a couple of very low activity months electively coming up. Whilst this assist the CCG in its financial position, as no payments are being made for elective activity this is not a position the CCG wants to be in and there is a need to recover the RTT position through to 2018/19, there are plans in place to do that. Opening the item up for discussion, HDL questioned due to the pressure to discharge because of the need to get patients turned around, whether there are sicker patients in community hospitals. Also, whether there are effectively any increase in readmission rates as a result of early discharge?	

	SJW responded, there are talks with the Trust regarding readmission rates because they accept there will always be readmissions, however there is going to be a deep dive to understand whether is it pressure to move patients out of the hospital. The CCG will be working with QEH, CCG, NCH&C and the care home in Swaffham to look at cases to see if there was any inadvertent harm. JBW responded that the CCG might need to commission more support for those patients in the future. As part of DNQA work around deep dive, some of the data to be looked at to support these moves. From a Trust perspective, they are not putting forward for discharge patients that are not medical fit, it is an issue about the support that the patient needs when they are discharged. TB commented there used to be a target on readmissions, information collated on 30 days or 60 days, but wasn't certain if this information was still collected. AW also noted looking into next year it is really hard to turn on and to turn off capacity for people to be discharged. JBW expressed the importance of flexing capacity through contractual arrangements, planning earlier and thinking how to flex commissioning later in the year. TB asked how the CCG flexes finances for money that hasn't been spent for 2017/18 and has given some respite, with potential additional costs for 2018/19. JBW said there is a need to see how the Trust operationalise to deliver the activity over the course of the next 12 months, and return hopefully to the 92% standard. SH noted the lack of RTT performance goes back to July 2017, before the winter pressures. There was a plan to improve and be on target by July 2018, the number of patients who have delays in their treatment is growing and SH would be interested to know how the Trust are going to reassure the CCG of how they are going to achieve the target by July 2018. JBW reported there was a meeting to agree the recovery plan with the Trust yesterday, JBW will report back to Governing Body. JBW wants to see the relation to the waiting list the Trust has and the relative waiting times that people have been waiting. JBW wants to see a detailed plan on how QEH are going to meet that trajectory, by specialty and by individual patient. There is an expectation for QEH to achieve 92% by specialty. **Action: JBW to bring the recovery plan to the Governing Body.** RN added 92% has been achieved previously, but looking underneath there are specialities which are not achieving anywhere near the 92%. JBW wants to see the detail of how that impacts on the waiting list going forward because this could be a further problem for future years. RN enquired whether diagnostic tests are part of the overall target as December and January there appears to be a significant dip in performance. JBW confirmed he has no detail, but part of the overall recovery work with QEH would include diagnostics. There is good performance up to December 2017, but some would have been impacted, as previously described, around capacity and winter pressures. The diagnostic phase needs to fit in with the 18 week treatment plan and therefore needs to be considered as part of the target. RN referred to the dip in performance relating to Cancer 62 day, and questioned if there have been any improvement during February and March.	**JBW**

	SJW attended the Cancer Delivery Board last week, where the QEH needed to achieve 85% for February and March. There is a dip during March but will see the trajectory improve again for April. This is mainly due to the numbers through their pathway. The QEH has started cause and analysis work and once this has been reported publicly it will be brought to the Patient Safety Committee along with Governing Body. The performance is broken down per speciality as well as overall. **Action: SJW to bring this information to the next Governing Body Meeting.**	**SJW**
18.27b (i) **18.27b (ii)**	**Finance and Performance Committee Report** **January** HDL presented the Report with the main focus of the meeting on the CCG's performance and financial results to the end of December 2017. There were no further questions. **February** HDL presented the Report with the main focus of the meeting on the CCG's performance in relation to A&E waiting times, Referral to Treatment times and Cancer 62 day referral to treatment. There were no further questions.	
18.27d	**2018/19 Financial Plans** MW presented the paper for the Finance and Financial Planning and noted adjustments that have been made:- • Single issue regarding 2016/17 cost pressure brought forward of £7.9m as previously reported • An item of £0.47m contained within 2016/17 figure incorrectly categorised a cost pressure as per originally assumed • Presentational change in the two reports is a reduction in the brought forward cost pressure of 2016/17 of £0.47m to a revised figure £7.4m and a reduction in mitigations figure of £0.47m to a revised figure of £0.63m • This does not affect the overall reported financial position The CCG has developed a financial plan that is in line with the deficit control total of £2.0m issues by NHSE. The plan recognises:- • The underlying expenditure position brought forward from 2017/18 • The additional resources made available to it by NHSE • The changes in purchasing power as a result of changes to NHSE Business Rules • The costs of healthcare in 2018/19 (both inflationary pressures on the baseline and demographic changes) and • The requirement to develop and deliver an efficiency program The CCG is expected to end 2017/18 financial year with a deficit against plan of £10.9m and as a result it has developed a Turnaround Programme that will continue to be implemented during 2018/19. The CCG's allocations have increased from £269.5m in 2017/18 to £277.2m in 2018/19 an increase of £7.7m (2.85%). This increase is higher than previously planned as a result of the CCG receiving an additional £2.0m as its share of the additional funding made available to the NHS in the autumn budget. The CCG has also assumed an allocation of £607k regarding the GPFV £3.34/Head Funding for improvements in GP Services. This has been matched with expenditure.	

