

**DRAFT**

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

Minutes of the meeting held on Tuesday 4<sup>th</sup> June 2019 at 1.30pm at the Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

### **Minutes**

<b>Present</b>		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
Peter Brindle	Medical Director Clinical Effectiveness	PB
John Cappock	Lay Member Finance	JC
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Christina Gray	Director of Public Health	CG
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
David Jarrett	Area Director South Gloucestershire	DJ
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
Justine Rawlings	Area Director Bristol	JRa
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Julia Ross	Chief Executive	JR
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Truelove	Chief Financial Officer	ST
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
<b>Apologies</b>		
Colin Bradbury	Area Director, North Somerset	CB
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
<b>In attendance</b>		
Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP



Alex Ward-Booth	Head of Insights and Engagement	AWB
Rebecca Dunn	Healthy Weston Programme Director	RD
Jo Kapp	Associate Director – Continuing Healthcare	JK
Rob Osment	HR Business Partner	RO

	Item	Action
1	<p><b>Apologies</b></p> <p>The above apologies were noted.</p>	
2	<p><b>Declarations of interest</b></p> <p>The following new conflicts of interest were declared:</p> <ul style="list-style-type: none"> <li>• Kirsty Alexander declared that a close family member has begun work as a volunteer for the hospice and prison service</li> <li>• John Cappock declared that a close family member worked for South Gloucestershire Council.</li> </ul>	
3	<p><b>Minutes of the previous meeting of the 7<sup>th</sup> May 2019</b></p> <p>The minutes were agreed as a correct record.</p>	
4	<p><b>Actions arising from previous meetings</b></p> <p>The Governing Body reviewed the action log:</p> <p>04/12/18 item 7.1 01 – Following further discussion, it was agreed that the Quality Strategy would be presented at the August 2019 meeting.</p> <p>05/03/2019 item 9.2 01 – The Health Inequalities Strategy was to be discussed by the Commissioning Executive Committee in July 2019 with a view for the strategy to be presented to the Governing Body in August 2019.</p> <p>02/04/2019 item 6.2 01 – Paper updating the progress of the Integrated Urgent Care Clinical Assessment Service (IUC CAS) has been included on the agenda for June. The action was closed.</p> <p>02/04/2019 item 7.2 02 – Actions relating to feedback from primary and secondary care had been included within the report. The action was closed.</p> <p>02/04/2019 item 8.1 02 – The Governing Body received the update on the Urodynamics review. The action was closed.</p> <p>02/04/2019 item 9.1 01 – The Governing Body received the update and agreed that Martin Jones (MJ) would update further at the next meeting.</p> <p>02/04/2019 item 9.2 01 – The Governing Body Assurance Framework was noted as an item on the June agenda. The action as closed.</p> <p>02/04/2019 item 9.3 01 - Lisa Manson (LM) confirmed the amendments had been made to the procurement policy. This action was closed.</p>	



	Item	Action
	<p>07/05/2019 item 6.4 01 – Deborah El-Sayed (DES) explained that feedback had not yet been included on the tracker, however domiciliary care data could be added by the provider if required. The action was closed. It was further explained that this work was part of a larger workstream in developing the Digital Integrated Care Bureau specification. Alison Moon (AM) highlighted that it would be useful for the CCG to be able to track and manage the whole workstream and it was agreed that the specification would be presented to the Governing Body at the September 2019 meeting.</p> <p>07/05/2019 item 6.5 01 – Sarah Truelove (ST) noted further work was needed to progress this and agreed to provide an update at the August 2019 meeting.</p> <p>07/05/2019 item 7.1 01 – Timeline not yet received. Update to be provided at the next meeting.</p> <p>07/05/2019 item 7.1 02 – Deep dive report to be included as part of the July papers.</p> <p>07/05/2019 item 7.1 03 - Deep dive report to be included as part of the July papers.</p> <p>07/05/2019 item 8.2 01 – Sarah Talbot-Williams (STW) explained that the terms of reference would be discussed by the Patient and Public Involvement Forum in July and would be presented again to the Governing Body in August.</p> <p>07/05/2019 item 8.4 01 – Decision Support Tool has been appended to the Adult CHC Commissioning Policy. The action was closed</p> <p>07/05/2019 item 8.4 02 – Further assurance on Personal Health Budgets would be discussed at the June meeting. The action was closed.</p>	<b>DES</b>
5	<p><b>Chief Executives Report</b> Received during the closed session of the Governing Body.</p>	
6.1	<p><b>Integrated Urgent Care</b> LM provided an update on the Integrated Urgent Care Service (IUC) following implementation, noting that whilst call answering within 60 seconds was below the target of 95%, the abandonment of calls rate was within the 5% target. It was noted that the ambulance call out rate remained high and Severnside and One Care were investigating this.</p> <p>A comprehensive Service Development and Improvement plan was due to begin following the 3 month bedding in period. The plan for 2019-2021 included improving emergency department validation data as well as 999 clinical validation data. The work was being led through the Healthier Together Urgent Care workstream.</p>	



