

West Essex Clinical Commissioning Group Board Meeting in Public

Date: Thursday 28th March 2019
Time: 9am to 12.30pm
Location: Conference Room, Harlow Health Resource Centre

Attendees:	Initials:	Role
Dr Rob Gerlis (Chair)	RG	CCG Chair
Dr Angus Henderson	AH	Clinical Vice Chair
Dr Kamal Bishai	KB	GP Board Member
Cllr Terry Cutmore	TCu	Member of Essex County Council
Andrew Geldard	AG	Chief Officer
Bobbie Graham	BG	Lay Member, PPE
Stephen King	SK	Lay Member, Governance and Deputy CCG Chair
Toni Coles	TC	Director of Transformation
David McConnell	DMc	Lay Member, Primary Care
Dr Christine Moss	CM	Chief Medical Officer
Maggie Pacini	MP	Consultant in Public Health
Dr Ian Perry	IP	GP Board Member
Ian Tompkins	IT	Associate Director of Corporate Services
John Leslie	JL	Interim Director of Finance, Contracting and Performance
Peter Wightman	PW	Director of Primary Care and Localities
Duncan Forsyth	DF	Secondary Care Consultant
In attendance:		
David Wallace	DW	Deputy Director of Nursing and Quality
James Roach	JR	Programme Director, Integrated Care
Sharon Church	SC	Minutes
Gail Walker	GW	Head of Continuing Healthcare
Louise Thomas	LT	Assistant Director of Workforce
Apologies:		
Dr Amik Aneja	AA	GP Board Member
Peter Boylan	PB	Lay Member, Quality
Jane Kinniburgh	JK	Director of Nursing and Quality
Cllr Gagan Mohindra	GM	West Essex District Councils Representative
Dr Jen West	JW	GP Board Member
Members of the Public:		
Ray Woodcock		Member of the public
Arthur Moody		Ongar Patient Forum

Item No	Agenda Item
022/19	Declaration of Interest
022.01/19	RG 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 West Essex Clinical Commissioning Group.
022.02/19	Declarations made by members of the West Essex Clinical Commissioning Group Board are listed in the CCG's Register of Interests. The Register is available

	<p>either via the secretary to the governing body or the CCG's website at the following link: https://westessexccg.nhs.uk/news-and-publications/publications/registers-and-declarations/board-and-subcommittee-registers-of-interest</p>
023/19	Minutes of Meeting of the West Essex Clinical Commissioning Group Board on 31st January 2019
023.01/19	The minutes of the meeting on 31 st January 2019 were agreed as a true and accurate record.
024/19	Matters arising from the minutes of the last Board meeting (not covered by the agenda
024.01/19	105.05/18 IT confirmed that an update will be provided at the May meeting on progress to engage with the younger population – action closed.
024.02/19	113.01/18 IT confirmed that an update will be provided at the May meeting following a review of strategic risks at the April Board Development session – action closed.
024.03/19	008.25/19 JL confirmed that local data regarding the East of England Ambulance Service is included in this month's Chief Officer's Report – action closed.
024.04/19	008.33/19 Following concern expressed at the last meeting regarding the specialist pool of healthcare assistants to meet the needs of people who have distress within secondary care, DW reported on behalf of JK that the Director of Nursing at PAH confirmed that the pool will not provide a comprehensive level across the organisation which would negate the requirement for specialist skills at ward level. Anyone from the pool allocated to a patient would be under the direct supervision of a registered practitioner – action closed.
024.05/19	008.36/19 Following concern expressed at the last meeting regarding families transferring to Essex, PW confirmed that a health needs assessment is currently being carried out. Once the information is available from this, it is intended to develop a joint plan with ECC to address the issues. The Harlow membership are aware of the impact and AG requested a briefing advising of the results from the health needs assessment, and gaps identified, prior to him and RG meeting with Robert Halfon at the end of April. Action: Peter Wightman
024.06/19	TCu advised that the transfer of families to Essex is an ongoing problem for many of the Essex authorities and they have written to the Mayor of London to express their joint concerns. Dr Angus Henderson joined the meeting.
024.07/19	012.08/19 AG reminded the Board that as a result of the change in the former North East Essex arrangements for mental health which was raised by SK at the last meeting, this prompted the CCG to review other arrangements in Essex and their level of robustness. This piece of work will be prepared for review at the Executive Committee with the aim of presenting to the Board in May. Action: John Leslie

