

Report to the NHS Somerset Clinical Commissioning Group on 30 January 2020

Title: Committee Summary Reports	Enclosure O
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Version Number / Status:	N/A
Non-Executive Leads:	Committee Chairs
Clinical Lead:	Dr Ed Ford, Chairman
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Summary and Purpose of Paper

The Summary Reports set out the key issues as discussed by recent meetings of the Committees which have delegated authority from the Governing Body.

Recommendations and next steps

The NHS Somerset CCG Governing Body is asked to **Note** the Committee Summary Reports and to raise any items of concern or for clarification with the Committee Chairs.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	The summary reports for the Committees reporting to the Governing Body are published on the CCG's website.			
Financial / Resource	N/A			
Governance or Legal	The summary reports are published to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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CEC Core Brief

Date Prepared: 6 December 2019

Approved by: James Rimmer, Chief Executive

This Core Brief summarises the items discussed at the Clinical Executive Committee meeting held on Wednesday 4 December 2019

Finance Report (Scott Sealey)

Scott Sealey presented the Finance Overview, detailing the overall financial position for the CCG and the wider Somerset system for the period 1 April 2019 to 30 September 2019 and provided an analysis of the financial performance across the following areas:

- Summary Financial Position
- Financial Framework
- Quality, Innovation, Productivity and Prevention (QIPP)
- Somerset System Financial Position

Scott advised that as at month six of 2019/20:

- The CCG is on track with its financial position
- The first quarter's Commissioners Sustainability Fund (CSF) of £0.45m has been received, reducing the CCG planned deficit from £4.5m to £4.05m
- The projected receipt of the remainder of the CCG's CSF of £4.05 in this financial year should result in an in-year break-even position
- All System partners are currently forecasting delivery to plan for the financial year for 2019/20 at month six, however there is a projected deficit to control total of £13.1m at year end. The CCG and its providers are taking vigorous action to deliver an improved forecast position.

The CEC members noted the update.

Risk Management Strategy / Corporate Risk Register (David Freeman)

David Freeman presented the Risk Management Strategy (RMS) which provides the CCG with a structured and standardised method to proactively identify, assess, manage and report risks, in order to support the successful delivery of the CCG's strategic objectives. David advised the RMS is an integral part of good governance and management practice and has been developed to align with the CCG's values and behaviours.

David Freeman presented the Corporate Risk Register (By Exception) and highlighted one new risk (361, Harms from Falls) had been added to the CRR as Somerset has the second highest count of falls admissions in the South West for patients aged 65 or over.

The CEC members noted the RMS; and, approved the Corporate Risk Register.

Health Protection Incidents and Outbreaks: Somerset Memorandum of Understanding (Sandra Corry and Peter Osborne)

Sandra Corry confirmed the Health Protection Incidents and Outbreaks: Somerset Memorandum of Understanding (MOU) provides an update to the existing "in principle" arrangements to co-ordinate

any incident involving communicable or infectious disease, which present a real or possible risk to the health of the population and requires urgent investigation and treatment, to prevent further demand on services and avoidable morbidity and mortality.

Peter Osborne explained the aim of the MOU is to facilitate mutually supportive ways of working between signatory agencies, ensuring that clarification of organisational roles and responsibilities does not delay the response to a communicable disease incident or outbreak; and, this is achieved by providing an overview of key roles and responsibilities in relation to: Preparation; Response; Coordination; and Funding.

The CEC members supported the signing of the MOU; and, asked for further work to be undertaken on its annex.

Contralateral Breast Surgery (David Freeman and Rachael Rowe)

David Freeman and Rachael Rowe presented a paper entitled Contralateral Breast Cancer Surgery in Somerset to update the CEC members on the current position. It was noted that the CCG ceased funding contralateral breast surgery in 2016. The presentation compared the countywide position to that of other regional CCGs; and, recommended SCCG should fund this surgery.

The CEC members endorsed the recommendation that contralateral breast surgery is funded in Somerset.

Finance and Performance Committee Core Brief

Date Prepared: 14 January 2020

Approved by: Alison Henly, Director of Finance, Performance and Contracting

This Core Brief summarises the items discussed at the Finance and Performance Committee meeting held on 12 December 2019.

