



GOVERNING BODY

Agenda Item No.	17
Reference No.	IESCCG 19-23
Date.	26 March 2019

Title	Minutes of Meetings
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer
Author(s)	Jo Mael, Corporate Governance Officer
Purpose	<p>Minutes of Meetings: <i>To receive a report from the Lay Member for Governance seeking the endorsement of minutes and decisions from Ipswich and East Suffolk CCG Sub Committees, and approval of a Remuneration and HR Committee decision, as per below;</i></p> <p>a) Audit Committee <i>The unconfirmed minutes of a meeting held on 5 February 2019</i></p> <p>b) Remuneration and HR Committee</p> <ul style="list-style-type: none"><i>Presentation and approval of a decision made by a 'virtual' meeting of the Remuneration and HR Committee on 18 December 2018.</i><i>The unconfirmed minutes of a meeting held on 12 February 2019</i> <p>c) Finance and Performance Committee <i>The confirmed minutes of a meeting held on 15 January 2019, and unconfirmed minutes of a meeting held on 26 February 2019.</i></p> <p>d) Clinical Scrutiny Committee <i>The unconfirmed minutes of a meeting held on 26 February 2019.</i></p> <p>e) Community Engagement Partnership <i>Minutes from a meeting held on 14 January 2019</i></p> <p>f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee <i>The unconfirmed minutes of a meeting held on 22 January 2019</i></p> <p>g) CCG Joint Collaborative Group</p>

The unconfirmed minutes of a meeting held on 7 February 2019

h) Commissioning Governance Committee

Decision from a 'virtual' meeting held on 22 January 2019

Applicable CCG Clinical Priorities:

1.	To promote self-care	✓
2.	To ensure high quality local services where possible	✓
3.	To improve the health of those most in need	✓
4.	To improve health & educational attainment for children & young people	✓
5.	To improve access to mental health services	✓
6.	To improve outcomes for patients with diabetes to above national averages	✓
7.	To improve care for frail elderly individuals	✓
8.	To allow patients to die with dignity & compassion & to choose their place of death	✓
9.	To ensure that the CCG operates within agreed budgets	✓

Action required by Governing Body:

To endorse the minutes and decisions as attached to the report whilst noting that 'unconfirmed' minutes remain subject to change by the relevant Committee/Group.

To approve a decision made by the Remuneration and HR Committee at a 'virtual' meeting held on 18 December 2018.



Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Tuesday, 5 February 2019

PRESENT

Graham Leaf - Lay Member for Governance (Chair)
Steve Chicken - Lay Member
Dr Mike McCullagh - Governing Body GP Member

IN ATTENDANCE

Neil Abbott - Head of Internal Audit
Emily Bosley - Project Accountant
Mark Game - Acting Deputy Chief Finance Officer
Roger Holt - Financial Accounting Manager
Lisa George - Local Counter Fraud Specialist, TIAA
Debbie Hanson - Ernst and Young: External Audit
Anna Sheldrake-Cochrane - Head of ICT and Informatics (Items 19/001-19/006 only)

19/001 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were noted from;

Colin Boakes - Governance Advisor, CCG
Kevin Limn - TIAA
Amanda Lyes - Chief Corporate Services Officer
Jane Payling - Chief Finance Officer
Alison Riglar - Ernst and Young: External Audit

19/002 DECLARATIONS OF INTEREST

No declarations of interest, other than those already published, were received

19/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Audit Committee held on 4 December 2019 were **approved** as a correct record.

19/004 MATTERS ARISING AND REVIEW OF THE ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/097 – Self-Assessment – having queried whether the current self-assessment was too detailed, the **Acting Deputy Chief Finance Officer, in conjunction with the Corporate Governance Officer, agreed** to review the self-assessment alongside that used by other Committees in order to determine whether it might be streamlined whilst retaining features of the example set out within the Audit Handbook.

19/005 EXTERNAL AUDIT BRIEFING

The Committee was in receipt of the most recent External Auditor's briefing and the Committee's attention was directed to the key questions as set out on page 14 of the briefing, those being;

- Whether the CCG had experienced any operational changes following implementation of the joint governance of NHS England and NHS Improvement. The Committee was informed that there had been no immediate impact although the situation continued to be monitored.
- Did the audit expectation gap resonate with the CCG's experience of the external audit process and if so, had any action been taken to mitigate the gap?
- Was the CCG prepared for the current and future implementations of IFRS 9, 15 and 16. The Committee was informed that adjustments were yet to be posted, no accounting template had yet been received from NHS England.
- What was the impact of the revised framework of continuing healthcare and funded nursing care on the CCG?
- The Committee felt that the national survey on GPs was reflecting health services provided by the CCG.
- In respect of whether the CCG had considered or taken any steps towards the development of health-tech, it was recognised and interoperability remained a key issue going forward.

A decline in the External Auditor's performance as identified within the 2018 highlights report was queried. The Committee was informed that performance had declined in general across all firms. There were however no sanctions applicable to Ernst and Young and further detail and a response was provided within the transparency report.

In response to questioning it was explained that there was currently no available information with regard to the requirement for an audit of mental health investment standards. **The External Auditor agreed** to investigate and report back to the Acting Deputy Chief Finance Officer outside of the meeting.

The Committee noted the external audit briefing.

(The Chair advised that item 11 (Cyber Security Update) would be taken next)

19/006 CYBER SECURITY UPDATE

The CCG's Head of ICT and Informatics introduced a report that provided an update on work associated to cyber security.

Since the last update in July 2018, a new framework around the role of Audit Chairs in respect of cyber security had been released and was attached as Appendix 1 to the report. The update provided an overview and outlined progress aligned to the framework.

The framework identified seven key principles to support sustainable cyber security as set out below and the report went on to focus on organisational updates, structured into those seven principles.

- 1) Leadership, governance and culture
- 2) Improving clinical quality and efficiency
- 3) Enabling service integration
- 4) Understanding key threats

- 5) Assuring processes and controls
- 6) Business continuity – effective cyber response
- 7) Proportionate investment

It was intended that the report would be further shared with the Joint Digital and IT Services Board for further discussion and proposed that an Audit was undertaken on mandatory staff training across all Suffolk Practices, and Providers.

Points highlighted during discussion included;

- There was a requirement for all providers working within the NHS to have achieved cyber essentials + accreditation by June 2021. All provider contracts were currently being reviewed in respect of the inclusion of additional wording for the 2019/20 contract round in relation to the requirement for Cyber Essentials Plus accreditation by 2021. No providers had currently received cyber essentials + accreditation. Further guidance was being sought from NHS England in respect of the requirement, particularly in relation to smaller providers. GP practices would be covered by achievement of Cyber Essentials+ by the CCG's IT Service Provider (NEL), although the CCG itself was also to seek accreditation.
- Additional investment from NHS England, as outlined in the report, would be spent on its behalf. Confirmation of receipt of the funds, which it was anticipated would need to be spent by year-end, was awaited.
- The need to continually review IT requirements at a strategic level was emphasized, together with ensuring that there was adequate resource within the CCG to take initiatives forward. The Head of ICT and Informatics advised that the CCG worked closely with partners and providers to utilise expertise appropriately. An IT skills academy was to be set up locally which it was hoped the CCG could call upon for support.

The Committee noted the content of the report **and agreed** that the item become a regular agenda item going forward.

19/007 INTERNAL AUDIT PROGRESS REPORT INC RECOMMENDATION TRACKER

The Head of Internal Audit presented the internal audit progress report with highlighted points being;

- All audits scheduled for quarter three had been completed with the exception of the Primary Care Delegated Commissioning which should be complete in the near future.
- The personal health budgets follow up audit was complete and nine recommendations from the previous audit had now been verified.
- A meeting scheduled to take place with the Chief Nursing Officer in order to set the terms of reference for a safeguarding audit had recently been cancelled. The Chief Finance Officer and Acting Deputy Chief Finance Officer had been made aware.
- Internal audit remained on track to complete all scheduled audits by year-end.

Recommendation Tracker

There were currently 10 recommendations on the tracker with five being overdue. As a result of responses received, amended target dates had been set.

The Committee noted the content of the report.

19/008 INTERNAL AUDIT REPORTS

The Committee received the following reports from internal audit:

a) Assurance Review of Governing Body Assurance Framework (GBAF)

The assurance assessment for review of the GBAF had resulted in an overall 'substantial' assurance level being achieved.

b) Interim Head of Internal Audit Opinion Statement

The Interim Head of Internal Audit's draft opinion statement advised that **Reasonable** assurance could be given that there was a generally sound system of internal control, designed to meet the organisation's objectives, and that controls were generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

The Committee accepted the reports **and noted** their recommendations.

19/009 LOCAL COUNTER FRAUD PROGRESS REPORT

The Committee was in receipt of the Local Counter Fraud progress report with key points highlighted being;

- 85% of the counter fraud plan had been delivered, with the remaining 15% expected to be delivered by year-end.
- Information had been provided for the NHS Counter Fraud Authority Accountability Thematic Review within prescribed deadlines.
- On-line training continued to be available until year-end.
- Data in respect of a review of problematic gambling was attached to the report at Appendix A.
- A report was to be provided to a future Audit Committee in relation to continuing healthcare individual placements.
- A number of fraud alerts had been issued as detailed within the report and the Counter Fraud Policy had been reviewed.
- There had been two hold to account issues, one in relation to a community pharmacy that was allegedly over-ordering medication and another in relation to a personal health budget case where it had come to light that the family had not been paying appropriate NI and tax contributions. It was recognised that the personal health budget issue was outside of the Counter Fraud Specialist's remit.

