Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Commissioning Executive Committee

Minutes of the meeting held on 10th January 2019 at 9.00am, CCG Conference Room, South Plaza, Bristol.

Minutes

Present			
Andrew	Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Sara	Blackmore	Director of Public Health, South Gloucestershire Council	SB
Peter	Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Deborah	El Sayed	Director of Transformation, BNSSG CCG	DES
Jon	Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Kevin	Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Geeta	Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
David	Jarrett	Area Director for South Gloucestershire, BNSSG CCG	DJ
Michael	Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
Martin	Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
Jeremy	Maynard	Clinical Lead	JM
Lisa	Manson	Director of Commissioning, BNSSG CCG	LM
Shaba	Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
David	Peel	Clinical Corporate Lead for Planned Care, BNSSG CCG	DP
Justine	Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Julia	Ross	Chief Executive, BNSSG CCG	JRo
Kate	Rush	Clinical Leadership Development, BNSSG CCG	KR
David	Soodeen (Chair)	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Sarah	Truelove	Director of Finance, BNSSG CCG	STr
Lesley	Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW

Alison	Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AJW
Apologies			
Anne	Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
Terry	Dafter	Director for Adult Social Care, Bristol City Council	TD
Jon	Hayes	Clinical Chair, BNSSG CCG	JH
Kate	Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
Alison	Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
In attendance			
Rachel	Anthwal	Head of Contracts, Non-Acute, BNSSG CCG	RA
Sarah	Carr	Corporate Secretary, BNSSG CCG (for items 14 &15)	SC
Marie	Davies	Associate Director of Quality, BNSSG, CCG	MD
Richard	Lyle	Associate Director of Service Redesign, BNSSG CCG	RL
Emma	Moody	Head of Contracts, Mental Health and Learning Difficulties, BNSSG CCG	EM
Sally	Robinson	Performance Improvement Manager, BNSSG CCG	SR
Becca	Robinson	Clinical Effectiveness Programme Manager, BNSSG CCG	BR
Sara	Stiddard	Transformation Manager, BNSSG CCG	SS
Claire	Thompson	Deputy Director of Commissioning, Planning & Performance, BNSSG CCG	CT
Kirstie	Cornes	Head of Locality Planning – North Somerset, BNSSG CCG	KQ
Padma	Ramanan	Head of Finance Partnerships Mental Health	PR
Jacqueline	Holden	Exec PA to Lisa Manson, Director of Commissioning, BNSSG CCG (Note taker)	JHo

	Item	**Action**
01	**Welcome and Apologies** David Soodeen (DS) welcomed members and attendees to the meeting. DS would chair the meeting in the absence of Jon Hayes. Apologies were noted as above.	
02	**Declarations of Interest** **02a. To consider any changes to attendee interests since the last meeting** None declared	

	Item	Action
	02b. To consider any conflicts of interest arising from this agenda None declared	
03 03.1	**Minutes of the meeting and matters arising from 13th December 2018** The minutes were agreed as a true and correct. **Action log from 13th December 2018 and Forward Planner** Please see attachment 3.	
04	**Mental Health Briefings:** **4.1 Attention Deficit Hyperactivity Disorder** Emma Moody (EM) and Sally Robinson (SR) were welcomed to the meeting and Lisa Manson (LM) introduced the report on Attention Deficit Hyperactivity Disorder (ADHD) briefing the Committee on the on-going issue around adult ADHD waiting times. LM advised the purpose of the item was to have a discussion around ADHD and next steps of development before coming back to Commissioning Executive, at a future point, for a proposal and update on the direction of travel. EM and SR presented the item and updated the Committee on the recent developments and advised the provider sought Commissioning Executive Committee's consent to close the waiting list until additional services were deployed. The provider had no other service options and the CCG suggestions around quality had not been taken forward therefore a Contract and Quality Performance Meeting would be held to address these issues. It was agreed that the waiting list should not be closed due to an identified population need for this service. It was noted that people with other psychiatric disorders were waiting for an initial assessment for ADHD whereas psychological therapies could be triggered earlier. It was confirmed transitions from CYPD into Adults were currently a prioritised group by the service provider. It was noted referrals currently made a 100% positive diagnosis via the validated screening tool and a discussion followed around this and the follow up four-hour assessment. LM advised that alternative providers would be assessed for sufficient capacity and robustness before coming back to Commissioning Executive next month.	

