Chorley and South Ribble Clinical Commissioning Group
Greater Preston Clinical Commissioning Group

Committee in Common of the Governing Bodies

Date of meeting	24 March 2021
Title of paper	Committee Updates to the Governing Body
Presented by	Mr Paul Richardson, Vice Chair & Lay Member for Governance, CCGs Mr Ian Cherry, Lay Member for Finance and Audit, Greater Preston CCG Mrs Linda Chivers, Lay Member for Finance and Audit, Chorley and South Ribble CCG Mr Geoffrey O'Donoghue, Lay Member for Patient and Public Involvement, Chorley and South Ribble CCG Mrs Debbie Corcoran, Lay Member for Patient and Public Involvement, Greater Preston CCG
Author	Committee Secretaries
Clinical lead	NA
Confidential	No

Purpose of the paper

This report provides an update from the following committee meetings that have taken place since the Committee in Common of the Governing Bodies meeting in January 2021:

- Joint Patient Voice Committee
- Committee in Common of the Primary Care Commissioning Committees
- Committee in Common of the Audit Committees
- Joint Quality and Performance Committee

The ratified minutes from each committee meeting held since last reported are attached for information. The Committee in Common of the Remuneration Committees and the Joint Clinical Effectiveness Committee have not met since last reported to the Governing Body.

Joint Patient Voice Committee

The Joint Patient Voice Committee held virtual meetings in common on Microsoft Teams on 4 November 2020 and 4 March 2021. The ratified minutes of the meeting held on 4 November 2020 are attached to this report. The Committees received the following reports at its meeting on 4 March 2021:

Governing Body Assurance Framework (GBAF)
It was agreed at the November PVC meeting that going forward, the Governing Body Assurance Framework (GBAF) would be presented as a standing agenda item at the

PVC meetings, to support greater connectivity to the work of the Committee and recording of risks being recognised and progressed through PVC.

The Committee was presented with an update of the GBAF that was submitted to the Governing Body on 27 January 2021. Members were provided with a brief reminder of the purpose of the GBAF, and how it should summarise the sources of control and assurance which is in place or planned to mitigate against the risks that had been identified.

Members received a copy of the risk scoring matrix, a GBAF risk summary and the risk appetite matrix that the CCGs has adopted, for their reference.

A full copy of GBAF 05 risk was presented to the Committee, as this risk is directly linked to the business of the PVC meeting.

The Committee discussed the GBAF and agreed that any risks that may arise through discussions at the PVC meetings will be identified and added to the GBAF risk register if appropriate through a systematic new process.

Patient and Public Involvement Assurance Report
The Committee was presented with the patient and public involvement assurance report providing information around the key activity undertaken for the period 30 October 2020 to 23 February 2021.The report provided an overview of the CCG-led patient involvement.

Members heard that work has continued with the Integrated Care System (ICS) Digital Inclusion Project. A 'Digital Support Scheme' is being developed for GP practice staff' and a 'Community Digital Inclusion Model' that includes diverse frameworks for diverse communities, focussing on Black, Asian Minority Ethnic (BAME) and Deaf communities initially.

There are currently seven themes to consider for each of the protected groups on the digital inclusion framework, however, these could increase if any additional themes are identified via survey outcomes. The current themes are:

- Access
- Culture
- Safety
- Experience
- Engagement / consultation
- Knowledge and skills
- Wider determinants

Members heard that the grading of Goal 1, Better health outcomes and Goal 2, Improved patient access and experience had been undertaken for the Equality and Diversity impact assessment, and the results were in the process of being collated. The results will be included in the Public and Patient Assurance Report at the next PVC meeting.

A staff survey has been shared with the CCGs' workforce to gain their input to the assessment of CCG activity against both Goal 3, A representative and supported workforce and Goal 4, Inclusive leadership. The survey is due to close on 31 March 2021 and the results will be included in the Public and Patient Assurance Report at the next PVC meeting.

Members of the Patient Advisory Group (PAG) have raised issues in relation to the phlebotomy service in respect of 'equity of allocation' and 'inequality of service provision'. Committee members were reassured to hear that the CCGs have acknowledged these issues and informed the PAG that the phlebotomy service model will be reviewed on a primary care network (PCN) basis, however, as many members of staff are heavily involved in the Covid-19 vaccination programme, it is not possible to provide a specific timeframe. Reassurance was given that up to date communication is disseminated across PCNs on a regular basis.

The Committee was informed that the Maternity Voice Partnership continues to be active and heard that it has supported the opening of Chorley Birth Centre and worked with the maternity provider to improve communications to service users.

The MVP chair has also engaged with the new hospitals programme in the role of a service user representative for the Lancashire and South Cumbria Wide Local Maternity System.

Our Health, Our Care programme (OHOC)
The Committee was updated on the current situation of the OHOC programme by Jason Pawluk, the Delivery Director. Members heard that on 11 February 2021, the CCGs received a letter from Bill McCarthy, Regional Director for NHS England. The letter advised of the instruction of the Secretary of State for Health and Social Care and the Minister for Health. Following clarifications of the correspondence, the CCGs released a statement on 26th February confirming the discontinuation of the Our Health Our Care programme in its current form, with the New Hospitals Programme to become the new focus going forwards.

Members agreed that it was disappointing that the OHOC work would not continue and commented that all the work and engagement which had been undertaken over the last five years must not be 'lost' as it is invaluable. The Committee was reassured to hear that all OHOC information has been shared with the new hospitals programme.

Committee members expressed a huge thank you to everyone involved with the OHOC programme, for all the hard work undertaken and for the dedication and professionalism shown, particularly when faced with some extreme challenges.

An update on the new hospitals programme will be included in the standing agenda item on the Integrated Care System, to ensure that PVC members receive regular updates and can consider the patient, public and carers involvement throughout each design stage of the process.

Integrated Care System / Integrated Care Partnership
The update in this area shared that there were now two regional covid-19 mass vaccination sites in the central Lancashire area. One is based at St John's Centre,

Preston and the other is based at Preston Grasshoppers Rugby Football Club. The take up of the vaccination is going well and invitations for 60+ have recently been sent out.

PVC Members were informed that when people are in the cohort that is being called for vaccinations, they did not need to wait to receive a letter if they wanted to book an appointment at one of the regional sites. Communication is being sent out to explain this process, however, if you do not meet the cohort criteria when you get to your appointment, you will be turned away. Members were assured that all this information is being pro-actively being communicated, as it was available on the CCG's websites, shared on social media platforms and been in the news and on the radio.

People do not need to attend a mass vaccination site if they do not want to, they can still wait to be contacted by their GP practice with an invitation to attend a PCN site, when it is relevant for them to do so.

An update in relation to the ICP Patient, public and carers voice (PPCV) Committee was received. This new forum includes representation from the CCGs, as well as key ICP partners such as the District Councils, Voluntary, Community and Social Enterprise (VCSE) sector, North West Ambulance Service, Lancashire Teaching Hospitals and Lancashire and South Cumbria Foundation Trust. The forum is not an assurance Committee but instead is a collaboration of partners from across the ICP footprint who have committed to work together to ensure that patient, public and carer voice is at the heart of the work of the ICP

Work continues on ensuring that the PPCV is embedded across all the ICP system delivery boards, and a process is being developed that will promote the PPCV and explain how to contact the PPCV for requesting involvement and support around patient, public and carers voice.

PVC members were assured that during the up and coming transitional year, the Committee will dual run alongside the PPCV Committee.

Committee in Common of the Primary Care Commissioning Committees

The Chorley and South Ribble and Greater Preston CCGs Primary Care Commissioning Committees held virtual meetings in common on Microsoft Teams on 2 December 2020 and 3 February 2021. The ratified minutes of the meeting held on 2 December 2020 are attached to this report. The Committees received the following reports at its meeting on 3 February 2021:

Primary Care Commissioning Committee Annual Report

Mr Richardson presented the Primary Care Commissioning Committee Annual Report for information. Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved to approve the Annual Report and recommended it to the Governing Body.

Quarterly Contractual Changes

Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee noted the contractual changes that were enacted during the previous quarter October – December 2020.

Population Based Health Improvement (Quality Contract for General Practice) 2020/2021 – Monitoring Update

Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved to approve the two proposals for the Population Based Health Improvement (Quality Contract for General Practice) for 2020/2021:

- step down monitoring of the 10 KPIs in line with the national guidance received and to support Primary Care with the current pressures and delivery of the Covid vaccination programme.
- as a result of stepping down these KPIs increase the payments to practices to 100% of funding backdated to April 2020

Ribbleton Medical Centre – notional rent

Greater Preston CCG Primary Care Commissioning Committee resolved to approve an application to increase the notional rent received from Ribbleton Medical Centre, Preston.

Station Surgery – temporary relocation of patient care

Chorley and South Ribble CCG Primary Care Commissioning Committee resolved to approve the application to temporarily relocate patient care to Leyland Surgery until a suitable solution is reached in regard to the current premises at Station Surgery and requested that the Committee is kept up to date on any developments and that the situation is reviewed in 6 months' time.

Committee in Common of the Audit Committees

The Chorley and South Ribble and Greater Preston CCGs Audit Committees held virtual meetings in common on Microsoft Teams on 8 January and 5 March 2021. The ratified minutes of the meeting held on 8 January 2021 are attached to this report. The Committee received the following updates at its meeting on 5 March 2021.

The Audit Committee was pleased to welcome Dr Ravi Gokul, GP Director Chorley and South Ribble CCG, who attended the meeting as an observer. The committee has invited any of the CCGs' Governing Body members to attend future Audit Committee meetings for interest and understanding of the work of the Audit Committee.

ICP Governance Structure

The Audit Committee received an update from Mr Denis Gizzi, Chief Officer on progress made regarding the ICP governance structure.

GBAF and Corporate Risk Register

The Audit Committee received the GBAF and Corporate Risk Register (CRR) which now includes helpful cross-referencing links between the GBAF and CRR. The committee can see clear and robust evidence of progress and actions being taken to mitigate organisational risks to the CCGs. Committee members discussed how helpful it was for the Quality and Performance Committee and the Patient Voice Committee to have sight of the GBAF and CRR which both now feel like living documents.

External Audit
The Audit Committee received an update on External Audit progress which included work following the revised ISA 540 Standard and additional expectations of management and those charged with governance. The Audit Committee was disappointed not to have received a draft External Audit Plan for 2021/22 because of a delay due to an adjustment to the Mental Health Investment Standard which has since been addressed.

Grant Thornton presented a report on a new requirement for the ISA 540 Standard "Informing the Audit Risk Assessment". The Audit Committee has been informed on accounting estimates.

Grant Thornton have two new members on their team. Mr Matthew Derrick has been appointed as Senior Manager and Mrs Sophia Iqbal has been appointed as Engagement Manager.

