

DRAFT

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

**Minutes of the meeting held on Tuesday 4th December 2018 at 1.30pm at the
Vassall Centre, Gill Avenue, Downend, BS16 2QQ**

Minutes

Present		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
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
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
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Lisa Manson	Director of Commissioning	LM
Peter Marriner	Lay Member Strategic Finance	PM
Alison Moon	Independent Clinical Member Registered Nurse	AMoon
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
Apologies		
Peter Brindle	Medical Director Clinical Effectiveness	PB
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
In attendance		
Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP



	Item	Action
01	<p>Apologies</p> <p>The above apologies were noted.</p>	
02	<p>Declarations of interest</p> <p>There were no new declarations of interest declared.</p>	
3.1	<p>Minutes of the previous meeting of the 6th November 2018</p> <p>The minutes were agreed as a correct record with the following correction:</p> <ul style="list-style-type: none"> Page 12, paragraph 2: elective was amended to read non-elective. <p>Peter Marriner (PM) sought clarification that BNSSG CCG could have achieved 62-day cancer targets despite two Acute Trusts not achieving the standard. Sarah Truelove (ST) confirmed that as the target for the CCG was based on local population this was possible.</p>	
04	<p>Actions arising from previous meetings</p> <p>The Governing Body reviewed the action log.</p> <p>Deborah El-Sayed (DES) requested that action 9.3-01 be amended to read public engagement rather than public consultation and requested that the Equality and Diversity report be amended for presentation in January as opposed to December.</p> <p>The actions recommended for closure were closed.</p>	
05	<p>Chief Executives Report</p> <p>Julia Ross (JR) thanked Anne Morris and Peter Marriner for their work for the Governing Body as well as their work during the transition period. JR reported that a new Director of Nursing had been appointed and would be announced shortly.</p> <p>JR highlighted that Dominic Hardy, Director of Primary Care Delivery for NHS England, had visited Weston Primary Care services as part of the intensive support site designation. The Practices had received national funding to improve recruitment and retention of GPs. Dominic Hardy had provided positive feedback following the visit and had been impressed with the recognition of the challenges GPs faced, which had resulted in local work to reduce administration workload. JR highlighted the idea of the electronic front end across all practices in the Weston area.</p> <p>JR explained the challenges associated with winter regarding A&E performance and noted that the CCG had now entered into the period where regular calls between the CCG and NHS England</p>	

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	<p>would take place to discuss local performance. JR reiterated that the whole system needed to review the options to retain people within the community rather than the Acute Trusts. JR highlighted that the CCG recognised that although Urgent Care was seeing increased attendance, this was also the case within Primary Care.</p> <p>JR noted that preparations were ongoing for the Urgent Care 2019/20 planning event on the 11th/12th December. Confirmed attendance was high with many clinical colleagues attending.</p> <p>The Governing Body received the report.</p>	
6.1	<p>Continuing Health Care (CHC) Programme Board Terms of Reference</p> <p>Anne Morris (AMor) presented this item highlighting that the Terms of Reference had been developed following the recent CHC review the recommendations included increased partnership working between the CCG and three Local Authorities. It was noted that the Local Authorities had reviewed the Terms of Reference and their comments had been incorporated. AMor explained that the Terms of Reference recommended that the Programme Board would report to the CCG Governing Body in order to provide the assurance on CHC programmes and strategic oversight.</p> <p>AMor noted that one of the recommendations was that the Programme Board ran as a Joint Officer Working Group. Alison Moon (AMoon) asked where the accountability for CHC would sit within the Board. AMor explained that the CCG as an organisation would be accountable and agreed to clarify this within the Terms of Reference. AMoon also suggested that the Terms of Reference remove the reference to optional attendance to provide clarity on membership.</p> <p>The members discussed the governance relationship between the Programme Board and the Governing Body and highlighted that the minutes as well as a quarterly report would be expected regularly at the Governing Body meetings. John Rushforth (JRu) asked that financial exception reporting be written into the Terms of Reference for further assurance.</p> <p>Felicity Faye (FF) noted that the Terms of Reference currently queried whether patients not eligible for CHC would be in receipt of</p>	



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	<p>joint packages of care. AMor noted that this was correct and the question would be converted to a statement.</p> <p>David Soodeen (DS) highlighted the lack of clinical members on the Programme Board. AMor suggested that the clinical lead for Quality be added as a member.</p> <p>Sarah Talbot-Williams (STW) noted that the cover paper suggested that the Programme Board did not have an impact on equality. STW asked that this be rephrased to reflect the impact on equality that the decisions of the Programme Board could have.</p> <p>The Governing Body noted the questions included within the Terms of Reference. AMor highlighted that the Terms of Reference were currently in draft form and would incorporate the comments from Governing Body. It was agreed to present the Terms of Reference again in February following scrutiny at Quality Committee.</p> <p>The Governing Body noted the progress to date on the Programme Board Terms of Reference.</p>	<p>AMor</p> <p>AMor</p>
6.2	<p>Adult Community Health Services - Update</p> <p>Lisa Manson (LM) outlined the progress on the procurement highlighting that the updates provided in the public Governing Body meetings would be generalised due to the Commercial in Confidence nature of the procurement.</p> <p>LM explained that the Prior Information Notice launched in September 2018 and highlighted that the scope would be refined and the specifications would be developed following engagement with members of the public, potential providers and current providers. The developed specifications would be discussed at the Commissioning Executive Committee and presented to the Closed Governing Body session in January.</p> <p>STW highlighted the need for an explanation of the range of groups engaged in order to provide assurance that engagement was reflective of the population. JR noted the extensive public engagement that had occurred to date. Deborah El-Sayed (DES) explained that due to the confidential nature of the procurement, papers had not been presented to the Patient and Public</p>	



