**Governing Body Meeting - Minutes**

25 September 2014, The Lounge, Galloway’s Society for the Blind, Howick House, Howick Park Avenue, Penwortham PR1 0LS at 2.00pm

**Present**
- Dr Ann Bowman – GP Director (Chair)
- Dr Brigid Finlay – GP Director
- Dr Hari Nair – GP Director
- Mrs Anne Bowen – Governing Body Nurse
- Dr Steve Cairns – Secondary Care Doctor
- Mr Sam Jones – Lay Member Audit and Finance
- Mr Iain Crossley – Chief Finance and Contracting Officer
- Mr David Noblett – Lay Member Patient and Public Involvement
- Mr Paul Richardson – Lay Member Governance
- Dr Dinesh Patel – GP Director
- Dr Zak Patel – GP Director
- Mrs Jan Ledward – Chief Officer
- Dr Sandeep Prakash – GP Director

**In attendance**
- Mrs Helen Curtis – Head of Quality, Safety and Effectiveness
- Mrs Louise Giles – Head of Operations and Delivery
- Ms Karen Sharrocks – Head of Strategy and Corporate Services
- Dr Simon Shaw – Local Medical Committee
- Dr Anthony Sudell – Consultant in Public Health Medicine
- Mr Ishwer Tailor – Lancashire Health Watch
- Mrs Julie Taylor – Corporate Support Officer
- Mrs Madeleine Bird – Communications Officer
- Miss Elena Lloyd – Corporate Communications Manager
- Miss Erin Portsmouth – Head of Communications and Engagement
- Mrs Anne Whittle – Governing Body Secretary (Minutes)

**Members of the Public**
- Ross Carruthers – Roche Pharmaceuticals
- Martin Francis – Boehringer Ingelheim
- Mike Kenny – Boehringer Ingelheim / Member of the Public
- Donna Rowley – Glaxo Smith Kline
- Allan Slater – Great Eccleston Patient Participation Group
- Chris Walbank – Spiral Health CIC

**Welcome and Apologies for Absence**

Dr Bowman welcomed everyone to the meeting.

Apologies for absence were received from Dr Anthony Sudell – Consultant in Public Health, Lancashire County Council.
**Declarations of Interest**
Dr Bowman invited members to declare any interests pertaining to agenda items. There were no separate declarations of interest made within the meaning of Section 8 of the Group’s Constitution.

**Minutes of Governing Body meeting**
The minutes of the previous meeting held on 26 June 2014 were accepted as a correct record subject to the following amendments:

**GPGB/20140626/09 – Performance Report**
With regard to Never Events, Mrs Bowen commented that if a Never Event has occurred the rating should automatically be shown as ‘red’ rather than ‘amber’. Mrs Bowen also expressed concern that no feedback or information has been received from NHS England Area team regarding their review of the outstanding Never Events. In the meantime Mrs Ledward has written to Mr Richard Jones, Director of NHS England Lancashire Area Team in relation to the outcomes of Serious Untoward Incidents and Never Events and awaits a response. The issue has also been challenged at the assurance checkpoint but still with no response. Mrs Ledward is considering writing to NHS England for advice.

**Resolved**
That the minutes of the meeting held on 26 June 2014 were accepted as a correct record subject to the above amendment.

**Matters arising**

**GPGB/20140626/09 – Performance Report**
Mrs Ledward advised Governing Body members that NHS England had responded to the letter from the CCG concerning serious untoward incidents and never events. Whilst the cases referred to in the CCG had been responded to, further cases are still outstanding. Mrs Curtis suggested that this matter be picked up with Quality Improvement Committee.

**GPGB/20140626/10 – Safeguarding Annual Report 2013/14**
With regard to confirmation to be provided to the Secondary Care Doctor on the number of specialist adult safeguarding investigations that are substantiated, this action has been completed.

There were no other matters arising from the minutes of the previous meeting.

