BaNES CCG Board Meeting held in public
Thursday 21 July 2016
1030 – 1330 hrs
Somerdale Pavilion, Keynsham

Minutes

Members Present
Dr Ian Orpen (Chair)  Clinical Chair, BaNES CCG
Tracey Cox (TC)  Chief Officer, Banes CCG
Dr Ruth Grabham (RG)  Medical Director, BaNES CCG
Dawn Clarke (DC)  Director of Nursing & Quality, BaNES CCG
Hilary King (HK)  Deputy Chief Financial Officer, BaNES CCG
Dr Jonathan Osborn (JO)  GP Board Member, BaNES CCG
Dr Daisy Curling (DCurl)  GP Board Member, BaNES CCG
Helen Harris (HH)  Practice Manager, Board Member BaNES CCG
John Holden (JSH)  Lay Member, Audit & Governance & Vice Chair, BaNES CCG

In Attendance
Julie-Anne Wales (JAW)  Head of Corporate Governance & Planning, BaNES CCG
Corinne Edwards (CE)  Head of Commissioning Development, BaNES CCG
Jane Shayler (JAS)  Strategic Director People & Communities, B&NES Council
Bruce Laurence (BL)  Director of Public Health, B&NES Council (part)
Jason Young (JY)  Chief Information Officer (present for agenda item 3.1)
Caroline Coles (CC)  Board Secretary, BaNES CCG – Minute taker

Apologies
Suzannah Power (SP)  Lay Member, Patient & Public Involvement, BaNES CCG
Myles Taylor (MT)  Secondary Care Consultant, BaNES CCG
Dr Jim Hampton (JH)  GP Board Member, BaNES CCG
Dr Elizabeth Hersch (EH)  GP Board Member, BaNES CCG
Sarah James (SJ)  Chief Financial Officer, BaNES CCG
Ashley Ayre (AA)  Director Adult Care & Health Commissioning, BaNES CCG and B&NES Council

Item  Topic  Action

The order of the minutes is as per the agenda not the order of discussion

1.  Opening Business
1.1  Chair Welcome and Apologies
The Chair welcomed all to the BaNES CCG Board meeting held in public particularly to the members of the public.

1.2 **Declaration of Interests**
There were no declarations of interests received on any issues arising at the meeting which might conflict with the business of BaNES CCG in addition to those already declared on the Interests of Declarations register.

The meeting was declared quorate.

1.3 **Minutes of Meeting 26 May 2016**
The minutes of 26 May 2016 were **approved** as a true and accurate record of the meeting.

1.4 **Action List and Matters Arising**
The action list was **noted**.

1.5 **Questions from the Public**
There was one question received from the public around the provision of a warm water pool, linked to the potential increase in capacity for the new hydrotherapy facility planned at the RUH.

The question was from the Warm Water Inclusive Swimming & Exercise (WWISE) Network as below:-

“**Is the CCG aware that plans for Bath Leisure Centre and the initial proposals for Keynsham Leisure Centre do not include a warm water pool that is suitable for older children, young people and adults?”**

The Chair read out the CCG’s response which will be posted on the website in due course.

2. **Overview Reports**

2.1 **Chair’s Report**
Ian Orpen, Clinical Chair presented the report and highlighted the strategic meetings in relation to the future of the STP.

The Board **noted** the report.

2.2 **Chief Officer’s Report**
Tracey Cox, Chief Officer presented the report and highlighted:-

- The CCG’s annual headline rating for 2015/16 relating to its performance against a number of domains. The rating for 2015/16 was “Requires Improvement”, mainly due to the difficulties in securing improvements in the delivery of the NHS Constitutional targets across the local health system. However, despite this disappointing rating the CCG was identified as having a large number of good practices and key areas of strength.
• The CCGs Q1 internal self-assessment against the revised assurance framework.

• The update on performance; the performance of the urgent care system against the four hour target continues to be a challenge. A system-wide improvement plan is in place setting out the actions required from the RUH, BaNES CCG, and Wiltshire CCG to support recovery.

• Primary Care update on the submission of a bid to NHS England’s Estates and Technology Transformation Fund for new funding to improve primary care estate and new digital technology, and, the statement of intent presented to all practices outlining the vision and approach of primary care over the next five years

• The positive result from the GP Patient Survey Results. A tremendous credit to the GP practices in BaNES.

• The CCG’s AGM which will take place on Thursday 29 September 2016. Further details can be found on the CCG website.