Mental Health Investment Standard
The Audit Committee received a report on the Mental Health Investment Standard (MHIS) following adjustments identified by Grant Thornton relating to Continuing Health Care Mental Health spend and Physical Disability spend which should not have been coded to the MHIS. NHSE have since approved the re-basing of the MHIS target. There were no issues as a result and both CCGs have met the MHIS target. The Audit Chairs had a virtual meeting on Friday 12 March with Grant Thornton and finance colleagues to discuss in detail the report and receive a reconciliation of the adjusting items and the letter of representation. Following the meeting the Audit Chairs signed off the report as ready for publication awaiting the go ahead to publish from NHSE/I.

Internal Audit
The Audit Committee received the KPMG Draft Annual Report for 2020/21 and a Draft Head of Internal Audit Opinion. The Audit Committee was delighted to receive a draft opinion of "significant assurance with minor improvements" which gives the Audit Committee and the Governing Bodies the assurances they require that appropriate controls are in place across the CCGs.

KPMG have been asked by the CCG to carry out a review on the work of the OHOC Programme following the decision by NHSE to stop the programme. It is anticipated that the outcome of the review will be helpful in supporting the application for the HIP2 new hospital bid.

The Audit Committee approved the Internal Audit Plan for 2020/21.

Audit Committee Annual Report
The Committee approved the Audit Committee Annual Report for 2020/21, which will be submitted to the Governing Body in May along with all CCG Committee Annual Reports. Information contained within the Audit Committee Annual Report will be included in the Annual Governance Statement.

Information Governance
The Audit Committee received the Information Governance Service Annual Report for 2020/21 and an update on Information Security in order to provide assurances of the IT elements of Information Governance and the Data Security and Protection Toolkit (DSPT). The DSPT will be submitted to the next Audit Committee meeting in May for sign off.

Policies for Recommendation for Approval
The Audit Committee recommends to the Governing Body two policies for approval. The Risk Management Strategy and the Freedom To speak Up Policy are both contained within Governing Body papers and recommended for approval by the Audit Committee.

Freedom To Speak Up Guardian Annual Report
The Freedom To Speak Up Guardian Annual Report for 2020/21 was presented to the Audit Committee for information. The Committee sought assurances on the process for reporting concerns as currently concerns raised may go to up to four people. The committee requested that a single point of contact for receiving referrals should be considered. The Freedom To Speak Up Annual Report noted 0 referrals this year, but 2 referrals were since made week of 1 March 2021 which have been logged and are being investigated by the FTSU guardian.

Anti-Fraud Services
The Audit Committee received the draft Anti-Fraud Work Plan for 2021/22 which included the work planned to support the CCGs and the national Counter Fraud Authority. The committee received updates on the two ongoing investigations for Chorley and South Ribble CCG. There were no fraud referrals for Greater Preston CCG.

Registers of Interest
The Audit Committee received an update on the CCGs' Registers of Interest.

Corporate Registers
The Audit Committee received updates on the CCGs' Corporate Registers. The committee was informed of Single Tender Waivers authorised for further extension to the Dermatology Tier 2 Service for both CCGs, and an extension to a Specialist Community Neuro-Rehabilitation Service which provides a Lancashire wide service. The committee was assured that additional support was required by providers due to the Covid-19 pandemic and there was no option but to extend the contracts. The Audit Committee has expressed its concern that the contract had started before being signed off.

Accounting Policies
The Audit Committee received for information a report on Accounting Policies. This was an opportunity for Audit Committee members to have early sight of the policy to be used for end of financial year processes.

Joint Quality and Performance Committee

The Chorley and South Ribble and Greater Preston CCGs Quality & Performance Committees held virtual meetings in common on Microsoft Teams on 10 February and

10 March 2021. The ratified minutes of the meetings held on 13 January and 10 February 2021 are attached to this report. The Committee received the following updates at its meeting on 10 March 2021.

Safeguarding Assurance Group – Terms of Reference
The Committee was presented with the Safeguarding Assurance Group terms of reference for review which were approved. It was recognized it is important to keep these under regular review due to the possible changes in the new structure.

Serious Incident Report
An update on the Never Events at Lancashire Teaching Hospital was provided and a few actions had been added to the action plan. It is envisaged that monitoring of the actions will be done through the Safety and Quality Committee. The Committee were notified of a Never Event that occurred at Euxton Hall, Ramsay Health Care.

Work had previously been reported on a themes and trends analysis of cases and responses from the Serious Incident panel over the last 12 months.

Nosocomial Rates
Further to the presentation from Lancashire Teaching Hospitals NHS Foundation Trust a last meeting, the Committee were notified that the rates continue to reduce.

Suicide Cases
It was reported the concerns in the numbers of suicide cases during 2020 /2021 and recent trends within mental health services. There are currently approximately 400 unallocated cases waiting for community mental health team. The Committee voiced their concerns but were assured that this issue would be picked up with Pennine as the lead commissioner.

Transforming Care and LeDeR
The Committee were updated on the number of patients in hospital with a Learning Disability and / or autism along with details of recent admissions and discharges. In addition, an update was provided on the discharge plans for two complex cases.

A report on the Learning Disability Mortality Review (LeDeR) was presented with a particular focus as to whether there had been an impact from covid. The data from March 2020 shows an increase in the number of deaths reported (29), with a relatively even split between Chorley and South Ribble CCG and Greater Preston CCG.

Integrated Board Report

The Integrated Board Report remained focused on reporting performance information across key national healthcare standards that the Clinical Commissioning Groups (CCGs) are measured against.

Attendances within A&E were up on the month of January, 180 attendances per day and having an impact on performance resulting in the 4hr target falling just below 80% which is below national standard. Chorley A&E has been seeing a consistent number on average per day of 31 patients for January through to March. Cancer services remains challenged and have seen an increase in referrals but significantly below

targets for 2-weeks and 62-day pathways. 52 weeks continues to grow and has exceeded 7000 patients.

The Acute system has seen a reduction in numbers of covid positive cases in hospital. Social care, mental health services, primary care and community services are seeing increased pressure and there is a real concern about the impact on staffing. This was to be raised at the People Board that has been established on a ICP footprint.

Finance Report

The Committee noted the report which presented a year to date breakeven position in line with the trajectory, and breakeven at year end.

Recommendations
The Governing Body is asked to note the update from the committees provided.

Links to CCG Strategic Objectives		
SO1	Improve quality through more effective, safer services, which meets a minimum level of 'good' in the Improvement and Assessment Framework	☒
SO2	Commission care so that it is integrated and ensures sustainability and meets whole population needs with an appropriate balance between in-hospital and out-of-hospital provision, which meets a minimum level of 'good' in the Improvement and Assessment Framework	☒
SO3	Engineer a financially sustainable health and social care economy which meets statutory financial duties	☒
SO4	Ensure people are at the centre of the planning and management of their own care, and that their voices are heard, enabling the CCG to meet a minimum level of 'good' in the Improvement and Assessment Framework	☒
SO5	Be a well-led clinical commissioning group, which meets a minimum level of 'good' in the Improvement and Assessment Framework	☒
SO6	Reduce inequalities in access and outcomes across the health and care system by achieving a minimum level of 'good' in the Improvement and Assessment Framework	☒

Governance and reporting
(list committees, groups or other bodies that have discussed this paper)

Meeting	Date	Outcome
N/A		

Were any conflicts of interest identified at previous meetings (mark X in the correct box below)		
Yes	**No**	
	X	
If conflicts of interest were identified what were these:		

Implications			
Quality/patient experience implications?	**Yes** ☒	**No** ☐	**N/A** ☐
(Potential) conflicts of interest?	**Yes** ☒	**No** ☐	**N/A** ☐
Equality Impact Assessment?	**Yes** ☐	**No** ☐	**N/A** ☒
Privacy Impact Assessment?	**Yes** ☐	**No** ☐	**N/A** ☒
Are there any associated risks?	**Yes** ☒	**No** ☐	**N/A** ☐
Are the risks on the CCG's risk register?	**Yes** ☒	**No** ☐	**N/A** ☐
If yes, please include risk description and reference number			

Assurance
The Governing Body will ratify the work of all committees on approval of the Annual Governance Statement each year.

Appendix 1

Ratified Committee Minutes

- Patient Voice Committee
- Committee in Common of the Primary Care Commissioning Committees
- Committee in Common of the Audit Committees
- Joint Quality and Performance Committee

Patient Voice Committee
Minutes
12.45pm – 2.45pm Wednesday 4 November 2020
Microsoft Teams

Present

Ms Lindsey Beniston – Healthwatch Lancashire
Mr Jonathan Bridge, Communications and Stakeholder Relations Manager – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Kate Burgess, Commissioning Delivery Manager – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Debbie Corcoran, Patient and Public Involvement Lay Member – NHS Greater Preston CCG (Chair)
Mrs Helen Curtis, Director of Quality and Performance – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Samantha Davis, Quality and Effectiveness Specialist (Clinical) – NHS Midlands and Lancashire Commissioning Support Unit
Mrs Sheila Seal, Patient Advisory Group (Vice Chair)
Mrs Glenis Tansey, Engagement, Patient Experience and Organizational Development Lead – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG

In Attendance

Dr Sumantra Mukerji, Chair and Clinical Leader – NHS Greater Preston CCG
Mr Jason Pawluk, Our Health, Our Care Programme Director
Ms Rebecca Stafford, Customer Care and Patient Experience Officer – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG (Committee Secretariat)
Mrs Madeleine Bird, Senior Communications Officer – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG

1	**Welcome and apologies for absence** Mrs Corcoran opened the Patient Voice Committee (PVC) via Microsoft Teams and welcomed everyone to the meeting. Apologies were received from: Mrs Dawn Clarke, Equality and Diversity Lead – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG. Mrs Jill Cropper, Medicines Optimisation Pharmacist – NHS Midlands and Lancashire Commissioning Support Unit
2	**Declarations and Register of interests** Mrs Corcoran reminded members that Clinical Commissioning Groups (CCGs) only need to provide registers of interests for statutory committees, and as the Patient Voice Committee (PVC) is an assurance Committee, a register of interests is not warranted. However, Committee members were given the opportunity to declare any interest they may have on any issues arising at the beginning of each PVC meeting. This ensured that there were no conflicts with the business of NHS Chorley and South Ribble CCG and

