Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

DRAFT

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 5th June 2018 at 1.30pm, at the Vassall Centre, Gill Avenue, Downend, BS16 2QQ

Minutes

Present		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Colin Bradbury	Area Director North Somerset	CB
Peter Brindle	Medical Director Clinical Effectiveness	PB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Lisa Manson	Director of Commissioning	LM
Peter Marriner	Lay Member Strategic Finance	PM
Anne Morris	Director Nursing and Quality	AMor
Justine Rawlings	Area Director Bristol	JRa
Julia Ross	Chief Executive	JR
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Sarah Truelove	Chief Financial Officer	ST
Apologies		
Alison Moon	Independent Clinical Member Registered Nurse	AMoon
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
In attendance		
Sarah Carr	Corporate Secretary	SC
Peter Purdie	Commissioning Manager	PP
Mark Bradford	Procurement and Mobilisation Lead	MB

	Item	Action
01	**Apologies** Jon Hayes (JH) welcomed members and members of the public to the meeting. The apologies were noted.	
02	**Declarations of interest** There were no new declarations of interest. Jon Hayes, Jon Evans, Felicity Fay, Peter Brindle and Rachael Kenyon had declared an interest that related to the AQP Audiology paper as their practices held shares in One Care. They would not participate in the decision making. There were no other conflicts of interest arising from the agenda. It was agreed that Felicity Fay (FF) would be added to the register and that Jonathan Evans' (JE) name would be corrected.	**SC**
03	**Minutes of the previous meeting and matters arising** The minutes were agreed as a correct record with the following corrections: • Page 1, Sally Hogg had not attended the meeting • Page7, final paragraph, would be amended to read "JR commented that a BNSSG wide procurement would meet the needs of the local population." • Page 9, final paragraph, an action would be added to include Influenza Immunisations as a target that would be monitored through the Primary Care Commissioning Committee. • Page 16, final paragraph, would be amended to read "JR was concerned whether the issues relating to 'on-hold' patients were being resolved quickly enough".	
04	**Actions arising from previous meetings** • 6 March '18 item 10.1 ref 02, ref 03; 6 April '18 item 10, ref 01, 1 May '18 item 10 ref 01, ref 02, ref 03. These actions would be incorporated in the monthly 2018-19 Performance and Quality Reports to be presented to the Governing Body from July 2018. The actions were closed. • 1 May '18 item 7.3, ref 01; The Winter Plan was being finalised and would include a proactive public communications strategy. The action was closed. • 1 May '18 item 11.3, ref 02; It was confirmed that that representation would be required from colleagues in both public health and social care for the Area Locality Groups. All other actions due were closed.	
05	**Update from the Clinical Chair** Jon Hayes (JH) reported that he continued to meet with Chairs of provider organisations and local commissioning organisations to develop a network of relationships and take forward the engagement process. A programme of membership engagement and practice visits would commence in June.	

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	As part of the celebrations for 70 years of the NHS a creative writing/arts competition for local primary school aged children would be launched. Staff based in the Corum office, South Gloucestershire had moved into the new office space in South Plaza, Bristol. Staff based at the Castlewood office in North Somerset would follow. JH expressed his, and the Governing Body's, thanks to staff in the CCG and provider organisations following the fire at the University Hospital Trust Bristol (UHB) Haematology and Oncology Centre for ensuring that there had been a minimal disruption to services. Lisa Manson was thanked for her co-ordination of the CCG response to the incident.	
06	**Chief Executive's report** Julia Ross (JR) commented on the response following the fire at the Haematology and Oncology Centre. NHS Improvement and NHS England had given positive feedback regarding the system's response to the incident. It had been noted how quickly the local system had reacted in terms of A&E performance following the fire. JR expressed her thanks to colleagues across the whole system. Julia Ross reported that: The CCG had received notification of the outcome of the CCG Improvement and Assessment Framework for 2017-18. One overall assessment of "requires improvement" across the four domains was provided for the three former CCG's. NHSE had been positive in its comments, noting the achievements made over the year. The assessment reflected the non-delivery the financial plan. A copy of the letter from NHSE would be circulated to members. The NHSE National Director of Operations and Information, Matthew Swindells and Michael Macdonnell, NHSE Director of Transformation, had visited the local health community. The meeting with the CCG had focused on recent achievements. The meeting with the STP leadership focused on the priority areas. Positive feedback had been received on the progress made as a system and on the clarity of the local vison and priorities. A commitment had been made to support the STP key priorities. The recommendation that South Gloucestershire Council lead the procurement for the South Gloucestershire 3Rs programme had	**SC**

