

Agenda Item: 4
Report Number: GB151-16
Venue: NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP
Date: 28 November 2016
Meeting: North West Surrey CCG Governing Body - Part One

Title of Report:	Actions Log
Presented by:	Dr Charlotte Canniff NW Surrey CCG Clinical Chair
Relative Legislation & Source Documents:	N/A
Freedom of Information:	Open
This documentation is for discussion and to note	

Executive Summary:

This report is a summary of outstanding actions and completed actions from the minutes of the last Governing Body meeting, held 24 October 2016.

Implications:

Health Impact:	No direct implications
Financial Implications:	No direct implications
Legal Implications:	No direct implications
Equality & Diversity	No direct implications
Communication & Engagement	No direct implications
Reputational Implication:	No direct implications
Risk Register:	No direct implications

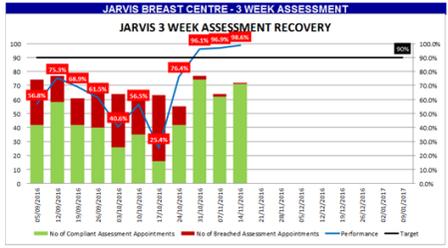
Recommendations:

The Governing Body members are asked to **Note** the completed actions and **Discuss** the outstanding actions.

GOVERNING BODY ACTIONS LOG INCLUDING MATTERS ARISING - PART 1
AS AT 25 November 2016

ACTION NO.	DATE FIRST RAISED	ISSUE REPORT/ AGENDA ITEM	ACTION	DUE DATE & Lead	Update	STATUS AS AT 25 November 2016 RATIONALE FOR DELAY IF APPLICABLE
67	26.9.16	2	Declarations of Interest: Secretariat agreed to standardise the wording of organisations that members declared and to provide more detail to Members to assist with the completion of their declarations	Secretariat / IP	21/11/16 – IP : This work is still in progress in collaboration with Guildford and Waverley CCG. It will form part of a revised policy to provide continuity of approach across the Heartlands area.	
69	26.9.16	8	NWS Primary Care Commissioning Committee (PCCC): Woking Locality was still seeking a representative for the PCCC	Secretariat / DS	21/11/16 – IP : The new representatives for both SASSE and Thames were in attendance for PCCC on 18 November 2016. Dr Deborah Shiel continues to represent Woking	
70	26.9.16	11	Stroke Services Review Committee in Common: The vacancy for a Lay member as a nominated deputy to be filled.	Secretariat / JR	21/11/16 – IP : In considering the updated ToR for the Stroke CiC at the last meeting we did not identify a lay deputy for Will McKee. Governing Body is requested to consider this.	

72	26.9.16	14	Contract Performance Report: CCI to bring a paper about cancer breast screening to Governing Body.	CCI	21/11/16. To come to the 23/1/17 Governing Body meeting.	
73	26.9.16 24.10.16	9 3	Item 9, Surrey Heartlands Committees in Common Framework from 26.9.2016: Identified as an action in item 3, Review of draft minutes of 26.9.16: Under-representation for NWS CCG Governing Body at the CIC with JR acting as SRO of the STP was raised as an issue.	CC	This was considered at the Special GB on 17 October 2016 and the view was that JR would attend the STP CiC as the SRO and Mark Baker replaced JR as a representative of NWS CCG on the CiC. Completed.	
74	26.9.16 24.10.16	20 3	(20) Process for 2016-17 Emergency Preparedness Resilience and Response (EPRR) Assurance: (3) Review of draft minutes of 26.9.16: KT to confirm arrangements regarding the implications for NWS CCG from the changes to the NHS England EPRR Framework, and the plans in place to prepare for increased responsibilities.	KT	14/11/16 KT advised that GB approved the Action Plan for the EPRR Framework at its 26 September GB meeting. As such, this matter for Governing Body is completed.	
75	24.10.16	10	Workforce Report – Quarter 2, 2016 : Re: item 4.5 of the Report, AS to provide a comparison with other local CCGs, if the data was available.	AS	25/11/16 AS advised that this information will be tabled at the November GB meeting however the data does not compare directly as different measures are used.	

