

NHS Berkshire West Clinical Commissioning Group Governing Body Meeting in Private: Tuesday 12 February 2019

Minutes of the meeting of the NHS Berkshire West CCG Governing Body Meeting in Private 12 February 2019			
Present:	Abid Irfan Katrina Anderson Wendy Bower Geoffrey Braham Saby Chetcuti Andy Ciecierski Shairoz Claridge Rebecca Clegg 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 Lay Member, Governance GP Locality Lead, North & West Reading Operations Director (Newbury & District) Chief Finance Officer GP Locality Lead, South Reading Secondary Care Consultant Nurse Director Chief Officer	AI KA WB GB SCh AC SC RC KP RR DS CW
In attendance:	Lynn Casey-Sturt	Governing Body Secretary (Minutes)	
Item No.	Agenda		
1	<p>Welcome and introductions The CCG Chair, Abid Irfan welcomed everyone to the Berkshire West Clinical Commissioning Group (BW CCG) Governing Body meeting. KS advised that she will be leaving the meeting at 10:00am to attend another meeting.</p>		
2	<p>Apologies for Absence Apologies were received from:</p> <ul style="list-style-type: none"> • Debbie Milligan, GP Locality Lead (Wokingham) • Sam Burrows, Director of Strategy • 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 8 January 2019 The minutes of the meetings held on 8 January 2019 were agreed as a true record of that meeting.</p>		

5	<p>Matters Arising/Action Log: 8 January 2019 Action log from the meeting on 8 January 2019: Updated.</p> <p>SC provided members with a verbal update on the dermatology service following the decision to limit dermatology referrals to patients on the two week wait pathway and tele-dermatology. A list of actions/solutions has been drawn up to enable a return to the routine dermatology service at the Royal Berkshire NHS Foundation Trust. Action: It was agreed that for members to understand the risk and actions more fully; a copy of the conditions is to be circulated. <i>(Post meeting note: A copy of the conditions was emailed to members on 18 February 2019).</i></p> <p>Action: LCS to add 'Dermatology' as a standard agenda item.</p>	<p>Action: SC</p> <p>Action: LCS</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>Planning On 7 January 2019 the NHS Long Term Plan (LTP) was published setting out the overarching vision for the development of the NHS in the next five to ten years. The CCG and partners will be working to develop an ICS strategy to deliver its requirements by the autumn.</p> <p>In line with the financial calendar, the CCG's operating plan for 2019/20 was submitted. The CCG is currently working on its operating plan for 2019/20 and agreement has been provided from NHSE and NHSI that the three statutory organisations can work together on a single system response to the planning requirements. This is to be presented at Governing Body for approval prior to submission on 4 April 2019.</p> <p>Action: CW to circulate 'Long Term Plan' slide deck to members Action: CW to include the 'Long Term Plan' slide deck in CO report for 12 March 2019 Governing Body meeting in public. Action: For 9 April 2019 Governing Body meeting (in private) to include a more detailed discussion on 'Planning' with members.</p> <p>Integrated Care System An ICS Primary Care summit took place on 22 January 2019; focusing on developing the neighbourhood model of working; established primary care networks, the alignment of community, social and voluntary services, and coproduction with communities.</p> <p>A public engagement event is scheduled to take place on 20 February 2019 for Patient Participation Group Chair's and Practice Managers to share information about the ICS and the role of primary care in supporting change; as well as informing on how the PPG's would like to be involved in designing our neighbourhoods.</p> <p>The CCG has been invited to collaborate with McGill University in Montreal on Alcohol issues. Students will offer two days consultancy to the Berkshire West system as part an international Masters for Health Leadership.</p> <p>A meeting of the Unified Executive took place in January and discussed: the LHCR</p>	<p>Actions: CW</p>