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	been agreed by the South Gloucestershire Council Cabinet. North Bristol Trust (NBT) had approved its involvement in the programme. A Memorandum of Understanding between the partner organisations was being developed to enable the work to progress. JR had attended the April Audit, Governance and Risk Committee meeting where the Annual Report and Annual Accounts 2017-18 had been discussed and approved. The CCG's External Auditors had given positive feedback on the management of the end of year process, noting that this had involved closing the accounts across three organisations. Positive comments regarding the quality of information and the timeliness of responses had been made. This was a tribute to the finance team. The External Auditors had provided an Unqualified Opinion for each CCG. JR asked Sarah Truelove to pass on her thanks and those of the Governing Body to the finance team. JR highlighted the STP event planned for the 21 June which was an opportunity to hear about the STP vision and priorities and shape the way forward. Colleagues were encouraged to register for the event. JR drew attention to the AGM which would follow the July Governing Body meeting. The AGM would start at 5.30pm.	**ST**
7.1	**Proposals for Breast Reconstruction following Cancer Surgery and Gluten Free Prescribing** Peter Brindle (PB) presented the paper. The recommendation regarding homeopathy services and treatments had been deferred pending the outcome of the Judicial Review of the NHSE guidance for CCGs. The CCG had completed a 12 week consultation on the review of homeopathy services and treatments. The background to the proposed policy for Breast Reconstruction Post Surgery was outlined. The initial consultation on the proposed policy had raised a number of concerns and, as a result, a decision had been made to revise the policy and undertake a further 13 week consultation. The consultation responses were supportive of the amendment of the policy to allow for surgery on the contralateral breast. Concerns about the time limits for routine access to the reconstruction pathway were raised during the consultation. To address these concerns individual requests would be considered for an extension to the time limit where there was clinical support. PB highlighted that the policy was not driven by cost savings and it was anticipated that the policy would be cost neutral.	

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	Nick Kennedy (NK) asked what mechanism would be used to approve requests for reconstructive surgery that fell outside the time limits. JR asked what the purpose of the time limit was. PB explained that the time limit was intended to support planning for patients requiring reconstructive surgery. There followed a discussion about the time limit and the most appropriate mechanism for decision making for cases outside of the time limit. JR emphasised the need for a clear process. It was agreed that the most appropriate mechanism for the review of cases requiring reconstructive surgery outside of the described time limit would be the IFR process. This detail would be shared with colleagues. Sarah Talbot-Williams (STW) observed that the original proposal had a cost saving element. STW asked how the planned savings would be achieved. PB explained that the savings would be achieved through the wider system recovery plan. The background to the proposals regarding the prescribing of gluten free items within the footprint of the former Bristol CCG was explained. The proposals were aligned to those previous adopted by the former North Somerset and South Gloucestershire CCGs. A 12 week consultation was conducted and 100 responses were received. Forty-two percent of these responses were received from patients with coeliac disease. The remainder of responses came from clinicians, and people without a diagnosis of coeliac disease. Concerns raised by respondents and the mitigating actions were set out at page seven of the paper. The mitigating actions to support vulnerable patient groups were highlighted. The outcomes of a national consultation by the Department of Health and Social Care (DH) were announced in January 2018 which recommended that a limited range of gluten free products should be available on prescription to patients with a diagnosis of coeliac disease. It was explained that the outcome of this consultation had been considered alongside the local consultation. The CCG proposal was to restrict prescribing of gluten free items to patients under 18 years and limit prescribing to staple food items. It was explained that 80% of prescribing related to adults. Brian Hanratty (BH) asked what the reason for setting the age limit to 18 years was. It was explained that this age was chosen as it was the conventional child/adult age border. BH sought clarity about the support to be offered by GPs to vulnerable patient groups. The issue of resources within primary	**PB**

