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 2 October at 1.30pm. Vassall Centre, Gill avenue, Downend, BS16 2QQ**

## Minutes

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| **Present** | | |
| Jon Hayes | Clinical Chair | JH |
| Kirsty Alexander | GP Locality Representative Bristol North and West | KA |
| Colin Bradbury | Area Director North Somerset | CB |
| 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 |
| David Jarrett | Area Director South Gloucestershire | DJ |
| Nick Kennedy | Independent Clinical Member Secondary Care Doctor | NK |
| Peter Marriner | Lay Member Strategic Finance | PM |
| Lisa Manson | Director of Commissioning | LM |
| Anne Morris | Director Nursing and Quality | AMor |
| 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 |
| Viv Harrison | Consultant in Public Health, Bristol Local Authority | VH |
| **Apologies** | | |
| Peter Brindle | Medical Director Clinical Effectiveness | PB |
| Deborah El-Sayed | Director of Transformation | DES |
| Brian Hanratty | GP Locality Representative Bristol South | BH |
| Martin Jones | Medical Director Commissioning and Primary Care | MJ |
| Rachael Kenyon | GP Representative North Somerset Woodspring | RK |
| Alison Moon | Independent Clinical Member Registered Nurse | AMoon |
| **In attendance** | | |
| Sarah Carr | Corporate Secretary | SC |

| | Item | Action |
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| 01 | **Apologies**<br>The above apologies were noted. | |
| 02 | **Declarations of interest**<br>Sarah Truelove (ST) and John Rushforth (JRu) had a declared interest that related to item 7.3. These were not material and no further action was required. There were no other new declarations of interest. | |
| 3.1 | **Minutes of the previous meeting of the 4 September 2018**<br>The minutes were agreed as a correct record with the following additions and corrections:<br>• Page three, item 5, third bullet point to read "JR reported there had been a good discussion with AWP regarding internal issues …"<br>• Page three, item 5, final bullet point to read "the BNSSG STP had been nominated as an aspirant ICS"<br>• Page eight, item 9.1, final bullet point to read "NBT complaints performance had improved, …"<br>• Page ten, fifth paragraph to read "DS queried why breastfeeding rates were lower in South Gloucestershire amongst the affluent population, …" | |
| 04 | **Actions arising from previous meetings**<br>The Governing Body reviewed the action log<br>• Action 3 July 18, item 7.2 ref 01 an update on locality commissioning would come to the November Governing Body. The action was closed.<br>• Actions 7 August 18, item 8, ref 01 and 02; a meeting to discuss locality level information requirements was planned. The action was closed.<br>• Actions 7 August 18, item 9 ref 04 and 05 the Dementia Diagnosis model would be discussed at the October Commissioning Executive. The action was closed.<br>• Action 7 August 18. Item 10.1 ref 01, a response had been received from the Local Authority A further update would be made. The action remained open.<br>All other actions due were closed. | |
| 05 | **Chief Executives Report**<br>Julia Ross (JR) reported:<br><br>Discussions had been held with NHSE about the CCG taking lead responsibility for Specialised Commissioning. JR and Lisa Manson (LM) had met with the NHSE Regional Director and NHSE colleagues. A joint letter had been sent to commissioners explaining the co-commissioning arrangement between the CCG and NHSE and inviting them to attend the first meeting of the | |

