**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP BOARD**

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 11th MAY 2017 AT 2.00PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY, DN32 7DZ**

**PRESENT:**

Mark Webb NEL CCG Chair

Jan Haxby Director of Quality and Nursing

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr Arun Nayyar GP Representative

Councillor Hyldon-King Portfolio Holder for Health, Wellbeing and Adult Social Care

Dr David James Secondary Care GP

Dr Derek Hopper GP Representative

Laura Whitton Chief Financial Officer

Stephen Pintus Director of Public Health, NELC

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer

Joe Warner Managing Director – Focus independent adult social care work

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Councillor Patrick Portfolio Holder for Finance and Resources

**APOLOGIES:**

Juliette Cosgrove Clinical Lay Member

Joanne Hewson NELC Deputy Chief Executive (Communities)

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Eddie McCabe Assistant Director – Contracting & Performance

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

The Chair reminded committee members of their obligation to declare any interest they have on agenda items which may conflict with the business of NELCCG.

Declarations declared by members of the Partnership Board are listed in the CCG’s register of interest. The register is available on the CCG website. <http://www.northeastlincolnshireccg.nhs.uk/data/uploads/publications/declaration-of-interest-register-2016-17-april-sept.pdf>

There were no declarations of interests from those in attendance.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 9 Mar 2017 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **COMMUNITY FORUM TERMS OF REFERENCE (GOVERNING BODY MEMBERS ONLY)**

A paper was presented to the Governing Body and taken as read. This is to formally ratify the terms of reference for the Community Forum as set out in the constitution. The paper outlined the amendments made to the Terms of Reference, no further changes were made.

**The Governing Body ratified the Community Forum Terms of Reference.**

1. **CHAIR’S ACTION: RATIFICATION OF ANNUAL REPORT / FINAL ACCOUNTS**

The Chair confirmed that the Annual Report / Final Accounts had been ratified, by delegated approval. The draft documents will be reviewed by NHS England. The final documents will be brought to the Board at the next available meeting.

**The Board agreed that the Chair can ratify any amendments on behalf of the Board.**

1. **CCG ASSURANCE REPORT Q4**

The Assurance Report has not been published so will be brought to a future Board meeting.

**Action: The Assurance Report will be brought to the July meeting.**

**The Board noted and approved the Corporate Business Plan for 2017/18.**

1. **CQC UPDATE REPORT**

The Board were provided with a presentation updating them on the latest news following the CQC inspection at two sites in the region. The presentation outlined services that were inspected with their overall CQC ratings.

* The overall assessment was noted as adequate
* NHSI have put the Trust into Quality Special Measures, and Financial Special Measures
* The CQC report noted the lack of Clinical Leadership at the Trust
* The number of medical vacancies was noted as significant and has a huge impact on clinical leadership
* Cultural changes are required so staff feel they can speak up about concerns
* Basic care issues were highlighted by the report
* It was noted that poor administrative systems and processes need to be addressed
* The role of NHSI is significant. NHSI Directors are working with the trust to provide leadership from a quality perspective
* Timescales are being put in place for identified priorities
* A System Improvement Board (SIB) has been established, with sub-groups to provide assurance for special measure improvements
* The CCG are part of the SIB, and have membership on the sub-groups
* The Board were informed that Clinical leadership is improving
* The CCG are reviewing actions the Trust are responding to the CQC in order to provide assurance to the Board
* The ambition of the Trust is to be rated as Good by 2019.

The Chair noted that the CCG’s role is to enable the Trust to work with partners to provide care, and provide challenge on the services provided in order to support care for the region. The Chair requested that a review of the progress by the Trust be brought back to the Board in three months’ time.

**Action: A report on the progress following the CQC Report will be brought to the September meeting.**

1. **CHIEF EXECUTIVE UPDATE**

The Chief Executive updated Board members regarding the partnership with North East Lincolnshire Council; NEL CCG’s relationship with the neighbouring CCG’s; the Accountable Care Partnership; and the STP.

1. **INTEGRATED ASSURANCE AND QUALITY REPORT**

The Integrated Assurance and Quality Report was presented to the Board. This report advises the Partnership Board of how the NELCCG are performing against;

• six domains developed for the performance dashboard;

• three domains developed for quality dashboard and;

• six domains for risk.

The dashboards are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee. The report was taken as read with the following areas highlighted.

The performance trend for DPoW A&E 4 hr wait over the last 2 years has shown a clear deterioration. Analysis of activity and flow does not demonstrate any correlation to explain the continued performance decline. The concerns will be raised at the next A&E Delivery Board meeting. The paper identifies other appropriate services, to structure managing demand for A&E in freeing up hospital bed capacity. The CCG is actively involved in the national requirement to support A&E departments by providing a Primary Care Stream able to quickly see A&E attendees who do not need specialist hospital accident and emergency services. The Board noted the importance of NLaG doctors working with practices to deliver this service. It was agreed that a copy of the final ECIP report would be circulated to Board members.

