

Meeting: Governing Body (Meeting in Public)			
Meeting Date	27 November 2019	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Last Meeting and Action Log		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		

Executive Summary
<p>The minutes of the meeting held on 25 September 2019 are presented as an accurate reflection of the previous meetings of the Governing Body reflecting the discussion, decision and actions agreed.</p> <p>Updates against the actions have been provided for information.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Approve the minutes of the meeting held on the 25 September 2019 as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p>SO3 Budget To deliver a balanced budget for 2019/20</p>	☒
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	☒
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	
<p>GBAF N/A</p>	

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"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Title	Minutes of the Governing Body (Meeting in Public) held on the 25 September 2019		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
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Date	Version	Author	Notes
	0.1	Emma Kennett	Forwarded to the CCG Chair for review
Approved:			
Signature:			
		 Dr Jeff Schryer, CCG Chair

Governing Body

Meeting in Public

MINUTES OF MEETING

Governing Body, 25 September 2019 15:00-17.00

Chair – Dr Jeff Schryer, CCG Chair

ATTENDANCE

Members

Dr Jeff Schryer, CCG Chair (Chair)
Mr Peter Bury, Lay Member
Dr Daniel Cooke, Clinical Director
Mrs Fiona Boyd, Registered Lay Nurse of the Governing Body
Mr Howard Hughes, Clinical Director
Dr Cathy Fines, Clinical Director
Mr Geoff Little, Chief Officer
Ms Catherine Jackson, Executive Nurse
Mr David McCann, Lay Member for Patient and Public Involvement
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery
Mr Peter Thompson, Secondary Care Clinician
Mr Chris Wild, Lay Member - Finance
Mr Mike Woodhead, Joint Chief Finance Officer

Others in attendance

Ms Lesley Jones, Director of Public Health
Mr Paul Horrocks, Communications Advisor
Mrs Emma Kennett, Head of Corporate Affairs and Governance– minutes

Public Members/Officers

Ms Karen Johnston, Head of Communications, Engagement and Marketing
Mrs Carrie Dearden, Communications and Engagement Manager, Bury CCG
Ms Nicky O'Connor, Director of Transformation, Bury CCG
Mr Feldman, Pfizer
Mr Rudolf, Scope Ophthalmics
Mr J Timan, Bury Times
Ms Barbara Barlow, Chair, Healthwatch

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Schryer welcomed those present to the meeting and noted apologies had been received from: - <ul style="list-style-type: none">• David McCann, Lay Member
1.2	Dr Schryer advised that the quoracy requirements had been satisfied in accordance with the CCG's Constitution. The meeting was therefore declared quorate.

2 Declarations Of Interest			
2.1	The Chair reminded Governing Body members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.		
2.2	Declarations made by members of the Governing Body are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website here .		
2.3	<p>Declarations of interest from today's meeting</p> <p>Dr Schryer reported that following a recent discussion at the Primary Care Commissioning Committee (PCCC), it would be prudent for all GPs on the Governing Body to declare any Primary Care Networks that they are part of. It was agreed that all Governing Body GPs would therefore need to update their declaration of Interest forms in line with the CCG's Conflicts of Interest Policy.</p>		
2.4	Mrs Boyd informed members that she had recently changed job roles therefore would need to submit a new declaration form in line with the CCG's Conflicts of Interest Policy.		
2.5	<p>Declarations of Interest from the previous meeting</p> <p>There were no declarations of interest from the previous meeting raised.</p>		
ID	Type	The Governing Body:	Owner
D/09/01	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log	
3.1	<ul style="list-style-type: none"> Minutes <p>The minutes of the Governing Body meetings held on 24 July 2019 and 28 August 2019 were considered and agreed as a correct record subject to an amendment being made to 15.8 of the July 2019 minutes to reflect that Dr Fines had presented the Safeguarding report.</p>
3.2	<ul style="list-style-type: none"> Action Log <p>The Action Log was discussed and the following comments were made: -</p> <ul style="list-style-type: none"> A/05/03 - In terms of the Altrincham Hub Governance report, it was agreed that Ms O'Dwyer, Mrs Jackson and Mr Woodhead meet to look at the Organisational Development actions to ensure that the recommendations included within the letter from the Greater Manchester Health and Social Care Partnership were being appropriately addressed. It was noted that Mrs Jackson was pulling something together for a future Governing Body meeting in relation to Freedom to Speak up and this would therefore be added to the Forward Plan for the Governing Body and this action could therefore be removed from the Action Log. A/07/02 – Draft Forward plan for the Strategic Commissioning Board to be submitted to the Governing Body for information once available. It was noted that this would be discussed via JET and the Strategic Commissioning Board where Governing Body members would be present therefore this action could be removed from the Action Log. A/07/04 - It was suggested that a further update on the actions being taken within the organisation in terms of Staff Wellbeing be submitted to a future Governing Body meeting. It was noted that Mrs Featherstone, Deputy Director