	NHS Greater Preston CCG. There were no declarations made in relation to the PVC agenda.
3	**Minutes of previous meeting – 2 September 2020** The Committee reviewed the minutes of the 2 September 2020 meeting and agreed that the minutes were an accurate reflection of the discussions.
4	**Matters arising** The Committee appraised the matters arsing log and agreed to the closure of the items identified as complete. Action numbers PVC-2020001-9 and PVC-200304-13c are still ongoing due to current circumstances and reduced capacity, they will be reviewed and updated accordingly. • PVC-2020001-9 – Mr Bridge to liaise with Mrs Clarke to identify feasibility of a tour of Lancashire Teaching Hospitals for members of PAG. • PVC-200304-13c – Miss Brennan to provide an update following the Healthwatch Lancashire 'Quality in Care homes' report IRO the suggested recommendations being considered at a future PVC meeting. The below action is to be rearranged due to Mrs Clarke currently being on sick leave. • PVC-2020902-6b – Mrs Clarke to liaise with Mrs Curtis to develop the PVC GP comparison survey paper 2019/20 for JEM to discuss prior to presentation at Governing Body.
Items related to duties and assurance	
5	**Patient and public involvement assurance report** The Committee were presented with the Patient and public involvement assurance report providing information around the key activity undertaken or the period 24 August 2020 to 29 October 2020. Mrs Tansey informed the group that the Equality Delivery System grading had been due to take place, however, due to absence it has had to be postponed. Mrs Clarke will reschedule the grading and confirm a date upon her return to work. The Committee heard that the Patient Advisory Group (PAG) members had taken part in two Patient Impact Assessment workshops regarding how best to communicate and encourage public involvement in the Our Health, Our Care (OHOC) programme. The workshops were facilitated by Healthwatch Lancashire and they were well attended. Mrs Clarke will provide a full summary in the patient and public involvement assurance report at the next PVC meeting. Although the most recent PAG meeting was cancelled the group has been in contact with the customer care team to raise issues regarding the phlebotomy service. Mrs Seal, Vice Chair for the PAG explained that patients were being told to go to the drop-in blood clinics with no appointment but when they get there, they have had to wait hours. Mrs Seal also commented that patients have also complained that they are unable to attend other blood clinics due to either the location or because they are not able to get there, or because of the considerable waiting times. The waiting time at the Minerva Centre is now three weeks. Mrs Tansey informed the Committee members that the issues raised by the PAG had been logged and will be investigated, and PAG members will be provided with feedback accordingly. Members heard that a new formal process had been put in place for issues

	being raised by the PAG. Issues will be collected on a feedback form and collated by the customer care team, all queries will be formally logged and investigated, with the high level themes being fed back PAG so that the customer care close the loop and an update provided to the relevant people in the CCG. Mrs Tansey commented that the intelligence received from the PAG was invaluable as it provides a wider scope of issues experienced by people. Dr Mukerji explained that in order to abide by social distancing guidelines, Lancashire Teaching Hospitals and Lancashire South Cumbria Foundation Trust had reduced the number of appointments and patients had to book their own appointments. Dr Mukerji also commented that very few phlebotomy clinics take place within GP practices anymore due to funding. With regards to the Maternity Voice Partnership (MVP) update and feedback about sexual health and the fact that contraception was not available due to the pandemic, Mr O'Donoghue asked if this was an isolated incident or was it more widespread. Mrs Tansey explained that a process has been set up for maternity service users to raise issues through the MVP, which are then collated and fielded out to the appropriate place for action. Francesca Seed, the chair of the MVP has made contact with the sexual health services to look at what updates are available, and they will be relayed to service users. **Chair's Summary** The report was welcomed, and Mrs Corcoran commented that it was helpful and gave the breadth and depth of what was happening within the community. Updates from the Phlebotomy and sexual health issues that had been raised will be provided at the next PVC meeting. **ACTION POINT** • Mrs Tansey to provide an update on the Phlebotomy issues at the next PVC meeting. • Mrs Tansey to provide a further update regarding actions taken in relation to sexual health and contraception not being available, at the next PVC meeting. • Mrs Clarke to provide a full report in relation to the Patient Impact Assessment workshops at the next PVC meeting.
6	**Customer care service activity report – quarter 2 2020/21** Mrs Tansey commented that although there has been reduced capacity in the team, a full service has still been provided to patients and a new customer care and patient experience officer will be joining the team on the 23 November 2020. The Customer care activity report for the period of 1 July to 30 September 2020 (quarter 2) was presented and Committee members heard that there had been a decrease of 7% in the number of overall contacts into the CCGs. The number of complaints had decreased by 16% and all complaints had been acknowledged within three days. 88% of the complaints were closed within the same quarter. There had been an increase in MP enquiries and Freedom of Information (FOI) requests had increased significantly by 109% compared to the previous quarter. Mrs Tansey advised that although the number of complaints had decreased does not mean that the amount of work decreases due to the nature and complexity of cases. Mrs Tansey commented that although there had been a significant increase in FOI requests they were really varied and have not highlighted any specific themes or trends. There were no breaches, and 22 exemptions were applied with the majority of them being

signposted to the CCGs' publication scheme.

Complaint themes mainly related to GP communications in respect of call backs from practices and some staff attitudes. CHC assessments are a continuing theme but the customer care team is working closely with the CHC team to address the delays on a case by case basis.

Members were informed that future reports will include more of 'what you said, we did' and the learning around it. Also, the formalising of issues raised by the Patient Advisory Group.

The CCG is keen to have more of an understanding of complaints made to NHS England and Improvement (NHSE/I) in respect of GP practices. NHSE/I handle complaints in respect of primary care and used to produce local update reports for CCGs. However, these updates ceased to be shared but there has been a change in personnel and reports will be collated centrally. NHSE/I are aiming to be back on track very soon and they will be sending out an annual report for both CCGs, followed by a quarter one and quarter two report.

Mr O'Donoghue asked for clarification with regards to information on Page 39 in respect of GP incident reporting. The sentence 'out of all incidents reported, 41% of them were at no risk to the patient', does this mean that the other 59% were at risk to the patient?

Mrs Tansey clarified that it did not mean that 59% of patients were at risk, it was the way in which the information had been worded within the report.

Mrs Corcoran acknowledged that the GP incident reporting was new and asked what insight it can helpfully offer to patient experience and engagement.

Mrs Curtis replied that the CCGs are trying to bring the reporting by primary care up to the same level as that by other providers. GP incident reporting is about the learning, it is not about criticising individuals where things have gone wrong. If there are any incidents that meet the criteria for serious incident review, then they will go through the same process as any other incidents through the serious incident panel. The aim of GP incident reporting is that it will provide the CCGs with shared learning in respect of complaints, and it will dovetail to other reporting systems.

Mrs Curtis suggested a deep dive session on the process and how GP incident reporting captures and reports.

Mrs Tansey agreed with this suggestion and commented that it would be useful to produce an infographic which sets out the various routes of complaints and the flow of where feedback is reported.

Chair's summary

The Committee welcomed the report and the assurances it provided, and members look forward to receiving a presentation in relation to the GP incident reporting process.

ACTION POINTS

- Ms Stafford to arrange a date for Mrs Webster to present a deep dive session of the GP incident reporting process at a PVC meeting, and add this to the cycle of business.
- Mrs Tansey to produce an infographic to show the flow of complaints feedback reporting.

7	**Integrated Care System (ICS) update** Mr Bridge commented that the main priority around communications and engagement has been Covid-19 related. However, conversations are still ongoing within the ICS and its commissioning reform group in relation to the possible move to a single CCG at the Lancashire and South Cumbria ICS footprint level, although this consideration has not yet reached the point of broader public engagement. Mr Bridge advised he would keep members updated as consideration continues around the possibility of a single CCG. Members were provided with feedback from Mr Bridge in relation to primary care access and the different way of working during the Covid-19 pandemic. Primary care has adopted a new way of working with a triage model and remote consultations being the main 'go to' method and then face to face meetings only on a clinical need basis. This new model has highlighted different experiences for both patients and GP practices with some anecdotal feedback shared in the meeting that patients are struggling to get through to practices on the telephone and practices not being able to cope with the sheer volume of telephone calls. Some patients have also felt that they should have had a face to face appointment resulting in them not being happy with the remote consultation provided. Mr Bridge commented that GP practices have been under a lot of pressure as there is fine balance between meeting patient needs remotely and protecting members of staff. Practices are also handling the consequences of isolation and sickness amongst staff. The CCGs' Communications and Engagement team has led a piece of work on behalf of the ICS in respect of primary care and managing patient expectations. This has been in the form of social media paid for messages, and although the report was not ready in time for today's PVC meeting Mr Bridge advised that through this piece of work the team had been able to reach over a quarter of the local residents with targeted messages. The team has also worked on rectifying some of the comments and misbeliefs that have been highlighted in the results of this report. Mrs Curtis asked if there was a way of potentially finding out if there has been a disproportionate amount of attendances at urgent care of A&E from certain GP practices because patients have been unable to get an appointment. This was possibly something that could be looked into. Dr Mukerji commented that practices are getting a huge volume of calls and this has also been recognised on a national level. He referred to a tweet that had been shared noting that there had been one million more appointments as compared to September 2019 and 1.5 million same day appointments compared to September 2019. Also, staff sickness is a concern because if a receptionist is sick, they cannot work from home. Dr Mukerji has raised this issue on the Network call and also at the primary care sub cell of the out of hospital cell, and people are looking at a digital solution that could reduce a number of calls or the need of calls to GP practices. This will be discussed at the primary care sub cell meeting today with the result being fed back at the network call. Another factor could also be in relation to the time of day that patients are trying to contact the practice. Members heard that although these issues had been raised no formal complaints had actually been made through the CCGs' customer care team. **Chair's summary** Members welcomed the update and Mrs Corcoran commented that it would be helpful to find out how wide spread the issues raised are and is there anything that the CCG can do quickly in order to try and improve the service for patients whilst recognising the sheer volume of calls and the challenge that this puts on to practices and the primary care network. The Committee look forward to receiving a further update at the next PVC

	meeting. **ACTION POINTS** • Mr Bridge to provide a further update at the next PVC meeting in relation to the feedback received following the 'managing expectations' work undertaken by the CCGs' communication and engagement team, regarding primary care access. • Mr Bridge to explore how widespread the issues raised in relation to accessing primary care and appointments is and feedback if there is anything that the CCG can do quickly to try and improve the service for patients.
8	**Integrated Care Partnership (ICP) Update** **<u>Patient, public and carers voice group</u>** Mrs Tansey informed Committee members that the inaugural meeting of the new Central Lancashire ICP Committee in Common Patient, Public and Carers Voice (PPCV) had taken place on 15 October 2020 and commented that the energy and enthusiasm from those involved in the meeting was overwhelming. Everyone attending was very excited to be part of this new group and look forward to working collaboratively in order to embed the voice of patients, carers and the public across the whole of the ICP. Members heard that there was representation from a wide range of ICP Partners: NHS Chorley and South Ribble and Greater Preston CCGs, Lancashire and South Cumbria NHS Foundation Trust, Lancashire Teaching Hospitals NHS Foundation Trust, South Ribble Borough Council, Chorley Council, Preston City Council, Healthwatch Lancashire, Voluntary Community and Social Enterprise (VCSE) – N-Compass. Mrs Tansey explained that the PPCV is in the process of identifying representation from other providers including, Lancashire County Council, North West Ambulance Service and the general public. Members of the PPCV strongly agreed that the public representation needed to be the right people as they do not want it to just be tokenistic. Members heard that many of these partner organisations already had a statutory duty to involve, and as the ICP is not a statutory organisation, the PPCV had debated whether the group was actually a formal Committee or a "doing" group. The PPCV members had agreed that a conversation would be held with the independent Chair of the ICP on the 03 November 2020 to discuss. The Committee was advised of the purpose of the PPCV group, which is to ensure that the PPC voice is embedded in every single corner of the ICP, and to help the PPCV achieve this they have agreed some guiding principles which are: • Be inclusive of all • Be inspiring • Be resilient • Have focus • Be prepared to challenge Members were informed that the PPCV group has developed a Statement of Intent which is being presented at the November ICP Board. The statement reads: *The Patient, Public and Carer Voice CIC is a collaboration of partners from across the ICP footprint who have committed to work together to ensure that patient, public and carer voice is at the heart of the work of the ICP. We want local people to co-produce and influence the way we commission and deliver quality services across central Lancashire that meet the needs of our population.*

We will do this by listening to what patients, public and carers are saying about the services they are using and feeding back to the relevant Boards.