Having questioned whether the CCG had appropriate systems in place to avoid over-ordering in respect of repeat prescription medication, **the Acting Deputy Chief Finance Officer agreed** to ask the Chief Operating Officer for a response.

The Committee noted the report.

19/010 DRAFT ACCOUNTS AT MONTH NINE

The Acting Deputy Chief Finance Officer reported that draft month nine account information had been submitted to NHS England on time despite the CCG not yet having received the formal template.

19/011 REVIEW OF DEBTOR BALANCES OVER £5,000 AND SIX MONTHS OLD

As recommended in the CCG's Detailed Financial Policies the Committee was

presented with a report making it aware of any potential bad debts that were likely to arise from sales ledger invoices raised by the CCG that were over six months old.

The appendix to the report detailed the CCGs outstanding sales ledger invoices/debtor balances as at 31 December 2019, which it was explained, was shared with the Finance and Performance Committee each month. As at 31 December 2018, the CCG had no debtor balances over £5,000 and six months old, although it did have four low value debtor balances over six months old.

It was intended that a further schedule would be circulated to Committee Members showing details of all balances over six months old, regardless of value, as at 31 January 2019. That schedule would inform Members of the current position in respect of collection of the debt and the likelihood of non-recovery.

The Committee noted the content of the report **and agreed** that future regular reports be presented to the CCG's Financial Performance Committee with any write offs reported to the Audit Committee.

19/012 GOVERNING BODY ASSURANCE FRAMEWORK AND RISK REGISTERS

The Committee was in receipt of the latest Governing Body Assurance Framework (GBAF) and risk registers.

The Audit Committee's role was to satisfy itself that an appropriate process was in place and it was noted that the content of the GBAF was regularly reviewed by the Chief Officer Team and Clinical Scrutiny Committees, with approval by the Governing Body.

The Committee noted the GBAF as presented.

19/013 WAIVERS OF COMPETITIVE TENDERING

No waivers of competitive tendering were received.

19/014 POLICIES FOR APPROVAL

The Committee was in receipt of the following policies for approval;

1. Counter Fraud and Anti-Corruption Policy

Having identified that the policy required some further revision in light of the Criminal Finances Act 2017, and forthcoming change of counter fraud provider, **the Committee requested** that it be reviewed further prior to being presented back for approval at a later date.

2. Recruitment and Selection Policy

Having explained that the Recruitment and Selection Policy would require final approval by the Remuneration and HR Committee, the Audit Committee recommended to the Remuneration and HR Committee that it approve the policy as presented.

The need to review wording within policies to ensure they were easy to read was emphasized.

19/015 ANNUAL PLAN OF WORK

The Committee reviewed its annual plan of work and noted that it would be updated in line with today's discussions.

19/016 ANY OTHER BUSINESS AND REFLECTION

The Committee felt that the meeting had been conducted in an efficient manner.

19/017 DATE OF NEXT MEETING

As agreed previously, the next meeting of the Committee would be held at 2.00pm on Tuesday, 2 April 2019, venue to be confirmed.



**Decisions from a virtual meeting of the Ipswich and East Suffolk CCG
Remuneration and HR Committee held on 18 December 2018**

Remuneration and HR Committee Members:

Graham Leaf, Lay Member for Governance
Dr Michael McCullagh, GP Member

Declarations of Interest

No declarations of interest were received.

1 Shared Accountable Officer – Salary Proposals

Report No:
IESCCG RC 18-26

Decision

- 1) That, having noted that it would not require Ministerial approval, the Governing Body be recommended to approve that the Accountable Officer's remuneration be set at circa £140,000, in line with NHS England guidance.
- 2) That the increased salary costs should be shared proportionate to each CCG.



Ipswich and East Suffolk
Clinical Commissioning Group

Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk Clinical Commissioning Group Remuneration and Human Resources Committee Meeting held on Tuesday 12 February 2019

PRESENT:

Graham Leaf	Lay Member for Governance (Chair)
Dr Mike McCullagh	GP Member

IN ATTENDANCE:

Amanda Lyes	Chief Corporate Services Officer
Jo Mael	Corporate and Governance Officer

19/001 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and no apologies for absence were received.

19/002 DECLARATIONS OF INTEREST

No declarations of interest were received.

19/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Remuneration and Human Resources Committee meeting held on 23 October 2018 were reviewed and confirmed as a correct record.

19/004 MATTERS ARISING AND REVIEW OF THE ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/036 – CCGs Workforce Race Equality Standard – the Chief Corporate Services Officer reported that with regard to the staff survey for 2019 the CCG had contacted the Picker Institute.

18/048 – Revised Terms of Reference – the Committee was informed that the West Suffolk CCG Remuneration and HR Committee Chair had received an email from NHSE(Audit Chair's Group) confirming it was looking into the issue around the new constitution but a response was awaited.

18/050 – Chief Nursing Officer Update – having now been successful in recruiting to the Safeguarding Designated Doctor role, the need to ensure that a robust induction and training programme was in place was emphasized. **The Chief Corporate Services Officer agreed** to liaise with the Chief Nursing Officer in that respect.

**19/005 REPORT OF DECISION FROM VIRTUAL MEETING 18 DECEMBER 2018
RE ACCOUNTABLE OFFICER'S PAY**

The Committee formally received the outcome of a virtual meeting held on 18 December 2018 in respect of the Accountable Officer's pay. The outcome being;

- 1) That, having noted that it would not require Ministerial approval, the Governing Body be recommended to approve that the Accountable Officer's remuneration be set at circa £140,000, in line with NHS England guidance
- 2) *That the increased salary costs should be shared proportionate to each CCG.*

The Committee noted the decision and that North East Essex CCG had also contributed.

19/006 WORKFORCE REPORT QUARTERS TWO AND THREE

The Committee was in receipt of a report from the Chief Corporate Services Officer, which provided information on a wide range of key HR performance indicators and sought to benchmark where possible against national and local performance data.

Points highlighted during discussion included;

- At quarter three the CCG's headcount had increased from 287 to 300 which was a combination of refilling vacancies and new posts. Any requests for new posts were reviewed by the Chief Officer Team. Having queried numbers associated to full and part time staff within the contracts team, **the Chief Corporate Services Officer agreed** to investigate and report back.
- New employees were directed to completion of mandatory training at day one.
- 2019/20 appraisals were due to commence from March 2019 and had been revised to reflect system working.
- Sickness/absence rates had increased by 0.14% overall. The rate for the NHS in the East of England was 4.01%. The CCG's rate was 2.03% compared with Cambridgeshire and Peterborough with a rate of 2.81%. The level of sickness/absence at 52.13% within the nursing directorate in respect of anxiety/stress/depression was queried. It was explained that the figure incorporated long standing periods of sickness attributed to two employees.
- Both independent contractors mentioned in the report had had their contracts extended for a further period of six months.
- As previously requested, **the Chief Corporate Services Officer agreed to include** management cost information in future reports and in the meantime to circulate current information to members of the Committee via email.
- The Committee was informed that work was underway to align recruitment processes across the three CCGs. The Committee was interested to review workforce information across all three CCGs and the **Chief Corporate Services Officer agreed** to provide more information via email.

The Committee noted the content of the report.

19/007 TRAINING HUB/APPRENTICESHIP UPDATE

The Committee was in receipt of a report which provided an update on the Training Hub and Apprenticeships.

The Apprenticeship Levy had been introduced in April 2017 and was payable by all employers with a wages bill of more than £3m. Ipswich and East Suffolk CCG and West Suffolk CCG had a joint levy budget of £69,079 as at January 2019.

The CCGs had a public sector target to deliver seven apprenticeship starts per year which included new apprentices and existing staff undertaking career progression.

The Suffolk and North East Essex Training Hub had held its inaugural meeting in November 2018. It had been agreed to develop three Training Hub Advisory Groups; one per CCG to provide a local link between the STP group and General Practice.

Key points highlighted during discussion included;

- The CCG was offering ILM Management Apprenticeships at levels 3, 5 and 7 to enable staff to develop leadership and management skills.
- The Training Hub had recruited a STP Lead Nurse and a Suffolk Nurse Educator to develop the General Practice Nursing workforce. The Suffolk Nurse Educator role would focus on developing the existing nursing workforce, provide clinical governance and establish student placements. The post holder would provide leadership to the nurse forums and skills training that had been requested by practice nurses and develop a training plan for 2019/20. The Nurse Educator Team would be working with Practices to develop nursing teams which would include exploring the opportunities created by the new nursing apprenticeship standards.
- It was recognised that there was a lack of training resource for those nurses wishing to convert from secondary to primary care and it was hoped that the issue was something the Nurse Educator role might be able to take forward.

The Committee noted the content of the report **and requested** a further update in April 2019 which should incorporate a review of the various nursing roles in primary care.

19/008 BREXIT PLANNING

The Chief Corporate Services Officer introduced a report which outlined work being carried out by the CCG to prepare for the UK's Exit from the European Union on 29 March 2019.

Points highlighted included;

- Work continued against the action plan and weekly calls were taking place as part of the resilience forum.
- The CCG continued to review its contingency plans.
- £76k had been received within Suffolk to support the process with Suffolk County Council acting as receiver of the funds.
- An East of England scenario workshop had been scheduled, together with a local event.
- Annual leave of key staff was under review and regular meetings both in

- person and virtually were being held.
- Information was being shared with staff via 'The Buzz' staff newsletter.

