

Meeting: Governing Body			
Meeting Date	28 March 2018	Action	Receive
Item No.	9a	Confidential	No
Title	Clinical Cabinet Chair's Report		
Presented By	Howard Hughes, Clinical Director and Clinical Cabinet Chair		
Author	Howard Hughes, Clinical Director and Clinical Cabinet Chair		
Clinical Lead	Howard Hughes, Clinical Director and Clinical Cabinet Chair		

Executive Summary
This paper is presented to the Governing Body to provide an update of the Clinical Cabinet meeting held on the 8 February 2018.
Recommendations
It is recommended that the Governing Body <ul style="list-style-type: none"> Receive the update provided

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – not applicable	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Governance and Reporting						
Meeting	Date	Outcome				
Clinical Cabinet	08/02/2018	The Committee discussed the items included in the update.				

Clinical Cabinet Meeting 8 February 2018

Items considered were as follows:-

- 1.0 QIPP Update:** Cabinet received a report detailing what was expected to be the final QIPP position for 2016/17. Cabinet acknowledged the excellent work undertaken within primary care to help reduce the ordering of potentially unnecessary blood tests.

Cabinet: Noted the contents of the report and requested that a communication be sent to member practices thanking them for their support.

- 2.0 Finance Update:** Cabinet received an update that stated the CCG was on track to meet its financial obligations for 2017/18. However, the following year was more challenging than any in recent memory. Any mitigations currently in place were overshadowed by larger cost pressures and the opportunity to develop further mitigations was limited. A line by line review of spend would be needed and progress on this would be fed back in due course.

Cabinet: Noted the high level financial update received, following receipt of Planning Guidance and allocations.

Noted that a full analysis of the Planning Guidance is underway and a further report will be provided to the March meeting confirming the extent of the gap.

Noted that the CCG is involved in considering opportunities on all areas of spend to help support achievement of a balanced budget and the outcomes of this exercise will be shared with the March Cabinet.

- 3.0 Two Week Wait E-Referral Process Booking:** Cabinet received a paper proposing that 2ww referrals took place via the electronic referral service (e-RS).

Cabinet: Supported the introduction of a 2ww RAS to enable Bury GPs to process their 2ww referrals electronically via e-RS, recognising a number of risks and issues which will be looked into via the Leadership Group. Cabinet also agreed that this can be implemented as soon as possible with the relevant training provided.

Noted the aspiration from NHS England that 2ww referral appointments should be booked directly within ERS by the Referring GP, but await the guidance for clarity around whether this could be done by admin staff.

- 4.0 Upper and Lower GI Action Plan:** Cabinet received a paper with an action plan, agreed across the NES, outlining ways improve the position for patients in relation to elective pressures in a number of key specialties. The action plan also outlined what local progress has been made.

A draft joint action plan agreed with PAHT was also provided. This requires

further work to identify leads against each action, and agree next steps and timescales for completion.

Cabinet: Received the high level action plan and noted and commented on the actions indicated.

Noted that the sub-committee will receive quarterly progress reports on the impact of these actions.

- 5.0 Post-Acute Kidney (AKI) Injury care Management Intervention:** Cabinet received a further update on the CLAHRC audit presented at the previous meeting.

Cabinet: Noted the contents of the draft NIHR CLAHRC GM quantitative report and provided feedback on the proposed design/measures of the planned analysis.

- 6.0 GM EUR Policies for Review:** Cabinet received the following policies that were due to be reviewed by the Greater Manchester EUR Steering Group on the 21st March 2018. Cabinet was asked to feedback any operational issues relating to the policies:

- GM017 Headache Disorders
- GM018 Out of Contract Spinal Procedures
- GM015 Surgical Drainage of the Middle Ear (with or without grommets)

Cabinet: Supported the policies for review

- 7.0 GM EUR Policies for Clinical Engagement:** Cabinet received the following policies for clinical input

- GM051 – Greater Manchester Effective Use of Resources Policy: Knee Replacement
- GM056 – Greater Manchester Effective Use of Resources Policy: Hip Replacement

Cabinet: Considered the comments received and supported the policies and requested that a general summary for practices be produced, when any refreshed referral criteria came into place.

- 8.0 GM Performance and Delivery Board Feedback – December 2017**
A summary of the feedback received at the GM Performance and Delivery Board was provided for information.

- 9.0 CCG Board Minutes:** The minutes from Bury CCG's Governing Body meetings can be found at the following link:
<http://www.buryccg.nhs.uk/board-papers/CCGBoardPapers/CCG-Papers-Index.aspx>

10.0 As usual, further details of this meeting, including papers, can be obtained informally from the Chair at howard.hughes@nhs.net and approved minutes from previous meetings from Julie Hall at j.hall9@nhs.net

Howard Hughes
Clinical Director and Chair of the Clinical Cabinet
February 2018