We will:

- *Involve people at all stages of commissioning, delivery and transformation*
- *Use existing service user information and intelligence to identify themes and trends*
- *Gather new intelligence using a variety of methods*
- *Explore new and innovative ways to engage and involve*

In addition, the group have agreed some guiding principles which are:

- Be inclusive of all
- Be inspiring
- Be resilient
- Have focus
- Be prepared to challenge

Mrs Curtis added that she had met with Marie Burnham and Dr Mukerji as the Chair of the PPCV to discuss the possibility of the PPCV Committee being more of a doing group rather than a Committee in Common. The outcome of this meeting was that yes, the PPCV would be a 'doing' group, although Mrs Burnham is keen to have lay member and non-executive involvement on the group, but not in the role of assurance because that is the responsibility of the statutory organisations.

Mrs Curtis commented that the Patient Voice Committee will continue to run alongside the PPCV b- this is helpful in relation to the OHOC programme and the CCG's clear statutory responsibility on commissioners to consult and manage conflicts of interest.

Our Health, Our Care programme update

Mr Pawluk provided the Committee with a brief update on the Our Health Our Care (OHOC) programme informing members that it was still moving forward and that a key meeting was scheduled to take place on Thursday 5 November with NHSE/I - was a stage 2 assurance checkpoint meeting.

NHSE/I will review the pre-consultation business case material that has already been submitted, they will look at it from different angles, such as:

- The vision for programme, what is it trying to achieve?
- Engagement that has been carried out so far and the proposals for conducting a consultation
- The clinical model and model of care that has been proposed
- The financial perspective of the plans for consultation
- To improve the workforce across the patch
- How would any future major incidents be managed and how would any planned changes for the make-up of the population in central Lancashire be managed.

The aim of the meeting to try and achieve some understanding from NHSE/I as to how, when and in what terms it is likely to support the CCGs in proceeding to a consultation with the public in relation to the OHOC plans.

Mr Pawluk advised that although he did not have a confirmed date for a response from NHSE/I, he will hopefully have further information to update the Committee with at the January PVC meeting.

	Members received assurance that the OHOC team had been involved in the communications that went out to the public in respect of what services were accessible at Chorley Accident and Emergency (A&E) at this current time and that there has been a significant focus to try and restore services on a part time model from the 2 November. Mr Pawluk commented that due to the Covid-19 pandemic it is not possible to run a traditional public consultation for OHOC, however, a wide variety of materials have been produced and put in place to ensure that public engagement is maximised and no communities will be left out. Mr Pawluk shared feedback from some market research that the OHOC team had undertaken in September 2020. The team conducted a telephone survey of 400 people across central Lancashire which was representative of gender, age, disability, ethnicity and sexual orientation, to understand the impact that Covid-19 had on communities and what the public thought the priorities on health service should be going forward. The reason for this was to assist the OHOC team with planning responses for the next stage of the pandemic and also to road test and pilot the approach to follow up with a questionnaire with communities that don't want to have digital interaction with OHOC. Findings showed that only 5% of respondents felt the opening of Chorley A&E fully was a top priority, 41% of responses were in relation to restoring face to face appointments where possible and other responses related to PPE for hospital staff and clearer information around what services were available at which hospital sites. Responses about what the NHS had done well included the use of NHS 111, encouraging patients to self-care where appropriate and the use of telephone appointments where appropriate. Respondents felt that future priorities should include better use of primary care services where appropriate and ensure there is clearer, more understandable health advice shared through digital channels, including hospital websites and information that the CCG publishes. **Chair's summary** The Committee noted the updates from Mrs Tansey and Mr Pawluk and welcomed the assurances providing that everything was in place and ready to move forward depending on the outcome from the meeting with NHSE/I. Members look forward to receiving further updates on next steps at the January PVC meeting.
Items for Information	
9	**Deep Dive: Winter Communications** Mrs Bird presented the Committee with an overview of the winter communications in respect of NHS 111 First. They heard that NHS 111 First was part of a national integrated programme working to improve outcomes and patient experience of urgent and emergency care. Members were advised of some of the communication methods which will be used to promote the national campaign that is due to be launched December 2020; these include TV, radio and print advertising. On a local level, information will be targeted towards key patient groups. The Committee received assurance that all feedback from people using the new service will be collated, analysed and evaluated and any learning will be considered to further develop the programme. Members requested sight of the reported findings when they are available. Members discussed the presentation in detail and were assured that all patients who needed a blue light response would still receive one and no patient would be turned away

	if they self-presented at an emergency department, they would be provided with the most appropriate form of care. **Chair's summary** The Committee welcomed the update and look forward to receiving the feedback collated from patients using the new service. **ACTION POINT** • Mrs Bird to provide an update of the feedback collated from NHS 111 first service users when available.
10	**Healthwatch Lancashire** The Committee was updated on the work currently being undertaken by Healthwatch Lancashire, which included a digital review that is currently live. This a survey that has gone out to people who have accessed health services either online or via any other digital platform in terms of how they have found the experience. The survey is also open to staff, not just patients, with the aim to find out how the new adaptations and new way of working has been received. Results of the survey will be collated when closed and fed back to the PVC when available. Ms Benison explained that there are four surveys being undertaken around social connectivity for people with learning disabilities, in particular the supported living arrangements. The first survey has already been completed by providers and it is currently being analysed and looked at in terms of what services are available for people, are they easy or challenging to access and what the barriers are, if any. The second survey is targeted at social workers and the people they are supporting, the aim of the survey is to find out if service users know how to access equipment and the services that they require. The third will be sent to carers and parents of services users in order to get their views and experiences of accessing services. The final survey will be sent out to the actual service users to find out what the full picture looks like. Ms Bennison explained that this will probably be the founding piece of work that will look to inform the next stage of the approach, depending on the outcomes of the surveys. A piece of work with the Black, African, Minority and Ethnic (BAME) network has been completed and was undertaken over the duration of a couple of months. It was done on a one to one basis and case studies were completed in relation to people's experiences during the pandemic. This was a wide and varied piece of work and the report is currently being drafted and should be available in December 2020. **Chair's summary** The Committee thanked Ms Beniston for the update and members looked forward to receiving feedback from the digital surveys and also the BAME piece of work.
11	**Any other business** Ms Stafford advised the members that the date of the January 2021 meeting had been changed to 20 January 2021, to enable enough time for the turnaround and publishing of papers.

14	**Reflections of the meeting** Mrs Corcoran welcomed any comments from the Committee - and the Committee agreed that today's agenda and discussions items were useful.

Chorley and South Ribble Clinical Commissioning Group
Greater Preston Clinical Commissioning Group

Committee in Common
Primary Care Commissioning Committee Minutes
2 December 2020 - MS Teams

Present

Mr. Paul Richardson, Lay Member (Vice –Chair GP & CSR CCG Governing Bodies) (Chairman of Committee)
Mrs. Linda Chivers, Lay Member Finance and Audit, NHS Chorley and South Ribble CCG
Mr Ian Cherry, Lay Member Finance and Audit, NHS Greater Preston CCG
Mr. Geoffrey O'Donoghue, Lay Member Patient and Public Involvement NHS Chorley and South Ribble CCG
Mrs. Katherine Disley, Chief Finance and Contracting Officer
Mrs. Helen Curtis, Deputy Accountable Officer, Director of Quality and Performance
Mrs. Tricia Hamilton, Governing Body Nurse
Dr Eamonn McKiernan, Secondary Care Doctor

In Attendance

Dr Sumantra Mukerji, Chair of NHS Greater Preston CCG
Dr Hari Nair, GP Director, NHS Greater Preston CCG
Dr Lindsey Dickinson, Chair of NHS Chorley and South Ribble CCG
Dr Ann Robinson, GP Director, NHS Chorley and South Ribble CCG
Mrs. Donna Roberts, Associate Director Transformation and Delivery – Primary Care
Mrs. Jill Truby, Committee Secretary

Members of the Public

There was 1 member of the public and 2 GP director observers in attendance.

1	**Welcome and apologies for absence** As Chair of the meeting, Mr Paul Richardson welcomed everyone to the meeting in common of the Primary Care Commissioning Committees of Chorley and South Ribble CCG and Greater Preston CCG. Apologies received from Mr Denis Gizzi, Mrs Debbie Corcoran and Mrs Jayne Mellor (seconded to NHSEI until end of December 2020) **Quorum** The meeting was quorate.
2	**Declarations and Register of Interests** Mr Richardson reminded committee members of their obligations to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCGs. Declarations made by members of the Primary Care Commissioning Committee are listed in the CCGs' Register of Interests. The Registers are available either via the secretary to the governing body or the CCGs' websites.

Ratified

	GP directors made the usual GP declaration as providers of services. Dr Hari Nair declared an indirect conflict of interest in item 5 as his practice was mentioned in the paper and it was used as a benchmark to compare the build to the estate being considered for approval. **Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved**: • Declarations of Interests were noted
3	**Minutes of previous meeting** The minutes of the previous meeting held on 7 October were agreed as an accurate record.
4	**Matters arising** 4.1 The action matrix was updated. 4.1 Chairs' action: The Chair reported that the Primary Care Commissioning Committee Chairman, along with the two Audit Committee Chairs, Katherine Disley and Donna Roberts, met on the 8th October to further discuss the proposed Care Home specification. Having examined in greater detail the underlying financial information, the necessary assurance was gained for the Chair to approve the item under Chair's action.
5	**Eaves Lane surgery** The Primary Care Commissioning Committee was asked to consider an application received from Eaves Lane Surgery, to relocate premises from 311 Eaves Lane, Chorley, Chorley Council new build at Eaves Lane / Windermere Road, Chorley. Mrs Donna Roberts presented the paper and provided the Committee with background information. Eaves Lane Surgery is currently located in a small terraced house, it was identified in the CCGs Estate Strategy in 2016 as requiring significant investment, at the time it was surveyed it was rated as a Category C building – one of the lowest ratings due to its poor general condition, and issues with physical access to the building, DDA compliance, and parking. The practice stated that their existing premises at Eaves Lane are no longer fit for purpose. They feel that this has restricted their ability to develop the primary care services that they wish to provide. Following request of clarification on the development of health care services in the Eaves Lane area, the Chief Officer of Chorley, South Ribble and Greater Preston CCGs had advised of Chorley Council's long running plans to develop a medical hub in the area (the Friday Street scheme) however the plan had not progressed as Chorley Council could not secure firm commitments from stakeholders (LSCFT, GP practices etc.,) to sign up to the scheme; a position that still remains today. Due to the circumstances outlined the alternative solution of the Chorley Council new build scheme was identified as best serving the needs of the practice and its' patients. The distance from the current surgery in Eaves Lane to the new build is 0.7 miles, by car the journey is estimated at two minutes; on foot it is a 16-minute walk.

