

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 14 January 2020								
Report Title:	Integrated Performance & Assurance Committee Overview Report	Agenda Item: 5.2								
Chief Officer:	Jan Thomas, Chief Officer									
Lay Member	David Finlay, Lay Member and Chair of the Committee									
Report Author:	Simon Barlow, Governance Support Manager									
Document Status:	Final									
Report Summary:	This Report provides a summary overview of the last meeting of the Integrated Performance & Assurance Committee held on 28 November 2019.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td>x</td> <td>For Decision</td> <td></td> <td>For Approval</td> <td>x</td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance	x	For Decision		For Approval	x	For Recommendation		
For Assurance	x	For Decision		For Approval	x	For Recommendation				
Recommendation:	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> Endorse the work of the Committee. Note the contents of the Overview Report. Note the approved minutes of the meetings held on 29 October 2019 at Appendix A Note the following policies approved by the Committee: <ul style="list-style-type: none"> Safe Haven Policy 2019-21 Removable Media Policy 2019-21 Forensic Readiness Policy 2019. Note approval of the Serious Incidents Annual Report 2018/19. 									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do.	X								
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’	X								
	Objective 3 – Use data and information to prove everything	X								
	Objective 4 – Deliver the prioritised performance standards	X								
	Objective 5 – Deliver the 6 transformation programmes	X								
	Objective 6 – Deliver the CCG Financial Plan	X								
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
	<i>Pertinent risks include the following-</i>									
CAF 01	Risk to maintaining robust CCG Governance Arrangements	4 (Y)								
CAF 02	Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England	20 (R)								
CAF 05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care	16 (R)								
CAF 06	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care	16 (R)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	X								
	IAF 2 Domain 2 - Better Care	X								
	IAF 3 Domain 3 - Sustainability:	X								
	IAF 4 Domain 4 - Leadership	X								
Resource implications:	Not applicable - overview report									
Chief Officer/ SRO Sign Off:	Jan Thomas, Chief Officer									
Chief Finance Officer Sign Off: (if required)	N/A									
Legal implications including equality and diversity assessment:	Report links to Equality Delivery System Goals 1 (Better Health Outcomes for all) & 2 (Improved Patient Access and Experience) NHS Constitution									
Conflicts of Interest	Nil									
Report history:	Prepared for Governing Body following each IPAC meeting									
Next steps:	GB to review/discuss									

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 5.2 **SECTION:** OPERATIONS

DATE: 14 JANUARY 2020

TITLE: INTEGRATED PERFORMANCE & ASSURANCE COMMITTEE
OVERVIEW REPORT

FROM: JAN THOMAS, CHIEF OFFICER &
DAVID FINLAY, CCG LAY MEMBER & CHAIR OF
COMMITTEE

1 ISSUE

- 1.1 This report provides a summary overview of the last meeting of the Integrated Performance and Assurance Committee (IPAC) held on 29 October 2019. The Committee did not meet during December.
- 1.2 IPAC was established by the Governing Body in January 2019. The Committee provides scrutiny of delivery and assurance processes for quality, finance, performance, and contract management including activity and oversees delivery of the CCG Improvement and Assessment Framework. The Committee is also responsible for Operational Risk Management.
- 1.3 The approved minutes of the meeting held on 29 October 2019 are attached as **Appendix A**.

2 KEY POINTS

- 2.1. A summary of the main matters considered is set out below:
 - **Integrated Performance Report (IPR)** – The Committee received and discussed the November 2019 version of the IPR. Key points are highlighted below:
 - IPAC informed of the action being taken to manage and address the cases of active TB identified at Cambridge University Hospital NHS Foundation Trust (CUHFT).
 - Action being taken to address patient concerns raised around the Dermatology services backlog at CUHFT discussed.
 - Concerns around pressure ulcers at North West Anglia NHS Foundation Trust (NWAFT) highlighted, but improvements seen in some areas of the Trust's performance, including VTE assessments and falls also noted. IPAC received an update on the action plans and escalations being put in place to monitor and address performance at the Trust.
 - Accident & Emergency performance remained a concern, particularly at CUHFT and NWAFT. IPAC was informed that the 4-hour Emergency Department (ED) standard was no longer reported for the CCG due to CUHFT's participation in the national Clinical Standards Review pilot.