024.08/19	016.08/19 CM confirmed that a meeting has been arranged with ECC to review the objectives of the Consultant in Public Health – action closed.
<p>025/19</p> <p>025.01/19</p> <p>025.02/19</p> <p>025.03/19</p> <p>025.04/19</p> <p>025.05/19</p>	<p>Patient Stories</p> <p>BG shared two patient stories with the Board.</p> <p>The first story related to a patient with longstanding back issues who experienced problems getting an appointment with his GP. He did not want to go to the Hub as he wanted to see the same GP for continuity of care. He missed a telephone appointment and was told that a further telephone appointment was not available for a further 6 weeks. The Patient Experience Team contacted the GP, following which the patient was contacted by the Practice Manager. He was given an appointment to attend the surgery and a referral was made for him to see a spinal specialist.</p> <p>RG noted that it is not uncommon to be unable to contact a patient for a telephone appointment and it is the responsibility of the patient to be available. The Board discussed the willingness of a patient to provide sufficient information which can sometimes make it possible to make a referral as a result of a telephone call. CM advised that the ICP work around musko skeletal will provide a patient with access to a more effective pathway. PW informed the Board that primary care networks will be responsible for GP access from April 2021 and DW confirmed that the wider primary care workforce will need to be trained to capture key relevant information. It was also noted that with electronic access, the GP loses the control as to whether the appointment is appropriate and the patient may go to the wrong place.</p> <p>The second story related to a call from an aunt on behalf of her nephew with learning difficulties who has varicose ulcers. He sees a vascular consultant every 3-4 weeks at the surgery and receives a visit from the district nurse once a week. On the recommendation of the vascular surgeon, the GP made a referral to the Accelerate Clinic in Mile End which was rejected as the patient was out of area and not funded. The Patient Experience Team established that an individual funding request would need to be made. They liaised with the GP to arrange for the request to be made, which was approved by the CCG and the patient received the care he required at the Accelerate Clinic. RG noted that this appears to be a systems or process issue. CM confirmed that the processes are in place as requests are sometimes received for treatments that do not have proven value and also to protect patients from being signposted to something they will not benefit from. MP also noted that clinicians should recognise their responsibility to make the appropriate funding request.</p> <p>The Board noted the patient stories.</p>
<p>026/19</p> <p>026.01/19</p>	<p>Chair's Report</p> <p>RG reported that he and AG attended a briefing session with Epping Forest & Harlow Councils and they will also meet with Uttlesford Council. He noted that the new housing is an important issue and the CCG is also working with the Council regarding the integrated care alliance. The MSK and pain pathway were launched at the shutdown in February. RG advised that he met with North Thames Research in his role as the CCG's lead for research. He also carried out mid-year</p>

