

Meeting: Governing Body- meeting in public			
Meeting Date	27 November 2019	Action	Receive
Item No.	12b	Confidential	No
Title	Clinical Cabinet Chair's Report		
Presented By	Howard Hughes, Clinical Director		
Author	Howard Hughes, Clinical Director		
Clinical Lead	Howard Hughes, Clinical Director		

Executive Summary
<p>This paper is presented to the Governing Body to provide an update on the decisions taken and recommendation made at the following Clinical Cabinet meetings</p> <ul style="list-style-type: none"> • 2nd October 2019 • 6th November 2019.
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Ratify any decisions with a value in excess of £250K • Receive for information any decisions of £250K and below, along with any other discussions detailed

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>n/a</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
N/A						

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Clinical Cabinet Meeting Summary: 2 October 2019

This meeting immediately followed a meeting of the Locality Care Organisation Professional Congress, to which Cabinet members were invited. Members of the Professional Congress were invited to remain for the Clinical Cabinet meeting in a non-voting capacity.

Prior to the formal meeting a workstream update was given by the Maternity and Children's Workstream.

1. Regular items: Governance

1.1. The meeting was quorate and no interests were declared that affected members or guest participating fully in the meeting.

1.2. The minutes of the previous meeting were ratified and the action log updated.

2. Regular items: Business

2.1. None

3. Substantive items

3.1. Sleep Hygiene Pilot Update:

This service pilot, previously approved, was reported as ready to go live. Recruitment to posts had occurred and a full implementation and evaluation plan was being worked up
Cabinet noted update and requested an interim evaluation of the pilot in June 2020.

3.2. Community Paediatric Physiotherapy:

Cabinet received a report on the success of temporary funding in reducing the waiting time of this service from 40 weeks to 5 weeks. This funding had now finished and a proposed staffing structure to deliver a sustainable service was proposed by the provider with the support of the CCG clinical lead.

Cabinet agreed that the proposed structure was sound and desirable and that without it, waiting times would increase again. It was agreed that finance would explore temporary solutions to implement this model until the year end. Future funding would require a solution within the children's services review or assessment against competing priorities.

3.3. Bury Outcome Based Palliative & End of Life Care Framework for Adults 2019 - 2022:

Cabinet received the final version of the Bury Outcome Based Palliative and End of Life Care Framework for Adults 2019 – 2022 for endorsement.

Cabinet endorsed the framework, complimented those who had worked on it and supported the ongoing whole system flow review work with AQuA that would support a costed implementation plan to be brought back to Clinical Cabinet in due course.

3.4 Community Pre and Post Cataract Project Initiation Document:

Cabinet received a project initiation document outlining a proposal to move pre and post cataract consultations in to a community setting. This would be more convenient to patients and provide a more sustainable service.

Cabinet approved the proposal, requested that the business case be further improved

to allow correct monitoring and noted that both the primary care committee and the finance and procurement committee would need to be involved in approval and monitoring.

3.5. Bury Strategy Workshop and Bury Locality Plan Refresh:

Cabinet received updates on both these pieces of work and **noted them accordingly.**

3.6. New GM EUR Policies for Ratification:

The Clinical Cabinet received the following GM EUR Policies for ratification:

- GM059 - Surgical repair of hernias
- GM058 - Surgical correction of adult strabismus (squint)
- GM060 - Photorefractive (laser) surgery for the correction of refractive errors
- GM050 - Surgical management of ankyloglossia (tongue tie)

Having previously had an opportunity to contribute to these policies, cabinet now ratified them.

4 Closing Matters

Governing Body Minutes:

4.1 Cabinet members received these by a link for information.

Clinical Cabinet Meeting Summary: 6 November 2019

This meeting immediately followed the meeting of the Locality Care Organisation Professional Congress, to which Cabinet members were invited. Members of the Professional Congress were invited to remain for the Clinical Cabinet meeting in a non-voting capacity.

Prior to the formal meeting an update was given on the Locality Plan refresh and feedback provided to the Refresh Group

1. Regular items: Governance

- 1.1 The meeting was quorate and no interests declared that affected members or guest participating fully in the meeting.
- 1.2 The minutes of the previous meeting were ratified and the action log updated.

2. Regular items: Business

- 2.1 None.

3. Substantive items

3.1. Physical Activity Strategy

Cabinet received a further update on this strategy which had progressed since coming to Cabinet in September.

Cabinet supported the recommendation to submit this strategy to the Governing Body for approval.

3.2. Inappropriate Non-Obstetric Ultrasound Services (NOUS) Referrals

Cabinet received a paper outlining the levels of usage of the direct access service along with an audit that suggested that over 40% of the referrals could have been inappropriate (i.e. not necessary).

Cabinet approved the use of triage to deflect inappropriate NOUS referrals within Referral Booking Management System (RBMS) and supported the proposal to change the direct access pathway to ensure all NOUS referrals go through RBMS and recommended that the finances and staffing requirements would need to be considered by the elective care group.

4 Closing Matters

Governing Body Minutes:

- 4.1. Cabinet members received these by a link for information.