	Item	Action
	Independent external advice from another provider was considered beneficial when undertaking the service re-design and the AWP funding route with regards to oversees students was to be clarified. EM to clarify with the provider and highlight that the specialist team at NHSI that could assist AWP with that. Summary of actions required going forward in order to commission a pathway that meets the needs of the population: The following priorities were agreed: • the waiting list would not be closed • priority would be given to the identification of an interim market provider with capacity and robust enough to manage and clear the waiting list • a thorough and robust pathway re-design would take place looking at the service model, level of service required to meet the population's needs and the associated costs **Actions:** • Rejection of AWP offer • Contract Performance Notice to be issued to AWP • testing of the market to deliver a short term waiting list initiative to be undertaken • a full service redesign for the ADHD pathway to take place • involvement of independent ADHD specialist in the service redesign • confirmation of how overseas students are managed to be obtained **4.2 Specialist Community Perinatal Mental Health** EM presented the paper on Item 4.2 for information purposes. EM outlined the key issues and areas for concern and the approach taken to date to enable partners to address them. The key areas of focus were working relationships, coherence of service offered, operational policies, available resources, clinical governance and change process. EM advised an independent review had been commissioned with a remit to deliver a clear action plan. Plans were in place to hold a senior level meeting to agree on how to proceed. Concern at the escalation of issues and challenges were noted and the need to support both parties to deliver the service without conflict. EM confirmed the report had been shared with Medical Directors and the Chief Operating Officers but not Chief Executives. JR indicated the executive office would circulate to Chief Executives.	74

	Item	Action
	LM advised that through the review of serious incidents and reporting internally, none of the issues had been reported via the organisational governance structures and this had been challenged by the CCG. The significance of this issue and the importance that it be helpfully and urgently addressed was noted. **Actions:** • Independent Review paper to be circulated to Chief Executives of AWP and UHB • Meetings with AWP and UHB Chief Operating Officers to be held • Organisational Governance structures to be discussed with providers	75
05	**Better Care Fund Review (BCF)** Daniel Knight (DK) was welcomed to the committee. DES introduced the Better Care Fund item noting the Better Care Fund (BCF) was an ongoing initiative across Health and Local Authorities. As a result of becoming a single organisation BNSSG had undertaken a BCF review to look at the entirety of the BCF fund in partnership with Local Authorities. DES clarified this was a fund which formed part of the over-arching budgets which BNSSG and LAs were tasked to work together to achieve some shared outcomes. The review had looked at each of the schemes on both sides of the partnership looking for good value and outcomes whilst identifying and ensuring funds were invested in an efficient manner and addressed Local Authorities' needs. The update was intended to give a very high level overview and also give the Governing Body the opportunity to check and challenge about whether the current approach was right before entering a new year with new financial arrangements in place. DK presented the paper on item 5 explaining the approach taken in the review when looking at each individual area and thanked all those involved in the review all who had been very engaged in the process. The committee was reminded of the requirement to adhere to the BCF national guidelines by collaborating on both sides to ensure that the best value for money was achieved. CT noted that bringing the BCF into the mainstream urgent care world and SDOG would enable BNSSG to see the cross over.	

	Item	Action
	DK explained the review had been taken in three different steps; schemes, budget and governance and highlighted some gaps around several historic schemes. DES advised that going forward there would be an agreed scheme service specification with LA partners. PS advised BNSSG was coming to the end of the current two-year settlement plan with Local Authority partners. Sara Blackmore (SB) welcomed the flexible approach which was reciprocal and noted South Gloucestershire Council colleagues would review the BCF papers in more detail. JE noted the importance of understanding the historic processes DES agreed the BCF team would make contact with those BCF leads previously involved.	76
06	**Age UK Social Impact Bond** Rachel Anthwal was welcomed to the meeting and presented the item to the committee advising that the contract had been extended in its current form until the end of May 2019. RA asked for the Commissioning Executive view on whether to progress the SIP in its current format. LM noted that the Social Impact Bond was a mechanism to achieve additional resources in the system and was effectively a loan which required a level of confidence in the ability to release funding back to repay. JE asked that the associated risks detailed in the paper be looked at in greater detail at both operational and strategic level. DES noted as part of the long term plan care should be taken to retain the opportunities to work together across LAs and Health and referred to the work Justine Rawlings (JR) had undertaken around social and community mobilisation. DES asked the cost of service detailed in the report be reviewed and analysed further to mitigate the risk of a) continuing to fund it without understanding the return or b) decommissioning without understanding the impact. LM confirmed that the contract had been extended to allow time to consider all options. DJ asked for clarification of the extension date through to the end of June as Age UK required three months' notice. LM advised the intent was BNSSG would take a decision prior to the end of Quarter 1.	

