

**DRAFT**

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

**Minutes of the meeting held on Tuesday 2<sup>nd</sup> April 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
Colin Bradbury	Area Director, North Somerset	CB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Brian Hanratty	GP Locality Representative Bristol South	BH
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
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
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>		
John Cappock	Lay Member Finance	JC
Christina Gray	Director of Public Health	CG
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
Viv Harrison	Public Health Consultant	VH
<b>In attendance</b>		
Sarah Carr	Corporate Secretary	SC



Lucy Powell	Corporate Support Officer	LP
Geeta Iyer	Primary Care Provider Development Lead	GI

	Item	Action
1	<p><b>Apologies</b></p> <p>The above apologies were noted.</p>	
2	<p><b>Declarations of interest</b></p> <p>David Soodeen (DS) declared a new interest as he was now a member of the Clinical Senate. This was noted as unrelated to any agenda items.</p>	
3	<p><b>Minutes of the previous meeting of the 2<sup>nd</sup> April 2019</b></p> <p>The minutes were agreed as a correct record with the following corrections:</p> <ul style="list-style-type: none"> <li>• The Acute Care Collaboration Strategy was received by the Governing Body for review and comment, not approval.</li> <li>• It was agreed to add an action to section 9.1 regarding the Primary Care Commissioning Committee Terms of Reference and the independent GP post recruitment.</li> <li>• It was agreed to add an action to section 9.3 regarding the procurement policy principles.</li> </ul>	
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 – It was agreed that the Quality Strategy would be presented at the June meeting.</p> <p>05/02/19 item 8.1 01 – The falls report has been presented to the Quality Committee. This action was closed.</p> <p>05/02/19 item 9.2 01 and 02 – Policy discussed at the May meeting. Both actions were closed.</p> <p>05/03/19 item 9.1 01 – Response to the received petition has been published on the CCG website. This action was closed.</p> <p>05/03/2019 item 9.2 01 – Deborah El-Sayed (DES) corrected the action, stating that in order to update the Governing Body fully on the progress of the Integrated Urgent Care Clinical Assessment Service, there needed to be more than 1 month's data to review. The update would be provided in June.</p> <p>02/04/2019 item 7.2 01 – The Healthy Weston team have set up a system to share relevant feedback from the consultation process to the quality team. This action was closed.</p> <p>02/04/2019 item 8.1 01 – Further detail on the urology issues had been included in the May report. This action was closed.</p> <p>02/04/2019 item 8.1 02 – Peter Brindle (PB) gave an update on the review of urodynamics in terms of value based healthcare. It was explained that the majority of the referrals to urodynamics were from North Bristol Trust (NBT) consultants and the number of referrals had risen over 2018 into 2019. Following some</p>	



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	<p>investigation; it was found that the increase had been the result of a coding error. Alison Moon (AM) asked whether the data was now recorded correctly and whether there had been any wider issues following the coding errors. PB noted that these issues were being investigated by NBT as part of a remedial action plan and noted that the data received by the CCG was now correct. It was agreed to discuss any further issues at the Commissioning Executive Committee.</p>	
5	<p><b>Chief Executives Report</b></p> <p>Julia Ross (JR) brought to the Governing Bodies attention the annual review letter which had been received from NHS England on the quality of leadership within BNSSG CCG with an overall score of good. The challenge for the CCG was to increase performance around sustainability and financial performance. The letter outlined the work the CCG was undertaking to close the financial gap as well as the ongoing work with providers to agree contracts.</p> <p>JR explained that it was important to note that the score was not a reflection on financial leadership, governance or grip but was highlighting challenging system wide issues.</p> <p>It was noted that for the CCG to receive a rating of better than inadequate for sustainability, 85% of the QIPP plan needed to be achieved for 2018/19 and following the CCG's ambitious QIPP plan last year, the CCG did not quite achieve this.</p> <p>In quarter one 2019/20, NHS England and NHS Improvement expects the CCG to improve performance for urgent care performance and close down the contracting and planning gap. JR highlighted the strength of the Mental Health strategy work, particularly around the elective care strategy and mobilisation of the new IAPT service. The CCG was noted as on track to reach these quarter one expectations, with the financial and contracting aspect as the biggest challenge to the system currently.</p> <p><b>The Governing Body received the report.</b></p>	
6.1	<p><b>Approach and Timeline for Developing the Primary Care Strategy</b></p> <p>Martin Jones (MJ) outlined the approach and timeline to updating the Primary Care Strategy. Geeta Iyer (GI) was introduced as Chair of the working group tasked with refreshing the strategy. GI described the high level strategic priorities to be incorporated into</p>	



