# Meeting of Bristol Clinical Commissioning Group Governing Body

To be held on Tuesday, 25 February 2014
At 1.30 pm in the Southville Centre

## Minutes

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| **Present:** | Dr Martin Jones | Chair of the CCG |
| | Jill Shepherd | Chief Officer |
| | Judith Brown | Operations Director |
| | Dr Kirsty Alexander | Bristol CCG Governing Body Member & North and West Locality Executive Group Member |
| | Mary Connor | Chief Financial Officer |
| | Nicola Dunn | Chief Financial Officer |
| | Steve Davies | Bristol CCG Governing Body Member & South Locality Executive Group Member |
| | Dr Ian Donald | Secondary Care Governing Body Member |
| | Dr Peter Goyder | Bristol CCG Governing Body Member & Inner City and East Locality Executive Group Member |
| | Dr Uli Freudenstein | Bristol CCG Governing Body Member & North and West Locality Executive Group Chair |
| | Dr Brian Hanratty | Bristol CCG Governing Body Member & South Locality Executive Group Chair |
| | Patsy Hudson | Lay Member for Governance |
| | Tara Mistry | Lay Member for PPI |
| | Alison Moon | Director of Transformation & Quality and Nurse Member |
| **In Attendance:** | Sarah Carr | Corporate Secretary |
| | Emma Moody | Programme Manager, Older People |
| | Mark Hayman | Associate Director of Procurement, SWCSU |
| | Claire Thompson | Programme Director, South West Commissioning Support |
| | Maralyn Carr | Senior PA (notetaker) |

### 238-13/14 Apologies for Absence

Apologies for absence were received from Dr David Soodeen.

### 239-13/14 Declarations of Interest

All GP member representatives presented declared an interest in Item 7, Commissioning Enhanced Services.

### 240-13/14 Public Question Time

Mike Campbell thanked Martin Jones for his written response to the petition presented by Charlotte Paterson at the last meeting.

Mike Campbell queried if any further information was available regarding the mental health bidding process. He also asked if a response had been made to the letter sent to the Clinical Commissioning Group (CCG) from Leigh Day, Solicitors, regarding the CCG's procurement policy.

In response, Jill Shepherd advised that an announcement of the shortlisted bidders would be made on Friday 28 February.

Sarah Carr stated that a letter from the CCG's Solicitor had been sent to Leigh Day which set out the CCG's position and refuted all claims that the procurement policy was illegal.

## 241-13/14 Minutes of the Previous Meeting and Matters Arising

The minutes of the previous meeting were agreed as a correct record. There were no matters arising.

The action log was updated and all actioned items were removed.

## 242-13/14 Chair's Report

Martin Jones advised members that following concerns raised by families about the care and the quality of the children's cardiac service at UH Bristol, and a meeting with key organisations, Sir Bruce Keogh, Medical Director of NHS England, had agreed that an independent review of the parents' concerns would take place. The Terms of Reference of the review had not yet been set, but it was likely that they would be parent led. Members were advised that cardiac outcomes data did not show the Trust to be an outlier and a large random sample of recent patient experience was positive. The CCG had previously jointly commissioned with the Area Team, Liz Childs, a former Director of Nursing and a paediatric trained nurse, to carry out a review into Trust's action plan for ward 32 post the Care Quality Commission inspection. This had provided the CCG and the Area Team with assurance that steps had been taken to address concerns. The outcome of the review had been shared with UH Bristol.

## 243-13/14 Finance, Quality and Performance Report

Claire Thompson advised members that the format of the report had been revised. It no longer contained some information presented to the Finance, Planning and Performance Committee and Quality and Governance Committee but this information was available on request.

**Performance**

Claire Thompson highlighted the following issues:

- Performance of the Independent Sector Treatment Sector (ISTC) significantly improved in February 2014. Work continued to maximise the use of the facility in 2014/15.

- The CCG's draft 2 and 5 year plans had been submitted to the Area Team and feedback had been received.