Integrated Quality, Safety and Performance report for the period 1 April – 31 October 2019

The Committee received the Integrated Report and were advised that work is ongoing to create an Integrated Quality, Safety and Performance report that will enable the Finance and Performance Committee and Governing Body to gain assurance that actions are achieving the desired outcomes.

Areas of Escalation were:

Medicines Value Programme

The Committee was joined by Shaun Green, Deputy Director of Clinical Effectiveness and Medicines Management, to receive an update on the Medicines Value Programme.

Shaun's role is to work across the Somerset system to get the best value out of the total budget that is available. This is not just around cutting cost, but is about getting best value, improving diagnosis, prescribing the right medicine and achieving the best outcomes for the patient.

The focus has been on ensuring patients do not get over prescribed medicines, coupled with the interactions multiple medicines can cause. Some medicines have higher risks than others, and part of the strategy is working with primary and secondary care to ensure medicines are monitored appropriately.

Locally, in Somerset, we are effective in our spending both in primary care and in secondary care.

The data presented shows that the South West has had the best uptake of the biosimilars, which tend to be about 10-15% less than the cost of the original, equating to millions of pounds worth of savings.

It was noted that the primary care cost of prescription drugs are higher than secondary care which is normal. Shaun reported that we spend about £80m on primary care drugs, and about £10m worth of high cost secondary care drugs. The CCG spends about 15% less than the national average in primary care, equating to £12-13m less than the average. This has been achieved in Somerset by working with, and supporting practices to implement best practice.

A lot of the work going on is to try and stop medicines related admissions, and harm. Some great results are coming out from respiratory work being undertaken with practices, with a reduction in respiratory emergency admissions.

Shaun Green added highlighted that the team won a national award for the quality of monitoring of some of the more dangerous rheumatology drugs, working with primary care to support the initiative.

SWAST Deep Dive

Michelle Skillings presented the deep dive analysis undertaken into SWAST data. Demand is increasing against the break glass clause which is the penalty incurred by the CCG if we go above our contracted levels.

The GP 999 car was discussed, noting that the activity for the 999 car is around 179 incidents per month, and over the 6 month period to September 2019 dealt with 1,071 incidents, making up about 2% of the overall calls into SWAST.

If we can reduce the demand going into the 999 service, particularly around low acuity conditions, this will free up the ambulances to get to patients quicker to take them into hospital, which increases the turnaround.

As one of the nine CCG's commissioning SWAST services, we have invested in more vehicles and crews which are on the road, but SWAST are still struggling in terms of the increase in demand.

David Freeman updated that it has been agreed across the South West that Dorset CCG will be host commissioner for the 999 ambulance service, which will provide more robust commissioning through a new joint ambulance commissioning committee which is meeting bi-monthly with the next meeting in January. As part of that, we have also agreed that we will fund a little extra to support the transformation across the South West. This will enable us to work jointly with our neighbouring partners to support the needed transformation to improve response times, crew availability, shift fill. Some of the investments we have put in are only just starting to have the impact we had hoped.

Cancer Performance

Michelle Skillings reported that a meeting had taken place with the CCG's cancer team to start exploring how we can start to develop an improvement trajectory with the providers to understand what impact the work currently being undertaken is going to have on our projected performance. The group is meeting on a monthly basis to continue this work and the progress will be reported to the next Finance and Performance Committee.

One of the key issues with cancer performance is in respect of endoscopy and dermatology, which are having a consequential impact into our 2 week and 62 day performance.

In respect of endoscopy, a lot of work is being undertaken and a detailed discussion took place on the 11 December at the System Performance Group. In respect of capacity being made available, from January 2020 there are a number of actions in respect of endoscopy capacity that will significantly increase the level of capacity, including additional nurse endoscopists and new staffing at the Bridgwater unit. NHS England/Improvement have allocated funding to help improve the position. This funding will be focused on increasing

diagnostic endoscopy capacity to improve the RTT pathway and the cancer 2 week waits.

The dermatology position at Yeovil District Hospital showed a significant decline in August, and into September, although October performance improved almost back to the expected level, with November performance now back above 92%.

