

GB201617/143

**Meeting of the Governing Body  
Summary Sheet  
Date of Meeting: 07/02/2017  
For: Public session (Part 1)  
For: Decision**

<b>Agenda Item and title:</b>	Minutes of the meeting held on 7 <sup>th</sup> February 2017
<b>Author(s):</b>	PA to Interim Chief Executive
<b>Presented by:</b>	Governing Body Chair
<b>Lead Director/GP from CCG:</b>	
<b>Clinical Lead:</b>	

**Executive summary:**

The minutes of the meeting held on 7<sup>th</sup> February 2017 along with the updated action grid are presented for accuracy and approval.

Meetings of the Governing Body for NHS Kernow Clinical Commissioning Group are held in public and a record maintained of proceedings in accordance with the requirements of the Constitution. Minutes are presented for agreement of accuracy and the Action Grid is presented to satisfy the Governing Body that appropriate progress has been or is being made.

**Recommendations and specific action the Governing Body needs to take at the meeting?**

- Approve the minutes as an accurate record of the meeting held on 7<sup>th</sup> February 2017
- Consider progress to complete actions and either agree that satisfactory progress has been or is being made, or designate further action.

<b>Evidence in support of arguments:</b>	Agenda papers presented to the meeting	
<b>Who has been involved/contributed:</b>	Directors presenting the item and the Governing Body Chair	
<b>Cross Reference to Strategic Objectives:</b>	Each item	
<b>Engagement and Involvement:</b>	N/A	
<b>Communications Issues:</b>	Published as part of the Governing Body Papers onto NHS Kernow's website, distributed to individuals requesting copies of Governing Body Papers, and distributed to the Governing Body Members.	
<b>Financial Implications:</b>	None beyond fixed staff cost.	
<b>Review arrangements:</b>	N/A	
<b>Risk Management:</b>	N/A	
<b>National Policy/ Legislation:</b>	Best Practice guides on minute taking	
<b>Public Health Implications:</b>	N/A	
<b>Equality &amp; Diversity:</b>	Accessible documents available	
<b>Other External Assessment:</b>	N/A	
<b>For use with Private and Confidential Agenda items only</b>		
<b>FOI consideration – Exemption*</b>		<b>Qualified /Absolute*</b>
<b>None - item may be published</b>		<b>None - item may be published</b>
<p>If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact <a href="mailto:KCCG.FOI@nhs.net">KCCG.FOI@nhs.net</a></p>		

# NHS Kernow Clinical Commissioning Group

## Minutes of the Governing Body Meeting held at 10.00 am on Tuesday 7 February, 2016 at Sedgemoor, Priory Road St Austell

<b>Chair</b>	Iain Chorlton	Chair
<b>Members:</b>	Chris Blong	Lay Member for Governance, Vice Chair and Chair of Audit Committee
	Simon Bolitho	Deputy Chief Finance Officer
	Dr Sarah Bridges	Secondary Care Clinician
	Helen Childs	Interim Chief Operating Officer
	Dr Paul Cook	GP Member
	Dr Judy Duckworth	GP Member
	Dr Alison Flanagan	GP Member
	Dr Janine Glazier	GP Member
	Rev Jeff James	Lay Member for Public and Patient Involvement
	Natalie Jones	Chief Nursing Officer
	Dr Francis Old	GP Member
	Jackie Pendleton	Interim Chief Officer
	Maggie Scott	Nurse Member
	Dr Rob White	GP Member
	John Yarnold	Lay Member for Fiscal Management
<b>In Attendance:</b>	Andrew Abbott	Director for Integrated Care Primary Care
	Anthony McKeever	Turnaround Director
	Trudy Corsellis	Board Secretary
	Fiona Scott	Programme Manager (Item GB2017/131)
	Adam Savin	Performance Manager (Item GB2017/135)
	Jules Carter	Interim Head of Quality (Item GB2017/135)
	Iris Chalmers	Minute Taker
<b>Apologies</b>	Simon Bell	Chief Finance Officer
	Dr Caroline Court	Interim Director Public Health, Cornwall Council
	Amanda Fisk	Director of Assurance & Delivery, NHS England
	Dr Kathryn Hudson	Director for Integrated Care (Community)
	Karen Kay	Director for Integrated Care in Hospital

### GB2017/240 Welcome and Apologies

Dr Chorlton, Chair, welcomed all those in attendance to the first Governing Body of the year at our premises in Sedgemoor. Dr Chorlton took the opportunity to introduce the following colleagues:

- John Yarnold, our new Lay Member for Fiscal Management
- Helen Childs, Interim Chief Operating Officer who joined Kernow CCG on 16 January, 2017.
- Trudy Corsellis, Deputy Director of Governance, who following the retirement of Terry Ancell will now undertake the role of Board Secretary.

## **GB2016/241     Declarations of Interest Register**

The Declarations of Interest for Governing Body members are presented for information and consideration for any conflict with agenda items. This is a constitutional requirement which is undertaken at all our formal Committees.