	<p>– Business Delivery was currently liaising with Council colleagues in relation to developing a Staff Wellbeing strategy across both organisations. Mr Little reported on the other work underway within this area including mechanisms for supporting staff as part of the organisational change process.</p> <ul style="list-style-type: none"> • A/07/08 – Update on Greater Manchester work in relation to vulnerable adults and complex safeguarding to be brought back to a future Governing Body. It was noted that this action could be added onto the Forward Plan for the Governing Body and this action could therefore be closed in this guise. 		
ID	Type	The Governing Body:	Owner
D/09/02	Decision	Approved the minutes of the meetings held on the 24 th July and 28 th August 2019 subject to the above amendment being made.	

4.	CCG Chair and Chief Officer Update		
4.1	<p>Mr Little provided an update on the latest CCG and Council developments. It was reported that: -</p> <ul style="list-style-type: none"> • In terms of the Greater Manchester Specialist Services Review, 4 options had been developed across 3 sites. Further information on these proposals, could be found on the Greater Manchester Health and Social Care Partnership Website at http://www.gmhsc.org.uk/plan-to-improve-specialist-hospital-services-moves-forward/ • The Strategic Oversight Group (SOG) had been continuing to meet to review the schemes that were currently being funded by the Transformation Funds and identify any risks where funding was due to end. As a result of this review, 3 priorities had been identified including Integrated Neighbourhood teams, Intermediate Tier (Step up and Step down) and the Rapid Response Service. The finances to support these priorities would be reported via the CCG's Finance, Contracting and Procurement Committee. • The Meeting papers for the inaugural meeting of the Strategic Commissioning Board on the 2nd October 2019 had been issued. It was noted that the CCG was still awaiting confirmation from NHS England in relation to approval of the revised governance arrangements. Further work would be undertaken in relation to Board development for the Strategic Commissioning Board via the newly formed Business Support Unit. 		
ID	Type	The Governing Body:	Owner
D/09/03	Decision	Noted the information	

5.	Finance		
5.1	<ul style="list-style-type: none"> • <u>Finance Report including Commissioning Reviews</u> <p>Ms O'Dwyer and Mr Woodhead presented a report on financial performance for 2019/20, an update on the savings programme, risks and mitigations and the planning work for 2020/21. As we establish the Strategic Commissioning Board, the report contains, for the first time, a view of both CCG and Council finance.</p>		
5.2	<p>Mr Woodhead referred to Table 1 of the report and outlined the projected financial outturn position for 2019/20 and emphasised the significant financial challenges faced during the course of the financial year.</p>		
5.3	<p>It was reported that the Council's risk adjusted forecast outturn as shown in chart 1, below, was break-even. There was some risk of further slippage in the 2019/20</p>		