76	24.10.16	12	<p>Contract Performance Report :</p> <p>JJ to report back on the discussion at the NHSE Assurance meeting regarding the Jarvis Centre.</p>	Sch/JJ	<p>25/11/16 JJ advised : NHSE has said they are assured that the centre is taking appropriate action to recover, and this is reflected in the latest numbers which show that compliance has now been achieved for the last 3 months:</p>  <p>JARVIS BREAST CENTRE - 3 WEEK ASSESSMENT JARVIS 3 WEEK ASSESSMENT RECOVERY</p> <table border="1"> <thead> <tr> <th>Date</th> <th>No of Compliant Assessment Appointments</th> <th>No of Breached Assessment Appointments</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>05/09/2016</td><td>45</td><td>15</td><td>75.0%</td><td>100.0%</td></tr> <tr><td>12/09/2016</td><td>50</td><td>10</td><td>83.3%</td><td>100.0%</td></tr> <tr><td>19/09/2016</td><td>55</td><td>5</td><td>90.9%</td><td>100.0%</td></tr> <tr><td>26/09/2016</td><td>60</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>03/10/2016</td><td>55</td><td>5</td><td>90.9%</td><td>100.0%</td></tr> <tr><td>10/10/2016</td><td>50</td><td>10</td><td>83.3%</td><td>100.0%</td></tr> <tr><td>17/10/2016</td><td>55</td><td>5</td><td>90.9%</td><td>100.0%</td></tr> <tr><td>24/10/2016</td><td>60</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>31/10/2016</td><td>65</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>07/11/2016</td><td>70</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>14/11/2016</td><td>75</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>21/11/2016</td><td>80</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>28/11/2016</td><td>85</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>05/12/2016</td><td>90</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>12/12/2016</td><td>95</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>19/12/2016</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>26/12/2016</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>02/01/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>09/01/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>16/01/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>23/01/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>30/01/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> <tr><td>06/02/2017</td><td>100</td><td>0</td><td>100.0%</td><td>100.0%</td></tr> </tbody> </table> <p>Prior to any sustainable compliance, the Jarvis Centre was asked by the CCG to provide waiting list information to provide further assurance that there wasn't a 'hidden' backlog waiting to be assessed. They responded as follows: <i>'Unfortunately the additional request would require a manual count and we are not currently resourced to do this. You are very welcome to visit the service and we can investigate the additional work you require and cost it appropriately'</i>.</p> <p>Unless the Governing Body advises otherwise, the CCG does not intend to take any further action as this is a service commissioned by NHSE.</p>	Date	No of Compliant Assessment Appointments	No of Breached Assessment Appointments	Performance (%)	Target (%)	05/09/2016	45	15	75.0%	100.0%	12/09/2016	50	10	83.3%	100.0%	19/09/2016	55	5	90.9%	100.0%	26/09/2016	60	0	100.0%	100.0%	03/10/2016	55	5	90.9%	100.0%	10/10/2016	50	10	83.3%	100.0%	17/10/2016	55	5	90.9%	100.0%	24/10/2016	60	0	100.0%	100.0%	31/10/2016	65	0	100.0%	100.0%	07/11/2016	70	0	100.0%	100.0%	14/11/2016	75	0	100.0%	100.0%	21/11/2016	80	0	100.0%	100.0%	28/11/2016	85	0	100.0%	100.0%	05/12/2016	90	0	100.0%	100.0%	12/12/2016	95	0	100.0%	100.0%	19/12/2016	100	0	100.0%	100.0%	26/12/2016	100	0	100.0%	100.0%	02/01/2017	100	0	100.0%	100.0%	09/01/2017	100	0	100.0%	100.0%	16/01/2017	100	0	100.0%	100.0%	23/01/2017	100	0	100.0%	100.0%	30/01/2017	100	0	100.0%	100.0%	06/02/2017	100	0	100.0%	100.0%	
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77	24.10.16	12	<p>Contract Performance Report :</p> <p>KT/Medicines Management Team to report back on the overspend on excluded drugs and devices, as shown on page 8, item 19g of the Contract Performance Report, re. 'Key Variances in Month 5'.</p>	KT/ Medicines Management Team	<p>25/11/16</p> <p>Perminder Oberai, Medicines Optimisation Pharmacist, advised:</p> <ol style="list-style-type: none"> 1. This year, a couple of biosimilar products came onto the market. To ensure we realised savings for the new biosimilar drugs, we negotiated a local agreement where the trust was to switch patients within the year and the CCG was to pay a one off switch fee to the trust for each patient. This helped both the CCG to realise savings and the trust. Savings to the CCG will be made throughout the year so the overspend on these drugs within the year will be slightly skewed. 2. Uptake for some drugs was not budgeted for correctly. For example: Vedolizumab - More patients put on this drug than forecasted at budget setting. We did not account for new NICE uptake for 16-17. We are at 'steady state now' with patients started as per agreed clinical pathway. We had budgeted for £59,500.00 but to M7 we have spent £102,400.00 and if this trend continues this will result in an overspend of £73,542.86. 3. Billing in the earlier part of the year covered some months from the previous years as they bulk invoiced for 5 months at month 2. 	
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					<p>3 (cont'd) This was raised with the trust that they shouldn't accumulate so many months invoices before billing as it skews spend and affects forecasting.</p> <p>4. We liaise with the trust for all applications for drugs that are excluded so that we can be assured that each patient is being treated appropriately. This reduces waste and inappropriate prescribing.</p> <p>5. We work very closely with acute trust pharmacists and clinicians to set budgets. We estimate patient numbers based on current patients and what the clinicians forecast will be the number of new patients. If a patient requires a drug and fits the criteria then we have to pay for the funding of that drug.</p> <p>6. The Payment by Results Excluded (PBRe) drugs are more costly and a few extra patients can cause us to have a large overspend.</p>	
78	24.10.16	12	<p>Contract Performance Report :</p> <p>The CCG to monitor and seek improvement from SECamb that the closure of the Knaphill Ambulance Station will not impact on Surrey response times.</p>	CSt	<p>21/11/16 CSt advised that this was on ongoing matter.</p>	

