BaNES CCG Board Meeting held in public
Thursday 8 September 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
Sarah James (SJ)  Chief Financial Officer, BaNES CCG
Dr Jim Hampton (JH)  GP Board Member, BaNES CCG
Dr Elizabeth Hersch (EH)  GP Board Member, BaNES CCG
Dr Jonathan Osborn (JO)  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
Suzannah Power (SP)  Lay Member, Patient & Public Involvement, BaNES CCG
Myles Taylor (MT)  Secondary Care Consultant, BaNES CCG

In Attendance
Julie-Anne Wales (JAW)  Head of Corporate Governance & Planning, BaNES CCG
Corinne Edwards (CE)  Head of Commissioning Development, BaNES CCG
Bruce Laurence (BL)  Director of Public Health, B&NES Council
Mike Bowden (MB)  Strategic Director People & Communities, B&NES Council
Caroline Coles (CC)  Board Secretary, BaNES CCG – Minute taker

Apologies
Dawn Clarke (DC)  Director of Nursing & Quality, BaNES CCG
Dr Daisy Curling (DCurl)  GP Board Member, BaNES CCG
Jane Shayler (JAS)  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 21 July 2016
The minutes of 21 July 2016 were approved as a true and accurate record of the meeting, subject to a slight amendment on page 4 to amend name from Sarah James to Hilary King.

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

1.5 Questions from the Public
There were no questions from the public.

2. Overview Reports
2.1 Chair’s Report
Ian Orpen, Clinical Chair presented the report with no additional comments.

The Board noted the report.

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

- The continuing poor performance in relation to the delivery of the 4 hour target. Local performance and progress continues to be closely monitored. Guidance has been published to set out good practice requirements which include replacement of System Resilience Groups with A&E Delivery Boards whose core responsibilities are to lead A&E recovery.
- The announcement of the preferred bidder on 18 August 2016 from the BaNES your care, your way community service procurement as Virgin Care. Subject to further due diligence the contract will be awarded in November 2016 for a transfer of services from 1 April 2017.
- The continued participation in developing a Sustainability and Transformation Plan in conjunction with partner organisations within the Bath and North East Somerset, Swindon and Wiltshire (BSW) footprint. A fully developed plan is due for submission on 21 October 2016.
- From 26 September 2016 BaNES CCG Chief Officer will take on the additional responsibility of interim Accountable Officer at Wiltshire CCG. Both CCGs share many of the same priorities and challenges and this interim role will enable the two CCGs to pool insight and share expertise. It is envisaged that this arrangement will be in place until March 2017 and appropriate interim support will be put into place to support this arrangement.
• The junior doctors strike which since writing the report has been called off.
• The publication jointly by NHS England and NHS Improvement of the “Strengthening Financial Performance and Accountability in 2016/17” setting out a series of actions designed to support the NHS to achieve financial sustainability and improve operational performance.

John Holden, Lay member asked for clarification on the arrangements for cover at BaNES CCG whilst the Chief Officer takes on the interim Accountable Officer role at Wiltshire CCG. The Chief Officer replied that this is currently under review to ascertain the best interim solution for both organisations.

The Board noted the report.

2.3 Clinical Lead Update
The Chair explained that this was a new agenda item to give an update on the work that each clinical lead is involved in. It will be on a rotational basis with no report.

Dr Elizabeth Hersch, Clinical Lead for Urgent Care gave a verbal update on the local work being undertaken, with Elizabeth Beech CCG Prescribing Advisor, to reduce Acute Kidney Injury in Bath and North East Somerset starting in September 2016. This supports the national programme ‘Think Kidney’.

Engagement with local GPs to introduce awareness and the role of the GP in detection of AKI will commence at the next GP Forum with a presentation from a national lead, followed up with cluster work.

The Head of Commissioning Development asked what the ask of primary care would be. Dr Hersch replied that the aim is to increase awareness in order to identify at risk patients of AKI for prevention and early intervention.