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	care was raised. It was noted that the regular GP review of patients with coeliac disease was part of NICE guidance and that this was an opportunity to assess a person clinical state and for GPs to exercise their clinical judgement. Felicity Fay (FF) commented that clear guidance for clinicians would be needed to support decision making in relation to prescribing gluten free items. It was agreed that a patient leaflet would be provided as part of the support. PB explained that a review and evaluation of GP consultations with patients with coeliac disease presenting with gastrointestinal complaints in North Somerset and South Gloucestershire had been conducted. This compared the number of consultations before and after the introduction of the policy. This had found there had been a relative reduction in the number of consultations although the sample size was small. **The Governing Body reviewed and agreed:** • **The commissioning policy for breast reconstruction following cancer surgery** • **The recommendations for gluten free prescribing to:** - **Advise local GPs that they should not routinely prescribe gluten free food items for patients with coeliac disease aged 18 years and over,** - **Reimburse patients any investment they have made in pre-payment prescription certificates** - **Limit prescriptions for patients under 18 years to staple food items: bread, pasta, flour and multipurpose flour mixes** - **Update the BNSSG Joint Formulary to reflect these changes**	**PB**
7.2	**Any Qualified Provider (AQP) Audiology Re-Procurement** The interest declared by Jon Hayes, Jon Evans, Felicity Fay, Peter Brindle and Rachael Kenyon were noted. These members did not participate in the decision making. John Rushforth chaired the meeting for this item. Peter Purdie (PP) attended for this item. LM explained that the intention of the re-procurement and the procurement route was to secure better value for money, support system financial recovery, improve clinical pathways and strengthen patient choice. The AQP procurement had been launched in January 2018. The CCG had reviewed the specification and the lowered the tariff. Access had been aligned to the national access age of 18 years and over.	

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	STW asked if the savings would be delivered. LM confirmed that the lower tariff would deliver savings. JR observed that the quality of the service would not reduce. Kirsty Alexander (KA) asked how patients would get their ears checked prior to a hearing test, whether domiciliary visit would be offered and how outcomes would be quality assured. PP confirmed that entry to the service would be through primary care referral. The specification required that all providers offered domiciliary care and one provider offered domiciliary services only. All providers were required to be accredited through the United Kingdom Accreditation Service (UKAS) Improving Quality in Physiological Services (IQIPS) accreditation scheme within the year. The specification included two nationally recognised outcome measures and would be recorded in patient notes. BH asked about patients requiring earwax removal. PP explained that the AQP providers were not permitted to perform earwax removal. Patients would be referred back to primary care. It was noted that some GP practices did not offer earwax removal. PP commented that providers that were suitably qualified were able to separately offer earwax removal and then retain the patient for audiology services. BH asked if patients would be advised about self-care in relation to earwax removal in advance of appointments. It was agreed that advice for patients would be reviewed. Peter Marriner (PM) informed members that the paper had been received at the Strategic Finance Committee and assurance had been provided on the quality of the service and the timescale of introduction. FF asked if identified savings would be made given the change in access to 18 years and over. It was explained that there would be a reduction in activity in other audiology services. The eight providers to be accredited were: • Complete Price Eyewear trading as The Outside Clinic • GP Care UK Ltd • Hidden Hearing • Inhealth Ltd • Scrivens Ltd • Specsavers Hearcare Group Limited • University Hospitals Bristol NHS Foundation Trust • Weston Area NHS Trust **The Governing Body approved the formal award of the Any**	**LM**