<p>026.02/19</p>	<p>appraisals with the Lay Members and Board Clinicians. RG attended a number of STP meetings with colleagues in Herts. He was also on the interview panel for an STP Clinical Director and an appointment was made subject to ratification. Various meetings have also taken place with clinicians, AOs and Chairs of the 3 CCGs to discuss how West Essex fits in to the wider footprint and to ensure the interests of West Essex are looked after. Finally, RG reported that he met with NHS England and they are currently going through a reorganisation.</p> <p>The Board noted the Chair's report.</p>
<p>027/19</p> <p>027.01/19</p> <p>027.02/19</p> <p>027.03/19</p> <p>027.04/19</p> <p>027.05/19</p> <p>027.06/19</p> <p>027.07/19</p>	<p>Chief Officer Report</p> <p>AG reported that the Rt Hon Paul Burstow is now fairly well established in his position as Independent Chair for the STP. The leadership of the STP will become vacant at the end of April as the current leader retires from the NHS and Paul Burstow is trying to progress a single leader across the STP in line with the NHS Long Term Plan to become an integrated system in approximately 2 years. A JD, together with agreement amongst all STP partners of the way forward for the next couple of years will be required and Paul Burstow is proposing options for STP members to discuss in April.</p> <p>NHS England and NHS Improvement are working as a single organisation with effect from 1st April 2019 and AG updated the Board on key appointments: Ann Radmore, Regional Director; Elliot Howard-Jones, Director of Performance and Improvement; Jeff Buggle, Finance Director; and Simon Wood, Director of Strategy and Transformation. The new entity will oversee both commissioners and providers in the system.</p> <p>With regard to the PAH redevelopment, AG advised that at the PAH Board meeting earlier this month, they endorsed a new hospital to be located adjacent to the new junction 7a on the M11 as their preferred option. PAH and the CCG will develop a pre consultation business case to secure DHSC support. Once the money has been pledged, the CCG will lead a public consultation with the population of West Essex.</p> <p>Prior to leaving the region, Dr Paul Watson focused attention on performance against the A&E 4 hour standard as this had deteriorated. He congratulated both the CCG and PAH on their efforts and concluded that the size/configuration of the facility is unsatisfactory to meet the demands of current healthcare which is the more plausible root cause of the poor performance.</p> <p>AG reported that the new integrated urgent care contract commences with effect from 1st April 2019 with Herts Urgent Care leading the service which incorporates the 111, clinical assessment, GP out of hours and GP extended access services. Most services will be in place from 1st April, with some flexibility of GP extended access for April at approximately 80% of capacity which reflects the appointments currently being taken up in the existing service.</p> <p>The CCG has had a long association with the previous providers of the service and the Board requested thanks are formally recorded to those organisations: IC24 for 111 services; Stellar Healthcare for GP extended access; and PELC for GP out of hours service.</p> <p>In relation to primary care, AG advised that the key development at present is the</p>

	<p>updated GMS contract and the network approach to direct enhanced services (DES). Practices within the CCG are in the process of forming into primary care networks prior to submission on 15th May and an update will be provided on the future entities at the Board meeting in May.</p>
027.08/19	<p>AG informed the Board that performance, notwithstanding the A&E 4 hour target, is generally good against the main targets and financial performance. The annual assurance assessment should be received from NHS England within the next couple of months. The CCG is currently rated as 'good' and this is not expected to deteriorate.</p>
027.09/19	<p>DW reported on infection prevention and control and advised that PAH has gone nearly 2 years without an MRSA infection and the Trust is to be commended on their continued work. The CCG has had 4 cases, 3 acquired in the community and 1 in Whipps Cross. The Trust is just short of the annual ceiling for C.Diff. Barts is still reporting MRSA blood stream infections but there has been an improvement. There have been 2 cases of MRSA from Addenbrookes and the CCG is working with colleagues in the STP to investigate the potential for an STP wide approach to infection control.</p>
027.10/19	<p>A CQC inspection is currently taking place at the Trust. Mortality remains a concern and continues to see a significantly high HSMR. There is a mortality improvement plan with a number of actions in train and detail will continue to be reported as it emerges.</p>
027.11/19	<p>Staffing remains a significant and ongoing challenge for the Trust. There continues to be a positive improvement in the nurse vacancy rate which is particularly challenging across adult inpatient areas. EPUT reported safer staffing levels in all community hospital wards in West Essex during January. Through ICP processes and contracting, discussions will be held with partners to look at workforce challenges collectively across the system.</p>
027.12/19	<p>North East London Foundation Trust has scheduled internal CQC visits to EWMHS as a CQC visit is anticipated in the near future.</p>
027.13/19	<p>There are currently no GP practices within West Essex which are rated as inadequate and three have been rated overall as 'requires improvement'. The CCG will continue to provide support to these three practices and they will all receive a further comprehensive inspection by the CQC within 12 months.</p>
027.14/19	<p>There were two serious incidents within primary care within the last two months and both related to delayed diagnosis of diabetes in children. Initial actions included a local safety alert to all West Essex practices. One investigation has been completed and once both are concluded, these will be reviewed for any themes and shared at the June shutdown. In respect of adult safeguarding, DW had nothing further to add from the report other than to confirm that the suspension has been lifted on Ashbrook Care Home. A draft Essex multi-agency safeguarding plan has been shared with the CCG and it is proposed that the Director of Nursing will sit on the Safeguarding Children Board as well as the Adult Board.</p>
027.15/19	<p>As mentioned earlier, TC reported that performance at PAH deteriorated in January and February, predominantly due to significant staffing challenges in ED and norovirus on wards which impacted on patient flow. There has been some</p>