	<p>(Local Health and Care Record) programme; a briefing on Finance and contracting works stream and the Chief Officers' Group; EU Programmes for 2019/20; communications and engagement.</p> <p>Berkshire West 7 The BW7 Chief Officers Group met on 23 January 2019 and discussed the agreed joint priorities for health and social care. This included: co-design of neighbourhoods, enhancement of Joint Commissioning, and review of governance arrangements.</p> <p>Following CQC's system review of leadership and commissioning practices in the Reading area, the senior leadership teams from the five organisations appraised, drew up an action plan in response to the CQC findings. Once tested and clarified with partners, the action plan is to be submitted mid-February.</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 January, the total number of risks on the register remained the same (no additions or removals), and the risks reported as red remain the same. A draft strategic risk has been added and requires Governing Body input. This is to be discussed more fully under Item 8: 'EU Exit' on today's agenda.</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>	
8	<p>EU Exit Risk Register To provide for review and agreement a detailed risk register for EU Exit under a 'no deal' scenario. The Department of Health and Social care issued guidance on 21 December 2018 to all organisations outlining actions that should be taken to prepare for a 'no deal' EU exist scenario. RC guided members through the risk register that incorporates the three main actions required along with details of progress; and the CCGs required controls and actions in response to reduce/mitigate risk.</p> <p>The description or risks are as follows:</p> <ul style="list-style-type: none"> • Supply of medicines and vaccines • Supply of medical devices and clinical consumables • Supply of non-clinical consumables, goods and services • Workforce • Reciprocal healthcare • Research and clinical trials • Data sharing, processing and access • Fuel disruption 	

	<p>It was noted that the risk register is in 'first draft' and that since reporting, and following recent updates, Risk EUN001 can be downgraded.</p> <p>Action: RC agreed to circulate slides from discussions that took place on 11 February 2019 to members once received.</p> <p>The Governing Body :</p> <ul style="list-style-type: none"> • Reviewed and agreed the detailed risk register; • Noted that the CCG's business continuity plan is currently being reviewed; and • Noted the CCG's plans to undertake an internal exercise to test preparedness, resilience and response. 	<p>Action: RC</p>
<p>9</p>	<p>M8 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 and advised that for M8 the report contains only Quality data and assurance narrative.</p> <p>Patient Safety</p> <ul style="list-style-type: none"> • Never Events: RBFT reported one incident in November 18, 4 incidents YTD (1 event has been reported in December (5 YTD). • Serious incidents: RBFT reported 7 SIs in November 18, a total of 47 YTD. • Falls: One fall reported in November 18. • C.diff: RBFT reported one case in November, 12 YTD. <p>Patience Experience</p> <ul style="list-style-type: none"> • Mixed Sex accommodation: 64 breaches reported by BHFT during November. • Complaints: RBH received 28 complaints In November and 24 were closed. • Clinical Concerns: Response rate has declined this month due to lack of engagement from some areas to respond. <p>Clinical Effectiveness</p> <ul style="list-style-type: none"> • Fractured Neck of Femur: Performance continues to be a challenge with RBFT reporting 71.8% against a target of 85%. • Safeguarding training: RBFT continuing to report just below the compliance target of 95% for both children and adults. <p>Independent providers</p> <ul style="list-style-type: none"> • SI's: One SI was logged by the independent provider, however it was not until discussion with the RBH that we became aware of it this. A letter has been distributed to all independent providers highlighting the need for adherence to the contractual and national framework. A meeting has been held with both providers in order to understand the patient pathway and to allow peer scrutiny. <p>RBFT Maternity dashboard summary</p> <ul style="list-style-type: none"> • MLU: 15% reported for November against a target of 20%. • Home birth: Reporting 3% for November against a target of 4%. • Transfer Rates: It was confirmed that post-natal transfers are included in the figures. <p>SCAS 999</p> <ul style="list-style-type: none"> • Asthma care bundles: Reporting 81.0% against a target of 95%. These will be reported on a quarterly basis going forward. • Febrile Convulsion in Children: Reporting 78.3% against a target of 95%. • STEMI: Reporting 66.7% against a target of 85%. • Falls: Reporting 66.4%, well below the target of 95%. 	