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	<p>the strategy including the Five Year Forward View and the work to reduce inequalities in care. The Governing Body and Commissioning Executive Committee would be discussing the Primary Care Strategy further at a joint seminar session in June. GI explained that the first Steering Group had taken place and the engagement planned for June had been discussed. The importance of learning from the engagement work undertaken by the Healthy Weston and Adult Community Services consultations was highlighted.</p> <p>The Governing Body discussed the scope of the strategy, and GI noted that there was a GP focus whilst recognising the move to out of hospital care. It was explained that the steering group was made up of clinical and non-clinical staff, including a Local Medical Council representative, to ensure a robust process.</p> <p>John Rushforth (JRu) asked about how expectations on finance would be managed by the strategy. GI replied that funding within primary care needed to be practical and address patient need. MJ noted that this needed further development and would be part of how the Sustainability Transformation Plan and Integrated Care System balance resource and needs to be able to describe what primary care can deliver.</p> <p>Felicity Fay (FF) asked how GPs would be engaged in the process. GI described two workshops for patients, public and key stakeholders, the content of these were being developed. Sarah Talbot-Williams (STW) highlighted the need for engagement to include outreach to communities and GI assured the Governing Body that this was part of the approach.</p> <p><b>The Governing Body approved the approach and timeline for developing the Primary Care Strategy.</b></p>	
6.2	<p><b>Healthy Weston – Overview of the Process to Decision</b></p> <p>Colin Bradbury (CB) described the proposed timeline for the Healthy Weston outcomes to be presented at Governing Body for a decision following the consultation.</p> <p>The Healthy Weston team were working with consultants and other clinicians as part of the clinical design work where the models of care developed would be assessed against the other models in the process and measured against the case for</p>	



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	<p>change. CB explained that an independent external organisation had been hired to review and assess the public and patient feedback received. The final decision would be made by the Governing Body in October 2019.</p> <p><b>The Governing Body approved the process to decision.</b></p>	
6.3	<p><b>Adult Community Health Services Procurement</b></p> <p>Lisa Manson (LM) outlined the progress of the Adult Community Health Services Procurement. During January, the procurement was advertised and 45 organisations expressed an interest with 10 organisations attending the bidder information events. The interested bidders have been evaluated and shortlisted for round two with further negotiation meetings held in April and May with final submissions on 31<sup>st</sup> May 2019. Following evaluation, the successful bidder would be notified in September 2019.</p> <p><b>The Governing Body noted the update on the Adult Community Health Services Procurement</b></p>	
6.4	<p><b>Single system plan</b></p> <p>LM outlined the narrative document noting the concerns to deliver financial targets and urgent care performance, highlighting that 2019/20 would be the year to develop the aspirations for the single system long term plan.</p> <p>LM outlined the system areas of focus from NHS England and NHS Improvement:</p> <ul style="list-style-type: none"> <li>• Closing the financial gap</li> <li>• Reducing urgent care growth and sustainably providing care in the right settings</li> <li>• Taking forward elective care transformation particularly outpatients</li> <li>• Addressing waiting times for cancer sustainably</li> <li>• Developing clearer milestones for the mental health strategy</li> <li>• Further alignment with Bath, Swindon and Wiltshire Sustainability and Transformation Plan</li> <li>• Developing the primary care strategy</li> </ul> <p>Sarah Truelove (ST) explained that the CCG had planned for a deficit of £15m with further risks and mitigations highlighted. The provider contracts were not yet agreed as there were differences</p>	