The ratification of the 'Declarations of Interest Policy' is an agenda item, under GB21617/138. The following declarations were noted:

- John Yarnold, advised he is a Company Director of Mount Vernon Consulting Limited.
- Dr Paul Cook, advised he attended a recent meeting in Taunton which had Pharmaceutical Support.
- Dr Sarah Bridges, advised she is employed by NHSE as an Appraiser
- Helen Child, advised she is the Company Director of HCM Care Matters Limited
- Jackie Pendleton, advised that she was a Guest Speaker at the Duchy Hospital on 31 January, 2017. The hospitality offered had been refused with the suggestion that it was offered to Charity.

**Actioned:** The Declaration of Interest Register to be updated accordingly and where applicable, in line with our written policy, the appropriate Members of Governing Body to complete, sign and submit their Declaration Form to Trudy Corsellis, Board Secretary.

## **GB2017/242     Questions from Members of the Public**

Dr Chorlton advised that the following question was tabled ahead of the meeting.

### **Jan Williams West Cornwall HealthWatch**

At November's meeting Nigel Morson from KONP requested the evidence cited by Andrew Abbott which supports the 'vision' within the document Taking Control, Shaping Our Future. Can we now have access to the documents that Dr Caroline Court promised, so that we can read for ourselves the evidence that Cornwall's STP is based on?

We are keen to read this, as the evidence from **a) The King's Fund on Integrated Care Pilots, b) The DOH Independent Study of 16 Integrated Care pilots and c) The Nuffield Trust: An overview of Integrated Care in the NHS seems to suggest that a) it can be hard for community-based initiatives to significantly reduce hospital admissions and b) even with successful implementation there is little evidence to suggest that more community based models of care will generate significant savings.**

Dr Chorlton advised that his view was yes and he acknowledged the discussion at Governing Body in November. It was noted that Dr Court had offered her apologies for the meeting today. It was agreed a response to the question would be sought and shared with Jan Williams.

**Action: Dr Court to provide a written response for Jan Williams.**

Dr Chorlton acknowledged the omission from the agenda, in terms of '*Questions from the Members of the Public re the Agenda*' and provided assurance that this would be included in the meeting today and would be taken at the end of the agenda. He enquired of members of the public, if they had any further questions.

### **Question from Graham Webster, Health Initiative Cornwall**

Mr Webster advised of his disappointment that the excellent paper setting out the CCG contract procurement intentions, *NHS Kernow CCG Contract Procurement/Re-Procurement*, was not present on the Governing Body agenda today, to inform Member of the intentions. It is noted that this is being taken to the Council's Health and Adult Social Care Overview and Scrutiny Committee this morning. He requested clarification why there was no reference to the Adult Community Service contract which was due to expire on 31.03.2017, he sighted this as an important

contract in terms of, timescale, public monies and services. He also sought assurance around the public engagement in the process.

In offering assurance to Mr Webster, Jackie Pendleton, Interim Chief Officer advised the Governing Body are sighted on all procurements via the submission of Minutes from the Finance Committee. The Finance Committee, chaired by Dr Francis Old, discussed the formal process for the adult community services procurement at their meeting on 31.01.2017. The Finance Committee were minded not to rush into an urgent procurement in light of how community services might look going forward with the developing new models of care and GP practices starting to clinically work together at scale. Confirmation was given this is to be discussed in Part 2 of our Governing Body this afternoon.

Public engagement would be undertaken through localities as part of developing integrated care in the community and this would in turn inform any procurement undertaken.

The meeting was advised of a draft letter, currently being composed, which will be sent to GP practices by the Chief Executive of Cornwall Partnership Foundation NHS Trust to encourage practices to be involved in deploying resources in the community. This was seen as a positive step towards integrated care.

No further questions were received and the meeting returned to the agenda.

**GB2017/243 Minutes and Action Grid of the Governing Body meeting held on 6 December, 2016**

The Minutes of the meeting on 6 December, 2016 along with the updated action grid are presented for accuracy and approval. The Minutes were approved as an accurate record of the meeting, subject to the following amendments:

**Page 2, last paragraph:** The community had been told that the remedial **work**, *include the word 'work'*

**Page 3, fifth paragraph:** A paper setting out of cost of this work *removed the word 'the'*

**Page 7, first paragraph:** delivered and **explain** *removed the word 'explaining' replace with explain*

**Page 10, sixth paragraph:** which organisation would **be** undertake the multi-agency review *include the word 'be'*

The action grid, was discussed a number of actions were closed and agreed that satisfactory progress has been made.

**GB2017/244 Standing Item: Chairs Update**

The Chair's Update is submitted to the Governing Body each month and is intended to ensure that members are aware of information that forms the national and local context in which NHS has to operate.

**Mental Health Petition:** the Governing Body **received** the Mental Health Petition, in relation to all Mental Health services to be decommissioned of which there are 12.

**Governing Body were asked to note** that following the Governing Body recommendation, NHS Kernow have been in discussions with commissioners at Cornwall Council to understand the impacts across the health and social care community, and to determine whether there are any alternative funding opportunities

for the services. We are pleased to advise that we have agreed to joint fund three of the Pentreath services for up to a further 12 months, whilst we carry out a joint review of the services with Cornwall Council.

