Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

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Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 5th February 2019 at 1.30pm at the Royal Hotel, 1 South Parade, Weston-Super-Mare, North Somerset, BS23 1JP

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
Brian Hanratty	GP Locality Representative Bristol South	BH
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Bridget James	Associate Director of Quality	BJ
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
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		
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
In attendance		
Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP

Christopher Chubb	Commissioning Locality Lead for Weston, Worle and Villages	CC
Lee Colwell	CHC Commissioning Manager	LC
Adwoa Webber	Head of Clinical Effectiveness	AW

	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 8th January 2019** The minutes were agreed as a correct record with the following correction: • Page 7, paragraph 4, "…55% of primary care staff…" was amended to "….55% of primary care at risk groups…."	
4	**Actions arising from previous meetings** The Governing Body reviewed the action log: 06/11/18 Item 7.1.01 – Looked after Children report trajectories to be presented at the March Governing Body meeting. 06/11/18 Item 7.2.01 – Martin Jones (MJ) explained that as the interface meeting had not yet taken place this would be reviewed through the Quality Committee and an update provided to the Governing Body. 04/12/18 Item 7.1.01 – Quality Strategy to be presented to the March Governing Body meeting. 04/12/18 Item 8.1.01 – Pressure injuries report summary had been included within the Performance and Quality report. This action was closed. 04/12/18 Item 8.1.03 – SWASFT deep dive to be presented to the Quality Committee in February and presented to the Governing Body in March. 04/12/18 Item 9.1.01 – Constitution to be presented to the March Governing Body meeting following review by the Audit, Governance and Risk Committee. 08/01/19 Item 8.1.01 – Referral management system review to take place, reporting into the Commissioning Executive with updates to the Governing Body via Primary Care Commissioning Committee updates. It was agreed to close this action. 08/01/19 Item 8.1.02 – Harm assessment following the Bristol Haematology and Oncology Unit fire had been presented to the Quality Committee noting that no serious harm had been identified. This action was closed. 08/01/19 Item 8.1.03 – Further data regarding sepsis compliance at North Bristol Trust to be reviewed and reported through the Performance and Quality report. 08/01/19 Item 8.2.01 – CAMHS underspend was attributable to a delay in recruitment timescales. This action was closed.	

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5	**Chief Executives Report** This item was deferred to March 2019. **The Governing Body received the report.**	
6.1	**Healthy Weston Consultation** Colin Bradbury (CB) presented the paper noting that the Healthy Weston programme was developing ideas on how to best meet the local population's healthcare needs. The plans had been developed by local doctors, nurses and GPs as well as University Hospitals Bristol (UHB), North Bristol Trust (NBT), Taunton and Somerset Foundation Trust (TSFT)and the local ambulance services and were based on the population's highest healthcare needs which had been identified as: Frailty Services, Children's services and Mental Health Services. The Pre-Consultation Business Case outlined the work so far as well as the plans for a 3-month public consultation process on the proposed ideas. The public would be asked for their opinion on changes to Weston General Hospital as well as their views on ideas already in train such as the crisis and recovery centre. CB noted that the plans also outlined the long term vision for healthcare services in and around Weston for five to ten years. The focus was to ensure that the population of Weston received good quality healthcare going forward with better integration of services. CB outlined the proposed changes to the services provided at Weston General. It was noted that the CCG needed to ensure that the population of Weston had access to 24-hour care in the most sustainable and safe way. CB noted that the NHS had regional centres of excellence where patients would be treated irrespective of distance, for example, cardiac patients would be treated at UHB and trauma patients at NBT due to the better outcomes of care in these acute settings. The consultation proposed: • To have a medically led A&E, open 8am to 10pm seven days a week, supported by a GP out of hours' service and direct admission to the hospital via GP referral. • Level 2 critical care (high dependency unit) to be provided at Weston Hospital, with the ability to step up to level 3 prior to transfer to another hospital	