	Item	Action
	<p>Jonathan Evans (JE) queried whether the ambulance call outs and 999 calls were clinically reviewed. Brian Hanratty (BH) confirmed that this was the case and would be discussed at the next quality and performance meeting. It was noted that Severnside would be validating all category 3 and category 4 calls following overachievement in these call types. DES highlighted that Severnside had also been asked to measure the experience of patients, and user groups have been set up to deliver this.</p> <p>AM highlighted some key points from the service development plan and noted the direct appointment booking to urgent care centres to avoid walk ins to the emergency department. Julia Ross (JR) explained that the IUC is working to support the system and the service would be developed in conjunction with other initiatives such as locality hubs to support care in the community.</p> <p>It was agreed that monitoring of the IUC would be part of the Quality and Performance report in the future.</p> <p><b>The Governing Body received the report.</b></p>	<p><b>LM</b></p>
6.2	<p><b>Report on 360° Survey Feedback</b></p> <p>DES introduced the annual 360° survey results explaining that the survey provided the CCG with insight into areas for improving relationships with stakeholders. An action plan has been developed with the aim to engage with stakeholders to investigate the reasoning behind the scores where improvement is required.</p> <p>Alex Ward-Booth (AWB) provided the Governing Body with the feedback from the key stakeholders noting that due to the new approach for the survey in 2018/19, the CCG was unable to compare feedback with the results from 2017/18. The CCG had scored well for effectiveness of working relationship particularly with acute providers and GP groups and AWB highlighted this as an area where the CCG could move from good to great next year following increased system working. The CCG had scored lower than the national average by stakeholders in terms of key outcomes, such as improving health outcomes. It was noted that</p>	

	Item	Action
	<p>due to the complexity of the BNSSG system, it was difficult to benchmark the system to other systems nationally.</p> <p>The survey had highlighted a need for greater engagement with the public as well as a higher level of consistency in the quality of the engagement work. AWB explained that the CCG was developing plans to engage a wider breadth of the population including evening events, and this work was outlined in the developing Patient and Public Involvement strategy.</p> <p>AWB highlighted the key stages of the action plan process noting the ample opportunities for engagement and explaining the challenge of receiving regular stakeholder feedback. The CCG were developing an internal stakeholder survey in order to measure progress as well as engagement events with stakeholders. A high level plan was being developed and how to communicate this out to stakeholders was being considered.</p> <p>Felicity Fay (FF) noted the positive comments and the need to maintain these positive areas as well as focus on improvement. Justine Rawlings (JRa) highlighted how the Locality Leadership Groups can be utilised. JE noted that communications were key to ensuring that stakeholders were aware of the work the CCG was undertaking. Christina Gray (CG) highlighted that further triangulation with Public Health would be a positive step to improving the perception that the CCG were improving health inequalities amongst other scores.</p> <p>STW noted the frustration that there was no way to review trends from 2017/18 and asked whether there was a way to build the number of stakeholders in areas other than the GP membership. AWB explained that the number of people and organisations that can be sent the survey had been mandated by NHS England following a national framework. AWB noted that this limitation has been fed back to NHS England and that the CCG would be following up the national survey with a local survey.</p> <p>AM highlighted question 5b and noted how the system partners had responded. It was queried whether the response related to the complexity of the system. AWB explained that the CCG had asked whether Ipsos Mori could provide data comparing the CCG to other complex areas to provide a useful comparator.</p>	