- It was expected that the CCG would meet its year end financial position, but risks existed regarding the appropriate attribution of allocations and cost pressures. Work was taking place on variances and areas of spend pressures.

- Both University Hospitals Bristol NHS Foundation Trust (UHB) and North Bristol Trust (NBT) had failed to sustainably achieve the urgent care 4 hour standard. Both Trusts had been asked to focus on ambulance handovers as part of their recovery plans. This would also improve ambulance category A response times.

- There had been underperformance in the referral to treatment standard in some areas in both Trusts. Trajectories for improvement were in place. It was noted that UHB would not achieve the referral to treatment standard in the head and neck services until quarter 2 of 2014/15.

- Both Trusts under-achieved against the diagnostic standard. This situation could be improved by increased utilisation of the ISTC.

- UHB underperformed against the 62 day cancer standard. This was partly attributable to the case mix resulting from service transfers.

**Quality**

Alison Moon reported that the Finance, Quality and Performance report contained the first quality matrix for the ISTC. 6,607 procedures had been carried out in the previous quarter and no formal complaints about care had been made or PALS contacts were received. Nine new patient reviews had been received, eight of which were very positive. The ISTC had also achieved an excellent patients' feedback score of above 90. No healthcare acquired infections were reported during the reporting period.

A discussion took place about the ISTC's referral acceptance criteria. It was noted that lack of patient information, eg current blood tests, recent echo cardiograms etc, often resulted in patients being deemed unsuitable for treatment.

Martin Jones advised that the ISTC were happy to provide anaesthetic training for GPs and a dedicated telephone line to help clarify if a patient was suitable for treatment at the facility. Uli Freudenstein did not think that training on the risk of anaesthetic would be helpful for GPs.

Mary Connor suggested that the referral and choice teams could be a link between surgeries and the ISTC.

Brian Hanratty considered that mutually designed pathways would help clarify the situation.

Martin Jones advised that discussions with the ISTC were ongoing.

Alison Moon explained that a review of the first 10 pre 48 hour MRSA bloodstream incidents assigned to the CCG since April 2013, had taken place. These infections were acquired in the community and the review showed minimal commonalities. Alison Moon suggested that it would be beneficial for the CCG to liaise with the core cities to determine what procedures they had in place to address similar issues. Alternatively, an external review could be commissioned.

Alison Moon informed members that it had been agreed that next year's local quality premium would focus on reducing the number of falls in people over 65 in the community and in local hospitals. This initiative was linked to one of the objectives in the Better Care Fund.

A consultation was currently taking place on the NICE CCG Outcomes Indicator Set for 2015/16. This had been discussed at a recent Quality and Governance Committee and the locality chairs had been actioned to send comments to Jon Hayhurst, Head of Medicines Management, by 3 March.

Uli Freudenstein suggested selecting indicators which positively impacted on other areas.

Alison Moon advised members that the CCG had set up a Bristol safeguarding group which would cover both adults and children, and was chaired by Patsy Hudson, lay member for Governance.

It was noted that UHB and NBT would not achieve the MRSA and C.Diff target this year. They had each had one case of MRSA against a zero target. NBT currently had 59 cases of C.Diff against a target of 42 and UHB had 36 cases against a target of 35. Targets for next year had not yet been received.

The response rate for the friends and family test dropped in both Trusts during the last recorded period but both Trusts were expected to achieve the 20% response rate target by the end of quarter 4. A national 25% target response rate for inpatients and a 15% target response rate for the emergency department had been set for 2014/15. In addition, a staff friends and family test was being introduced for staff in the acute trusts, the community, the Ambulance Trusts and Mental Health Trusts. It posed two questions:

- How likely are you to recommend this organisation to friends and family if they needed care and treatment?

- How likely are you to recommend this organisation as a place to work?

Members noted that Bristol Community Health operated the friends and family test but currently there was no requirement for non-NHS contractors commissioned by the CCG to use the test. Tara Mistry suggested that a gold standard could be implemented at some stage.

