

**DRAFT**

## **Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting**

**Minutes of the meeting held on Tuesday 4 September at 1.30pm. Vassall  
Centre, Gill avenue, Downend, BS16 2QQ**

### **Minutes**

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



Ali Ford	Head of Children and Maternity (Item 6.3)	AF
Debbie Campbell	Deputy Director Medicines Optimisation (Item 10.1)	DC

	Item	Action
01	<p><b>Apologies</b></p> <p>Jon Hayes (JH) welcomed members and members of the public to the meeting. The apologies were noted.</p>	
02	<p><b>Declarations of interest</b></p> <p>JH and FF noted a new interest in that Hanam Health had secured a contract to deliver primary care services to those in uniformed service at the Ministry of Defence. This conflict did not affect any agenda items and no action was required. JH and FF would update their declaration forms.</p> <p>There were no other new declarations of interest.</p>	JH/FF
3.1	<p><b>Minutes of the previous meeting of the 7 August 2018 and matters arising</b></p> <p>The minutes were agreed as a correct record with the following additions and corrections:</p> <ul style="list-style-type: none"> <li>It was agreed the reference to “all” on the second action on page 26 should read ‘Members of Executive Team’</li> </ul> <p>The minutes were agreed with the above amendment.</p>	SC
04	<p><b>Actions arising from previous meetings</b></p> <p>The Governing Body noted the action log and action updates.</p> <ul style="list-style-type: none"> <li>Action 02.2, 3 July Item 7.3 – DES confirmed the Delivery board were progressing this work and an update would be brought to the next Governing body meeting. DES noted this update may contain commercially confidential information.</li> <li>Action 02, 3 July Item 10.1 – it was noted the recovery plan would be seen at the next Quality Committee and would come to the Governing Body in October</li> </ul>	DES  LM
05	<p><b>Chief Executives Report</b></p> <p>Julia Ross (JR) noted the pressure and stress on the system in respect of urgent care. The Urgent Care Oversight Board are working to understand and address the issues and have received useful data from the ambulance service which will support this.</p> <p>JR highlighted some key meetings she had attended in August:</p> <ul style="list-style-type: none"> <li>Meeting with the new NBT Chair where they discussed addressing issues through the system.</li> </ul>	



	Item	Action
	<ul style="list-style-type: none"> <li>• Meeting with Bristol MP Karen Smyth where discussion largely focused on the South Bristol Community Hospital.</li> <li>• Executive meeting with UHB where the focus of the meeting was around supporting change in the system and an agreement to work together to deliver ambitions.</li> <li>• Executive meeting with AWP where JR commented AWP have made good progress with internal issues particularly around finances and quality.</li> <li>• STP Executive Group meeting – JR commented ICS status has been achieved which is indicative of the improvements in BNSSGs reputation. Additionally, discussion around a peer review based system and pilot options for this was held.</li> </ul> <p>JR reported that she had been invited to sit on the ASHN Board.</p> <p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>• <b>Received the update</b></li> </ul>	
6.1	<p><b>STP Bi Monthly Report</b></p> <p>JR presented highlighting the system adopted workforce strategy work and noting the related plan on a page as shown on page 7 of the report.</p> <p>AMoo queried on page 3 if there was a difference in control totals from previous reports. ST confirmed there were a number of reiterations in reaching sign up from all parties. ST confirmed all were signed up to individual totals but the next step is for collective sign up.</p> <p>FF queried the reference to passport training and JR confirmed this was about individuals statutory and mandatory training being carried over across organisations.</p> <p>FF queried why optimising patient care was shown as out of scope on page 13 and DES responded to confirm this was about boundary setting but offered reassurance that significant work was being undertaken.</p> <p>BH queried the reference in the report to a reduction in the numbers of GPs and JR commented she is aware of a reduction nationally but did not have specific figures.</p>	