- Concerns around the number of GP Practices that had been rated as Inadequate or Requires Improvement by the Care Quality Commission (CQC) was raised and the CCG's role in supporting practices was discussed. Oversight of this was via the Primary Care Commissioning Committee.
- The Financial Position at the end of Month 7 which was £2.3m adverse to plan was noted and the associated risks to delivering the £75m deficit plan discussed.

The current IPR (December 2019) is presented elsewhere on the agenda (Agenda item 5.1 refers) for Governing Body consideration.

- **CCG 5 -Year Plan**

The CCG received the draft CCG 5-Year Plan and discussed the required changes and approach to be adopted prior to its submission to NHS England/NHS Improvement on 29 November 2019.

- **Healthwatch Report**

Healthwatch Cambridgeshire and Peterborough presented a paper which highlighted identified concerns relating to local health and care services commissioned by the CCG. Areas raised included the over issuing of medicines and not being able to obtain correct medicines; Long waits at the CUHFT pharmacy; patients being refused ear irrigation; and unclear clinical governance around Parish Nurses. The Healthwatch action and response to these respective items, which included raising the matter with the respective service provider and the CCG's Quality Team was noted.

- **Serious Incidents Annual Report 2018/19**

IPAC received and approved the Serious Incident Annual Report for 2018/19. This provided a summary of Serious Incidents (SIs) reported to the CCG by the services that the CCG commission or are commissioned on behalf of Cambridgeshire and Peterborough residents. In particular, the Report highlighted the concerns and issues raised in-year, resulting actions and learning. The Report also provided assurance that in 2019/20, systems and processes would be further embedded and sustained, and recommendations implemented to ensure the continued development of system working and leadership.

Copies of the Report can be provided on request from the Corporate Governance Team. e-mail simon.barlow@nhs.net

- **Information Governance, Business Intelligence and Information Communication Technology (IG, BI & ICT) Steering Group Overview Report**

IPAC received and endorsed the work of the IG, BI & ICT Steering Group for the last quarter. IPAC also approved the following Policy documents as follows:

- Safe Haven Policy 2019 – 21
- Removable Media Policy 2019-21
- Forensic Readiness Policy 2019

The approved policies can be accessed on our Website. Link below.

- **CCG Corporate Assurance Framework & Risk Register**

IPAC received and endorsed latest changes to the Corporate Assurance Framework and Risk Register (CAF – Version 4). The Chair had noted during the meeting that with the three risks CAF 04, 05 06 relating to the quality of patient care all scored at red 16, it was important that the current actions to address recent problems with patient care were continued and the risk scores reassessed in the light of these actions; if the high risk scores relating to patient care were still felt necessary then a report about the situation should be given to the Governing Body. The latest version of the CAF appears elsewhere on this agenda for Governing Body review and approval (Agenda Item 2.7 refers).

4 RECOMMENDATION

4.1 The Governing Body is asked to:

- Endorse the work of the Committee.
- Note the contents of the Overview Report.
- Note the approved minutes of the meetings held on 29 October 2019 at **Appendix A**
- Note the following policies approved by the Committee:
 - Safe Haven Policy 2019 – 21
 - Removable Media Policy 2019-21
 - Forensic Readiness Policy 2019
- Note approval of the Serious Incidents Annual Report 2018/19.