	<ul style="list-style-type: none"> Section 136: Conveyance within 60 minutes of call reporting 84.8% against a target of 90%. <p>Urgent Care Performance</p> <ul style="list-style-type: none"> A&E (4 hr target): Q3 is 90% as per operating plan, NHS Target is 95%, RBH actual is approximately 88%. <p>Urgent care performance – TV IUC</p> <ul style="list-style-type: none"> 111: Performance Notice has been issued. Call answer performance continues to cause concern. A Contract. <p>Cancer</p> <ul style="list-style-type: none"> RBFT and GWH have achieved the 62 day standard in November. BW CCG has not achieved the target for 62 day waits (GP referrals). <p>Quality premium</p> <ul style="list-style-type: none"> Cancer: BW CCGs did not achieve the target for 2016-17. Blood stream infections: At the end of Q3 BW failed to achieve the annual E coli BSI target for 2018/19. Hypertension: Reporting 64,637 against a target of 67,076. <p>Mental Health</p> <ul style="list-style-type: none"> Eating Disorders: For Q1 and Q2 reporting 50.0% and 33% against a target of 95%. Dementia: Reporting 66.2% for Q2 against a target of 66.7%. <p><i>(Katie Summers left the meeting during this item).</i></p> <p>The Governing Body discussed and Approved the Quality Report</p>	
10	<p>M9 Finance Report</p> <p>The Deputy Chief Finance Officer gave a brief update on M9 Finance reporting. At Month 9 the CCG has reported an in year YTD and Forecast breakeven position, and has consequently achieved its required cumulative surplus position of £9.4m (YTD) and £12.5m (FOT).</p> <p>Key points to note:</p> <ul style="list-style-type: none"> Acute Services: At M9, RBFT is operating within its net budgets, but is indicating a net risk to achievement of between £2m by year end. Mental, community Health Services and Continuing Care: Increase in risk relating to MH placements. Management of the CHC process continues to be an area of financial pressure, with performance targets requiring additional resource. Other Commissioning Services: Tier 2 services have seen a decrease in activity related to Gastro and Ophthalmology. 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 reserve budget 6.7m is being used to offset overspends elsewhere, with the remaining £2.0m assumed spent. Much of the £6.7m offset relates to QIPP mitigations. Risks and Mitigations: Major risk related to the potential pressure on prescribing budgets (£1.4m), RBFT risk (£2.75m), and emerging pressures in MH placements. Leaving an unmitigated pressure of £5.0m. Better Care Fund: The main variances within this area are related to the pressure within the DTOC, SCAS Fragility scheme and PMO costs. 	

	<ul style="list-style-type: none"> • Cost Improvement and efficiency schemes: The M7 QIPP reported that of the £16.9m savings target, only £5.2m would be achieved. However, inclusion of schemes initiated in 2017-18 increased this to £12.9m. <p>A general discussion then followed around finances in the NHS.</p> <p>The Governing Body noted the financial plan summary paper</p>	
11	<p>Thames Valley Priority Committee Policy Proposals</p> <p>To gain approval from the Governing Body to adopt the following recommendations. Raju Reddy, Secondary Care Consultant guided members through the policies outlining the key areas of note.</p> <ul style="list-style-type: none"> • TVPC49: Primary hip and knee replacement SC advised that Newbury locality will likely amend its current policy on the guidance contained within TVPC49. • TVPC80: Primary Care Pathway for Subfertility • TVPC81: Cannabis based products for medicinal use • TVPC83: ACL reconstruction • TVPC84: Corticosteroid injections for Patella, elbow and Achilles tendinopathy. Action: RR to request that the Priorities Committee review the wording “Medial and lateral elbow tendinopathy” contained within the Policy Statement in relation to TVPC84. • TVPC85: Corticosteroid injections for pre Patella and olecranon Bursitis • TVPC8: Follow-up appointments after primary hip and knee joint replacement surgery <p>The Governing Body discussed the policy recommendations and agreed the adoption of the policies for CCG implementation</p>	Action: RR
12	<p>BW CCG Locality Update</p> <p>To update the Governing Body on matters arising in the Berkshire West CCG localities (South Reading, North & West Reading, Wokingham and Newbury & District) as outlined in the report.</p> <p>The Governing Body received and noted the Locality Reports</p>	
13	<p>Public & Patient Engagement/Communications Report</p> <p>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>	
14	<p>Thames Valley and Surrey LHCR – Partnership Agreement</p> <p>Governing Body is being asked to approve the Local Health and Care Records Partnership Agreement.</p> <p>The purpose of the Partnership Agreement is to define the commitments and obligations in respect of the TVS LCHR Programme between the partner health systems within the TVS footprint (Buckinghamshire, Oxfordshire, Berkshire West, Frimley, Milton Keynes and Surrey), noting the role of Frimley Health FT as recipient</p>	

	<p>of the national LHCR funding.</p> <p>The Governing Body considered and approved the Thames Valley and Surrey Local Health and Care Records Programme Partnership Agreement</p>	
15	<p>Delegated Committees' Chairs' Report</p> <p>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"> • Audit Committee • Primary Care Commissioning Committee <p>The Governing Body received and noted the Chairs' Reports</p>	
16	<p>Any Other Business</p>	
	<p>Meeting Closed: 11:30 am</p>	

For Approval - 12 March 2019