**Chair’s Update**
Dr Bowman provided a verbal update on recent activities. She highlighted the following areas:
There will be changes to the clinical leadership as elections are underway to recruit to GP Director roles. Dr Zak Patel will be standing down. As this may be Dr Patel’s last meeting with the Governing Body, Dr Bowman expressed thanks on behalf of the CCG for his hard work. Dr Bowman confirmed that Dr Finlay and Dr Dinesh Patel are also due to stand down and have offered to stand again in the forthcoming elections. Dr Bowman expressed sincere thanks to both Dr Finlay and Dr Patel for their continued support.

The CCG continues to build good relationships with our major providers, with the Clinical Senate having the potential to make some exciting changes while we rebalance the health economy.

The transformation of urgent care services continues to develop momentum.

We are now scoping and shaping a vision for primary care and we hope to take on responsibility for co-commissioning.

We are now providing new services under elective care. The commissioning of Muskulo-Skeletal (MSK) services will see continued improvements in waiting times for patients.

There are still some areas of concern which we still need to address soon, in particular mental health services.

Dr Bowman expressed her thanks to all for contributing to the CCG’s success so far. She felt that the CCG is in a good place as we move to delivery phase. Mr Noblett, on behalf of the Governing Body echoed Dr Bowman’s thanks to the GP Directors and expressed sincere thanks to Dr Bowman and CCG staff for all the hard work and commitment so far.

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

GPGB/140925/06

Chief Officer’s Report
Mrs Ledward presented the Chief Officers report. Mrs Ledward expressed her thanks and appreciation to all GP Directors, Chair and CCG staff for exceptional work so far.

- Care Quality Commission (CQC)
Mrs Ledward informed Governing Body members that a CQC inspection has taken place at Lancashire Teaching Hospitals NHS Foundation Trust (LTHT) and a meeting is scheduled for 1 October 2014 to discuss the outcome of the inspection and required actions. An update would be provided to the next Governing Body meeting in November 2014. A number of Preston practices have also been inspected by CQC. She confirmed further work was required with the CQC to understand how they will act upon findings. In response to a question received about whether there are any added pressures as a result of the CQC
continuing to undertake inspections in care homes, Mrs Ledward confirmed that the CCG works closely with Lancashire County Council (LCC) to address issues, but the outcome of CQC inspections could add additional pressure in the system if there are fewer nursing and residential beds available.

- **Organisational Development Plan**
The Organisational Development Plan would be shared with members outside the meeting.

- **Working with Local Authorities: Better Care Fund (BCF)**
The Lancashire BCF proposal has been submitted. She confirmed that the strategy locally is to provide care closer to home and reduce admissions. She confirmed NHS England has set a target to reduce non elective admissions by 3% by 2016 but there are expected to be further iterations of plans in the autumn. This is proving complex given the two tier authority and wide variation in baseline positions across Lancashire.

- **Workforce for the Future**
Mrs Ledward highlighted the potential for a review of career opportunities and training pathways as a result of the successful bid to secure funding from the Local Workforce and Education Group (LWEG). The bid will help our health economy to address workforce issues in developing our plans for the future. Mrs Joanne Platt will project manage this piece of work for the CCG.

- **Co-commissioning of Primary Care; Expressions of Interest**
Nationally, a variety of expressions of interest have been received CCGs want different things and NHS England is now considering how to move co-commissioning forward. Guidance is expected at the end of November. In the meantime, Dr Bangi and Mrs Ledward will attend a National Commissioning Assembly meeting in London on 29 September where co-commissioning will be discussed.

In response to a question from Mrs Bowen around the suspension of placements and quality of care in nursing homes, Mrs Ledward confirmed that work is taking place to address capacity issues in nursing homes. Mrs Curtis added that actions are in place for the relevant teams from Lancashire County Council, the Commissioning Support Unit and provider Quality Teams following recent CQC inspections and for nursing homes which are not meeting the required standards.

Ms Sharrocks confirmed for Mr Noblett that a summary of the five year strategic plan will be shared with members of the public as part of engagement with the public and will be available at the AGM.
Resolved
That the Governing Body noted the update provided by the Chief Officer in her report.