Maggie Scott, took the opportunity to welcome Helen Childs and reflected on the importance of the role being undertaken by her. Dr Chorlton in turn endorsed this and reflected on the excellent work Jackie Pendleton had undertaken prior to Helen Childs' arrival.

#### **GB2017/245 Director's Briefing**

The Director's Briefing is presented to each Governing Body to ensure awareness of the extent of work that is being completed within the CCG and with partners.

Jackie Pendleton drew colleagues' attention to the update on the Morleigh Group and she highlighted the following in relation to the Shaping our Future Sustainability and Transformation Plan (STP):

- **Engagement Events:** a number of events had been held and whilst it is acknowledged that the format of most had run positively, others had been more challenging. She reflected on the work in progress in relation to listening to feedback and the learning to be taken forward.
- **GE Healthcare Finnermore:** we have engaged GE Healthcare Finnermore as a Strategic Partner for Shaping our Future. The first task is to establish the robust evidence, modelling and activity analysis required for the proposals for the pre consultation business case and how developed this currently was.
- **Programme Director:** Rachel Rothero has stepped down as Programme Director, this post is going out to advert.
- **Clinical Leadership:** this links to the Organisational Recovery Project Completion, agenda item 7, for greater Clinical Leadership into Shaping our Future to make this more inclusive and widen the membership.

Since the Director's Update was written we have been advised of the intention by the NHSE to split the South Region, in to West and East, and our feedback has been sought on the geographic split. Jennifer Howells has been appointed as the Regional Director for the South West but will continue to manage the whole of the South Region until an appointment for the South East is made.

Jackie Pendleton then offered the opportunity to take questions from colleagues.

#### **Cornwallis Group**

Chris Blong, sought clarification of what assurance was in place that the ownership by Cornwallis Care was not only a name change, but addressed the culture and provision of change.

Natalie Jones, confirmed there is regular monitoring by Kernow CCG alongside Cornwall Council, to gain assurance all changes are embedded in all their homes. Cornwall Council is commissioning a review of multiagency working to facilitate learning and it is acknowledged all nine homes will be re-inspected as part of the CQC process. This is overseen by regular reporting into the CCG's Quality and Performance Committee for assurance.

John Yarnold sought assurance of the process across the care home sector. Natalie Jones advised we do have a self-assessment tool kit that we use in all care homes as part of the contract. We are working with the Cornwall Council's Service Improvement Team to pick up environmental and nursing issues together.

Rev Jeff James raised concerns of the wider market management, the resilience and ability of the market pointing out that the Council had the responsibility for these

areas.

### **Delayed Transfers of Care (DToC) Peer Review**

Jackie Pendleton advised of the DToC Peer Review undertaken on 24 January, 2017 with early feedback being received last week.

It is acknowledged that there are significant delays, with the highest ever recorded last Monday. Jackie Pendleton advised of the work currently being undertaken to break down the pathways of the discharge process, this is being led by Kathryn Hudson, Director for Integrated Care Community with oversight by the A&E Delivery Board.

Dr Alison Flanagan, Chair of Quality and Performance Committee, reiterated the assurance sought and the challenge at their meeting on 31 January in relation to the action plan. She had requested assurance of the clinical safety in the Emergency Department (ED) as it is overstretched. Natalie Jones will liaise with Chris Perry, Director of Nursing RCHT and Greg Dix, PHNT to understand their Board assurances in relation to patient safety in ED and to confirm the establishment of the clinical sub-committee of the A&E delivery board at RCHT.

**Action: Natalie Jones to liaise with Chris Perry and Greg Dix to understand their Board assurances regarding patient safety in ED and to confirm the establishment of the clinical sub-committee of the A&E delivery board at RCHT.**

It was acknowledged that paramount in this is the best outcome for patients, that as commissioners we are providing good quality care and that there is public confidence. This is a thread that will continue to emerge as we work our way through the Governing Body agenda.

Maggie Scott required clarification around the cost implications for Kernow CCG around Social Prescribing. Andrew Abbott referred to the work of Primary Care Home (PCH) and the benefits of Practices working together, with Kernow CCG leading the way for this initiative, and the link to our financial recovery plan. He advised of an event supported by the national team taking place at the Eden Project the following week. .

Jackie Pendleton was thanked for her useful report.

### **GB2017/246 Organisational Recovery Project Completion**

The Organisational Recovery Project has been managing the delivery of 31 recommendations for improving business capability that were identified for attention by the Price Waterhouses Cooper's Capacity and Capability Review. The project milestone tracker and summary plan are provided as Appendices for information and this has all been by the Workforce Committee and the completion was endorsed at their meeting in December 2016. 20 recommendations have been completed with two being closed. Nine recommendations remain open and have been transferred for ongoing management through 'business as usual' arrangements and Workforce Committee will continue to have oversight and received reports from the groups. Fiona Scott referenced the new committee structure and the particular work on communication and engagement with both staff and partners, the leadership work still in play, and the organisational restructure.

