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Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 7th January 2020 at 1.30pm at the Vassall Centre, Gill Avenue, Downend, Bristol, 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
Christina Gray	Director of Public Health	CG
Brian Hanratty	GP Locality Representative Bristol South	BH
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
Justine Rawlings	Area Director Bristol	JRa
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Julia Ross	Chief Executive	JR
Rosi Shepherd	Director of Nursing and Quality	
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Claire Thompson	Deputy Director of Commissioning	CT
Sarah Truelove	Chief Financial Officer	ST
Apologies		
John Cappock	Lay Member Finance	JC
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
In attendance		
Sarah Carr	Corporate Secretary	SC
Bridget James	Associate Director of Quality	BJ

Michelle Smith	Head of Communications	MS

	Item	Action
1	**Apologies** Apologies were received from John Cappock, Kevin Haggerty, Alison Moon and Lisa Manson. Claire Thompson attended on behalf of Lisa Manson.	
2	**Declarations of interest** David Soodeen (DS) declared an interest in item 6.1, Integrated Sexual Health Service Contract Extension. DS would take part in the discussion but would not be involved in the decision making. Racheal Kenyon (RK) declared an interest in item 6.2, Clevedon Options Appraisal. RK would take part in the discussion but would not be involved in the decision making. There were no new declarations of interest.	
3	**Minutes of the previous meeting of the 3rd December 2019** The minutes were agreed as a correct record with the following amendment: Page 7, paragraph 2: Felicity Fay (FF) clarified that the requested information had been for the differential between referrals for diagnosis and referrals for post diagnostic support to the memory clinic. It was agreed to also amend the associated action to reflect this.	
4	**Actions arising from previous meetings** The Governing Body reviewed the action log: 05.11.19 6.4 – Deborah El-Sayed (DES) noted that the CCG were providing edits to the transgender guidance and following contact from members of the public the CCG have decided to undertake an Equality Impact Assessment on the guidance. This would be presented to the Governing Body once completed. Julia Ross (JR) confirmed that the CCG would also be meeting with the members of the public who have contacted the CCG to discuss the issues raised further. 05.11.19 7.1 – Rosi Shepherd (RS) noted that work on Datix use across primary care has been reviewed and an update would be provided at the February meeting. 03.12.19 7.1 – RS agreed to provide an update at the February meeting. 03.12.19 8.1.2 – Claire Thompson (CT) confirmed that the friends and family test maternity data was driven by small numbers which explained the variability of the data. This action was closed.	

	Item	Action
	03.12.19 8.1.3 – Mortality rate data to be reviewed in detail at the February meeting. 05.11.19 11 – John Rushforth (JRu) asked that the outcome of the meeting with Mr Blethstowe be reported to the Governing Body. Michelle Smith (MS) reported that the meeting would take place that week and the outcome reported back to the next Governing Body meeting.	
5	**Chief Executives Report** JR was delighted to announce that Rosi Shepherd had been appointed as Director of Nursing and Quality and confirmed Julie Thallon would continue to support the quality team until the end of March. JR reported that the urgent care system had been significantly pressured over Christmas and New Year and noting that the system continued to remain challenged. JR noted the system was currently in Opel 4 with actions ongoing across the system to expedite discharge of patients across the community and acute hospitals. JR noted that despite the challenges faced by the system, there was continued assurance that the system was safe for patients. The entire system was working hard to address the challenges including social care and third sector providers. JR noted that in response to the system challenges, the CCG was focused on embedding the localities and integrated partnerships at local level. This ambition had also been included within the Long Term Plan. JR explained that the CCG Executive Directors would be visiting localities to discuss how these changes could be embedded faster. JR reported that the Long Term Plan financial figures would be resubmitted during the week. JR confirmed that additional financial stretch had been included. It was expected that this final submission would be approved by NHS England. Jonathan Evans (JE) highlighted the positive work undertaken through the Sustaining Our System programme. JR explained that this programme brought together clinicians from across the system to try different solutions to the urgent care challenge. CT reported that as a result of the programme there was a decrease in patients waiting for discharge at Weston Area Health Trust (WAHT), and North Bristol Trust (NBT) saw admission reductions following the implementation of a social worker at the front door.	