The Committee noted the content of the report and the work being carried out prior to 29 March 2019.

19/009 SELF-ASSESSMENT

In line with the annual self-assessment process carried out by other Committees, the Remuneration and HR Committee, was asked to consider undertaking its own self-assessment exercise. A draft questionnaire had been presented for consideration.

Having reviewed the attached questionnaire the **Committee requested** that it be revised to include four options for answers but also include a 'not applicable' box.

Subject to, the above revisions being made, **the Committee agreed** to carry out its own self-assessment at the next meeting.

19/010 INTEGRATED CARE SYSTEM UPDATE

The Chief Corporate Services Officer reported that the Kings Fund Phase 2 report had been the subject of a workshop held two weeks ago.

Action identified at the workshop had included the need to pursue recruitment of an Independent Chair for the ICS, and to work through governance arrangements for the Alliances. Work to address both actions was underway.

Governance arrangements for the Alliances was being pursued via the establishment of a design panel and included formulation of a Joint Committee. Guidance in respect of the establishment of new GP networks covering a population of 30,000-50,000 was a factor for consideration together with incorporation of integrated neighbourhood teams.

The Committee noted the update **and suggested** that for future meetings a visual representation would be useful.

19/011 INVESTORS IN PEOPLE

The Committee was in receipt of a report which provided a general overview of the Investors in People Assessment process which is due to take place in early 2019.

Ipswich & East Suffolk CCG and West Suffolk CCG currently held 'gold' Investors in People awards. There were several key steps in the assessment process as detailed within Section 2 of the report, and the outcome was expected early March 2019.

The Committee was informed that 62% of staff had responded to the Investors in People staff survey. The second phase had been the convening of a context meeting and interview of the focus group where progress had been evidenced.

Meeting with individual members of staff were due to take place in the next few weeks with a large number of those being selected for interview coming from the nursing directorate.

The Assessors also intended to observe CCG meetings and walk through intranet and internet sites.

The Committee noted the content of the report and welcomed the outcome of the assessment.

19/012 JOINT STAFF PARTNERSHIP COMMITTEE

The Committee received an update on the Joint Staff Partnership Committee meeting held on 11 December 2018.

Joint Staff Partnership Committee – 11 December 2018

- The Joint Staff Partnership Committee discussed the current Partnership Agreement and noted that an update was required.
- An overview of CCG re-assessment for Investors In People was circulated to the Group for information and discussion. Staff development opportunities were also discussed.
- The Emotional Needs staff online audit had taken place in December 2018, with results expected to be presented to Chief Officers in February 2019.
- Staff 'Your Needs Met' Training would commence in January 2019 and dates would continue through February and March 2019.
- The CCG Time to Change Pledge was submitted in December 2018 and would be signed in January 2019 by the Accountable Officer.
- The Committee had considered the need for Mental Health first Aiders within the workplace, further discussions will follow.
- The Draft Stage one - Governance Framework for Suffolk and North East Essex Integrated Care System (ICS) was circulated to the Committee for information.
- The Committee reviewed the new draft handbook provisions for pay progression (England) and agreed there had not been enough time for a formal joint response.
- The Health & Wellbeing Strategy was presented and an overview of the document was given. The Strategy was agreed as final and would be reviewed at the Policy Review Group prior to approval at RemCom.

The Committee noted the content of the report.

19/013 HEALTH AND WELLBEING STRATEGY

The Committee was presented with the Health and Wellbeing Strategy for approval.

- The Staff Health & Wellbeing Strategy had been written based on a similar document from Suffolk County Council. The CCGs Policy Review Group and the Joint Staff Partnership Committee had reviewed the strategy.
- The aim of the strategy was to set out how the CCGs would manage health and wellbeing in the workplace. The components of the NHS Employers

Workforce Health and Wellbeing Framework would be a key factor for this.

In response to a suggestion, **the Chief Corporate Services Officer agreed** to incorporate information as to who had been involved in individual policy/strategy development at the start of the documentation.

The Committee approved the Health and Wellbeing Strategy as presented.

19/014 POLICIES FOR APPROVAL

The Committee was in receipt of the following policies for approval. Policies presented were;

- Pay Progression – the policy had been revised to link with the new agenda for change payscales.
- Sickness Absence
- Starting Salary – the policy was new and had been introduced to provide clarification in respect of appropriate pay points for new staff.
- Rebanding
- Recognition and Reward – all staff had been invited to comment on the policy during the development stage.

The Committee approved the above policies as presented **and requested** clarification of organisational objectives.

19/015 HEALTH SAFETY AND RISK COMMITTEE

The Committee was advised of work currently being undertaken in relation to Health & Safety which included;

The last meeting of the Committee had been held on 8 November 2018 with highlights being;

- There had been one minor health and safety related incident reported since the last meeting, which occurred when a member of staff was attending an event in London. No further action was necessary.
- Details were given of the latest sickness absence statistics. An itemised sickness table highlighted the reasons for staff sickness. The current sickness absence rate of 1.01% was highlighted against a target of 2%.
- The Risk Manager gave an overview of the Health Secretary's relaunch of a 'zero tolerance' approach to violence in healthcare. The key points are; the CQC would take on responsibility for scrutiny, including the quality of plans to reduce violence against staff. A new system would be introduced to allow NHS staff to record assaults more easily. More information would follow in 2019.
- Safetyboss (the CCGs H&S Advisers) gave an overview of the latest Health and Safety legislation in relation to Brexit, the Health and Safety (EU Exit) Amendment Regulations 2018. The Safetyboss representative stated that the Regulations were in order that H&S legislation could be adopted in the UK.
- Endeavour House had a planned fire drill on 6 November 2018. The building was evacuated in 8 min 58 secs, and full re-occupancy was achieved in 15 minutes.

The Committee noted the content of the report.

19/016 ANNUAL PLAN OF WORK

The Committee noted its current annual plan of work and that it would be revised in line with actions agreed at today's meeting.

19/017 ANY OTHER BUSINESS

- 1) Committees 'in common' – **the Chief Corporate Services Officer was asked** to include a discussion on committees 'in common' at the forthcoming Lay Member Forum meeting.
- 2) Emotional Needs Audit – the Chief Corporate Services Officer reported that the recent emotional needs audit had been completed by 100 staff which equated to 30%. Having compared responses across 300 entries held on a Suffolk wide database the CCG had scored above average. Negative aspects included community, status and meaning and purpose. Eight members of staff had been identified as having low scores. It was intended that a further survey be carried out in May 2019.

19/018 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place on 9 April 2019, at 10.30am in the Ground Floor Room, West Suffolk House.

Chair (Graham Leaf)

Date



**Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 15 January 2019**

PRESENT:

Steve Chicken	Lay Member (Chair)
Ed Garratt	Chief Officer
Dr Michael McCullagh	GP Member (Part)
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Member
Dr Mark Shenton	GP Member, CCG Chair
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Simon Aldridge	Head of Programme Management Office
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Mark Clinton	Senior Management Accountant
Jo Mael	Corporate Governance Officer
Emma Saunders	Executive Assistant

19/001 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and no apologies for absence were noted.

19/002 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received.

19/003 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 18 December 2018 were **agreed** as a correct record.

19/004 MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/129 – Alliance Financial Workstream - the Committee was informed that an STP/Alliance away day was scheduled on 1 February 2019, at which, it was anticipated that governance would be discussed.

19/005 FINANCIAL REPORTING MONTH 09

The Committee was in receipt of a report which set out the CCG's financial position at month nine, key points highlighted included;

- The CCG was currently on plan to meet its revised year-end forecast and control total of a £3m surplus as declared to NHS England.

- Risks and mitigations were balanced and there was an underlying surplus of £7m which was partly due to the over-delivery of QIPP.
- Key variances – reductions had been seen in the overall acute expenditure which included progress in respect of addressing the transport costs associated to a high cost patient attending Guy's Hospital. The change in cost split associated with the new 111 and Out of Hours contract has now been matched by a budget realignment.
- Prescribing was indicating an improved position following the latest available figures relating to month..
- Ipswich Hospital reported activity and cost data was presented up to month seven and indicated that the hospital remained under-plan with activity less than the value of the Guaranteed Income Contract.

The Committee noted the report.

19/006 PROJECT MANAGEMENT OFFICE (PMO) REPORTS

The Committee was in receipt of a report from the Head of PMO with key points highlighted being;

- QIPP delivery at month nine was at 112%. Projects not delivering as planned included React which had experienced staffing and savings issues. **The Chief Finance Officer** agreed to investigate those projects that were not delivering in order to identify any underlying quality issues that might need to be resolved.

(Dr Mike McCullagh entered the meeting)

- Quality Premium – work to focus on the over-arching premiums continued. The Committee was reminded those premiums were mainly associated to emergency demand and therefore not fully within the CCG's ability to improve. Having noted that the integrated care workstream was currently reviewing the position, the **Head of PMO agreed** to carry out further exploration and report back to the Committee.
- Rightcare – NHS England's target of 25% of QIPP relating to rightcare across the STP had been met. In line with other CCGs, it was anticipated that the CCG would take a different approach in 2019/20 by counting all savings associated with areas of work aligned to Rightcare.
- Transformation Funding – the Committee was informed that highlight reports from ESNEFT in relation to projects 56 and 61 had not yet been received and the issue was due to be discussed at an internal ESNEFT meeting later in the day. Deep Dive work had been included within the report.