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	<p>Involvement Forum however the work of the procurement did need to be reflected through this group and would be in the future.</p> <p>The Governing Body noted the progress of the Adult Community Procurement.</p>	
7.1	<p>Quality Strategy</p> <p>AMor explained that workshops regarding the quality strategy had been held and comments incorporated into the strategy. The strategy had been further discussed at the Quality Committee as well as at the Governing Body seminar and feedback from these forums would be considered. AMor highlighted that following public engagement the strategy would be presented to the Governing Body in February 2019. AMoon suggested that the risks relating to the quality strategy were clearer within the cover paper. DS highlighted that the aim of the Quality Strategy was to reduce health inequalities and noted that this needed to be stated within the cover paper.</p> <p>The Governing Body noted the progress of the Quality Strategy.</p>	AMor
8.1	<p>BNSSG Quality and Performance Report</p> <p>LM presented the performance report explaining that the position remained challenging for Urgent Care throughout October, particularly for type 1 Emergency Department performance. The CCG continued to work with system partners to provide support and opportunities for treatment outside the Emergency Department.</p> <p>LM highlighted that a deep dive into the North Bristol Trust (NBT) 52 week waiting orthopaedic patients would be presented at the next Commissioning Executive meeting. The CCG continued to support the Trust to offer alternative surgery locations in order to reduce waiting times.</p> <p>University Hospitals Bristol (UHB) were noted as sustaining the 62-day cancer standard target, with issues still recognised at NBT and Weston Area Health Trust (WAHT). It was highlighted that clinical resource was a known issue at WAHT and NBT have increased funding for biopsies in order to improve the target.</p> <p>LM noted increased dermatology activity and explained that a deep dive would be taking place to review and consider the</p>	



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	<p>changes required to improve performance and facilitate a BNSSG approach. The Governing Body discussed how teledermatology could improve the 2 week wait position.</p> <p>DS highlighted colonoscopy diagnostic performance. LM explained that the CCG were reviewing how providers were being utilised for colonoscopy to assess if this could be improved.</p> <p>AMor presented the Quality report to the Governing Body noting that the first Design Council workshop regarding MRSA had taken place, with the CCG part of developing a system wide approach to tackling MRSA. It was noted that further workshops would take place.</p> <p>AMor highlighted that the review of pressure injuries at WAHT would be reported at the next Governing Body meeting. The CQC review at Weston General Hospital had been delayed and the CCG would be informed in due course of the revised date.</p> <p>An assurance visit into the falls at Skylark ward has taken place. The Governing Body asked for benchmarking to take place against similar wards to determine whether the amount of falls was significant.</p> <p>Demand for resources within South West Ambulance Foundation Trust has been recognised as a risk. Mitigations have been put in place around recruitment and management of resources. This was being monitored through quality sub groups and a single item meeting with the Trust has taken place to discuss the issue.</p> <p>The ADHD waiting list continues to be a concern and clinical validation would take place. Following a site visit, recommendations have been developed and presented to AWP. DS asked whether the ADHD pathway could be reviewed or modelled differently. The Governing Body discussed possible shared care and open lists and suggested that the Mental Health team review this.</p> <p>JE queried whether the CCG was monitoring the learning from deaths data received from the Acute Trusts. AMor explained that the CCG monitored the mortality rates but further work needed to take place to monitor themes.</p>	<p>AMor</p> <p>AMor</p>



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	<p>JE raised the issue of ambulance calls between out of hours services and GPs. LM and AMor suggested a deep dive into the ambulance service at a future Governing Body meeting where these statistics could be reviewed and discussed. DES highlighted the national benchmarking analytic reporting which could be provided as part of the deep dive particularly into the NHS 111 service. DES confirmed that nationally the service was similar and it was recognised that further working regarding system linkage was required.</p> <p>The Governing Body received the Quality and Performance report</p>	<p>LM/ AMor/ DES</p>
<p>8.2</p>	<p>Finance Report</p> <p>Sarah Truelove highlighted the following from the financial report:</p> <p>Additional medicine costs from No Cheaper Stock Obtainable (NCSO) availability issues continued to be a risk to the financial position, it was noted that discussions with NHS England were ongoing and these were positive.</p> <p>It was explained that the CCG may not receive funding for the GP pay award, which could prove a risk to the financial position. This would be further reviewed.</p> <p>Non elective admissions at NBT continued to remain at a high level. The Contract Query Notice continued to be in place and the coding audit would be concluded in the next few weeks. Nick Kennedy queried the scope of the audit and ST highlighted that the audit pertained to the under 12 hour admissions only.</p> <p>ST highlighted the increased activity at New Medica particularly around cataract treatment. The CCG were working through options to mitigate the increased spend.</p> <p>AMoon asked whether Britain leaving the European Union would create any financial risks. ST highlighted that nothing in the data suggested that this would have an impact but noted that this could further impact the NCSO issue dependent on where the cheaper medicines were obtained from.</p> <p>The Governing Body received the finance report</p>	