79	24.10.16	12	<p>Contract Performance Report :</p> <p>The Contract Performance Report to include further detail about the split out of NWS long waiters by provider in relation to the 52 week waits/IAPT (see pages 16-17), in the December report.</p>	SCh/JJ	<p>21/11/16</p> <p>JJ advised this has been done.</p> <p>Completed.</p>	
80	24.10.16	14	<p>2016-2020 Surrey Digital Roadmap submission to NHS England 30 June 2016 :</p> <p>A single page of key points that outline in simple language the main benefits of the digital roadmap be prepared for Governing Body.</p>	AS/SA	<p>25/11/16</p> <p>A 3 page summary sheet was sent to the Governing Body on Friday 25/11/16.</p>	
81	24.10.16	14	<p>2016-2020 Surrey Digital Roadmap submission to NHS England 30 June 2016 :</p> <p>AS/SA to liaise with NK regarding input to the Digital Roadmap Programme Board on what the digital roadmap should deliver for users.</p>	AS/SA/NK	<p>17/11/16</p> <p>SA was emailing NK regarding this matter.</p>	
81	24.10.16	14	<p>2016-2020 Surrey Digital Roadmap submission to NHS England 30 June 2016 :</p> <p>Governing Body clinicians to inquire if any clinicians in the Localities might also be interested to contribute to the Digital Roadmap Programme Board on what the digital roadmap should deliver for users.</p>	Governing Body Clinicians.	<p>2/11/16</p> <p>AS/SA : Waiting to hear back re. this matter.</p>	