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	• Moving a small number of complex emergency surgery cases to neighbouring hospitals In addition, the business case set out wider changes which the CCG would also like feedback on, including: • Integrated frailty service to be developed at Weston Hospital • More planned care operations, such as hip and knee operations, to be undertaken at Weston Hospital with the long term plan that Weston Hospital will become a centre of excellence in this area. • Improved mental health services including crisis support • Extended coverage for children's urgent and emergency care The proposals have been endorsed by the South West Clinical Senate and NHS England, and the Governing Body was asked to agree to go out to consultation on the proposals for 14 weeks in order to hear the views of the people. The plans are not yet agreed and the CCG would like to develop these ideas based on the feedback. Felicity Fay (FF) queried what happens when patients arrive at the hospital after 10pm during the closure. CB noted that there was phone outside which would put patients straight through to a clinician and an ambulance if appropriate. Brian Hanratty (BH) asked whether there had been any learning following the temporary closure. CB noted that the situation had been reviewed by clinicians and there had been a decrease in attendance. The GP out of hours service, NHS 111 and the ambulance services had also been monitored as part of this and additional ambulances had been commissioned. CB noted that A&E was not always the best option for care and gave the example of an elderly patient needing admission to an orthopaedics unit rather than attending A&E. MJ noted that as part of the plans consultants have discussed direct admissions to the orthopaedic wards during the day but more importantly at night. Alison Moon (AM) highlighted the quality impact assessment and the queried the delivery of national standards at Weston Hospital.	

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	CB noted that the Clinical Senate had undertaken a review in 2017 of the emergency care at the 13 South West Hospitals and had found that Weston Hospital was the least able to meet the standards. It was explained that this was due to the number of cases seen in the hospital and the reduction in skill mix as the clinicians did not have the practice in certain conditions to keep skilled. It was noted that following review of the proposed plans, local clinicians believe that these will ensure national standards are met. CB highlighted that the proposed changes enhance patient choice in Weston as the plans propose to bring more care back into Weston Hospital including more planned operations and chemotherapy which would generally have taken place in Bristol or Taunton. The proposed plans would mean that people would receive more of this type of care, closer to home. David Soodeen (DS) queried whether the increased complex care patients transferring to hospitals in Bristol and Taunton would impact on those hospitals being able to provide safe care. CB explained that UHB/NBT and Musgrove Park had been fully engaged in the development of the plans and are confident that they could absorb the additional patients. CB highlighted that with some planned operations moving back to Weston Hospital, the system would be making best use of resources. DS highlighted the transport considerations for the Weston population. CB noted that under the proposed plans only the most serious of these cases would be moved out of Weston Hospital however it was highlighted that transport would be a consideration within the consultation. John Rushforth (JRu) highlighted to the Governing Body that local consultants had begun to develop their own propositions. CB noted that this would be considered alongside all other ideas suggested as part of the consultation. MJ noted that there had been recent meetings with the consultant body at Weston General Hospital, which had been very constructive, and it had been agreed that the both the CCG and consultants would travel to and review a similar hospital in Rochdale to see how they have developed their services.	

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	JRu noted the current financial deficit at Weston Hospital and asked whether the proposed plans would close this gap. CB noted that they did not fully close the gap and further work needed to be developed. Sarah Truelove (ST) noted that the CCG and Weston Area Health Trust's Director of Finance were working together to review the local system and understand the costs. ST highlighted that care at Weston Hospital provided by temporary staff had increased which not only increased workforce costs but also provided less continuity of care for patients. The Governing Body discussed the workforce requirements of Weston Hospital and outlined that the key area of concern for the Clinical Senate when reviewing the consultation plans was the ability to recruit and retain staff at Weston Hospital and how this had affected continuity of care. Kirsty Alexander (KA) asked how children's care would be increased through the proposed plans. CB highlighted that the current children's ward would be opened for longer and extended availability of clinicians trained in children's services would be available. CB explained that the CCG recognised the need to manage non acute children's conditions locally rather than transfer to Bristol. Rachel Kenyon (RK) highlighted the number of patients with frailty related conditions in North Somerset and explained that following review of other CCGs across the country, this cohort of patients really benefitted from dedicated services on the same site. MJ noted that currently these patients are assessed through the emergency department by triage and then a doctor, however the specialist care outlined in the proposed plans would mean that patients could be seen faster and leave hospital sooner. Julia Ross (JR) outlined the two areas of population growth within Weston that needed to be addressed in order to meet the health needs of the people of Weston: older people and children. JR outlined that the proposed plans suggested a one stop shop for frailty and not only addressing the physical needs of patients but also their emotional wellbeing. The proposed plans also suggested extending the hours of the children's services to meet the needs of families. JR further added that although the plans propose changes to Weston Hospital, 97% of patients currently treated t Weston General Hospital would continue to be treated there. It	