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9.1	<p>New Model Constitution</p> <p>Sarah Carr (SC) presented the paper noting that the new model constitution guidance had been launched by NHS England in September 2018 and the CCG had reviewed the current constitution to see whether any amendments were needed to align. SC highlighted that the most significant potential amendment allowed the CCG to make minor changes to the constitution without membership approval. It was confirmed that the term minor amendment related to such changes as those to the membership following practice mergers and would in no way allow the CCG to make significant changes to the constitution.</p> <p>SC noted that a governance handbook would be developed which would provide information not included within the constitution such as the CCG Committee structure; this would allow the CCG to provide increased transparency in the way the CCG works.</p> <p>SC noted that within the model constitution NHS England have stipulated that the role of the Governing Body and Primary Care Commissioning Committee Vice Chair should not be held by the Audit Chair. SC noted that this would be amended and new Vice Chairs appointed from within the Lay Members. AMoon confirmed that Sarah Talbot- Williams was Vice Chair of the Primary Care Commissioning Committee and this was part of the Committee's Terms of Reference.</p> <p>SC noted the opportunity for the CCG to reword the constitution in terms of the aspirant Integrated Care System and further include joint working arrangements within the constitution as agreed by the Governing Body. SC noted that the revised constitution would be presented to the Governing Body in February to seek permission to consult the membership on the changes.</p> <p>JE asked for clarification on what constitutes a minor change. It was suggested that some examples be developed and discussed with the membership at the local Forum meetings.</p> <p>The Governing Body discussed the current weighting of votes between the membership practices and asked how the voting on the constitutional amendments would take place. It was confirmed that this would already be part of the constitution and would not be amended as part of this piece of work.</p>	ST



	Item	Action
	The Governing Body approved for the rewording of the constitution to progress, with agreement for permission to consult membership members to be sought in February 2019	
9.2	<p>Modern Slavery and Human Trafficking Statement</p> <p>AMor presented the statement to the Governing Body highlighting that for the CCG to be compliant with the Modern Slavery Act, the CCG Statement needed to be approved by Governing Body and published.</p> <p>The Governing Body approved the statement for publication</p>	
10.1	<p>Minutes of the Quality Committee</p> <p>The Governing Body received the minutes</p>	
10.2	<p>Minutes of the Commissioning Executive</p> <p>Jon Hayes highlighted the discussion that had taken place on the Healthy Weston programme and remarked that it had been helpful for the Clinical Leads to review the clinical input into that work.</p> <p>The Governing Body received the minutes</p>	
10.3	<p>Minutes of the Strategic Finance Committee</p> <p>Peter Marriner (PM) highlighted the discussions held on the control centre savings totals and noted the target of £37m. A deep dive into the Planned Care Control Centre had taken place and useful discussions had been held. PM also noted the risk to the financial position regarding NCSO medicines and indicated the position on the Corporate Risk Register.</p> <p>The Governing Body received the minutes</p>	
10.4	<p>Minutes of the Primary Care Commissioning Committee</p> <p>AMoon noted the quarterly report on primary care commissioning which had been developed by LM and presented to the Primary Care Commissioning Committee. AMoon praised the report and suggested that it be presented to the next Governing Body meeting as well as sent to the membership.</p> <p>The Governing Body received the minutes</p>	LM
10.5	<p>Minutes of the Patient and Public Involvement Forum Meeting</p> <p>STW informed the Governing Body that the Patient and Public Involvement Forum had been developed to provide further patient engagement and had succeeded in gaining the perspective of further voluntary sector and public members.</p> <p>The Governing Body received the minutes</p>	

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11	<p>Questions from the Public</p> <p>Mr Blestowe asked in relation to item 6.1 – Continuing HealthCare Terms of Reference:</p> <ul style="list-style-type: none"> • Whether the Terms of Reference could consider two members of the public as Board members (carers or patients)? • Whether taking money out of the system would help in the long term? <p>Mr Blestowe noted that he had included these and other questions in a letter to the CCG. The Chair collected the letter and agreed to provide Mr Blestowe with a written response.</p>	
12	<p>Any Other Business</p> <p>Jon Hayes thanked Anne Morris and Peter Marriner for their hard work on behalf of the Governing Body.</p>	
13	<p>Motion to Exclude Press and Public</p> <p>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.</p>	
15	<p>Date of next meeting: Tuesday 8th January</p>	

Lucy Powell, Corporate Support Officer, November 2018