	<p>savings programme and additional pressures in demand-led services (particularly adult and children's social care), but there was also a high probability of further underspends emerging in non-service specific budgets (e.g. VAT reclaims, Airport dividends, GM levy surpluses). The Council was obliged to balance its books in year, so any residual deficit would be met from reserves. However, it was important to note that the Council was committed to at least maintaining its already very depleted General Reserves this year; and the expectation was that service areas would fully mitigate savings shortfalls and spending pressures in year.</p>
5.4	<p>The CCG's risk adjusted forecast outturn as shown in chart 2 of the report, was £7,175k. This was predominantly due to the high risk of materially underachieving savings targets. Mitigations relate predominantly to possible underspends (reductions in the forecast outturn).</p>
5.5	<p>Mr Woodhead commented in relation to the CCG gap and the report that was presented at the CCG's Governing Body meeting in August 2019 which set out proposals for savings schemes to be in place for delivery by 1st April 2020. It was reported that a summary of these schemes was included in Table 3 of the report however these schemes were unlikely to deliver any material benefits in 2019/20.</p>
5.6	<p>Ms O'Dwyer informed members that further scoping work had been undertaken for these schemes which had estimated savings of £7.7m. It was highlighted that Appendix B of the report included: -</p> <ul style="list-style-type: none"> • An Update on plans with key milestones • Scoping briefs for an Urgent Care Review, Intermediate Care Review and Learning Disabilities Respite Review • Further detail in relation to the Procedures of limited Clinical value
5.7	<p>Ms O'Dwyer outlined the objectives, key milestones, project and governance arrangements and required outputs associated with each of these schemes</p>
5.8	<p>In terms of the Bury Learning Disability Respite Brief, this review would cover all respite provision during Phase 1 of the review with Phase 2 covering wider learning disabilities.</p>
5.9	<p>Mr Hughes referred to the Urgent Care review and commented that there needed to be a system side change in order for any benefits to be realised in this area going forward and providers would need to be involved in this work.</p>
5.10	<p>Mr Horrocks enquired about the consequences/penalties for the CCG should the required level of savings not be found. Mr Woodhead explained the consequences for the CCG not achieving financial balance including the impact this would have on 2020/21.</p>
5.11	<p>Dr Fines referred to the Urgent Care review and enquired why Fairfield General Hospital was the only hospital in scope for the review given the other local providers. Ms O'Dwyer commented that Phase 2 of the review would include North Manchester General Hospital.</p>
5.12	<p>Mr Little reported that the review of Urgent Care would provide a more strategic approach to assessing the factors that are impacting on Urgent Care activity within Bury. In terms of the Intermediate Care review, it was highlighted that the current service offer was reliant on bed base and there was a need to develop a more</p>

	effective home based service offer.
5.13	Mrs Jackson commented that there was no clinical leadership included in the core project team for Intermediate Care and this would need to be factored in as part of the core team.
5.14	Dr Schryer referred to the Learning Disability Respite Brief and enquired as to how Personal Health Budgets fitted with this review. Mrs Jackson reported that Personal Health Budgets did not exclusively form part of this review however there were links. Dr Schryer commented that Personal Health Budgets should be in scope of this review.
5.15	In terms of next steps, the commissioning reviews would need to be discussed further via the Strategic Commissioning Board and Finance, Contracting and Procurement Committee as appropriate.
	<ul style="list-style-type: none"> • <u>Partnership Agreement including Section 75</u>
5.16	Mr Woodhead submitted a report in relation to the Partnership Agreement including Section 75 Bury Integrated Commissioning Fund. The report outlined a number of preferred options for an Integrated Commissioning Fund and mechanisms upon which it would be introduced.
5.17	It was highlighted that the report followed the agreement of the CCG and Council to establish the Strategic Commissioning Board as a sub-committee of the CCG Governing Body and Council Cabinet. It was noted that the Strategic Commissioning Board would have a wide ranging responsibility for all matters relating to health, social care and the Council's 'health related' functions, which could be delegated to it (subject to reserved matters) under the main legal mechanism set out at Section 75 of the National Health Services Act 2006. It was also proposed that there would be alignment of wider Council, CCG and public services by inclusion so far as legally possible within the role of the SCB and in respect to these matters and aligned budgets.
5.18	Mr Woodhead discussed the risks, mitigations, benefits and costs of each option included within the papers on the principles and administration of the fund.
5.19	In terms of the governance route for this report prior to the Governing Body, it was noted that the paper had been shared virtually with the Finance, Contracting and Procurement Committee during September 2019 and had been submitted to the Audit Committee on the 6 th September 2019.
5.20	Dr Schryer referred to Section 16.5 of the report and commented that the suggestion in relation to the criteria for apportionment of the CCG and Council Budgets did not make sense in the context of this Governing Body report as this work had moved on.
5.21	Dr Schryer enquired about the partners and decision making associated with the Pooled fund. Mr Woodhead explained how this would operate from both a Council and CCG perspective. The role of the Finance, Contracting and Procurement Committee in overseeing the budget was discussed.
5.22	Mr Horrocks enquired about the timescales associated with full integration between the CCG and Council from a staffing perspective. Mr Woodhead commented that both organisations were on a journey towards integration as part of the OCO. Mr Little stated that the new management structure had been agreed by the Governing