Although it was queried whether the four GP collaboratives might be able to review practice data in relation to the diabetes prevention programme, the Committee was informed that performance was expected to be on trajectory within the next two months.

Having questioned whether any duplicate funding might have occurred in relation to specific projects the Committee was advised that, whilst other funding streams had been taken into account during the Panel process, any subsequent funding might not have been identified. **The Head of PMO agreed** to review all projects and report back.

The Committee noted the report.

19/007 STP FINANCE DASHBOARD

The Chief Finance Officer that there were no significant changes since the previous meeting.

Key points highlighted included;

- The system wide forecast remained at £35.44m deficit.
- ESNEFT had experienced some in-year financial performance variances.
- There had been no significant movement in the cash position and the level of borrowing across major providers remained a concern.

The need to develop reporting mechanisms in relation to the alliance financial position was emphasized. The Committee was informed that the Director of Finance Group was currently exploring ways of working which incorporated working across all Financial Performance Committees.

The importance of seeking to ascertain how ESNEFT utilised its funding was highlighted.

The Committee noted the report.

19/008 INTEGRATED CARE SYSTEM UPDATE

The Chief Finance Officer reported that work continued by the joint leadership team to address governance for the integrated care system.

The Directors of Finance Group continued to meet on a fortnightly basis and, whilst recognising the need for transparency across the system, there was difficulty in identifying the most appropriate issues to bring forward for discussion to ensure transparency whilst keeping the number of issues considered at manageable levels.

The Committee noted the update.

19/009 ANY OTHER BUSINESS

No items of other business were received.

The following members of the CCG's Clinical Executive joined the meeting;

(Maddie Baker-Woods, Amanda Lyes, Lisa Nobes, Richard Watson, Dr Lindsey Crockett, Dr Imaad Khalid, Dr Ayesha Tu Zahra, Dr John Oates, Dr John Hague, Dr Ben Solway, Dr Juno Jesuthasan, Dr David Egan, Isabel Cockayne)

19/010 FINANCIAL PLANNING 2019/2020

The Chief Finance Officer reported that following the release on 11 January 2019 of planning guidance from NHS England, the Committee was in receipt of two papers those being; paper a) which summarised the planning information received so far, and outlined the planning timetable and paper b) which identified cost pressures and potential investments for consideration and future discussion within Clinical Executive.

a) Financial Allocations and Planning Guidance

Key points highlighted from the paper included;

Five year allocations - draft five year allocations were detailed within the paper although they remained subject to NHS England Board approval at the end of January 2019.

Overall the CCG programme allocation uplift was 5.5% (national average (5.7%).

As monies previously paid direct to providers would now be issued to the CCG as part of the uplift, there was a need to identify the exact uplift to the CCG.

There was a specific allocation for increased funding to mental health.

CCG running cost allowance had been maintained in cash terms at the same amount as in 2018/19. In 2020/21 the allowance would be lower in real terms than 2017/18 after adjusting

for the three year Agenda for Change pay deal.

System planning – there was increased emphasis on STP/ICS in the planning process. Joint regional teams would work in partnership with system leaders to jointly review draft and final system operational plans.

Control totals – control totals were expected to be published later in the week and ambulance trusts were to be included in the system with the host commissioner.

For 2019/20 control totals for providers in deficit would reflect a further 0.5% efficiency requirement on top of the 1.1% efficiency factor.

All STPs/ICSs would have the opportunity to propose net neutral changes, agreed by all parties, to organise control totals ahead of draft and final planning submissions.

Draft allocations – the Committee was informed that deprivation had been one of the factors used to set allocations and, as such, North East Essex had received a 6% uplift. West Suffolk's uplift had also been slightly higher than that allocated to Ipswich and East Suffolk. The need to review the detail in the formula was highlighted.

Financial framework for providers – the Provider Sustainability Fund (PSF) had been reduced to £1.25bn, with the remainder being routed via CCG allocations. A new Financial Recovery Fund (FRF) of £1.05bn had been created to support 'sustainability of essential NHS services'.

Key dates – the Chief Finance Officer advised that further information would be presented to the CCG's Clinical Executive and Financial Performance Committee prior to approval of the Operational Plan by the Governing Body in March 2019.

The Committee felt that the financial performance of the acute Trust would be a key issue in achievement of the plan.

b) 2019/20 Cost Pressures and Potential Investments

The Chief Finance Officer explained that the list, as set out within the paper, had been constructed by a team from the CCG management office which had included staff from transformation, contracting and finance.

Having questioned how the planning guidance affected GP practice, it was explained that new guidance was due to be issued and it would be important, at that time, to assess and review the guidance for any overlap.

Members were asked to take the paper away for review, feeding back any comments or questions to the Chief Finance Officer or Chief Transformation Officer outside of the meeting in order that further information might be presented to a later meeting.

The Committee noted the content of the papers.

19/011 REFLECTION

The Chair gave a reflection on business conducted at the meeting and actions to be taken forward.

19/012 DATE OF NEXT MEETING

The next meeting was scheduled to take place on **26 February 2019** 1100-1230hrs in the Kersey/Minsmere Room at Endeavour House.



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 26 February 2019**

PRESENT:

Graham Leaf	Reserve Lay Member (Chair)
Ed Garratt	Chief Officer
Dr Michael McCullagh	GP Member
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Member
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Richard Watson	Chief Transformation Officer/ Deputy Accountable Officer (Part)
Maddie Baker Woods	Chief Operating Officer
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Emily Bosley	Project Accountant (Part)
Emma Saunders	Executive Assistant

19/013 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were received from;

Dr Mark Shenton	GP Member, CCG Chair
Steve Chicken	Lay Member (Chair)

19/014 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received.

19/015 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 15 January 2019 were **agreed** as a correct record.

19/016 MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/075 Integrated Care System Update; action ongoing, Keith Wood to attend and present in March.

18/095 30 Day Payments: Update provided by ESNEFT on 15/1/19, the trust measures payment performance against the 30 day national target and this is reported monthly. For 2018/19, the cumulative performance for paying invoices within 30 days is 65% (in value) and 51% (number). The Chief Finance Officer noted that this was improving and would be reviewed again in 6 months, September 2019.

18/112 PMO Report; Quality Premium – issue of quality premiums discussed at COT. Proposed that alliance is notified that any QP funds earned will form part of alliance determined funds for 2019/20.

19/017 ANNUAL REVIEW OF TERMS OF REFERENCE

The Committee was in receipt of its current terms of reference for annual review.

The Committee approved its terms of reference as presented.

19/018 FINANCIAL REPORTING MONTH 10

The Committee was in receipt of a report which set out the CCG's financial position at month 10, key points highlighted included;

- At the end of Month 10, the CCG financial performance is on plan to achieve the revised target of £3m in year surplus.
- The CCG has reported a balanced risk position to NHS England. Identified risks are additional contract risks, overspend on GP Delegated budgets, Cat M cost pressures on the prescribing budget and potential increase to continuing healthcare claims. These are mitigated by contingency and reserves.
- At Month 10, the CCG has delivered £14.9m of its savings plan (QIPP) against a target of £13.8m (108% delivery) mainly due to YTD over delivery of QIPP on Other Acute contracts and Prescribing. Full year forecast is 107% delivery.
- The Chair queried the variance reported relating to overspend in Brain Injury rehabilitation placements. The Chief Finance Officer noted that the variance was due to community policy & that a brain injury nurse coordinator was now in post which would have a significant impact going forward.
- Ipswich Hospital; GIC underperformed by £3.7m compared with Payment by results (PBR) calculation. Note that the trust is looking at PBR, differences emerging between the coding and classification used at the former Colchester and Ipswich hospitals. The Chief Finance Officer noted that higher than planned overall activity levels was not the cause of financial difficulties at the trust. .

The Committee noted the report.

19/019 QUARTER THREE REVIEW

The committee was in receipt of a report which set out the following:

- CCG Contingency are not expected to be required therefore the balance is freed up for deployment
- The Q2 review identified a range of items to be supported, deploying £6.5m leaving £2.24m to be deployed. In addition the CCG agreed to deliver a £3m surplus to carry forward to 19/20
- The Q3 review identified that due to further slippage and underspending within the overall financial plan, £2.24m of funding has been freed up for deployment
- The Governing Body has agreed to increase support to ESNEFT from £4m to £5.5m in order to help release the provider sustainability fund (PSF). This decision used £1.5m

of the £2.24m, leaving £0.74m.

- It is recommended that the uncommitted sum is retained until the year end to ensure that sufficient provisions can be made to cover risks over year end.
- The Chief Finance Officer confirmed that the funds received by ESNEFT will not be clawed back in the event that the trust does not meet the PSF. The contract conditions are in the process of being drafted, having been previously discussed by the Governing Body.

The Committee approved the report.

19/020 PROJECT MANAGEMENT OFFICE (PMO) REPORTS

The Committee was in receipt of a report from the Head of PMO with key points highlighted being;

- QIPP delivery at month nine was at 108.10%.
- Quality Premium; A problem has been identified with ESNEFTs submission of community data (ESNEFT is also the community provider so there may have been cases of double counting). The PMO have asked ESNEFT to review and correct the data which may address this, but any changes will not be visible until the March dashboard.
- RightCare; The Chair queried the savings to date via the Gastroenterology were additional to QIPP. The Chief Finance Officer noted that the figure was a subset of the overall QIPP programme and was included in the QIPP for transparency of reporting purposes.

