Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

DRAFT

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 8th January 2019 at 1.30pm at the Weston College, Knightstone Road, Weston-Super-Mare, North Somerset, BS23 2AL

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
Cecily Cook	Deputy Director of Nursing and Quality	CC
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
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	AMoon
Justine Rawlings	Area Director Bristol	JRa
Julia Ross	Chief Executive	JR
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Sarah Truelove	Chief Financial Officer	ST
Apologies		
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
In attendance		

Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP
Adowa Webber	Head of Clinical Effectiveness	AW
Niall Mitchell	Senior Exceptional Funding Request Manager	NM
Michelle Smith	Associate Director of Communications and Engagement	MS
Niema Burns	Inclusion Coordinator	NB

	Item	Action
1	**Apologies** The above apologies were noted.	
2	**Declarations of interest** There were no new declarations of interest declared.	
3	**Minutes of the previous meeting of the 4th December 2018** The minutes were agreed as a correct record with the following correction: • Felicity Faye to be to amended to read Felicity Fay.	
4	**Actions arising from previous meetings** The Governing Body reviewed the action log. 04/09/18 Item 6.1 01.2 – reporting to be included in a future quality and performance report 02/10/18 Item 7.2 02 – included within the quality and performance report. This action was closed. 06/11/18 Item 7.2 01 – Martin Jones noted that the interface meeting had not taken place. 06/11/18 – Item 8.1 01 – Lisa Manson explained that the report regarding 52 week waiting patients had been presented to the Commissioning Executive Committee and reported in the quality and performance report. It was agreed to close the action. 06/11/18 – Item 9.3 01 – Deborah El-Sayed noted that the Equality and Diversity report had been included on the January agenda. This action was closed. 06/11/18 – Item 9.3 02 – It was noted that the Equality and Diversity reporting had been included within the performance report. This action was closed. 04/12/18 – Item 8.1 02 – It was noted that the falls at Skylark ward had been benchmarked within the performance report. This action was closed. 04/12/18 – Item 10.4 01 – The quarter two Primary Care Report had been included within the January papers. This action was closed.	
5	**Chief Executives Report** Julia Ross (JR) gave an update on the formal appointment to the Director of Nursing and Quality post, noting that Jennifer Winslade would start on the 1st April. Janet Baptiste-Grant had been	

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	appointed as the interim Director of Nursing and Quality until Jennifer starts the role. JR set out some of the key aspects within the recently published long term plan, highlighting that the ambitions outlined align with work the CCG was already undertaking, including improving integrated care and locality working, and further investment into Mental Health and Learning Disabilities. JR highlighted that the document provided further impetus on the workstreams the CCG were prioritising. JR noted that a briefing regarding the long term plan would be circulated to Governing Body members shortly. JR highlighted the section in the long term plan that suggested future legislative changes in relation to procurement. It was noted that the CCG would welcome the changes which would promote integration and better joint working with the local healthcare system. However, it was important to note that until the changes were enacted, the CCG would need to adhere to the current legislation. JR praised the plan, explaining that the document was written from the perspective of the patients which was something the CCG was promoting through the work on locality working and hubs. **The Governing Body received the report**	
6.1	**Healthy Weston Update** Colin Bradbury (CB) presented the paper noting that the report summarised the work to date on the Healthy Weston programme and the draft consultation plan. CB highlighted that the case for change had been published last year and presented to the Joint Health Overview and Scrutiny Committee. The Committee had noted that the Healthy Weston plans outlined potential substantial variation from the current service model and had recommended that formal public consultation be required for any proposed changes. CB noted that the consultation work was being developed and would be presented to the February Governing Body to update and set out the proposals. Sarah Talbot-Williams (STW) noted that the consultation plan was well developed but queried whether social media would be part of the consultation. CB highlighted that a key part of the consultation involved the use of digital media but explained that this would not	

