

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF EXECUTIVE COMMITTEE**  
Thursday 31 January 2019, 09:30 – 11:30  
Conference Room, Rosehill, Carlisle. CA1 2SE

Present:	David Rogers	Interim Accountable Officer & Medical Director (DR)
	Anna Stabler	Director of Nursing & Quality (AS)
Joined by phone	Caroline Rea	Director of Primary Care & ICC Development (CR)
	Niall McGreevy	ICC GP Lead (NMcN)
Joined by phone	Eve Miles	ICC GP Lead (EM)
	Colin Patterson	GP Lead (CP)
	Peter Rooney	Chief Operating Officer (PR)
	Charles Welbourn	Chief Finance Officer (CW)

In Attendance:  
First 3 Items only Brenda Thomas Governing Body Support Officer

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EC 1/19 **AGENDA ITEM 1: Welcome & Apologies**

The Chair welcomed everyone to the meeting.

Apologies were received from Eleanor Hodgson, Director of Childrens & Families, Helen Horton, GP Lead and Amanda Boardman, GP Lead.

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EC 2/19 **AGENDA ITEM 2: Declarations of Interest**

The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS North Cumbria Clinical Commission Group. Interests declared by members of the Executive Committee are listed in the CCG's Register of Interest. The register is available either via the Governing Body Support Officer or the CCG website at the following link:

<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/index.aspx>

**Declarations made at this meeting:**

There were no new interests declared at the meeting.

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EC 3/19     **AGENDA ITEM 3: Draft Minutes & Action Log of the meeting held on 20 December 2019**

**Resolved:** The minutes of the last meeting were agreed as an accurate record.

**Action Log:**

**Oncology Provision**

Still waiting for information from the Trusts. Ray Beal-Pratt & Anita Barker still chasing. EM advised of an issue around not being able to speak to an oncologist and it was agreed she would report this through the SIRMS (Serious Incident Reporting Management System) and AS would pick up with the Trust.

**IT Update**

Still awaiting a response to the letter submitted to Mark Jones regarding the EMIS/RIO debate. CP to discuss with Helen Horton & Gareth Coakley.

**Performance Report**

Action EC 122/18 and EC 135/18 - both completed and to be removed from the log.

**AOB**

EC 136/18 - now completed and to be removed from the log.

EC 147/18 – all appropriate letters have been sent and responses considered. Action now completed and to be removed from the log.

**Action Log:** Updated accordingly.

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EC 4/19     **AGENDA ITEM 4: Serious Incident Closure Panel Terms of Reference (ToRs)**

AS presented the report advising that this was the CCG moving to work in a more cohesive joined up way with the Trusts. Members from both Cumbria Partnership Foundation Trust (CPFT) and North Cumbria University Hospital Trust (NCUHT) would be represented on the panel. It was also confirmed that the learning from death reports, from the LeDr Programme, had been included into the document but otherwise there were no major changes to the ToRs. In addition it was advised that now the CCG had responsibility for the report of serious incidents in Primary Care these would also be heard at this panel. CP stated that this had been developed to ensure effective management of serious incidents both through the Trusts and the CCG. AS advised that this panel would report to the system wide quality meeting and through to the Governing Body.

There were a number of small typing errors highlighted and AS noted these and would amend accordingly.

Proposed by Colin Patterson, seconded by Peter Rooney;

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**Resolved:** The Serious Incident Closure Panel Terms of Reference appended to the report be approved subject to the minor modifications discussed.

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EC 5/19

**AGENDA ITEM 5: STOMP (Stopping the over Medication of People with a learning disability, autism or both) /STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) Pledge**

AS circulated the pledge and advised that they were looking for the CCG to sign up to the Stomp and Stamp pledge to stop the over medication of young people with a learning disability with psychotropic drugs. In addition they were looking to work with the Communication Team to encourage General Practices in North Cumbria to also sign up to the pledge which would help to improve the lives of the young people out there with a learning disability.