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	Qualified Provider (AQP) Audiology Services for BNSSG CCG to the named providers	
7.3	**111 Online – Phase One Implementation** Mark Bradford (MB) attended for this item. Deborah El-Sayed (DES) introduced the paper. NHSE had issued a directive to STPs that had not implemented a 111 Online system to adopt NHS Pathways Online as an interim measure. There were three phases to the project. The first phase would enable the Directory of Services to be searched at the end of a Pathways Online triage and provide the user with contact details and access instructions to get further help. The second phase would enable the user to enter their contact details at the end of a consultation allowing then to be called back by the Clinical Assessment Service (CAS) or other appropriate service. The final phase would provide full interoperability with provider systems to enable appointment booking, call backs and full transfer of consultation details. The requirement for phase one to be completed by July 2018 had been removed. The CCG proposal was to continue with the mobilisation of phase one in line with the original NHSE timescale for a soft launch in July 2018. MB gave a presentation on the implementation and demonstrated the phase one service. Phase one would have a signposting solution in place for the end of July 2018 with an aspiration to move to phase two for September 2018. Phase one would be available to patients, although would not be publicised widely at the soft launch. There would be direct engagement with patient groups and clinicians to shape the Directory of Services and the clinical response. FF welcomed the proposal and commented that the locality improving access schemes could link to the service. MB noted that the service was focused on the 111 service and as it developed there would be opportunities to link to other developing services and improved access. MB highlighted that a core element of the digital strategy was that the service had one of three potential outcomes for patients: • The advice needed so that patients would care for themselves • Advice and a prescription for any medication required or a • A booked appointment for a remote or face to face consultation JE asked if the intention was to make the phase one service available to patients. DES explained that at the soft launch stage the	

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	emphasis would be on a targeted promotion and encouraging a shift in behaviours and not to increase demand. There followed a discussion about the co-design of the service and the involvement of patients. The potential of the service as lever to help redesign other services was discussed. PM commented that information about performance was important. MB explained that the digital strategy was focused on evaluation and continuous learning. DES commented that whilst the phase one service did not collect patient identifiable information; reports would be available and locality reports could be generated. The service included a patient feedback survey at the end of the 'contact'. MB commented that the App version could be set by patients to enable patient journeys and outcomes to be better understood. NK asked if the service would allow patients to retrace their responses. It was confirmed that the model would have a 'back button' allowing answers to be revised. NK asked if there were funding issues. MB reported that funding would be clarified. DES confirmed the service would be built into the IUC CAS contract. AMor asked how the quality of contact dispositions would be audited. DES explained that pathways would be audited in line with NICE guidance. The terms and conditions for the service set out the limits of liability. The service emphasised that patients concerned about their health should contact a health professional. The key stroke responses would be reviewed through monthly logs. Connecting the service to outcomes was not possible at this stage and this was being explored. **The Governing Body agreed to proceed with a mobilisation of Phase One of the project in line with NHS England timescales with a soft-launch in July 2018 moving to a more fully integrated solution with the new Integrated Urgent Care Service by April 2019**	
7.4	**Healthier Together – Report to Partner Boards** JR explained that the paper was the first of regular reports to partner boards. Attention was drawn to the Plan on a Page developed in 2016. The priorities identified remained relevant. The progress review at page 12 was highlighted and JR observed that notable progress had been made. The sources of funding were set out in the paper. JR noted that there was a budget for a PMO to support the delivery of the STP. The CCG made the largest financial contribution and also made a significant contribution in terms of staff resource. The CCG	