	Item	Action
6.1	**Integrated Sexual Health Service Contract Extension** DS declared in interest in this item. DS would take part in the discussion but would not be involved in the decision making. CT informed the Governing Body that the current contract was expiring and the CCG had the option to extend the current contract for two years or procure the service. The risks and benefits of the options were outlined in the paper and included mitigations to any financial risks. The recommendation was to extend the current contract for two years. Kirsty Alexander (KA) noted that the current provider had provided a good service which continued to provide service solutions. KA suggested that an additional two years would build on their good work. JR noted the innovative service model and highlighted that this was a joint programme with the Local Authorities. It was confirmed that following the two year extension the contract would need to be formally procured. **The Governing Body:** • **Agreed in principle to continue the Joint Commissioning Agreement for an Integrated Sexual Health Service and the extension of the current contract for a further two years to March 2024.** • **Agreed to work with the joint commissioners and the provider to agree a contract value, to which the CCG contribution will be no more than the cost of commissioning termination of pregnancy services at national tariff rates.**	
6.2	**Clevedon Options Appraisal** RK declared an interest in this item. RK would take part in the discussion but would not be involved in the decision making. Colin Bradbury (CB) explained that the Millcross site in Clevedon was owned by NHS Property Services and had been vacant for nearly a decade noting that the CCG did not have the capital to develop the land. The CCG undertook a capacity review which established that the current estate within Clevedon was sufficient to accommodate current and future primary care needs. The CCG also undertook engagement with stakeholders which	

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	included local GP Practices, patient participation groups, North Somerset Council and North Somerset Community Partnership. Following the review and engagement, the CCG was assured that NHS Property Services could sell the land without impact on the local healthcare services. FF asked whether there was any possible use for alternative health use of the land such as wellbeing gardens. JR confirmed that the CCG would not receive capital to utilise the land in such a way. KA noted the potential need to expand the Sunnyside site for Primary Care provision. RK highlighted her declaration of interest in this item and explained that although Sunnyside was challenged for space, this was unrelated to the sale of the Millcross site. JR noted that these were different issues and asked for assurance that despite the challenges faced by Sunnyside, there was sufficient healthcare estate within Clevedon to meet future needs. CB confirmed that the available healthcare estate within Clevedon was sufficient to meet the needs of the future but there would be a challenge to obtain new estate if required. **The Governing Body supported the recommendation that the Millcross site in Clevedon was deemed surplus to requirement and that NHS Property Services may dispose of the land.**	
6.3	**BNSSG SEND Update** DES updated that the North Somerset SEND strategy was currently under consultation and would be updated with the feedback received and reviewed again by the Partnership Board. DES highlighted the co-production charter and explained the importance of working with the Local Authority to support children with SEND and their families throughout the whole process. DES reported that the SEND inspection of Bristol had culminated in a Written Statement of Action. The review covered processes from 2014 and despite significant changes in the accountability and leadership for SEND, the inspectorate were unable to show that this had been sufficient. DES noted that a key part of the inspection involved speaking to families and it was identified that there was a key issue regarding the quality and delays in	