	Item	Action
	Questions were raised around the evaluation data period and sample size which was considered to be neither a long enough period nor a large enough sample size. The service had embedded well in South Gloucestershire however LM noted that as there were no comparators in Bristol or North Somerset highlighting the need to have an agreed approach on how to evaluate schemes whether standardised across BNSSG or localised to meet a particular need. The need to agree an approach going forward which would tie in with the frailty and urgent care offers was noted. Actions: 1. Age UK Contract actions as per the bullet point list under Section 3.3 of the paper 2. Social Impact Bond analysis 3. Development of a programme incorporating timelines, which identified need and functionality. RA summarised that they would continue to have exploratory conversations with Age UK around the development of the SIF in order to have clear reviews of the risks and benefits once the allocation are known and to come back to Commissioning Executive in March 2019.	77
07	**Healthy Lifestyle and Wellbeing Service- South Gloucestershire Council** Sara Blackmore (SB) presented the item which although related to South Gloucestershire it was felt, in terms of how it sat with STP prevention for BNSSG as a whole, this was relevant to Commissioning Executive. The new Healthy Lifestyle and Wellbeing service, rebadged One Use South Gloucestershire, would go live in April following the amalgamation of all the various Well Being Services in South Gloucestershire into a single contract recently awarded to Southern Brooks. There would be a single point of access, offering self-care, light touch and more enhanced services and in terms of STP Prevention SB would link with North Somerset and Bristol to promote what is being done in South Gloucestershire. JR highlighted a similar approach had been pulled in Bristol with consultations on similar services and potential proposals around withdrawing some of those within Bristol. It was noted BNSSG would need to play a strong part in feeding into those consultations. It noted that the Long Term Plan would also support this.	
8	**Commissioning Arrangements for South West Ambulance Service (SWASFT)**	

	Item	Action
	LM presented the item Commissioning Arrangements for South West Ambulance Service (SWASFT) and explained the current arrangements with SWASFT. LM advised Dorset CCG's 10 year lead commissioning role was coming to the end in terms of commissioning ambulance Trusts. After taking into account all the national profiles of the ten ambulance trusts in the country to ensure delivery of the savings highlighted by the Carter review the Dorset CCG had put together a proposal to remain the lead commissioner of ambulance provision. LM advised the model had yet to be finalised but was supportive of this. **Proposals for approval:** That Commissioning Executive: 1. support Dorset CCG remaining as the lead commissioner for ambulance services over the next five years with a notice period of one year which could be enacted 2. support the decommissioning of the CSU in providing ambulance commissioning and combine that with a recommendation that we expect the cost to be no greater than our current expenditure with the CSU 3. consent to the full model, once complete, coming back to Commissioning Executive in March 2019 for approval **Proposals 1, 2 and 3 were approved by Commissioning Executive Committee**	
9	**Primary Care Pathology update** Becca Robinson (BR) was welcomed to the meeting and presented the item with a brief update on the work done to date which had looked at standardising tests requested by primary care for chronic disease diagnosis and monitoring across BNSSG. The aim of the project was to reduce unwarranted variation between chronic disease monitoring with aim of reducing general practice workload and potential harm to patients and alongside that there was hoped to be some cost savings in testing. BR asked if the committee had any comments and questions: The huge variation in tests done between practices and the data shared with the pathology system ICE for feedback as well as GP Forums, had generally been supported. The data had been shared also across the BNSSG locality membership meetings with no particular concerns or worries raised. AJW asked about access for district nurses and midwife. BC confirmed that before rolling out the intention was to identify opportunities to share more broadly.	