	<p>improvement in March due to better staffing and the CCG is supporting the Trust in investing in additional medical cover in the evenings, overnight and at weekends. The Emergency Care Intensive support Team is also working with PAH to identify key areas for improvement and develop an action plan to dovetail with the joint CCG, EEAST and PAH plan.</p>
<p>027.16/19</p>	<p>At the request of the A&E Local Delivery Board (LDB), the population health team undertook a detailed analysis to understand what factors may be contributing to the increased A&E demand. Following review by the Urgent Care Expert Oversight Group, it was concluded that the increase in demand is multi-factorial and there is little correlation between overall demand and achievement of the 4 hour wait target. As discussed at the Finance & Performance Committee, TC confirmed that the next stage of the analysis will be to highlight key areas to review and further work needs to be undertaken to investigate the reasons for A&E attendance. Escalation meetings with NHS England acknowledged that the correct plans are in place and good progress is being made. TC also reported that there have been improvements in the number of patients in hospital deemed medically fit, elective activity and stranded patients.</p>
<p>027.17/19</p>	<p>TC advised that capital bids are progressing to increase assessment capacity in ED. The IUC programme went live on 1st April and TC assured the Board that there was comprehensive communication to all practices, together with contact details for any problems, and Herts Urgent Care attended membership meetings. There were some issues regarding extended access and the CCG is working with Herts Urgent Care to ensure that appointments are up to full commissioning capacity in May and they will make good any appointments that were not provided during April.</p>
<p>027.18/19</p>	<p>In relation to mental health, TC confirmed that the IAPT target will not be achieved this year as predicted and is on the risk register. The CCG is working with mental health colleagues through the Expert Oversight Group to identify priorities for the coming year and set the vision and strategy for West Essex. The team have also visited primary care colleagues to understand the needs of the service and commissioning plans to support delivery of the extended target will be presented to the Executive Health & Care Commissioning Committee in April.</p>
<p>027.19/19</p>	<p>PW advised that the biggest discussion topic with GPs at present is primary care networks (PCN). The next primary care protected learning time event will focus on PCNs and 2019/20 primary care commissioning plans. Each PCN will have a formal network agreement which will take effect from 1st July 2019 and all practices need to be part of a PCN. The 2019/20 primary care commissioning offer will be discussed at the Epping Forest and Harlow membership meetings next week and via e-mail with the Uttlesford membership.</p>
<p>027.20/19</p>	<p>JL reported that the month 11 financial position showed a deterioration from month 10, particularly in relation to acute and prescribing; however the CCG is still forecasting breakeven at the end of the financial year on 31st March. The biggest cost pressure continues to be over performance across the acute contract portfolio. Patient flows at PAH, Addenbrookes and Barts are being monitored and will inform the setting of contracts for next year.</p>
<p>027.21/19</p>	<p>IT advised that a review of the website is being undertaken and staff content has been removed in order to focus on important information for practices. Feedback has been received from practices on how they would like to receive information</p>