	<p>Body earlier today (25th September 2019) in the Closed Session and at the Council Cabinet earlier in the week. It was envisaged that any new structures would be start to be formed from January 2020.</p>
5.23	<p>Mr Little commented on the role of the Strategic Commissioning Board in managing the Pooled Budget and the need for these arrangements being easily understood.</p>
5.24	<p>Mr Bury highlighted that it would be useful to produce a condensed version of this report with the options removed for ease of reference</p>
5.25	<p>• <u>Engagement Proposition</u></p> <p>Ms O'Dwyer introduced an item which outlined a Communications and Engagement Strategy in response to the financial challenges. Ms Johnston was in attendance to present this report.</p>
5.26	<p>It was reported that the CCG had a savings target of £12.5m in 2019/20 which was part of a wider savings target of around £35m when including Bury Council and provider organisations.</p>
5.27	<p>At the August 2019 Governing Body meeting, a number of schemes were considered to support the delivery of savings and recommendations were made for those to be taken forward and prioritised. The report outlined the overarching communications and engagement approach to support this.</p>
5.28	<p>It was highlighted that this report set out a communications and engagement strategy that would support this by raising awareness of the current financial position, as well as patient choices for appropriate healthcare and the consequences of not utilising the services or support for self-care.</p>
5.29	<p>It was reported that the overarching objectives for the communications task were to:</p> <ul style="list-style-type: none"> • Increase local knowledge about the range of health, care and other services available in the borough and when to use them. • Increase local knowledge about the consequences of using the wrong services, including costs incurred. • Myth busting and breaking down misconceptions about service availability and finances e.g. availability of GP appointments. • Reduce the number of attendances at Fairfield General Hospital A&E in favour of self-care, GP and primary care services, community services, a community pharmacy or the walk-in centres. • Target different audiences with different calls to action to help relieve winter and urgent care pressures.
5.30	<p>Ms Johnston referred to Section 4 of the report and outlined the proposed activities that were planned as part of the Communications Strategy which included using available insight, developing a narrative, implementing a public information campaign, engagement with the public and developing a system wide approach.</p>
5.31	<p>In terms of timescales, it was reported that the individual elements of the campaign would be rolled out on a month by month basis starting in November 2019.</p>
5.32	<p>Mrs Boyd commended the Communications approach that was being proposed and commented that there was a need to ensure that hard to reach groups were being</p>

	appropriately targeted in terms of language and format of communications materials. In terms of cost, it was reported that it cost approximately £124 for an A & E visit and it would be useful to illustrate as part of any communications, what the alternative costs for a pharmacy visit would be.
5.33	Mr Bury highlighted that should the use of social media be one of the main communication mechanisms for this campaign, there was a need to be mindful that some older people don't use these platforms.
5.34	Mr Bury referred to the brand name 'Choose Well Bury' and enquired as to why Health had not been included within the brand name. Ms Johnston commented that Health hadn't been included within the name as the campaigns cover the wider determinants of health. Mr Bury reported that some people have problems registering with a dentist which also needed to be taken into account.
5.35	Mr Horrocks highlighted that this was a good report and it may be useful for households to have a leaflet they can easily access outlining the choices available in relation to the health and social care services on offer.