Author

Simon Barlow,
Governance Support Manager
31 October 2019

Attachments

Appendix A IPAC Minutes 29 October 2019

Meeting: Integrated Performance & Assurance Committee
Date: 29 October 2019 at 1PM
Venue: Cedar Room, Lockton House, Cambridge

MINUTES

Present: David Finlay, Lay Member, Finance and Performance (Chair)
Dr Mark Brookes – GP Member – *Joined 1.24pm*
Dr Jane Collyer – GP Member
Dr Sri Pai – GP Member
Dr Christopher Scrase – Secondary Care Hospital Doctor (Phone)
Louis Kamfer – Chief Finance Officer
Mark Sanderson – Medical Director
Karen Handscomb – Deputy Chief Nurse
Dr Gary Howsam – Governing Body Chair
Jan Thomas – Accountable Officer

In attendance: Stephen Mitcham – Lay Member Assurance
Sandie Smith – Healthwatch
Sue Graham – SRO Perf. & Delivery/Deputy COO
Sharon Fox – Associate Director of Corporate Affairs (CCG Secretary)
Wanda Kerr – Deputy Chief Finance Officer
Lyndsey Codd – Snr Clinical Manager (Complex Cases) – Minute 7.2
Matthew Smith – SRO Urgent & Emergency Care – Minutes 7.3 & 7.4
Karlene Allen - Head of Children and Maternity Services Commissioning. &
Transformation (*observing*)
Simon Barlow – Governance Support Manager

1. Welcome and Apologies for Absence

Apologies for absence were received from Louise Mitchell, Dr Adnan Tariq, Jessica Bawden, Carol Anderson, Jane Webster and Dr Fiona Head

The Committee welcomed Stephen Mitcham, who had recently been appointed as the new lay Member for Assurance, subject to formal ratification at next Governing Body in Public on 5 November 2019.

2. Declarations of Interest

All GP members of the Committee declared an interest in agenda item 3.4 (minute 7.4) *Out of Hospital Urgent Care Collaborative* which included references to GP services that were included in the broad scope of the Out of Hospital urgent care services programme. Any specific interest raised by a GP(s) during the course of the subsequent discussion would be declared and any action deemed necessary by the individual(s) such as not participating further in the debate or leaving the meeting would be taken at that point.

3. Notification of Any Other Business

No additional items of business were raised.

4. Minutes of Last meeting.

The Minutes of the meeting held on 24 September 2019 were approved as an accurate record.

5. Action Log and Matters Arising

The action log was updated and appended to the minutes.

Matter Arising

The Chair sought clarification on the point recorded in the 24 September 2019 minutes, that both this Committee and the Governing Body would need to assert how they wanted to both support and lead on looking at more difficult and far reaching proposals in the future. Jan Thomas, Accountable Officer, advised that the CCG would need to be bold in its planning and assertive enough in following through with the agreed plans for 2020/21 and beyond, which were likely to entail making difficult decisions. It was noted the Strategy and Planning Committee was due to have a focused discussion around future planning at its December meeting, and therefore the input of IPAC would be sought post that Committee's deliberations.

6. Integrated Performance, Delivery and Transformation

6.1 Prioritised Performance Areas and Benchmarking

IPAC received a paper requested by the Committee Chair which reviewed the programme of work driving improvements in four identified key clinical priority areas, namely diabetes, falls, cancer and urgent care, and in particular the trend analysis data and associated benchmarking information currently available to the CCG. IPAC welcomed the report and the additional data that was being generated to help inform and improve future reporting.

There was recognition that more detailed data could be included in the IPR, however, there was a need to ensure the IPR continued to provide the most pertinent data, and that focus was not lost through the sheer amount of information included. It was noted the IPR had been in place for around 12 months and it would therefore be timely to carry out a review both in terms of the existing format and presentation of the document, but to also assess the quality and usefulness of the data included.

Dr Mark Brookes joined the meeting at 1.24pm

During the discussion on this subject a number of points were made, briefly noted as follows:

- It will be important to ascertain that the correct metrics and data sets were being used and that the reported data was the most up to date.
- A key area was the need to further hone exception reporting to ensure Committees and the Governing Body were informed about all relevant issues in a timely way.