	and mentoring support will be provided to practices regarding effective use of social media.
027.22/19	Production of the 2018/19 annual report is progressing and is on target to meet the submission date. The first meeting of the staff partnership group has taken place and the CCG continues to receive excellent support in relation to HR and OD. A new appraisal process will be launched from 1 st April and the CCG succeeded in achieving the 95% pass mark for mandatory data awareness training.
027.23/19	The induction programme has been reduced to 1.5 hours as a result of feedback from staff with more of a conversational approach as opposed to presentations. IT expressed thanks to Louise Thomas and Dr David Mathew for leading this work.
027.24/19	The current arrangements with SBS for provision of the payroll service have been extended on the same terms for a further 12 months while the potential for a shared service with the STP is explored. The transfer to online submission of expenses and annual leave is progressing. Questions / comments:
027.25/19	SK referred to the preferred option of a new site for PAH and recalled from previous discussions that there was an ambition for a health campus and he queried whether discussion had taken place with other partners, particularly mental health providers, from a strategic point of view. AG responded that the new site was the preferred option of the PAH Board and does not mean that there are no other options. The idea of a health campus was more around private nursing and social care involvement. With regard to mental health, the CCG is not aware of the detail but there are discussions between PAH and EPUT in relation to adult inpatient provision. At this point, the new site would not have adult inpatient provision which would remain at the newly refurbished Derwent Centre.
027.26/19	DF noted that a mental health presence in an A&E department should be a core 24/7 service as acute hospitals have a high proportion of patients with mental health problems attending at ED. AG reported that EPUT has just completed a major redevelopment of the mental health facility for the next 15/20 years on the existing PAH site. This plan was put in place based on the assumption that there were no plans to relocate PAH at that point in time, approximately 6 years ago. At some point the provision of mental health services on any new hospital site will need to be reviewed but given the above; EPUT may not necessarily invest in the new site.
027.27/19	TC raised the issue of public transport and the need to discuss this at the early stages of agreeing the site to ensure that good access is provided. AG reiterated that the suggested new site is the preferred option and the new build may not necessarily proceed on that site. Other hospitals in Essex are not in town centre locations as PAH is at present and if it moves to a new site this will result in improved access for some and deterioration for other areas. MP also confirmed the expectation that a travel impact assessment would be carried out when this moves to a pre-consultation business case stage.
027.28/19	SK welcomed the work reported on mortality as this area continues to be a concern. He noted that staffing is the biggest issue and was pleased to see the

<p>027.29/19</p>	<p>level of detail which is starting to be received but he felt less assured regarding the community, with night cover for adult mental health worryingly low. The STP has identified workforce as a key concern for 2 years and SK queried whether there was anything being done to encourage people to work in this area. DW responded that the focus is on the ICA local workforce and discussion has started with partners regarding gaps in the system workforce. LH reported that data is available for the numerous work streams across the STP. JR advised that there are local actions across organisations for an integrated workforce to reduce duplication and ensure the sharing of expertise across pathways so that the service a patient receives is not limited by organisation boundary.</p> <p>SK noted a good report in relation to safeguarding but was concerned regarding the supervision from community midwives. Neglect of midwives was a continuing theme when he joined Uttlesford PCT in 2003 and the report indicated that this section of the workforce is still being overlooked. DW confirmed that there is work across the system to identify gaps and actions to be taken to improve the position.</p>
<p>027.30/19</p>	<p>IP noted that the IAPT target was not achieved yet Healthy Minds had encouraged more referrals to meet the target and he queried whether there was a recovery plan. TC responded that a recovery plan was in place with the Healthy Minds service during the course of the year and there was evidence they were unable to deliver the access target but had focussed attention on other targets which were being achieved. The CCG is reviewing how to improve capacity with the existing provider and this will be discussed at the Executive Health & Care Commissioning Committee in April.</p>
<p>027.31/19</p>	<p>The Board noted the Chief Officer's report.</p>
<p>028/19</p> <p>028.01/19</p> <p>028.02/19</p> <p>028.03/19</p> <p>028.04/19</p>	<p>HR Performance Report</p> <p>LH reported that although turnover has slightly increased since quarter 2, vacancy rates have reduced and agency interim spend has reduced significantly by £32k. This is expected to reduce again as a result of continued proactive recruitment and the time to hire has also reduced with this trend expected to continue.</p> <p>Following staff survey feedback and a number of leavers noting work life balance as an issue, a number of actions are being taken forward, such as the launch of flexible working guidance and training sessions for managers to promote a flexible working culture, whilst ensuring that service needs are met. Exit interviews have also been revamped to provide feedback on an ongoing basis. Sickness was reviewed and absence levels have significantly reduced from the previous quarter. The CCG launched an Employee Assistance Programme last year which is an organisational wellbeing service and provides support for staff and immediate family members. In 2018 the CCG agreed to sign up to the Time to Change pledge to show the CCG's commitment to ensure that employees facing mental health problems are supported and an action plan is being drawn up for submission to Time to Change.</p> <p>Overall mandatory training compliance improved since quarter 2. IG training compliance doubled since October 2018 and is expected to continue to increase. A new appraisal system is being launched to improve the capture of data.</p> <p>The Board noted the Quarter 3 Workforce Dashboard.</p>
<p>029/19</p>	<p>Integrated Care Programme delivery plan</p>

