

**DRAFT**

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

**Minutes of the meeting held on Tuesday 2<sup>nd</sup> April 2019 at 1.30pm at the Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ**

### **Minutes**

<b>Present</b>		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
Peter Brindle	Medical Director Clinical Effectiveness	PB
Colin Bradbury	Area Director, North Somerset	CB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
Julia Ross	Chief Executive	JR
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Truelove	Chief Financial Officer	ST
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
<b>Apologies</b>		
Christina Gray	Director of Public Health	CG
Justine Rawlings	Area Director Bristol	JRa
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
<b>In attendance</b>		
Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP



	Item	Action
1	<p><b>Apologies</b></p> <p>The above apologies were noted.</p>	
2	<p><b>Declarations of interest</b></p> <p>There were no new Declarations of Interest.</p>	
3	<p><b>Minutes of the previous meeting of the 5<sup>th</sup> March 2019</b></p> <p>The minutes were agreed as a correct record with the following correction:</p> <ul style="list-style-type: none"> <li>Alison Moon (AM) asked that it be made clearer that the deep dive into the number of E Coli cases would be reported to and reviewed by the Quality Committee.</li> </ul>	
4	<p><b>Actions arising from previous meetings</b></p> <p>The Governing Body reviewed the action log:</p> <p>04/12/18 item 7.1 01 – It was agreed that the Quality Strategy would be presented at the May meeting.</p> <p>05/02/19 item 7.1 01 – It was agreed to close this item.</p> <p>05/02/19 item 8.1 01 – Janet Baptiste-Grant (JBG) reported that members of the quality team had visited skylark ward and the report would be presented to the Quality Committee in April and the Governing Body in May.</p> <p>05/03/19 item 8.2 01 – JBG explained that following review of the previous year's vaccination uptake there were no concerns to report. This action was closed.</p> <p>05/03/19 item 9.1 01 – Peter Brindle (PB) acknowledged that he had not yet completed this action due to annual leave and assured the Governing Body the response to the petition would be published on the website.</p>	
5	<p><b>Chief Executives Report</b></p> <p>Julia Ross (JR) brought the Governing Bodies attention to the Healthier Together update and encouraged Governing Body members to read the report.</p> <p>AM was pleased that the governance arrangements surrounding the Partnership Boards were progressing and queried in what way the revised Terms of Reference would be discussed through the partner Boards. JR explained that the draft Terms of Reference would be shared with the partner Boards for discussion and comment with the first Partnership Board taking place in June. It was important to note that the Partnership Board would have no decision making power, this would remain with the partner Boards already established.</p>	

	Item	Action
	<p>JR acknowledged the challenging contract round for 2019/20 and explained that the CCG had attended a fully integrated system escalation meeting with NHS England and NHS Improvement in March. The feedback received from the meeting had given the Sustainability and Transformation Partnership (STP) organisations encouragement that the system partners were working well as a system despite there being some issues to resolve.</p> <p>JR talked about the Acute Care Collaboration Strategy highlighting that this was one of the workstreams within the STP. It was noted that Sarah Truelove and Martin Jones represented the CCG as part of this. The Strategy would come to the Governing Body in the future for comments and approval.</p> <p>David Soodeen (DS) asked about the Bristol City Council public health consultation and how the CCG would provide feedback. PB explained that his team will coordinate an organisational response to the consultation following views being received from the CCG.</p> <p>The Bristol and South Gloucestershire Health and Wellbeing Boards recently met together to see whether they would work together as a joint board in order to gain better oversight of the work of the wider system. It had been agreed to meet as a joint Board on alternate months. JR explained that the North Somerset Health and Wellbeing Board members had observed the joint meeting.</p> <p>JR was delighted to be part of the interview panel for appointment of the new Avon and Wiltshire Mental Health Partnership (AWP) Chief Executive. JR took the opportunity to update the Governing Body on the appointment of the CCG Director of Nursing and Quality post. Following a second round of recruitment one of the two candidates had pulled out and so it had been decided to go out to recruitment again in order to have a bigger field of candidates. Janet Baptiste-Grant has agreed to stay at the CCG as interim until an appointment is made.</p> <p>JR talked about the CCG's first Birthday celebrations noting that the CCG teams had come together to reflect on the first year and</p>	