The Medical Director asked if there would be any patient engagement to raising awareness in the community. Dr Hersch responded that there is a rollout programme which targeted different groups including patients.

The Head of Commissioning Development asked if there would be any implications with regard to the QIPP savings for 2017/18 QIPP. Dr Hersch replied that there was potential for increased activity which would need to be managed.

The Board noted the report.
3. **Strategy and Development**

3.1 **Organisational Development Plan 2016/17**

The Chief Officer presented the Organisational Development Plan for 2016/17 which identifies CCG specific organisational development requirements as well as shared organisational developments with the Council and the emerging priorities linked to the Sustainability and Transformation footprint.

It was noted that some actions and initiatives are on-going and in place throughout the year and rated dependent on the status. The Board reviewed the Plan and made the following points:-

- The best use of Clinical Lead’s time in light of the limited time available.
- The STP clinical input to include how clinicians will input into the process.
- The Board development session to consider the future role of the CCG requires further time.
- The mechanisms and levers to progress the primary care strategy.
- The joint working reference to be strengthened.

The Board noted the report and recognised the rapidly changing environment noting that progress will be reviewed in six months’ time.

**Action:** Chief Officer

3.2 **Operational Planning 2017/18 : Key Risks, Assumptions and Timetable**

The Head of Corporate Governance & Planning presented a verbal update on the operational planning for 2017/18 and highlighted the following:-

- NHSE guidance is expected to be published on 21 September 2016; however the understanding is that all contracts will be agreed by end December 2016 which leaves a very challenging and demanding timetable.
- Collaboration across the STP footprint to agree a single contract for each provider and a single set of commissioning intentions and operational plans to describe STPs as well as locally placed based plans.

The Chief Financial Officer reiterated the risk with the challenging timetable being lifted three months earlier in terms of loss of planning time which includes the additional element of the new STP process.

The Chief Officer added that Health Education England is supporting the STP process to develop system leadership and organisational development to enable transformational change within the healthcare system.

The Board noted the update acknowledging the tight timescale and the significant increase in workload in the organisation that this entails.
3.3 Emergency Preparedness, Resilience and Response (EPRR) Update

Corinne Edwards, Head of Commissioning Development presented the paper which provides progress on the CCG’s EPRR work plan and the self-assessment against core standards for 2016/17.

The CCG was fully compliant in 27 core standards with 3 areas rated amber for 2016/17. Action plans have been put in place to address these areas for improvement. A statement of compliance will be presented to the Board in early 2017. In terms of the work plan the key improvement areas for 2016/17 were highlighted.

Action: Head of Commissioning Development

A discussion followed on the lessons learnt following the recent ‘Bath bomb incident’t in particular around the process in calling a major incident.

The Board noted the updated work programme and the core standards self-assessment.

4. Quality – Patient Safety, Effectiveness & Experience

4.1 IFR Annual Report

Dr James Hampton, Clinical Lead presented the report which gave an update on activity from the Individual Funding Request (IFR) process for 2015/16 and highlighted:

- The continued improvements in streamlining due to Blueteq which also allows the production of more detailed reporting.
- The number of IFR requests had increased during 2015/16, with the amount of spend decreasing.
- The introduction of a rolling audit programme to ensure the criteria for procedures is being met.

The Board noted the report.

5. Performance

5.1 Finance and QIPP Report

Sarah James, Chief Financial Officer presented the Finance and QIPP report for July 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 CCG is reporting an unmitigated risk to the surplus position of £1,460k with the main driver for this excess risk due to the unforeseen pressure in the national increase in the Funded Nursing Care (FNC) rates and to note further emerging pressures around increased activity at RUH, as well as slippage in QIPP delivery.
• An in-depth review of the financial position is being undertaken together with identifying mitigating actions to address the risks.

The Chief Officer added that the newly established Finance & Performance Committee is tracking progress on QIPP with rigorous monthly monitoring and there is confidence in the schemes set to deliver this year. However it is recognised that the CCG is near to having to take difficult and undesirable actions to balance the financial position.