<p>029.01/19</p> <p>029.02/19</p> <p>029.03/19</p> <p>029.04/19</p> <p>029.05/19</p> <p>029.06/19</p>	<p>JR reported that discussions have commenced to consider how the provider can become the vehicle for the development of the ICA. A briefing is expected from Paul Burstow, STP Independent Chair, in mid-April regarding the ICS strategy which will be critical to determine what the West Essex ICA can achieve.</p> <p>Constructive discussions have been held with PAH regarding development of the ICA and their role within this. More engagement is required with primary care in relation to clinical developments and involvement in sub-committees and structure in order to work better together in partnership.</p> <p>The Transformation Board continues to work in partnership with Expert Oversight Groups to recommend new clinical priorities for the ICP. The MSK service was launched on 1st April under the ICP.</p> <p>IT advised that a new brand has been developed for the ICA for a West Essex and East Herts health and care partnership to be launched at the ICA assembly.</p> <p>JR also reported that at the ICP Board in February, a bi-monthly STP quality committee was agreed and as the governance model develops, together with the framework for the delivery of the medium term financial plan, there will be some join up across pathways which will be included in contracts.</p> <p>The Board agreed the key actions outlined in the ICP Delivery Plan and endorsed the direction of travel in relation to the development of schemes of delegation and ICP governance proposal.</p>
<p>030/19</p> <p>030.01/19</p> <p>030.02/19</p> <p>030.03/19</p> <p>030.04/19</p> <p>030.05/19</p>	<p>Draft Financial Plan 2019/20</p> <p>JL reported that the CCG is forecasting delivery of the control total of breakeven for the current financial year which is the starting point for preparation of the 2019/20 financial plan, which is presented in draft as some areas are still to be finalised.</p> <p>JL advised that the bulk of expenditure is on acute services with a deadline of 31st March to sign the majority of contracts. The contract has been signed in full with PAH, there are strong terms of agreement with Addenbrookes and Barts, and the CCG is still finalising some of the other contracts where the financial envelope is less than 1% of the annual turnover of the Trust.</p> <p>JL confirmed that the Board will need to ensure compliance with the mental health investment standard and in relation to primary care, the CCG growth funds will be used to meet commitments in the NHS Long Term Plan.</p> <p>There was an adverse movement against prescribing in month 11 and this will continue to be closely monitored. There has been a shortage of supply of stock for a number of months and at present there are no indications that this will improve, resulting in an increase in prices, particularly for certain drugs. The position is being reviewed nationally and there is potential for some concession towards the end of the financial year.</p> <p>Notification has been received that the costs for Free Style Libra will be met centrally and there will be some off-set in relation to certain glucose strip used as a variance and this should not present a cost pressure as originally expected.</p>

030.06/19	The CCG needs to deliver the challenging QIPP target of c£15m gross (c£14m after investment), which represents just over 3% of turnover and many schemes are in the scoping and pre-implementation stage. After applying all inflation uplifting and projections from contracts, the CCG will move into the coming financial with reserves of just under £9m.
030.07/19	JR confirmed that the new project management office (PMO) will help to progress delivery of QIPP will provide regular updates to committees and the Board.
030.08/19	In response to a query from RG, JL reported that there are a number of transformation projects within the organisation and wider STP partners where we would expect to see a service transformation change and a financial impact.
030.09/19	IP noted that with regard to diabetes modelling there is potential for system cost savings and he queried whether this is factored in to the MSK contract. JL confirmed that assuming there are savings from the MSK contract, once the Alliance agreement is formally signed, the necessary adjustment will be made.
030.10/19	One amendment was noted to the draft financial plan 2019/20 as follows: <ul style="list-style-type: none"> • Page 4, table 3 CCG running cost allocation, 2022/23 allocation is to be amended to £5,836m
030.11/19	The Board approved the overall draft financial plan 2019/20 with the above amendment and noted that there is still certain work to be undertaken on QIPP and plans between reserves.
031/19	Draft Operating Plan 2019/20
031.01/19	IT reported that the draft operating plan 2019/20 is closely related to the financial plan. The document is a work in progress and is presented to the Board for noting and comments. He also requested that final approval is delegated to the Executive Health & Care Commissioning Committee on 18 th April and the updated version will be circulated to the Board in due course.
031.02/19	Last year the plan was refreshed and submitted to NHS England. However, the process for this year is different in that the STP will submit a condensed headline version from our plan to NHS England on a regional basis.
031.03/10	The document attached to the papers is the latest version and includes supporting narrative of the plans and priorities which are set out nationally by the STP, 5 year forward view and the recently published NHS Long Term Plan. Content in red is still awaiting attention and will be completed by the end of next week.
031.04/19	SK noted that we will need to consider how to monitor progress against the plan during Board meetings in 2019/20. JR also advised that the operating plan, financial plan and QIPP are all interdependent and the PMO will oversee the management and delivery and report back to committees/Board accordingly.
031.05/19	The Board noted the draft operating plan 2019/20 and delegated final approval to the Executive Health & Care Commissioning Committee meeting at its meeting on 18 th April 2019.
032/19	Staff Survey