	Item	Action
	<p>share their achievements. JR felt encouraged that there was a real sense of purpose and thanked the team for a great first year.</p> <p><b>The Governing Body received the report.</b></p>	
6.1	<p><b>Single System and CCG Plan 2019/20</b></p> <p>Lisa Manson (LM) presented the single system plan setting out the ambitions across the system for 2019/20. It was noted that all Boards across the system would have the opportunity to comment on and review the single plan. The system plan was the output of all 13 system partners working together to achieve a single system by 2020. LM outlined the ambitions for 2020/2021 and the milestones to achieve these in 2019/2020.</p> <p>The Governing Body reviewed the plan on a page, which outlined the ambitions that the system wanted to achieve. The key system challenges were highlighted as; urgent care within the wider system, financial recovery, and workforce planning. The increased levels of workforce data available were highlighted and it was explained that the current workforce planning takes into account longer term planning such as university placements to support delivery. The relevant system partners are currently reviewing system change initiatives for 2019/20 as well as system enablers in order to support the changes.</p> <p>The Governing Body discussed the growth in demand for urgent care and the system response to this challenge including the Integrated Care Bureau and the work to digitise the system. LM highlighted that a key ambition for the system was to make sure that patients were in the right place for their care and only admitted to hospital when needed. The key risk to achievement would be resource capacity to deliver the new ways of working.</p> <p>Sarah Truelove (ST) outlined the significant cost pressures for 2019/20 and the system control total. The Governing Body discussed the work ongoing across the system to review areas of financial pressure. It was highlighted that a full review of available benchmarking was taking place to ensure further efficiency work was targeting all possible areas.</p> <p>LM outlined the challenge created following the increased demand for staff against the largely static supply of staff. The system plan highlighted the difficulties in recruiting and retaining</p>	



	Item	Action
	<p>staff particularly within nursing, social care and key medical specialities. LM explained that the system partners were undertaking reviews of workforce across the system and developing a plan to provide portfolio careers for medical staff, providing hybrid roles across health and social care and developing ideas to retain staff in social care roles. The Governing Body noted the myriad of plans currently in development and those delivering regarding workforce. LM noted that there was a risk in recruiting more staff as there would be pressure on resources to train staff; the capacity of partner organisations was being monitored as a precaution.</p> <p>Martin Jones (MJ) outlined the workforce possibilities for General Practice such as joint back offices between practices. Dave Jarrett (DJ) highlighted the integrated locality work and the provider forums and noted that the benefits of these are starting to be realised. The Governing Body recognised the new GP contracts and Primary Care Networks as an opportunity to engage and build on current developments.</p> <p>The Governing Body discussed the system transformation priorities including managing the increasing demand for mental health services. Deborah El-Sayed (DES) referenced the Mental Health Strategy and the work to reduce the gaps experienced in services and transition in services.</p> <p>The inequalities across the BNSSG population were discussed and LM outlined the work with Public Health teams on preventing ill health and encouraging self-care.</p> <p>DES highlighted the system wide Digital Delivery Board which was tasked with making decisions in relation to digital solutions. The efficiencies that digitising elements of the system would provide were discussed and the Governing Body noted the importance of this for integrated care and the single system.</p> <p>Felicity Fay (FF) asked how the impact of the transformational priorities would be measured. It was confirmed that although some metrics had obvious measures, there was some work ongoing to develop the other more ambiguous milestones.</p>	