| | Item | Action |
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| | Specialised Commissioning Co-Commissioning Board in November.<br><br>The Time for Care event had been attended by the national Primary Care Development Team. The positive event had been well attended by GPs.<br><br>The Executive Team had met with the Locality Leadership Groups, and had looked at planning for 2019-20. The scale of planning had been impressive and would be built into 2019-20 commissioning plans.<br><br>The Commissioning Executive had met with Solutions for Public Health, an Ethicist, and a leading Barrister working in the area of Individual Funding Requests. The meeting focused on developing an ethical framework to support decision making. The CCG would engage more widely with partners and the public regarding the ethical framework.<br><br>There had been an encouraging meeting of the GP membership in September; overall the feedback was positive, with areas for further development identified.<br><br>The STP Sponsoring Board had met with colleagues supporting the Aspirant ICS programme. There had been a robust discussion about system governance. There was a commitment to working together as a single system.<br><br>David Soodeen (DS) asked if Specialised Commissioning would involve acute trusts only. JR explained that initial involvement would focus on acute trusts and there would discussions regarding mental health. Jon Hayes (JH) commented that he and JR had met with local MP Jack Lopresti to discuss potential options for GP provision for Charlton Hayes and provide an update on the development of the Frenchay Hospital site.<br><br>**The Governing Body received the report** | |
| 6.1 | **Healthy Weston Evaluation Criteria**<br>JR set out the background to the paper, highlighting the publication of the Commissioning Context in October 2017 describing the needs of the population of Weston and the challenges facing Weston General Hospital. The aim was to ensure clinically and | |

| | Item | Action |
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| | financially sustainable services to meet the needs of the people of Weston. A process involving patients, carers, members of the public, staff, health and care providers and other stakeholders to look at the future of health and care services had followed. Three programmes had emerged; improvements to services which could be made immediately, improvements that could be implemented requiring further work, and a programme focused on changes that directly impacted on the delivery of a clinically and financially sustainable model of services at Weston General Hospital.<br><br>As part of the third programme, work had progressed with clinicians to consider models for the future of Weston General Hospital. There would be a public consultation at the beginning of 2019. The CCG had discussed with members of the public, and clinical and executive leads, the evaluation criteria that would be used to assess the options. The final evaluation criteria were presented for approval.<br><br>Sarah Talbot-Williams (STW) explained that the Communications and Engagement Plan would be considered virtually by the Patient and Public Involvement Forum. JRu asked if the criteria had a yes/no format. It was explained that format would follow a 'better than/the same as/worse than/ much worse than' structure. DS asked about scoring. JR explained that clinical information, public feedback, modelling and financial data would be taken into account and that there would not be a scoring methodology. The triangulation of this information and evidence would support a decision.<br><br>**The Governing Body approved the evaluation criteria as set out in Appendix 1** | |
| 7.1 | **North Somerset Special Education Needs and Disability (SEND) Written Statement of Action (WSOA)**<br>LM explained the joint CQC and OFSTED inspection in May 2018 had resulted in the issue of a WSOA. The response to the WSOA had been prepared with the Local Authority and had been considered at the October Quality Committee. The paper set out the progress made in meeting SEND duties. The CCG had invested £500,000 to increase capacity in the Child and Adolescent Mental Health (CAMHS) core team and develop a crisis intervention. The Local Authority had made further investment in additional SEND support. | |

| | Item | Action |
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| | STW asked if there had been direct engagement with young people. LM explained that work had started with an independently facilitated engagement event and there would be further engagement activities. JR asked if the additional investment was sufficient. LM explained that the funding supported recruitment to CAMHS. A demand and capacity review was being undertaken to provide a consistent picture across BNSSG. Commissioners were working to understand if issues were related to the number of staff vacancies. JR asked if the transfer of specialist CAMHS to AWP met with procurement requirements; this was confirmed. STW asked how the action plan would be monitored. It was explained that monitoring would be through the SEND Programme Board and quarterly meetings with the Department of Education and NHSE.<br><br>Felicity Fay (FF) highlighted a number of typographical errors in the WSOA response and would forward these to the team for amendment**.** FF asked:<br>• if all SEND Statements had been converted to EHCPs? LM agreed to investigate this<br>• how would the new support units and school be funded? LM explained the local authority had the opportunity to bid for funding for the new school.<br>• whether there would be reporting from the SEND regional group. LM explained that this would become part of the standard reporting process. Deborah El-Sayed (DES) was the Senior Responsible Officer for SEND. LM and Anne Morris and DES were the Executive Leads for each local authority providing senior CCG leadership.<br><br>LM provided an update on SEND across BNSSG. Good progress had been made in implementing the South Gloucestershire WSOA action plan; specific actions were highlighted in the report. Bristol had yet to be inspected and learning from North Somerset and South Gloucestershire was being applied across BNSSG. DJ noted that the CAMHS waiting list had been reduced in South Gloucestershire and progress had been made regarding the Autism Diagnostic Pathway.<br><br>**The Governing Body:** | **LM**<br><br>**LM** |