GPGB/140925/07

Primary Care Review
Dr Dinesh Patel gave a presentation to Governing Body members on the development of the primary care strategy.

He explained how the CCG has been working with support from KPMG and GP practices to build a baseline of findings of issues for general practice in this area. Common themes have emerged including increasing demand and access, workforce, finance and funding, and non-clinical demand on practices.

He described how the CCG plans include ways to avoid inappropriate hospital admissions and reduce A & E and Out of Hours attendances. The CCG is looking into ways to address areas where care provision is dis-jointed improving communications between service providers, providing better support to care homes and elderly patients with multiple conditions. He confirmed that the CCG is moving to deliver more integrated and equitable services and encourage input from patients and members of the public.

Dr Bowman echoed the need to improve resources in primary care including GP premises and added that the Lancashire CCGs Network is also discussing how these issues can be improved.

Mr Noblett asked that there needs to continue to be emphasis within practices in engaging with patients and patient groups. Dr Patel suggested that patient feedback could be used as a way of becoming more responsive to patient need. Members discussed what improvements are likely to be seen in six months’ time. Dr Patel confirmed that the expectation is to see better services for elderly people and to manage more patients in the community in certain areas or specialties. The CCG is already starting to consider, with engagement from our partners, what potential improvements can be made with co-commissioning of primary care services, for example, what outpatient services could be provided in a primary care setting.

In response to a question about what the CCG can do to improve inadequate GP premises, and to address issues around single handed premises, Mr Crossley advised that, as part of co-commissioning, the CCG is looking at a strategy for primary care which includes estates, in particular as part of the new City Deal and forthcoming increases in the local population.

Resolved
That the Governing Body noted the content of the presentation on the primary care review.

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<tr>
<th>GPGB/140925/08</th>
<th><strong>Operational Resilience Plan</strong></th>
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<td>Mrs Giles presented the Governing Body with the operational resilience plan for 2014/15. This incorporates our plans for managing demand over winter. The current pressures within the urgent care system were included in the report. The system as a whole has undertaken a significant review of performance following last winter and identified key priorities within and across organisations for this year which have been discussed and agreed in the Urgent Care Board.</td>
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<td>The report included details of how the seasonal resilience funding will be used, a breakdown of the various schemes and the expected outcomes and costs were included in the plan.</td>
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<td>Mrs Giles confirmed there has been significant investment in developing the Integrated Neighbourhood Teams (INTs) which will help reduce some of the pressures in the acute sector by providing co-ordinated multi-disciplinary teams in the community. Key performance indicators have been put in place which the Urgent Care Board will monitor.</td>
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<td>Mrs Giles confirmed that the operational resilience plan is not just about winter. Comments and questions received included:</td>
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<td>• That several meetings with partners had taken place to discuss a number of schemes,</td>
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<td>• As part of the plan, work is being undertaken to address the needs of people who frequently present at A &amp; E.</td>
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<td>• The CCG has recognised the pressures of an increasingly elderly and frail population, and the need to maintain the standards of performance. Mrs Giles explained that models of Step Up and Step Down services are being introduced. It was noted that although A and E attendances are fairly static, there are increasing hospital admissions in the locality, and the CCG is looking at this on a weekly basis. In response to a question about how confident the CCG is that hospitals can cope with increasing demand, Mrs Giles was confident but the CCG needs to do more work to understand the pressures and the cause of the pressure.</td>
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<td>• There is a need for a change in culture, in particular for hospital staff to be more aware of what is available in the community and be confident in the ability of community teams to manage care packages adequately.</td>
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<td>• With regard to progress being made with Integrated Neighbourhood Teams (INTs), Mrs Giles confirmed that all teams are now in place, with some teams working well, and some</td>
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requiring improvement. Feedback from Chorley GPs was excellent as teams bed in and we have started to see a reduction in A&E admissions at some practices. Mrs Giles would share the data with Governing Body members. Mrs Giles added that more work is to be done to align community mental health teams with INTs. In response to a question about whether the CCG has patient feedback from last years’ winter schemes, Mrs Giles confirmed that good feedback had been received about the GP visiting scheme and the pop up clinics, and the CCG is looking into how patient feedback can be gathered with all schemes.