The Committee noted the report.

19/021 FINANCIAL PLANNING 2019/2020

The Chief Finance Officer presented the committee with a paper split into two parts: firstly the draft financial plan and secondly assumptions to be made to enable construction of the final plan.

The draft 2019/20 financial plan was built up using a set of technical assumptions and was submitted to NHSE on 12th February 2019, based on the planning guidance received in January 2019. Key points included:

- The CCG core allocation uplift for 19/20 is 5.48%. The uplift can be broken down between baseline adjustments and direct allocations such as Mental Health with 3.5% remaining for general growth.
- In order to achieve the Mental Health Investment Standard for 2019/20, the CCG needs to increase its total mental health spend by a minimum of 6.3% compared with 2018/19.
- An element of efficiency savings (QIPP) will be required to ensure sufficient funding is available in 2019/20 to fund the CCG expenditure plans. The CCG has currently assumed a QIPP target of £8.7m, which represents 1.5% of the recurrent programme allocation. Guidance from NHSE suggests CCGs should be delivering QIPP targets of 3%-4%.

- **Baseline Adjustments;** there is a significant baseline adjustment for acute services relating to 18/19 pay awards and PSF passing via CCG allocations, having previously been funded to the trust directly.
- **Cost Pressures;** The largest of these are the reinstatement of the 0.5% contingency (£2.92m), funding transfer from specialist services to fund a change in classification (£1.29m), pressures in ambulance services due to the second year impact of the independent service review (£1.07m), and pressures on urgent care (£0.63m, partly offset by savings in out of hours). Also included are changes required to reinstate the CCG running cost budgets to the full year value. The Chief Finance Officer noted that a paper setting out changes to the running cost budget will be brought to FPC in March 2019.
- **QIPP;** Areas of expected achievement include Prescribing, CHC and running costs. The QIPP target excludes any QIPP relating to GIC contracts (which is viewed as being delivered by the system). This position maybe challenged by NHSE as the total QIPP is lower than the suggested 3%.
- The committee reviewed the risks and mitigations with a total value of £2.5million. These are mainly over performance on acute contracts which are still using payment by results & overspend against budget in the main variable spend areas prescribing, Continuing Care and GP delegated budgets. The Chief Finance Officer noted that this element of the plan required further work and that an updated version would form part of the final plan would be brought to the FPC for review.

Part Two of the paper set out to summarise the planning decisions required to be made by the CCG Executive and Governing Body at the end of March 2019. The Chief Finance Officer noted that the decisions were being informed by 3 main areas;

- **The national performance requirements** stipulated in the planning guidance. The Chief Transformation Officer noted that the CCG had met or could make provision for these standards, the main risks being RTT and cancer targets.
- **CCG investments**, including which are pre-approved and the extent to which **alliance funding** is made available for priorities
- **Agreement of the largest provider contracts** with (ESNEFT and NSFT), particularly the guaranteed income contract (GIC) uplift for ESNEFT.

CCG investments and Alliance Funding

It is proposed that the success of the funding decisions made through the IES alliance by deployment of the transformation funding work, is built on further in 2019/20 by extending the amount of alliance level decision making, allowing the alliance to determine the priorities for discretionary spending. However, there are a number of investment commitments and commissioning gaps which are already in the system which need to be taken into account.

The Chief Finance Officer explained that drawdown of surplus £3million non recurrent funding would be combined with any discretionary monies (previously the transformation fund) to create an Alliance Fund. The committee were in receipt of a list of investments against each area of spend showing those categorised by Chief Officers as pre-committed and those to be agreed. Sign-off for this categorisation is required and will be discussed at the Executive Meeting on 5 March 2019 before going to the Governing Body for overall decision.

The Chief Transformation Officer proposed that 3 or 4 priority themes for investment should be agreed with the alliance early on in the financial year to ensure that the process was not open ended.

GIC Uplift

Changes in the attribution of baseline adjustment funding to cover only NHS contracts increased the overall GIC uplift to ESNEFT to 5.69%. The committee felt that this was ultimately undeliverable in light of ESNEFT financial difficulties in 2018/19 and the predicted size of the CIP required in 2019/20. The committee were presented with 3 approaches to mitigate this risk;

1. The CCG holds back contingency reserves (0.5% required contingency and the additional 0.5% shadow contingency) to be deployed either directly to the trust or by delivering as surplus as part of the alliance control total.
2. The CCG provides a larger general uplift on the GIC, e.g. to the full value of the general uplift of 3.5% with an overall impact of £1.75million.
3. The CCG makes available additional funding which could be tied to particular actions to be delivered during the year e.g. an 'ESNEFT Reinvestment fund' which is proposed to include a focus on the national must dos and constitutional standards namely: Cancer, ED performance and waiting list/backlog reductions.

After discussion, the committee felt that all 3 approaches had elements that could be applied. It was proposed that the additional funds should be linked to the constitutional standards and the 3 operational deliverables of quality, safety and cost. It was agreed that a simple proposal needed to be agreed with the trust. The Chief Finance Officer to bring an updated proposal to the CCG Executive Meeting 5 March 2019.

The Committee noted the report.

19/022 INTEGRATED CARE SYSTEM UPDATE

Alliance Financial Governance Paper

The committee was in receipt of a paper outlining the need for progression towards increased working at alliance level and the new responsibilities which fall to the CCG as an Integrated Care System meaning the CCG should consider how financial governance needs to develop. The paper set out the following:

- Financial Governance, and its associated planning and reporting currently takes place at two levels: Organisational and STP.
- From 1/4/19, the new SNEE ICS will be operating a system wide control total which effectively sets out the maximum expenditure level in the ICS (once income is known) by setting the minimum level of surplus (maximum deficit) for each organisation.
- As we move into Alliance working, emerging thinking suggests that the ICS/STP system control will be broken down into three parts which align with the alliances. This suggests the need for financial governance to be set up at alliance level.
- It is suggested that the terms of reference for the current individual organisation financial governance committees and those of the STP DOF/Investment committee are mapped against the proposed 3 levels to suggest which functions are required at each level.
- Running alongside the need to develop robust arrangements for the ICS and management of the system control total, there is an operational need within IES to improve collective alliance level working on finance, particularly between the CCG and ESNEFT.

The committee were in agreement for the need of an Alliance FPC, as set out in the paper, in readiness for 01/04/2019. The Chief Finance Officer proposed that organisational FPC's run independently as determined by each organisation but joined as an Alliance FPC on a quarterly basis. It was noted that this was a practical way to begin the process from the new financial year and that this could be refined in practice.

The Committee noted the update.

(Richard Watson left the meeting)

19/023 STP FINANCE DASHBOARD

The Chief Finance Officer advised that there were no significant changes since the previous meeting.

Key points highlighted included;

- Savings forecasts have improved slightly, in part due to social care
- Borrowing has increased (£40m) and the cash position deteriorated significantly at ESNEFT since month 8
- The system wide forecast has improved to £33.5m deficit (£35.4m M8), mainly due to reduced overspends in social care.

The Committee noted the report.

19/024 ANY OTHER BUSINESS

The Accountable Officer noted the hard work and dedication of the team in producing large volumes of detailed papers.

19/025 REFLECTION

The Chair gave a reflection on business conducted at the meeting and actions to be taken forward.

The meeting closed at 12:52.

19/026 DATE OF NEXT MEETING

The next meeting was scheduled to take place on **19 March 2019** 0830-1030hrs in the Elisabeth Room at Endeavour House.



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG
Clinical Scrutiny Committee held on Tuesday, 26 February 2019**

PRESENT:

Dr Imran Qureshi	GP Clinical Scrutiny Committee Member (Chair)
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr David Egan	GP Clinical Scrutiny Committee Member
Ed Garratt	Chief Officer
Dr John Hague	GP Clinical Scrutiny Committee Member
Dr Juno Jesuthasan	GP Clinical Scrutiny Committee Member
Dr Imaad Khalid	GP Clinical Scrutiny Committee Member
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Chief Corporate Services Officer
Irene Macdonald	Lay Member: Patient and Public Involvement
Dr Michael McCullagh	GP Clinical Scrutiny Committee Member
Lisa Nobes	Chief Nursing Officer
Dr John Oates	GP Clinical Scrutiny Committee Member
Richard Watson	Chief Transformation Officer
Jane Payling	Chief Finance Officer
Dr Ben Solway	GP Clinical Scrutiny Committee Member
Dr Ayesha Tu Zahra	GP Clinical Scrutiny Committee Member
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Helen Farrow	EA to Accountable Officer
Lucy Game	Operational Manager CHC Team (item 8)

19/001 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting with apologies for absence noted from;

Dr Mark Shenton	GP Clinical Scrutiny Committee Member
Dr Dean Dorsett	GP Clinical Scrutiny Committee Member
Dr Omololu Ogguniyi	GP Clinical Scrutiny Committee Member
Dr Lorna Kerr	Secondary Care Doctor

19/002 DECLARATIONS OF INTEREST

No declarations in addition to those already published were declared.

19/003 MINUTES OF MEETING HELD ON 23 OCTOBER 2018

The minutes of the meeting held on 23 October 2018 were **agreed** as a correct record.

19/004 MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising from the previous meeting and the action log was reviewed and updated.