	Item	Action
	<p>AM welcomed the single plan and commented on the huge amount of work developing the plan had entailed. AM reflected that memorandums of understanding would need to be in place across the partner organisations in order to hold organisations to account for their input into the single plan outcomes.</p> <p>It was asked whether the system had considered the unintended consequences of the plans for financial recovery, for example, changes in services impacting services elsewhere within the system. ST explained that the system had reviewed the impact of service change and cross checks between organisations continued.</p> <p>The Governing Body suggested that the quality message needed to be stronger and LM agreed that this could be made more explicit throughout the plan. DS noted that were instances in the plan where health inequalities and inequalities of population were confused and it would be useful to provide clarity on these.</p> <p>Rachel Kenyon (RK) highlighted the additional transformation schemes in relation to children and young people and noted that there needed to be further distinction between children with Special Educational Needs, learning disabilities, and autism. As well as differentiating between learning disabilities and mental health services and ensuring that children and young people sit within both schemes.</p> <p>Jonathan Evans (JE) asked whether the Acute Care Collaborative (ACC) impact measurements were measuring the impact of the ACC on the system or the outcomes of the actions of the ACC. The Governing Body discussed how the effect of the ACC could be measured. JR explained that general feedback is being received but reiterated that there were areas where clear and explicit measurements were not available and the ACC was likely one of those areas. The measurements of the outcomes would be reviewed again.</p> <p><b>The Governing Body approved the 2019/20 plan for submission on the 4<sup>th</sup> April 2019, with consideration of the comments received.</b></p>	

	Item	Action
6.2	<p><b>Implementation of Integrated Urgent Care System Clinical Assessment Service</b></p> <p>DES informed the Governing Body that the Integrated Urgent Care Clinical Assessment Service (IUC CAS) had gone live midday on the 2<sup>nd</sup> April 2019. DES described the IUC CAS as bringing together NHS 111 and the GP out of hours service. Communications had been sent throughout the system to inform system partners of the changes. Brian Hanratty (BH) informed the Governing Body that the Medical Director of Severnside, who manage the service, were keeping the CCG updated on the service since it went live. DES highlighted the benefits to patient experience through the more joined up service and LM looked forward to working through the implementation and realising the benefits for the whole Urgent Care system.</p> <p>FF queried whether staff from care homes could call straight through to a clinician and this was confirmed. DES highlighted a problem with the licenses for the NHS pathways used during the calls which had been designed for 111 services. These licenses had not been updated for the clinical cover the GPs now provide, and NHS Digital were working through this.</p> <p>JE asked how the service would work within Primary Care and DES noted that the direct booking by GPs would go live and work alongside the improved access schemes. DES asked GPs to report any issues with the service through the locality leads as soon as they arise so the CCG can react and provide solutions.</p> <p>The Governing Body asked DES to provide an update on the service at the next Governing Body.</p> <p><b>The Governing Body noted that the service commenced at midday on the 2<sup>nd</sup> April 2019.</b></p>	DES
6.3	<p><b>Update on Healthy Weston Programme</b></p> <p>Colin Bradbury (CB) informed the Governing Body that the public consultation into the Healthy Weston Programme was underway and events had been well attended. However, the consultation would now be paused due to the local elections and would start again in May.</p> <p>CB reminded the Governing Body that once the consultation was completed the feedback would be analysed by an independent</p>	



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	<p>organisation. CB welcomed the public engagement with the consultation noting that consultants from Weston Hospital had been fully engaged with the process, helping to refine models of care. CB brought the Governing Body's attention to the Clinical Senate Report and noted that this had been presented to the March Healthy Weston Steering Group which managed the process.</p> <p>Jon Hayes (JH) agreed that the consultation events were going well and thanked the CCG Communications team and the Healthy Weston team for their hard work.</p> <p><b>The Governing Body noted the update on the Healthy Weston Programme.</b></p>	
7.1	<p><b>Looked After Children Health Assessments</b></p> <p>Janet Baptiste-Grant (JBG) presented the report explaining that there were some references to 2018 which should read 2019. JBG outlined the statutory requirements for Looked After Children in terms of receiving an initial health assessment and a one-year review assessment following their move into the local area. JBG reported on the current concerns following the low levels of initial health assessments undertaken by Sirona for Bristol and South Gloucestershire, noting that Sirona have consistently missed the 90% target of initial health assessments since 2016, with review assessments undertaken also low. Sirona have reported that they are underfunded and do not have the resource capacity available to undertake the reviews.</p> <p>The CCG undertook a capacity and demand review and found that the number of children moving to the Bristol and South Gloucestershire area had fallen recently. JBG explained that although the staffing levels of the service do not follow recommendations, benchmarking data has shown that the workforce numbers are consistent with other areas. JBG noted that there are other issues which have affected the data, noting that Bristol City Council hold their data electronically whereas Sirona use paper records. It was important to note that Bristol City Council were reporting higher numbers of assessments as completed and the CCG would be undertaking a review on the accuracy of the data from both organisations.</p>	