Resolved
That the Governing Body noted the content of the local health and social care economy system wide operational resilience plan that has been developed through the Urgent Care and Elective Care Working Board.

**GPGB/140925/09**

**Urgent Care Transformational Programme Update**

Dr Prakash presented an update from the Urgent Care Board on the progress of the projects for the first six months of mobilisation of the Urgent Care Transformation Programme. The report included an update on governance arrangements and work streams, and how these projects are managed to improve the patient experience of urgent care services, ensure that patients are treated in the most appropriate setting and consequently reduce inappropriate admissions and readmissions to hospital.

Dr Bowman commented that she would like to understand more of the capacity and demand around the urgent care system.

In response to a question from Mr Richardson about all RAG ratings for the various work streams being ‘amber’, Dr Prakash advised that all of these projects have reached a stage where they are now ready to be delivered. Mr Crossley also confirmed that all projects are progressing and timescales are on target for delivery. A suggestion was put forward from Dr Cairns that each project has a timescale going forward. Mrs Bowen added that we need also to understand the impact of schemes on the health economy, for example where this transformation leads to fewer hospital admissions.

Resolved
That the Governing Body noted the current progress in the mobilisation of the central Lancashire health economy whole system Urgent Care Transformation Programme. The Governing Body agreed future reports would have a timescale for each project.

**GPGB/140925/10**

**Cumbria and Lancashire Out of Hours Telesstroke Service Specification**
Mrs Ledward presented the Cumbria and Lancashire Out of Hours Telestroke Service Specification for approval. She confirmed that the current provider has given notice on the remaining two years of a five year contract and expressions of interest have been sought from existing providers to take on the remaining two years. Mrs Ledward has been asked by the Lancashire CCGs Network to be the senior responsible officer for stroke services and has asked North Cumbria CCG to review their service specification.

She has written to Chief Executives in Lancashire to seek expressions of interest from providers for the remainder of the contract. Two expressions of interest have been received.

Mrs Ledward confirmed the service specification has been considered by the Joint Executive Committee. The outcome of negotiations with providers will be hopefully reported to the next Governing Body meeting.

Dr Finlay asked whether the service could also be considered locally for ‘in hours’. Mrs Ledward responded to say this was being considered within the wider stroke work programme. In response to a question from Dr Finlay about how performance would be taken into consideration, Mr Noblett confirmed that stroke service performance is included on the Quality Improvement Committee agenda.

Resolved
That the Governing Body approved the service specification for the Cumbria and Lancashire Out of hours Telestroke Services.

Performance Report
Mr Crossley presented for information the Performance Report, which seeks to provide assurance to Governing Body members that the clinical outcomes and performance indicators agreed in the two year operational plan and five year strategy are being delivered.

Mr Crossley highlighted the key areas of concern within the report and provided an update with regard to the actions being taken by providers to address areas where performance is poor. The issues included:

- Cancer targets,
- Accident and Emergency four-hour breaches,
- North West Ambulance Service R1 and R2 targets,
- Improving Access to Psychological Therapy; and
- Healthcare Acquired Infection.

Mr Richardson requested that future reports include links to the five-year plan. Mr Crossley confirmed the performance indicators set out in the plan were already included in the report. He also asked about what
sanctions are in place where targets are not met by providers and commented that although the concerns raised in the report are mainly with regard to LTHT, it would be useful to see performance of other providers. In response, Mr Crossley confirmed that the CCG is working on a programme to deliver on the five year plan, that the quality Performance Committee provides the scrutiny around performance for all provider organisations, and that much work is going on in the background in this respect. Dr Bowman commented that the report provides a snapshot in time, but it would be useful to see trends and how performance is achieved against national targets. Mr Crossley confirmed that the report is improving and still developing and the trends would be reported to the next meeting. Dr Zak Patel commented that a lot of work has been done in the last six months to improve the patient experience, such as fewer visits to hospital for patients before seeing the consultant for the results. He added that LTHT receives many external referrals which have an impact on our own targets, and that we do not commission cancer services but we do have to meet the target. CCGs can only see data related to their own population.