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	was highlighted that by bringing more services into Weston Hospital, an increased level of higher quality care could be provided locally. It was noted that should the Governing Body agree to the consultation then all feedback would be analysed by an independent organisation. The final proposed model of care would be presented to the Governing Body in due course. **The Governing Body reviewed the Pre Consultation Business Case and approved the proposal for the CCG to run a full scale public consultation exercise as set out in the Pre Consultation Business Case.**	
6.2	**Mental Health Strategy** Deborah El-Sayed (DES) updated the Governing Body on the progress of the Mental Health Strategy and proposed that the paper be presented to the Governing Body in May for approval. DES highlighted the potential contractual risk related to shifting the strategy approval date and noted that the team were working with Commissioning colleagues to mitigate these risks. DES informed the Governing Body that an event would be held to review mental health services in terms of locality working and engaging with the Local Authorities in designing services. DES highlighted the I-Thrive programme and the underlying principles designed to promote better health and social care alignment. DES explained that the strategy aimed to challenge stigma, celebrate diversity and promote accessibility. Key themes had been developed to include locality based services and support, as well as the redevelopment of crisis services. FF noted the contractual risks and Lisa Manson (LM) explained that the commissioning teams are working through the options and these will be presented to the Governing Body. Jonathan Evans (JE) noted that the I-Thrive initiative mentioned Bristol and South Gloucestershire and asked how North Somerset would be involved. It was clarified that the initiative would be West of England based. MJ encouraged the joint working between the CCG and the Local Authorities noting that Primary and Secondary care services needed to be developed alongside the Strategy. The emphasis on	

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	physical health checks as well as emotional checks was welcomed. AM highlighted the perinatal Mental Health support model and noted that the performance related to this model would be reviewed through the quality committee. DS noted that the Strategy needed to fit within the Sustainability and Transformation Plans as well as the Long Term plan. DS highlighted the importance of Thrive as a programme of work to support partnership working and education within the workplace. Sarah Talbot-Williams highlighted the high level of engagement throughout the development process and noted that the Patient and Public Engagement Forum had been involved in this. JR noted the drivers for the case for change outlined in the paper and requested that the strategy detail how these outcomes would be measured. JR also highlighted the need for care to take place in the correct setting and build further on the primary care model. DES noted that the outcome measurements were under consideration and would be a key part of the strategy. It was noted that further work was required to identify key areas for investment and resource. **The Governing Body reviewed the progress report and agreed that the Mental Health Strategy would be considered for approval in May 2019.**	
6.3	**2019/20 Operational Planning and Contracting** LM outlined the key points from the operational planning guidance and the 2019/20 plan. It was noted that the plan would show alignment between activity and financial data. Work was ongoing to identify metrics across the system to use in the submission. An update would be presented to the Governing Body at the March meeting. **The Governing Body reviewed and discussed the planning documents, noting the implication for BNSSG.**	**LM**
6.4	**Integrated Urgent Care** DES reminded the Governing Body that the Integrated Urgent Care service contract had been awarded to Severnside, which was	

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	a partnership between BrisDoc and Care UK. The CCG was currently working with Severnside on mobilisation. DES explained that the Integrated Urgent Care service would provide health information to BNSSG residents through the usual 111 phone number, noting that there would be no change for the public in accessing urgent care service. The service would still provide the same outcomes but there would be emphasis on integrated care by Severnside. DES noted that as part of the plans to work as an integrated system, communications would be provided to Urgent Care Centres and GP Practices to embed the message of system working. The Locality Teams were also distributing the message to their local areas. An update would be provided to the Governing Body in March prior to the go live date of the 2nd April 2019. **The Governing Body noted the progress of mobilisation and the commencement date of 2nd April 2019.**	**DES**
	Questions from the public Jon Hayes (JH) highlighted that several questions had been received prior to the meeting regarding the Healthy Weston programme. It was explained that the answers to these queries would be published on the website. JH asked the members of the public present if they had any questions: It was asked whether the CCG had considered expanding Weston General Hospital due to the high levels of bed occupancy. JR confirmed that the CCG had no plans to increase the size of the hospital estate and that currently the bed occupancy was at 88.7%. The plans going out to consultation were focussed on developing the service provision required to meet population needs. It was highlighted that the integrated frailty service proposals outlined in the consultation plan would reduce bed occupancy at Weston Hospital. It was queried whether more ambulances had been commissioned following the temporary overnight closure. It was confirmed that more ambulances had been commissioned and that the	