In addition to the increased allocation NHSE have made two changes to the assumptions previously used in Financial Planning:-

- A change in Financial Control Total with the CCG's requirement reducing from a surplus of £0.6m to a deficit of £2.0m
- A relaxation of the Business Rules that required CCG's to not commit 0.5% of its allocation and to hold it as a Non Recurrent Reserve

Overall the impact of these changes is an increase in purchasing power for the CCG when compared with previous planning assumptions of £6.0m.

The 2018/19 baseline expenditure is determined by adjusting for non-recurrent items of expenditure and mitigations incurred in 2017/18. The main items being the: -

- 2016/17 brought forward
- The prescribing NCSO pressure
- Non Recurrent costs of financial recovery/turnaround

The 2018/19 expenditure plans build on the baseline expenditure position and adjust for the combined impact of inflation; demographic growth; non demographic growth; efficiency plans and investments.

In addition circa £3.0m of non-recurrent expenditure has also been identified.

The CCG has developed an efficiency programme that is expected to secure efficiency benefits. Workbooks and Project Initiation Documents (PIDs) are in the process of being developed. For the QEH contract the relevant acute elements including the activity planning assumption elements are under discussion as part of the contract negotiation.

Of the total of £12,757k, £1,509k (11.8%) represents the full year effect of 2017/18 schemes and £932k (7.3%) is currently unidentified and attributed to the Acute Services area at this stage.

The investments in the plan are a combination of known commitments and funding set aside pending a CCG investment decision to be made later in the year. The known commitments are the Acute £12k, Mental Health Services £288k, Prescribing £12k, Primary Care Services £607k (matched to the assumed allocation), and Primary Care services £50k. Also included is the creation of 0.5% contingency reserve required to ensure the CCG is compliant with the NHSE Business Rules, and a 1% pay reserve for core programme staff set aside pending confirmation of the pay award.

The non-recurrent expenditure is equivalent to 1.1% of the CCG's total allocation for 2018/19:-

- The non-recurrent activity changes represents additional activity being commissioned from QEH to address RTT catch up issues
- The underlying trend and demographic growth represents the additional activity assessed as being required based on local analysis of activity demands
- The policy change activity represents the additional activity required to ensure the CCG's overall plan meets the requirements of the National Activity Plan

To ensure that the running costs remain within the allowance available (£3,696k) the transfer of various costs to programme, needs to be agreed and a staff vacancy/turnover factor of £92k needs to be actively managed by MW.

JBW responded in respect of Delivery and Control Total stating Paul Watson, Regional Director recognised the things that WNCCG were trying to do this year were absolutely the right things to do, but it could take a while to get them sorted properly. Paul Watson has