ID	Type	The Governing Body:	Owner
D/09/04	Decision	Noted the content of the Finance report	
A/09/05	Decision	Approved the establishment of an Integrated Commissioning Fund.	
A/09/06	Decision	Reviewed, commented on and approve the Communications and Engagement Strategy in response to financial challenges	
A/09/07	Decision	Approved a budget of £30k to develop the public information website and associated digital and printed collateral.	
A/09/08	Decision	Approved a timely approvals process to agree campaign content.	
A/09/01	Action	Commissioning Reviews to be discussed further via the Strategic Commissioning Board and Finance, Contracting & Procurement Committee as appropriate	G Little

6.	WRES Action Plan
6.1	Ms O'Dwyer submitted a WRES Action Plan report that demonstrated progress against a number of Workforce Race Equality Standard (WRES) indicators, including a specific indicator to address the low national levels of BME board representation.
6.2	It was reported that this report was required to be published no later than 27 September 2019 and provided assurance to NHS England on the CCG's approach to Workforce Race Equality which is a component measure in the CCG Improvement and Assessment Framework.
6.3	This report responded to the requirement for the CCG to demonstrate 'due regard' in improving workplace experiences and representation.

ID	Type	The Governing Body:	Owner
D/09/09	Decision	noted the report; and	
D/09/10	Decision	approved the WRES report for publication on the CCG website	

A/09/02	Action	WRES Report to be published on CCG website	M O'Dwyer
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7.	Public Questions in relation to the agenda		
7.1	There were no questions raised.		
ID	Type	The Governing Body:	Owner
D/09/10	Decision	Noted the questions raised.	

8	
	<ul style="list-style-type: none"> • Audit Committee Chair's Report
8.1	Mr Wild presented an update of the Audit Committee meeting held on the 6 September 2019.
8.2	The paper provided an outline of the matters discussed, assurances sought and decisions ratified at the last Audit Committee meeting. This report aimed to provide information and assurance to the Governing Body that a robust, effective governance system is in place and that the committee is discharging its responsibilities.
8.3	It was reported that a verbal update was provided in relation to the external audit procurement required in light of the 2018/19 auditors (KPMG) now being out of contract. Conflicts of Interest were declared at this point and the representative from external audit departed the meeting.
	<ul style="list-style-type: none"> • GBAF
8.4	Ms O'Dwyer presented a report in relation to the Governing Body Assurance Framework
8.5	It was reported that since the last reporting the year end position in June 2019 all fourteen (14) GBAF risks have been mapped to the 2019/20 Strategic Objectives and through further rationalisation has concluded in seven (7) risks being recommended for closure and four (4) new risks being identified. This report has been reviewed by the Audit Committee on the 06 September 2019 prior to submission to the Governing Body.
8.6	The revised opening position for the Governing Body Assurance Framework (GBAF) for 2019/20 consists of ten (10) principal risks presented across four (4) Strategic Objectives and the current risk profile of these is summarised as: <ul style="list-style-type: none"> • 7 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; • 3 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.
	<ul style="list-style-type: none"> • Corporate Risk Register
8.7	Ms O'Dwyer submitted a report in relation to the Corporate Risk Register.
8.8	It was reported that the Audit Committee reviewed the Corporate Risk Register at its meeting on 06 September 2019 and recommended the report to the Governing Body. One risk ' <i>Failure to effectively invest in the medium term transformation of the wider health and care economy</i> ' was included on the Risk Closure Report and approved by the Audit Committee. The risk will be subsequently closed therefore the detail has been excluded from this report.