	Item	Action
	It was noted the profile table should contain bookmarks/references to the data source and frequency testing to be incorporated into the report with a table for monitoring statins. PB advised that this piece of work formed part of a much larger programme around testing including pathology and radiology and if this demonstrates success it would support a stronger case for change including the acute providers. It was noted data could be accessed across all three ICE systems but could not be downloaded. BR advised the new tests would be in all three ICE systems by 1 March 2019. **The Commissioning Executive is asked:** To note the work being progressed to standardise primary care tests for chronic disease diagnosis and monitoring	78
10	**Diabetes Structured Education Specification** MJ introduced Sara Stiddard to the Committee who was welcomed to the meeting to present the specification for Diabetes Structured Education. SS advised the purpose of the specification was to bring together all three local community providers under a one-year single service specification which aligned all services and education courses. No increase in funding was required for the new specification aimed to bring the DSE offer for patients to a consistent level across BNSSG. The scope for digital delivery in relation to the structured education. Was discussed and SS advised initially the basic requirements of structured education would be the focus. DES asked for assurances that providers would be asked for the right data to be collected and this be covered in the Specification – SS confirmed this would be covered in the specification. A discussion took place around the monitoring of data from housebound patients. SS advised data was currently measured via Diabetes Nurses who ran the courses. LM advised there was inconsistency of offer in terms of housebound patients between and within areas. It was agreed that Section 5 of the specification required the following amendments: 1. housebound patients wording to be re-worded to reflect the variations in service delivery models 2. KPI and data collected be reviewed, amended and to include linking in with BI to ensure the correct quality of data was collected to allow tracking of correlation between attendance and improvement	79

	Item	Action
	Recommendation for Approval: Commissioning Executive Committee is asked to approve the Diabetes Structured Education Specification subject to the required amendments to Section 5 as detailed above. **Recommendation outcome: Approved**	
11	**Diabetes Digital Intervention Business Case** MJ gave the background to the paper and the interactive application aimed at patients which had undergone trials in Scotland with positive results. Sara Stiddard presented the Business Case giving an overview on the benefits to patients and patient outcomes, the associated costs and funding available. SS confirmed initial set up funding of £50K was to be provided and DES advised this would be via the EDTF fund and Connecting Care would assist in supporting this. SS asked the CCG to fund the £82K plus VAT on-going licence fee as a one off upfront cost following which there would be an annual registration fee. It was noted the support for this programme from clinicians and advised currently no diabetes programme budget was in place. PB noted the lack of evidence to support the predicted 11 outcomes against the projected cost of £100K per year. STr requested more evidence to assess for value for money. DJ queried the lack of evidence around the rigour of trials carried out around accessibility for patients and any anxiety/financial issues resulting from this. Other digital/IT solutions that could possibly be extended to diabetic patients without incurring excessive costs where discussed including the possibility of patients covering a small annual cost. DES advised digital software providers needed to develop strategic relationships with the CCG as part of the long term plan and the CCG was to explore the possibility of ring-fenced budgets for innovative projects to ensure BNSSG became developmental and progressive in the delivery of care. DES noted a process was to be developed to manage the CCG approach to digital services, strategy and investment across BNSSG and referred to the NHSE strategy outlined in Chapter 5 of the Long Term Plan as guide to setting out strategy and justifying investment.	