The report also presents one of the project's outputs, the clinical leadership proposal. This is a firm commitment to strengthen clinical leadership within the CCG to support effective commissioning. There was also a recognised need to strengthen the organisation's relationship with its GP membership. Appendix 3, describes the progress with delivery of a proposal and a Constitution amendment process which will address these priorities. A Clinical Leadership Implementation

Group has been established to lead this work and the Workforce Committee will provide oversight. This approach was also supported by the Network Leadership Group who will meet again following the pilot. The first meeting of the Clinical Leadership Group will take place on 14 February, 2017.

The Governing Body wished to acknowledge and thank Fiona Scott, Programme Manager, for the excellent work she has undertaken in relation to this piece of work.

**The Governing Body noted** the recommendations and authorised the completion of the Organisational Recovery Project.

Mac McKeever, advised that following his attendance at the NHSE system management meeting yesterday, he had shared the establishment of the Clinical Leadership Group and the potential benefits with Dr Nigel Acheson who is keen to engage hospital clinicians.

**Action: Letter to be drafted by Mac McKeever to invite Dr Acheson for a visit to NHS Kernow for consideration by Dr Chorlton.**

Dr Chorlton advised that following Governing Body today, clinicians would meet to discuss nominations for the three new Governing Body clinical portfolio lead roles.

## **GB2017/247      Operational Plan and Financial Plan 2017/19**

The Operational Plan narrative sets out:

- The financial challenge
- How we will continue to commission for quality
- Our approach to supporting the sustainability and development of GP services
- The priorities for integrated care in communities
- What we will do to turn around performance and start to transform urgent and emergency care
- Our focus for redesigning pathways of care using the RightCare methodology
- Our focus for the transforming care and support to Children and Young People

The objectives of the Operational Plan are:

- To turn around performance
- Financial Recovery
- Achieve agreed milestones for the STP
- Continue our own organisational recovery

**Financial Plan:** Simon Bolitho, Deputy Finance Officer

Simon Bolitho reminded colleagues that the CCG remains under Legal Directions from NHS England and that as part of that process we have Anthony McKeever with us as our Turnaround Director to oversee and drive financial recovery. Looking forward, it will be critical that this work is aligned with the development of the STP ('Shaping Our Future'), including the implementation of the Right Care methodology across care pathways, to make this recovery sustainable across the whole system.

In line with national deadlines, the CCG agreed two-year contracts with our main NHS providers by 23 December 2016.

Our updated financial plan for 2017/18 and 2018/19 was also submitted on 23 December 2017. Our spending is projected at £800m, compared to funding of only £763m, leaving a potential in-year deficit of £37.6m. This position relies on a substantial level of savings (£29.6m : 3.9%) for successful delivery. As yet, our Plan has not been agreed by NHS England because the forecast in-year deficit is



significantly above the maximum permissible deficit ('control total') set by NHS England of £19.9m. We are in a review process with NHS England to look at all options for reducing spend further, to assess what can be done to reduce this affordability gap. We do not expect the Plan to be fully signed off until March 2017, so the Governing Body will need to consider a draft budget proposal at its March meeting in this context.

- Plan for General Practice

The General Practice plan is one of the '9 must dos' in NHSE planning guidance to ensure sustainability of General Practice in our area by implementing the General Practice Forward View.

A presentation was given by Andrew Abbott, Director for Integrated Care Primary Care.

Overview

- Strategic Context
- Timetable
- 4 over-arching corporate objectives, seeking to address workload, workforce, infrastructure, delivery at scale and investment opportunities.

On conclusion of his presentation Andrew Abbott welcomed questions. A detailed and informative discussion ensued and touch upon a number items. Whilst supporting and encouraging change, it was acknowledged the confusion which can exist where GPs should invest their energy, what evidence exists that this is beneficial for the patient and what are the views of patients.

Andrew Abbott reiterated that this plan was an attempt to engage and work together with practices, with the potential benefits of practices working together on delivery at scale. It is acknowledged and we are sensitive to the fact that not one size fits all and individual Practices will set out their own business plans as business. Our role was to provide a framework of support and enable transformation where beneficial. To date a number of practices have provided feedback, which has been helpful in understanding the range of views, and we would actively encourage this feedback from colleagues.

The mechanism for seeking views of patients exists and an example was given of the work of Patient Reference Groups. It was acknowledged, as reported on the News this morning, the average consultation length for GP is 10 minutes in the UK, thought to be the shortest in the developed world and the views of GP leaders nationally who sighted this as already too short. Some Practices are changing their operational model to allow longer appointments for patients who need more time, and using other practice staff to see patients where appropriate.

**GB2017/248 Finance Committee Update on meeting and minutes from November 2016**  
Dr Chorlton advised that Governing Body papers were issued a day late to enable the inclusion of this monthly report from the Finance Committee.

The following were highlighted to Governing Body:

**Risk and Assurance Framework,**

- One ongoing Red risk, which has not changed, in not achieving the £26m FRP total.
- There were no changes to the Risks.
- Two new amber risks were noted. Attention was drawn to the Isle of Scilly Transport and the obligation of Kernow CCG to provide the cost of transport.