	given that flexibility in terms of the planning work and doing the right things in a proper way. In terms of Q1 the CCG cannot waste this opportunity with this major flexibility. Opening the item to comments, PD asked if WNCCG are aiming to achieve balance during 2018/19 or deficit. MW responded £2m deficit control total at the end of 2018/19, with the financial balance being at the end of 2019/20. At present it is not expected that the CCG will receive the Commissioners Sustainability Fund but this may change. JBW stated the importance in terms of understanding this financial plan, and what the implications are if more time is needed. The flexibilities we have as a result of planning and priorities this year must lead to achieving that position. RN enquired the impact for WNCCG of the proposed pay increase for Agenda for Change staff. Pay increase is still with the Unions. MW confirmed an assumption has been put in place of 1%, with the Treasury covering any additional increase, but any more than 1% will be an additional cost pressure. There were discussion around 2017/18 forecast, in particular Mental Health Services and securing some growth, Continuing Care Services, and Community Health Services. JBW added there will be specific investment around the discharge to assess model, WNCCG are looking at a block contract in the next month or two and that is an area of direct investment. Investments might come separately, but can be added to. The CCG need to be clear about the deployment of the £8m risk reserve, and told by NHSE a way of being presented, this reserve will be applied and will be seen on the QIPP schemes. PW added his appreciation for the level of detail in Financial Plans and going forward Governing Body receives more reassurance WNCCG are on target. JBW clarified with the PMO Reports capturing information it will be clear if something isn't working and it will be stopped. Will not 'flog' QIPP schemes that actually are not going to deliver by the end of the year. RN stated some of the problems in the past has been due to starting well over half way through the financial year. MW confirmed half of the programme will be connected to the QEH in terms of what WNCCG are looking to do with the transformation, and developing the block contract, and are looking to develop that block contract by end of Q1, to be fully designed, detailed and created and this is being worked on. There are PIDs for all schemes and these are being signed off by the Executives, and then move to implementation stage, talking to providers, getting colleagues on board as well, to go through some of the detail and then rolling out. JBW will ensure the programme phase across the year will be presented at future Governing Body meetings. RN requested the need to have the appropriate level of detail, if there are any issues, on target or any failures. The detail will be discussed at F&PC and will bring by exception, to the Governing Body the key risk areas. The 2018/19 Financial Plan was **NOTED** by the Governing Body.	
18.28	**STRATEGY AND COMMISSIONING**	
18.28 a (i) b d	**Joint Strategic Commissioning Committee** **STP update** **STP Expression of Interest to become an Integrated Care System** **Improvement Plan**	

	PW advised members that parts 18.28 a) (i), b) and d) will be discussed in Part 2 of the Governing Body Meeting.	
c	**Musculoskeletal Triage Service Procurement** JBW stated there had been some discussion around progress with the procurement. The CCG need further assurance particularly in relation to the capacity available for the service. It was an extremely tight and challenging procurement, in terms of timescale. WNCCG took some advice and it was decided not to award a substantive contract at this point in time. Instead WNCCG have arranged for a 2 year 'proof of concept' to see how the service will operationalise itself from 1 April 2018, to be run by AHP Suffolk. They will provide a single point of access triage service, and onward referral to clinical service. A big aspect is developing the promotion of self-management and self-care as part of the whole process of MSK. The engagement of another provider (to report back in public at the next meeting) to ensure those medical interventions continue to be available where appropriately needed. IA advised that information packs were sent out yesterday after being signed off. There is a section for patient self-referrals and for the General Practitioner (GP) to hand out a card with the details. **ACTION: Report back to GB on the engagement of another provider.**	**JBW**
18.29	**PATIENT EXPERIENCE, SAFETY AND CLINICAL QUALITY**	
18.29 a (i) (ii)	**Quality Report – Quality Summary & January 2018 Quality Dashboard** The SJW presented the Quality Report. **<u>Queen Elizabeth Hospital</u>** <u>Serious Incidents</u> There were 2 serious incidents declared during December. One related to a fall on the ward with major harm (the press reported a catastrophic fall whereby the patient later died). SJW completed a quality visit on that ward because of the fall and the escalation of the ward being under pressure due to capacity issues. The hospital have now changed the way in which they staff the ward, using permanent members of staff as well as additional agency staff. This will ensure their Corporate Falls Action Plan is taken forward for patients. The second serious incident was an information governance breach. The Trust declared a Never Event in January which related to a surgical procedure. The Trust declared 1 serious incident in January which was a fall resulting in major harm. <u>Quality Issue Reports (QIR's)</u> There were 25 QIR's submitted in December and 10 QIR's submitted in January. Discharge related concerns remain the biggest factor. <u>Clostridium *Difficile* (C. Diff)</u> The Trust reported 1 case in December and 3 cases in January and as of 13 February 2018 the Trust had a total of 38 cases (in real time the number has risen to 48 cases) against a year end ceiling of 53. More detail to be provided at the next Governing Body Meeting. <u>Cancer 62 Day referral to treatment performance</u> November; 83.33% December; 83.97% <u>Eliminating Mixed Sex Accommodation</u> The Trust have reported no breaches for December and January.	

Workforce
The sickness absence rate declined in December and again in January, and staff turnover also followed a similar pattern.