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	continuation of this had been included within the plans for consultation. It was asked how the public could get involved in the consultation. It was explained that the consultation would be launched on the 13th February 2019 in a variety of ways. There would be public events across North Somerset where local clinicians would be available to discuss the proposed plans. The consultation documents would be available on the CCG website from the 13th February 2019. It was asked what would happen to patients such as those with critical conditions such as stroke if the A&E at Weston General was closed overnight permanently. CB explained that prior to the overnight closure, patients in the North Somerset area with such conditions would have been transferred to NBT or UHB due to their expertise in the specific conditions. It was noted that health outcomes were improved when patients were treated in specialist hospitals and were often unrelated to travel times. The amount of engagement of the plans by clinicians was queried. It was confirmed that engagement had been undertaken by clinicians throughout the local system, including doctors and nurses at Weston General Hospital, other acute hospitals in the local area, as well as across community services and primary care. The Governing Body encouraged members of the public to attend the consultation events and send through their views on the plans via the CCG website.	
7.1	**Continuing Healthcare Programme Board** The Governing Body welcomed Lee Colwill (LC) to the meeting who explained the changes to the Continuing Healthcare (CHC) Programme Board Terms of Reference following feedback from the Governing Body. It was noted that these included changing the governance route to go through the Quality Committee, the Strategic Finance Committee and the Governing Body. It was highlighted that as part of the changes the CCG clinical lead for quality would be a member of the Programme Board. The Governing Body discussed the option for the programme Board to be a joint committee with the Local Authorities. LC noted	

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	that the delivery of CHC services was reliant on a joint approach between the CCG and local councils and highlighted that a joint Programme Board could strengthen engagement. The Governing Body agreed that although a joint Programme Board was an important ambition, it was felt that at the moment an internal Programme Board would be more suitable. LC agreed to amend the Terms of Reference to progress the Programme Board as an internal committee and review the option of a joint meeting in the future. **The Governing Body reviewed the Terms of Reference and asked for them to be amended as per comments above.**	**JBG**
8.1	**BNSSG Quality and Performance Report** LM updated the Governing Body on performance noting that 4-hour performance had deteriorated in November but improved in December despite the system remaining pressured. 43 patients were now waiting over 52 weeks for planned treatment however this was outside the trajectory set. The CCG continued to work with NBT to provide alternatives for these patients. It was noted that the 62-day referral to treatment cancer performance had improved in November with UHB continuing to achieve the 85% national standard. 2 week wait cancer performance had decreased as a result of staffing difficulties within the breast speciality at NBT. However, cover has been arranged and is it expected that the performance will increase. FF asked whether the CCG had received feedback regarding the contract activity notice at NBT. ST explained that the verbal feedback was that the activity increase was due to the change to electronic recording on the Lorenzo system following previously being recorded on paper. Further to this a national issue relating to short stay admission coding has been identified. AM queried whether the 43 patients waiting over 52 weeks could be treated by March 2019. LM highlighted that there is confidence	

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	that this could happen however there is significant pressure within the system at this time of year. LM noted that NBT are informing the CCG of any patients waiting over 26 weeks to ensure that the situation doesn't occur again. Bridget James (BJ) highlighted the quality key messages noting the concerns around recent Never Events. It was reported that Janet Baptiste-Grant, Interim Director of Nursing and Quality, would be meeting with the Directors of Nursing in UHB and NBT to discuss further. It was highlighted that Avon Wiltshire Mental Health Partnership (AWP) had been rated "requires improvement" following their Care Quality Commission (CQC) inspection. The concerns raised in the report have been discussed at the AWP quality sub group meeting. Work is ongoing to monitor the concerns and support improvement at AWP. The catheter passport had been agreed by the Healthcare Acquired Infections Strategic Group and was noted as ready for circulation. All organisations have agreed to ensure that patients with a catheter will have a passport in place and this would be monitored through the quality schedule in 2019/20. It was noted that the report into pressure ulcers at Weston General Hospital had been presented to the Quality Committee and the learning from the report was being reported system wide. BJ noted that falls at Skylark ward have increased and that the visit to the ward had been postponed and explained this would be rearranged. Dave Jarrett (DJ) requested that the formal report on the falls be presented to the Governing Body through the quality report. **The Governing Body received the Quality and Performance report**	**JBG**
8.2	**Finance Report** ST highlighted the key messages from the finance report: The CCG was still forecasting delivery of the financial plan at Month 9 despite £3.3m of unmitigated risk in relation to the No Cheaper Stock Obtainable (NCSO) medicines. Following	