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	<p>STW queried if GPs were included in the planning process and ST confirmed this was around integrating the GPs financial planning process with the CCGs whilst recognising they have a different set of arrangements to work to, ST confirmed this work is progressing and there has been GP attendance at the Director of Finance Group.</p> <p>JE queried the reference to work packages, work with higher education and universities on page 7 and Amor confirmed this was about taking an apprenticeship approach.</p> <p>There was discussion around training for roles being moved into the community and MJ agreed to raise this through the workforce group.</p> <p>DS queried how GP roles could be made more sustainable and RK commented that retention was not referenced on page 7 of the report which showed detail on workforce strategy goals. JR commented that work to address this is being progressed through the GP Forward View, this includes back office support to release GP time and work around workforce resilience. MJ noted the ISS work in Weston and Worle commenting that it will support this.</p> <p>AMoo noted a report on recruitment and retention would be coming to the November Governing Body meeting.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report</b></li> </ul>	<p><b>MJ</b></p> <p><b>AMoo</b></p>
62.	<p><b>Planning and Commissioning Intentions Annual 2019/20</b></p> <p>CT presented the report noting the national engagement to the key priorities and that further information is due to be released in the autumn. CT confirmed the request for delegated authority was due to timeframes and that a report would come back to the next meeting of the Governing Body in October.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Delegated authority for final approval of the commissioning intentions for 2019/20 to the Strategic Finance Committee</b></li> </ul>	

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7.1	<p><b>Health Care Acquired Infections Report</b></p> <p>AMor presented the report noting that the Nursing and Quality Directorate had maintained a sustained emphasis across BNSSG throughout 2017-18 working closely with other organisations to coordinate, investigate and manage the incidence of Health Care Associated infections.</p> <p>AMor highlighted the following from the report:</p> <ul style="list-style-type: none"> <li>• Zero tolerance for MRSA Bacteraemia has not been achieved, with 49 cases reported as attributable to BNSSG CCG and the acute providers</li> <li>• BNSSG ended 2017-18 with a reported total of 196 cases of Clostridium Difficile which was significantly below the case objective of 312</li> <li>• NHS England tasked the ambition of halving the numbers of Gram Negative HCAs by 2021 with a quality premium set to achieve this. BNSSG CCG was set an objective by NHS England of reducing the incidence of E. Coli blood stream infections by 10% based on 2016 reporting. This gave a threshold of 514 cases across the then three CCGs. Bristol and South Gloucestershire both exceeded the threshold and therefore did not achieve the required 10% reduction in cases. North Somerset achieved a reduction of 11% from the 2016 baseline.</li> <li>• The three CCGs all met the 2017-18 antibiotic prescribing quality premiums.</li> </ul> <p>FF highlighted the importance of communication with primary care around HCAI and AMor confirmed the intention to work with practice nurses to help support this.</p> <p>JR queried the driver behind the performance issue in respect of HCAs and how this is being addressed. Amor noted some issues can be linked to antibiotic prescribing and recognised the known issue which accounts of around half of cases whereby individuals who inject drugs are increasingly sharing needles. AMor also commented there is a back to basics approach being taken following a dip in monthly hand hygiene results.</p> <p>DJ queried the data baseline for the four cases referenced on page 2 of the report. AMor confirmed there had been data</p>	



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	<p>collection issues and more thorough data with clear baselines would be available from the next report.</p> <p>FF queried the audit in that it did not recognise antibiotic prescribing as a major cause. AMor confirmed this was due to it relating specifically to catheter care and noted this was not worded clearly in the report.</p> <p>AMoo commented consideration has been given at the Quality Committee to having an independent review to assist in understanding the drivers behind the data particularly as although many actions are showing as green there are still ongoing performance issues. The Governing Body supported this approach and JR agreed to discuss who would undertake the review with AMor outside the meeting. AMoo commented on a report in which links to dehydration were detailed. DS suggested a communication in practices reminding patients of the importance of keeping hydrated and this was felt to be a good idea.</p> <p>AMor confirmed a further report would come to the October Governing Body meeting.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the end of year position for healthcare associated infections and the associated action undertaken</b></li> <li>• <b>Approved the key priorities to address healthcare associated infection for 2018-19</b></li> </ul>	<p>JR/ AMor</p> <p>AMor</p>
8.1	<p><b>Finance Report</b></p> <p>ST presented and highlighted the following:</p> <p>The planned deficit of £10m in 2018-19 to achieve the control total set by NHS England. If achieved the CCG will receive £10m of Commissioner Sustainability Funding bringing the overall position to breakeven.</p> <p>The forecast at Month 4 is to deliver the plan for the year.</p> <p>The CCG savings programme forecast position has improved in month. There is currently slippage of £0.4m which represents delivery of 96% to Month 4. Further good work is continuing with</p>	