**Estates Update**

- Finance Committee remain aware of the issues, the situation is ongoing with discussion around CPFT, localities and NHS Property Services.
- It was acknowledged that this is not undertaken in isolation and is part of the STP.

#### **Discharge to Assess**

- Kathryn Hudson had provided a verbal update noting that from the first tranche of data received there had been an 8% reduction in transfers of care.

Dr Chorlton took the opportunity on behalf of Governing Body to thank Dr Francis Old for his role as Chair of the Finance Committee over the last 18 months. This will now pass to John Yarnold.

### **GB2017/249 Finance Report**

Simon Bolitho, Deputy Chief Finance Officer

The Governing Body were asked to note the financial assessment of the CCG's position at Month 9 (December 2016), as reported to NHS England. The overall risk-adjusted forecast position (£61.5m deficit, £22.7m variance from original Plan) remains consistent with previous reports to Governing Body although, as would be expected, there have been some offsetting movements within the total position. The CCG's overall assessment of its outturn continues to be partly reported in the formal ledger position, with the balance shown as 'net risk' with the additional 'non-ISFE' reporting to NHS England. The CCG continues to liaise with NHS England over the risk element, with a view to moving it into the formal ledger forecast for Month 10. It was acknowledged that the forecast year-end position will continue to result in Kernow CCG failing to meet two of its statutory Financial Performance Indicators.

It was confirmed that, in line with NHSE guidance, the £7.3m of 'headroom' set aside at the start of the year is assumed to be spent within our forecast projections, although no commitments have been formally made against it. It is possible that NHS England will agree its release at or around the end of the year, which would lead to a one-off improvement in the reported position at that point.

It was noted that a fixed financial position for the year had now been agreed with Plymouth Hospitals Trust but that the contract with Royal Cornwall Hospitals Trust remains variable, leaving residual risk in the CCG position. Continuing Healthcare costs continue to be a cause for concern, despite the significant work going on to minimise and reduce costs. Prescribing cost growth is slowing and is coming back closer towards the national average – this trend is welcome and a continuation would improve the outturn on this area, although it is important to note that it continues to be overspent overall.

At Month 9, Kernow CCG assessed that £15.2m of QIPP savings had been delivered against a year-to-date target of £25.6m, £10.4m behind plan. The projection for savings remains stable at around £22m, but this does depend on continued progress through to the year-end, particularly on Continuing Healthcare and Prescribing. This also remains key to delivery of the overall financial position. The underlying financial position remains challenging and this will flow through as a pressure into future years' plans.

It was noted that we remain broadly on track with cash usage, relative to our expected final limit on cash available to the CCG for the year.

Simon Bolitho drew colleagues attention to the current reporting format and enquired of Governing Body what they would wish to see in the reporting going forward. The Finance Committee has given some initial feedback on the graphics for prescribing. It was felt that visual representations that align to the operational plan would be helpful. It was proposed that the Finance Committee would consider potential developments in the format of the report.

**The Governing Body agreed** to note the recommendations.

**GB2017/250**     **Quality and Performance Update on meeting and Minutes from November 2016**  
The following highlights were provided:

The **External Review** of Kernow CCG Safeguarding processes have commenced, with a report anticipated in April 2017. A pressing issue is the staff shortage within the team which has been escalated to the Executive Management Team and the capacity issue has been highlighted on the Risk Register.

**Quality and Performance Report**

**Patient Experience**, challenges were raised about clarity and specific actions and what we are doing about the following – Friends and Family Test, Mixed Sex Accommodation, Dignity in Care Report, STREAM, Night Moves and End of Life Care.

**ED Pilot**, we received a verbal update on the ED Pilots, the Front Door Streaming of medically expected patients in ED with early consultant review and Primary Care Alternative to Admission. These are live pilots and are being closely monitored by the A&E Delivery Board. Initially they are unlikely to affect the 4 hour target, but should improve the quality of care and patient flow.

**Robin Ward**, we were advised that they have resolved their staffing problem and extended their opening hours.

**Stroke**, an Executive Lead focus group, CCG, CFT, RCHT and PHNT, will look at the entire Stroke Pathway to build in community metrics as well as acute. It is noted that NEW Devon has asked to join this work and the great performance changes at RCHT are acknowledged.

**Serious Incidents**, 'Learning for Excellence', we are engaging in shared learning with our providers RCHT, PHNT and CPFT which is providing assurance to the SI Team. We are working closely with NEW Devon with a Peer Review of the processes for SI management. A themed review of Community Practice is being undertaken by the Clinical Governance lead. Sign off of complex SIs will be reviewed by a Task and Finish Group and feedback to our March meeting.

**Annual Report of the Designated Professionals for Child Protection**

**Safeguarding Training Levels**, there should be between 85-90% compliance with training and this is not being achieved by Health providers or Kernow CCG. Our level 3 training is currently 30% and requires a concerted effort to achieve the level we require of providers. A Task and Finish group has been commissioned by the LSCB to review the service specification of multi agency training. In the short term the Committee challenged the organisation to reach 85% by the end of the year.