Members discussed how some targets have reported poor performance over a period of time, such as stroke services and mental health services. It was noted that many areas still have no nationally agreed performance metrics.

Resolved
That the Governing Body noted the content of the report and actions being taken. The Governing Body requested future performance reports include more information on LCFT and also show trends and comparison with local and national data.

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**Financial Performance Report**

Mr Crossley presented for information the financial performance report, which included the CCG’s financial position as at the end of August 2014 and considered the use of the non-recurrent transformational resources identified in the Operational Plan. He added that the options for spend on these non-recurrent resources will be considered in the next month. The Governing Body agreed to release the non-recurrent investment funds and to increase the risk reserve for the Better Care Fund in line with the proposals in the paper.

In the meantime, the Audit Committee has considered the financial risks with Continuing Health Care and the Better Care Fund and he confirmed these continue to be the subject of major debate across Lancashire. He confirmed that the planning process for utilising these resources will ensure that we use them efficiently and effectively.

Mr Crossley confirmed the CCG is forecast to achieve its financial
targets for 2014/15 and deliver the planned surplus of £3,167,000.

In response to a question from Mr Jones about over performance at Lancashire Teaching Hospitals NHS Foundation Trust (LTHT) and how the CCG will control acute sector spend, Mr Crossley explained how projects are phased to manage periods of expected over performance. However this is still a financial risk and the CCG has reserves in place, but we need to release some of the ‘change’ funding in order to see the changes, as described in our plans.

Mr Crossley confirmed that the CCG is still working with the NHS England Local Area Team to improve the position with regard to continuing health care legacy cases and the financial risk this brings.

Mr Crossley clarified for members the overspend at LTHT as described on page five of the report was within the contract reserve tolerance agreed by the Governing Body when the financial budget was agreed.

**Resolved**
That the Governing Body noted the content of the Financial Performance Report.

**GPGB/140925/13**

**Governing Body Assurance Framework**
Ms Sharrocks presented a report to the Governing Body which provided an overview of the current position and ongoing process for further developing the Governing Body Assurance Framework (GBAF).

The GBAF is work in progress, focusing on the key strategic risks rather than operational risks and supported by the Risk register. It was noted that the Governing Body should have ownership of the GBAF in order to receive the necessary assurances, and has not delegated authority to the Audit Committee as noted under paragraph 3.10. It is also the intention that the Quality and Performance Committee will provide scrutiny with regard to some risks within the Risk Register.

**Resolved**
That the Governing Body noted the progress made in developing the GBAF and supported the on-going development as outlined within the report.

**GPGB/140925/14**

**KPMG Governance Review and Action Plan**
Mrs Ledward provided a report which explained to the Governing Body that the CCG has commissioned an external review to provide an independent assessment of the governance arrangements and to review the Terms of Reference and membership for the governance structure. Mrs Ledward explained that the CCG wanted to be clear where assurances are provided and clarity about where and how
Ms Sharrocks confirmed that the CCG was already aware of some of the process issues around how we manage agendas, minutes, culture and behaviours. She explained that this is a starting point, a number of the recommendations in the report have already been addressed. She also asked that the review is brought to the next Governing Body Development Session in October 2014 to draw out the actions from the report and to consider how we manage the Governing Body Assurance framework and the business calendar.

**Resolved**
That the Governing Body received the KPMG Governance Review and its recommendations.

**Audit Committee Minutes**
Mr Jones presented for information the minutes of the Joint Audit Committee meeting held on 4 July 2014. He also provided a verbal update on Audit Committee matters, giving examples of assurances in place and some key risks which are being addressed:

(Mr Ishwer Tailor left the meeting at this point)
- Audit Committee met on 5 September, the minutes of which are not yet available.
- Mr Andrew Cook has left Grant Thornton UK, External Auditors.
- Work is being carried out to provide assurance mapping which is a concern for Audit Committee members.
- Audit Committee terms of reference are being finalised and will be brought to the Governing Body for approval in November.
- Work is being undertaken to improve the management of Conflicts of Interest.
- Ian Roberts, Head of Procurement and Contracting led a workshop on 5 September to help the Audit Committee understand the implications of conflicts of interest with regard to procurement.