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	be the only consultation mechanism to be used. CB agreed to strengthen the elements regarding digital media within the plan. **The Governing Body noted the update on progress to date and with the amendments above the plan was noted and approved**	
6.2	**Adult Community Health Services Procurement Launch** Lisa Manson (LM) gave the background to the Adult Community Health Services Procurement noting the extensive consultation that has occurred which included clinicians, carers, the voluntary sector, patients, acute and community providers, and local authorities. The specifications have been reviewed by locality members and clinical leads. The requests for proposals have been reviewed and approved by the Governing Body in closed session. It was noted that the information would remain confidential so that all bidders received the information at the same time. Viv Harrison (VH) asked whether the long term plan aligned with the procurement plans. LM highlighted that the key elements in the long term plan were joint working and integration, these were noted as an integral part to the procurement specifications. It was noted that the length of the community services contract reflected the CCG ambition to stabilise the system and invest in integration. JR noted the concerns raised by a local MP and councillors. Brian Hanratty (BH) reiterated the amount of stakeholder involvement in the procurement. JR outlined the extensive engagement particularly with the local authorities who had representatives on the procurement programme board. Deborah El-Sayed (DES) outlined how the community services procurement would increase the use of digital care as noted within the long term plan. JR noted that the paper was asking the Governing Body to launch the procurement. Following the release of the long term plan the recommendation was to continue with the procurement pending any further comments from the national regulators. It was noted that should legislative change occur, then the Governing Body would formally review the position at that point. **The Governing Body:** • **Approved the launch of the procurement subject to any further comments from national regulators**	

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	• **Delegated authority to the Director of Commissioning to approve the release of operational documents and information during the procurement**	
7.1	**Quarter 2 Looked After Children Report** Cecily Cook (CC) highlighted the updated report from October which included the data for quarter two. It was noted that the CCG was currently undergoing permanent recruitment for a Designated Nurse for Looked After Children. CC noted that a 3-month pilot scheme to improve the notification system had begun and this would be reviewed in January, a second workshop to further progress the action plan would also take place at the end of the month. Alison Moon (AMoon) highlighted the improvement in notifications for quarter 3 and suggested that more resource was needed for further improvement. AMoon challenged the action plan noting that the ratings implied that the actions were on plan to be resolved. CC noted that as part of the second workshop the action plan would be reviewed and amended, particularly for those areas across BNSSG were there were differences in performance. The Governing Body discussed resourcing and recommendations of staffing levels to rectify the performance issues. JR queried to what extent the CCG was responsible for the performance levels and asked that in the next report short term actions for the local authorities be outlined, followed by medium and long term actions to improve performance. LM noted that the performance issues would also be discussed through the contracting arrangements. It was noted that this would be further reviewed through Commissioning Executive next month. **The Governing Body noted the contents of the report and the updated action plan**	
8.1	**BNSSG Quality and Performance Report** LM outlined the key aspects of the performance report noting that urgent care remained challenged due to staffing and patient flow issues, however the system remained above target for Christmas and New Year thanks to the system working to the winter plan. The CCG was working with providers to improve the Referral to Treatment Time (RTT) standard and waiting list sizes, in particular	

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	working with North Bristol Trust (NBT) regarding a deterioration in the number of patients waiting 52 weeks for treatment. The CCG was working closely with the Trust to support delivery of the remedial actions to address the issues. It was reported that cancer 62-day performance had deteriorated across BNSSG despite University Hospitals Bristol (UHB) continuing to meet the standard. The underperformance had been driven by urology breaches. It was noted that learning from UHB would be shared across all providers as best practice. It was noted that there were known staffing issues at Weston General Hospital in relation to breast cancer services, however an interim radiographer had now been appointed. A Contract Performance Notice had been issued to NBT regarding the performance standard and this was now under review with an attached trajectory. The Governing Body discussed the link between MRI demand and Musculoskeletal (MSK) service waiting times. It was noted that the community providers had seen increased investment in this area in order to improve waiting times for MSK services. AMoon suggested that the CCG review referral management systems from other CCGs to identify some areas of best practice. Dave Jarrett (DJ) agreed to look into this. The staffing issues at the Acute Trusts were discussed. LM highlighted that work had begun with HR leads to discuss the differences in staff retention between the Trusts to develop some best practice. Sarah Truelove (ST) noted that the CCG would review the staff survey results for the Trusts to identify some areas of improvement. CC presented the Quality report to the committee noting 2 never events had occurred in the last month related to wrong site surgery and a guide wire left in situ. It was noted that a shared learning workshop relating to Never Events would be taking place across the SW North area. It was noted that UHB was above trajectory on cases of E Coli and a retrospective review of cases would take place on these. CC noted that the catheter passport was ready to be launched and would be shared across all providers.	**DJ**