The Chair echoed the excellent result from the GP Survey and added that this was not a one-off result and sets an ambitious task to build going forward.

John Holden, Lay member expressed concern with regard to the method of using the lowest common denominator when assessing CCGs as the 2015/16 rating was not warranted and did not reflect the work completed in the CCG over the past year. Tracey Cox, Chief Officer agreed and added that it is important to celebrate the good points at a time of austerity and pressure and in this light a celebration lunch was recently held to mark the hard work and contribution made by those in significantly improving the mental health services within BaNES over the past years.

The Board **noted** the report.

3. **Strategy and Development**

3.1 **Local Digital Roadmap**

Jason Young, Chief Information Officer presented the report which describes the local digital roadmap (LDR) which takes a whole system view of priorities for digital development across the entire health systems of B&NES. The LDR supports the health economy in:-

• Becoming paper-free at the point of care
• Enabling digital self-care
• Using analytic and data to support individual care, research and commissioning.
The document was submitted to NHS England on 30 June 2016 and feedback is anticipated early August 2016 with the release of funds early Autumn 2016.

The paper was reviewed and discussed in detail and covered the benefits from a patients point of view, linking up with your care, your way, the importance of training front-line staff, the culture change required, the risks particularly ensuring maximum benefit from lots of small schemes and the approach and engagement in terms of patient data.

The Board approved the digital strategy as described within the LDR and noted its links to the wider strategic aims of the CCG and geography.

3.2 Sustainability & Transformation Plan (STP) Update
Tracey Cox, Chief Officer gave a verbal update on the progress of the STP process and highlighted:

- The context and background to the STP
- The objectives and key principles
- Current status
- The governance framework
- The key priority work streams and opportunities to make care more efficient. These were Preventive/Proactive Care, Planned Care and Urgent & Emergency Care
- Programme planning timeline
- Next steps

The STP process was discussed and covered the financial challenge and the risks.

The Board noted the update and recognised the significant achievements since the start of the STP.

4. Quality – Patient Safety, Effectiveness & Experience
4.1 Your Health, Your Voice Report
Ian Orpen, Chair presented the report in the absence of Suzannah Power, Lay member Patient & Public Involvement summarising the meeting held on 23 June 2016 which focussed on adult mental health.

The Board noted the report.

Bruce Laurence departed the meeting.

5. Performance
5.1 Finance & QIPP Report
Sarah James, Chief Financial Officer presented the financial position at May 2016 and highlighted:-

• The CCG is on plan for the year to date and is forecasting delivery of its target surplus for 2016/17
• The main risks to delivering the target surplus are; developing new QIPP schemes in order to close the remaining gap on the QIPP programme, ensuring delivery of the planned QIPP schemes, and managing the cost and volume increases in CHC and specialist mental health placements.

The Chair asked for clarification on the position with the ledger cash balance being in excess of the internal KPI. The Chief Financial Officer confirmed that this was purely down to a delay in invoice processing and added that the finance team work hard to achieve internal KPIs.

The Chair also requested for future reference to avoid using acronym on the summary front sheets of reports.

The Chief Officer added that the newly established Finance & Performance Committee was robustly monitoring the improving value schemes (IVS) for 2016/17 with a rigorous monthly reporting for each scheme which enables at a glance any slippage that has occurred and is confident that the savings will materialise. The Chief Financial Officer added that there are still significant challenges ahead for the organisation and hard decisions will have to be made later in the year.

The Board noted the report.

5.3 Integrated Quality & Performance Report
The Chief Officer presented the Integrated Quality & Performance report and highlighted:

• The inclusion of the NHS Workforce Race Equality Standard (WTES) which all NHS commissioners and NHS provider organisations are now required to evidence progress against a number of indicators of workforce equality.
• The A&E 4 hour standard target continues to be below target.
• The changes agreed with BDUC to better match capacity and demand in Urgent Care Centres
• The Commissioning Value pack for cancer services which provides indicative data to identify improvement opportunities
• The restriction of Pain Service at the RUH. The CCG are establishing an alternative service in the community.

The Director of Nursing & Quality also highlighted

• The deteriorating in AWP’s Friends and Family Test scores for both work and care and further work is required to understand the reasons and will report back to Board at the next meeting regarding any issues.