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	receiving Education and Health Care Plans (EHCPs). Bristol Council has invested significantly in reviewers to address these issues. DES noted that the Council and the CCG would be working together to submit a plan on the 27th March to address the issues raised from the inspection. It was reported that South Gloucestershire Council were waiting for a re-inspection date. FF praised the high quality of the North Somerset SEND strategy and asked whether the children and families were assigned care co-ordinators as part of the process. DES confirmed that this was the case and noted that this was an integral part of the SEND process to ensure families were supported. FF noted that as part of the table on page 21 there was a not known contingent and asked what this group was comprised of. DES agreed to provide a response. FF asked whether there was a way to review the experiences of patients. DES noted that this was work in progress and part of the joint working to provide a start to finish service. It was agreed to provide a details of patient experience stories to the Governing Body. JR asked what the outcome of the South Gloucestershire re-inspection was expected to be. DES outlined that following the Written Statement of Action there had been an increased level of CCG investment to work on improving joint outcomes, however there were delays in developing end to end patient experience reporting. There were concerns regarding diagnosis rates and waiting times, however there were initiatives and trajectories in place to improve these. JR asked what the CCG could do to improve. DES noted that the CCG focus was on making sure resource was optimised across the BNSSG area as well as a focus on experience measures. DES explained that the CCG Insights team were reviewing innovative ideas and learning from other areas and there was a joint visit to Lincoln planned to review their processes. JR asked how the CCG can engage children and their families for their feedback on the service. DES noted that this was ongoing through conferences and connection events and gave some	**DES** **DES**

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<tr><td></td><td>examples of these. JR suggested that a report regarding the how the CCG was co-producing be presented to the Governing Body in March.

The Governing Body noted:
The arrangements for consultation on the North Somerset SEND Strategy
The findings of the Ofsted/CQC Bristol SEND inspection and arrangements for co-production of the resulting Written Statement of Action
The arrangements for preparation of the Ofsted/CQC re-inspection of SEND in South Gloucestershire</td><td>DES</td></tr>
<tr><td>7.1</td><td>Safeguarding – Quarterly Report
Rosi Shepherd (RS) presented both the Adults and Children’s Quarter 2 reports noting that these had been reviewed by the Quality Committee. RS highlighted the training figures included within the reports noting that the CCG internal safeguarding training levels were expected to reach 84% of staff trained by the end of March. Training figures for providers had improved and all providers would reach their safeguarding training targets for 2019/20.

Safeguarding Children Report
RS reported that the Child Death Overview Process was undergoing sign off. RS reported that interviews for the named GP for children’s safeguarding were arranged and interviews for the CCG Safeguarding Children Designated Nurse were taking place later in the week.

Safeguarding Adults Report
RS informed the Governing Body that in Bristol, Multi- Agency Risk Assessment Conferences (MARAC) would be held weekly in order to manage the current workload.

RS highlighted the changes to the Mental Capacity Act and Deprivation of Liberty Safeguards coming into effect later this year. The team were waiting for the guidance to be released and this would be reviewed and implemented across the system once received.</td><td></td></tr>
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	JE noted the level 3 safeguarding training for GPs and highlighted the need to advertise these sessions to ensure GPs attended. RS agreed to ensure that further information on the sessions was sent to the membership. FF asked whether there were many candidates for the named GP interviews. RS confirmed that there were and there had been plenty of applicants for the designated nurse post. DS asked about the number of safeguarding children referrals returned to GPs from Social Care and asked whether the record of referral was removed once the safeguarding team had reviewed the returned assessment. RS noted that the future responsibility for safeguarding children would be that of the CCG, Councils and the Police and as part of this a Data and Information Group has been convened. RS agreed to raise this issue with the group and report back. KA asked whether the CCG had the resource to attend weekly MARAC meetings. RS noted that the CCG safeguarding team had the resource and experience to attend these and the team continued to monitor the situation. Christina Gray (CG) noted that the weekly MARAC were for Bristol only and the council were undertaking work to consolidate these meetings with the preventative workstreams. **The Governing Body noted the key issues/risks arising from the Quarter 2 Safeguarding Report and noted the actions being undertaken to address the issues for escalation.**	**RS** **RS**
7.2	**Learning Disability Mortality Review – Quarterly Report** Bridget James (BJ) was welcomed to the meeting. BJ explained that the report outlined the Quarter 1 and Quarter 2 LeDeR activity. The report also outlined the Key Lines of Enquiry (KLoEs) and Key Performance Indicators (KPIs) related to the LeDeR programme. The numbers of allocated and open reviews were highlighted and BJ noted the ongoing risk of having enough LeDeR reviewers and therefore completing reviews in a timely manner. It was noted that there was a system focus on ensuring there were enough reviewers and providers have identified staff to be trained. BJ noted that the CCG were currently allocating cases received in September.	