032.01/19	IT presented the results of the 2018 NHS staff survey which were published on 26 th February.
032.02/19	For WECCG, the results showed an upward trend in many areas with 81 per cent of staff taking part. Two thirds of respondents recommended the CCG as a place to work and 85 per cent felt supported by their line manager.
032.03/19	There are still improvements to be made in some areas, particularly health and wellbeing, flexible working and bullying. To address these issues, the CCG has made a pledge to stamp out bullying in the organisation and a new flexible working policy has been agreed by the Executive Committee. A staff partnership group has also been established to take ownership of the staff survey results and develop a follow-up action plan.
032.04/19	AG noted that there were approximately 130 staff eligible for the survey and the results are a reversal of the trend from last year with the overall mood appearing to have improved during the last 12 months. A couple of departments had less good results than the rest of the organisation which is in part due to office moves and senior personnel changes which have impacted on lower down the structure. The directors of those departments are exploring the reason for the results with their staff.
032.05/19	In response to a query from TCu, AG confirmed that the survey is carried out by Picker Institute and it feeds in to the national survey.
032.06/19	The Board noted the report with the results of the NHS staff survey 2018.
033/19	Emergency Planning Resilience and Response (EPRR) interim quarter 4 update
033.01/19	IT presented the interim quarter 4 update which was prepared by the Essex CCGs Head of Emergency Planning.
033.02/19	The report refers to EU exit which will be discussed in the Part 2 Board meeting. A significant amount of work has been undertaken regarding business continuity planning and overall the CCG is on track against the work plan.
033.03/19	SK confirmed that the Audit Committee has reviewed the report and commend it to the Board.
033.04/19	The Board noted the report and progress made for quarter 4 of 2018-19.
034/19	WECCG Remuneration Committee recommendations
034.01/19	IT reported that under the Health & Social Care Act 2012, the Remuneration Committee is unable to make decisions and can only make a recommendation to the Board.
034.02/19	He advised that two reports were considered by the Remuneration Committee at its meeting on 28 th February 2019: <ul style="list-style-type: none"> 1. Recruitment to STP Clinical and Professional Director role which RG referred to earlier and is currently underway; and

	2. Medium term arrangements for a Deputy Chief Officer to cover periods of absence of the Chief Officer.
034.03/19	Both of the above were recommended by the Remuneration Committee to the Board for approval as set out in the report.
034.04/19	JR queried whether the STP Clinical and Professional Director role will be reviewed as the make-up of the STP may well change in the next 6-12 months which may impact on the way in which the CCG operates. RG responded that the current position is for a fixed term of one year.
034.05/19	SK advised that Audit Committee Chair colleagues were asking how the recommendations from the Remuneration Committee and the Board's approval will be shared. IT confirmed that these recommendations refer to the approach and not a specific individual so they have come to the Public Board meeting for which minutes and papers are published in the public domain. If a recommendation referred to a specific individual this would be presented to a Part 2 Board meeting.
034.06/19	AG confirmed that the Board will fulfil its duties as the host organisation and if information was requested on a case by case basis this would be provided.
034.07/19	The Board approved the recommendations of the Remuneration Committee as cited in the report.
035/19	Red Risk Report
035.01/19	IT presented the Red Risk report. He requested the Board approves the report and advises if there are any other mitigating actions or risks that should be included.
035.02/19	He advised that the Executive Committee recently reviewed the risk report which is currently being restructured to provide clarity and prevent duplication. The revised version will be presented to the Audit Committee in May prior to the May Board.
035.03/19	The Board approved the risk report.
036/19	Board Assurance Framework
036.01/19	IT presented the Board Assurance Framework. He requested the Board approves the framework and advises if there are any new risks or mitigating actions against the risks identified.
036.02/19	The Board approved the Board Assurance Framework.
037/19	Board Committee Reports
037.01/19	<p>i. Finance and Performance Committee The Board noted the report and minutes of the meetings held on 19th December 2018 and 29th January 2019.</p>
037.02/19	<p>ii. Quality Committee The Board noted the report and minutes of the meeting held on 8th January</p>