- A need to add some narrative, aligned to the figures, to provide more context and clarity where this was deemed necessary was identified. Making it very clear what constituted good performance and what was bad performance was also highlighted.
- Dr Gary Howsam commented that he found the use of sparkline charts within the document helpful.
- The continued use and development of trend analysis to support and improve the intelligence of the organisation in identifying potential problems. Trend analysis should be used to identify issues and risks at an early stage. This should include maintaining oversight on those areas where, historically, good performance had been reported and where a downward trend may not immediately be picked up.
- The need to review the current PowerPoint format of the document and seek to present it on-line was also raised. The observation was also made that aligning the IPR with the risks in the CCG Assurance Framework and Risk Register was also a possible area for future development.
- IPAC recognised a key challenge would be to promote the use and understanding of the IPR throughout the organisation and for staff and teams to actively use it and be accountable for the data in it. It was noted this was in keeping with the CCG's intention to be more data driven in its approach to decision making.

The Chair thanked the Committee for the positive and in-depth discussion on the data quality and the IPR report which he considered to be an appropriate debate for this forum.

IPAC was supportive of the proposal made within the presented paper to review the format and contents of the Integrated Performance Report (IPR) as part of a quality improvement cycle and ensure the most appropriate and up to date information was included in the pack.

In addition to the points raised in the discussion above, the Chair in particular suggested that it would be helpful to have a two or three line commentary underneath each of the prioritised performance area data sections. **ACTION: Sue Graham.**

The Chair also commented it would be helpful to have Stephen Mitcham's view and input in to the subject of data quality as the new Lay Member for Assurance.

6.2 Integrated Performance Report

The Committee received the October 2019 Integrated Performance Report (IPR) which provided a comprehensive suite of data including finance, contract, activity, complex cases, Project Management Office, population outcomes and other performance information into a single accessible source. In addition, the IPR set out the latest available data pertinent to the six priority performance metrics which form part of the CCG Improvement and Assessment Framework. Key points raised were briefly noted as follows.

Performance

- Data reporting problems at North West Anglia NHS Foundation Trust (NWAFT) which had resulted from the migration of their Patient Administration System (PAS) in July 2019, was highlighted. Discussion between the Trust and the national team at NHSE around the validation of retrospective and current data submissions was taking place. Sandie Smith of Healthwatch advised that concerns had been raised with them about patients receiving incorrect appointment letters. It was noted that this issue would be taken up by the CCG and discussed with the Trust through the respect contract team and quality team meetings. Healthwatch were asked to provide details of the concerns raised to the Quality Team. **ACTION: Sandie Smith/Karen Handscomb.**
- Current concerns around Accident and Emergency Performance, particularly at Peterborough City Hospital, where local trajectories and national targets were not being met, and the action that was being taken to address this was discussed. It was noted that twice weekly meetings with the Trust and the National Team were currently being held. Next steps around performance were due to be discussed by the Chief Officer Team. The CCG was also attending the quarterly NWAFT quality meeting. It was noted that publication of the Care Quality Commission (CQC) report was currently still awaited, although the Trust was already aware of the areas that they needed to focus on.
- In terms of Referral To Treatment (patients waiting 40 – 52 weeks) performances, Jan Thomas, Accountable Officer expressed some concern around the high number of long wait patients over 40 weeks being reported by NWAFT, compared with the low numbers being reported after the 52 week deadline. Matter to be raised at the next contractual meeting with the Trust. **ACTION: Sue Graham.**
- Access to services at Cambridgeshire and Peterborough NHS Foundation Trust was identified as a significant concern, which included performance in relation to paediatric waiting times and also the percentage of assessments completed in 15 days. Further investigation in to this would be undertaken.
- An increase in the Delayed Transfer of Care (DTC) numbers was identified after a period of success in reducing the numbers. IPAC was informed that a certain level of deterioration in performance had been anticipated during the current period but was expected to recover post-Christmas. IPAC would continue to monitor this area at subsequent meetings.

Finance

- The year to date position at Month 6 was a £1.9m adverse variance against plan and had not changed from the position reported at Month 5. The CCG was still forecasting delivery of the £75m deficit control total agreed with NHSE. As a result of the increased confidence around delivery of the QIPP programme, and ongoing development of the Financial Recovery Plan (FRP), the forecast risk position had improved to £4.3m in-month (compared to £4.8m at M5) with a worst case net risk position of £8.6m (Compared to £10.4m at M5). It was however noted there was still approximately £3m of QIPP not identified and work to address this gap was ongoing.
- There was continued volatility around the NHS Continuing Healthcare (CHC) and Prescribing budgets and as such, were identified as specific areas of potential concern. The overspend in the primary care budget was also identified as a possible issue.