	Item	Action
	<p>JR highlighted the response rates from stakeholders and noted the low response rate from the Local Authorities and asked that next year further work took place to ensure better response rates. CG noted that the email request to complete the survey sent from NHS England was unclear and hadn't explained the survey particularly well.</p> <p><b>The Governing Body received the action plan developed following the stakeholder survey.</b></p>	
6.3	<p><b>Update on System Plan</b></p> <p>ST explained that following the Governing Body meeting in May, the system plan had been resubmitted and had been updated to show a planned in year deficit of £12m. The CCG plan was noted as a component of the Healthier Together System financial plan which planned for an in year deficit of £55.7m. Risk share discussions were continuing to take place with NHS England/NHS Improvement.</p> <p>The Governing Body discussed the investments that had been amended to reach the planned £12m deficit. CG queried the investment in the Core 24 services. ST noted that as the CCG were over investing in the mental health investment standard, part of this investment had been taken out. LM explained that a quality impact assessment had been undertaken on the recently started Core 24 service, noting that this had not yet been rolled out to North Bristol Trust (NBT) and Weston General Hospital. Following the quality impact assessment, it was felt that there would be no significant impact to revert to the service as it had been in November 2018. JR noted the significant investment in Psychiatric Liaison services and explained that the CCG planned to review and improve services already within the system.</p> <p>David Soodeen (DS) asked about the investment in the Rapid and React services and ST explained that the assumption had been that there would be savings and service improvements associated with the expansion of the services. Following an outcome evaluation, the benefits had not achieved as expected and so the expansion would be no longer funded and the service would continue as it had been in October 2018.</p> <p>ST also noted, following a question from Kirsty Alexander (KA) regarding maternity services, that the CCG would be reviewing</p>	



	Item	Action
	<p>current services and investigating how these can be improved within the funding envelope available.</p> <p><b>The Governing Body noted the updates to the annual financial plan and associated assessment of risks and mitigations, the potential additional allocation, changes to the control total and access to the commissioner sustainability funding, and the changes to the annual budgets as a result of the changes to the plan.</b></p>	
6.4	<p><b>IAPT Contract Mobilisation Update</b></p> <p>LM gave the background to the IAPT procurement noting the need to procure the service to provide equitable care across BNSSG as well as improve the service specification, which had been developed following an extensive engagement period. After a robust evaluation of the bids, Vita Health were identified as the preferred bidder. The CCG was currently undertaking a due diligence process, testing the weaker aspects of the bid and receiving references from other commissioners. A financial review was also being undertaken, reviewing the annual accounts and company structure to fully understand the company group. It was noted that this process would be completed in June. It was explained that following the due diligence process, if the CCG was not assured, the CCG could award to the second higher bidder or extend current contracts to start a new procurement.</p> <p>JR highlighted the excellent specification which had been developed after consultation noting the robust measurable Key Performance Indicators relating to access, recovery rates and waiting times. It was noted that the new specification met the needs of all users by signposting to support from local services, including voluntary sector, and other organisations.</p> <p>LM outlined the current risks to the service which were being investigated, including ensuring that there were sufficient staff and continuity of care, accurate signposting, and reviewing access rates against recovery rates.</p> <p>FF asked whether Vita Health having not worked within BNSSG would lack of local knowledge provide a risk. LM explained that Vita Health were working with two public sector organisations to develop local knowledge. DS noted that part of Vita Health's bid was a clear engagement plan to gain local knowledge.</p>	



	Item	Action
	<p>DES noted that both good mental health and physical health were strongly promoted throughout the procurement and LM explained that one of the core parts to the specification was the need to link mental health and physical health. CG asked how the links would be localised. LM noted that this was a key part of the 19/20 Service Development and Improvement Plan and the work Vita Health were undertaking with local Public Health groups. DS highlighted the need for the provider to understand the differences in how local communities access services and how good mental health is perceived differently by different groups of people. JR praised the work to support the links between the voluntary sector and Vita Health by Public Health colleagues and highlighted the importance of this.</p> <p><b>The Governing Body noted the comprehensive engagement process undertaken, the robust procurement process, the Preferred Bidder status of Physiotherapy Solutions, trading as Vita Health, the next steps for due diligence and the commencement date of the service, 1<sup>st</sup> September 2019.</b></p>	
6.5	<p><b>Healthy Weston Update</b></p> <p>Rebecca Dunn (RD) updated the Governing Body on the Healthy Weston Programme, noting that following the break for the European elections, the public consultation end date had been extended to the 14<sup>th</sup> June. The shorter timeline to reach a decision in October was noted and reported on the programmes risk register.</p> <p>The Clinical Design and Delivery Group (CSDDG) met in May to discuss the Alternative Model that had been developed by a group of consultants from Weston General Hospital. The Alternative Model had been clinically reviewed against the same set of evaluation criteria as the other potential models of delivery. The CSDDG came to the following conclusions regarding the alternative model:</p> <ul style="list-style-type: none"> <li>• There were many similarities between the Alternative Model and the Consultation Model</li> <li>• There were a number of elements of the Alternative Model that improve the Consultation Model</li> <li>• There were some elements of the Alternative Model which were not deliverable</li> </ul>	