David Freeman updated the Committee on the discussion at the System Performance Group around the surge in cancer demand, some of it driven by changes in the threshold, but there have also been a greater number of suspected cancer referrals. Taunton and Somerset NHS Foundation Trust has identified that the age group for people with colorectal cancer is dropping significantly so there now are lots of young people being identified earlier. The System Performance Group agreed that they would ask colleagues, including Public Health, to help us understand what was behind this. This will be further discussed at the System Performance Group in January.

Long Waits

Michelle Skillings presented the Committee with an update on long waits showing a slightly improving position in October.

David Freeman updated that a deep dive had taken place at the System Performance Group, with two key actions to highlight. The first recognising that patients can choose to delay treatment and secondly, an impact from a national maxillofacial capacity challenges. The System Performance Group agreed that as these could not be easily influenced the focus should be on those things we can directly influence.

The Committee highlighted the need to be assured that patients are safe while they are waiting for their appointment.

The Committee noted that the System Performance Group have requested that Specialised Commissioning attend the next meeting to understand what they are doing for patients waiting for clinical immunology and maxillofacial treatment.

Diagnostics

Michelle Skillings reported that the position on diagnostics is improving. A revised trajectory was developed at the end of August for Taunton and Somerset Foundation Trust and we are now monitoring against this. The Trust performance is better than the trajectory. There are a significant reduction in the number of MRI breaches as a result of the scanner coming back into operational use and the continuation of mobile capacity.

There are now firmer plans for endoscopy, with increased capacity from January. There is additional funding being made available, for the Trust to accelerate other options to further improve diagnostic performance by the end of March.

Month 7 CCG Financial Performance

The Committee received the Month 7 Finance Report confirming that the CCG is forecasting delivery to plan for the year.

The areas where the forecast has changed from month 6 are:

- Acute commissioning – the majority of movement is relating to the under delivery against delivering the planned QIPP on independent sector activity;
- Prescribing – the latest set of data for GP prescribing is evidencing that the increase in prices for Cat M drugs is now having an impact, and as a result of this the risk of £1.2m has been brought into the position. We have also assumed within the outturn that we will receive national support to recognise this;
- The risk position has also reduced to recognise that we have identified some benefits to offset the unidentified QIPP, relating to one off benefits due to the investments funding built into the plan not being committed in year;
- Additional national funding to recognise the uplift in the Better Care Fund was greater than we had planned and
- A reduced risk around Out of County contracts because we have increased the actual forecast outturn.

A discussion followed on the review that Sandra Corry is taking forward with regard to the LD cases.

Karen Taylor was able to report that the review is due to finish in February. The committee raised concern that the briefing which was available made no mention of value for money. It was agreed that this would be reviewed and a further update will be brought to the March meeting.

There is no change with regard to the system outturn position at month 7, which is still reporting delivery to plans, and the risks are the same as they were previously with the biggest areas being delivery of CIP, winter and the cost of emergency activity. There are also a few smaller areas being identified around medical staffing and 52 week wait fines.

Grip and Control

At the South West Directors of Finance meeting in September 2019 NHSEngland/Improvement agreed to develop a checklist for systems to use as part of a peer check and challenge review on financial governance between organisations.

The Somerset STP has completed this, through the System Finance Group, and subsequently completed a peer review of each organisations response.

A meeting of the Somerset DoFs and the Chairs of the Finance and Performance Committees across the health organisations is currently being arranged.

Finance, Performance, Contracting and Commissioning Risk Register

The Committee received the Risk Register showing risks rated 15 and above, which are regularly updated and fed into the Board Assurance Framework. A through discussion followed on each risk to understand the position and mitigating actions being taken.

It was agreed that the Finance and Performance Committee would look at all risks of 16

and above at the next meeting.

Any Other Business

Carmen Chadwick-Cox presented a concise summary on the Nuffield Hospital, Taunton, contract extension. A discussion took place at the November Committee meeting on whether to extend the contract, or not, and further advice has been sought from NHS England/Improvement in respect of issuing a contract extension.

Following a discussion, the Committee agreed that the contract with the Nuffield should be extended in line with national advice.