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	<p>the control centres to continue to identify further actions to improve the forecast position.</p> <p>ST noted the overspend on page 9 of the report and commented on the pressure on Medicines Management.</p> <p>ST reported on the variance in data from NBT due to a new system noting full checks by the CCG will be carried out following receipt of the full data set.</p> <p>Urgent Care data is being reviewed to determine the non-elective year to date over-performance. It is expected that there may be some data quality issues.</p> <p>JR commented on the quarterly letters that the CCG sends to providers challenging their performance and ST confirmed that this was delayed for NBT until full data had been received.</p> <p>ST highlighted the risks and mitigations on page 16 of the report to the Governing Body noting the most significant risk which is in the non-delivery of savings at £9.4m.</p> <p>ST commented that the issue around No Cheaper Stock Obtainable is a national risk.</p> <p>BH queried the data in respect of Medicines Management and ST agreed to check this.</p> <p>DJ queried on page 7 of the report if the plan for the elective position was based on last years activity and ST confirmed it was a mixture of activity and plans from Cost Centres.</p> <p>DJ queried the data issue at NBT and ST confirmed it was due to a new system being implemented.</p> <p>ST confirmed discussions with NHS England were underway in respect of the overspend on locum costs.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the financial position, they key risks, issues and mitigations reported at Month 4</b></li> </ul>	



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9.1	<p><b>BNSSG Quality and Performance Report</b></p> <p>CT presented the report and highlighted the following:</p> <p>Overall BNSSG Trusts' performance improved in June from 90.59% to 91.30%, ahead of the national average for Type 1 EDS of 85.6%. With 'mapped' units the STP performance was 93.6% ahead of the national average of 90.7% and placing BNSSG 9<sup>th</sup> out of the 42 STPs nationally.</p> <p>Cancer 62day performance was achieved in June and for the quarter for the BNSSG population but performance remains fragile. All three trusts have submitted plans for national funding to improve 62day performance.</p> <p>AMoo commented on the ADHD waiting lists in terms of access and CT confirmed this was a known issue and action was being taken including clinical validation.</p> <p>PM commented the data on the graphs on page 5 shows an increasing trend for RTT pathways whilst data on page 10 indicates RTT is static for this year. St confirmed the charts on page 5 show data from completed activity and the data from page 10 is shown from a waiting list view.</p> <p>BH queried in respect of the CQCs visits to nursing homes if the CCG was assured that homes in the BNSSG area would not be rated as inadequate. AMor confirmed that the CCG is informed of visits and that assurance is sought and received but this is an area that is not without risk.</p> <p>AMor commented on the following from the report:</p> <ul style="list-style-type: none"> <li>• There have been no never events reported in June</li> <li>• The review of on hold patients has shown no harm</li> <li>• NBT complaints have performance has improved meeting the required minimum of 10 complaints at month end for the last 2 consecutive months. JH commented he would like to see NBT meeting more than the minimum requirement.</li> </ul> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report</b></li> </ul>	



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6.3	<p><b>BNSSG Local Maternity System Transformation Programme Update</b></p> <p>DES commented the report was to update the Governing Body on the BNSSG Maternity Transformation Programme and update on key achievements and progress so far.</p> <p>AF presented the paper and noted the recommendations on the report.</p> <p>AF detailed the key objectives and next steps.</p> <p>Key Objectives:</p> <ul style="list-style-type: none"> <li>• Improved working across boundaries</li> <li>• More personalised care and choice</li> <li>• Safer care</li> <li>• Improved continuity of carer</li> <li>• Better postnatal and perinatal healthcare</li> <li>• Greater multidisciplinary working</li> <li>• A revised patient system</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Approval of maternity services digital futures paper by the LMS Delivery Board and STP acute Care Group</li> <li>• Approval of Continuity of Carer Pilots by the Maternity Delivery Board</li> <li>• Recruitment of midwives and midwifery support workers to continuity of carer pilots</li> <li>• Continued development of Midwifery Voices Partnership, including website and social media presence and outreach to BNSSG soft plays</li> <li>• Finalisation and approval of personalised care plan documentation and pilot methodology</li> <li>• Launch of BNSSG pre-term labour clinic</li> <li>• Continued implementation of the Perinatal Mortality Review Tool within Trusts, and identification of routes for sharing learning across BNSSG</li> <li>• Scoping of tariff alternatives to support collaborative delivery of maternity care</li> </ul>	