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	CC noted that the report concerning pressure injuries at Weston General Hospital would be presented at the next Governing Body. It was reported that there had been a recruitment drive at Cossham Birth Centre and the intention was to open again in February 2019. The Governing Body discussed the level of falls at Skylark ward and noted that these had been reviewed and found no serious harm. CC highlighted the good practice by the ward in reporting the falls. It was noted that there was a summit planned on falls, the lessons learnt from this summit would be reported back through the Quality Committee. CC noted that a visit to the Henderson Unit would be undertaken and the outcome would be reported to the Governing Body. CC noted that the waiting list for ADHD continued to increase. The Trust has assured the CCG that where patients are assessed as needing immediate treatment other pathways of care have been identified. LM highlighted that a paper would be presented to the Commissioning Executive next week to review the pathway models of other CCGs and review options for the BNSSG CCG pathway. The CCG recognised the need to develop both short and long term actions. The Governing Body discussed provider flu vaccination rates, noting the high level of vaccinations within the 3 Acute Trusts. AMoon highlighted that the national target for 55% of Primary Care staff was not ambitious enough and suggested that through the Primary Care Commissioning Committee discussions take place with GPs to develop ways to make the vaccination rates higher. John Rushforth (JRu) raised that as part of the safety thermometer tool, it seemed as though Weston Area Health Trust (WAHT) had decreased in safety monitoring. CC noted that there was previously a period where WAHT were concerned by falls and work had taken place to improve this. It was noted that this would be reported at the next Quality Committee. JR requested that the Governing Body receive the Harm Assessment following the Haematology and Oncology unit fire closure. CC noted that no serious harm had been reported	

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	however minor harm for those who waited for treatment had been reported. JR asked that the Governing Body receive further assurance regarding the sepsis compliance for NBT. CC noted that the CCG had asked for assurance and this would be provided at the quality sub group and reported to the Governing Body through the quality report next month. Martin Jones (MJ) asked that further information on the number of serious incident reports from Avon and Wiltshire Mental Health Partnership Trust (AWP) be presented to the Governing Body. It was noted that this would be discussed at the Quality Committee and actions developed. **The Governing Body received the Quality and Performance report**	**JBG** **JBG**
8.2	**Finance Report** ST reported that as of month 8 the CCG was forecasting delivery of the plan. The challenges and mitigations were outlined. There had been an increase in unplanned activity in October, initial investigations have not provided a simple explanation for this. An increase in zero length of stay at UHB has been identified and this was being raised formally with the Trust. ST noted that the audit into the short length of stay admittances at NBT had finished and the report would be presented to the Governing Body next month. ST reported a significant increase in the activity related to Any Qualified Provider contracts across a range of providers. The increase in cataract spend was highlighted and it was noted that this related to differences in referral pathway. The Governing Body discussed the issue noting that these referrals should be provided through the referral management team. It was explained that this was the ambition once the referral service was available in South Gloucestershire. ST updated the Governing Body on the No Cheaper Stock Obtainable issue and explained that £2.3million had been received from NHS England and discussions were continuing.	