PCCC Core Brief

Date Prepared: 23 January 2020

Approved by: Alison Henly, Director of Finance, Performance and Contracting

This Core Brief summarises the items discussed at the Somerset Primary Care Commissioning Committee Part A meeting held on Monday 13 January 2020.

Beckington Family Practice – Branch Surgery Closure (Adam Hann, Somerset CCG)

Adam Hann provided an overview of the Branch Surgery Closure, noting that the branch:

- is 6 miles from the main surgery; and
- had been temporarily closed since April 2018, due to the CQC visit findings, which deemed the premises as noncompliant with infection control and health and safety standards.

This is the second application made to close the branch surgery, due to the first application being declined by NHS England due to the lack of patient engagement which has subsequently been undertaken. The Committee discussed the points raised in the patient engagement in depth. It was also noted that the LMC, and neighbouring practices (in Winsley) had not expressed concerns about the closure.

Discussion took place around how patients were consulted, with Adam confirming the numerous arrangements put in place. It was noted that accessibility was an issue, and that the current branch surgery does not provide the level of access required. The Committee received assurance that during the temporary closure period (approximately 18 months), there had been no harm to patients.

Following a detailed discussion, the Committee agreed with the recommendation to close the branch surgery.

Beckington Family Practice – Branch Surgery Opening (Adam Hann, Somerset CCG)

Adam Hann provided an overview of the paper, which noted that the proposed branch would be a purpose built premises as part of the new Village Hall project which would be open for 15 hours a week. The paper included patient feedback, including transport arrangements, village amenity and appointment. Adam provided an overview of the engagement done by the practice.

Adam highlighted the 3 strategic priorities for the CCG, noting that opening a further branch surgery from Beckington was not in line with the strategic priorities. Discussion was held around the workforce and the implications of stretching the already fragile workforce across 3 sites.

Premises were discussed, with the proposal for a long term lease. Dispensing rights still sit with NHS England who were unable to confirm if this would be approved to continue. Michael Bainbridge read out 2 emails providing comments on the proposal from 2 trustees of the Freshford Village Hall which detailed their disappointment in the recommendation for the paper. A Trustee of the Hall also presented at the meeting.

The Committee held detailed discussion around the areas of concern in opening the new premises, including value for money, viability of the ongoing workforce, governance arrangements and the sustainability of their dispensing. It was agreed that more information would be required about the various concerns raised before a decision can be made.

The Committee agreed to defer the paper to find out further information about the issues.

Improving Quality in Primary Care (Karen Taylor, Somerset CCG)

Karen Taylor noted the updates in the report which included; information on how the CCG responds to CQC visits and any concerns raised, the QOF Quality Improvement Training being offered, the nurse Ten Point action plan, the movement away from GP with Special Interest training to GP with Extended Roles, a response to previous concerns raised about infection prevention and control, recognising the change in CQC visits and how they are conducted; as well as an update on 2 specific practices rated by the CQC as inadequate.

Karen explained the support package developed by the CCG to support practices to prepare for CQC visits. The Committee discussed the value of the Assurance Framework visits with Tanya confirming that some corresponding areas are reviewed. The LMC also play a key role in supporting practices. There was also discussion about potential mentorship between practices through the PCN arrangement, with the Committee noting that this may be possible once the PCNs are better established.

Primary Care Update (Tanya Whittle and Michael Bainbridge, Somerset CCG)

Tanya Whittle provided a brief overview specifically noting that North Petherton has now integrated with the Alliance and that the extraordinary panel of the Somerset Primary Care Commissioning Committee approved the Wells merger application. Other items covered in the report included temporary practice closures, practice boundary considerations, an updated list of scheduled assurance framework visits, further information around managing patient lists and an update from the Primary Care Operational Group discussions. Tanya drew attention to the adjustment of Dr Jon Upton's dermatology clinics moving from Orchard Medical Centre (a branch of St James Medical Centre) to French Weir Medical Centre.

Primary Care Finance (Alison Henly, Somerset CCG)

Alison Henly noted that the report included budgets relating to both delegated and non-delegated activity. It was reported that the overall spend relating to delegated budgets is forecasted to be balanced due to a reduction in contingency funding which has been used to cover any slippage.