| | Item | Action |
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| | • **noted the legislative and inspection frameworks for services for children with SEND,**<br>• **the findings of the May 2018 OFSTED/CQC SEND inspection of North Somerset,**<br>• **the progress towards delivering the Children and Families Act in North Somerset since the SEND inspection,**<br>• **the further work being undertaken to assess the priorities for SEND service development across BNSSG, and**<br>• **approved the Written Statement of Action to be submitted to OFSTED/CQC** | |
| 7.2 | **Serious Case Review (SCR)**<br>AMor provided an update on the SCR approval process. The CCG Designated Nurse had escalated the CCG's concerns to the Bristol Safeguarding Children Board (BSCB) Serious Case Review Subgroup. It had been agreed that improvements would be implemented from April 2019 including changes to the RAG rating, the addition of detailed updates to action plans, and the addition of start and end dates for actions. The BSCB Business Unit welcomed the suggestion that draft action plans were reviewed. There would be a discussion at the October BSCB regarding the quality and monitoring of action plans.<br><br>AMor highlighted the Domestic Homicide Review/SCR action plan and the implementation of a Rapid Review process. Bristol had two Rapid Reviews. The Quality Committee would continue to receive the quarterly report with exception reporting to the Governing Body.<br><br>JR asked if there was any comment from the Board regarding the number of SCRs. AMor explained there had been no comment. This would be an agenda item for all the Safeguarding Boards across BNSSG. It was agreed to report the outcome of the October BSCB in the November Quality and Performance Report and a further report on all of the Safeguarding Boards would come to a future meeting. DJ asked if there was assurance that other organisations had understood and shared the CCG's concerns. AMor explained that stakeholders took the issues seriously.<br><br>**The Governing Body noted report** | **AMor** |

| | Item | Action |
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| 7.3 | **Avon and Wiltshire Partnership Quality Report**<br>AMor explained that the CQC was completing an inspection visit at AWP. The paper described the outcome of previous CQC inspections, the issues identified by the CQC and local concerns, and set out the mitigating actions. The CCG worked closely with AWP and provided support through the Quality Sub Group and local contract and performance meetings. The Quality Team had planned a series of Quality Assurance visits.<br><br>The AWP Director of Nursing was reviewing the Nursing and Quality Directorate governance processes and corporate oversight of safeguarding. A new quality dashboard was being developed by the Trust: this had been shared in draft with the CCG. There had been improvements and the Trust acknowledged that further actions were needed. The report had been shared with the AWP Director of Nursing. The CCG was actively working with AWP on the challenges. There was an open and transparent relationship with the Trust and good support mechanisms were being developed.<br><br>DS welcomed the improvements in Delayed Transfers of Care and Out of Area placements and highlighted: integrated localities and primary care needed to be considered in relation to issues such as physical health checks. Perinatal inpatient services were commissioned by NHSE and the separation from the community pathway created tensions. The reported suicide rate was for BNSSG; the Bristol area had reported higher rates and it was important to ensure that the more detailed picture was not lost.<br><br>FF asked whether actions were in place to prepare young people for the transition to further education. AMor reported that suicide and suicide prevention had been a focus of the BNSSG Quality Improvement Group and a workshop would be held to create a cohesive strategy. JR observed that the universities were working on transition and supporting students. FF asked if the Bristol Crisis Team Perinatal Champion model would be repeated across BNSSG. JR explained this was a critical element of the mental health strategy.<br><br>JRu asked if funding relating to student mental health was shared across universities and colleagues of further education. AMor agreed to investigate this. NK asked about the Perinatal Mental | **AMor** |