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	It was reported that due to the high level of planned care activity, £500k had been unrealised in the savings delivery plan for month 8. ST assured the Governing Body that this was expected to be recovered from other savings schemes. Felicity Fay (FF) asked how there was an underspend on CAMHS services noted on page 13 of the report. ST agreed to investigate and inform the Governing Body at the next meeting. **The Governing Body received the finance report**	**ST**
9.1	**Ethical Framework for Decision Making** Adwoa Webber (AW) introduced the paper and pointed out that the dates within table 3 should read February 2019 rather than 2018. AMoon asked that the comments from the Commissioning Executive Committee be outlined and asked that the Primary Care Commissioning Committee be included as one of the Committees to own and use the framework. AW highlighted that the most significant amendments from the Commissioning Executive Committee had been adding more about ethics into the ethics section. It was also noted that there had been minor changes relating to how the committees and teams could make best use of the document. AW reported that following review by the local authorities, there had been comments around targeting resource and engagement through the Health and Wellbeing board on how the CCG makes decisions. FF noted that the framework referenced existing guidelines and evidence as a way to make decisions. The Governing Body agreed that occasionally the best evidence could be available without corresponding guidelines, and it was agreed to amend the wording to read best evidence. **The Governing Body approved, with the amendments above, the Ethical Framework for Decision- Making for testing within BNSSG and with the Local Authorities**	
9.2	**Commissioning Policy Development** AW noted that the Commissioning Policy had been to the Commissioning Executive Committee for comment and review. It was noted that the principles behind the Ethical Framework would be enacted as part of the Commissioning Policy development.	

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	Nick Kennedy (NK) asked whether the process required a specific executive director to review the policies prior to development. AW clarified that this would the Director of Clinical Effectiveness and agreed this would be made clearer within the document. The Governing Body discussed the prioritisation of the policies and how these would be considered in terms of patient safety needs, inequalities and health outcomes and clinical guidance. JRu noted the need to build in a review system as well as provide assurance on what the CCG wouldn't be reviewing as part of the policy development. **The Governing Body approved the final draft of the Commissioning Policy Development Process subject to the amendments noted**	
9.3	**Exceptional Funding Requests Process** LM outlined the process, noting that as part of the constitution, the CCG needed a process for requests for interventions not normally funded. The process had been subject to legal review and had been reviewed by stakeholders and the public. Following review from the Commissioning Executive Committee the language of the policy had been made clearer and the appeal process had been clarified. It was noted that the Committee had discussed in depth the definition of exceptionality and rarity. LM noted that the process was now based entirely around clinical factors only and no longer included impairment and functionality as criteria. The Governing Body discussed the definition of exceptionality and LM confirmed that this had been tested against NHS England definitions as well as other CCG definitions. The Governing Body discussed the changes in criteria and Niall Mitchell (NM) noted that as part of the implementation plan the panel would be undergoing training and provided support on the process changes. The Governing Body discussed the need for clarity of conversation between clinician and patient as well as providing a named contact from the Exceptional Funding Review team to both. It was clarified that only clinicians could refer patients for Exceptional Funding Review and the referral form was being developed to be as simple as possible. The team had factored in time for developing user guides, FAQs and meeting with clinicians to explain the process.	

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	It was noted that the policy would be reviewed within a year, or sooner following any changes to national guidelines. **The Governing Body approved the Exceptional Funding Policy and the recommended approach to Significant Functional Impairment**	
9.4	**Equality and Diversity Strategy** DES noted the strategy would be to agree in principle as there would be further work ongoing with the Quality Committee and the Patient and Public Involvement Forum. Michelle Smith (MS) outlined the draft strategy and the draft action plan. It was explained that previous iterations had been reviewed through the Quality Committee and the Patient and Public Involvement Forum. MS highlighted the three key mandated initiatives: The Equality Delivery System, the Workforce Race Equality Standard and the Accessible Information Standard. It was noted that the setting of the equality objectives for the CCG were closely aligned to the Equality Delivery System. Through this work, it was noted that the CCG had built upon existing relationships with local communities and developed closer ties with protected groups. The Governing Body discussed Workforce Race Equality Standard and it was explained that the Equality team were part of the organisational development work to ensure that improving representation across the CCG workforce was a key ambition. It was noted that all of the ongoing work had been referenced in the action plan. JRu noted that there were other organisations outside of the NHS who had undertaken great amounts of work to improve representation in their workforce and suggested that the Equality team utilise this resource. ST highlighted that a working group had been established in order to develop a diverse workforce. Terms of Reference were being drawn up and the Governing Body agreed that having people from other organisations come to these meetings to share learning would be beneficial to the process. David Soodeen (DS) highlighted that as a Governing Body member everyone had a responsibility to review all papers with equality in the forethought. The Governing Body discussed how the outcomes outlined in the long term plan should be incorporated	