Somerset Winter Plan 2019/20 (Rebecca Keating, Somerset CCG)

Rebecca Keating provided an overview of the winter plan, noting that it was first reviewed in September by the Urgent Care Operational Group. It was shared that the plan had also been submitted to NHS England and Improvement on 4 October. Rebecca shared that a winter planning workshop had taken place on 17 October to stress test the plan, and it was agreed that there would be the development of Exception Actions for periods of sustained OPEL 4 escalation, and that work on this is still progressing. Feedback from NHS England and Improvement praised the plan.

The Committee agreed it would like to receive updates on the winter plan, but requested that a primary care strategy for winter be developed and an update will be provided in the summer.

Audit Committee Core Brief

Date Prepared: 14 January 2020

Approved by: Alison Henly, Director of Finance, Performance and Contracting

This Core Brief summarises the items discussed at the Somerset CCG Audit Committee meeting held on Wednesday, 11 December 2019

Terms of Reference

The Director of Finance, Performance and Contracting presented the Terms of Reference for the Audit Committee, following an amendment these were approved by the Committee.

Internal Audit

BDO, the CCG's Internal Auditors, presented their progress report setting out progress made against the 2019/20 Internal Audit Plan, summarising the work undertaken, together with an assessment of the systems reviewed and recommendations made.

As a result of the requirement for an independent audit to be undertaken on the Data Security and Protection toolkit, a further 15 days have been agreed with the Director of Finance in order to complete this audit. This audit has been mandated by NHS Digital for all parties who are handling patient data and additional time has been built into the Internal Audit work programme in respect of this.

Somerset CCG has been chosen as a test site, with PwC working with NHS Digital, to create a new version of the data protection and assessment toolkit assessment which is a very comprehensive exercise. This work will be funded by NHS Digital, and feedback will be provided as part of this process.

Internal Audit is continuing their seminar programme into 2020 to include contract management and third party risk, as well as cyber security. Invitations to the seminars will be sent shortly to Audit Committee members.

The report also included a Sector Update summarising recent publications and emerging issues including:

- Personal Health Budgets
- Creating Healthy Places

The Follow Up of Recommendations report was also presented summarising the progress of actions undertaken against recommendations made in individual audit reports.

Internal Audit also presented a report on Continuing Care (Children) where substantial assurance on design and operational effectiveness has been given, continuing on the work from last year when moderate assurance was given, and demonstrating the learning that has been taken forward.

Internal Audit presented their Evidence Based Interventions (EBI) report looking at processes and procedures. Overall, moderate assurance was given for both design and operational effectiveness, with two medium and one low rated findings. A number of good practices were noted.

Sherrie Wild, Head of EBI, joined the meeting to provide further detail on the EBI Service Improvement Plan 2019/20 which provided details of the actions being undertaken to address the findings from the Internal Audit report.

A quarterly Steering Group has recently been set up comprising of representation from the contract, finance, EBI and quality team and shared key performance indicators have been agreed. The governance and accountability for clinical audits is planned to be discussed at the Quality Assurance Committee in February.

External Audit

Grant Thornton, the CCG's External Auditors, presented their progress report setting out progress made against the 2019/20.

Attention is now being given to the 2019/20 audit and the Audit Plan will be brought to the February meeting. This will outline process for the 2019/20 audit of the accounts and value for money conclusion.

A meeting has taken place between External Audit and the Finance Team to set out expectations for the 2019/20 audit, learning from the issues coming out of last year's audit and ensuring better integration between the teams.

Alison Henly updated the Audit Committee that the Annual Accounts and Annual Report are due to be submitted on 27 May 2020. The CCG has agreed that it will therefore hold both the Audit Committee and Governing Body on 21 May 2020.

External Audit presented their report summarising the results of the independent review on the assurance of the CCG's Mental Health Improvement Standard Compliance Statement. A clean opinion was given on the Compliance Statement and the CCG are waiting for confirmation of publication arrangements from the Department of Health.

Counter Fraud

Counter Fraud presented their progress report setting out progress made against the 2019/20 Counter Fraud work plan.