Action : Director of Nursing & Quality

DC
• The increase in staff vacancies and sickness levels with red rag ratings seen across the patch. However as each provider sets their own target it is the aim within the Sustainable Transformation Plan (STP) to establish common indicators to ensure consistency.
• The emergency admissions for children with lower respiratory tract infections was acknowledged as being lower than in other areas however the CCG were in the top quartile nationally for the combined indicator in 2014/15 and believe we are still doing well nationally. However, mitigating plans are being discussed to address any issues.

John Holden, Lay member was surprised not to see in the Executive summary other challenging performance areas, particularly NHS 111 and adult safeguarding. The Head of Commissioning Development replied that NHS 111 is a challenging area and mitigating plans are being drawn up to address the issue. In terms of the adult safeguarding issue the Strategic Director People & Communities replied that this did not reflect actual performance but was purely down to timescales being extended when making safeguard decisions so that views of family and individuals can be captured and due to the move to a new service user database it is not possible to report against these new timescales until September 2016.

Jonathan Osborne, GP representative asked if independent providers are required to report on the Family & Friends Test. The Director of Nursing & Quality replied that it is a requirement within the NHS contract however the reporting timeframe is on a quarterly basis not monthly.

John Holden, Lay member had noticed the sickness absence figure which is an indicator of an organisation's culture, motivation and morale and need to be watched closely. The Director of Nursing & Quality agreed with this point and as data released from HEE on sickness reveals work related stress is on the increase demonstrating the significant pressures within the healthcare system.

The Board noted the report.

6. Governance
6.1 Risk Register
The Head of Corporate Governance & Planning presented the risk register which has recently had an extensive review by the Executive team.

It was noted that table 1 in the report, mentioning 8 corporate risks, does not correlate to the 5 corporate risks as shown because a risk is not formally closed until the following month.

John Holden, Lay member commented that the register has targeted the right areas but the commentary does not quite reflect the risks. The biggest risks to the CCG are financial, performance and RUH with your care, your way one to
The Board noted the risk register which will be subject to further review.

6.2 Board Assurance Framework (BAF)
The Head of Corporate Governance & Planning presented the Board Assurance Framework and reminded the Board that the purpose of this document was to provide assurance that system and processes are in place to deliver the organisation’s objectives.

The Audit Committee reviewed the BAF on 13 July 2016 and requested the Executive team to check confidence levels as the Committee believed there were too many green rag rating for this time of the year.

The Board noted the Board Assurance Framework which is subject to review.

6.3 Equality & Diversity Annual Report
The Director of Nursing & Quality presented the Equality & Diversity Annual Report for 2015/16 for information as it had been approved by the Quality Committee and has been published on the CCG’s website.

The achievements for 2015/16 were highlighted together with the objective for 2016/17.

The Board noted the report.

6.4 Revised Statutory Guidance on Conflicts of Interest
The Head of Corporate Governance & Planning presented the report which provides an overview of the changes for managing conflicts of interest proposed by NHS England with the publication of revised Managing Conflicts of Interest: Statutory Guidance for CCGs dated June 2016. Attached to the document was a matrix which showed the current position of BaNES CCG against the recommendations and a proposed action plan to strengthen and improve the managing of conflict of interest within the organisation.

The Chief Officer asked how the GP practice staff were going to briefed on the new guidelines. The Head of Corporate Governance & Planning replied through GP Newsletter and GP Forum.

The Board approved the action plan to strengthen managing conflicts of interest within the organisation.

7. Sub-Board Committees
7.1 Audit Committee Report
The Chair of the Audit Committee presented the report with no further comments.
The Board **noted** the report.

### 7.2 Quality Committee Report
The Chair of the Quality Committee presented the report with no further comments.

The Board **noted** the report.

### 7.3 Joint Commissioning Committee
The Chair of the Joint Commissioning Committee presented the report with no further comments.

The Strategic Director People & Communities added that the Better Care Fund for 2016/17 had been approved and has been identified as an exemplar plan.

The Board **noted** the report.

### 7.4 Finance & Performance Committee
The Chair of the Finance & Performance Committee presented the report and added that this was the third meeting of the newly established Committee for 2016/17 to focus on the delivery of the Improving Value Schemes. This committee is evolving but will add value to the organisation’s governance framework.

The Board **noted** the report.

### 8. Closing Business

**Andrea Morland**
The Chair paid tribute to Andrea Morland, Senior Commissioning Manager for mental health services, who has had to take early retirement due to ill health, and thanked Andrea for her incredible work over the past 10 years for the CCG.

The next BaNES CCG Board meeting held in public will take place on Thursday 8 September 2016 at the Somerdale Conference Centre, Keynsham