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	To support consistency of grading the reviews, the quality team have developed guidance for LeDeR reviewers which has been shared with NHS England. Regional leads have shared the guidance within the South West with a view to implement the guidance across the area. BJ highlighted that an additional focus for the CCG was implementing learning into action and how the learning would be shared and actions implemented across the providers. FF asked how reliable the notification of deaths process was. BJ noted that the team had high confidence in the process, evidenced through the team now receiving duplicate notifications from various providers. Reminders to notify continued to be sent to providers through bulletins and newsletters. It was noted that acute providers also have a separate system of reporting through the LeDeR system. FF highlighted the importance of distributing learning outcomes to Primary Care Learning Disability leads. BJ noted that the learning continued to be distributed to Primary Care. JE noted the high rate of patients with learning disabilities dying in hospital and asked whether there was a reason why patients with long term conditions were not dying at home. BJ explained that this had been discussed as part of the early planning work and linking with RESPECT to ensure that all patients including those with learning disabilities have care plans in place. There was learning which had been discussed around care plans and ensuring discharging providers were comfortable with the care plans. CG suggested that the Local Authorities could help to improve influenza vaccine uptake for people with learning disabilities and noted that it would be helpful to review the current rates. BJ explained that the CCG had discussed this with Public Health colleagues and this data was unable to be separated for patients with learning disabilities. CG noted that this should be possible if patients are registered at a GP practice. CG agreed to raise this at the next Health Protection Community meeting and report back.	**CG**

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	DS highlighted the annual health checks for people with learning disabilities and noted that the approach to these was currently inconsistent and noted that this would be an appropriate mechanism to review any deteriorations in health in patients if reviewed annually in a consistent way. FF suggested that this could be a Locally Enhanced Service. DS noted that this would need local agreement and that annual health checks were already part of a nationally enhanced service. JR noted the significant over representation of men subject to LeDeR and asked for the reasons for this. BJ agreed to review and report back. It was noted that this was a national trend. NK asked whether LeDeR was ongoing and BJ confirmed that this was currently the case. JR noted that nationally this was an area where the NHS needed to improve and the scrutiny and learning outcomes needed to continue until this situation improved. **The Governing Body noted the findings of the report and the recommended next steps planned by the Steering Group.**	**RS**
8.1	**BNSSG Quality and Performance Report** CT provided the key points from the performance report: • The urgent care position continues to be a challenge nationally, despite this the CCG were outperforming the national average for 4 hour A&E performance however there were some days when this position was compromised. • The CCG was focussed on improving bed flow which could improve the performance seen from the increased A&E walk in attendance. • Waiting list size for planned admissions reduced in October however performance continues to be worse than trajectory. • Investment has been made to reduce 52 week waiting patients. There was a significant risk that the trajectory of 0 patients waiting 52 weeks by the end of quarter 4 would be breached. It was highlighted that given the pressures in urgent care, elective care was being delayed.	

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	• University Hospitals Bristol (UHB) achieved the 62 day cancer standard however BNSSG did not achieve the 85% target. • Two week wait performance has improved and this was expected to continue. • Total referrals, outpatient activity, planned admissions and A&E attendance were noted as above plan. Non elective activity was noted as below plan. RS provided the key points from the quality report: • UHB have had their Joint Advisory Group (JAG) accreditation withdrawn. The CCG have requested further information on the impact of this on service provision. • BNSSG was noted as benchmarking well against infection control measures, however there appears to be a trend suggesting increasing cases of MRSA and E Coli at UHB. The CCG have requested that UHB explain this trend, the CCG continues to support the Trust to improve performance. • The CCG hosted a pressure ulcer prevention conference to help reduce the number of grade 3 pressure ulcers. A rise in grade 2 pressure ulcers in the community has been reported. The CCG was reviewing what services could be put in place to reduce these. FF asked about the underperformance in upper and lower GI relating to two week wait performance and asked whether this was a new issue. Sarah Truelove (ST) confirmed that this related to endoscopy capacity problems. FF also asked how the extended hours at the Yate Minor injury Unit led to increased attendance at Southmead A&E. CT clarified that this was a mistake within the report which should have stated that that the extension in hours did not reduce walk in admissions to A&E as expected. Finally FF asked what the difference was between ordinary and elective admissions. CT noted that this was a term used for performance measures and would find out the definitions for the next meeting. JE highlighted that CT scans at NBT had breached by 39% and asked what actions were being undertaken to improve this. CT	 **LM/CT**