The Quality section of the report was taken as read, with the following areas highlighted to the Board.

The Board noted the significant risk to the delivery of safe and quality services provided by the Trust. The Trust have declared instances of significant harm in treatment delays and a Clinical Harm Group has been established to manage patient’s needs.

The Board noted that EMAS have conducted a Sepsis Pilot across NL and NEL which they report positive outcomes for early administration of broad spectrum antibiotic to patients presenting with Red Flag Sepsis.

The Board noted that ST Hugh’s Hospital have had an action plan in place which they have just completed and are keen to get the CQC back in to visit.

***Philip Bond left the room***

The CCG have attained significant assurance for their Incident Management processes and procedure from an audit conducted by East Coast Audit Consortium. Two areas for improvement have been identified.

***Philip Bond re-joined the meeting.***

The Board were updated that The Children and Social Work Bill 2017 will no longer require local areas to have a Local Safeguarding Children’s Board. There will have to be local multi-agency safeguarding arrangements. The CCG are considering options for future arrangements and no decisions have been made as yet.

The Board discussed developing a quality profile on all providers that would give indicators on performance, activity. This would provide the CCG, and the local population, with robust evidence to back up commissioning decisions, and that the CCG are commissioning good quality health care providers.

 **Action: ECIP Report to be circulated to all Board members.**

**Action: Jan Haxby to develop a quality profile on all providers.**

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **information on future performance, quality and risk challenges**
* **information on unplanned care**
1. **COMMISSIONING AND CONTRACTING REPORT**

The Board were provided with a report outlining commissioning and contracting activities, updating on key areas of performance as highlighted by Board sub committees. The paper was taken as read with the following areas highlighted.

The Dermatology service which started on the 1st April is being well received. The service is operating out of Cromwell Road Primary Care Centre and patients have transferred to and are being treated by Virgin Care.

As previously reported, Newmedica have been appointed to deliver an additional ophthalmology service to support the backlog issues in NLAG.

**The Board noted the information about the issues raised in the report.**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial outturn position for 2016/17. The following areas of expenditure movement since the last report were highlighted to the Board.

1. Release of the £2.209m system risk reserve as mandated by NHS England

2. Prescribing; The movement in the outturn of £250k reflects an element of non-delivery of QIPP and increased activity. This has previously been forecast within risks.

3. Northern Lincolnshire & Goole Hospital; The movement in the outturn of £128k is due to an increase in expenditure for excluded drugs & devices and the impact of the year end adjustment to take account of incomplete spells.

4. Hull & East Yorks Hospitals; The improvement in the position is due to a reduction in activity in the last two months.

5. Navigo; The outturn position reflects additional out of area / PICU activity in the last two months.

6. Other acute; There has been an improvement in the outturn position primarily due to the NLAG NOUS contract for 16/17 not being signed and thus activity has been paid for at 15/16 prices.

7. Non Contract Activity; The movement in the outturn position is due to (i) an higher than forecast activity and (ii) costs from North of England CSU for the NCA and IFR team being (previously included in running costs)

8. ASC; The operational outturn showed a £21k underspend, which will be returned to NELC, leading to the reported break-even position.

Better Payment Practice; As at March 2017, the overall performance has improved since last reported. The quantity & value of invoices paid within 30 days reached 95.0% & 98.7% respectively, meeting the minimum 95% target.

As at March 2017 the CCG had drawn down 100% of it annual cash allowance.

**The Partnership Board noted the financial outturn position for 2016/17.**

**11. UPDATES:**

**COMMUNITY FORUM**

The Community Forum have recently been updated on the actions of the Quality committee, and were updated on the potential restructuring of the Committees.

**COUNCIL OF MEMBERS**

The Council of Members have recently been provided with an update and a discussion was held regarding the special measures at NLAG. The Council of Members discussed and agreed the next steps for the CCG/NELC Partnership arrangements. The Council of Members agreed the recommendations made to them by the recent Remuneration Committee minutes.

**12. ITEMS FOR INFORMATION**

a) Quality Committee Meeting minutes – 12 Jan 2017

The minutes of the Quality Committee Meeting held on 12 Jan 2017 were noted.

b) Quality Committee Meeting minutes – 9 Feb 2017

The minutes of the Quality Committee Meeting held on 9 Feb 2017 were noted.

c) IG&A Committee Meeting minutes – 2 Dec 2016

The minutes of the IG&A Committee Meeting held on 2 Dec 2016 were noted.

d) Care Contracting Committee Meeting minutes – 16 Nov 2016

The minutes of the Care Contracting Committee Meeting held on 16 Nov 2017 were noted.

e) Care Contracting Committee Meeting minutes – 11 Jan 2017

The minutes of the Care Contracting Committee Meeting held on 11 Jan 2017 were noted.

1. **QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

1. **DATE AND TIME OF NEXT MEETING**

Governing Body meeting – Thursday 14th June 2pm to 4pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ

Partnership Board meeting - Thursday 13TH July 2017 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