**Terms of Reference**, the revised ToR for Quality and Performance Committee were agreed.

**GB2017/251**     **Quality and Performance Report**

Adam Savin, Performance Manager, advised that in his reporting to Governing Body he would be focussing on the Constitutional Standards. Should colleagues have other issues which they wished to raise he suggested that they contact him via email. He advised of the revised format which aligns with Directors portfolios and confirmed that this report was submitted to the Quality and Performance Committee at their meeting in January, 2017.

**Page 15, 2.5.6 Domestic Homicide Review**

It was confirmed that a paper to include the outline of current DHRs, of which there are three, with themes and trends will be taken to Quality and Performance in February 2017.

**Page 15, 2.6 CQUINS**

CQUINS have been developed and agreed for providers for 2017/19. CQUIN's this year were all national ones with little room for local variation.

**Page 19, 2.10.1 RCHT**

It was noted that the reporting for Pressure Ulcers had increased. It is acknowledged that a renewed focus on pressure ulcers has resulted in improved and therefore increased reporting.

**Page 40, 3.1 ED for RCHT**

It is acknowledged that the trajectory has not been met. Performance has been variable, Adam Savin reported 75% as at 06.02.2017, it is acknowledged that there is collaborative working, but this is not impacting on the metrics, and there was a marked increase in demand, December saw a 9% increase compared to last year.

There are currently pilots in ED taking place, as previously discussed, this step change is welcomed and it is acknowledged that this is not the final model we would wish to see but we require the pilots to demonstrate clinical influence, which it is envisaged would address the double counting.

**Page 47, 3.3 Stroke**

Adam Savin provided clarification in relation to the 'swallowing assessment' metric, performance did drop during the reporting period, but since the paper was written it has recovered.

**Page 53, 4.1 RTT**

We continue to report RTT to Governing Body month on month. This remains under the 92% standard. December has fallen to 91.63%, which is a sharp drop. There are currently no actions in the system that will enable full recovery.

Adam Savin, clarified the concerns around cancer waiting times after diagnosis. He advised of not being able to 'stop the clock' in relation to waiting times if the patient chose to make a personal decision to delay treatment, this time period is now being counted and reflected in the performance. Cancer has strong pathways, but it is recognised there are delays.

As previously advised by Dr Alison Flanagan under the CQC RCHT updated, it was agreed that the Audits of Harm conducted will be brought back to Quality and Performance Committee in February for assurance.

**Page 62 5.2 Delayed Transfer of Care (DToC)**

It is noted that in November the highest ever level of delays transfers of care were recorded (180 patients). In reporting the pressure on the system, Adam Savin updated on the work being undertaken to seek assurance and prioritisation to drive figures down. Clinicians present shared their own personal experiences in the resolutions they had sought for patients, who are often frail and elderly. This is a powerful illustration of how the system is not serving people as well as it could at the moment.

**GB2017/252**

**Child and Adolescent Mental Health Transformation Plan**

In October 2015, NHS Kernow and its partners published the Joint CAMHS Strategy Implementation Plan 2015-2020 version one. NHS England's expectation was that republication of CAMHS Implementation Plans, now known as CAMHS Local Transformation Plans (CAMHS LTP), would take place on the anniversary of the original submission October 2016. However, a number of key considerations has led NHS Kernow to delay republication until January 2017.

The recommendation was agreed by Governing Body at its meeting in January to

receive the final CAMHS Transformation Plan at its meeting in February. The final CAMHS Transformation Plan was therefore presented to Governing Body at its February meeting.

Mark Rundle, Project Manager Children and Maternity, presented the Plan, which is a framework taking learning from best practice nationally. The framework will continue to evolve as the system comes together. It was acknowledged that a significant amount of work has already taken place to the plan to this point but there is still a long way to go to ensure that young people and their families in Cornwall and the Isles of Scilly have the support they need.

Governing Body recognised this was the start of the journey towards integrated working and made the following observations, which they asked Mark Rundle to feedback.

- To be explicit about those who care for children and young people beyond parents specifically grandparents
- The impact on their physical health when children and young people are in periods of stress e.g. impact of exams on their blood pressure
- Clarify the responsibilities for NHS Kernow relating to the delivery of the plan
- The risks associated with integrated work where there is ambiguity relating to boundaries
- There appears to be no clear vision in five year's time.
- Autism waiting lists. Mark Rundle confirmed that money had been made available to providers to clear the existing waiting list.
- That the plan reflected the needs of those children and young people in home schooling, academies and with long term conditions
- Acknowledging that this is the start of the process Governing Body would wish a report back around the positive alignment to the STP and those issues that have not previously been raised

**The Governing Body agreed** to note recommendations '1 – 3', and approved recommendation 4. They requested a routine update in 6-12 months.

**GB2017/253**

## **Policies**

### **Risk Management Strategy and Policy**

This document has undergone major revisions and comments from members of the Executive Management Team, Audit Committee and Internal Audit. It includes explicit reference to NHS Kernow's 'risk appetite' which is a fundamental part of agreeing our tolerance towards risks and determining target scores for corporate risks.

Maggie Scott, advised she was uncomfortable with 'quality' being moderate, believing our risk appetite should be lower.