| | Item | Action |
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| | Health service; it was explained that this had been commissioned based on the national specification, the Bristol service had been commissioned in the first wave and a wave two bid for the wider area had been approved. There was a discussion of the importance of IAPT programmes to support and manage the demand on the Perinatal Mental Health service.<br><br>**The Governing Body noted report** | |
| 8.1 | **Urgent Care Performance and Winter Plan 2018-19**<br>LM explained that urgent care performance remained a significant challenge. Current urgent care performance was better than the NHSE average, however performance remained consistently below the agreed trajectory. Demand was increasing across the system. There had been significant analysis of the position to identify robust solutions. The development of the Winter Plan involved the review of core actions. LM highlighted the programme of activities set out in the paper. There had been a discussion with the Clinical Cabinet identifying additional actions.<br><br>FF highlighted the importance of evaluating the impact of the Improved Access programme and other initiatives. LM explained that a review of patients conveyed to ED was progressing with SWASFT. This would explore the increase in patients admitted and discharged within 6-12 hours and identify potential alternative pathways. The advertising of Improved Access appointments would be tested. There was a discussion regarding the vision for improved access. An evaluation of the programme had been commissioned.<br><br>JE commented it was important to measure urgent care across the whole system, including the time of referrals and transfers. It was noted that there was a gap in primary care data. JR observed that work was underway to access data from Primary Care and asked whether practices had signed data sharing agreements. ST reported that the primary care data set had been linked to the acute care data set for five practices. Discussions to achieve this for all practices were ongoing. A key issue was the signing of Data Sharing Agreements by practices. This would be discussed at the Commissioning Executive and GP leads would be asked to encourage colleagues. LM noted that un-validated data was available from acute trusts that showed time of presentation. | |

| | Item | Action |
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| | DJ noted that localities had requested further information about attendances at a case mix level. DJ asked if there was assurance that bed mitigation programmes were robust. LM explained that bed mitigation models were being updated as plans were tested. The CCG was working to gain assurances. A bed modelling programme would be in place across the system in 2019-20. Justine Rawlings (JRa) commented that a number of practices had demand and capacity and patient flow data which could inform planning. LM commented that test and learn pilots would help to understand the impact of primary care actions on demand and capacity across the whole system.<br><br>ST asked if Directors of Social Care had risk-assessed the impact of Agenda for Change. LM confirmed that workforce issues were an identified risk. Work was on going with local authorities to understand the capacity gap and inform plans. Risks were considered at the A&E Delivery Board. Further analysis to understand the impact on specific programmes and identify mitigations was ongoing. JR asked whether NHSE and NHSI had commented on the plan. LM explained that feedback had been provided. There had been further discussion and challenge regarding each action at the Urgent Care Oversight Board with NHSE.<br><br>DS asked if NHSE advice on norovirus and hygiene should be emphasised. DS noted the impact of weather on the number of attendances and that this could be used to predict demand. LM commented that there was action across the system recognising the impact of cold snaps on attendance.<br><br>JR asked about the submission of finalised 2018-19 provider escalation plans. LM explained that internal escalation plans were in place and the safety indicators for surge management, and predictors to manage surge across the system had been agreed. Arrangements had been tested to identify further actions. PM asked if more work was required with SWASFT to ensure, where appropriate, patients were treated at the scene rather than conveyed to A&E. LM explained that SWASFT was at the higher end of services for ‘hear and treat’ and ‘see and treat’; it was recognised that there had been a disproportionate number of conveyances compared to activations and work was underway to identify the underpinning causes. A trial of a Mental Health Crisis | |