Ratified

	The current surgery premises are impacting on the practices ability to increase the number of clinicians/sessions that they can offer to their registered population of 2097; due to the practice constraints they are unable to support additional patients from the new housing schemes. The Eaves Lane site forms part of a group of six practices operated by NM Health, they have recently expanded their workforce and feel that the current premises are insufficient to accommodate their increased number of staff and the range of services they wish to offer patients. The practice feels that the need to provide placements for Trainees and additional Primary Care Network staff is also essential for the future of primary care and that this is also constrained by their current premises. The practice has actively engaged with its registered list of patients through various approaches including patient questionnaires, information displayed at the surgery and information/survey on the practice website. Patient feedback has been received by the practice via telephone, in writing and at face-to-face appointments. The favoured site was found to be the Eaves Lane development. The practice has stated that, should COVID restrictions allow, they will hold an open day/evening at the practice that would be led by the GP Partners. Discussion ensued by the Committee with an overwhelming majority in favour of the proposal. In response to a question Mrs Roberts confirmed that a quality impact assessment would be completed in due course. Mrs Roberts also confirmed that further engagement would be undertaken by both the practice and the Council. There was allowance for the practice list size to grow. It was considered that there was a duty of care to support this proposal and close an existing practice that was not fit for purpose. Following assurance that full engagement and a quality impact assessment would be undertaken members resolved to approve the proposal. **Chorley and South Ribble CCG Primary Care Commissioning Committee resolved to:** • Approve the proposal from Eaves Lane Surgery, to relocate premises from 311 Eaves Lane, Chorley to Chorley Council new build at Eaves Lane / Windermere Road, Chorley
6	**Any other business** There was no further business

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

Retired

Chorley and South Ribble Clinical Commissioning Group
Greater Preston Clinical Commissioning Group

Committee in Common of the Audit Committees
Minutes

Friday, 8 January 2021
Via Microsoft Teams at 9.30 am

Present

Mr Ian Cherry, Audit Committee Chair, Greater Preston CCG
Mrs Linda Chivers, Audit Committee Chair, Chorley and South Ribble CCG (Chair)
Mrs Debbie Corcoran, Lay Member Patient and Public Involvement, Greater Preston CCG (Mrs Corcoran left the meeting for item 11 only)
Mr Geoffrey O'Donoghue, Lay Member Patient and Public Involvement, Chorley and South Ribble CCG
Mr Paul Richardson, Vice Chair and Lay Member for Governance, Chorley and South Ribble and Greater Preston CCGs

In Attendance

Mr Jonathan Bridge, Communications and Emergency Planning Manager (item 14 only)
Mrs Katherine Disley, Chief Finance and Contracting Officer
Ms Harriet Fisher, Manager, KPMG
Mr Denis Gizzi, Chief Officer (item 6 only)
Mr Rob Jones, Head of Internal Audit, KPMG
Mr Gareth Kelly, Engagement Lead, Grant Thornton
Mrs Sarah Mattocks, Corporate Affairs and Governance Manager
Mrs Anne Whittle, Corporate Business Manager (minutes)

1	**Introduction** Mrs Linda Chivers welcomed everyone to the meeting.
2	**Apologies for Absence** There were no apologies received.
3	**Declarations and Register of Interests** The Registers of Interest were presented for information. Mrs Chivers reminded committee members of their obligation to declare interests they have against the agenda which might produce a conflict. Mr Cherry stated that his declaration of interest required updating. The change related to Mr Cherry's practice which undertakes personal tax work for the Director of Transformation and Delivery, Chorley and South Ribble and Greater Preston CCGs. Mr Cherry's practice also undertakes work for DWF in relation to medical negligence expert witness work. In reply to a comment that all Lay members were potentially conflicted in respect of item 6 on the agenda, both Audit Chairs gave the committee their assurances that as the Audit Committee looks at systems and processes as opposed to content, that there was no conflict. There were no other declarations of interest.

4	**Minutes of the Previous Meeting** Both Audit Committees reviewed and approved the minutes of the Audit Committee meeting held on 6 November 2020, subject to the following amendment: CSR&GPAC201106-06 GBAF03 Financial Sustainability Deep Dive Paragraph 8 to include 'current likelihood' with regard to risk score. **Resolved** The minutes from the Audit Committee meeting held on 6 November 2020 were accepted as a correct record, subject to the above amendment.
5	**Matters Arising** The following updates were provided. CSR&GPAC 200904-06 ICP Governance Structure Mr Gizzi confirmed that an update would be available for the March Audit Committee meeting following discussion and progress to be made after the Joint Committee of CCGs. CSR&GPAC 201106-09 Internal Audit Progress Report Mrs Disley gave an update with regard to recommendations on the strategic commissioning review and stroke services, that a business case would be ready by April 2021. Mrs Disley would liaise with KPMG to refresh the timetable for the recommendations. An update would be provided to the next Audit Committee meeting. **Resolved** That the Committee noted the updates provided.
6	**Deep Dive – NHSE/I Integrating Care Phase 4** Mr Gizzi talked through a paper from NHSE/I which had been circulated with Audit Committee papers as part of the consultation phase for the next steps to building strong and effective Integrated Care Systems (ICS) across England. The paper outlined how systems and their constituent organisations will accelerate collaborative ways of working in future. The legislative proposals included in the paper included two possible options for enshrining ICSs in legislation. Option 1 was a statutory committee model with an Accountable Officer that binds together current statutory organisations. Option 2 was a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS. Implications and next steps for the ambitious changes were outlined in the paper and included the approach and timeframe for the transition. The ICS bulletin for staff circulated on 10 December 2020 was appended to the NHSE/I paper and explained the local implications for Lancashire and South Cumbria, with Provider Collaborations in place and strong and effective place based partnership (ICPs) with clinical and professional leadership. A summary of the financial framework described a 'single pot' with ICS leaders having a duty to distribute resources using new freedoms to delegate significant budgets to 'place' level, and with decisions about the use of these budgets made at the lowest level i.e. closest to the communities they serve and in partnership with their local authorities.

	The legislative proposals for ICSs outlined that a stable employment commitment was required to minimise the impact of organisational change on current staff in Lancashire and South Cumbria. Mr Gizzi explained the format of the above options and that we will have a statutory organisation to which we are working with colleagues across Lancashire and South Cumbria to form a shadow organisation from April 2021 to March 2022. There were no details around recruitment processes at this stage and leadership was yet to be marked out. Mr Gizzi explained that this will bring an end to payment by results, as a single pot capitated and with strategic responsibility lying with the ICS Board will mean no direct allocation from government. In addition there will be more formal expectations of providers to collaborate. Since the NHSE/I document was published Mr Gizzi's role has been to look at how systems and functions currently work across the components of the strategy, including how providers will collaborate work and discharge their functions statutorily. In addition, to support the place based system, decisions will come from various committees and for the Joint Committee of CCGs to consider. There was a consideration as to whether the accountability and delegation approach includes how we commission commercial work. The following comments were received: • In reply to a comment around no reference to ICPs in the NHSE/I paper, Mr Gizzi felt that this was a notable exception, and that there was a loose indication for different commercial arrangements in place. He gave Greater Manchester as an example and added that it was usual for the largest organisation to take a lead on the new organisation, overseen by the Local Authority as regulator. Mr Gizzi explained that our CCG have developed our ICP model in a different way as have other ICPs across the country, and that the ICP for Central Lancashire has at least 80% of the required components already aligned for the future. He felt the NHSE/I document fell short of saying who will be the local leadership for the system, and that it was the view of the ICS that this was not the model going forward. • A comment was received on strategy, which always aims for the same outcome. A question was received about using different models and what incentive is there to change outcome? Mr Gizzi suggested that another way to look at this is that autocracy always trumps culture, which he suspected would happen. In Mr Gizzi's view the Provider Collaborative is a subtle indicator of how the new system will work. The new organisation might consider for instance whether we still need 3 acute trusts to cover our population area of less than 2 million people and that the 3 trusts could potentially merge into one organisation. If this is the case then this could bring a massive culture change. • Mrs Chivers sought clarity and assurance on our ability to deliver statutory responsibilities, that health inequalities will be addressed, and that employment legislation is managed effectively as our CCGs will need to maintain employment of staff until April 2022. The Audit Committee sought assurance that the transition is managed effectively. Mrs Chivers requested that this potential risk is included in the GBAF and any related risks addressed accordingly. Mr Gizzi confirmed that NHS employment legislation would need to be abided by and that as long as we can

	anticipate the changes there can be some flexibility where necessary. He added that by March 2021 all CCG statutory obligations will be overseen by a single Joint Committee of CCGs, similar to the Lancashire PCT Cluster when PCTs reformed to become CCGs. Mr Cherry confirmed that at that time PCTs did not lose all of their governance responsibilities. Another comment was received that if we harmonise statutory functions at a higher level there was a potential risk in theory that it becomes less important. Mr Gizzi felt that we must make sure the right people are in place on the JCCCGs. He referred to the Jerry Hawker (Chief Officer Morecambe Bay CCG) paper on joint committees with 2 people per CCG; however this does not necessarily guarantee the right people. He suggested this element is included in the GBAF risk. With regard to health inequalities, for example Ribble Valley having different needs to Central Lancashire, Mr Gizzi felt that this depends on the view taken by the JCCCGs. It was his view that a blueprint would come through legislation. The Audit Committee agreed on the importance of our responsibilities in continuing to manage our statutory duties on behalf of our population and staff members during the transition period and thanked Mr Gizzi for his update on integrating care phase 4. The Audit Committee acknowledged the direction of travel, some of which is out of our control, and that our CCGs will take steps to manage the risks appropriately. **Resolved** That the Audit Committee noted the contents of the presentation on NHSE/I Integrating Care Phase 4.
7	**Governing Body Assurance Framework and Corporate Risk Register** Mrs Mattocks presented an update report to the Audit Committee on the Governing Body Assurance Framework (GBAF) for 2020/21 and on the risks on the Corporate Risk Register (CRR). She confirmed the key changes since last reported to the Audit Committee, and that the GBAF and CRR would be considered by the Quality and Performance Committee on 13 January 2021 and the Patient Voice Committee at its next meeting. The intention is that more committees have oversight on those risks. The following comments were received: • Mrs Chivers noted that several due dates had been moved, but also noted that this was as a result of the impact of the pandemic and asked members to ensure they were comfortable with this. • Clarity was sought with regard to which committees would lead on health inequalities. Mrs Mattocks would identify the lead committee for health inequalities via a discussion with the risk owner. • That the report read that there was no risk appetite for GBAF 01 which relates to the CCGs failing to commission safe and effective services but there was some appetite for GBAF 03 Financial Sustainability. Mrs Mattocks clarified that this was the appetite level agreed by the Governing Body, but would liaise with the risk owner outside of this meeting to consider if this needed to be changed. • A concern was raised relating to continuing healthcare and action A4 against GBAF03 Financial Sustainability as continuing healthcare