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	PMO provided support to the STP PMO. There would be further discussions about resources with partners. The key work programmes were set out in the paper. There would be an opportunity to discuss the work streams at the Healthier Together Conference on 21st June. The paper included communications and engagement activity. JR commented that this had been limited to date. External support was being sought to collect and understand the views of the public regarding their experience of care and the changes they would like to see across the system. KA welcomed the focus on public health and asked what support was available for public health interventions. KA commented on the reference to the Acute Care Collaboration and asked if future work would focus on the wider urgent care system. JR explained that the report described the actions taken so far and the current position. The acute care collaboration would begin to focus on the network of services that acute colleagues needed to develop in collaboration to delivery BNSSG wide services. A separate work programme looked at urgent care with a focus on the pathway and primary care. JR commented that there was a high level of engagement with public health colleagues and the prevention work stream was public health lead. Viv Harrison (VH) explained a workshop launching the strategy and priorities had been held. Each priority had an underpinning implementation group lead by public health colleagues. STW asked how the STP and the individual partner organisations would avoid duplicating communications and engagement activities. JR explained that the activities reflected the resources and activities of the individual organisations. John Rushforth (JRu) asked about the contribution of the STP PMO. JR explained that the STP team was a small team and it provided additional resource and monitoring. The team worked alongside the CCG PMO. JRu asked if there was a risk of duplication by the PMO teams. JR explained that the STP PMO would be co-located in South Plaza. JE commented that there was no specific reference to the CCG membership and localities. JR observed that GPs were represented by One Care within the STP. The locality provider leads were invited to, and attended, the Integrated Care Steering Group. The STP was clear that it needed to communicate better with all partners including the CCG and it's the members. JR noted that the CCG had a responsibility to communicate with its membership and it would be helpful to use existing communications with GPs to provide information on the STP.	**DES**

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	BH asked about the plans for future funding. JR explained that current funding was on a rollover basis. Following the event on the 21st June there would be greater clarity and this would help understand the level of resource available and required and how this would be provided. **The Governing Body received the report**	
8.1	**Summary Overview of Proposed New Safeguarding Arrangements for Children** Anne Morris (AMor) explained that following the Woods Review and the Children and Social Work Act 2017 the required arrangements for safeguarding had changed. A local Safeguarding Children's Board Consortium (covering the Avon and Somerset Police area) had been established to consider the new arrangements and ensure that these were in place for the July 2019 deadline. At its May 2018 meeting the Consortium reviewed options papers and agreed that further time was needed to consider the proposals. AMor highlighted the tender bid for the safeguarding 'early adopters' programme. A response confirming whether the bid had been successful was expected. AMor confirmed that the outcome of the options review would be reported to the Quality Committee and the Governing Body. **The Governing Body:** • **Noted the report** • **Agreed that an update regarding future arrangements should be brought back to the Governing Body** • **Considered the proposal of the CCG employing the Project Managers post if funding was agreed**	**AMor**
9.1	**BNSSG CCGs' Financial Report** It was noted that the data to provide a finance report for month 1 would be available for the next meeting.	
10	**Quality and Performance Report** LM explained that this was the final report for the 2017-18. A new reporting framework would be presented at the July Governing Body meeting. LM drew attention to A&E performance which remained challenging. Performance had improved, at a population level, by 1% between February and March. Performance was compromised by the continued high occupancy rates for acute beds, admission rates and delays in flow through hospital and community facilities. Following the fire at the UHB Haematology and Oncology Centre partners had worked together to ensure that patients were discharged promptly	