<p>037.03/19</p> <p>037.04/19</p> <p>037.05/19</p>	<p>2019.</p> <p>iii. Executive Health and Care Commissioning Committee The Board noted the report and minutes of the meetings held on 17th January 2019.</p> <p>iv. Audit Committee The Board noted the report and minutes of the meeting on 14th November 2018.</p> <p>v. Primary Care Commissioning Committee The Board noted the report and minutes of the meeting held on 16th January 2019.</p>
<p>038/19</p> <p>038.01/19</p> <p>038.02/19</p>	<p>Any other business</p> <p><u>Internal Audit Provider</u></p> <p>SK drew the Board's attention to the change of internal audit provider from Mazars to West Midlands Ambulance Service with effect from 1st April 2019. There are some risks associated with the transfer which were discussed in detail at the Audit Committee meeting on 20th March 2019.</p>
<p>039/19</p>	<p>Date & time of next meeting</p> <p>The next meeting of the West Essex Clinical Commissioning Group Board will be held on Thursday 23rd May 2019, from 9.30am, in the Conference Room, Harlow Health Resource Centre.</p>

Glossary

A&E:	Accident and Emergency Department
ACP:	Accountable Care Partnership
BCF:	Better Care Fund
C.Diff:	Clostridium Difficile
CHUFT:	Colchester Hospital University Foundation Trust
CIP:	Cost Improvement Plan
CQUIN:	Commissioning for Quality and Innovation – a payment framework allowing commissioners to reward excellence
CQC:	Care Quality Commission
CO:	Chief Officer
CSU:	Commissioning Support Unit
CUHFT:	Cambridge University Hospital NHS Foundation Trust
DES:	Direct enhanced service
DoH:	Department of Health
EAU:	Emergency Assessment Unit
ECC:	Essex County Council
ED:	Accident and Emergency Department
EEAST:	East of England Ambulance Service Trust
EOG:	Expert Oversight Group
EPR:	Electronic Patient Record
EPUT:	Essex Partnership University NHS Foundation Trust – provider of community and mental health services for West Essex
EWMHS:	Emotional Wellbeing and Mental Health Service
HOSC:	Essex County Council’s Health Overview and Scrutiny Committee
HSMR:	Hospital Standardised Mortality Ratio - An indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
IAPT:	Improving Access to Psychological Therapies
ICA:	Integrated Care Alliance
ICP:	Integrated Care Partnership
ICS:	Integrated Care System
IUC:	Integrated urgent care
KPI:	Key Performance Indicator
LDB:	Local Delivery Board
MEHT:	Mid Essex Hospitals Trust, Chelmsford
MDT:	Multi-disciplinary team
MOU:	Memorandum of Understanding
MRSA:	Methicillin Resistant Strep Aureus
NHSE:	NHS England
NHSI:	NHS Improvement
OD:	Organisational Development
PAH:	Princess Alexandra Hospital NHS Trust, Harlow
PCBC:	Pre-consultation business case
PPE:	Patient and public engagement
PCN:	Primary Care Network
PMO:	Project Management Office
QIPP:	Quality, Innovation, Productivity and Prevention
RTT:	Referral to treatment
SHMI:	Summary Hospital-level Mortality Indicator - A hospital-level indicator which reports mortality at Trust level
SI:	Serious Incident
SLA:	Service Level Agreement

SPA: Single point of access
SOC: Strategic outline case
STP: Sustainability and Transformation Partnership
VTE: Venous thromboembolism (deep vein thrombosis and pulmonary embolism)

DRAFT