Trudy Corsellis proposed the risk appetite score for 'quality' could be changed to low to moderate. She would undertake further work with Committee Chairs to ensure they appreciated the impact this had on the risks reported to their committees. She would also produce, for consideration, potential strategic risks which would inform the Governing Body assurance framework in readiness for April.

**The Governing Body approved** a low/moderate risk appetite for quality; ratified the Risk Management Strategy and Policy subject to the change to the risk appetite score for quality, as well as the additional assurance framework work as identified by Trudy Corsellis.

### **Declarations of Interest Policy**

This document has been updated in line with new Conflicts of Interest guidance issued in June 2016 and incorporates hospitality and acceptance of gifts and sponsorship. Iain Chorlton also thanked Chris Blong for picking up the responsibility for being NHS Kernow's Conflict of Interest Guardian.

**The Governing Body approved** the Declaration of Interest Policy.

**The Governing Body noted** the recently approved new policy in relation to Receipt and Management of Petitions which was agreed by the Executive Management Team in January 2017.

#### **GB2017/254 Committee Updates**

- **Workforce Committee and Update from 20 December, 2016:** Rev Jeff James, Chair

The Rev Jeff James, advised of the request for a lead for NHS Kernow around Equality and Diversity. He sought confirmation from the Governing Body that they were in agreement with the proposal for him to be the lead for Equality and Diversity. **Governing Body agreed** the proposal for Rev Jeff James to be the lead for Equality and Diversity and **noted** the contents of the report and the Minutes of the meeting held on 20 December, 2016.

- **Audit Committee Update:** Chris Blong, Chair  
**NHS Kernow Contingency Planning/Emergency Procedures Review:** the Audit Committee have requested a review of these procedures following a number of incidents which occurred locally towards the end of 2016.  
**STP Governance and Assurance Update:** concerns remain both locally and nationally over these aspects of the STP.  
**Role of the Health and Wellbeing Board and the Overview and Scrutiny Committee:** a sub-committee of the OSC is being established to oversee the governance and assurance aspects of the STP. However, the impact of forthcoming elections should be noted.  
**External Audit Update:** it was noted that the External Audit activity and scrutiny will now start to increase as we approach year end and in preparation of the Annual Governance Statement and the production of Accounts.

**Governing Body noted** the updated.

#### **Health and Wellbeing Board, 20 December 2016**

Dr Chorlton, Vice Chairman and Jackie Pendleton attended this meeting

#### **STP Transformation Board, 24 November, 2016**

Dr Chorlton, Vice Chairman and Jackie Pendleton attended this meeting

*Clinical Practitioner Cabinet*, Dr Chorlton is the Chair and Maggie Scott is a member of this group, which is made up of medical and clinical directors as well as Social Care leads. This has been put in place to support the Board and to connect clinicians to the work taking place under the STP.

#### **Cornwall Deal Monitoring Board, 2 December, 2016.**

Dr Chorlton and Jackie Pendleton attended this meeting

#### **GB2017/255 Questions from the Members of the Public re the Agenda Question from Jan Williams West Cornwall HealthWatch**

1. In recruiting for Patient Participation Groups, the clear distinction of role of a PRG and a League of Friends.

It is acknowledged that the groups have different functions, but the opportunity exists to strengthen their role.

**Action:**

**Andrew Abbott to action in partnership with NHS England, CCG Patient Reference Group and existing PPGs.**

**2. Quality and Performance Report, Page 50 agreement between SWASST.**

Jan Williams recounted the experience of an elderly neighbour in their 90's who had fallen and was taken to RCHT and spent 12 hours on a trolley in A&E before being sent home. However, the paramedics had advised the family if they had taken them herself to West Cornwall hospital she would have been admitted as a patient. Is anything going to change about ambulances taking patients to Trelisk rather than West Cornwall?

It is acknowledged that this would not always be the case as availability may not exist which would then result in a patient transfer to Truro. This relates to the need for clear lines of communication to advise of availability. It should also be noted that on this occasion the lady was not admitted but discharged home following assessment which may not have been possible at West Cornwall hospital. The Penwith locality are starting to explore the possibility of more local assessment services.

**Question from Graham Webster, Health Initiative Cornwall**

- 1 He sought clarification in agreeing the contracts with providers for 2017/18 and 2018/19.

It was acknowledged that we had avoided arbitration and contracts had been signed with the main provides by 23 December deadline. However particularly the acute hospital contracts are at a higher value than the CCG can afford so work continues with providers to identify changes that can take place in year to reduce demand.

2. Penwith Integrated Care Forum, he requested was there any feedback from the meeting with had followed on from the Forum on 1 February, 2017 around Edward Hain.

It was agreed to request an update for Kathryn Hudson, Director for Integrated Care Community who had attended the meeting.

**Action: Kathryn Hudson to provide an update for Graham Webster and email him direct.**

In understanding that approximately 37 community beds have closed, are there any alternative community services from CFT to mitigate the problem if so what are they.

Jackie Pendleton advised that each partner had contributed to the Discharge to Assess programme and this was funding generic support workers. She will ask Kathryn Hudson, Director of Integrated Community Care to quantify what is being provided and the monies identified.