	continues to be an increasing cost pressure for our CCGs and that we cannot accept that we are taking no action to address this. Mrs Mattocks would discuss this with the Risk Owner. There remain 9 ongoing risks on the CRR. Mrs Mattocks explained how the recent Internal Audit review on Risk Management provided significant assurance with minor improvement opportunities. This has resulted in some good suggestions on how we can progress the risk management strategy further, and therefore some more changes will be made which will be submitted to the committee at a later date. The Audit Committee acknowledged the systems and processes used to manage the GBAF and CRR. **Resolved** That the Audit Committee noted the updates provided against the GBAF for 2020/21 and the Corporate Risk Register.
8	**Use of Emergency Powers** Mrs Mattocks presented a report on the Governing Bodies' use of emergency powers, as referred to under section 3.9 of the constitution, that the powers of the Governing Body may in an emergency or for an urgent decision be exercised by a group of at least five members of the Governing Body. All such decisions will be reported to the Governing Body for ratification. These records are made available to the Audit Committee for review of the reasonableness of the decision to take such action. The Governing Bodies had authorised the use of emergency powers where required to make rapid decisions during the pandemic when it met on 25 March 2020. This meeting took place as a restricted agenda under Part 2. All meetings following this have taken place in public with papers published on the CCG website and meeting joining instructions advertised to the public, with the exception of the most recent meeting which took place via emergency powers on 10 December 2020. The Governing Body met under emergency powers on 10 December 2020 to agree the 2020/21 financial budget because the item was only now ready for Governing Body approval and needed immediate approval to allow for the mitigations and budget to be implemented. This did not allow the required time to advertise the meeting date to the public and enable full Governing Body membership. The meeting took place via virtual means on MS Teams. The paper was agreed by the Governing Bodies and this decision would be reported to the Governing Body in Part 1 in January 2021 under the Chairs report. The draft minutes from the meeting held on 10 December 2020 were included within this Audit Committee paper; however these would not be ratified until 27 January 2021 when the Governing Body next meets. **Resolved** That the Audit Committee was satisfied that the CCGs have complied with the use of emergency powers in line with the constitution and that the minutes of the

	meeting held on 10 December 2020 would be submitted to the Governing Body for approval.
9	**External Audit Plans and Fees** Mr Kelly gave a verbal update on External Audit plans and fees as national discussions were still ongoing. He confirmed that the Mental Health Investment Plan (MHIP) has just been agreed with the Department of Health and Social Care. Grant Thornton hope to complete the External Audit Pan for 2021-22 by early March. The mandatory standards on fraud and management will be included in the plan and significant areas of risks continue with regard to the Covid pandemic. With regard to the Value for Money element as reported to the Audit Committee in November 2020, Mr Kelly confirmed that we now have an agreed framework which has been discussed with Audit Chairs. The impact of Covid was ongoing which was another factor in Grant Thornton not being in a position to share plans within the timeframe agreed earlier in 2020. Mr Kelly explained that the fees for Grant Thornton were expected to be £48,000 for each CCG for the current financial year. A request was received at the last Audit Committee meeting for more detail with regard to additional costs incurred by Grant Thornton. Mr Kelly confirmed that the related costs amounted to £3,500 per audit. Mr Kelly therefore proposed the new fees at £51,500 per CCG for the current financial year. **Resolved** That the Audit Committee noted the update provided by Grant Thornton.
10	**External Audit Progress Report and Sector Update** Mr Kelly gave a verbal update on the audit for the current financial year and explained that Grant Thornton had to issue a letter of engagement which has to be completed by 28 February 2021. Planning would begin next week with discussions with CCG colleagues in order to meet the February deadline. There was no sector update available for this meeting due to other priorities. Mrs Disley acknowledged the short timeframe for the MHIP work and asked that, as the CCGs are currently under severe pressure, Mr Kelly could let Mrs Disley know if anything needs progressing urgently on this element of the audit. Mr Kelly informed the Audit Committee of a Quality Review which Grant Thornton are the subject of (who audits the auditor). The outcome of the review was a score of 1 out of a possible 4, with 1 being the highest which gives some assurances on the quality of work provided by Grant Thornton. The Audit Committee acknowledged that it has been a very challenging year and recognised the outcome of the quality audit for Grant Thornton. Mr Kelly confirmed that Grant Thornton have secured more resources to help in catching up with the workload. In reply to a question around whether there could be any change to the timeframe for the annual accounts audit, Mr Kelly advised that the Department of Health has written out this week confirming that unaudited accounts were due by 27 April, and audited accounts due by 15 June 2021. An

	earlier Audit Committee meeting in June might be required to sign off the audited accounts, possibly a week to a week and a half after the original date of 25 May which has been arranged. Mrs Disley and Mrs Whittle would pick this up and rearrange the meeting date as appropriate. **Resolved** That the Audit Committee noted the progress being made by External Auditors for the current financial year. Mrs Corcoran left the meeting at this point.
11	**Internal Audit Progress Report and Sector Update** Mr Jones presented the Internal Audit Progress Report which provided updates on progress against the Internal Audit Plan for 2020-21. The following three final reports were included in papers, all of which gave positive assurance on the systems and processes used to manage the areas they cover: • Risk Management and GBAF – Significant Assurance with Minor Improvements • Covid-19 Financial Governance and Controls – Significant Assurance • Conflicts of Interest – Significant Assurance with Minor Improvements The Audit Committee was pleased to receive only minor recommendations in the above final reports. The scope has been agreed for the GDPR Post Implementation audit. KPMG have started scoping audits for the Well Led, Core Financial Controls and DSP Toolkit audits for Quarter 4. Work has been completed on the follow up work of previous audit recommendations. KPMG's national DSP Toolkit benchmarking report was appended to the report for information. KPMG were waiting for a response from NHSE in respect of Delegated Commissioning as to whether this audit is still required given changes in commissioning responsibilities during the Covid-19 pandemic. KPMG also awaited confirmation from the Management Executive Team (MET) as to whether to re-assign the days planned for the Referral Governance and Flow Management audit or carry the days forward to 2021-22. The Audit Committee noted the revised due dates for the CHC Contract Management and Cyber Security reviews. Mrs Disley added that with regard to the CHC Contract Management review many of the CSU staff have been seconded due to the Covid-19 pandemic and that the focus on how we address CHC has become the second priority. Moving forward the CCG is now starting to consider CHC contract management with the ICP Board. Mr Jones advised that that CCG will need to understand the degree to which the CSU falls into the new structure. He referred to the process used for setting up CSUs which wasted effort; not the fault of CCGs however not properly resolved and collapsed in some areas including Greater Manchester. CSUs were large enough for providing in-house services or at a higher level with some of the work shared wider across Shared Business Services. Mrs Disley confirmed that our CCG is the host contract holder for Lancashire CCGs and that she is working with the Chief Officer

	and Dr Amanda Doyle, Chief Officer Lancashire and South Cumbria ICS and will keep the Audit Committee updated. Mr Jones gave an update on work on the DSP Toolkit which was undertaken partly for NHS Digital and partly for commissioners and providers. KPMG tried to identify themes in checking that organisations are resilient to cyber-attacks during the Covid-19 response. Although no action was required as a result of this work this was a useful exercise. Audit Committee members felt that the report was useful and agreed that the CCGs would ensure that our CSU colleagues are signed up to some of the issues. The CCGs aim to complete the DSP Toolkit submission by the end of March 2021 and will not allow a gap period which created problems in 2020. Mr Jones highlighted some of the reports worthy of reading within the KPMG sector update and which highlighted the main issues currently having an impact on the health sector. In particular the 'DoH and Social Care Sector: Winter Plan and Covid-19 Report', and the 'Delivering a Net Zero NHS Report'. The Audit Committee acknowledged the hard work undertaken in the reviews and noted the contents of the KPMG health sector update, **Resolved** That the Audit Committee noted the contents of the Internal Audit Progress Report and Health Sector Update. Mrs Corcoran returned to the meeting at this point.
12	**Internal Audit Plan** Mrs Disley met with Mrs Mattocks and Ms Fisher before Christmas to consider some areas in the Internal Audit Plan which were underutilised as there were a number of audits which are not in a position to begin due to the Covid-19 pandemic. Mrs Disley has since discussed with MET and she explained that the CCGs have 15 days surplus. She asked Audit Committee members to consider whether they have any preferred areas which they would like audits to be undertaken. Audit Chairs had suggested adding a CHC audit to the plan for use of some of the days. The Well Led audit was at scoping stage and the Key Lines Of Enquiry (KLOE) were included in the report. MET had suggested that four of the eight KLOEs should not be followed as this would allow a deeper dive into the remaining KLOE for the following reasons: • The CCGs are not directly delivering care; • The MET have undertaken some tweaks to the strategic objectives this year, but agreed not to undertake a whole scale review as we are on the brink of organisational change, for the same reason this would not be appropriate for audit at this time as our vision and strategy are soon subject to change; • The CCG already has outputs in this area, for example the staff surveys and projects from the OD working group; and • A separate audit on risk management has been undertaken this month

	Lastly, the ICP arrangements audit is now due. It was proposed that rather than carry out a formal audit when there are few standards in place to audit against, for example the committees in common do not have TORs in place yet, that instead an assessment is done regarding the roles of the committees with an advisory report produced as opposed to an audit report. The following comments and questions were received: • Given the current pressures, will there be capacity in 2021-22 if we defer audits? It was difficult as the CCGs are in the throes of the response to Covid-19 and commissioning reform. The CCGs would hope to have some headspace after the vaccination programme has been completed. Mr Jones confirmed that this may be possible and that it would make sense to carry some over. • That the CCGs should consider the value of the audits. Mrs Disley added that there is no definitive reply from NHSE/I with regard to Delegated Commissioning. Mrs Chivers sought assurance as to whether our CCGs are outliers. Mrs Disley would liaise with Lancashire CFOs as to whether their CCGs have received confirmation to go ahead with this audit. • There was some additional work around CHC due to the Audit Committee having concerns for a number of years. Mrs Disley added that since the Continuing Healthcare Lead left the CCG the post was difficult to recruit to. Mr Jones offered to look at efficiency and practice from elsewhere that might suggest our CCGs could do some things differently. • That CHC remained a huge concern; until reform there was no point in looking at current systems which were not working. This should be looked at again under the new ICS arrangements. • That there would be no value in conducting an ICP review at this time as the arrangements were changing. Mr Cherry added that some of the work he carried out as Audit Chair on the Lancashire PCT Cluster was in mapping out assurances for our statutory responsibilities which was useful for the new organisation. Mr Jones expected that more concrete guidance would become available. Mrs Chivers summarised the main points of the discussion related to lack of capacity to add anything this year, that clarity is required in relation to the delegated commissioning audit going ahead, and that we need to consider the value of the audits we commission. The Audit Committee agreed to carry over the audit days where audits cannot be completed this year. The committee also agreed the four areas to be covered in the scope of the Well Led audit. The committee also agreed that an ICP audit would not go ahead at this time, and this would be considered when further guidance is available as commission reform progresses. **Resolved** That the Audit Committee agreed to the above changes to the Internal Audit Plan for the remainder of 2020-21.
13	**Annual Review of the Effectiveness of Internal Audit Services**