Discussion ensued and it was agreed that there was no reason why the CCG should not sign up to this pledge. AS advised that the CCG had created a disability and autism page on its website and this pledge along with all other relevant information would be posted on that page. CR confirmed that the CCG's Medicine Management Lead was fully supportive of this pledge and was best placed to help drive this forward. In response to a question from CW, AS advised that a base line audit had been undertaken and once further work had been completed another audit would be undertaken and the outcomes would be reported back to this Committee.

**Actions:**

1. A short briefing note to be presented to the Executive Committee around what the Medicines Management Team would be doing to assist the practices in signing up to/implementing this pledge including timelines for another baseline audit to be undertaken to evaluate success.
2. A follow up audit be undertaken at an appropriate time (timeline to be included in above report) and a comparable report based on the original audit to be brought to the Committee once completed.

**Resolved:** The CCG sign up to the STOMP/STAMP pledge and the work required to get General Practice signed up be undertaken.

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EC 6/19

**AGENDA ITEM 6: Finance Report December 2018**

CW presented the report advising that the financial position remained the same as it had been for the last three months. Still experiencing pressures in Continuing Health Care (CHC) which was being offset by prescribing savings. The CCG's contingency was being utilised to make good the Cost Improvement Programme (CIP) from the Integrated Care Communities (ICCs). This was because until they were fully established this money could not be taken out of NCUHT funding. He also confirmed that the CCG continued to work to help solve some of the cost pressures across the North Cumbria Health System. In response to a question, CW confirmed that the system had received £7.9 million of the £9 million transition funding.

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Discussion ensued around the risk of the CHC packages and it was agreed that an update report would be brought to a future meeting of the Committee which would highlight the risks and the processes being undertaken to mitigate them.

CR advised that the new GP contract was being released today and once received there could be financial implications which would need to be included in the budget planning for 2019/20.

**Resolved:** The update be noted.

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EC 7/19 **AGENDA ITEM 7: Performance Report**

PR presented the report advising that the format had been change to provide a more system wide report. PR highlighted the following items which could be found on page 2 of the main report:

- Good improvement towards meeting the dementia diagnosis target.
- A&E - whilst still a long way off the required national target, the North Cumbria System was doing a lot better than most comparatives and definitely better than the national average for achieving this standard.
- There were still significant challenges around all the cancer standards and further work was being undertaken to look at this.

Discussion ensued around the improvements in A&E and how this had impacted on the conversation figures. It was acknowledged that the A&E delivery board would need to look at this.

The challenges around the cancer standards were also discussed and again nationally this was an area of concern. It was agreed that the CCG needed to look beyond the standards and establish what was going to make a difference to our populations. This could include targeted approaches to early detection and looking at how we commission cancer services differently in the future.

In response to a question from CP, CW confirmed that the new ambulance standards had been contained in the performance report for number of months. North West Ambulance's performance was the highest in the north. This was due to the employment of additional paramedics. However, it was acknowledged that as most of these were EU and not UK nationals there could be a risk due to Brexit. Discussion ensued around the 7 minute standard. It was confirmed that evidence showed at least 54% of incidents took place more than 8 minutes away from an ambulance station and, despite best efforts to locate ambulances in strategic places like close to the M6, in a geographical area such as Cumbria achieving that standard would be challenging.

Discussion ensued around the Quality Premiums on page 11 of the main report. It was acknowledge that whilst there was a lot of work done around these areas it was not always articulated. Therefore it was agreed that it would be logical for that information to be contained in the commentary of the report.

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**Resolved:** The updated was noted.

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EC 8/19    **AGENDA ITEM 8: Any Other Business**

AS advised that the National Maternity Survey results were out this week and North Cumbria had scored higher than the national average in four areas and there were no other areas were less than the national average.

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EC 9/19    **AGENDA ITEM 12: Date & time of next meeting**

09:30 on Thursday 28 February 2019 at Ann Burrow Thomas, South William Street, Workington. CA14 2ED

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Meeting closed at 10.35