**Action: Kathryn Hudson to provide an update for Graham Webster and email him direct.**

Graham Webster advised of the invitation from the League of Friends of Edward Hain Community Hospital in St Ives to a public meeting to discuss the ongoing closure of the 12 in-patient beds at the hospital. The meeting will be held on Thursday 16 February 2017 at 7.00pm in The Guildhall, St Ives and be chaired by the Mayor of St Ives, Councillor Linda Taylor.

**GB2017/256**

**Close of Meeting**

The public session of the Governing Body meeting closed at 14.30.

**GB2017/257    Date and Time of Next Meeting**

The next meeting will be held on: 7 March, 2017 Temperance Hall, Penryn

**FINAL COPY FOR RATIFICATION**

Signed by the Chair.....

Dated.....



**Colour Key:**

**BLACK**  
**ORANGE**  
**GREEN**  
**RED**  
**BLUE**

**Action Live**  
**Ongoing**  
**Complete**  
**Action missed**  
**Updates since last meeting**

**Kernow Clinical Commissioning Group**  
**Governing Body - Action Grid**

**ACTIONS FROM MEETING 7 February, 2016**

Item	Actions	To be actioned by	Target date	Progress/ date complete
GB2017/128	<b>Questions from Members of the Public: Jan Williams West Cornwall HealthWatch:</b> At November's meeting Nigel Morson from KONP requested the evidence cited by Andrew Abbott which supports the 'vision' within the document Taking Control, Shaping Our Future. Can we now have access to the documents that Dr Caroline Court promised, so that we can read for ourselves the evidence that Cornwall's STP is based on? <b>Action: Dr Court to provide a written response for Jan Williams.</b>	Caroline Court	Mar-17	
GB2017/130	<b>Director's Briefing: Delayed Transfers of Care (DToc):</b> Natalie Jones to liaise with Chris Perry and Greg Dix to understand their Board assurances regarding patient safety in ED and to confirm the establishment of the clinical sub-committee of the A&E delivery board at RCHT.	Natalie Jones	Mar-17	
GB2017/131	<b>Organisational Recovery Project Completion:</b> Mac McKeever, advised that following his attendance at the NHSE system management meeting yesterday, he had shared the establishment of the Clinical Leadership Group, and the potential benefits of contacting Dr Nigel Acheson who is keen to engage hospital clinicians <b>Action: Letter to be drafted by Mac McKeever for consideration by Dr Chorlton.</b>	Mac McKeever	Mar-17	
GB2017/140	<b>Questions from the Members of the Public re the Agenda Question from Jan Williams West Cornwall HealthWatch</b> 1. In recruiting for Patient Participation Groups, the clear distinction of role of a PRG and a League of Friends. It is acknowledged that the groups have different functions, but the opportunity exists to strengthen their role. <b>Action: Andrew Abbott to action in partnership with NHS England, CCG Patient Reference Group and existing PPGs.</b>	Andrew Abbott	Mar-17	

GB2017/140	<p><b>Question from Graham Webster, Health Initiative Cornwall</b>  Penwith Integrated Care Forum, he requested was there any feedback from the meeting with had followed on from the Forum on 1 February, 2017 around Edward Hain. It was agreed to request an update for Kathryn Hudson, Director for Integrated Care Community who had attended the meeting.</p> <p><b>Action: Kathryn Hudson to provide an update for Graham Webster and email him direct.</b></p> <p>In understanding that approximately 37 community beds have closed, are there any alternative community services from CFT to mitigate the problem if so what are they. Jackie Pendleton advised that each partner had contributed to the Discharge to Assess programme and this was funding of generic support workers. She will ask Kathryn Hudson, Director of Integrated Community Care to quantify what is being provided and the monies identified.</p> <p><b>Action: Kathryn Hudson to provide an update for Graham Webster and email him direct.</b></p>	Kathryn Hudson	Mar-17	
<b>ACTIONS FROM MEETING 6th December 2016</b>				
Item	Actions	To be actioned by	Target date	Progress/ date complete
GB2016/221	Morleigh Group Homes - External Review to be shared at forthcoming Governing Body meeting	Kathryn Hudson	Feb-17	
GB2016/228	Caroline Court to provide a list of sources of information as a bibliography to Nigel Morson	Caroline Court	Feb-17	Outstanding

**ACTIONS FROM MEETING 1st November 2016**

Item	Actions	To be actioned by	Target date	Progress/ date complete
GB2016/192	All Governing Body members to check their Declaratoins of Interest and confirm to Terry Ancell that they are correct, or notify him of any amendments.	All GB members	Dec-16	Some updates received - need to further review and complete detail
GB2016/194a	Link with HR training department to incorporate Care Act 2014 in organisation's training programme	Kathryn Hudson	Dec-16	KH looking at suitable alternatives
GB2016/194b	Liaise with Cornwall Council to enquire whether anyone can present to Governing Body re Care Act 201 and whether there are training resources that NHS Kernow can use	Kathryn Hudson	Dec-16	To be added to the agenda for next year