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	<p>Sirona have sent an action plan to the CCG which would be reviewed. The current recommendation was that the action plan would be monitored on a quarterly basis through a dedicated performance meeting alongside the usual governance routes.</p> <p>The Governing Body discussed the requirement for Sirona and Bristol City Council to be consistent in their approach. JBG explained that there would be a targeted Looked After Children conference in April to share best practice and support provider performance in this area.</p> <p>FF asked what the impact was on the children who are not receiving the reviews. JBG confirmed that this would be difficult to measure as the children were not being assessed. DS explained that the service in Hereford had similar nursing figures and wondered whether there was any learning from there.</p> <p>Kirsty Alexander (KA) noted the complex nature of reviewing Looked After Children highlighting that the children cross council boundaries often and that finding the right paediatric staff to review was difficult.</p> <p>JR queried the quarterly monitoring and suggested that the action plan be reviewed monthly instead. JR noted the conference and asked that the action plan be built into the work that takes place.</p> <p>JE explained that in North Somerset health visitors review children below school age and suggested this was something to consider to build capacity into the system.</p> <p><b>The Governing Body agreed the recommendations, however the dedicated performance monitoring was agreed to take place monthly.</b></p>	
7.2	<p><b>Patient Experience Report Quarter Three</b></p> <p>JBG presented the report, highlighting the 461 contacts received in Quarter three. Of those, 13 were complaints and 54 were informal complaints. Two complaint responses had been taken through the ombudsman, with one reviewed and not upheld and the other still under review.</p>	



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	<p>Current themes remained as exceptional funding queries and clarification of communications regarding new services. There were no themes to the formal complaints received.</p> <p>The quality team continued to work with the insights team in Transformation to build on the experience feedback received. JH suggested that as part of the work to correlate feedback from across the CCG, the quality team should include feedback received from the Healthy Weston team and JBG agreed to discuss this with CB.</p> <p>JR requested that future reports describe the work undertaken to address the issues received from primary and secondary care providers.</p> <p><b>The Governing Body noted the contents of the report.</b></p>	<p><b>JBG/CB</b></p> <p><b>JBG</b></p>
8.1	<p><b>BNSSG Quality and Performance Report</b></p> <p>LM presented the performance section of the report outlining the key points:</p> <ul style="list-style-type: none"> <li>• A&amp;E performance deteriorated in January, however the system was currently performing better than the previous year. Current issues included an increase in long stay patients and some staffing issues.</li> <li>• The target for 52 week waiting patients had not been achieved, however significant numbers of these patients have surgery booked in April.</li> <li>• There continues to be issues within the Urology services at North Bristol Trust (NBT) and Weston which has affected the ability to achieve the 62-day referral cancer standard. University Hospitals Bristol (UHB) achieved the national standard and trajectory in January.</li> <li>• Two week wait target for cancer performance failed to achieve the national standard in January, however the staffing difficulties within the breast speciality at NBT have now been resolved.</li> </ul> <p>FF asked which specific treatment was causing the urology breaches, LM agreed to find out and add to the report for next month. LM confirmed that the CCG was working closely with Trust leads to review cancer pathways, working with GP care to</p>	<p><b>LM</b></p>