| | Item | Action |
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| | line was underway in SWASFT to improve 'hear and treat' and 'see and treat' criteria. Work was underway to review the effectiveness of algorithms.<br><br>KA sought clarification of the Conveyance Change Snap Shot and the inclusion of Horfield in both the top and bottom ten. It was explained that this was due to reporting by postcode. There would be further refinement of the information. There was a discussion about the management of demand in primary care. It was noted that there was good practice to share. JR observed it was important to understand issues and develop a system-wide response. PM asked if, after the fire, UHB was fully operational. This was confirmed.<br><br>**The Governing Body reviewed the papers** | |
| 8.2 | **Commissioning Intentions 2018**<br>The Commissioning Intentions had been discussed at the Commissioning Executive and Strategic Finance Committee. The Commissioning Intentions would be influenced by the national Planning Guidance, expected at the end of November 2018. DS commented that previous versions had included mental health integration with primary care and this was not shown on this version. It was agreed to address this. It was noted that there was an overall principle of integration at localities and this was a core part of the Commissioning Intentions.<br><br>**The Governing Body received the Commissioning Intentions** | **LM** |
| 8.3 | **Quality and Performance Report**<br>AMor drew attention to the Health Care Associated Infection (HCAI) priorities set out in the paper. An application to support the external review of the management of MSRA infections including the action plan for learning had been mad. The outcome of the application would be known at the end of the month. It was confirmed that this work was not dependant in the bid's success.<br><br>One Never Event had been reported by UHB during August. UHB and NBT were included in the Healthcare Safety Investigations Branch investigations for maternity incidents. These investigations replaced the Trust Serious Incident process and there would be an impact on subsequent reports; further guidance was being sought. The inclusion of reporting of mortality was highlighted; local trusts were within the expected range. A number of CPNs had been | |

| | Item | Action |
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| | closed. UHB had completed the first harm review related to the oncology centre fire; the initial review reported no identified patient harm. A dashboard for patient safety had been developed for the EDs, and as a result, a risk relating to pressure ulcers and injuries had been identified at WAHT. Work was underway with the Trust to review pressure ulcer management within the ED. FF asked if all practice's had a practice nurse lead. AMor explained that each locality had a practice lead.<br><br>LM reported that RTT performance was above trajectory, however total wait list size had deteriorated. This was due to an increase in list size at WAHT and data issues at UHB which were under investigation. The 52 week wait position had deteriorated. There had been an improvement in the position at NBT however there had been a deterioration at UHB related to human error. There had been a deep dive into performance against the 62-day referral to treatment cancer standard at the September Quality Committee. The position had deteriorated at Weston and NBT. Issues related to capacity and the urology pathway; work was underway to understand what further support was required.<br><br>There had been an increase in referrals for echocardiograms which was reflected in the overall under performance against the diagnostics standard. Work was in place to improve the position. Paediatric MRI issues continued, however actions in other pathways would create flexibility to support the overall target. There continued to a backlog for cystoscopy at NBT; harm reviews were underway. LM highlighted the position reported by AWP regarding Delayed Transfers of Care which showed a significant improvement.<br><br>JR emphasised the zero tolerance policy regarding 52 week waits. LM explained that commissioners had worked with NBT to ensure that each patient had been offered an alternative choice. Patients at NBT had requested specific surgeons. The issue at UHB related to human error and work was in place to ensure that this was rectified and did not recur. Discussions were ongoing to ensure that there were no other patients waiting inappropriately. It was asked if there was a trajectory. LM confirmed that there was a trajectory for improvement. | |

| | Item | Action |
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| | JE commented that there was potential to review the ICE diagnostic system to relieve pressure on Echocardiograms. DS asked that information on mental health crisis referrals was included in future reports as a performance indicator. It was agreed to include this information in future reports. Work was underway to develop a consistent picture of crisis response across urgent care.<br><br>**The Governing Body noted the performance position of the CCG and that of key providers, including the risks, mitigating actions and responsibilities as appropriate** | **LM** |
| 8.4 | **Finance Report**<br>ST highlighted the overspend relating to acute services reflecting the performance issues discussed previously. The majority of this overspend related to NBT urgent care. The CCG continued to work with NBT to mitigate this pressure. Attention was drawn to the pressures relating to No Cheaper Stock Obtainable medicines. There had been a detailed discussion with NHSE regarding this issue and the increase in Category M prices when stock became available. Nationally, work would go forward to understand the position. ST explained that other CCGs did not have the level of analysis completed in BNSSG CCG.<br><br>There continued to be strong year to date savings delivery performance with delivery at 95% of plan. ST highlighted, in the financial risks table, the residual risk of approximately £6 million relating to the non-delivery of savings. It was reiterated that No Cheaper Stock Obtainable was an issue requiring national resolution. NK asked if there was a national drive to negotiate with pharmaceutical companies. ST explained that it was recognised that CCGs had been informed that this matter was not to be considered as a recurrent issue for planning assumptions. The action by NHSE to complete national detailed analysis was a positive step.<br><br>**The Governing Body noted the financial position, key risks, issues and mitigations reported at Month 5** | |
| 9.1 | **Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR)**<br>ST explained that each Directorate had nominated risk leads who reviewed and identified risks. The CRR had been received at the Governing Body subcommittees. The risks presented had been | |