19/005 INTEGRATED PERFORMANCE REPORT

The Committee received key headlines in respect of each area of the Integrated Performance Report as follows:

Clinical Quality and Patient Safety

- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – currently rated 'Amber'. Results of the Staff Satisfaction Survey are due to be published. Following review of the results a stance would be taken as to whether to continue with the 'Amber' rating or change to 'Red', as there were concerns around staff morale at the Ipswich Hospital site and how this was impacting on care delivery. The Trust are aware of the issues and are to look at ways of working and revising structures.

The Accountable Officer commented that, having visited both the Ipswich Hospital and Colchester Hospital sites recently, there was a noticeable difference in staff morale.

A number of indicators had deteriorated, in particular mortality reviews, serious incident actions and reporting, and, as a result, the CCG's Chief Nursing Officer would look at the Quality Assurance Framework and arrange quality improvement visits. Work would be undertaken collaboratively with North East Essex CCG.

There is continued focus on cancer, with updated trajectories agreed.

The Committee commented that, as commissioners, the CCG has a responsibility to ensure patients receive the best care and, as there had been previous discussions about having a risk placed on the Governing Body Assurance Framework (GBAF) around ESNEFT and, following the above concerns, requested further consideration be given to an overarching risk on the next iteration. The Summary Level High Mortality Indicator (SHMI) alone was enough to give rise to serious concerns.

The Chief Nursing Officer **agreed** to convene a MDT type meeting, to include GPs, to discuss next steps, and **further agreed** to consider further including a broader risk relating to ESNEFT on the GBAF.

- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – Performance around seclusion had significantly improved, although Access and Assessment for under 18s was a cause for concern, where performance was below target due to staffing issues and increased demand since the opening of the Emotional Wellbeing Hub. Eating Disorders was also an area of concern with waiting times not consistently met and high referrals. The Childrens' Eating Disorder service had seen a turn around over the past few weeks and posts had been recruited to.

Comment was made that Eating Disorder service was not joined up with other services. The Chief Nursing Officer **agreed** to look at the service as part of the quality assurance framework.

- **Suffolk Community Healthcare (SCH)** – Health assessments for children in care remain a focus. The CCG is liaising with West Suffolk Hospital around the possibility of moving assessments away from the Complex Care Team and into Continuing HealthCare.

Breaches had been seen in the 18 week RTT pathway for the childrens' wheelchair service. This was due to an issue with the manufacturer, which has now been resolved. The Committee was assured that children were not left without a wheelchair; the waiting time related to a chair modelled to individual specifications.

The Acting Chief Contracts Officer **agreed** to draft a report for the next Committee meeting to provide context around breaches of the target. The Lay Member for Patient & Public Engagement **agreed** to incorporate patient opinion into this report.

- **East of England Ambulance Service Trust (EEAST)** – The Trust remained below predicted workforce, however good plans were in place to increase staffing levels

Finance

- At the end of Month 10 the CCG's financial performance was on track to deliver the revised target of a £3m surplus
- There were risks identified around overspend on delegated GP budgets, potential increase to CHC claims, as well as additional contract risks, however these would be mitigated by contingencies and reserves.

Transformation/PMO

- **Integrated Care** – Emergency admissions at IHT were 1.1% below plan at Month 9 (23,659 against 23,400). A&E performance was also below plan at 2.3% - a recovery plan was due this week, as the Trust will not meet the 95% target. Streaming numbers are increasing – the Chief Transformation Officer has agreed with Suffolk GP Federation to extend the contract for 1 year whilst the Urgent Treatment Centre model is developed.

Minor Injuries Unit (MIU), Felixstowe – Following issues raised at the January Governing Body meeting, the proposal had been reviewed and meetings held with members of the Felixstowe community. Whilst there was some minority opposition, the conclusion reached was to proceed with the original proposal, with some caveats; the proposal is to be re-submitted to the March Governing Body meeting.

The Committee noted that roving car admission avoidance schemes in West Suffolk and Essex had been successful and, although in the past a similar initiative in East Suffolk had made little difference to numbers, considered it would be interesting to review results from the adjoining STP areas.

- **Elective Care** – Outpatient activity at Month 9 was 1.3% below plan; elective admissions was 1% below plan.
- **Children and Young People** – the Emotional Wellbeing Hub is of significant concern and operational meetings are in place to work through the issues. A recovery plan for Perinatal is in place, which has been agreed with NHS England and the Mental Health network.

- **Mental Health** – each project within the programme is on track against key milestones

Contracts

- **Ipswich Hospital** – A&E has seen some sustained performance over recent weeks. There is continued focus around Cancer, with recovery anticipated in May / June. Whilst the CCG was assured the Trust know what needed to be done to improve performance, outcomes have not been seen
- **Norfolk & Suffolk NHSFT** – Although overall rated as ‘red’, performance in some areas had improved but needs to be sustained.
- **Care UK - 111** - A recovery plan is in place following a recent Performance Notice for the 60 second response standard
- **E-Zec** – the focus is on improving performance and a red-green week is currently in progress, with a CCG team tracking patients to get an understanding of trends and issues

The Acting Chief Contracts Officer highlighted the current issue with ophthalmology following the decision not to proceed with procurement for the service. To ensure a safe service, the contract with New Medica was extended on the basis that Ipswich Hospital would take on the transition work, which they are now unable to undertake. Conversations have taken place with New Medica to extend the contract further whilst a different model is scoped. New Medica have agreed to an extension but at a different tariff, which would pose a cost pressure to the CCG of circa £200k – negotiations are continuing but the transition needs to progress at pace to ensure provision of service to patients.

Contract signature - The Committee heard that the CCG was on target to sign all contracts, currently in draft, by the deadline of 21 March 2019, however the national team had not yet released the final contract.

Primary Care

- Dementia coding performance continues to be above national target – the team is working with the 6 practices which are significantly below target
- Flu vaccinations – nearly 25% of practices are above target. There is an improvement in uptake at care homes since last year
- Immunisation of children – 75% of practices are above target
- CQC – 92% of practices are rated as ‘good’ or ‘outstanding’

The Committee noted the report and, in reviewing performance against the National Reporting Measures, the Chair of the Committee queried the reason for a Mixed Sex breach. The Chief Nursing Officer advised this would have related to a patient in Critical Care, who for safety reasons could not be moved to a ward at a given time, and had to remain in a mixed sex setting.

19/006 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)

The Committee was in receipt of the current version of the CCG Governing Body Assurance Framework (GBAF) which was reviewed by the Chief Officer Team every month and by the Governing Body and Audit Committee at each of their meetings.

Amendments/additions were detailed within paragraph 2.2 of the report. The Committee reviewed each risk in turn with key comments being:

- Risk 36 – Potential impact of Cyber security incident – work continues and the outcome of an internal audit is awaited

- Risk 37 – Brexit and risk of ‘no deal’ – locally the CCG continues to work through actions as per the Department of Health Action Plan. Suffolk has been given £76k to manage Brexit, although this money sits with Suffolk County Council who will work with organisations on how to share this. The CCG is working through the Business Continuity plan and holding weekly telecons with the Local Resilience team and NHS England.

The Chief Nursing Officer advised that, since submission of the GBAF, she had reviewed and re-written her aligned risks – these would be discussed at the next Risk Forum, where a proposal to raise the scoring against the NSFT risk to 20 would also be discussed. Changes would be incorporated in the next iteration of the GBAF.

The Chief Operating Officer advised that from next month the East Suffolk Alliance would be reviewing the CCG’s GBAF and IPR. This would ensure there was shared oversight of risks and alignment amongst organisations.

The Committee reviewed and approved the GBAF as presented and noted.

19/007 QUARTER THREE SEND REPORT

The Committee was in receipt of a report, which provided a high-level summary of the status of the Special Educational Needs and Disability (SEND) programme in Suffolk (SCC).

The Chief Nursing Officer advised that the formal letter detailing findings of the joint Ofsted/CQC inspection had been received, which she **agreed** to circulate.

The Committee noted the report.

19/008 QUARTER THREE CONTINUING HEALTHCARE REPORT

The Committee was in receipt of the quarterly report, which provided a summary of the status of Continuing HealthCare in Suffolk.

The Committee heard that, as at 31 December 2018, there were 17 cases outstanding and awaiting review of care package. The Chair of the Committee reminded those present that last year West Suffolk took advantage of a review resource to clear the outstanding cases and **requested** a reciprocal arrangement be put in place this year for Ipswich and East.

The Committee **noted** the report.

19/009 QUALITY ASSURANCE UPDATE - NORFOLK AND SUFFOLK NHS FOUNDATION TRUST

The Committee was in receipt of a paper from the Chief Nursing Officer, which provided an overview of the NSFT Quality Assurance Review process and a summary of the assurance activity undertaken to date.

Of specific note was concerns around the Children’s Emotional Wellbeing Hub, where immediate management changes had been requested. The Committee felt the concerns were significant enough to warrant consideration of suspension of the service and it was **agreed** the Accountable Officer would discuss and if appropriate, thereafter write to the Chief Executive of NSFT in this regard. Any suspension of service would need to be considered alongside the effect this may have on other service areas, such as Access and Assessment Treatment.

In response to a query as to whether there were similar issues in Adult services, the Chief Nursing Officer advised these areas would be looked at in turn; resolving the concerns around the children's services had been prioritised following the Ofsted/CQC inspection.

Comment was made that the issues of concern should not be seen as the problem of NSFT alone, as it was the onus of the whole system to change attitudes and ensure a solution.