- IPAC drew comfort from the fact that the financial position had not worsened since Month 5 and there was some improvement in the forecast risk position whilst noting the volatilities which had been discussed and that work remained to be done on unidentified QIPP.
- In relation to current contract negotiation work it was noted a progress update would be provided at the November or December IPAC. **ACTION: Louis Kamfer.**

IPAC **noted** the IPR report for October 2019.

6.3 Key Milestones Plan

IPAC received an update on the progress made against the Operational Delivery Key Milestones Plan as at the end of Quarter 2. It was reported good progress has been made on a number of key milestones which had now completed. However, there were several operational milestones which had been delayed and deadlines had therefore been extended or revised for a number of reasons, which included; changes in national timetables for delivery; capacity to deliver in some areas; and also, certain milestones which were reliant upon partner or stakeholder input.

IPAC **endorsed** the progress made against the Operational Delivery Key Milestones Plan as at the end of Quarter 2. IPAC also **noted** the exceptions to delivery on a number of the milestones as referenced.

It was noted the latest version of the plan would be presented to the Governing Body in Public on 5 November 2019.

6.4 Commissioning Intentions

IPAC received the CCG's Commissioning Intentions and noted that in comparison to past versions a more strategic approach had been adopted, which was based upon five overarching principles. In summary these were ensuring best value for the public pound; commissioners to have an accountability to manage the market; contracts to be agreed on a multi-year basis and set at affordable limits; where procurement decisions are required, move towards integrated contracts; and where possible direct funding to local providers for local services.

IPAC welcomed the CCG's approach to its Commissioning intentions and approved the document subject to a number of suggested revisions referenced below.

Page 2 – Overarching Principle 3 – QIPP – clarify acronym.

Page 3 – include reference to Clinical Staff (other senior Clinical Nurses and *Clinical Staff*)

Page 4 – Financial Assumptions: Revise sentence *The CCG will meet its statutory obligations of the Mental Health Investment Standard (MHIS) and primary care*: To read *The CCG will meet its statutory obligations to primary care and the Mental Health Investment Standard (MHIS)*.

In addition, it was noted that Sandie Smith, Healthwatch would provide a sentence for inclusion around 'listening to patients and receiving feedback'.

ACTION: Sandie Smith.

It was noted that the final version of the document would be presented to the CCG Governing Body in Public on 5 November 2019 for formal ratification.

7. Operational Matters

7.1 Special Educational Needs and Disabilities Update

It was confirmed this item would be reported directly to the Governing Body in November 2019 for discussion and decision.

7.2 Continuing Healthcare (CHC) Referral Sources and Outcomes

Lyndsey Codd, Senior Clinical Manager (Complex Cases) was in attendance for this item.

Having identified that the number of referrals received and processed by the CCG was proportionately high, but that conversely conversion rates for CHC eligibility was lower than regional and national rates, the CHC team had undertaken an analysis of data to establish the sources of referrals and their respective outcomes. The results as discussed by IPAC concluded there was a need to decrease the overall numbers of referrals to help ensure patients were being correctly referred in to the CHC process, and that they were also being appropriately assessed. The need to work with system partners to address the current quality of referrals made was recognised.

IPAC welcomed the paper and commented on its clarity and thoroughness and requested that this be reported back to the CHC Team IPAC also **supported** the proposal that the contents be shared with the Sustainability and Transformation Partnership (STP) Board. The received paper would also be presented to the November Governing Body in Public for decision.

7.3 Cambridgeshire and Peterborough System Winter Plan 2019/20

Matthew Smith, Senior Responsible Officer, Urgent and Emergency Care was in attendance for this and the following item.