| | Item | Action |
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| | rated at 15 and above. In future a summary report describing the movement of risks, including closures, would be presented alongside the CRR. The GBAF had been reviewed and updated by Directors and had been reviewed at the relevant committees. LM noted that the Commissioning Executive agenda would be amended to enable full consideration of the CRR and GBAF. JRu commented that the CRR and GBAF had been received at the Audit, Governance and Risk Committee; there had been a discussion about the inclusion of Brexit as a potential risk. It was agreed that the executive would consider this.<br><br>**The Governing Body:**<br>• **Received and discussed the Corporate Risk Register, and**<br>• **reviewed and commented on the GBAF, the risks, controls, assurances and mitigating actions identified** | **All execs** |
| 9.2 | **Emergency Preparedness Resilience & Response (EPRR) Policy**<br>LM explained the policy set out the requirements of the incident response plan and the CCG's responsibilities. A review would be undertaken of the local system to provide assurance that individual NHS funded organisations had adequate plans in place. The policy outlined the responsibilities and roles of individuals and of functions within the CCG. The testing of plans was discussed and it was confirmed that the CCG tested its plans and participated in other organisations' simulation exercises, both desk-top and live. Reports from these exercises would inform plans. The Governing Body would receive a report in December regarding the assurance process that would include information on exercises. The CCG was reviewing its EPRR responsibilities in relation to Primary Care.<br><br>**The Governing Body approved the EPRR Policy** | |
| 10.1 | **Minutes of the Quality Committee**<br>STW reported on the September meeting on behalf of Alison Moon. There had been a discussion regarding Never Events. The differences between the data reported on the dashboard and the narrative information regarding VTE at WAHT had been discussed; this was due to the use of un-validated data. A progress report regarding Looked After Children had been received; the committee had asked for more emphasis on impact and outcome.<br>**The Governing Body received the minutes** | |

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| 10.2 | **Minutes of the Commissioning Executive**<br>JE reported that a number of items discussed had progressed to the Governing Body. The outcome of the Community Eye Service discussion was highlighted**.**<br>**The Governing Body received the minutes** | |
| 10.3 | **Minutes of the Strategic Finance Committee**<br>PM reported that the September meeting had focused on the issues report at items 8.1, 8.2 and 8.4. A deep dive on the CHC and End of Life Control Centre had been presented. It had been agreed to propose that AQP contract models was added to the GB seminar programme.<br>**The Governing Body received the minutes** | **ST** |
| 10.4 | **Minutes of the Primary Care Commissioning Committee**<br>STW reported on the September meeting on behalf of AMoon, highlight the development of the Quality Report. The Committee would meet monthly.<br>**The Governing Body received the minutes** | |
| 10.5 | **Minutes of the Patient and Public Involvement Forum**<br>STW reported on the September meeting; the external membership of the group had been developed.<br>**The Governing Body received the minutes** | |
| 11 | **Questions from the Public**<br>There were no questions from the public present. | |
| 12 | **Any Other Business**<br>There was none. | |
| 13 | **Motion to Exclude Press and Public**<br>A "motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business" was proposed by JH and seconded by JRu. | |
| 15 | **Date of next meeting: Tuesday 6th November 2018** | |

**Sarah Carr, Corporate Secretary, October 2018**