	Item	Action
	STr advised the awaited funding allocation would reflect the direction of travel towards a national digital approach and bids to enable access to resources should reflect this and be evidence based and measure impact to secure funding. As an action going forward it was agreed further work was needed to address the issues around evidence and translation via a clinical ref group and evaluation of digital apps and funding models. **Recommendation for Approval:** The Commissioning Executive is asked to approve funding for a new diabetes digital intervention for our adult diabetic population in BNSSG. **Recommendation outcome: Declined**	80
12	**Diabetes Foot Care Service Specification** MJ introduced the paper, which SS then presented, informing the meeting that Clinical Lead JM had worked on the specification with a NBT Consultant in vascular surgery with the aim of identifying the potential differences that could be achieved provided good quality early intervention occurred resulting in less surgical procedures being required. SS presented the specification which had been designed to address the exacerbation of conditions caused by the current delays in patients receiving access to specialised foot care advice resulting in better outcomes for the patient. PB asked whether the aspirations around savings could be greater than indicated given the anticipated reduction in after care of patients. SS confirmed that some data on length of stay had not been available and this could have an impact on the potential savings. A discussion took place acknowledging safety and patient outcomes were the primary aspirations with further financial savings to be refined as the length of stay data was factored into the specification model. It was anticipated that the new model would support acute trusts to see more of their patients. SS updated the Committee on the positive support received from the community and acute trusts in relation to the specification modelling. DES noted the longer term effects would also link into LA homecare delivery costs with potential outcome of patients able to carry on a normal life and work rather than requiring home adaptations.	

	Item	Action
	DES noted the benefit of bringing some of the data together to start considering, acknowledging this might take a number of years of the model being applied, the knock-on effects on civil society and model care costs and asked SS to link in with the various teams to consider this work. JE asked for assurances around the robustness of the referrals transfer of data system. In particular confirmation of existing IT and the ability to transfer information in the timescale outlined in the proposal; how it would be accessed and unified between the different trusts. SS to prepare and evidence the above. PB noted that ongoing data such as LOS data and system savings would be captured. PB highlighted that this service specification remodelling was an excellent example of clinical leadership which also benefited LAs. Actions: • Evidence that robustness of secondary care provider data transfer systems • Evidence internal measures in place are appropriate for reporting and monitoring purposes **Recommendation for Approval:** The Commissioning Executive is recommended to approve the service specification in Appendix 1 which describes how the BNSSG Diabetes Foot Care Pathway will work with secondary care to improve the quality of care for people with diabetic foot care complications subject to the above actions. **Recommendation outcome: Approved**	81
13	**BNSSG CCG Lead Practice Nurse Roles:** Marie Davies was welcomed to the meeting and presented the item and asked the Committee to consider the ongoing options for the roles of Lead Practice Nurse in BNSSG CCG. MD noted the current roles were fixed until March 2019 and a decision was required for Lead Practice Nurse roles beyond this. DS summarised the request for the Committee to approve either: **Option 1** Continuation of the Lead Practice Nurse (LPN) roles which includes three Locality Lead Practice Nurse (LLPN) and the Workforce Lead Practice Nurse (WLPN) roles **Option 2** Continuation of the three Locality Lead Practice Nurse (LLPN) roles, and discontinuation of the Workforce Lead Practice Nurse (WLPN) role **Option 3**	

	Item	Action
	Discontinuation of all of the Lead Practice Nurse roles in BNSSG CCG which includes the three Locality Lead Practice Nurse and the Workforce Lead Practice Nurse roles The following comments were made: • The recognised the need for more nurses in primary care and the role check and challenge played in the workforce management group. • STr noted that whilst ideally in support of Option 1 and recognising NHSE guidance there was also the NHSE instruction to reduce running costs by 20% by 2020. Whilst interim funding from various sources might be identified over the longer term, from 2021, there would be a challenge back to look at the whole Quality team structure long term strategy. • Clarification given around what the workforce lead did that the CP lead doesn't do already and was/why this was being replicated. • Noted the main advantage would be the embedding of the LPN ten-point plan and enable work on career and advancement pathways. • Noted current posts were FTE of one day per week over 46 weeks. • LPNs to be more embedded in the locality teams and for this request to be supported and actioned. • Consideration given to LPN job descriptions going forward as to being more strategic or operational. Confirmed that the emphasis was on workforce no strategic. • DS asked the Committee to confirm approval for the locality and workforce roles. • Could the workforce role could be extended for one year on a fixed term basis was discussed along with identifying and utilising funding from various sources. This was agreed in the short term i.e. one year that this approach was acceptable on the basis that a longer term strategy was put in place to manage this within existing resources. **Recommendation:** The Commissioning Executive Committee was asked to approve Option 1 for the recommendation for the continuation of the Lead Practice Nurse (LPN) roles as follows: • Locality Lead Practice Nurse (LLPN) – Approved • Workforce Lead Practice Nurse (WLPN) – Approved subject to this being a one year fixed term only and the development of a longer term strategy to fund this role within existing resources from 2021 onwards.	82