	Item	Action
	<p>provide a cystoscopy pathway as well as encouraging NBT and Weston to utilise surgical resources.</p> <p>The Governing Body discussed diagnostics noting the work ongoing in this area. Prioritisation of patients for these services was agreed as key as well as increased access for GPs.</p> <p>JGB outlined the key quality highlights:</p> <ul style="list-style-type: none"> <li>• The Care Quality Commission (CQC) report for Avon and Wiltshire Mental Health Trust (AWP) had been published and AWP had received a ‘requires improvement’ notice. JBG highlighted the actions required within the recommendations to improve performance.</li> <li>• There had been two further CQC reports for practices received. Both Almondsbury and Hanham Health had received ‘good’ ratings.</li> <li>• There were concerns regarding 12-hour trolley breaches following six in Weston and 21 in NBT. Impromptu walkabouts have been undertaken by the quality team who were assured from observing the care.</li> <li>• The falls report into Skylark and Henderson wards would be presented to the Quality Committee this month and to the Governing Body in May. JBG noted good assurance from the team that visited.</li> </ul> <p>The Governing Body discussed urodynamics and its worth as part of patient care. Peter Brindle agreed that this would be worth reviewing in terms of Value Based Healthcare and agreed to review.</p> <p><b>The Governing Body received the Quality and Performance report</b></p>	<p><b>JBG</b></p> <p><b>PB</b></p>
8.3	<p><b>Finance Report</b></p> <p>ST updated the financial position for month 11 reporting that the CCG was forecasting delivery of the plan despite financial pressures in urgent care particularly non-elective growth at NBT and Any Qualified Provider (AQP) contracts. The AQP providers</p>	



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	<p>had over performed against contract by £4m at month 11 creating a significant pressure for the CCG.</p> <p>ST highlighted an increase in Continuing Healthcare spend related to increase in the volume and length of packages. This was most likely linked to the schemes focussed on treating patients out of hospital and in the community. KA asked whether the CCG had been expecting this cost pressure. LM confirmed that the teams had tried to map the outcomes during planning processes but the tools were not sophisticated enough to understand whole system modelling. The hypothesis the teams had been working to had been that the less time people spend in hospital the less support they would require when home.</p> <p><b>The Governing Body received the finance report</b></p>	
9.1	<p><b>Committee Terms of Reference Review</b></p> <p>Sarah Carr (SC) presented the Terms of Reference for each of the Governing Body mandated committees, the Audit, Governance and Risk Committee, the Remuneration Committee and the Primary Care Commissioning Committee. These Terms of Reference were noted as part of the constitution and would be taken to the membership for approval. The non-statutory Governing Body Subcommittee's Terms of Reference would be reviewed at the next Governing Body meeting.</p> <p>The Primary Care Commissioning Committee had made comments on the frequency of the meetings which had already been provisioned within the Terms of Reference. The importance of Practice Manager representation had been raised and someone would be invited to attend in this capacity.</p> <p>The Audit, Governance and Risk Committee agreed to amend the Terms of Reference to include a review of the CCG constitution as part of its assurance role. An amendment had also been included to allow the Committee to seek independent advice as required.</p> <p>The Remuneration Committee Terms of Reference had been amended to clarify the Committee remit following NHS England advice and legal advice.</p>	

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	<p>DS highlighted the requirement for two independent GPs to sit on the Primary Care Commissioning Committee. It was confirmed that these posts had always been part of the Terms of Reference but were currently vacant. Work was ongoing to recruit.</p> <p><b>The Governing Body recommended the reviewed Terms of Reference, as incorporated into the CCG's constitution, to the CCG membership for approval.</b></p>	
9.2	<p><b>Corporate Risk Register and Governing Body Assurance Framework</b></p> <p>SC informed the Governing Body that colleagues across the CCG have reviewed the Risk Register and no new risks had been added. There were three risks for closure and these had been highlighted. SC stated it was important to note that the closed risks would still be held, maintained and scrutinised on the directorate Risk Registers and explained that the Risk Register was regularly reviewed at Committee meetings.</p> <p>SC presented the Governing Body Assurance Framework noting that following discussions reviewing the principle objectives the Assurance Framework would be reviewed. It was important to recognise that most of the objectives from 2018/19 would continue through to the 2019/20 Assurance Framework. The Assurance Framework will be further reviewed in June by the Governing Body. The Governing Body noted the progress against the objectives made in 2018/19.</p> <p><b>The Governing Body reviewed and noted the amendments to the Corporate Risk Register and Governing Body Assurance Framework.</b></p>	ST
9.3	<p><b>Procurement Policy</b></p> <p>LM explained that the comments from the March Governing Body had been incorporated into the policy, including reference to IR35 guidance and the CCG's Ethical Decision Making Framework.</p> <p>JR noted that under section 8 there were a different set of principles outlined and it was agreed to exchange these with the principles set out in the Ethical Decision Making Framework.</p> <p><b>The Governing Body approved the procurement policy subject to the above changes.</b></p>	