	Item	Action
	<p>It had been unanimously agreed by the CSDDG that the proposal to return to a 24/7 A&amp;E was not feasible due to patient safety. Particularly around the higher level of staff required for the care of children in an urgent care setting as set out in national standards published since the temporary overnight closure of Weston A&amp;E. It was agreed that the consultants from Weston General Hospital would continue to work as part of the CSDDG to improve the model of care out for consultation. This work would take parts of the Alternative Model and incorporate them in the Consultation Model.</p> <p>The CCG commissioned South Western Ambulance Service NHS Foundation Trust (SWASFT) to undertake an audit of patients transferred to Bristol from Weston overnight. The audit concluded that increased travel times did not have an adverse impact on any of attendances reviewed.</p> <p>RD noted that good progress was being made to describe the financial impact of the consultation proposals. It was noted that the financial assessment was work in progress until feedback from the consultation had been received and the clinical model finalised.</p> <p>Jon Hayes (JH) provided the Governing Body with comments from Nick Kennedy (NK) who had noted that paediatrics had not been included within the Alternative Model plan and questioned the sustainability of this. RD noted that despite the consultants being disappointed in the decision regarding the Alternative Model, work was continuing on developing the A&amp;E model. NK also commented on the emphasis for more elective care at Weston General Hospital. RD noted that this was part of the Consultation Model as generally patients travel more regularly for elective care. AM asked whether the consultants would continue as part of the process, RD confirmed that work would continue with the consultants to develop the clinical model and that some ideas from the Alternative Model would enhance the proposals.</p> <p>It was agreed to provide a further update at the August Governing Body meeting.</p> <p><b>The Governing Body received the update on the Healthy Weston Programme.</b></p>	<p><b>CB</b></p>



	Item	Action
7.1	<p><b>Personal Health Budgets Assurance Report</b></p> <p>Jo Kapp (JK) noted that following the last Governing Body meeting, Governing Body members had requested further assurance regarding personal health budgets in relation to Continuing Healthcare (CHC). JK outlined the key points from the paper and highlighted that a Governing Body seminar session had been agreed for August to further discuss Personal Health Budgets for CHC.</p> <p>CG asked about the interface for social care direct payments for personal health budgets. JK clarified that CHC personal health budgets are funded in totality by health rather than social care.</p> <p><b>The Governing Body received the Assurance Report.</b></p>	
7.2	<p><b>Safeguarding Children Arrangements</b></p> <p>Janet Baptiste-Grant (JBG) gave an overview of the proposed changes to Safeguarding Children Arrangements noting that these were significant changes as the Local Authorities were no longer the lead agency. The Local Authorities, the Police and Health were now equal partners for the safeguarding of children. The three agencies are expected to publish plans for revised processes on the 29<sup>th</sup> June 2019 with the “go live” date of 1<sup>st</sup> April 2020. JBG noted that the challenges of these changes for the CCG would be the need to review process following the change in accountability, the lack of capacity to attend the Safeguarding Children Board meetings and the potential associated financial challenge.</p> <p>JBG explained that each Local Authority had agreed on a different model of governance and noted that Bristol City Council were the only Local Authority to merge both the Adults and Children’s safeguarding boards to one meeting. South Gloucestershire Council had agreed to two separate boards for Adults and Children. JBG highlighted that North Somerset Council had not announced their structure but the proposed consultation model was for two separate boards. JBG expressed concern at the number of Board meetings the Director of Nursing and Quality would need to attend and the lack of capacity to attend these meetings.</p> <p>JBG also raised that there would be financial considerations given that the CCG had equal accountability. It was noted that</p>	