8.9	<p>The Governing Body is advised that there are currently 4 risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks) as listed:</p> <ul style="list-style-type: none"> • Autistic Spectrum Conditions Assessment – Work force capacity to maintain waiting times; • PCFT - Mixed Sex Accommodation (SSA breaches); • Embedding Lessons Learnt in Practice from SI Investigations (New); and • Datix: Resource requirements to maximise optimization (New). <ul style="list-style-type: none"> • Conflicts of Interest Policy
8.10	Members received a revised Policy in relation to Conflicts of Interest.
8.11	<p>It was reported that the CCG needed to have in place a policy for managing conflicts of interest which Governing Body members, the CCG membership, and employees may or may potentially have when undertaking their duties within the strategic and operational functions of the CCG.</p> <ul style="list-style-type: none"> • Whistleblowing Policy
8.12	Members received a revised Policy in relation to Whistleblowing.
8.13	It was reported that the CCG needed to have in place a policy for enabling the raising of concerns, which may include whistleblowing.
8.14	<p>The Whistleblowing Policy aimed to promote a culture in which individuals feel safe and confident to raise issues in the knowledge that the CCG is equipped to respond to these concerns in a consistent, fair and professional manner and that speaking up makes a difference.</p> <ul style="list-style-type: none"> • Gifts and Hospitality Policy
8.15	Members received a revised Policy in relation to Gifts and Hospitality.
8.16	The Clinical Commissioning Group (CCG) needs to have in place a policy for managing Gifts and Hospitality, which could be perceived as a conflict of interest.

ID	Type	The Governing Body:	Owner
D/09/11	Decision	Received the Audit Committee Chair's Update Report	
D/09/12	Decision	Reviewed the Governing Body Assurance Framework	
D/09/13	Decision	Received the Corporate risk Register	
D/09/14	Decision	Reviewed the information presented	
D/09/15	Decision	Noted the assurance provided by the Audit Committee	
D/09/16	Decision	Approved the revised Conflicts of Interest Policy	
D/09/17	Decision	Approved the revised Whistleblowing Policy	
D/09/18	Decision	Approved the revised Gifts and Hospitality Policy	

9	Quality & Performance Committee
9.1	<ul style="list-style-type: none"> • Chair's Report <p>Mr Bury provided a verbal update on the discussions held at the Quality and Performance Committee held on the 11th September 2019.</p>
9.2	<ul style="list-style-type: none"> • Quality Dashboard <p>Mrs Jackson presented the latest Quality Dashboard to the Governing Body. The Quality Dashboard provided an overview of:</p>

- NHS Oversight Framework
- Provider Updates
- Nursing Home Update
- Public Health Update
- General Practice Update

- **Performance Report**

- 9.3 Ms O'Dwyer submitted the latest Performance report to the Governing Body.
- 9.4 The purpose of this report was to provide an updated position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.
- 9.5 The report presented the CCG's performance position for June 2019 and outlined any proposed changes to performance at a national level.
- 9.6 It was reported that MFT has recently closed its dermatology service to non-Manchester patients. As most Bury patients are seen at SRFT, the direct impact should be minimal though is likely to have a knock-on effect to capacity generally across GM.
- 9.7 It was highlighted that in May 2019, the CCG reported that almost a third of the variance was accounted for by increases at Manchester University Foundation Trust (MFT). However, due to some improvement there in June coupled with increases at PAHT, the provider split is much more even with 25% of the variance seen at PAHT, 24% at Salford Royal Foundation Trust (SRFT) and 22% at MFT. The remainder of the variance, 10%, is accounted for by increases at Oaklands, an independent sector provider.
- 9.8 The biggest in-month increases were seen in Trauma and Orthopaedics (T&O) and Cardiology. Although T&O was a known specialty where pressures were regularly experienced across Bury's main providers, increases in Cardiology have been relatively small prior to June. Almost 94% of the cardiology increase related to PAHT and contact has been made with the service lead to understand current issues as this is a service that has been working well since the implementation of new pathways. Provisional data suggests the cardiology increase in June is followed by a reduction in July.
- 9.9 With regard to MFT, a briefing paper had been received outlining reasons for the growth in the waiting list size. The reasons include an increase in referrals and capacity in some areas, though the main reason is linked to issues with the Patient Administration System (PAS) at the Oxford Road site which resulted in a significant number of patients on 'Active Closed' lists being overlooked. MFT agreed a trajectory with the Greater Manchester Health and Social Care Partnership (GMHSCP) to reduce the waiting list.
- 9.10 In terms of delayed transfers of care encountered at PAHT, the following table shows the breakdown by site of delay days and individual patient numbers affected. This reflects a decrease at FGH with an increase at NMGH when compared to the previous month. The mitigations being put in place to address the issues at NMGH were outlined.
- 9.11 *Dr Cooke left the meeting at this point.*