IPAC received the latest iteration of the Cambridgeshire and Peterborough System Wide Winter Plan 2019/20. In order to mitigate expected surges in demand for urgent care services over the winter months, the local health system produces a winter plan to support performance of local health and social care providers and ensure that patient safety was maintained during this period of particularly high demand.

Dr Jane Collyer expressed her disappointment at the relatively low monthly utilisation rates for Extended Access GP appointments reported to date, which she would have expected to be around the 100% mark. She highlighted the need to encourage utilisation of all these appointments, and in particular over the winter months.

The need to ensure there was coordination across the winter plan and Brexit activities was also highlighted. In respect of this, Sharon Fox, Associate Director of Corporate Affairs advised that NHS England was standing down daily reporting after notice of the extension. However, a 3-months plan of

action leading up to the revised 31 January exit deadline would still need to be prepared.

IPAC supported the Plan and **recommended** its approval to the Governing Body in Public to be held on 5 November 2019.

7.4 Out of Hospital Urgent Care Collaborative

All GP members of the Committee declared an interest in this item as referenced in Minute 2 above.

IPAC received an update on the Out of Hospital Urgent Care Collaborative Programme which concerned the working together of separate providers to develop proposals that would deliver a new and more joined up 24/7 urgent care services from 2020/21. IPAC noted the progress made to date and endorsed the approach which was being adopted to progress this programme of work. IPAC also **agreed** to delegate sign-off of the Standard Operating Procedures for the 111 in ED pathway pilots to the Chief Officer Team (COT), with any update on this being reported back to the Committee.

It was noted an update report would be presented to the Part 2 (Private) meeting of the Governing Body on 5 November 2019, where endorsement of the approach would be sought.

7.5 Cambridgeshire and Peterborough Joint Prescribing Group Recommendations

IPAC received and **approved** the recommendations from the Cambridgeshire and Peterborough Joint Prescribing Group (JPG) meeting held in September 2019. These are set out in **Appendix A** to these minutes.

7.6 Exceptional and Individual Funding Request Policy Review

The outcomes of the two-yearly review of the CCG's Exceptional and Individual Funding Request (E/IR) Policy was reported. IPAC **approved** the Policy subject to further discussion with the Medical Director around the level of definition used in the Policy. **ACTION: Mark Sanderson/Charlie Miller**

The key changes made to the Policy were noted as follows:

- *A proposed approval limit of £20k rather than the current £15k, in line with the exec director non pay limit.*
- *Approved requests exceeding this limit of £20k would be approved by the Chief Nurse and Medical Director, rather than IPAC. Any requests exceeding £25k will also need to be signed off by the Finance Director.*
- *Third stage appeal review by Chief Nurse and Medical Director, rather than IPAC.*
- *The Chair of the E/IFR Panel would now have a casting vote in the event of an even split.*

7.7 Clinical Policies Forum Recommendations

IPAC **endorsed** the recommendations of the Clinical Policies Forum which included approval of the following clinical policy in line with its delegated authority.

- Primary Care Knee Replacement Surgical Threshold Policy.

IPAC also **agreed** to defer the withdrawal of the Basal Cell Carcinoma (BCC) policy at this time. A new pathway was currently being developed to provide guidance on which BCCs should be referred.

It was noted that the surgery for the treatment of tongue-tie surgical threshold policy had been reviewed and that no changes had been made other than to add a reference, in line with other CCG policies, that surgery should only be undertaken for babies of mothers who have undergone proper counselling and support for their breastfeeding problems. The observation was made that it was unclear why trusts were not carrying out this procedure as standard in the maternity unit before they left. Sandie Smith also commented that tongue tie was an issue that they had received patient feedback about.

Dr Mark Brookes commented that with regards to skin lesions, consideration was being given to carrying out an audit to assess what was currently being done within primary care. However, it was felt this would merit a systemwide audit and that a starting point would be to review activity within the acute trusts.

7.8 OptimiseRx – Contract Renewal

IPAC received a report which sought its support to renew the OptimiseRx contract.