Actions

- WNCCG to join NHSI led clinical review
- WNCCG to work with the QEH to review discharge pathways
- WNCCG to work with the Norfolk CCG Infection Control Lead to develop a community action plan
- WNCCG to continue to attend the Cancer Delivery Board
- QEH completed a recent workforce deep dive and shared this with WNCCG for review
- WNCCG continue to monitor at the CQRG

Norfolk Community Health and Care

Serious Incidents
The Trust declared 2 serious incidents for December and both related to pressure care. 8 serious incidents were declared in January, 7 of which related to pressure care and 1 related to a fall with moderate harm.

QIR's
The Trust received 4 QIR's in December and 2 QIR's in January. There were no themes or trends identified within these pages.

Workforce
The Trust report a rise in month sickness rate for the West Locality in December. It is also reported that there is deteriorating picture for sickness absence rates Trust wide for January.

NSFT

Serious Incidents
The Trust declared 1 serious incident in December which related to an unexpected death. There were no serious incidents declared in January.

QIR's
The Trust received 1 QIR in December and 3 in January. Themes are centred on communication with referring organisation.

Opening the item to comments, DC raised a question in relation to surgical procedures. SJW indicated the improvement part in the investigations the checklists are being followed. With the Quality visits, theatres will be one of first for an in depth quality visit with the Trust and will then seek extra assurance with regard to following the checklist and compliance is actually 100%.

18.29 b (i) (ii)

Patient Safety & Clinical Quality Committee Chair's Report – February and March 2018

RN informed the Governing Body, the PSCQ committee which meets monthly reviewed the Executive Summary and provider Indicator Report. The committee discussed in detail the level of assurance and information that this report contains for the Governing Body.

A significant part of the committee is taken up with looking at key providers with all compliances. The month of the Governing Body the Committee will be looking in more detail at providers and commissioned services. The alternate months will be taken up with areas, such as workforce as well as the standard quality, safeguarding and infection control.

	The PSCQ Committee Chair's Report was **NOTED** by the Governing Body.	
c	**Norfolk Safeguarding Adults Board – Presentation and Questions** Joan Maughan, Norfolk Safeguarding Adults Board presentation Norfolk Safeguarding Adults Board became statutory from April 2015. Norfolk did have an Adults Board prior to this, as not every Local Authority did have, and it worked on a voluntary basis. Joan Maughan thanked the CCG's across Norfolk for their continued financial support to enable them to have a small pot of money, approximately £62.5k, with Norfolk County Council having responsibility to facilitate the Board, so all the back office are managed by them, and across the CCG's Norfolk Safeguarding Adults Board receive £22.5k. Joan stated the Adults Board have worked very hard to keep within that budget given the constraints. The one unpredictable factor is that they are obliged to commission in Children's Services the Serious Case Reviews, Adults Services also the Serious Case Reviews. If a referral comes to the Police which meets the criteria of the Care Act. The criteria; adult 18+, who is either in receipt of carers support, assessed which includes everyone in medical services, or would be in need of carers support if they were assessed. There are 10 categories of abuse, on top of those 10, there are also the things that are of particular interest that come from other partnerships e.g. the Police Prevent Strategy is now part of our safeguarding responsibility. As indeed is modern slavery, which is less specific in the Care Act along with human trafficking. Interestingly, with Norfolk having a population of less than a million, there have been 2 successful prosecutions in our Courts, in modern slavery, over the last 18 months. Joan also informed the Governing Body the Partnership Board includes Health, Police and Local Authority, 3 prime funders, 3 main exponents, with clear responsibility. The Board includes many other people e.g. King's Lynn Fire Service, King's Lynn Ambulance Service, Probation Services, Prison Representative and Governance. As a county having 4 prisons, there is a large prison population. Although we do not convey the Home Office rules about issues that arise in prisons, there is a responsibility for people who are on probation and who are post prison, on remand, and the Board have oversight that healthcare responsibility is given to prisons, and they have certainly had some debates about that. 3 years ago Norfolk started from a good baseline because the Local Authority had conducted a peer review of Safeguarding across the county. Which resulted in being fully constituted in the Care Act, there is a Government structure and the Board are accountable to partners. The focus over the last 3 years has been recognising with partners and providers lessons learnt from Serious Case Reviews, critical issues, an aging population, significant amount either in receipt of care and support or would be entitled to care and support and issues arising, social isolation and physical frailty. There have been 2 cases in Coroner's Court, 13 care homes that require improvements by the Care Quality Commissioners (CQC), and health service under special measures. There was recognition 3 years ago, as partners, that there is a massive workforce (1000's), and ensuring volunteers receive the training they need, with the majority living in Norfolk. Urging both professionals and volunteers with their enhanced knowledge and how that impacts within the community, with 535 parish councils across the county, and to raise the profile of Adult Safeguarding.	