Peter Goyder reported that the rapid response service had referred an increased number of patients to hospital in February. The situation was currently being reviewed to determine if action needed to be taken. The medical support pilot would commencing at the end of February. Support would be provided by Brisdoc, including diagnostic support through the GPSU. This would improve the rapid response service's capability and capacity.

There was a decrease in calls to the NHS 111 service in January. Harmoni had under-achieved against the target of 98% per cent of calls warm transferred during January with performance at 74% and had under-achieved against the ambulance despatch as a percentage of total target. The ambulance flow was causing pressures in the system, and a clinician was currently reviewing ambulance referrals. Triaging straight to Brisdoc had also increased the numbers of patients referred. It was agreed that the situation needed to be monitored and managed. Martin Jones suggested that when compared to the rest of the South West the performance of NHS 111 was reasonable. Claire Thompson agreed to check.

**Action: Claire Thompson**

Ian Donald queried how quickly Continuing Healthcare cases were being dealt with. Judith Brown explained that additional staff had been recruited to deal with the case load.

A brief discussion took place about ambulance handovers at NBT.
Jill Shepherd advised that it was a complicated, multi factorial issue and the CCG had requested the CSU to focus on the urgent care flow at NBT.

With regards to the format of the report Steve Davis supported the use of the RAG rating and arrows on the NHS 111 Key Performance report but considered that it might be difficult for some people to read percentages written in colour.

**Finance**

Nicola Dunn reported that the CCG was forecasting a planned surplus of £4.9m. The main pressures in the system were acute care £4.3m, primary care £0.4m, mental health/learning disabilities £2.3m and the impact of the baseline allocative issues at £6.3m. The situation was mitigated by an underspend of £2.3m on community services, £0.245m on continuing healthcare, £0.560m on running costs and the application of the headroom contingency reserves. Nicola Dunn explained that future financial planning would be based on this this month's baseline.

Mary Connor advised members that progress had been made with the acute trusts towards agreeing the year end settlement.

Members noted that actions had been taken to mitigate the majority of risks reported on the risk register, with a small number of residual risks remaining.

The issue of the correct attribution of expenditure to NHS England for specialist commissioning was not yet resolved. Consideration needed to be given to managing the year end.

Uli Freudenstein queried if cost per case contracts would be beneficial for the CCG. In response, Mary Connor advised that either a fixed value envelop with trigger points and approaches to risk (but not a block contract) or a full payment by results contract (but not a payment by results plus contract) could be agreed with UHB. Because of the move to the new hospital it had been proposed that contracting arrangements for the first two quarters of the year should be put in place with NBT and either a payment by results or fixed envelope contract should be agreed. If a cost per case arrangement was agreed, the CCG would not expect caps on penalties and payment by results plus arrangements would be revised. Also a review of the payment by results plus elements of the contract would need to take place.

Claire Thompson reported that NHS England were commissioning specialised serviced by payment by results on a cost per case basis.

Uli Freudenstein suggested that it would be helpful for practices to operate federated models for local enhanced services.

**The Governing Body noted:**

- **the Finance, Quality and Performance Report**
- **the year-to-date financial position and the forecast outturn.**

## 244-13/14 Commissioning Enhanced Services, Transitional Arrangements Review Process Findings

Emma Moody and Mark Hayman were welcomed to the meeting for this paper.

Judith Brown advised that this paper was a follow up to a paper received by the Governing Body in November regarding the transition of enhanced services from NHS England to the CCG.

Emma Moody explained that the paper only applied to local enhanced services which would be transferred to the CCG from NHS England at the beginning of the 2014/15 financial year. NHS England provide three possible scenarios for the future of these services, either to cease the enhanced services arrangements, extend the arrangements for 2014/15 using a waiver or to procure the services.

A transitional review of these services had taken place which had produced updated specifications, information collecting and other quality requirements. It also recognised that the CCG was undertaking a review of community services across Bristol.