	Item	Action
	Recommendation approved by Commissioning Executive Committee.	
14	**Urgent Care Update** Claire Thompson (CT) presented the Urgent Care Update report in terms of 4hr Performance updated to November whilst awaiting December figures in validated form due the following week. On a quarterly basis the CCG was ahead of National Average however it was noted November figures had increased in comparison with the same period last year. In terms of activity there had been growth in attendances and ambulance incidents but at much lower level than the increase in admissions which indicated an issue with conversions which could relate to ambulatory care and the growth of that same day pathway. CT advised this issue would be addressed in next year's contract round in terms of how we clearly identify the method of admission in preparation for the internal audit. CT reported on the three week Christmas and New Year period figures which identified significant improvement particularly from NBT with fewer long stay patients in hospital and reflects the good work of the Integrated Care Bureau with community colleagues and the Acutes' in managing their internal flow.	
15	**Contract Performance – Mental Health & LD** LM introduced and presented the previously circulated highlight report on the Mental Health and Learning Difficulties. LM explained contract performance reports focussing on the three core areas of Acute, Community and Mental Health & LD would be routinely reported to Commissioning Executive on a monthly basis. LM asked the Commissioning Executive Committee to note this report and asked any questions relating to this report be emailed to LM for a response. **The report was duly noted by Commissioning Executive.**	
16	**Any Other Business** **16.1 Urgent Treatment Centre Pilot** Greg Penlington (GP) was welcomed to Commissioning Executive and presented the business case for the item specifically around Part 3) investing available non-recurrent transformation monies at SBCH UCC as part of the three-part programme for urgent care services to be designated as UTCs by October 2019. GP reported on three areas to the Committee: 1. Risk: whether by creating new capacity demand would also be increased rather than having influenced flow.	

	Item	Action
	2. Ambition: whilst currently a step wide approach, the aim once providers are ready, is to move forward is to complete the remaining gap against full UTC specification i.e. the medical lead element of the service 3. Co-location: in discussions with South Locality providers in order to achieve improved access via a genuine hub located at South Bristol as opposed to a rotating hub. DES advised the service needed to be a meaningful continuation of the journey from the out of hours GP into a diagnostic setting and improve the credibility of the service ensuring patients used it again. DES noted the importance of achieving high quality evaluation data from this pilot. DJ noted the link with the previous BNSSG wide discussion regarding Yate UTC and identified this also applied to Yate UTC. The UTC pilot had exceeded the designated 12 hours per day for UTCs and it was noted that a consistent and clear offer of UTC services in BNSSG was required. LM clarified that the community services specification contained a standardisation of opening hours. The financial costs of the pilot detailed in the paper were challenged with questions asked as to whether the high costs related to extra opening hours or other costs. STr noted the funding stream supporting the pilot was the FOR allocation from NHSE ring-fenced for Urgent Care Transformation under CCG control. JRa noted that the costs of the pilot would not be the running costs into the future as the pilot was intended to test the affordability of the model and as well as identifying the benefits. STr noted most of the projected costs of the pilot sat in the BCRH professional line as opposed to agency staff and CT advised that it would be appropriate to challenge the BCRH Professional Line costs. It was agreed to discuss the business case further at the Locality Urgent Care Leads Meeting. **Proposal:** The UTC Pilot paper be discussed further at the Urgent Care Localities Leads Meeting following which a virtual update would be given to Commissioning Executive members for their approval virtually. If not approved this business case would return to the February Commissioning Executive meeting.	83

	Item	Action
	The proposal was agreed unanimously by Commissioning Executive Committee **16.2 Corporate Risk Register and GB Assurance Framework (PB)** It was agreed this would be covered as a virtual item.	
	Date of next meeting: Thursday, 14th February 2019 at 9.00 – 12:00pm CCG 4th Floor Conference Room, South Plaza	

Lisa Manson

Director of Commissioning

NHS Bristol, North Somerset and South Gloucestershire CCG

31 January 2019