**Resolved**
That the Governing Body received and noted the minutes of the joint Audit Committee meeting held on 4 July 2014 and the verbal update provided on the meeting held on 5 September 2014.

**Quality Improvement Committee Minutes**
Mr Noblett presented for information the minutes of the Joint Quality Improvement Committee meeting held on 2 July 2014. He highlighted the following matters for Governing Body members:
- The committee is looking at cancer waiting target performance of
provider.

- Commissioning for Quality and Innovation (CQUIN) – only 2 of the 36 CQIN targets have not been achieved.
- Serious Incidents and Never Events – it was pleasing to note that standards of good practice are being achieved following an audit which considered patient ulcers.
- The committee has recognised that it would be useful to share practice improvement plans with patient groups.

**Resolved**
That the Governing Body received and noted the minutes of the Quality Improvement Committee meeting held on 2 July 2014 and the verbal update provided by Mr Noblett.

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<th>GPGB/140925/17</th>
<th><strong>Clinical Policy Committee Minutes</strong></th>
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<td></td>
<td>Dr Prakash presented for information the draft minutes of the Clinical Policy Committee meeting held on 16 July 2014. He explained how one of this new committee’s priorities is to create an overriding principles document which can be applied to all policies for consistency purposes. The committee also has oversight of Medicines Management. The terms of reference for this committee will be brought to the Governing Body for approval.</td>
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**Resolved**
That the Governing Body received and noted the draft minutes of the Clinical Policy Committee meeting held on 16 July 2014.

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<th>GPGB/140925/18</th>
<th><strong>Patient Voice Committee Minutes</strong></th>
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<td>Ms Sharrocks presented for information the draft minutes of the Patient Voice Committee meeting held on 20 August 2014. She explained that the terms of reference are currently being reviewed. Two meetings have been held so far with the committee focussing on input into the Communications Strategy.</td>
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Mr Noblett added that this committee will look at the patient stories which the Governing Body will welcome on future agendas.

**Resolved**
That the Governing Body received and noted the draft minutes of the Patient Voice Committee meeting held on 20 August 2014.

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<th>GPGB/140925/19</th>
<th><strong>Clinical Senate Minutes</strong></th>
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<td>Mrs Ledward presented for information the minutes of the Clinical Senate meeting held on 17 July 2014. She highlighted that the Senate is currently working on scenario modelling and collective work as a health system.</td>
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Resolved
That the Governing Body received and noted the minutes of the Clinical Senate meeting held on 17 July 2014.

Lancashire CCGs Network Minutes
Dr Bowman presented for information the minutes of the Lancashire CCGs Network meetings held on 29 May, 26 June and 31 July 2014.

Resolved
That the Governing Body received and noted the minutes of the Lancashire CCGs Network meetings held on 29 May, 26 June and 31 July 2014.

Lancashire Safeguarding Adult Board Minutes
Mrs Curtis presented for information the minutes of the Lancashire Safeguarding Adult Board meeting held on 22 May 2014.

A covering report would be provided for future minutes of meetings.

Resolved
That the Governing Body received and noted the minutes of the Lancashire Safeguarding Adult Board meeting held on 22 May 2014.

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

A member of the public asked what the commissioning intentions are for the CCG, bearing in mind MSK services over the next six months and for 2015.

Mr Crossley advised that the integrated urgent care service pilot is the priority commissioning intention for the CCG.

Resolved
That the Governing Body received and noted the above question and response.

Any Other Business
There was no further business to discuss.

Date, time and Venue of Next Meeting
The next meeting will be held on 27 November 2014 at the Gujarat Hindu Society, South Meadow Lane, Preston, PR1 8JN, at 2.00pm

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