Minutes of the NHS Oldham Clinical Commissioning Group
Governing Body

Part I

Date of Meeting: Thursday 25 April 2019
Time: From 11.30 am to 1.00 pm
Venue: Level 4 D & E, Civic Centre, West Street, Oldham OL1 1UL

Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>In attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham Foulkes</td>
<td>Lay Member – Patient and Public Engagement / Vice Chair, Governing Body</td>
<td>Throughout</td>
</tr>
<tr>
<td>Dr John Patterson</td>
<td>Chief Clinical Officer</td>
<td>Throughout</td>
</tr>
<tr>
<td>Mike Barker</td>
<td>Strategic Director of Commissioning / Chief Operating Officer</td>
<td>Throughout</td>
</tr>
<tr>
<td>Ben Galbraith</td>
<td>CCG Chief Finance Officer</td>
<td>Throughout</td>
</tr>
<tr>
<td>Steve Heaney</td>
<td>Practice Manager Member</td>
<td>Throughout</td>
</tr>
<tr>
<td>Irene Shepherd</td>
<td>Practice Nurse Member</td>
<td>Throughout</td>
</tr>
<tr>
<td>Derek Ashford</td>
<td>Lay Member – Audit and Governance</td>
<td>Throughout</td>
</tr>
<tr>
<td>Dr Andrew Vance</td>
<td>Governing Body GP Member (North)</td>
<td>From 11.40</td>
</tr>
</tbody>
</table>
| Lay Member – Patient and Public Engagement / Vice Chair, Governing Body | Throughout
| Chief Clinical Officer |                       | Throughout
| Strategic Director of Commissioning / Chief Operating Officer | Throughout
| CCG Chief Finance Officer |                     | Throughout
| Practice Manager Member |                     | Throughout
| Practice Nurse Member |                     | Throughout
| Lay Member – Audit and Governance |                 | Throughout
| Governing Body GP Member (North) |                | Throughout

Apologies:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Majid Hussain</td>
<td>Lay Member – Chair of Governing Body</td>
</tr>
<tr>
<td>Carolyn Wilkins</td>
<td>Accountable Officer</td>
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<tr>
<td>Claire Smith</td>
<td>Executive Nurse</td>
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<tr>
<td>Dr Ian Milnes</td>
<td>Deputy Chief Clinical Officer</td>
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<tr>
<td>Dr Mudiur Gopi</td>
<td>Secondary Care Clinician</td>
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<tr>
<td>Nadia Baig</td>
<td>Director of Commissioning</td>
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<tr>
<td>Dr Nas Gill</td>
<td>Governing Body GP Member (West)</td>
</tr>
<tr>
<td>Dr Helena Mulkeen</td>
<td>Governing Body GP Member (Central)</td>
</tr>
<tr>
<td>Dr Shelley Grumbridge</td>
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In attendance:

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Nikki Boaler</td>
<td>Senior Executive Secretary (minute taker)</td>
</tr>
<tr>
<td>Erin Portsmouth</td>
<td>Director of Corporate Affairs</td>
</tr>
<tr>
<td>Louise Nicholson</td>
<td>Communications and Engagement Lead</td>
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No. Item Action

1 Welcome, Introductions & Apologies

Graham Foulkes (GF) welcomed everyone to the NHS Oldham Clinical Commissioning Group (CCG) Governing Body meeting. Apologies were received and noted as above.

Round table introductions were made and GF welcomed Erin Portsmouth, Director of Corporate Affairs, to her first Governing Body meeting.
2 Declarations of Interests and any conflicts arising with agenda items

GF asked if there were any new declarations of conflict of interest which had been entered on the register since the last meeting. The following new declarations were made:

- GF advised that he had been appointed onto the Editing Board of the Royal College of Physicians’ Health Journal
- IS informed that she had been invited to lecture on cervical screening sample taker update courses in the regional training centre at Manchester Royal Infirmary
- JP advised that he had been invited to be an honorary lecturer at Manchester Metropolitan University

The Register of Declaration of Interests to be updated accordingly.

Members were asked if there were any items on the agenda where a conflict of interest may arise, and if so to specify what the conflict was. GF added that if it became apparent during the meeting that anyone had a conflict of interest as part of the discussion they should declare this immediately.

The Register of Declaration of Interests was formally received and noted.

NJB / SS

3 Involving the Public

The Chair reported that no questions had been received from members of the public.

4 Minutes of the Previous Meeting (28 March 2019)

The minutes of the meeting held on 28 March 2019 were approved as a true and accurate record of the meeting. The Action Log was reviewed and updated.