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	discussions with NHS England, the CCG had secured an additional £2.3m to partially mitigate this pressure. There had been increased acute spend in Month 9 driven by increased activity. It was explained that this had impacted on the QIPP position. It was reported that there had been no change to the savings forecast from month 8, however there had been increases and decreases in particular projects but with no net change. **The Governing Body received the finance report**	
8.3	**Improvement and Assessment Framework** LM explained that the Improvement and Assessment Framework set out core metrics for which all CCGs were assessed against and rated. It was noted that the predecessor CCG performances from 2017/18 had been rated overall as "requires improvement" and following this the Senior Managers within the CCG had been asked to identify leads for each metric to support delivery for 2018/19. LM highlighted that the assessments for certain domains would be discussed further under item 9.2 and explained that these specific domains were assessed against indicators that were monitored routinely. The CCG challenge was monitoring against indicators with no clear outcome measures, and work was ongoing to identify these. The Governing Body discussed the Mental Health indicators noting that the measures were often different across the three areas. It was suggested that the CCG reviews across BNSSG as well as for the local authority areas. **The Governing Body noted the performance position in quarter 1 2018/19 and the work to develop performance in 2019/20.**	
9.1	**Adult Continuing Healthcare Commissioning Policy** LC noted that changes had been made to the policy and highlighted that further work was to be completed. It was explained that as the policy was developed the CCG had received a challenge based on the human rights act. The CCG reviewed and	

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	requested legal advice on the section of the policy in question. Following this, the current version was revised. The Governing Body were informed that the policy sets out how and where care will be delivered and how the CCG would work with patients to develop their care packages. JR raised that there was information missing in the policy in regards to decision making processes on assessments and the decisions on packages of care particularly around strengthening the message that the CCG will provide the most cost effective and efficient care package. It was agreed to review this and include. The Governing Body discussed the right to appeal any decisions made by the CCG and it was requested that the policy include a diagram showing how the appeal process works. It was requested that this information be included on the website for clarity. LC noted that further work on the policy was ongoing to include linking with the ethical framework processes and the exceptional funding processes. **The Governing Body asked for the comments above to be incorporated into the policy and for the policy to be presented to the Governing Body again for approval.**	**JBG** **JBG**
9.2	**CCG Assessments for Mental Health, Dementia, Learning Disabilities and Diabetes** Peter Brindle presented the report and reminded the Governing Body of the link between the Improvement and Assessment Framework paper and this item. PB highlighted that the assessment had been undertaken by the NHS England Independent Clinical Panel and the data was from the 3 separate predecessor CCGs. The assessment summary had highlighted to the CCG areas of improvement to address and plans had been put in place to address the areas of low performance. DS queried why mental health crisis performance wasn't monitored. LM agreed to look into this through the contract route. JR asked the Governing Body to consider whether there were areas that the CCG would like to prioritise improvement in performance. LM noted that by reviewing national and local	**LM**

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	indicators the CCG might identify some key measures that would improve the health outcomes of the local population. **The Governing Body noted the performance of the former CCGs and the work to improve the performance where appropriate for BNSSG CCG.**	
9.3	**Information Governance Management Framework** ST presented the item noting that the framework needed to be in place in order to remain compliant with the new legislation regarding the use of data appropriately and legally. CB highlighted that the document outlined the best way for the CCG to utilise data whilst remaining aware of information governance guidelines. The Governing Body were reminded of the importance in completing their information governance training. **The Governing Body approved the Information Governance Management Framework and Strategy.**	
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	**Minutes of the Primary Care Commissioning Committee** **The Governing Body received the minutes**	
10.5	**Minutes of the Healthier Together Sponsoring Board** **The Governing Body received the minutes**	
12	**Any Other Business** It was noted that the minutes of the Patient and Public Engagement Forum would be presented at the next meeting.	
13	Tuesday 5th March 2019, 13.30pm, The Vassall Centre, Downend, Bristol, BS16 2QQ	

Lucy Powell, Corporate Support Officer, February 2019