OptimiseRx was a prescribing support software that offered safety and cost interventions at the point of prescribing for new prescriptions and at repeat prescriptions reauthorisation. The CCG's Medicines Optimisation Team had originally purchased the software in October 2016, and the three-year contract was now due for renewal. It was noted that the Chief Officer Team had previously agreed to a 3-month extension to enable time for the full proposal to be developed. The intention was to progress this through the national NHS SBS Framework, which removed the requirement for NHS organisations to run costly individual procurement exercises and also saved time and significant resources.

Dr Gary Howsam, while in support of the renewal, commented that further consideration around the communications with GP practices on the use of the system software was needed. In particular he was concerned that a significant percentage of the best guidance notifications were being ignored, and that this needed to be improved upon to ensure best use of resources.

IPAC **approved** the following recommendations which would be made to the Governing Body in Public on 5 November 2019 for ratification.

- To note use of the NHS SBS Framework for this process.
- To approve investment of c.£300k per annum over the next three-years (31p/patient/year) for continued delivery of safety and cost avoidance interventions at the point of prescribing through the OptimiseRx system (Termination of the contract yearly is an option with a three-month notice period).
- To approve moderate additional investment, £2,500 one-off set-up costs per site for six Out of Hour sites, to support the use of the OptimiseRx profile to deliver relevant safety and cost avoidance interventions to our patients when they attend out of hours services.

8. Other Matters

IPAC received the latest version of the CCG Assurance Framework and Risk register for comment and review in advance of its submission to the Governing Body in November 2019.

At the suggestion of the Chair, IPAC reviewed and sought assurance around those risks where there continued to be a notable gap between current and target risks scores; the Chair felt it important to understand if these gaps in the current and target risk scores meant the target score was unrealistic or the actual score needed updating for recent progress in managing risk or if the CCG needed to do more to reduce the level of risk.

It was reported that Audit Committee had also asked for a short explanatory narrative to be added against each risk on the CAF to support understanding of any gaps between current and target risk scores. The objective would be to articulate the reasons for the gaps and how it was envisaged they would be closed by year-end and, if necessary, to reevaluate any target risks where the score was no longer considered to be attainable. Senior Risk Owners had been asked to complete this action and reflect the outcome in the next iteration of the CAF.

IPAC noted that some of the previous gaps between the current and target risk scores had been removed as a result of the executive team's recent review of the CAF. The main variations where the current risk score remained significantly higher than the target risk score related to the financial situation where the level of risk would be reconsidered when there was information for Quarter 3 and on quality of healthcare pending the resolution of some recent quality issues.

IPAC was informed about an emerging risk that concerned the Complex Cases Team's core IT system Health Analytics, which was being withdrawn by the current supplier at the end of June 2020. A Programme Board was being set-up which would oversee the procurement process, manage any risks and the subsequent implementation of the replacement system. The Programme Board would also undertake a detailed risk assessment. The Delivery and Governance Oversight Group, in conjunction with the Senior Risk Owner would also consider whether a stand-alone risk needed to be escalated to the CAF.

The Chair and Committee welcomed the positive work which was ongoing around the development and monitoring of the CAF

The Committee **noted** the latest version of the CCG Assurance Framework and Risk Register.

Louis Kamfer left the meeting at 16.30

8.2 Equality & Diversity Steering Group Update

At the request of Jan Thomas, Accountable Officer, it was **agreed** to defer this item to the next meeting.

9. Committee Effectiveness

9.1 Reflections on Meeting

- The increased level of pace around decision making was noted.
- The input of Healthwatch, as a patient voice, was considered helpful.

10. Any Other Business

10.1 General Election Announcement

In view of the planned general election announcement, on a date still to be agreed, consideration would need to be given whether it would be necessary to include any additional items on the 5 November 2019 Governing Body agenda in advance of the implementation of Purdah post this meeting.

ACTION: Jan Thomas/Sharon Fox.

11. Date of Next Meeting

It was confirmed that the next meeting would be held on Tuesday, 26 November 2019 at 1PM in the Cedar Room, Lockton House Cambridge.

Simon Barlow
Corporate Governance Manager
November 2019