John Holden, Lay member raised concern the Finance paper reported that the CCG is on plan however there are significant risks emerging of a shortfall to achieving the surplus target and asked at what point the CCG will have to make difficult decisions in response to the financial pressures. The Chief Financial Officer replied that the position in the paper signals the level of risk and acknowledged that there is some risk in the region of £1.5m that there is currently no mitigating action. However detailed work has been undertaken to validate all aspects of the financial position though an internal deep dive process, and looking at the actions required to identify and secure all potential mitigations to offset the level of risk identified.

The Board noted the report and acknowledged the very challenging environment and the potential for difficult decisions to be made in the future.

5.2 Integrated Quality & Performance Report

The Head of Commissioning Development presented the Integrated Quality and Performance Report and highlighted:-

• The A&E 4 hr performance which continued to be below national and local targets
• The Interim Community Pain service which commences in October 2016 following restriction of RUH service to non-urgent patients.
• The good news in the downward trend for injuries from fall for people aged 65+.
• The increase in emergency admissions for children which is being addressed through a QIPP pilot scheme jointly funded with Wiltshire CCG for a Consultant Paediatrician led front door service.
• The challenging performance of the cancer waiting times, particularly around breast cancer, which is due to resource issues however 2 Locums have now been appointed and are making significant improvements to the waiting times
• The mental health friends and family test update which includes Talking Therapies

The Chief Officer highlighted the CCG Improvement Assessment Framework in particular noted the Learning Disabilities showing ‘requires improvement’
even though BaNES has only one individual in an inpatient setting but as we are part of BNSSG TCP for reporting the CCG is rated as underperforming.

The Board noted the report.

5.3 Operational Plan Deliverables Report Q1
Corinne Edwards, Head of Commissioning Development presented the report and highlighted the new style reporting format and the two red rated performances as A&E attendance and dementia diagnosis.

The Board noted the report and welcomed the new format reporting.

6. Governance
6.1 Risk Register
Julie-Anne Wales, Head of Corporate Governance & Planning presented the risk register which had now been reviewed and 21 risks closed. Further changes have been agreed to the structure and this will be implemented by the next report in November 2016.

Action: Head of Corporate Governance & Planning  JAW

The Board noted the risk register.

7. Sub-Board Committees
7.1 Joint Commissioning Committee
The Chair of the Joint Commissioning Committee presented the report with no further comments.

John Holden, Lay member noticed 4 clinical members were absent in the July 2016 meeting. The Chair replied that this was exceptional however acknowledged at times it is difficult to co-ordinate annual leave. Dr Elizabeth Hersch, GP representation added that the clinicians are involved at all stages of work even if not present at the meetings.

The Board noted the report.

7.2 Joint Primary Care Co-commissioning Committee Report
The Chair of the Joint Primary Care Co-commissioning Committee presented the report and added that Jean Lowe, Healthwatch Volunteer had stepped down and acknowledged thanks to Jean for her input to past meetings.

Dr Ian Orpen, Chair asked if there was any further news with regard to transformation funding. Corinne Edwards, Head of Commissioning Development replied that three new funding streams have been received by the CCG for practice development; practice resilience, vulnerable practices and GP development. A roll out of the funds is currently under review. With regard to the Estates and Technology Transformation Fund (ETTF) all BaNES schemes met the initial criteria and progress to Phase 2.
The Board noted the report.

7.3 Finance & Performance Committee
The Chair of the Finance & Performance Committee presented the report with no further comments.

The Board noted the report.

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

The Board noted the report.

8. Closing Business
8.1 Any Other Business
Daisy Curling
The Board wished Daisy Curling, GP representative all the best whilst on maternity leave.

The next BaNES CCG Board meeting held in public will take place on Thursday 10 November 2016 at the Somerdale Conference Centre, Keynsham