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	<p>BH queried if there was a particular issue in BNSSG of midwife recruitment and AF confirmed she was not aware of a significant issue in the area but noted the move to new models of working.</p> <p>AF confirmed the intention to reach a cost neutral position recognising that further work on continuity of carer needs to be undertaken in this respect and that the digital ambition has not yet been scoped financially.</p> <p>JR asked if there were any challenges or areas that need Governing Body support. AF confirmed there were including moving the LMS delivery Board to a decision making committee rather than an information sharing group and links into the STP. JR suggested AF prepare an update for the STP Executive Group identifying areas for support.</p> <p>AMoo noted that whilst Morecombe Bay was referenced in the cover paper she would like to strengthen this to encapsulate the CCGs recognition of the importance of the learning.</p> <p>DS queried why 3<sup>rd</sup> and 4<sup>th</sup> degree tear rates were higher in BNSSG and AF agreed to look into this data.</p> <p>DS queried why breast-feeding rates were lower and AF agreed to pick this up with Public Health.</p> <p>DS also queried how choice would be managed and AF confirmed resource would be pooled through system working which would support this.</p> <p>MJ commented on perinatal mental health and AF confirmed work was ongoing with the voluntary sector such as Bluebell and work was ongoing looking at the wider workforce as well as recognising the early signs.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the requirements of the maternity transformation programme</b></li> <li>• <b>Noted the progress BNSSG LMS have made against maternity transformation programme</b></li> </ul>	



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	<ul style="list-style-type: none"> <li>• <b>Noted the scheduled actions to progress the CCGs maternity transformation plan</b></li> </ul>	
10.1	<p><b>Policy for the Sponsorship of Activities by and Joint Working with the Pharmaceutical Industry</b></p> <p>DC presented the report noting the list of amendments shown on page 2 of the cover paper. DC advised that more detail around the rebate scheme including the principles and governance arrangements had been added.</p> <p>FF queried (under 5.6) if practices have to contact the medicines optimisation team if offered services from the industry, DC confirmed this was strongly recommended and helpful to prevent any conflicts with the work priorities of the CCG medicines optimisation team. Discussions were had regarding recommending to the membership that they adopt and adhere to this policy.</p> <p><b>JE suggested a comms piece directly to the membership practices and agreed to work with DC on this.</b></p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the updated version of Sponsorship of Activities by Joint Working with the Pharmaceutical industry policy as attached</b></li> <li>• <b>Recognised and supported the cultural change that requires all staff across the directorates including clinical leads to be aware of the policies and the organisational requirements including the new requirements to the Disclosure UK database</b></li> </ul>	JE/DC
11.1	<p><b>Minutes of the Quality Committee</b></p> <p>AMoo commented on the following:</p> <ul style="list-style-type: none"> <li>• A briefing paper on the approach to Independent Sector Hospitals would be coming to the next Governing Body meeting.</li> <li>• Quality Surveillance Group CCG CHAMS Report which is detailed on page 5 of the minutes</li> <li>• Assurance has been received of the immediate action taken after the never event at NBT</li> </ul> <p><b>The Governing Body:</b></p>	



	Item	Action
	<ul style="list-style-type: none"> <li>• Noted the minutes</li> </ul>	
11.2	<p><b>Minutes of the Commissioning Executive</b></p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• Noted the minutes</li> </ul>	
11.3	<p><b>Minutes of the Strategic Finance Committee</b></p> <p>PM commented on the control centre reviews noting CHC would be reviewed at the next meeting of the Strategic Finance Committee.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• Noted the minutes</li> </ul>	
11.4	<p><b>Minutes of the Primary care Commissioning Committee</b></p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• Noted the minutes</li> </ul>	
11.5	<p><b>Healthier Together Sponsoring Board Minutes</b></p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• Noted the minutes</li> </ul>	
12	<p><b>Questions from the Public</b></p> <p>There were no questions from the public.</p>	
13	<p><b>Any Other Business</b></p> <p>DJ advised that BNSSG CCG had been nominated for a HSJ award jointly with Age UK for the Personalised Integrated Care pilot scheme.</p> <p>There was no other business</p>	

	<b>Item</b>	<b>Action</b>
14	<p><b>Motion to Exclude Press and Public</b></p> <p>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 JRu.</p>	
15	<p><b>Date of next meeting: Tuesday 2 October, the Vassall Centre, Fishponds, Bristol</b></p>	

**Laura Davey, Corporate Manager September 2018**