Matters Arising:

AI 9.4 – CAMHS Transformation Refresh – GF raised concerns around organisational risk. This to be covered in the ongoing work around risk management and the Board Assurance Framework

5 Chief Clinical Officer’s Report

JP wanted to share his thoughts about CW, who is not here because she has been invited to join the new NHS Assembly which has its inaugural meeting today. More than 500 people applied to sit on the Assembly, with the successful applicants chosen based on their individual knowledge, skills and experience.

The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. The fact that CW has been chosen to join the NHS Assembly is an indicator of her exceptional leadership – she is an exemplar of Oldham.

Members were informed that there have been recent visits to Oldham from Sports England, the Kings Fund and the Singaporean Health Fund.

JP saw a patient the previous day with multiple issues which has been solved using old methods, an example of ‘value the ordinary and the extraordinary will look after itself’

He took the opportunity to commend MB’s leadership and planning, making brave and difficult decisions, with more to be made going forwards. Members
were informed that there have been recent appointments to Head of Quality, Director of Corporate Affairs and Head of Primary Care, and the early months of quality investment plan in primary care is starting to show results.

**The Chief Clinical Officer's verbal update was received and noted**

### 6 Strategy

#### 6.1 Annual Report and Accounts

MB gave the background, advising that every year the CCG is required by statute to prepare a set of Annual Accounts and an Annual Report in line with the guidance set out by the Treasury, Department of Health and NHS England.

The report is still in draft stage. It was submitted to NHS England in its draft form for its first formal checks on Thursday 18 April, in line with national processes and was discussed at Audit Committee on Wednesday 24 April.

MB thanked Louise Nicholson (LN) for the sterling work she has put into preparing the Annual Report and asked members to send any comments or additions they may have to LN as soon as possible to facilitate their inclusion.

GF was in favour of a succinct, user-friendly version of the Annual Report for public consumption, as well as the full statutory version. LN to circulate members for information.

BG advised that the Accounts had been finalised on Monday 22 April and submitted to NHS England on time on Tuesday 23 April. The Accounts had been discussed at Audit Committee the previous day with one outstanding material risk. This is being worked through with the auditors and the CFO and will be settled before the Accounts are closed.

**Governing Body received and noted the update on the Annual Report and Accounts**

#### 6.2 Changes to the Schedule of Committee / Meeting Dates

MB advised that a change to the schedule of committees and meetings was being proposed to better fit with the CCG’s calendar of business.

He is also looking at reducing the number of meetings. DA agreed that it was important not to micro-manage, but to empower people to do their job and make decisions, with committees as the mechanism of holding them to account.

With regards to GP availability, AV flagged the importance of having clinicians in the room and the difficulty of 11.30am starts with morning surgery.

MB advised that the Corporate Office will send the updated calendar invites for Governing Body meetings and Finance & Contracts Committees following today’s meeting.

**Governing Body reviewed and noted the changes to the Schedule of Committee / Meeting dates**

#### 6.3 Emergency Preparedness, Resilience and Response (EPRR)

Members were informed that the paper provided a general update on EPRR, including updates from the Greater Manchester (GM) Local Health Resilience Partnership (LHRP), the North East Sector Health Economy Resilience Group (HERG), EU Exit and an overview of future and recent exercises.

MB stressed the amount of work being done behind the scenes around EU Exit across both CCG and Local Authority.
GF and JP confirmed that they had both attended Exercise Socrates 3 on 27 March 2019.

**Governing Body received and noted the updates on EU Exit and Exercise Socrates 3**

### 6.4 Interim MOU between GMSS and Oldham CCG

BG advised that the document is an amended and updated memorandum of Association between GMSS and NHS Oldham CCG outlining the hosting arrangements for 2018/19 pending the establishment of the Corporate Service Delivery Vehicle and new host.

It has been updated to reflect current GMSS management arrangements in place and the need to extend the MOU to cover 2019/20 until the future host is identified. The MOU can be dissolved by agreement of both parties when the Corporate Service Delivery Vehicle and new host are identified.

Members were informed that there are no material updates. GMSS remains with NHS Oldham CCG for another year, but is currently looking for a new host, with 2 expressions of interest. The MOU document outlines how hosting is mitigated through a risk share arrangement with the nine other GM CCGs.

Once approved, the stranded policy and MOU will be taken back to Audit Committee.

There was discussion about the initial risk to Oldham CCG if the other CCGs did not meet their expectation to refund. BG acknowledged that this is a technical risk as although it is not set in stone, there is an expectation that this will happen, with a history of CCGs adhering to policy and following the rules. With regards to long term contracts and staff transferring, BG confirmed that there is a policy in place, adding that this is a ‘live’ document which is discussed by GM CFOs every year. Members were reminded that the CCG monitors this through the Audit Committee process as well, not just at CFOs.

Members agreed that hosting GMSS for one more year was acceptable, but not for any longer. GF asked if the risks associated with continuing to host were included on the Risk Register, this to be discussed under AI 9.1, Risk Management and Board Assurance Framework.

