Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Clinical Executive Committee (Open)

Minutes of the meeting held on Thursday 8th October at 9am.

Minutes

Present		
Jon Hayes	Clinical Chair, BNSSG CCG (chair)	JH
Julia Ross	Chief Executive, BNSSG CCG	JR
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
Peter Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
David Jarret	Area Director for Bristol & South Gloucestershire, BNSSG CCG	DJ
Colin Bradbury	Area Director for North Somerset, BNSSG CCG	CB
Rosi Shepherd	Director of Nursing and Quality, BNSSG CCG	RS
Sarah Truelove	Chief Finance Officer & Deputy Chief Executive, BNSSG CCG	ST
Helena Fuller	Deputy Director of Commissioning (Contracting & Procurement), BNSSG CCG	HF
Michael Richardson	Deputy Director of Nursing & Quality, BNSSG CCG	MR
Shaba Nabi	Clinical Lead for Prescribing, BNSSG CCG	SN
Kirsty Alexander	Clinical Lead for Children's and Maternity, BNSSG CCG	KA
Geeta Iyer	Corporate Clinical Lead for Primary Care Provider Development, BNSSG CCG	GI
David Peel	Corporate Clinical Lead for Planned Care, BNSSG CCG	DP
Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Alison Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AW
Alison Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Jon Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Sheila Smith	Director People & Communities, North Somerset Council	SS
Apologies		
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
In attendance		
Sarah Carr	Corporate Secretary, BNSSG CCG	SC
Robyn Smith	Business Manager Commissioning, BNSSG CCG (note taker)	RSm

	Item	**Action**

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01	**Welcome and Apologies** Jon Hayes (JH) welcomed all to the meeting, and apologies were noted as above.	
02	**Declarations of interest** No declarations of interest were declared.	
03	**Minutes of Previous Meeting** Minutes of the previous meeting were approved as an accurate record.	
04	**Actions and Matters Arising** Action log was reviewed and updated.	
05	**Diagnostics Risks and Mitigations Briefing** Lisa Manson (LM) presented a briefing in response to the questions raised around diagnostic delay risks at the last meeting. Activity was paused in April 2020 alongside routine referrals. The key concern has been in terms of being able to reinstate all diagnostics to pre-Covid levels as the system moves forward in recovering from Wave 1. Routine imagining reopened in July 2020, and there are significant backlogs. Through phase 3 planning have been able to increase activity back into excess of 100% that the system had pre-Covid for MRI and CT, moving to a position that we reach around 120% of that capacity in MRI and CT by March 2021. Additional MRI activity has been commissioned through Biobank to clear backlogs with additional staffing and equipment.. All routine and non-emergency endoscopies were paused due to Covid as they are aerosol generating procedures, which created a backlog in 2ww referrals but also routine referrals and screening and surveillance activity. All 2ww referrals were clinically validated throughout. This is having a wider impact on the systems cancer performance. The system is in a place where it is increasing activity through commissioning additional activity through InHealth including a second room, which is coming online from 10th October. Whilst the system will not achieve all 6ww timelines it will achieve an improvement in terms of where the system is. LM noted the presentation includes all adapt and adopt schemes to support recovery. Mitigations include reviewing options of perspex screens and waiting area buzzers, and maximising all capacity for example using South Bristol Community Hospital theatres. Have support from the regional team going into Acute providers to maximise and to verify where there are concerns around	