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	noted that these breaches were similar to the situation for MRI and agreed to report the actions at the next meeting. JE noted that referrals to the memory clinics remained high despite the Local Enhanced Service within North Somerset and South Gloucestershire and asked if there was anything more that could be actioned to train GPs. It was noted that a GP training event has been scheduled and Jon Hayes (JH) suggested that further training take place through the membership forums. There was a discussion regarding endoscopy and how the capacity to provide additional sessions had been affected by the national NHS pensions issue. NK raised the issue of UHB's withdrawn JAG accreditation and asked whether this had been permanently withdrawn. RS explained that the CCG have asked UHB what this means in terms of service provision. NK asked whether the Weston A&E was being used as a ward overnight. RS clarified that post 10pm the patients were kept overnight in A&E as a bedded environment. It was noted that the CCG has discussed with WAHT the possibility of creating an interface ward. RS noted that despite the patients being cared for as if on a ward, this counted as 12 hour trolley breaches as part of the performance measures which explained the high level of breaches for WAHT. CG suggested that the CCG separate out the mental health performance and quality sections of the report to improve visibility. JR suggested that the report needed to remain as is but if there were concerns regarding the mental health data this should be discussed. CT highlighted that there was work in train to provide an integrated mental health dashboard and it was agreed to share the dashboard with CG to review the metrics included. JR highlighted that the quality of all providers was critical. DS noted that the CCG continued to meet national standards related to dementia diagnosis, EIP and IAPT, however the IAPT position was worsening. DS noted that following the difficulties starting up the service this needed to be an area the CCG continued to monitor closely. David Jarrett (DJ) highlighted the impact the current urgent care pressures would have on RTT and elective performance. It was	**LM/CT** **LM/CT**

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	highlighted that there was a continued focus on emergency and cancer surgery but there would be an impact on routine surgery. DJ highlighted that the Trusts had been managing their re booking processes well for patients who had been cancelled for an elective procedure. JE noted that there was no narrative relating to IAPT performance for South Gloucestershire. It was agreed to include this within the next report. **The Governing Body received the Quality and Performance report.**	**LM/CT**
8.2	**Finance Report** ST provided the key points from the finance report: • Risks have increased by £1.4m following a funding pressure resulting from changes regarding commissioner responsibility from specialised commissioning. Prescribing risks have reduced as a result of updated information. • Mitigations have increased by £1.5m due to a reduction in prescribing underspends and an assumption that that CCG would receive at least £2.4m for the quality premium assessment for 2018/19. • There has been no material change to the position. • The CHC review Terms of Reference have been agreed and the first report should be available at the end of January. JRu asked about additional funding regarding primary care to mitigate issues such as increased locum costs. ST confirmed that the CCG received a tranche of recurrent funding and some additional non recurrent funding. NK asked what the implications would be of breaching the cash drawdown limit. ST stressed the importance of working with the national team to ensure the cash limits were amended for the current financial position as the CCG was spending more than its resource limit. It was imperative that the CCG had the money to pay providers for their services. **The Governing Body received the Finance report.**	
9.1	**Item deferred**	