The Committee noted the report and that a further update on the Emotional Wellbeing Hub would be submitted to Clinical Executive next week. The Committee added that it might be helpful to have a GP involved in the Assurance Review.

19/010 QUARTER THREE PATIENT SAFETY REPORT

The Committee were presented with a report providing an overview of the scrutiny of key patient safety metrics, reported to the CCG by the main commissioned providers.

In presenting the report, the Chief Nursing Officer advised she had limited assurance that the Serious Incident (SI) process was robust enough in each provider organisation. As a result, a new Safety Forum has been established which will work through the issues and methods within each organisation and ensure there is learning from any SI. The clinical governance structure was also being looked at within each Alliance, which would provide multi agency scrutiny.

The Committee noted the report.

19/011 EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST (ESNEFT) UPDATE

An update was deferred to the next meeting

19/012 SELF-ASSESSMENT FEEDBACK

The feedback report was deferred to the next meeting

19/013 POLICIES FOR APPROVAL

No policies had been received.

19/014 CHAIR'S SUMMARY/REFLECTION/FOLLOW UP ON GB PATIENT STORY

Due to time constraints there was no time for summary or reflection.

19/015 DATE OF NEXT MEETING

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **23 April 2019**, from 0830-1030hrs at Endeavour House, Ipswich.

The meeting closed at 1120 hours

	<ul style="list-style-type: none"> • RS reported an issue with Suffolk County Council’s Sexual Health Service. M B-W said the system is looking at this issue. The Alliance Strategy has particular adjectives in relation to prevention. However, funding needs to be addressed.
7.	Future commissioner and Alliance involvement, based on CEP feedback
	<p>Irene MacDonald, Lay Member for Ipswich and east CCG talked about how the CEP can evolve with an Alliance approach.</p> <ul style="list-style-type: none"> • In November there Review of Patient and Public Involvement with various workshops – these were with the CEP and within the CCG workforce. We touched on how ‘engagement’ needs to involve partnerships more moving forward, so that the approach is more ‘coproduced’ and the outcomes are more meaningful. CEP views have been very valuable on how we can move into this coproduction phase. • During the workshops with staff on ‘change’, how people see ‘engagement’ and what we should do differently, there was a lot of reflection on what we spend our time on, ie. Using people’s experiences. • Looking at the Terms of Reference for the CEP it is apparent that we are not adhering to many of the items and functions. • Thinking about how the CEP might look, we know that we need direct contact with people experiencing services – this keeps CEP current and on the ball. CEP members talked about a support group that looks at ways forward for coproduction. It might be that we have different groups, smaller groups etc. <p>ACTION: MG to conduct one to ones with CEP members.</p> <p>ACTION: Use the next meeting to discuss and move to a Tuesday so that GPs can attend.</p>
8.	Any other business
	<ul style="list-style-type: none"> • A concern was raised about the Pathology Clinic at Riverside. The waiting area is very small and patients are overheard giving their personal details at the reception window. There is no notice to tell patients that you have to sign in, so people will queue and then be told that they have to join the other queue first to sign in, this means many people will be queueing unnecessarily. People were also waiting in the corridor, some waiting for over an hour. This is not acceptable for frail or unable patients. MBW said the CCG and clinic providers are aware that the accommodation is unacceptable. The demand for service outweighs the building capacity. The long term plan is to find an alternative venue. <p>Action: MG to report back on interim measures</p> <p>NSFT’s recent CQC inspection failure was raised. MBW said that there is an absolute focus on the current service position for mental health provision. Quality visits are taking place with Clinical Leads for each, with a focus on staffing issues, working environment and systems/processes. We are also recruiting a specialist nurse. There is serious reflection and commitment to action.</p>

	<ul style="list-style-type: none"> It was mentioned that the CCG have changed the discharge terms so that the patient's record is completed within 3 days of discharge. Unfortunately this is still not happening within the mental health service, would it be possible to find out if NSFT have actually implemented that change? <p>Action: MG to find out if NSFT have implemented the new discharge terms</p> <ul style="list-style-type: none"> It was reported that the wellbeing service have been diagnosing patients over the phone, having not met those patients. This is done by using a form that gives scores – the patient will fill this in and if their score is worse than the previous time they filled one in, they are advised to attend a day course which is a group session. This is an unrealistic expectation for those suffering severe mental health issues and those who are too scared to be in a group setting. <p>Action: KS to investigate</p> <ul style="list-style-type: none"> SM reported that a lot of praise has been received for the Mental Health Outreach Worker post - if it works for homeless people who are generally very vulnerable and closed off, can't a similar approach be used at the wellbeing service? VTC attended IHUG last week and it was raised that the Ipswich Hospital have a superb Learning Disability Nurse for adults, however there isn't a post for a paediatric nurse who specialises in LD. Regarding the pathway for end of life care, there is very limited feedback as family members find the whole process very stressful and of course the patients who are receiving care are unable to comment on their experiences once they have passed away. Lots of gaps are making this care extremely difficult, which will become a growing issue for everyone in the future. <p>Actions: IC to have a chat with CW about the end of life care CM asked for MG to circulate new contact details to the group.</p>
	<p>Date of Next Meeting</p>
	<p>Tuesday 12th February 5:00 – 7:00pm at The Key, Ipswich</p>



Unconfirmed Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 22 January 2019, in public, at The John Peel Centre, Church Walk, Stowmarket, Suffolk

(This meeting was held with the Primary Care Commissioning Committee of West Suffolk CCG in line with 'in common' meeting arrangements)

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Steve Chicken	Lay Member
Maddie Baker-Woods	Chief Operating Officer, IESCCG
Ed Garratt	Chief Officer, IESCCG
Dr Lorna Kerr	Secondary Care Doctor, IESCCG
Jane Payling	Chief Finance Officer, IESCCG
Lucy James	NHS England
Simon Jones	Local Medical Committee
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	Chair of Ipswich and East Suffolk CCG

IN ATTENDANCE:

Mark Clinton	Senior Management Accountant
David Brown	Deputy Chief Operating Officer, IESCCG
Geoff Dobson	Lay Member: Governance, WSCCG
Jo Mael	Corporate Governance Officer, IESCCG
Claire Pemberton	Head of Primary Care, IESCCG
Caroline Procter	Primary Care Commissioning Manager, IESCCG
Lynda Tuck	Lay Member: Patient and Public Involvement, WSCCG
Lois Wreathall	Head of Primary Care, WSCCG

19/01 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Wendy Cooper	NHS England
Cllr James Reeder	Health and Wellbeing Board
Jane Webster	Acting Chief Contracts Officer
Andy Yacoub	Healthwatch

19/02 DECLARATIONS OF INTEREST

Dr Mark Shenton declared an interest as holder of a Personal Medical Services (PMS) contract.

19/03 MINUTES OF PREVIOUS MEETING

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 27 November 2018 were **approved** as a correct record.

19/04 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

19/05 GENERAL UPDATE

The Chief Operating Officer reported;

- The Committee paid a tribute to Stuart Smith, who had sadly passed away last week. Stuart had made an extensive contribution to primary care services during periods of employment with both the PCT and NHS England. Stuart was remembered as a kind, gentle, humorous and brave colleague.
- The recently published Long Term Plan, a summary of which was on today's agenda, had been presented to the STP Board and circulated to primary care colleagues. Further detail was expected.

19/06 ANNUAL REVIEW OF TERMS OF REFERENCE

The Chair advised that due to differing versions of the terms of reference being in circulation, further work would be carried out prior to their presentation to the March 2019 meeting.

19/07 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT

The Committee was in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

The report provided information and outlined ongoing actions in respect of the following areas;

- GP Access
- Public Health
- Prescribing and Medicines Management
- Severe Mental Illness Physical Health Checks
- Learning Disabilities (LD) Health Checks
- PMS Development Framework 2019/20

Key points highlighted during discussion included;

- There had been significant progress in relation to development of Integrated Neighbourhood Teams and it was intended that a more detailed report be provided to the March 2019 meeting.
- There had been an improvement in respect of severe mental illness physical health checks and best practice was being shared in relation to health checks for individuals with learning disabilities.
- In conjunction with the Local Medical Committee, Public Health and NHS England, the CCG continued to work to revise the PMS Development Framework for 2019/20.
- It was suggested that there might be benefit from obtaining a patient view in respect of Health Checks performance. Having discussed the issue with practices there appeared to be some coding issues and a link visit approach was being taken by Ipswich and East Suffolk CCG.

The Committee noted the content of the report **and requested** that attempt be made to produce more aligned reports for future 'in common' meetings.

19/08 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month nine for both CCGs.

Ipswich and East Suffolk CCG

At the end of month nine, the GP Delegated Budget spend was £257k over spent with other primary care indicating an under spend of £456k. Key variances and detail were set out in Section 2 of the report.

West Suffolk CCG

At the end of month nine, the GP Delegated Budget spend was £66k over spent, with other primary care indicating an under spend of £93k. Key variances and detail were set out in Section 2 of the report.

Other risks not reflected in the full year forecasts were further increases to list size, rent reimbursement and additional practice management support.

There was to be a 6% uplift to primary care delegated budgets next year although the detail of the uplift was awaited. There was a desire at STP level to see a move to recurring spend in primary care going forward and work was taking place with primary care to identify some proposals.

The Committee noted the financial performance at month nine.

19/09 CARE QUALITY COMMISSION (CQC)

The Committee was in receipt of a report which informed on the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions proposed to address issues, share good practice and enable continuous improvement.