Consequently it was recommended that six of the enhanced services (anti-coagulation; intermediate care safe haven beds; insulin conversion; near patient testing; general practice support to care homes with nursing; recognition and management of people with dementia and their family/carers in general practice in Bristol) were waivered across into 2014/15 to maintain continuity of service provision until the community review was concluded. Three work streams were deemed not to be classified as enhanced services (primary care offer, COPD and counselling).

It was recommended that all practices should be given the opportunity to participate in the services being waivered for 2014/15.

Mark Hayward stated that organisations were currently going through change and a waiver would enable research to be carried out to identify choices and enable the right decision to be made and avoid any duplication of service provision.

Ian Donald considered that there were some areas where it would not be necessary to procure. He raised concerns about the CCG considering how enhanced services should be delivered and financed in primary care.

Brian Hanratty was of the view practices were picking up a huge amount of work for which they were not paid, for example providing chemotherapy in the community. This was putting a strain on practices' resources and some practices might not want to provide additional services.

Uli Freudenstein stated that the six enhanced services referred to above could be provided jointly by groups of practices. He considered it to be difficult to transfer work from secondary care to primary care because NHS England was responsible for commissioning primary care. Increasing practice workload also caused difficulties.

Judith Brown emphasised that work relating to community services was linked with the review of the enhanced services. She considered the waiver option would allow time to agree the right option.

Martin Jones considered that modelling should be done on how services could be provided differently and how much savings would be achieved.

Jill Shepherd requested that co-commissioning be the subject of a future Governing Body Seminar.

**Action: Sarah Carr**

**The Governing Body noted the review process and agreed to:**

- **waiver any procurement process for current Enhanced Services for 2014/15;**

- **approve the issue of standard NHS Contracts with updated service specifications for each service specification to all providers;**

- **review enhanced services for 2015/16 noting the outcomes of other local reviews for Community Health Services, the Better Care Fund and Bristol Primary Care Agreement**

## 245-13/14 Annual Reporting

Nicola Dunn introduced the report which provided members with information about the detailed process and timelines relating to the annual reporting process this year.

Members were advised that the timescales were very tight this year, both for the production of the Annual Accounts and for the Governance Statement and Annual Report.

It had been recommended that a Governing Body meeting would be convened to approve the annual report and accounts on 3 June in closed session, but members agreed that it was more appropriate to hold the meeting in open session.

Nicola Dunn drew member' attention to the questions listed in Appendix 3 and explained that they needed to be considered when reviewing the Governance Statement. Members were asked to bring this appendix to the meeting on 3 June.

Alison Moon advised members that a quality report would also be produced which would be published on the website.

**The Governing Body noted the planning processes and governance arrangements established for the approval of the Annual Accounts, the Governance Statement and the Annual report. The Governing Body noted the requirement for an extra ordinary Governing Body meeting on 3 June 2014.**

## 246-13/14 Corporate Risk Register

Sarah Carr introduced the risk register.

Members agreed that the paediatric cardiac services should be added to the risk register.

Sarah Carr explained that the risk relating to performance at NBT had been resolved but the risk relating to IT infrastructure arrangements and business continuity issues at NBT would not be resolved until May.

It was agreed that the risk relating to the impact of the Maximum Take Analysis for Specialist Commissioning needed to be reviewed.

**The Governing Body considered the risks recorded on the corporate risk register and approved the corporate risk register.**

## 247-13/14 Audit Committee Minutes 21 January 2014

Patsy Hudson explained that work was taking place to produce an internal audit plan for next year. It was agreed that the plan would be reviewed by the leadership group to ensure it focussed on the areas of greatest assurance need and then presented to the Governing Body for approval.

Alison Moon suggested that the internal audit days available to the CCG could be used to target areas where additional assurance was needed or desired.