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9.2	**Emergency Preparedness Resilience and Response (EPRR) Assurance Report** CT provided the background to the EPRR assurance assessment process for 2018/19. The CCG was found to be fully compliant and CT noted that this was a significant improvement. Provider compliance was reported as improving, however there were two providers where the CCG had concerns. Trajectories were reported as in place for Avon and Wiltshire Mental Health Partnership (AWP),who have recruited an EPRR manager, and the CCG would be meeting with AWP regularly to ensure progress. The CCG have outlined a work programme and trajectory for Severnside. It was noted that this provider was not currently a significant risk to the system. JH asked whether Primary Care assurance would be reported at the Primary Care Commissioning Committee. CT clarified that there was no framework for EPRR assurance for primary care. The CCG EPRR managers were currently reviewing this as the core standards were not appropriate for primary care. JH asked about Sirona's compliance once they were working across the BNSSG footprint. CT noted that this had been specifically discussed with Sirona as a potential risk during the handover and it was noted that Sirona would have a more substantial EPRR function in the future. JRu asked whether the assessment was a desktop review or a simulated exercise. CT confirmed that this was a desktop review but the outcomes and learning from real life exercises were taken into account. **The Governing Body noted the fully compliant status of BNSSG CCG and noted the compliance of the commissioned providers and improvement trajectories for AWP, Severnside, Brisdoc and Care UK.**	
9.3	**Conflicts of Interest and Gifts and Hospitality Policies** Sarah Carr (SC) noted that it was a statutory requirement to have policies on how to manage conflicts of interest and gifts and hospitality. SC reported on the recent internal audit into the management of conflicts of interest and gifts and hospitality which	

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	had been rated 'significant assurance' and the team had received positive feedback on processes. **The Governing Body approved the Conflicts of Interest Policy and Gifts and Hospitality Policy.**	
9.4	**Governing Body Assurance Framework and Corporate Risk Register** SC reminded the Governing Body that the Assurance Framework and Risk Register were reviewed quarterly by the Governing Body, monthly by the sub committees and reviewed at each Audit, Governance and Risk Committee. A financial moderation process has been introduced to ensure consistency in reporting financial risks. Risk leads and administrators have been identified for each directorate, who meet every other month to ensure that risks are managed jointly across the CCG. The next risk leads meeting would focus on risks related to primary care. Following recommendation from the Audit, Governance and Risk Committee, there would be a Governing Body seminar focussed on risk management facilitated by the Internal Auditors. JRu highlighted that the Audit, Governance and Risk Committee undertook deep dives into directorate risk registers to discuss how the teams develop and process their risks. JE highlighted that there were some risks which the CCG would be unable to mitigate against. SC agreed that there were risks outside of CCG control and noted that there were considerations on how these were reflected within the register including how system partners can influence the risk mitigations. **The Governing Body:** • **Reviewed the Corporate Risk Register and agreed the removal of the risks indicated** • **Noted the risks added to the register during quarter three** • **Considered whether further high level risks need to be included on the Corporate Risk Register** • **Reviewed and commented on the Governing Body Assurance Framework and approved the addition of**	

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	the new principal risk related to the System Financial Recovery Plan	
10.1	**Minutes of the Quality Committee** **The Governing Body received the minutes**	
10.2	**Minutes of the Commissioning Executive** **The Governing Body received the minutes**	
10.3	**Minutes of the Strategic Finance Committee** **The Governing Body received the minutes**	
10.4	**Patient and Public Involvement Forum Update** **The Governing Body received the minutes**	
11	**Questions from Members of the Public** A member of the public noted that they had developed a document of ideas to improve dementia care. It was agreed that this document would be circulated to Governing body members. They also highlighted that in April there would be a festival held in Weston-Super-Mare run by UHB. Their community interest company would be running dementia friends sessions to try to recruit thousands of dementia friends over the course of the festival. It was asked whether the CCG would be able to help in this endeavour. JR noted that the CCG would be happy to help and suggested that DES discuss how the CCG can help.	**SC** **DES**
12	**Any Other Business** There was none	
13	**Date of Next Meeting** Tuesday 4th February 2020, 13.30pm, The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ	
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 JRu and seconded by STW.	

Lucy Powell, Corporate Support Officer, January 2020