	The strategy for the next 3 years will be a focus on sharing lessons, system improvements, 'what could have been done differently' and 'what could be different in the future'. Issues across Norfolk, Health and Social Care, unable to move people to appropriate social care, and unsafe number of people in our communities, due to level of service is not sufficient and the expectation that number will grow. Mental Health features in just about every Serious Case Review significantly, whereby one gentleman died as a direct result of pro restraint. Another issue for Norfolk is self-neglect, especially if there is also mental health condition and housing. Recognising how isolating our community can be, and Safeguarding are working hard with Church communities. Joan informed the Governing Body that a lot of public promotion has been done, TV, radio, brand events which attracted a lot of people, 240 delegates to each event. Held roadshow last week for the providers offering supported accommodation for people who have been homeless. Norfolk Safeguarding Adults Board do have a Healthcare Executive Sub Committee, which meets regularly and that represents Primary Care, Acute Care and Community Care and Community Healthcare. In response to Joan's presentation TB reminded Governing Body of a recent case in Lincolnshire where there was a high profile prosecution at a car wash whereby people were working against their will. The Strategic plan for Adult Safeguarding Board expires in 2018 and TB also asked how the CCG's will be involved in creating the new plan. There is a consultation working on an annual business plan across the next 3 years and they are keen to retain some aspirations for strategic intentions, public awareness must continue. There will be a simple document which WNCCG will receive. PW raised the point where no feedback was received after submitting a Safeguarding referral. Joan responded the Operational Team, MASH do have a requirement to feedback to the referrer and then should be picked up by Senior Managers. There is no reason or excuse for the referrer to receive no feedback. Written referral system works well, however, there are issues with telephone referrals and 'getting lost in the system', this will be looked into and this will be reported back to the Governing Body. Lay Member raised an issue with a case of self-neglect and hoarding with no central heating for the last 5 years, and rats in the rubbish. No organisations seem to come together, and nothing has been done to clear the house to enable the installation of the central heating system. Council are aware of the situation but refuse to enter property due to the state, safeguarding referral has been submitted. SJW advised the Governing Body that she is the Safeguarding Lead, WNCCG and if any issues come to light where they haven't been dealt with appropriately please make Director of Nursing and Quality Assurance aware who will forward to our Safeguarding Team who will help support the work and mindful that we use our safeguarding expertise.	
18.30	**GOVERNANCE AND ASSURANCE**	
18.30 a	**Audit Committee Chair's Report – January 2018** HDL advised members, the question raised at the previous Governing Body Meeting in terms of the Audit Committee looking at necessary ways of seeking assurance, as this is being undertaken by various people within our system. It was agreed that there was no need for the Audit Committee to do anything further.	

	DC noted the CCG pursued with the Internal Auditor's the question of whether the CCG had been going about our internal audits in an inappropriate way, as Deloitte suggested we were not looking at the detail of the internal audits. However, the Internal Auditors were clear the way in which WNCCG went about internal audits was the correct approach, however, at the beginning of the financial year CCG will be looking in more detail. The Audit Committee Chair's Report was **NOTED** by the Governing Body.	
18.30b	**Constitution and Committee Terms of Reference** HF presented Constitution and Committee Terms of Reference, and commented that it was presented at Council of Members (CoM) for approval on the 20 March, to allow the Council 7 days to give approval via email. The outcome of which will be reported to the Board. **Terms of Reference for Committees:-** • Members - full members with voting rights • Non-voting participants - people that generally attend every meeting but do not have voting rights • Attendees - generally the minute taker, committee support role or attendee for an item **Recommendation by the Deloitte Review:-** • The Chair of the Governing Body will also be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations **Joint Strategic Commissioning Committee (JSCC)** Amendments due to legal advice given by NHSE:- • Removal of reference to OOH as it cannot be delegated • Removal of reference to the Governing Body in one point (1.4) as the JSCC is a Committee of the Group rather than the Governing Body • Change to the Scheme of Delegation to reflect agreement made by Chief Officers to delegate a specific amount via business cases rather than as previously agreed **Additional Role Descriptions:-** • NHSE asked that the CCG add a brief role description of the Lay Members, Secondary Care Doctor and Registered Nurse, added to Section 7 **Standards of Business Conduct:-** • Minor additions were made to the Conflicts of Interests Section 8 to align with latest guidance **Key Roles:-** • Addition of Chair, Accountable Officer and Chief Finance Officer to Section 2.2 of the Standing Orders TB stated that the JSCC engagement with the public was weak. JBW responded that PW, JBW and SH as members of the Governing Body who also attend the JSCC to raise this engagement issue. The Governing Body **APPROVED** the Terms of Reference (i), (ii), (iii), (iv), (v), and (vi). The Constitution and Committee Terms of Reference was **NOTED** by the Governing Body. **ACTION: JSCC engagement issue to be raised**	**JBW/ PW/SH**