**The Governing Body noted the minutes of the Audit Committee.**

## 248-13/14 Quality and Governance Committee Minutes 21 January 2014

**The Governing Body noted the minutes of the Quality and Governance Committee.**

## 249-13/14 Finance Planning and Performance Committee Minutes 21 January 2014

**The Governing Body noted the minutes of the Finance, Planning and Performance Committee.**

## 250-13/14 Dementia Steering Group Progress Report

Alison Moon presented the Dementia Steering Group Progress report.

Members noted that the support service for people with dementia provided by the Red Cross needed to be reviewed by the Steering Group and a decision taken about whether or not to mainstream the service.

Uli Freudenstein stated that a charge of £50 was made for each contact and he considered this to be an expensive option.

Alison Moon advised that there needed to be a continuing focus on hospital targets for dementia patients.

Martin Jones stated that one area of concern was the timeliness of social care support for people with dementia. The support given to carers and patients in the management of dementia was very important.

Emma Moody reported that the recommissioning of mental health services would result in a new dementia service.

**The Governing Body noted the report.**

## 251-13/14 Learning Disabilities Steering Group

Jill Shepherd provided members with an update on the Mental Health and Learning Disabilities Steering Group.

It was noted that information had been submitted to NHS England for the Winterbourne View concordat. It had been agreed that a seminar would take place with the local authority to review actions moving forward and to provide the Health and Wellbeing Board with an update on priorities for the Health and Wellbeing Strategy.

A one year on Confidential Inquiry event run by NHS England was taking place in London in March. A representative from the CCG was required to attend.

A drug work plan and a benefits analysis had been developed by commissioners following a mental health stakeholder engagement exercise. The plan would be developed in conjunction with Avon and Wiltshire Mental Health Partnership to ensure that inpatient beds were fully utilised and policy changes relating to the CCG's commissioning intentions were implemented.

Regular meetings were taking place between the Programme Director, Partnerships and Community Commissioning, and the Specialised Commissioning Group to support the delivery of the pathways between specialist community services and CCG commissioned services.

Work was taking place regarding the psychiatric liaison service. This linked into the better care fund. A stocktake of the service had taken place against the new recommended standard. Discussions would take place with leaders from UHB and NBT regarding the model of care and delivery model. An investment was required to bring the services up to the standard of a core service across the city which would be split between commissioners.

Ongoing work was taking place regarding the paediatric psychiatric liaison services to achieve a sustainable approach to service delivery.

Jill Shepherd stated that it was unacceptable for under 16 year olds awaiting assessment for possible mental health problems to be detained in police cells.

The new section 136 suite opened at the beginning of February. Work was now taking place to provide a better quality service for children under 16 years of age.

**The Governing Body noted the report.**

## 252-13/14 Community Services Steering Group Progress Report

Judith Brown advised members that the Community Services Steering Group was the group which focussed on reprocurement activities for the CCG.

Judith Brown explained that the children's service would need to be in place by April 2016 and the commissioning model was very complex. Current arrangements involved 2 commissioners from Bristol and South Gloucestershire CCGs, two from the local authorities and NHS England.

Work was taking place with the group to understand the commissioning model and to determine whether the procurement could include North Somerset CCG or Local Authority as future commissioners.

The adult community service would need to be in place by October 2016. Discussions had been held about the community service and consideration had been given to how it fed into the CCG's plans and affected the CCG's planning assumptions with regard to acute contracts as well as community services.

A joint CCG/City Council public event had taken place to launch the adult community services reprocurement. Consideration was now being given to how to take the engagement forward in the pre-procurement stage. At this stage public involvement was not required, but members noted that Healthwatch were keen to be involved.

A discussion took place about future workforce requirements and it was noted that an insufficient number of nurses were applying to work in primary care. Alison Moon suggested that the CCG could encourage nursing placements outside of hospital settings. It was noted that this issue would be considered by the community services development group.

**The Governing Body noted the update.**

**253-13/14 Date of Next Meeting – 25 March 2014**

**254-13/14 Motion to Exclude Public and Press**

Peter Goyder proposed that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1 (2), Public Bodies (Admission to Meetings) Act 1960. Judith Brown seconded this motion.