

**NHS Berkshire West Clinical Commissioning Group
Governing Body Meeting in Public: Tuesday 11 December 2018**

Minutes of the meeting of the NHS Berkshire West CCG Governing Body Meeting in Public 11 December 2018			
Present:	Abid Irfan Katrina Anderson Wendy Bower Saby Chetcuti Rebecca Clegg Debbie Milligan Dr Kajal Patel Dr Raju Reddy Debbie Simmons Cathy Winfield	(CCG Chair) Newbury & District GP Locality Lead (Interim) Director of Joint Commissioning Lay Member, PPE Lay Member, Governance Chief Finance Officer GP Locality Lead, Wokingham GP Locality Lead, South Reading Secondary Care Consultant Nurse Director Chief Officer	AI KA WB SCH RC DM KP RR DS CW
In attendance:	Lynn Casey-Sturt Lyndon Mead	Governing Body Secretary (Minutes) (Interim) Locality Manager, North & West and South Reading	
Item No.	Agenda		
1	<p>Welcome and Apologies The CCG Chair, Abid Irfan welcomed everyone to the Berkshire West Clinical Commissioning Group (BW CCG) Governing Body meeting; an introduction of Governing Body members present followed.</p>		
2	<p>Apologies for Absence Apologies were received from:</p> <ul style="list-style-type: none"> • Geoffrey Braham, Lay Member for Governance • Sam Burrows, Director of Strategy • Andy Ciecierski, GP Locality Lead, North & West Reading • Shairoz Claridge, Operations Director (Newbury & District) • Maureen McCartney, Operations Director (North & West Reading) 		
3	<p>Declaration of Interest AI reminded Governing Body members of their obligation to declare any interest they may have on any issue arising at Governing Body meetings that might conflict with the business of Berkshire West CCG. None declared.</p> <p>Declaration of Gifts & Hospitality AI reminded Governing Body members of their obligation to declare any offer of gifts and hospitality whether accepted or declined and the reason for accepting or declining such offers. None declared.</p>		
4	<p>Minutes of the meetings held on 13 November 2018 The minutes of the meetings held on 13 November 2018 were agreed as a true record of that meeting.</p>		

5	<p>Matters Arising/Action Log: 13 November 2018 Action log from the meeting on 13 November 2018: Updated.</p>	
6	<p>Chief Officer's Report The Chief Officer provided an update on key areas of work and assurance on matters of constitution reserved to the CO. Key points as summarised:</p> <p>Integrated Care System The Kings Fund OD programme is almost complete. The Long Term Conditions Programme Board, Planned, Planned Care Programme Board and Primary Care are revisiting its meeting architecture to align with the ICS way of working.</p> <p>The ICS Unified Executive met in November and discussed: The Urgent and Emergency Care Strategy; plans for system summits to be held on Maternity, Mental Health and Primary Care; the refreshed Communications and Engagement Strategy; Digital Alignment Workshop outputs; an approach to the 2019/20 joint long term planning process.</p> <p>Following the ICS Q2 Assurance meeting, NHSE / NHSI have recognised the progress made, and would like to support Berkshire West with moving to being one of the first systems that are 'testing' what a level three ICS could look like.</p> <p>Berkshire West 10 On the outcomes of a CQC system review, Reading Borough Council, Chief Officers of local NHS and LG organisations met on the 19 November 2018 to review the findings. The Group agreed to: Review BW10 vision and values; joint commissioning and design our Neighbourhoods. The areas identified as good practice in the report will be built upon to secure the aims it has pursued since inception.</p> <p>HSJ award The CCGs partnership working was recognised at the HSJ awards ceremony, where the Berkshire West First Stop Service was shortlisted for an award in the "improved Partnerships between Health and Local Government" category.</p> <p>Policies The following Policies were reviewed by the Management Team on behalf of the CCG; copies are available upon request: special leave policy; individual rights (personal data) policy; complaints policy.</p> <p>The Governing Body received the Chief Officer's Report and noted the updates provided</p>	
7	<p>Risk Management and Assurance To provide for review and agreement the updated November Governing Body Assurance Framework (GBAF), the related Summary Risk Profile, and the red-rated risks from the corporate risk register.</p> <p>The profile has remained static this month. This is not unusual for strategic risks, where changes often take place over a longer timescale. In November, the total number of risks on the register rose by three (four additions and one closure), and the risks reported as red remained the same, with one new red (<i>PC5 Routine referrals to</i></p>	