	Mr Cherry presented a report which detailed the results and outcome of a survey completed by members of the Audit Committee, MET, CCG officers who work with the Internal Auditors (direct reports to the MET) and External Audit colleagues. The survey asked those respondents to consider how assured they were with the internal audit services provided by KPMG. Analysis of the survey results was detailed in the report. Thanks were expressed to Audit Committee members and colleagues for taking part in the survey. Overall a high level of assurance was provided from the review of internal audit services. There were some areas which were suggested from the comments boxes in the survey in respect of areas for learning. Mr Cherry asked if KPMG colleagues wished to give their comments on the outcome of the review. Mr Jones referred to development and training events provided by KPMG, and drew attention to the technical training events in February and March for finance colleagues. The Audit Committee was disappointed that there were only 9 out of a possible 21 responses to the survey. Mrs Disley agreed to give feedback to MET on the lack of involvement from MET and CCG colleagues in taking part in the survey. **Resolved** That the Audit Committee noted the contents and the outcome of the review of the effectiveness of Internal Audit services.
14	**EU Exit Update** Mr Jonathan Bridge, Communications and Emergency Planning Manager presented a report and updated the committee on actions taken to prepare for the end of the UK/EU transition period on 31 December 2020. This included reviewing and updating the previous risk assessment as well as undertaking a list of stipulated actions by NHS England which was appended to the report. The CCG had been required to complete a readiness self-assessment as part of the preparations and had rated as green for all relevant areas on this. Mr Bridge advised that so far no operational risks have been identified as a result of the EU Exit, and that this has been consistently reported to NHS England via a daily required sitrep which continues. Mr Bridge did however note and advise that it is still early and the full impact may have not been felt yet. He advised that there is a financial risk associated with the changes to reciprocal healthcare arrangements between the EU and UK but the impact of this in the remaining quarter of 2020/21 is likely to be mitigated by the current limited international travel during the pandemic. Mrs Chivers thanked Mr Bridge for a comprehensive piece of work which demonstrated that our CCGs are as ready as they can be for the EU Exit transition. If any risks occur, in particular financial risks they will be raised within the appropriate GBAF and Corporate Risk Register. **Resolved** That the Audit Committee noted the contents of the EU Exit report.
15	**Registers of Interest Update**

	Mrs Mattocks presented an update on the management of the registers of interest since last reported to the Audit Committee. She confirmed that since the last meeting all Governing Body member declarations of interest have now been received and the register of interest updated to this effect. At the last Audit Committee meeting it was reported that there was one Governing Body member whereby the mandatory training compliance for conflicts of interest had expired. This has now been completed. There was one clinical advisor who was a new starter and was due to complete the training. The clinical advisor has since completed the training. The declaration of interest for this same clinical advisor has been received. The internal audit for the management of conflicts of interest has been undertaken this month whereby the CCGs have achieved an assurance rating of 'significant assurance with minor improvement opportunities'. **Resolved** That the Audit Committee noted the update provided on the management of the Registers of Interest.
16	**Corporate Registers** Mrs Disley presented an update on the Corporate Registers for both Chorley and South Ribble CCG and Greater Preston CCG. • There were no new entries on the Hospitality, Sponsorship and Gifts Register. • There were no new entries on the Tender Waivers Register. • There were no new entries on the main Procurement Decisions Register. The Audit Committee noted the updated Procurement Decisions Register Covid-19 with 4 new entries. The 4 new entries related to Winter Out of Hospital Beds, Covid-19 Oximetry at Home Service, Hot Hub Portakabin site for Chorley Central and Phlebotomy Clinics. **Resolved** That the Audit Committee noted the update on the Corporate Registers including the 4 new entries on the Procurement Decisions Register for Covid-19.
17	**Chair's Updates** Audit Chairs gave an update on recent activities. The ICS Board continues to involve NEDs as a group and held a useful afternoon planning the detail of the strategy. Progress was being made as Mr Gary Raphael, ICS Director of Finance had shared his confidence that the £300 million deficit across Lancashire and South Cumbria will be resolved. The ICS will adopt Quasi responsibilities from 1 April 2021. The Commissioning Reform Group meets next week to discuss the forthcoming OHOC consultation. There was an expectation the group will continue to meet twice monthly in future.

	Mrs Chivers attended the Chorley and South Ribble CCG Membership Council meeting on 16 December 2020. The meeting was an information sharing event with few questions from GPs in the open forum. Mrs Chivers and Mr Cherry met with MIAA colleagues for an open and frank discussion on the findings of the review of the effectiveness of internal audit services.
18	**Any Other Business** There was no further business to discuss.
19	**Outcomes from the Meeting** Audit Committee members did not meet informally on this occasion to consider the outcomes and decisions made at the meeting due to another meeting in diaries directly after the Audit Committee meeting.

Date of next meeting:
Friday 5 March 2021, 9.30 am via MS Teams

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

Quality and Performance Committee
Minutes
Wednesday 13 January 2021, via Microsoft Teams at 10.30am

Present

Mrs Linda Chivers, Lay Member – NHS Chorley and South Ribble CCG
Mrs Helen Curtis, Director of Quality and Performance – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Katherine Disley, Chief Finance Officer - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Tricia Hamilton, Governing Body Nurse - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mr Eamonn McKeirnan, Secondary Care Doctor - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Jayne Mellor, Director of Transformation and Delivery NHS Chorley and South Ribble and NHS Greater Preston CCG
Mr Paul Richardson, Lay Member – NHS Greater Preston CCG (Chair)

In Attendance

Mrs Sandra Cameron, Administration Assistant - MLCSU
Mr Glenn Mather, Associate Director for Performance and Analysis – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Vicky Webster, Deputy Chief Nurse - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Miss Jane Brennan, Chief Nurse, NHS Chorley and South Ribble and NHS Greater Preston CCG
Mrs Lindsay Dickinson, Chair, Chorley & South Ribble CCG

1	**Welcome and Apologies for Absence** Mr Richardson welcomed the Committee Members. Apologies were received from Mr Ian Cherry due to his attending the ICS Board meeting.
2	**Declarations of Interest** Glenn Mather advised the Committee that his partner is employed by Exemplar Health Care in Rotherham whose business is in mental health
3	**Minutes of Previous Meeting** Minutes of the meeting on 11th November 2020 were accepted as an accurate record of the meeting

4	**Matters Arising** 20190710/06 - Opioid Prescribing - due date for reporting March 2021 20190814/06 – Patient Safety Strategy - on Hold 20200708/10 – Transforming Care - Presentation of LeDeR report looking into deaths during Covid 19 pandemic. Update at the March

	20200909/06 Station Surgery - Closed 20200909/06 Station Surgery - Closed 20200909/07 - SEND - Due date for reporting April 2021 20201111/05 - Safeguarding Annual Report – actioned - closed 20201111/06 - Care Home Report - actioned - Closed 20201111/07 - SI Report - actioned - closed 20201111/AOB - Station Surgery - Action plan will be distributed with minutes of January meeting 2020/1111/AOB - Audit of specific care package – We have assurance from Miss Jane Brennan the children are safe and are receiving the clinically appropriate care. The remaining action outstanding is the Fraud investigation which will be considered through the Audit committee - Closed

5	**SI Report** A report was presented on the current position for serious incidents and Never Events for which the Clinical Commissioning Groups (CCGs) are the lead Commissioners and have responsibility for the performance management of those serious incidents. Mrs Webster highlighted 3 areas of the report; Never Event Roundtable, Nosocomial Infection and Mental Health update. As 3 misplaced nasogastric tubes incidents have been reported in this financial year an urgent Round Table meeting took place on Friday 8th January, Mrs Webster (VW) and Mrs Hamilton (TH) attended this meeting along with Mrs Curtis and Miss Brennan. There was very senior representation from Lancashire Teaching Hospitals including the Medical Director and Director of Nursing. It was confirmed by VW and TH that the meeting was very open and transparent, with a thorough review undertaken of past and present nasogastric incidents, benchmarking against BAPEN and HSIB guidance and a robust action plan in place. They were assured that the Trust was taking these events very seriously indeed. Three changes to the practice have been made with immediate effect:- • X-rays for the placement of nasogastric tubes to be immediately reported on by a radiologist • Two nurses to check the pH aspirate taken from a nasogastric tube prior to feeding a patient • Quality assurance checks of the pH testing kits The learning is to be promoted further by asking the Regional team to share the learning wider. Nosocomial Rates : There is currently a high rate of covid infection in the acute sector. As a result of this assurance visits have been undertaken by the CQC and NHSE/I. Mr Bill

	McCarthy, Executive Regional Director for NHSE/I has also requested assurances in relation to the actions taken to address this issue. The Trust have been working hard to improve these rates and number actions have been put in place to address the situation - Creation of Red, Amber and Blue wards (rather than zones) - Enhanced PPE and handwashing - Detailed action plan for self-assessment - Ventilation action plan - Pop up wards - stringent actions being led by the DIPC and Deputy Director of Nursing for staff specifically highlighting the need for PPE usage handwashing and social distancing staff rest rooms. Although the trend is currently reducing, regular updates will nonetheless be required. Miss Brennan advised the meeting that PPE is the main mitigation against Covid along with testing as the 2nd measure. Mental Health update The suicide rate remains the highest reported incident type for both CCGs. Additional assurances have been requested in relation to the oversight of serious incidents by non-executive Board members at LSCFT. Concern with the lack of care co-ordinators and the recruitment of trained staff remains an issue in the Trust. Mrs Chivers asked how active the recruitment is. The main issue remains around the recruitment of trained staff, and LSCFT continue to actively recruit into vacant posts. This situation remains on the CCG Corporate Risk Register in light of the increased numbers of suicides locally. Dr Lindsay Dickinson gave an update that the ICS are currently aiming to place 24 trainee associate psychologists (hosted by LSCFT) within Primary Care Networks. The detail still needs to be worked through in terms of role and responsibility, however, it is envisaged that this will prove to of value. Mr P Richardson reiterated that this was an ongoing considerable concern and asked what else we can do as a CCG. The committee noted the report and agreed to raise with the Governing Body the three issues identified: misplaced nasogastric tubes; nosocomial infection rates; instances of suicide & self-harm.

6	**Transforming Care and LeDeR** It was agreed that the next LeDeR review would be reported in the March meeting. Mr Mather shared some good news that the national trajectory for the backlog of reviews has been achieved. These reviews have been outstanding for some time due to the lack of reviewers. Regarding Transforming Care Greater Preston has seen 2 patients admitted. Every effort has been made to try and keep them out of hospital, however an admission could not be avoided.