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	infection prevention and ensuring there is scope and capacity to take forward and maximise productivity in those areas. Kirsty Alexander (KA) highlighted that one of the key risks is workforce, and asked if there is more information about how the providers may be able to address this risk. LM advised there has been a mixed response; this is particularly why Biobank has been used for example as they have both the kit and staff available. Part of this is also changing the productivity and flow, for example in terms of endoscopy the implementation of the 24th August change in PPE guidance means the system should get more productivity through the list as there has been previously. Alison Wint (AW) commented that there are initiatives aimed at reducing diagnostic demand. There is a strand of work to identify low value radiology investigations with a plan to update Remedy. In endoscopy, some patients will be diverted to have CT colongraphy. Surveillance colonoscopies are being looked at to see if the interval between scopes can be extended. Jon Evans (JE) queried how representative the performance percentages are in total due to the lost performance directed towards the independent sector. LM responded to say during Covid there was diagnostic activity going through Spire, Nuffield and Emerson's Green, but not through organisations such as Prime. However, they have been put in in terms of our mitigations in terms of capacity coming online, so it was not in the capacity from March to July 2020, but is now in capacity arrangements going forward. Sarah Truelove (ST) confirmed last year's performance included independent sector as does this years, but lost some independent sector capacity during Covid. Shaba Nabi (SN) referred to the issues that are affecting some areas of the countries in terms of Roche supplies and laboratory testing, and queried if it is affecting BNSSG. Geeta Iyer (GI) informed the committee that an update is being realised via the communications team, and noted there is some mutual aid across the system to support BNSSG. Alison Bolam (AB) noted there is no mention of diagnostics at the Nightgale Hospital, and commented that there was previously mentions of a plan to put CT and MRI there. LM advised there are insufficient mobile units around the country so they were unavailable.	
06	**Corporate Risk Register and Terms of Reference** <u>Corporate Risk Register</u> It was noted the Clinical Executive committee has not received the Governing Body Assurance Framework (GBAF) this month as a revised framework is being presented to the CCGs Governing Body for approval. The revised GBAF	

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	will come back to the Clinical Executive committee in November. Sarah Carr (SC) noted that the cover paper highlights the risks that come within the role of the Clinical Executive committee for review and scrutiny and welcomed questions and comments. Reflecting on risk 10 in regards to 52ww, it was suggested that the system are aware there will be a significant number of 52ww by the end of the year. The committee requested more information and what further mitigations the CCG can take to inform that. **Action: Lisa Manson to bring back to Clinical Executive a briefing in regards to 52ww.** David Peel informed the committee that there are two new waiting categories, P5 and P6. P5 patients have elected to wait due to Covid, and P6 patients not responded to two invitations and elected to wait for non-Covid reasons. NHSE/I recognises the trusts can put patients on a P5 and still time them over 52ww data for information and planning rather than for the purpose of fines. <u>Terms of Reference</u> Following the risk management framework audit, there was a request to review the terms of reference for all committees. The current terms of reference did not refer to risk management; therefore, they have been updated to include reference to review and scrutiny of risks. The terms of reference have also been updated to reflect the committee name change to the Clinical Executive committee. The Clinical Executive committee approved the amended committee terms of reference.	**LM**
07	**Urgent Care Activity and Performance Update** LM presented the urgent care activity and performance report for July and August 2020, highlighting the following points. • Overall BNSSG Trusts' 4hr A&E performance is worse than the national average for the first time in a number of years. • There were particular challenges in managing flow through BRI due to a combination of social distancing and number of vacancies in the medical division, which is being addressed. • Improved performance around long waiters, length of stay over 21 days, which was recognised as a focus to maintain and continue. JE referred to slide 28 of the presentation and queried the reduction in 21+days, and noted it would be helpful to understand if discharge processes are sustainable from the start of the Covid pandemic. LM advised there is a combination of factors to play in to revise the trajectory such as flow out of hospital and the use of extra care housing coming online next month. It was noted will be remodelling through the pandemic.	
08	**Any Other Business** No other business was discussed.	

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09	**Committee Effectiveness and Annual Survey Responses** JH referred to the survey responses and noted the reflection from committee members that the committee does not review or reflect on decisions made. It was suggested this might be due to time constraints and not having the ability to reflect on those decisions before the meeting closes. It was agreed it is important to reflect on decisions made and to ensure members are fully engaged and heard. Those discussions should be had during the meeting and having them openly, therefore it was agreed it is important to give time to review and reflect on the decisions the committee are making.	

Robyn Smith
Business Manager, Commissioning
Thursday 8th October