	<p><i>Dermatology</i>) and one de-escalation (PC1 Cancer standards).</p> <p>As previously mentioned, RC confirmed that the Risk Register was not ‘fit for purpose’ in its present form and that it is hoped a new format will be in place for the start of the next financial year, with high level risk then being reviewed on a monthly basis; following discussion and the agreement with the CCG’s internal auditors and Audit Committee.</p> <p>It was noted that the two red rated risks on the corporate risk register, pertaining to Primary Care, had not been reviewed since December 2017. Action: RC to discuss with the Director of Primary Care with a view to combining both risks.</p> <p>Discussion pointed to the recruitment issues within Dermatology at the Royal Berkshire Hospital. The consultant body for the RBH has been reduced to less than 1 wte (whole time equivalent). A high level meeting has taken place with clinical leads where it has been agreed that RBH would temporarily suspend the taking of new referrals (end of November) apart from ‘two week wait’ referrals to hospital and tele-dermatology. All surrounding Trusts have been notified and NHSE / NHSI will be advising local Practices. Action: To provide the Governing Body with assurance on the actions taken, a process review is to take place (including timescales) by the Dermatology Action Group led by Rupert Woolley, and a paper is to be presented at the next Governing Body meeting on 8 January 2018.</p> <p>The Nurse Director advised that in these circumstances a Quality Impact Assessment (QIA) takes place and informs on any decisions made; and forming part of ongoing discussions with the Trust. Action: DS to contact the Trust to confirm that her request for the RBH to undertake a QIA has taken place.</p> <p>The Governing Body noted the level of compliance with quality and performance targets and supported the actions being taken to improve performance where necessary</p>	<p>Action: RC</p> <p>Action: AI</p> <p>Action: DS</p>
8	<p>M6 Quality and Performance Report</p> <p>To inform the Governing Body of the performance against CCG Clinical Indicators for Governing Body’s information. DS summarised key areas of note as follows:</p> <p>Patient Safety</p> <ul style="list-style-type: none"> • Serious incidents: HHFT have a robust action plan in place to reduce SI’s. This is being monitored at HHFT board level and SQRM. • Never Events: One case reported at RBFT and one case reported at GWH. • MRSA: Zero cases reported for all providers for September 2018. <p>Patience Experience</p> <ul style="list-style-type: none"> • Mixed Sex accommodation: Reporting has changed to exclude the Observation Bay as agreed by the Governing Body. HHFT reported eleven mixed sex breaches. • Clinical Concerns: RBH response rate has reduced to 89% in August. BHFT reporting 100%. <p>Clinical Effectiveness</p> <ul style="list-style-type: none"> • Safeguarding training (Children Level 1): RBFT reporting 92.5%, just below the compliance target of 95% • Safeguarding Adults (All Staff): Reporting 92.4% against a target of 95%. The improvements from last month remain steady. 	

	<p>Independent providers</p> <ul style="list-style-type: none"> Safeguarding training (Children and Adults): An improvement on training compliance at Circle reporting 75% and Spire reporting 93.1% (children) 94.2% (adults). <p>RBFT Maternity dashboard summary</p> <ul style="list-style-type: none"> MLU: 17% reported for September against a target of 20%. Home births: Reporting 2% for September against a target of 4%. Methods of Delivery: There were two unit diversions in September and two woman diverted to other maternity units for delivery. Both as a result of insufficient midwives for the activity at the time. Ds advised that the process of closing Rushey is to be reviewed going forward. <p>SCAS 999</p> <ul style="list-style-type: none"> Falls: Still require a lot of improvement this stands at 55.6%, well below the target of 95%. Section 136: Conveyance within 30 minutes of call reporting 58.3% against a target of 75%. Conveyance within 60 minutes reporting 91.7% against a target of 90%. <p>Quality Assurance Visits</p> <ul style="list-style-type: none"> Crisis Service Prospect Park: DS advised members that a review is to take place on concerns raised in relation to calls going to answerphone on the 'crisis line'. Calls to the Mental Health crisis line is also being reviewed as part of the crisis pathway. The outcome will be reported to Quality Committee. <p>Urgent Care Performance</p> <ul style="list-style-type: none"> A&E four hour target: September reporting 93.7%. Planned capacity from Christmas Eve onwards to cope with Christmas and the New Year period is in place. ED Streaming: A new operating model for ED streaming has been agreed and will commence from 1 December 2018. DToC: Performance at RBH has dropped slightly for September. <p>Planned care Performance - cancer</p> <ul style="list-style-type: none"> The 62 day cancer standard: An improvement seen in September and Q1 for RBFT. <p>Quality Premium</p> <ul style="list-style-type: none"> Cancer diagnosis at early stages: Not achieving, reporting 53.36%. Hypertension: Reported data issues. <p>Members discussed the continuing issues in relation to GP streaming and concerns around its effectiveness; and whether this Service is viable in light of increasing public perception that members of the public will receive a better service at hospital rather than at General Practice.</p> <p>The Governing Body discussed and Approved the Quality Report</p>	
9	<p>M7 Finance Report</p> <p>The Deputy Chief Finance Officer gave a brief update on M7 Finance reporting. At Month 7 the CCG has reported an in year YTD and Forecast breakeven position, and has consequently achieved its required cumulative surplus position of £7.3m (YTD) and £12.5m (FOT).</p> <p>Key points to note:</p> <ul style="list-style-type: none"> Financial Performance: Over performance in acute contracts and Mental Health placements are currently offset by balances brought forward from last year, 	