	Item	Action
	<p>these contributions were under negotiation and would begin following the shadow board.</p> <p>KA expressed concern that the boards would be process meetings rather than working groups. JBG explained that the Boards would be accountable to the regional groups and would need be arranged as working groups. There would be shadow boards in place from September to December to develop the meetings to function appropriately.</p> <p>John Rushforth (JRu) asked about the resolution on the financial implications and what the cost would be for the CCG. JR noted that the financial implications would be less for the Local Authorities with the CCG and the police service picking up a third of the cost each.</p> <p>The Governing Body discussed the possibility of a team of people who can make decisions attending these meetings such as deputies and designated nurses. AM noted that there would need to be a robust evaluation process on the new models to ensure that the new arrangements were keeping Adults and Children safe. JBG noted that review would occur in December and there would be continuous review of the arrangements with an evaluation of the arrangements presented to the Governing Body in the future.</p> <p>BH asked what the mechanism would be for partners who wish to disengage with the process. JBG noted that there was no ability to disengage with the process and outlined the escalation process if there were disagreements between the partners.</p> <p><b>The Governing Body noted the safeguarding children arrangements across BNSSG, the financial implications when implementing the proposals and the CCGs intention to publish plans to implement the proposals on 29<sup>th</sup> June 2019 and begin the proposals in shadow form on 29<sup>th</sup> September 2019.</b></p>	
7.3	<p><b>Patient Experience Report Quarter 4</b></p> <p>JBG presented the report noting the 307 contacts with the customer service team over quarter 4. 8 formal complaints had been received which was a 50% reduction from the previous 3 quarters. JBG noted that the key themes for complaints were</p>	



	Item	Action
	<p>regarding eligibility for Continuing Healthcare and Exceptional Funding Requests.</p> <p>The triangulation of themes between the contacts and other feedback such as that from the Healthy Weston consultation events was outlined.</p> <p>STW asked why the numbers of advice contacts answered within two days had dropped despite less overall contacts. JBG noted that the complaints received have been challenging this quarter and this was being addressed using support from the quality directorate and wider within the CCG.</p> <p>Rachael Kenyon (RK) asked whether the CCG would benefit from increased feedback from Primary Care. It was noted that complaints regarding clinical care would be referred to NHS England but JBG highlighted that any feedback from Primary Care would be welcomed in order to further triangulate any themes.</p> <p><b>The Governing Body received the report.</b></p>	
8.1	<p><b>BNSSG Quality and Performance Report</b></p> <p>Lisa Manson outlined the key headlines for performance:</p> <ul style="list-style-type: none"> <li>• 4 hour A&amp;E performance improved from 78% to 79% in March. 79% achievement was noted as in line with the national average for type 1 emergency departments.</li> <li>• The number of patients waiting over 52 weeks for treatment had decreased from 37 to 25. LM explained that the longest waiting lists had been closed to new patients who had been signposted to other consultants for treatment.</li> <li>• 62 day referral to treatment time for cancer performance improved during March but continued to fail the 85% national standard.</li> </ul> <p>LM confirmed that the majority of patients waiting over 52 weeks for treatment were within the orthopaedics speciality and the longest waiting lists had been closed for new patients. The Governing Body discussed the effect patient choice had on the breaches. LM noted that the waiting lists needed to be responsive to patient needs and plan surgery slots as required and gave the example of greater requirement for paediatric planned care during</p>	