	Item	Action
10.1	<b>Minutes of the Audit, Governance and Risk Committee</b> The Governing Body received the minutes	
10.2	<b>Minutes of the Quality Committee</b> The Governing Body received the minutes	
10.3	<b>Minutes of the Commissioning Executive</b> The Governing Body received the minutes	
10.4	<b>Minutes of the Strategic Finance Committee</b> An offer has been made for the role of Lay Member for Finance, who would be responsible for Chairing the Strategic Finance Committee. It was hoped that they would be able to attend the May Governing Body meeting. The Governing Body received the minutes	
10.5	<b>Minutes of the Primary Care Commissioning Committee</b> The Governing Body received the minutes	
10.6	<b>Minutes of the Healthier Together Sponsoring Board</b> The Governing Body received the minutes	
11	<p><b>Questions:</b></p> <p>Mr Andy Burkitt, a member of the public, asked the following questions:</p> <p>“The number of stabbings and knife attacks have accelerated across Britain and the Greater Bristol Area.... In some areas they are bringing in a set of proposals that will be funded by the Health Service, Police and Local Council. These include: Stab Packs for venues; Better first aid training for all staff and security staff at venues; Better education at schools.</p> <p>Will the CCG work with BCC to adopt these proposals and liaise with other bodies, City Council Groups and stakeholders in implementing this as a step forward?”</p> <p>JBG responded to say that part of the Safeguarding Strategy referenced the work the CCG was undertaking in relation to knife crime working alongside the police and the Local Authorities, and managed through the multi-agency Safeguarding Board. DES explained that knife crime was part of the Childrens and Families transformation workstream, on which members of the council sat. DES also noted that she was a member of the Serious Crime Board as the CCG representative, the police and the CCG had both addressed this in terms of the ensuring the Children’s A&amp;E was linked with any ongoing work.</p>	

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	<p>Mr Andy Burkitt also asked:</p> <p>“.....With the major tendering of the Adult Services in Bristol being on a much larger scale, it is estimated that this will cost over £1.5 million.</p> <p>Despite calls from local MPs (including Karin Smyth, MP in Parliament), Councillors, Unions and Staff as well as groups interested in Health, the local Commissioning Group has refused to halt this process.....Will the CCG stop this procurement now before more money is wasted on it? Are they aware that the majority of City Councillors are totally opposed to what they are doing?”</p> <p>JR noted that the only formal representation received regarding the procurement had been from Karin Smyth and the CCG had met with Bristol City Councillors and addressed their specific queries.</p> <p>It was noted that the current law required the CCG to commission healthcare services for the local population and from within the legal framework. Two of the three community service contracts will come to an end in 2020 and it was reiterated that the CCG had a legal duty to procure these contracts otherwise some of the population would not have access to essential healthcare services. JR explained that the CCG would procure these services as stated within the legal procurement framework.</p> <p>JR confirmed that the CCG would not stop the process of procurement as it had a duty to ensure services are available to the local population.</p> <p>LM confirmed that the current cost of the procurement was approximately £200k as the CCG was undertaking the work within the CCG’s resource envelope and only asking for expert advice as required.</p>	
12	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	
13	<p>Tuesday 7<sup>th</sup> May 2019, 13.30pm, The Vassall Centre, Downend, Bristol, BS16 2QQ</p>	

Lucy Powell, Corporate Support Officer, April 2019