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	<p>in the level of activity of urgent care. NHS England and NHS Improvement were working with the CCG on potential mitigations and plans to reduce the urgent care demand. The plan would be presented to the regulators again on the 23<sup>rd</sup> May 2019.</p> <p>FF asked how workforce was included in the system plan. LM noted that it was universally acknowledged that work force was a key shortfall that needed to be addressed within the system.</p> <p>AM asked how bed management outside of the acute providers was monitored. DES explained that a care home tracker was in development and would be live in the next few weeks for beds across Bristol and South Gloucestershire. It was noted that the initial functionality would be limited but developed further. DES highlighted this work as an example of work ongoing that was not explicit in the plan. Jonathan Evans (JE) queried whether domiciliary care would be included in the tracker. DES agreed to check and feedback.</p> <p><b>The Governing Body reviewed and noted the 2019/20 plan.</b></p>	DES
6.5	<p><b>Draft Budgets 2019-20</b></p> <p>ST presented the draft budgets for 2019-20 noting that these would remain draft until the financial plan was agreed. ST noted that there was further work needed with the providers in order to agree the 2019-20 plan as well as the longer term financial recovery plans. The Governing Body would be further updated as the plan was developed.</p> <p>STW highlighted that the budget paper recorded no impact on equalities or health inequalities and it was agreed to consider this for future papers.</p> <p><b>The Governing Body agreed the proposed draft budgets.</b></p>	ST
7.1	<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>A&amp;E performance remained challenged in February with data showing below 95% on 4-hour attendance. However, the CCG was performing above national average for type 1 attendances.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• There were 36 52 week waiters remaining in February and this continued to present a challenge into 2019/20. The CCG were now recording each 52 week wait as a never event and each patient would be individually reviewed. LM explained that the majority of the waiters were for complex knee and spinal surgery.</li> <li>• Referral to Treatment Time performance decreased in February but remains within trajectory.</li> <li>• 62 cancer treatment performance worsened in February following issues in the urology department at NBT. The CCG was investigating the reasons for this reduction in performance and remedial action plans have been put in place. The challenges were staffing and the requirement to purchase a new robot for the department. LM noted that as a specialist centre, NBT does treat the more complex patients and there are reviews taking place on the pathways to look at reducing delays.</li> </ul> <p>The Governing Body discussed cancer performance and LM highlighted the work ongoing to address workforce and sustainability in regards to cancer treatment and the challenge it presents. FF asked how quickly the department can purchase new equipment. LM agreed to provide the Governing Body with an implementation timeline.</p> <p>Nick Kennedy (NK) asked what steps the CCG could take to reduce national referrals into NBT. LM noted that the waiting lists had been closed for some specialists but the CCG could not restrict where referrals come from. Rachel Kenyon (RK) highlighted the relaunching of the teledermatology services and noted that this might reduce the level of inpatients to some of the areas discussed.</p> <p>JR suggested that the Governing Body discuss cancer performance and 52 week waits in greater detail at a future meeting and LM agreed to produce briefing papers for both. It was agreed to include any quality issues within these papers.</p> <p>Janet Baptiste-Grant (JBG) updated the Governing Body on the key quality issues:</p>	<p>LM</p> <p>LM</p>