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	which made a significant difference to the flow of patients and performance was being sustained. There was a decrease in the number of 'over 21 day's length of stay' numbers across providers and a reduction in the number of significant peaks in A&E attendances. There were indications that the programme of actions implemented to address performance issues was having an impact. Performance regarding the 18 week elective referral to treatment times was at 88%, in line with commissioning plans. There had been a further reduction in the number of patients waiting over 52 weeks. However the CCG had not reached its target of no patients waiting over 52 weeks in 2017-18. Work to reduce the number of patients waiting over 52 to zero continued and the CCG was committed to achieving this in 2018-19. Cancer performance for the 62 day standard improved in March, achieving both the 31 and 62 day standard. Performance for the 2 week wait dropped below standard in March, however it was delivered for the year. The CCG remained committed to achieving the 62 day standard in 2018-19. The impact of the fire at the UHB Haematology and Oncology Centre was being modelled. AMor reported that MRSA rates continued to be an outlier in BNSSG with further remedial action planned at a strategic, community wide level. There had been a challenge at the previous meeting regarding the actions in place for 51% of cases that were unrelated to intravenous drug use (IVDU). The Healthcare Associated Infections Group would review pathways across BNSSG to understand the actions required in relation to cases related to IVDU and also look at system working and pathway interventions for those cases not related to IVDU. This would include pathways from primary to secondary care and the Post Infection review (PIR) process. AMor highlighted that E. Coli was a source of bacteraemia and an E. Coli action plan was in place. Analysis had indicated that the urinary tract infections (UTIs) were a source of infection. Actions included the implementation of a BNSSG wide catheter passport. Guidelines and treatment for recurrent UTIs and the long term prescription of prophylactic antibiotics were under review by the medicines optimisation team. AMor highlighted the CCG's participation in the Harm Review Panels. Following the fire at the UHB Haematology and Oncology Centre the CCG would participate in Harm Review Panels for those patients	

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	affected. AMor commented on the issues reported related to discharge letters from Weston Hospital and NBT. There had been improvements in the standard of letters from Weston Hospital however concerns continued. Further work would be undertaken by the CCG Clinical Lead for Quality with North Somerset GPs. It was understood that there were issues with the IT generated template. Similar issues were reported by NBT and hand written summaries were provided. The CCG had been informed that the software issues would be resolved in July. The Clinical Quality Lead would liaise with NBT to review and develop mitigations. PM asked about the progress made by providers in relation to CQC Inspection reports. AMor explained that the CCG had specific reporting requirements in place with Trusts where CQC Inspection Plans were in place. Where Trusts fell behind with plans the CCG sought specific assurance. PM sought further information on the issues relating to complaints at NBT. AMor explained that recording and reporting of complaints was an issue across the three main providers. There would be a meeting in June to discuss this with the Trusts. JE asked if issues regarding NBT discharge summaries related to a specific speciality. AMor explained that issues related to ED. **The Governing Body noted the performance position of the CCG and key providers, including the risks, mitigating actions and responsibilities**	
11.1	**BNSSG CCGs' Annual Report and Accounts 2017-18** ST explained that the draft annual report had been presented to the May Governing Body meeting and authority to approve the Annual Report and Accounts had been delegated to the Audit, Governance and Risk Committee. The papers presented at this meeting were those submitted to the Department of Health and would be discussed at the AGM in July. STW commented on the Patient and Engagement elements of the report and asked that in future these sections were considered at the Patient and Public Engagement Forum. JR noted that this report related to the three former CCGs and that future reports would be different in approach. **The Governing Body noted that the Annual Report, Accounts and associated papers for 2017-18 had been approved by the Audit, Governance & Risk Committee under delegated authority of the Governing Body**	