The CQC was currently in Ipswich and East Suffolk conducting inspections of GP practices and since the previous report in November the following practices had been inspected and received their final report:

Hadleigh & Boxford	Inspected 23.10.18	Rating: Good
Felixstowe Road	Inspected 07.11.18	Rating: Requires Improvement
The Birches	Inspected 07.11.18	Rating: Requires Improvement
Barham & Claydon	Inspected 10.12.18	Rating: Good

Ravenswood Medical Practice had been inspected on 10 January 2019 and was awaiting its final report.

There had been a number of surprises in respect of the outcome of recent inspections and a review of feedback was to be carried out.

As reported at the last meeting, the planning of CCG led workshops had commenced. The first workshop would concentrate on infection control incorporating business and clinical processes.

Alongside the infection control workshop, an infection control clinical leads forum

was to be set up led by the CCG lead nurse. It was envisaged that meetings would be held during training and education afternoons and incorporate good practice and clinical audits.

Overall, Primary Care in Ipswich and East Suffolk remained good and above the national average for providing safe, high quality care for patients.

The Committee noted the report.

19/10 NHS LONG TERM PLAN AND PLANNING GUIDANCE SUMMARY

The Committee was in receipt of a report which provided an overview of key points from the Long Term Plan and went on to provide a summary of the Operational Planning 2019/20 guidance in relation to primary care.

Key points highlighted during discussion included;

- At least £4.5bn increase in funding was expected for primary and community care by 2023/24 with additional funding likely to come from CCGs.
- A 'shared savings scheme' would hand primary care networks part of any funding they saved by reducing avoidable A&E admissions, admissions, preventing delayed discharge or reducing avoidable outpatient visits or over-medication.
- GP practices would be expected to sign up to 'network contracts' that tied them into practice networks covering 30-50,000 patients. These contracts would sit alongside existing GMS, PMS or APMS contracts.
- Most local enhanced services commissioned by CCGs would be moved into network contracts rather than individual practices.
- A workforce implementation plan would be published later in 2019 once the government had set a budget for training, education and CPD.
- The CCG was already encouraging working at scale which put it in a good place going forward. However, collaborations currently in existence were not necessarily aligned to geographical area as indicated by the Plan and consideration might be required to sustaining both approaches.
- NHS 111 would be able to book patients directly into GP practices and appointments at pharmacies.
- Workforce and resourcing remained a key challenge and the position was similar within secondary care.

The Committee noted the report **and welcomed** further updates.

19/11 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place from 2.00pm – 4.00pm, on Wednesday, 27 March 2019, in the Conference Room, West Suffolk House, Bury St Edmunds, Suffolk – meeting to be held 'in common' with West Suffolk CCG's Primary Care Commissioning Committee

19/12 QUESTIONS FROM MEMBERS OF THE PUBLIC

Helen Armitage, Suffolk County Councillor drew attention to a pilot currently underway in respect of NHS 111 booking direct into pharmacies which, to date, had been successful. She asked why booking into GP practices might be a concern.

In response it was explained that technology across GP practices was not common. GP practices had already carried out extensive work in relation to

patient contact and decision making processes, and GPs tended to hold and manage risk from knowing their patients. As decisions within the 111 service were based on an algorithm which tended to be risk adverse, there was concern that direct booking might inappropriately increase activity levels. Detailed guidance was awaited.

**Ipswich & East Suffolk Clinical Commissioning Group
West Suffolk Clinical Commissioning Group**

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on
Thursday, 7 February 2019, 12.00pm in the Kersey Room, Endeavour House**

PRESENT

Steve Chicken (SC)	CCG Collaborative Group Chair
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
Geoff Dobson (GD)	Lay Member (Governance) West Suffolk CCG
Graham Leaf (GL)	Lay Member (Governance) Ipswich & East Suffolk CCG
Dr Mark Shenton (MS)	Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt (EG)	Chief Officer, Ipswich & East Suffolk and West Suffolk CCGs

IN ATTENDANCE

Jo Mael (JM)	Corporate Governance Officer
--------------	------------------------------

Minute	Action
---------------	---------------

19/001 Welcome and apologies

The Chair welcomed all to the meeting and there were no apologies for absence.

19/002 Declarations of Interest

No declarations of interest were received.

19/003 Minutes of meeting held on 6 December 2018

The minutes of a meeting held on the 6 December 2018 were **agreed** as a correct record.

19/004 Matters arising and review of action log

There were no matters arising and no outstanding actions.

19/005 Accountable Officer Update

The Collaborative Group was in receipt of a paper from the Chief Officer, which provided an update on the work of the CCGs. Points highlighted included;

Finance

- Both CCGs were delivering on plan.
- A transformation fund for 2019/20 was to be launched in February 2019.
- CCG allocations and control totals had been received.

Alliance Working

- STP governance work was on-going and included Alliance governance.

- Mental Health & Emotional Wellbeing strategy – the six week engagement exercise was complete and a paper had been presented to the Governing Bodies in January 2019 on the proposed future Suffolk model.
- A meeting had been held with NHS England and NHS Improvement to discuss strategy and launch a commissioning phase. The Regulators had been impressed with strategy but requested further work.

Primary Care

- GMS+ concept was being explored.
- Two practices in West Suffolk had received an 'outstanding' CQC rating, and two 'required improvement'
- One practice in Ipswich and East Suffolk had received an 'outstanding' CQC rating, and three 'required improvement'
- A Primary Care Navigator (dementia) post had been agreed in both East and West Suffolk.
- Work was required to review the new Primary Care Contract in respect of extended hours and it was anticipated that the CCG's Executives would receive more detailed reports in the near future.

Performance

- Cancer 62 day performance remained the biggest concern.
- There were concerns with regard to Care UK staffing levels.
- There had been good performance at both acute trusts over the Christmas/New Year period
- EEAST had performed well over winter to date, with good turnaround at hospitals.
- The Winter room was working well, managed by the Escalation Team.

Organisational Development

- The First Your Needs Met session had been held on 21 January 2019.
- Time to Change Pledge had been formally signed on 8 January 2019.
- Further development opportunities had been launched in January 2019.
- A Staff Reward and Recognition Policy was in development.
- CBE and MBE Awards for Stephen Dunn (WSHFT) and Barbara Gale (St Nicholas Hospice)

Quality

- NSFT service reviews were underway.
- SEND re-inspection had taken place on 21-23 January 2019.
- EEAST follow up risk summit had taken place on 21 January 2019
- E-Zec – work was ongoing to address patient experience. The Accountable Officer reported that the CCG continued to receive complaints in respect of the non-emergency patient transport service and the Executives would be asked to review the situation.
- The Group was informed that it had recently been reported to the Audit Committee that the internal audit of safeguarding had been delayed. The audit was required for completion by year-end. **The Chief Officer agreed** to pursue the matter with the Chief Nursing Officer.

EG

The Collaborative Group was pleased to note the content of the report.

The Group was in receipt of the Suffolk and Norfolk and Waveney Mental Health and Emotional Wellbeing Strategies Update and proposed way forward, together with a letter from NHS England in response to the Strategy.

The Accountable Officer reported that he had attended a ministerial meeting on 5 February 2019 and a further meeting had been convened for 7 April 2019.

19/007 Integrated Care System

The Committee was in receipt of the draft Stage Two Governance Framework for Suffolk and North East Essex Integrated Care System.

It was recognised that governance remained a key focus for development of the integrated care system going forward. Current work included development of a process to elect an Independent Chair and the Chairs Group was currently developing a job description for the role.

The Collaborative Group noted the content of the report.

19/008 Emotional Needs Audit Result

The Group was in receipt of the high level summary outcome of a recent emotional needs audit.

The results were positive and it was anticipated that a more detailed report would be provided to the CCG's Executives.

The CCGs were also currently going through assessment for Investors in People and were aiming to move from a 'gold' to 'platinum' award.

The Collaborative Group noted the content of the report.

19/009 Any Other Business

Audit Committee – IT

The Group was informed that, at its meeting held on 5 February 2019, the Audit Committee had received an update on cyber security. As a result of that discussion Audit Committee Members had highlighted the need for a greater strategic IT perspective and appropriate resourcing going forward. **The Accountable Officer was asked** to consider the appropriateness and feasibility of both recruitment of a CIO and facilitation of regular reporting to the Governing Bodies.

EG

'In Common' meetings

Having queried the progress of 'in common' meetings including North East Essex CCG, it was suggested that could be something for discussion at the forthcoming Lay Member Forum to be held at the end of February 2019.

**Lay
Members**

19/010 Date of Next Meeting

The next meeting of the CCG Collaborative Group was scheduled to take place on 4 April 2019 at 08.30am in the Kersey Room at Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX.



Decisions from a virtual meeting of the Ipswich and East Suffolk CCG Commissioning Governance Committee held on 22 January 2019

Commissioning Governance Committee Members:

Graham Leaf, Lay Member for Governance
Irene Macdonald, Lay Member for Patient and Public Engagement
Ed Garratt, Chief Officer
Dr Lorna Kerr, Secondary Care Doctor
Jane Payling, Chief Finance Officer

Declarations of Interest

No declarations of interest were received.

1 Version Change for Sentinel Software for GP Practice ECGs

Report No:
IESCCG/CGC 19-01

Decision

The Committee noted the report and approved the investment of £57,239.14 to upgrade 35 practices Sentinel Software.