	Further discussion around issue of patient engagement and being honest and transparent. The wording that is in the Constitution is the standard template wording around engagement. There is currently a paper being written of a plan around engagement, which will be submitted to the Executive Team Meeting for review and discussion.	
18.30c	**Clinical Effectiveness Policies** SJW advised members that there are 11 Policies being asked to be approved by Governing Body, after the 20+ that have already reviewed. All 11 have already gone through process of all Norfolk and Waveney CCG's that have robust review against national guidelines. NICE have a Public Health Consultant and Governance Managers within that group. Once all of the CCG's have agreed them they will be approved in their totality and will go onto Knowledge Anglia website, for clinicians to use through contract variation, so the providers know these are in place. i) Benign Skin Lesions ii) Hair Replacement/Transplant/Wigs iii) Patella Resurfacing iv) Achilles Tendonopathy v) Chalazion vi) Hernia vii) Plantar Fascitis viii) Carpal Tunnel ix) Hair Removal x) Labiaplasty xi) Residential Pain Management A question was raised by TB due to the fact these papers which are part of the Governing Bodies public meeting are these meant to be public facing and accessible via WNCCG's website? There is also an issue with being unable to access our website. HF responded member's access to WNCCG website is only available to people who are in an NHS environment who also have an NHS email address. These papers are presented at Governing Body for approval but they are robustly discussed at CLEX. SJW suggested from a Governance point of view, there are numerous policies and they need to be in one place. Clinicians need to know where they are saved. If we start to have them in different places or websites this could compromise Governance. SJW to take and raise to CLEX for discussion about how we can make these more public, but it is the clinician who will speak to the patient and go through the policy to explain. The Governing Body **APPROVED** the Clinical Effectiveness Policies (i), (ii), (iii), (iv), (v), (vi), (vii), (viii), (ix), (x) and (xi), but would like to improve the access to the policies. **Action: SJW to discuss at next CLEX Meeting and feedback to next Governing Body Meeting.**	**SJW**
18.30d	**Emergency Preparedness, Resilience and Response (EPRR) Self Assurance 2017/18** HF presented the Emergency Preparedness, Resilience and Response (EPRR) Self Assurance 2017/18 paper. Expectations of assurance process from NHSE all Norfolk organisations completed their self-assessment against the EPRR Core Standards for 2017/18. The outstanding actions of the EPRR Annual Work Plan have been completed and submitted to NHSE for assurance.	

	JBW responded with thanks to HF. The EPRR Self Assurance was **NOTED** by the Governing Body.	
18.30e	**Senior Information Risk Owner (SIRO) Report** HF presented the Senior Information Risk Owner (SIRO) Report. To provide assurance to the Governing Body in relation to the effectiveness of controls for Information Governance (IG), data protection and confidentiality. The SIRO Report is supported in this work by a CCG IG Committee which meets 5 times per year. The IG Toolkit was submitted last week, a week early. Quite a few issues are being worked on at the moment with the transition to Arden and Gem, new provider next week. The SIRO Report was **NOTED** by the Governing Body.	
18.31	**ITEMS FOR INFORMATION**	
	Audit Committee Minutes Finance & Performance Committee Minutes Primary Care Commissioning Committee Register of Interests including Gifts and Hospitality Register Community Engagement Forum Minutes	
18.32	**DATE AND TIME OF NEXT MEETING**	
	The next Governing Body Meeting is at 9.30am on Thursday 24 May 2018, King's Lynn Town Hall, Saturday Market Place, Kings Lynn	
	Meeting closed at 12:35pm	