Each year Counter Fraud reviews the counter fraud arrangements at our provider organisations. Counter Fraud updated the committee on the updates received since the report was produced.

Counter Fraud presented the draft Terms of Reference for the CHC/PHB review work, following an allegation that CHC funding was being used inappropriately. The contract is managed by the Local Authority, and a joint scope has been drafted for a piece of work to gain assurance over the contracts managed on behalf of the CCG.

Somerset Clinical Commissioning Group Expenditure above £25,000

Alison Henly presented the Somerset CCG's expenditure over £25,000 report following a public question received at the last Governing Body. The Committee focused on the process and information contained in the published report.

This report is published on the CCG's website every month showing expenditure over £25,000, and follows national guidance.

The Audit Committee reviewed the specific question asked, and responses given at the Governing Body, relating to consultancy expenditure.

The Audit Committee noted the three actions agreed at the Governing Body:

- to include a footnote at the bottom to clarify the basis of the reporting, to clarify it is on a gross basis but could include recharges to organisations
- to take the latest report to the Audit Committee to review
- to review the Procurement Register

Alison Henly reported that a report is taken to the monthly Finance and Performance Committee showing programme expenditure, detailing areas of expenditure and variances to plan, and the reasons for this. A Core Brief is also prepared following the Finance and Performance Committee which goes to the Governing Body.

Counter Fraud asked a question around whether having this much information in the public domain could potentially create a fraud risk. A meeting has been arranged with Counter Fraud to take this concern forward.

The Audit Committee agreed that it was content with the information being prepared and published in respect of expenditure >£25,000.

Request for Waiver of Standing Orders

The Audit Committee received a schedule of the Requests for Waiver of Standing Orders received since the last meeting in September 2019.

Waivers of Standing Orders are required where the procurement requirement to request 3 quotes has not been followed. The Director of Finance reviews each application and challenges the basis of the decision. These are then subsequently shared with the Audit Committee to ensure if further challenge should have been made, then this will be brought into the process moving forward.

Risk Management Strategy Policy

Claire Miller, Interim Risk and Assurance Manager, attended the Audit Committee to provide an update on the work done to date on the CCG Risk Management Strategy.

The purpose of the Strategy is to provide the CCG with a structured and standardised

method around the proactive identification, assessment and management of reporting of risks. It forms an integral part of good governance and has been developed to align with the CCG's Value and Behaviours in order to improve our risk culture.

This will underpin the CCG's ability to provide assurance for our key objectives, and reinforce what we believe we know, and that we are doing what we should be doing.

The risk assessment model is being tested and focused on strengthening the approach to assurance and controls. This will focus on new requirements to capture gaps in assurance and controls, delivery dates and the need to describe how these will be addressed. This will be supported through the training and data capture that will be much clearer.

To support this, each team will have a risk champion. These are people that will act as the 'go to' person for queries risk related and they will have detailed training, so that the knowledge and skill is embedded within the organisation.

Digital Update

Allison Nation, Associate Director – Digital Strategy, joined the meeting together with Julie Hill, Digital Programme Officer, to update the Committee on the digital portfolio.

A summary was presented providing an annual update on the progress and achievements of the CCG's Digital Team during 2018/19.

The summary highlighted the good work that has already been undertaken by the digital team within the CCG, supported by the CSU, including the key milestones delivered.

This work is overseen by the Somerset Digital Delivery Board, which includes representation from each of the Somerset health organisations.

Standards of Business Conduct and Managing Conflicts of Interest Policy and Acceptance of Gifts and Hospitality / Commercial Sponsorship Policy and Procedure

The CCG policies for Standards of Business Conduct and Managing Conflicts of Interest and Gifts and Hospitality were presented to the Audit Committee for approval by Peter Osborne following their annual review.

The policies have been updated to reflect changes within the CCG in terms of governance system and officer titles. The Gifts and Hospitality Policy also incorporates an updated Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry.

The Audit Committee asked Peter Osborne to how these policies took into account the interests of general practice to ensure every GP is registered to declare their interest.

Disclosure of Payments or Benefit in Kind from a Pharmaceutical Company

The Committee reviewed the annual disclosure of payments or benefit in kind from a pharmaceutical company report.