9.12	Mrs Boyd referred to the Dermatology issues being experienced at Manchester and enquired whether there was a risk to Bury patients. Ms O'Dwyer enquired that there were no risks to Bury patients however there were national staffing shortages impacting on this area.
9.13	Ms Boyd enquired whether there was potential for double paying given some patients were receiving care at the Oaklands. Mr Woodhead clarified that this would be charged on a Payment by Results (PBR) basis.
9.14	A general discussion took place regarding the line management arrangements at the Northern Care Alliance (NCA)
9.15	<p>• Safeguarding Update</p> <p>Dr Fines submitted the latest Safeguarding update to the Governing Body. It was highlighted that the report incorporated: -</p> <ul style="list-style-type: none"> • The Quarterly safeguarding dashboard. • Bury CCG Annual Report for Safeguarding Children and Adults. • Bury CCG Annual Report for Looked after Children • Therapeutic Placements for Looked after Children.
9.16	Mrs Jackson reported that the final paper in relation to Therapeutic Placements for Looked after Children had been produced following a question raised by Mr McCann and provided assurance on how the therapeutic needs of Looked after Children in Bury are being addressed.

ID	Type	The Governing Body:	Owner
D/09/19	Decision	Considered the Quality Dashboard Report and provided feedback	
D/09/20	Decision	Noted the focus areas raised in the Quality Dashboard Report	
D/09/21	Decision	Noted the recommendations made in the Quality Dashboard Report	
D/09/22	Decision	Received the Performance Report and noted the updates provided	
D/09/23	Decision	Received the Safeguarding Update Report	

10.	Committee Chair Reports		
10.1	<ul style="list-style-type: none"> • Primary Care Commissioning Committee <p>Mr Bury provided an update on the discussions that had taken place at the Primary care Commissioning Committee earlier in the day (25th September 2019).</p>		
10.2	<ul style="list-style-type: none"> • Clinical Cabinet Update <p>Members received update reports in relation to the Clinical Cabinet meetings that had taken place on the 7th August 2019 and 4th September 2019.</p>		
ID	Type	The Governing Body:	Owner
D/09/24	Decision	Noted the Clinical Cabinet Chair's Report	

11	Closing Matters		
11.1	Dr Schryer thanked members for their contributions and summarised the main discussion points.		

11.2	Members and public member were reminded that the CCG AGM was scheduled to take place following the meeting at 6.30pm.		
ID	Type	The Governing Body:	Owner
D/09/25	Decision	Noted the information.	

Next Meeting	Wednesday, 27 November 2019, 15.00-17.00 at Townside Primary Care Centre
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

A/09/01	Commissioning Reviews to be discussed further via the Strategic Commissioning Board and Finance, Contracting & Procurement Committee as appropriate	G Little		October / November 2019	
A/09/02	WRES Report to be published on CCG Website	M O'Dwyer		October 2019	Published on website.