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	into the equality strategy. JR brought the population data to the Governing Bodies attention and explained that the CCG needed to identify who the priority population was so that the CCG can improve health outcomes for all. VH noted that this was an issue that Public Health would join with the CCG in ascertaining as part of the Joint Strategic Needs Assessment. NM noted that the impact assessments undertaken have identified some of these groups and the Equality Delivery System will provide further information. STW queried the levels of undisclosed information within the staff survey. JR explained that the ambition for the CCG would be for the staff to feel able to disclosure their information however there was a need for the CCG to recognise that people may not wish to and this should also be respected. It was agreed that the equality strategy would be presented to the Governing Body in April 2019 for approval. It was noted that Governing Body would be provided with an update on the Equality Delivery System in March 2019. **The Governing Body approved the draft strategy and action plan**	**DES**
9.5	**Governing Body Assurance Framework and Corporate Risk Register** ST asked the Governing Body whether the principle objectives outlined in the Governing Body Assurance Framework were still relevant. It was agreed that the priorities would be reviewed at a seminar session in the early spring. AMoon highlighted the new risks added to the Risk Register and the Governing Body agreed that during their quarterly review of the Risk Register, new risks and their mitigations would be the focus for discussion. It was highlighted that there were risks relating to EPRR which should be added to the corporate risk register. It was agreed to add these and discuss mitigations at a future meeting. **The Governing Body received and noted the Corporate Risk Register and Governing Body Assurance Framework**	**LM**

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9.6	**Managing Conflicts of Interest and Gifts and Hospitality Policies** ST noted that following review by the Audit, Governance and Risk Committee some minor changes had been made to the policies. **The Governing Body approved the Managing Conflicts of Interest and Gifts and Hospitality Policies**	
9.7	**Emergency Preparedness Resilience and Response (EPRR) Assurance Report** LM briefed the Governing Body on the role of the CCG as a category 2 responder and noted that NHS England had substantially assured the CCG for 2017/18. It was noted that as part of the assessment the CCG should ensure that contracts contain EPRR arrangements and compliance monitoring. LM informed the Governing Body that Executive Directors with on call duties have been trained on EPRR. LM noted that all providers had been assessed as substantially assured except for Bristol Community Health, AWP and Care UK. The CCG continued to work with providers to improve EPRR arrangements. **The Governing Body received the statement of compliance as assurance from 2017/18 NHSE Core Standard self-assessment of the CCG and commissioned providers of healthcare**	
9.8	**Primary Care Commissioning Committee Quarterly Governing Body Report – Quarter 2** LM noted that this report was for information and outlined the key actions and progress from the Primary Care Commissioning Committee. LM highlighted the procurement of the Locality Health Centre and Improved Access as key successes in quarter 2 and noted that this report would be presented quarterly so the Governing Body could review the work of the Primary Care Commissioning Committee and use this to support the work of the Governing Body. **The Governing Body received the report**	
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**	