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	<ul style="list-style-type: none"> <li>• Incomplete pathways for fractured neck of femur and stroke have been identified at University Hospitals Bristol (UHB). Discussions have been held with the chief nurse and work was ongoing to investigate any correlations with delays in the emergency department and any serious incidents.</li> <li>• Child and Adolescent Mental Health Service (CAMHS) waiting lists for Weston Area Health Trust have increased in length and the team has discussed mitigations with the Medical Nursing Director.</li> <li>• The STEIS reporting system was noted to have a significant number of serious incident cases open for BNSSG providers. A piece of work has been undertaken to review and develop a plan to reduce these numbers. The majority of these cases have now been investigated and actions have been identified for the providers in order to close the cases.</li> </ul> <p>The Governing Body discussed the Weston CAMHS team noting that this was a small team managing high demand running from an acute trust. One of the key issues challenges for the service was the lack of provision in the community to discharge patients. The levels of investment into CAMHS services across BNSSG was highlighted. LM reported that the CCG had discussed the service model with the Weston Area Health team and suggested that a modified tier 2 service was available as a short term solution for discharge in order for a longer term, more sustainable solution to be developed.</p> <p><b>The Governing Body received the Quality and Performance report</b></p>	
7.2	<p><b>Finance Report</b></p> <p>ST outlined the month 12 financial position explaining that the CCG had achieved £10m deficit and therefore had received £10m in sustainability funding. The external auditors were currently reviewing the draft accounts for approval at the May Audit, Governance and Risk Committee.</p> <p>ST noted that there had been no material changes from month 11 to month 12. Additional non recurrent allocations had been received from NHS England in order to mitigate against financial</p>	



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	<p>pressures such as growth in urgent care and Any Qualified Provider (AQP) contracts, and no cheaper stock obtainable medicines which were affecting the underlying position.</p> <p>JE asked whether any financial modelling had taken place for the Integrated Urgent Care Clinical Assessment Service. ST noted that this had been incorporated into the 2019/20 plan.</p> <p>Kirsty Alexander (KA) queried the non-elective activity asking whether this was increasing for BNSSG only. ST noted that this was what the CCG was investigating and were in the process of reviewing the recorded coding.</p> <p>AM queried how the savings plan quality impact assessments were approved. It was confirmed that this was through the steering groups which were director led.</p> <p>JBG highlighted the variance in AQP contracts. ST explained that the variance related to eye surgery and was due to a new provider entering the AQP market which had increased the number of cataract operations performed and so increased activity however waiting times have decreased.</p> <p>Brian Hanratty (BH) asked whether the non-recurrent funding provided in 2018/19 would be available in 2019/20. ST explained that the lack of this funding was why the CCG was showing a deficit for 2019/20 as the challenges during 2018/19 would continue through to 2019/20. The CCG has made some assumptions that there will some additional funding available for some challenges following discussions with NHS England and these have been outlined in the risks and mitigations.</p> <p><b>The Governing Body received the finance report and noted the outturn position for 2018/19.</b></p>	
8.1	<b>Item deferred</b>	
8.2	<p><b>Committee Terms of Reference Review</b></p> <p>Sarah Carr (SC) reminded the Governing Body that the Terms of Reference for the statutory committees had been reviewed and sent to the membership for approval. The Terms of Reference presented at the May meeting were for the non-statutory Committees and were for the Governing Body approval.</p>	



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	<p>The Committees had reviewed their Terms of Reference and any amendments were highlighted. Following the appointment of a new Chair, The Strategic Finance Committee agreed to review the Terms of Reference again in 3 months' time. The Patient and Public Involvement Forum made no change recommendations. The Commissioning Executive Committee had agreed the inclusion of an independent secondary care clinician to the membership. The Quality Committee had agreed a change in quoracy membership and health inequalities had been added to the Committee's remit.</p> <p>The Governing Body discussed the membership of the Patient and Public Involvement Forum highlighting that third sector organisations were present but not required to come to the meetings. It was agreed to make the Terms of Reference clearer as to the expectation of these members. It was agreed that the Patient and Public Involvement Forum would review the meetings Terms of Reference further and present again to the Governing Body.</p> <p><b>The Governing Body approved the Terms of Reference for the Commissioning Executive Committee, Strategic Finance Committee and the Quality Committee. It was agreed that the Patient and Public Involvement Forum needed further review.</b></p>	STW
8.3	<p><b>Data Security and Protection Toolkit</b></p> <p>The Data Security and Protection Toolkit replaced the Information Governance toolkit and this was the first year of use. ST explained that following review at the Audit, Governance and Risk Committee there had been a decision that the CCG would aim to achieve all the mandatory ambitions outlined in the toolkit and progress towards the non-mandatory ambitions following the first year. ST added that the mandatory ambitions had been achieved this year.</p> <p><b>The Governing Body received the Data Security and Protection toolkit.</b></p>	
8.4	<p><b>Adult Continuing Healthcare (CHC) Commissioning Policy</b></p> <p>JBG gave the background to the Adult CHC Commissioning policy noting that that amendments and suggestions at previous Governing Body meetings had been incorporated into the policy, which had also been reviewed by the Quality Committee in April.</p>	