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11.2	**Governing Body Committees' Terms of Reference** ST explained that all of the Governing Body sub-committees had met and reviewed their terms of reference. A number of amendments had been proposed by the sub-committees which were described in the paper. These had been incorporated into the drafts presented for approval. **The Governing Body approved the terms of reference for the:** • **Remuneration Committee** • **Audit, Governance and Risk Committee** • **Primary Care Commissioning Committee** • **Patient and Public Involvement Forum**	
11.3	**Corporate Quality Policies** AMor introduced the Serious Incident (SI) Policy and the Policy on the Management of Compliments, PALs enquiries and Complaints. These were part of a programme of work overseen by the Corporate Policy Group to review the policies of the three former CCGs and develop single policies. The policies had been reviewed by the Quality Committee and the Corporate Policy Group. AMor explained that further work was underway to review the policies, specifically the Policy on the management of Compliments, PALs enquiries and Complaints to ensure that it met the needs of the CCG. An easy read version of this policy was being created for the website. JR commented that the CCG's approach to complaints was important and this was an opportunity to consider different approaches. It was agreed to approve the Policy on the Management of Compliments, PALs enquiries and Complaints with the caveat that it was reviewed and revised within six months. It was agreed to adopt the same approach to the SI policy **The Governing Body reviewed the Serious Incident Policy and the Policy on the Management of Compliments, PALs enquiries and Complaints and approved them with the caveat that they would be reviewed, revised and presented back to the Governing Body within six months. The Governing Body noted the implementation plan**	**AMor**
12.1	**Minutes of the BNSSG CCG's In-common Audit, Governance and Risk Committee March 2018** JRu reported on the May meeting of the Audit, Governance and Risk Committee. The External Auditors presented their core reports on the financial position. There had been a discussion of the findings of the	

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	Internal Audit Report on CHC. The Committee had been informed by JR that a wide ranging review of CHC was underway. JRu thanked the Finance Team for the successful management of the end of year process across three organisations. **The Governing Body received and noted the minutes**	
12.2	**Minutes of the Quality Committee April 2018l** AMor reported on the May meeting of the Quality Committee on behalf of Alison Moon, Chair of the Committee. The Committee discussed its terms of reference, and reviewed the reporting to the Governing Body. The Committee would no longer present a summary report; an update on the committee's discussions would be presented by the Chair to the Governing Body. **The Governing Body received and noted the minutes**	
12.3	**Minutes of the Commissioning Executive April 2018** **The Governing Body received and noted the minutes**	
12.4	**Minutes of the Strategic Finance Committee April 2018** PM reported that at the May meeting of the committee the AQP Audiology was discussed. The proposed 2018-19 Finance Report templates were received and discussed. The CCG savings plan and current Red/Amber/Green ratings were discussed. The plan was challenging and committee members had expressed concern regarding the progress made. The committee reminded the CCG that whilst it was not in special measures it was in turnaround and a focus on the saving target remained critical. **The Governing Body received and noted the minutes**	
12.5	**Minutes of the Primary Care Commissioning Committee April 2018** STW reported on the May meeting on behalf of Alison Moon, chair of the committee. The Committee was well attended and the discussion was constructive and engaging. The terms of reference were discussed and the locality governance arrangements were shared. There had been a broad discussion regarding practice resilience and discussion about Local Enhanced Services. NHSE had led on some of agenda items however this would change for future meetings. **The Governing Body received and noted the minutes**	
12.4	**Patient and Public Engagement Forum** STW reported that the forum had met and that the minutes of the meetings would be presented to the Governing Body from July.	
12.5	**BNSSG Healthier Together Sponsoring Board March 2018** **The Governing Body received and noted the minutes**	
13	**Questions from the Public** A member of the public commented that he had received a postal	

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	leaflet from Newmedica that appeared to be endorsed by the CCG. The leaflet appeared to make a direct request that the company should be approached by patients for cataract operations. The member of the public asked if this was correct. LM explained that the CCG had raised this with Newmedica as it appeared that the company was using NHS Branding and the CCG logo inappropriately. The company was one of the local Any Qualified Providers (AQP) for cataract treatment and the CCG did not endorse the company above any other provider. The purpose of the AQP arrangement was to offer greater patient choice.	
14	**Motion to Exclude Press and Public** The "motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business" was proposed by JH and seconded by STW.	
15	**Date of next meeting: Tuesday 3rd July 13.30 Vassall Centre, Gill Avenue, Downend, BS16 2QQ**	

Sarah Carr
Corporate Secretary
25 June 208