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10.3	**Minutes of the Strategic Finance Committee** **The Governing Body received the minutes**	
10.4	**Minutes of the Primary Care Commissioning Committee** AMoon highlighted that the work undertaken by the CCG for the Committee was enormous and thanked the teams for their hard work. **The Governing Body received the minutes**	
10.5	**Minutes of the Audit, Governance and Risk Committee** JRu highlighted that a presentation from an expert in Personal Health Budgets would be presented to the Committee for information. **The Governing Body received the minutes**	
10.6	**Minutes of the Healthier Together Sponsoring Board** **The Governing Body received the minutes**	
11	**Questions from the Public** Jill Cook, Bristol City Councillor asked the Governing Body whether they would consider pausing the Adult Community Services procurement in order to reflect further on the recently published long term plan. There were concerns that there were risks in proceeding too fast with the procurement due to the long length of the contract and the changes in procurement legislation outlined in the long term plan. Jill Cook also explained to the Governing Body that it was felt that there had not been enough engagement with elected representatives regarding the procurement. Since the decision had already been made to launch the procurement, Jill Cook asked that this decision be reviewed. JR stated that the CCG had a legal duty to procure the contract under current legislation. JR addressed the concerns about engagement noting that the procurement had been discussed at the Joint Health Overview and Scrutiny Committee and members of the local councils had been part of the process throughout, including the development of the scope of the procurement and evaluation questions for bidders. It was highlighted that members of the Local Authorities were members of the monthly Community Procurement Board. JR explained that the Adult Community Procurement work had started in March 2018 at which time extensive engagement had occurred with service users, the Local Authorities and stakeholders.	

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	JR highlighted the concerns regarding the published long term plan and changes to legislation. It was noted that currently the CCG had two contracts that would end in 2020 at which points services would need to be in place for the CCG to adhere to current legislation. JR highlighted that should legislation change during the procurement the Governing Body would immediately review this and agreed any next steps. JR noted that the long term plan referenced integrated services as a priority and emphasised that integrated care was at the fore front of the Adult Community Procurement and the ambition was for a single service for community services with ongoing integration between health and social care. It was a priority for the CCG that the community provider be fully engaged in this vision. JR noted that the service provision would not be fundamentally changed. JR highlighted that pausing the procurement at this point would reduce the length of time for mobilisation for the new provider which was paramount for ensuring the safe transfer of services. JR explained that herself and Justine Rawlings (JRa) would be meeting with the councillors later that evening to discuss all the concerns raised at the Governing Body. Shaun Murphy asked whether the exceptional funding policy would restrict GPs being able to ask for specialist advice from consultants. Jon Hayes replied that this was not the intention of the policy and the difference between request for diagnosis and request for an intervention would be made clear to GPs and secondary care clinicians as part of the implementation plan. The ambition of the CCG was for a clear and simple process and this will be reviewed and amended if required. Questions from Dr Charlotte Paterson were read out to the Governing Body and the reply was given as below. How long is the wait between the GP making the referral (the actual date on the referral letter/form) and the patient being seen at the musculoskeletal service?	

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	Answer - Current waits for MSK interface services range between 8-15 weeks. All are on trajectory to be at 6 weeks by the end of March 2019, as there has been additional investment in the services this year in recognition of the need to reduce these wait times. What percentage of patients who are referred via musculoskeletal services go on to be referred to secondary care? a. NHS referral b. Private referral Answer - Around 50% of patients seen by the MSK services are referred on to secondary care, with 10% - 20% of the total number being triaged directly to secondary care. A high proportion of patients are therefore managed within the interface service, which has greater capacity to give time and specialist expertise to patients with MSK conditions then GPs in primary care. Without the interface service, the number of patients being referred into secondary care would be much higher, which would lead to longer waiting times for all patients. As noted above a number of patients do bypass the interface service where the condition dictates, and where a patient is at risk of deterioration or harm GPs can refer directly for a surgical opinion. Which date is used as the start of the 18 week waiting time target? The date of GP referral to the musculoskeletal services or the date of the onward referral from musculoskeletal services after the six-month period has passed? Answer - The start of the 18 week waiting time target for all orthopaedic pathways is the time that the referral is received by the interface service.	
12	**Any Other Business** LM noted that information regarding the brexit arrangements had been circulated to the Governing Body. DS asked that a seminar session on the long term plan be arranged.	**SC**
13	**Date of next meeting: Tuesday 5th February**	

Lucy Powell, Corporate Support Officer, January 2019