	Item	Action
	<p>school holidays. Patients waiting over 52 weeks have been reviewed for harm and with no patients identified as having come to harm. These reviews would be undertaken for all patients waiting over 35 weeks and would eventually be undertaken for all patients waiting over 26 weeks with alternatives for treatment venues offered for these patients.</p> <p>The Governing Body reviewed the deep dives and following the discovery of another set of 52 week waiters, it was queried how assured the CCG was of good waiting list management within the Trusts. LM noted that the issues for each waiting list appeared different and the CCG was now monitoring the electronic referral service with the idea that the patient would book at a place rather than with a specific consultant which should reduce individual waiting list sizes. LM noted that the teams were working to understand and monitor whole pathways to investigate why patients were not opting for certain choices, times or venues.</p> <p>LM highlighted that only NBT achieved the 62 day cancer standard target for March with Universities Hospital Bristol (UHB) and Weston General failing to achieve. The CCG would be reviewing certain pathways to improve these. For urology, additional capacity for biopsy and robotic cystology has been identified and it was noted that there were plans in place to integrate surgeons to work in both NBT and Weston General Hospital with the target to achieve the standard by September 2019.</p> <p>DS highlighted the increase in urgent care attendances by 11% and asked if this was a specific local issue. It was clarified that although the increase was a national issue, 11% was higher than the rest of the country. JR suggested that as part of the next Quality and Performance report there be a deep dive into increased admissions.</p> <p>JBG updated the Governing Body on the key quality issues:</p> <ul style="list-style-type: none"> <li>• Following concerns regarding temporary staffing at the CAMHS service in Weston General Hospital, an assurance visit has been planned by the Quality team.</li> <li>• Following the assurance visit to Skylark and Henderson wards regarding falls, recommendations included a formal</li> </ul>	<p style="text-align: center;"><b>LM</b></p>



	Item	Action
	<p>review on a sample of the falls risk assessments undertaken. It was noted that the number of falls had significantly reduced in March 2019.</p> <ul style="list-style-type: none"> <li>Assurances have been received from Avon and Wiltshire Mental Health Trust (AWP) following from the Care Quality Commission inspection and the 4 key areas of work that 'required improvement' highlighted from the inspection, these included CAMHS, the Daisy Unit in Wiltshire, Governance Arrangements and Core services. Monthly updates on the action plan were provided and monitored by the CCG through the quality sub group meetings.</li> <li>361 serious incidents and 11 never events were reported across all providers for 2018/19.</li> <li>Care Quality Commission reports have been received for Southmead and Henbury Practice and Fireclay Health; both received good ratings overall. However, Fireclay Health received a 'requires improvement' rating for safety and it was agreed that this would be followed up and the reasons for this rating reported to the Governing Body at the next meeting.</li> </ul> <p>AM highlighted that following the assurance visits to Skylark and Henderson wards, the providers responded well to the visit and have made improvements. AM also noted that it was good to hear that the quality team were receiving and monitoring the reports regarding serious incidents and never events and highlighted the need to review the lessons learnt from such events.</p> <p>RK highlighted the AWP trend reports and asked whether the CCG had reviewed the variation in serious incidents. JBG noted that this was reviewed at each serious incident panel, with deep dives undertaken into the highlighted areas and actions identified.</p> <p><b>The Governing Body received the Quality and Performance report</b></p>	<p><b>JBG</b></p>
9.1	<p><b>Annual Report and Accounts 2018/19</b></p> <p>ST presented the Annual Report and Accounts for 2018/19 to the Governing Body noting that the draft version had been presented at the last Governing Body with delegation for approval assigned to the Audit, Governance and Risk Committee. The Audit, Governance and Risk Committee approved the Annual Report</p>	



	Item	Action
	<p>and Accounts 2018/19 at their meeting held on the 20<sup>th</sup> May 2019. The Governing Body thanked Sarah Carr (SC) and the CCG for the work undertaken on the report. SC noted that the assurance checklist had been received from NHS England and was rated green across all areas.</p> <p><b>The Governing Body received the Annual Report and Accounts 2018/19.</b></p>	
8.2	<p><b>Staff Survey</b></p> <p>ST introduced the item noting that the CCG had signed up to the national NHS staff survey for three years. The latest survey results had been shared at a recent staff event and following directorate and team workshops and work by the Staff Partnership Forum, action plans had been developed across the directorates to address the issues raised in the staff survey. Rob Osment (RO) highlighted the key themes that had been raised through the staff survey results:</p> <ul style="list-style-type: none"> <li>• Job satisfaction and morale</li> <li>• Improved feedback and communication from senior managers</li> <li>• Treat everyone with respect</li> <li>• Recognise issues and treat them seriously</li> <li>• Improve the appraisal process</li> </ul> <p>RO explained that tangible action plans with measurable outcomes had been developed to address the issues highlighted above.</p> <p>AM praised the action plan particularly the colour coding and the clarity it gave to the plan and asked whether some directorates had not taken this approach. It was confirmed that some directorates had not yet prioritised their actions and RO explained that not all five themes had been included across the directorates as the actions were specifically produced to address the issues raised within individual directorates. FF queried whether the work had started and it was noted that the Commissioning directorate has begun work to improve communications through the use of a whiteboard. It was noted that each directorate would develop and drive the solutions to each action within their action plans.</p> <p><b>The Governing Body approved the staff survey action plan for implementation across the organisation.</b></p>	