**Governing Body agreed to approve the MOU document and to ratify the decision for Oldham CCG to continue to act as host of GMSS until such time as the Corporate Service Delivery Vehicle and new host are established**

### 7 Quality and Performance

#### 7.1 Corporate Performance Report – February 2019

MB presented the Corporate Performance Report, the primary aim of which is to describe Oldham CCG’s latest position with regards to outcomes, standards (local and national) and financial allocations associated with all relevant performance frameworks. Risks and actions to maintain and improve areas of performance, quality and finance are detailed in Appendix 1.

MB talked through the detail, flagging that this report updates on month 11, and we are now in month 1 of the new financial year. This will be a challenging year in terms of delivery and it is important to concentrate on the things that matter. We will have hit the 75% IAPT target at the end of March and the waiting list at PAHT will be lower at the end of March than it was at the end of March 2018, as required. Cancer continues to be challenging as a result of deterioration over many years, we are concentrating on tackling root cause and health inequalities.
MB advised that we will shortly receive the outcome of the annual improvement assessment framework which is a testament and tribute to the work that has been undertaken by both ourselves and our partners.

CD recruitment has now been completed, and CDs will be much more involved in strategy, talking clinician to clinician – both primary and secondary care – with relationships being put in place.

An issue around NHS 111 was flagged, with regards to a radio advert advising people to call 111 anytime over the bank holiday weekend, i.e. not urging people to self-care and manage non-urgent issues. Members talked about the clusters / neighbourhoods of Oldham with structures nudging behaviours and strengthening connections with the council and clinicians.

AV talked about grass roots encouragement around self-care and reinforcing this good behaviour. MB agreed, commenting that we have allowed a litigious society to influence our decisions. Hospital consultants are paid to find problems and that’s what they will do when people present at the hospital.

Members were informed that Deb Ashton is attending a meeting to look at the issues raised around NHS 111 and NWAS.

DA commented that we don’t spend enough time talking about performance. We should focus on the 5 – 10 issues that mean the most to us, i.e that feature in the strategic plan or are the biggest negative to us. We need to choose 5 – 10, put an action plan in place, address these 5 – 10 issues and then move onto the next 5 – 10. MB confirmed that MET is currently looking at this via a set of information that allows us to change standards.

DA felt that the current report gives the information behind each of the indicators, but no information about how we are going to address issues. JP suggested comparing the Operational Plan and Performance Report to identify areas of priority. Members were informed that there will be focus on the Thriving Communities programme in Oldham, concentrating on what is reported and how it is reported going forwards.

Members received the report and acknowledged the key performance, quality and financial risks in 2018/19

<table>
<thead>
<tr>
<th>10</th>
<th>Highlight Reports</th>
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<tbody>
<tr>
<td>8.1</td>
<td>Audit Committee Highlight Report</td>
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<tr>
<td>BG gave a verbal update following the Audit Committee meeting of 24 April advising that the Committee had received and discussed the Internal Audit Progress Report, the Annual Governance Statement, the IG Annual Report and the Anti-Fraud Services Annual Report.</td>
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<tr>
<td>The Audit Committee Highlight Report was received and noted</td>
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<tr>
<td>8.2</td>
<td>Commissioning Partnership Board (CPB) Highlight Report</td>
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<td>No update given.</td>
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<td>8.3</td>
<td>Assuring Quality &amp; Performance (AQP) Committee Highlight Report</td>
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<td>JP gave a verbal update, given that there has not been another AQP Committee meeting since the last Governing Body meeting in March. The dates of this Committee have changed, and the next meeting is on 3 May.</td>
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<tr>
<td>Key highlights to note going forward into the new year:</td>
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<td>• The high level risks that we face as a system remain the associated risks with the transfer of community services that have been highlighted through the transfer process and monitored through both PCFT and NCA quality contract</td>
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meetings, Executive Nurse/Director of Nursing 1:1’s, and system clinical quality meetings. The safeguarding concerns raised at the previous Governing Body meeting in March are being closely scrutinised and further proposals for restructure of the Trust safeguarding provision post contract transfer are being reviewed by the designated professionals and Executive Nurses this week.

- A significant amount of work is underway to review system and process across our complex care and continuing healthcare provision. We have an interim strategic lead who is looking at all aspects of the framework for CHC in addition to re-establishing a team structure that is effective and efficient in meeting the needs of this vulnerable cohort of patients.
- The CCG quality team, commissioning business partners and safeguarding nurses continue to work closely with our small contract holders who currently hold an inadequate CQC rating. Progress is being made against the provider action plans and positive reports from service users have been heard from the onsite visits undertaken.