	The CCG continues to fund an extremely expensive package of care and continues to contribute to the planning of the individual's discharge into the community. The purchase of a property is underway and should be completed in February. Work is currently ongoing to extend and modify the property. This was delayed in December due to concerns raised by the individual's parents, however, after further discussions they have agreed to re-engage and work with the MDT in making it work. The committee noted the report

7	**Integrated Board Report** Mr Mather highlighted the following points within the report. The work to recover the elective programme, including plans to improve performance, is being led by the ICS. Performance for A&E has deteriorated to 79%. There has been a fall in attendances mainly around the Urgent Care Centre (UCC) rather than the Emergency Department (ED). The attends in ED have remained at a consistent level for 4 consecutive months. Referral to treatment has reduced slightly, however the 52 weeks waits have continued to rise to a current level of 5000, the forecast is to 6000 by the end of January. GP referrals have dropped in comparison from the end March 2020. There has been a dip in the stroke performance, mainly due to the impact of staff absences in the stroke ward. For mental health, neither CCG is on course to meet the 22% target for Improving Access to Psychological Therapies prevalence in the full year. Mrs Chivers said there was a degree on frustration as there is so much outside of our control. Mr Mather reported that there was another piece of work from the Elective Care Delivery Board reporting on the gaps in the service. In relation to potential patient harm the CCG have maintained good working relationships with Trust colleagues in order to receive early alerts for any potential patient harm. Mrs Webster added that in addition to this the CCG have a process in place where the governance team report any immediate harm as a result of 12-hour breaches each Monday. The committee noted the report
8	**Finance Report** As at 30 November 2020, the CCGs are currently forecasting a break-even yearend position. The committee noted the report
9	**Pre-publication Meeting – Independent Investigation 2018/13099 (PE)**

	The main purpose of an independent investigation is to ensure that mental health care related homicides are investigated in such a way that lessons can be learned effectively to prevent recurrence. The investigation process may also identify areas where improvement to service might be required which could help prevent similar incidents occurring. The Committee received the above pre-publication investigation report and noted the proposed action plan and associated recommendations. The final report will go through QPC into the Governing Body.
10	**GBAF** **GBAF-01 Quality, Safe and Effective Services** Given the pressure on services due to the impact of the pandemic and with the control of some of these services not under the CCG, it was agreed for the likelihood rating to go to 5 increasing the overall risk rating taking to 15. **GBAF-02 Commissioning delivery and accountability** Given the pressure on services due to the impact of the pandemic and with the control of some of these services not under the CCG, it was agreed for the likelihood rating to go to 4 increasing the overall risk rating to 20. **GBAF-03 Financial Sustainability** Given the mitigation plan is in place and a high possibility of breaking even financially it was agreed to reduce the likelihood rating to 2, reducing the overall risk rating to 8. **GBAF-05 Inequalities in the health and care system** Due to the content of this risk, it was considered appropriate to recommend that the Patient Voice Committee has some involvement in this area. **Corporate Risk Register** Looking specifically at the CRR item relating to Covid, it was agreed that the likelihood rating should increase to 5, increasing the overall risk rating to 25. In doing so, it was emphasized that this readjustment was due to an assessment of risk and not an assessment of performance.
11	**Any Other Business** Miss Brennan apologised for the Care Home Report being absent from the agenda. The report is now complete and will be circulated to the meeting. The Committee wished to place on record their thanks to all staff and members of the CCG for their hard work and efforts under extremely challenging circumstances.

Quality and Performance Committee
Minutes
Wednesday 10 February 2021, via Microsoft Teams at 10.00am

Present

Mrs Linda Chivers, Lay Member – NHS Chorley and South Ribble CCG
Mrs Helen Curtis, Director of Quality and Performance – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Tricia Hamilton, Governing Body Nurse - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mr Eamonn McKeirnan, Secondary Care Doctor - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Jayne Mellor, Director of Transformation and Delivery NHS Chorley and South Ribble and NHS Greater Preston CCG
Ian Cherry, Lay Member – NHS Greater Preston CCG
Ewa Craven,
Mr Paul Richardson, Lay Member – NHS Greater Preston CCG (Chair)

In Attendance

Mrs Sandra Cameron, Administration Assistant - MLCSU
Mr Glenn Mather, Associate Director for Performance and Analysis – NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Mrs Vicky Webster, Deputy Chief Nurse - NHS Chorley and South Ribble CCG and NHS Greater Preston CCG
Miss Jane Brennan, Chief Nurse, NHS Chorley and South Ribble and NHS Greater Preston CCG
Mr Denis Gizzi, Chief Officer, NHS Chorley and South Ribble and NHS Greater Preston CCG
Mr Andy Mc Allister, Senior Performance Manager Chorley and South Ribble and Greater Preston CCG
Karen Greenwood, Administration Assistant, Chorley South Ribble and Greater Preston CCG
Mrs Sarah Cullen, Nursing, Midwifery and AHP Director, Lancashire Teaching Hospital
Mrs Catherine Silcock, Deputy Nursing, Midwifery and AHP Director, Lancashire Teaching Hospital
Mr David Orr, Director of Infection Prevention and Control, Lancashire Teaching Hospital

1	**Welcome and Apologies for Absence** Mr Richardson welcomed the Committee Members. Apologies were received from Mrs Katherine Disley
2	**Declarations of Interest** There were no conflicts of interest outside those noted in the routine submission.
3	**Elective Programme**

Mr Denis Gizzi gave an introduction to the Elective Care Programme, outlining the current operating environment and the pressures present in the healthcare system.

Mr Andy McAllister highlighted GP referrals and demand for all providers, showing that demand across the board has been significantly affected by the pandemic. and the demand significantly affected by Covid. The position at Month 8 was at just over 70% of pre-Covid levels, with a reduction in referrals for that period of 46% compared to the same period in the previous year. Clinical specialities with the most growth are low-volume, whilst those with the largest reduction are high-volume, this is reflective of the overall significant reduction in GP referrals. Cardiology referrals within Lancashire Teaching Hospitals were of particular concern. In addition, all Primary Care Networks showed a consistent drop of 44%-49%.

For long waits and capacity, LTH is an outlier in Lancashire and South Cumbria for 52 weeks breaches (approx. 6000 at the end of January). This was partly due to the number of tertiary services provided. When taken into account with historical performance, this can result in LTH having less flexibility before patients reach the 52 week waiting time. The following points were raised:

- Is greater acuity in the LTH waiting list possibly related to tertiary services waiting lists, demographics or related to how they are manged in Primary Care?
- Are there enough beds to cope with tertiary demand?
- Are waiting lists and management processes strong enough within the Trust?
- Are staffing capacity issues more pronounced?
- Has the service got enough treatment or clinic capacity?

Mrs Chivers asked if these issues could be resolved by managing this at an ICS level. In response, Mr McAllister replied that they are starting to look at system level solutions, for example, managing a single waiting list and moving patients to areas of greater capacity. It was also highlighted that some specialities, e.g. neurology and oral surgery, were managed by NHSE.

Mr Cherry asked if there had been any feedback from the Provider Collaborative Board regarding addressing 52 weeks waiting times. Mr McAlister replied that there had been none as yet but that there had been a number of locally driven schemes within the ICS footprint.

Mr Flynn highlighted the work being led through the Elective Care Recovery Group that links directly to the in-hospital cell arrangement . The CCGs are providing input into the advice and guidance programme across the system and some opportunities have been identified for managing the elective care programme differently through local initiatives and a more collaborative approach within the ICS.

Mr Cherry highlighted the fact that, in respect of waiting lists, LTH was nationally the 4th worst and commented that we owe it to our patients and population to move away from this position.

	The Committee thanked Mssrs Gizzi, McAllister & Flynn for their presentation. In summary, the committee were of the opinion that, whilst opportunities existed to develop local initiatives, it was important that the issues and concerns were progressed via the Elective Care Recovery Group, in order that action be taken at Provider Collaborative Board and ICS levels. The committee also reiterated that it was imperative that the maintenance of quality and patient safety should continue to be at the forefront of any discussions and decisions.
4	**Nosocomial Infections** Mr Cherry withdrew from the meeting for this item due to a declaration of a personal interest relating to a family member. Mrs Silcock introduced the presentation on nosocomial infections at LTH, highlighting a number of issues that have emerged over the previous 12 months and some the actions that have been put in place to address them, including a number of action points that had been identified by NHSE/I, for example, social distancing procedures, PPE audits, screening and testing for staff and patients. Some actions are still outstanding, for example, the provision of ventilation units to improve ventilation at RPH, however, plans are in place to implement these. It was noted that LTH has now appointed a clinical discharge lead and improved performance could now be seen in terms of effectively managing length of stay. As the issue of nosocomial infections had been discussed by the Serious Incident Group (SIG), Mr Richardson invited members of that group for comment. Comments from Mrs Webster and Mrs Hamilton indicated that LTH had carried out a lot of work to minimize the risk of nosocomial infections and that there was clear evidence that the Trust was proactive in implementing learning from previous incidents and investigations. In response to a question from Ms Brennan regarding the impact on staffing, LTH members outlined the Trust's approach to providing health & well-being support. Mrs Curtis stated that the ICP People Board had set 4 work priorities across the system, one of which related to the impact on health and wellbeing on all staff during the covid pandemic and that, as LSCFT is part of the membership of that group, the opportunity existed to draw upon the therapy support if needed. Replying to a further query from Ms Brennan, LTH members also highlighted general compliance amongst its staff towards testing and vaccination and the audit and reporting systems in place to monitor this. Following a question from Dr McKiernan relating to the accuracy of test results, Mr Orr acknowledged the possibility of false negative results and explained that the Trust used the more sensitive PC Test, rather than the Lateral Flow Test, to reduce the risk of false negatives.

	The committee thanked those attending from LTH and was encouraged to note the proactive manner in which the Trust was seeking to address the issue of nosocomial infections.
	Minutes of Previous Meeting Mr Cherry rejoined themeeting at this point. Minutes of the meeting on January 13th, 2020 were accepted as an accurate record of the meeting
	Matters Arising 20190710/06 - Opioid Prescribing – Mrs Mellor confirmed that, although the management of KPIs within the GP Quality Contract for 2020/21 has been suspended, the audit of opioid prescribing would still be conducted. 20190814/06 – Patient Safety Strategy – Remains on Hold 20200909/07 - SEND – Attached to the minutes an update in terms of action plan and action taken. 20201111/AOB - Station Surgery – attached to the minutes It was agreed that, in the event of the CCG Q&P committee ceasing to continue as part of the ICS restructure, CCG-specific action items would be monitored by the CCG Primary Care Commissioning Committees.
	GBAF It was agreed that, due to the issue with increasing 52 week waiting lists, the GBAF would be amended to recognize this, in particular, GBAF 01 (A4), GBAF 02 (A7) & GBAF 05 (A3), in addition to the Corporate Risk Register.
11	**Any Other Business** As Mrs Webster was due to leave the CCG due to a promotion, the committee wished to place on record its thanks to her for her clinical expertise and contribution to the work of the committee and the Serious Incident Group and offered its congratulations and best wishes to her.