	Item	Action
9.3	<p><b>Governing Body Assurance Framework</b> ST presented the Governing Body Assurance Framework and asked that the Governing Body approve the Framework. It was explained the Framework would receive monthly review by Directors and appropriate sub committees and reviewed quarterly at Governing Body.</p> <p><b>The Governing Body approved the Governing Body Assurance Framework.</b></p>	
9.4	<b>Item deferred</b>	
9.5	<p><b>Core Human Resources Policies</b> RO highlighted the proposed changes to the Core HR policies which were required as part of the amendments to the national terms and conditions for Agenda for Change. It was noted that for existing staff these changes would not apply until 2021. RO explained that the changes related to the pay progression framework which were mentioned as part of the following policies, Disciplinary Policy, Sickness Absence Policy, and Managing Performance Policy.</p> <p>JC queried why the changes to the policies would not affect existing staff. RO explained that following the CCG merger, existing staff had been appointed under their existing terms and conditions, however the changes would affect new staff and those appointed to a new pay band.</p> <p><b>The Governing Body approved the changes to the Disciplinary Policy, Sickness Absence Policy, and Managing Performance Policy.</b></p>	
9.6	<p><b>Statutory Committee Annual Reports</b> Report received by the Governing Body</p>	
9.1	<p><b>Minutes of the Quality Committee</b> The Governing Body received the minutes</p>	
9.2	<p><b>Minutes of the Commissioning Executive</b> The Governing Body received the minutes</p>	
9.3	<p><b>Minutes of the Strategic Finance Committee</b> The Governing Body received the minutes</p>	
9.4	<p><b>Minutes of the Patient and Public Involvement Forum</b> STW highlighted the enormous amount of work undertaken for patient and public engagement and noted that the next stage was for learning to be shared across the organisation.</p>	



	Item	Action
	<b>The Governing Body received the minutes</b>	
9.5	<b>Minutes of the Audit, Governance and Risk Committee</b> <b>The Governing Body received the minutes</b>	
10	<p><b>Questions from Members of the Public</b></p> <p>Shaun Murphy from Protect Our NHS asked the following questions: Despite considerable concern expressed by MPs, councillors, Protect Our NHS and others about the selection of Vita Health as preferred bidder for the IAPT contract, no mention of this, that I can see, is made in today's report to the Governing Body (item 6.4). Why is this? Regarding the Patient and Public Involvement paper why are some groups considered appropriate to engage with and why were others not included in the engagement?</p> <p>JR explained that the CCG was required by law to undertake a formal procurement process and legally required to select the highest scoring bidder. The CCG was unable to discriminate between any groups that bid for any contracts. JR highlighted that Vita Health provided through their bid, the assurance that they can provide the service and as LM outlined earlier in the meeting, Vita Health are undertaking a process in order to gain knowledge of the local providers.</p> <p>JR stated that the CCG was currently undertaking a process of due diligence which would assure the CCG on the financial viability of the preferred provider. JR emphasised the point that currently Vita Health were the preferred bidder and no contracts had been signed yet. JR noted that through the due diligence process, the holding companies and parent companies of the preferred bidder were being reviewed and this work was still ongoing.</p> <p>JR highlighted the extensive public and service user engagement feedback that had been considered whilst developing the service specification, explaining that the CCG has a duty to meet the needs of the population for any commissioned service. JR highlighted that any company commissioned by the NHS would become an NHS provider.</p>	
12	<p><b>Any Other Business</b></p> <p>Jon Hayes (JH) reminded the Governing Body that the BNSSG CCG Annual General Meeting would be held on the 27<sup>th</sup> June</p>	

	Item	Action
	2019 from 6.30pm at the Bristol and Bath Science Park with catering provided by the Square Food Foundation.	
13	<b>Date of Next Meeting</b> Tuesday 2 <sup>nd</sup> July 2019, 13.30pm, Clevedon Hall, Elton Road, Clevedon, North Somerset, BS21 7RQ	

**Lucy Powell, Corporate Support Officer, June 2019**