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	<p>FF asked for further details regarding the complex care panel meetings. JBG noted that CHC patient needs are reviewed regularly, however a clinician can request an earlier review if it was felt that the patients' needs have changed since the last review.</p> <p>DS suggested that the policy was not clear on the criteria being used to assess against. It was agreed to add a copy of the Decision Support Tool to the policy as an appendix.</p> <p>JRu asked how the CCG monitored inequalities in access to services as well as support provided to families during both the initial assessments and any appeals. JR agreed and noted that these questions also applied to how personal health budgets were managed. JE noted that he would like to see some further assurance on the process and implementation of personal health budgets. The Governing Body asked that JBG take these comments back to the CHC team and ask for a briefing paper to be written to provide the assurances required.</p> <p><b>The Governing Body approved the policy with the above amendments.</b></p>	<p><b>JBG</b></p> <p><b>JBG</b></p>
8.5	<p><b>Updated CCG Policy on the Management of Compliments, General Enquiries and Complaints</b></p> <p>JBG presented the policy noting that this was an updated version to the current policy, highlighting that included within the policy were the duties and responsibilities of the CCG in supporting members of the public with general enquires and complaints queries.</p> <p>The Governing Body discussed how the CCG teams gather patient experience information and how concerns are escalated to the Quality Committee. JR highlighted the work ongoing to triangulate feedback from the various workstreams within the CCG including Healthy Weston and provider serious incidents. JBG highlighted that quality issues are regularly discussed with providers through the quality meetings. AM asked how the information was fed back to other CCG teams and clinical leads as appropriate. JBG assured the group that this was occurring through quality meetings but there was further work ongoing to progress.</p>	



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	<p>DES asked how service users are engaged in the process. JBG explained that following a complaint response, the individual is contacted with a questionnaire asking how they found the service. It was noted that the majority of compliments received for the CCG were for the customer service department.</p> <p>STW highlighted the importance of plain English versions of the complaints leaflets. These were confirmed as already in existence but would be updated following approval of the policy.</p> <p><b>The Governing Body approved the Policy on the Management of Compliments, General Enquiries and Complaints.</b></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 Primary Care Commissioning Committee</b> The Governing Body received the minutes</p>	
9.5	<p><b>Minutes of the Patient and Public Involvement Forum January 2019</b> STW explained that due to the bimonthly cycle of the Patient and Public Involvement Forum meetings, the Committee had produced an engagement report which provided more timely information on matters the Committee was discussing. This report had been included as part of the minutes. <b>The Governing Body received the minutes</b></p>	
11	<p><b>Questions from Members of the Public</b> Shaun Murphy from Protect Our NHS asked the following question:</p> <p>The minutes of the Commissioning Executive Committee contain a recommendation to award the BNSSG Improving Access to Psychological Therapies contract to Vita Health. If the Governing Body has not yet made a decision, I ask that this is delayed until there has been a much wider and public discussion of the issues.</p>	

	<b>Item</b>	<b>Action</b>
	JR thanked Mr Murphy for his question. JR explained that as part of the process of reprourement there had been extensive public engagement, the results of which have been considered throughout the process including the development of the specifications. It was clarified that the Governing Body had approved the contract recommendation and following the end of the contract stand still period the previous week, public announcement would be made in due course. JR commented that the CCG is required by law to undertake a robust and strong procurement process and award the contract to the best bidder.	
12	<b>Any Other Business</b> There was no other business.	
13	4 <sup>th</sup> June 2019, 13.30pm, The Vassall Centre, Downend, Bristol, BS16 2QQ	

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