	<p>prescribing underspends and savings in running costs.</p> <ul style="list-style-type: none"> • Mental, community Health Services and Continuing Care: Management of CHC process continues to be an area of financial pressure, with performance targets requiring additional resource. • Primary Care: The GP prescribing position has improved. Primary Care budgets are currently being matched to budget. • Running Costs: Corporate underspend largely related to QIPP target for running costs for the year of £750k. • Reserves and Contingencies: Of the 0.5% contingency budget, only £0.4m has been fed into the OT position at M7, with the remainder being included within the CCGs mitigations. Against the savings target, a £3.6m underperformance has been fed into the FOT. • Risks and Mitigations: Major risk related to the potential pressure on prescribing budgets (£1.1m). Leaving an unmitigated pressure of £2.0m. • Changes to Allocations: £2m ICS Transformation Fund 2018/19 of £2m. • Cost Improvement and efficiency schemes: The M5 QIPP reported that of the £16.9m savings target, only £6.2m would be achieved. However, inclusion of schemes initiated in 2017-18 increased this to £12.7m. <p>The Governing Body noted the financial plan summary paper</p>	
10	<p>BW CCG Locality Update To update the Governing Body on matters arising in the Berkshire West CCG localities (South Reading, North & West Reading, Wokingham and Newbury & District).</p> <p>The Governing Body received and noted the Locality Reports</p>	
11	<p>Terms of Reference: BW Quality Committee The Governing Body is asked to review and agree the Berkshire West Quality Committee Terms of Reference as required annually.</p> <p>The Terms of Reference set out the purpose of the Committee, reporting and accountability arrangements, its duties as delegated by the Governing Bodies, relationships with other bodies/committees, membership and responsibilities of the members, frequency of meetings, administrative arrangements and the process for review.</p> <p>The Governing Body reviewed the Terms of Reference of the Berkshire West Quality Committee</p>	
12	<p>Public & Patient Engagement/Communications Report To update Governing Body members on engagement activities by the CCG. WB briefly summarised key areas of note as outlined in the report.</p> <p>The Governing Body noted the PPE Communications Report</p>	
13	<p>Delegated Committees' Chairs' Report To provide the Governing Body with an update on matters considered, decisions made and assurance that the Committee is discharging its responsibilities in line with the Terms of Reference and CCG Constitution.</p>	

	<ul style="list-style-type: none"> Berkshire West Quality Committee <p>The Governing Body received and noted the Chairs' Report</p>	
14	<p>Any Other Business None.</p>	
15	<p>Questions submitted by the Public One question had been submitted for answer, which will be responded to in writing after the meeting has taken place. The Chair, read through the Q&A for members of the public in attendance providing clarification on the answer provided. <i>(Q&As will be published on the CCG website with the minutes of the meeting)</i></p>	
16	<p>Questions from the floor</p> <p>Q1. In response to concerns raised in respect of the lack of engagement and system wide working by the Mental Health Action Group; members advised that attendance at the MH Action Group has been hit-and-miss at times and that the CCG's intention going forward is to try and prioritise all aspects of crisis care and take through the Crisis Care Concordat Board, together with Berkshire East, to encourage and progress whole system working.</p> <p>Q2. On matters relating to maternity services at the Royal Berkshire Hospital, and concern that the maternity led unit 'Rushey' may not be available to mums due to closure; the Nurse Director advised that the reason for the closure of Rushey is due to overall staffing numbers within maternity services. DS confirmed that If Rushey is unavailable; patients will be moved to the labour ward within the RBH.</p> <p>Q3. In reply to the question on what the latest flu vaccination up-take figures are; members advised that these are available from Public Health England. <i>(please see link provided):</i> https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019</p> <p>Q4. In response to queries relating to the setting up of Patient Participation Groups and the availability of member training; members advised that this matter will be taken up for discussion with Healthwatch, outside of this meeting, and then taken to the next meeting of the PPG Chairs, in February 2019.</p>	
	<p>Meeting Closed: 11:30am</p>	