Looking forward to 2019/20:

- The Quality and Safety Strategy and Assurance Framework is in its final draft stages and will be presented to Governing Body at the next meeting in July for ratification. This will outline the key responsibilities and methods of assurance undertaken across the CCG contracted providers and leads into a more joined up approach for how we prioritise integrated ways of working to assure quality across the borough.
- The new Head of Quality & Safety will be in her permanent position from 1 May. We would like to thank Sue Calvert for leading the team in an interim capacity and welcome Debbie Hoskisson into this important substantive role.
- The Datix system implementation is underway and working to timescale on the project plan. This will see the system being available in shadow format from the beginning of May with a view for go live date in July. This will support our reporting capacity and capability and enable much greater connectivity across the incident reporting framework.

The verbal Assuring Quality and Performance Committee highlight report was received and noted

9 Finance and Governance

9.1 Risk Management and Board Assurance Framework

MB talked through the paper which is the first draft following a workshop with the CCG’s Management Executive Team (MET) and the organisation’s Risk Manager to establish a new Board Assurance Framework (BAF) for the 2019/20 financial year and confirm the closure of the 2018/19 Board Assurance Framework. Members were advised that the format of the revised BAF has been developed to ensure that it specifically monitors executive and director-owned risks to the delivery of the CCG’s strategic objectives, as approved by the Governing Body at the meeting of 17 January 2019.

Members were informed that it is proposed that the CCG reviews and revises the existing risk management strategy, which would incorporate a revised process for risk as detailed below:

- **Board Assurance Framework** – to confirm the significant principle risks that could impact on the CCG achieving its strategic objectives
- **Corporate Risk Register** – to contain all risks with a combined consequence / likelihood score of 15 or greater
- **Project Risk Register** – to contain all risks associated with delivery of the CCG’s schemes and projects
- **Operational Risk Register** – to contain all other areas of risk
MB confirmed that a revised strategy will be brought to the Governing Body for approval and undertook to keep members sighted on a regular basis.

There was discussion and GF queried whether there was a Risk Register for the new Integrated Care Organisation (ICO). MB confirmed that a lot of that was captured in the elements here, with a heavy emphasis on culture and people. It was noted that there are risks for the CCG being part of the ICO, however BG stressed that the CCG BAF is about the CCG’s risks; Vicky Crossley looks after the Alliance Board risks and attends the Alliance Board meetings.

DA stated that he welcomed a ‘new set of eyes’ and suggested that Governing Body risk appetite could be reassessed at the next meeting.

Governing Body agreed to:

- Note the update in relation to closure of the 2018/19 Board Assurance Framework
- Note the feedback on the proposed Board Assurance Framework for 2019/20
- Note the update in relation to the review of Oldham CCG’s risk management strategy

10 Policies

GM EUR Policies

JP advised members that, in line with delegated authority from the Joint Commissioning Board (JCB), the following Greater Manchester Effective Use of Resources (EUR) Policies were approved for implementation by the Directors of Commissioning (DoCs) on the 21 March 2019:

- Arthroscopic sub-acromial decompression for shoulder impingement (New)
- Low Back Pain (Revised)
- Facet Joint Injections (Revised)

These policies now require ratification through CCG governing bodies. Members were asked to note that it is anticipated that the policies will not require to be fully considered by the Governing Body, but will simply go through a process for ratification. This is because the policies have already been through a rigorous CCG governance process and prior to that the policy was developed by the GM EUR Steering Group with clinical representation from all GM CCGs.

The policies also went out for a period of clinical engagement, where interested stakeholders, including CCGs were invited to comment (CCGs at this stage would usually discuss the policies internally and provide feedback). It is expected that if a CCG has a different opinion regarding a particular policy, then it would have been voiced through these meetings.

There was discussion about getting the message out to primary care colleagues once GM EUR policies are approved for implementation, and JP confirmed that this was picked up by the Referral Gateway.

The Governing Body agreed to:

- Note the rigorous review process undertaken
- Formally approve the policies as recommended by GM Directors of Commissioning (DoCs) in line with delegated authority from the Joint Commissioning Board (JCB)
### Any Other Business

11.1 GF raised new risks, including thoughts on whether the CCG is doing as much engagement as it should be, given the significant changes we are currently going through.

There being no further business, the Chair declared the meeting closed.

### Risks raised in the Meeting

#### Feedback from Meeting

13.1 Questions and Answers

<table>
<thead>
<tr>
<th>Next Meeting</th>
<th>Time</th>
<th>Date</th>
<th>Venue</th>
<th>Chair</th>
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<tbody>
<tr>
<td>NHS Oldham CCG Part I Governing Body</td>
<td>12.30pm – 4.00pm</td>
<td>Thursday 1 August 2019</td>
<td>TBC</td>
<td>Majid Hussain</td>
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