

## Bracknell and Ascot Governing Body Meeting in Public

### MINUTES (DRAFT)

Wednesday 08 March 2017

Venue: Council Chambers, Easthampstead House Town Square, Bracknell,  
Berkshire, RG12 1AQ

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| <p><b>Present:</b></p> <p>John Lisle (JL)<br/>Nigel Foster (NF)<br/>Sarah Bellars (SB)<br/>Fiona Slevin-Brown (FSB)<br/>William Tong (WT)<br/>Jackie McGlynn (JM)<br/>Jennie Ford (JF)<br/>Jan Glaze (JG)<br/>Sally Kemp (SK)<br/>Martin Kittel (MK)<br/>Gill Vickers (GV)<br/>Rohail Malik (RM)</p> <p><b>In Attendance:</b></p> <p>Lynn Pringle (LP)<br/>Anamika Bansal (AB)</p> <p><b>Apologies:</b></p> <p>Karen Maskell (KM)</p> | <p>Accountable Officer<br/>Director of Finance and Performance<br/>Director of Quality and Nursing<br/>Director of Strategy and Operations<br/>Clinical Chair, Bracknell and Ascot CCG (<b>Chair</b>)<br/>Clinical Director, Bracknell and Ascot CCG<br/>Practice Manager &amp; GB Member, Bracknell and Ascot CCG<br/>Nurse GB Member, Bracknell and Ascot CCG<br/>Lay GB Member, Bracknell and Ascot CCG<br/>Clinical Director, Bracknell and Ascot CCG<br/>Local Authority Representative, Bracknell Forest Council (In part).<br/>Clinical Director, Bracknell and Ascot CCG</p> <p>Business Manager, Operational Team (taking the minutes)<br/>Comms and Engagement Manager, Bracknell and Ascot</p> <p>Lay Member for PPI, Bracknell and Ascot CCG</p> |
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| Item      |   | Action |
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| <b>1.</b> | <b>Introduction</b>   |        |
| 1.1       | <u>Chairman's introduction and apologies for absence</u><br><br>Apologies received from Karen Maskell.  |        |
| 1.2       | <u>Conflicts of Interest to declare in relation to the agenda</u><br><br>There were no further conflicts of interest stated.  |        |
| 1.3       | <u>Approval of Governing Body minutes of the last meeting of 18 January 2017 and matters arising</u><br><br><u>Item 4.2 - Quality and Constitutional Standards Chair's Report including Scorecard</u><br><br>First sentence should read:<br>12 hour trolley waits for Frimley South in Month 5 – 1 breach.<br><br>The minutes of the meeting from 18 January 2017 were accepted as a true record of the meeting with the revision noted above.<br><br><u>Action Log</u><br>June H – Circulate the information from the Assurance Meeting regarding dementia |        |

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|     | <p>deep dive.<br/>Action completed and closed.<br/><u>Oct I – Write top level version of the Op plan with RAG rating and use this as a tracking report for GB</u><br/>Action completed and closed.<br/><u>Jan A – Bids made for mental health, learning disabilities, cancer and diabetes to be presented to member practices</u><br/>Action completed and closed.<br/><u>Jan B – Comms and Engagement – in light of Matthew Clift resigning from the self-care work stream ensure that links are made to ensure this work is supported for B&amp;A.</u><br/>Action ongoing.<br/><u>Jan C – Send slide presented at Cumberland Lodge event regarding pre calls on additional money.</u><br/>Action completed and closed.<br/><u>Jan D – Write a short briefing regarding funding for overseas visitors for clarification</u><br/>The first draft of this has been written. Action ongoing.</p>  |   |
| 1.4 | <p><b>Pre notified questions from members of the public</b></p> <p>There were no pre-notified questions received from members of the public received.</p>   |   |
| 2.  | <p><b>Reports</b></p>   |   |
| 2.1 | <p><u>Accountable Officer's Report</u></p> <p>There have been challenging times in A&amp;E since Christmas as is the case nationally and we have been at a higher escalation level. From Thursday last week this has substantially de-escalated, and was maintained over the weekend and into this week. The situation in terms of A&amp;E performance is largely recovered at moment. The A&amp;E Delivery Board is exploring alternative approaches to streaming 'minor' A&amp;E attendances.</p> <p>A deep dive on discharge planning is being undertaken with a particular focus on the inconsistent delays in Buckinghamshire. There has been a conversation about expanding the emergency ambulatory care so certain conditions can be removed that need more than four hours but do not need to be admitted. JL expressed his thanks to local authority colleagues for their hard work in moving the medically fit for discharge out of hospital.</p> <p>The Connected Care programme is making excellent progress, there is a phased programme of work throughout the year with the next key milestone being the flow of data from GP systems and Bracknell social care records into the Graphnet solution in March. JG confirmed that district nurses had used the system and it was favourably viewed.</p> <p><b>Action: AB to communicate an update on the Connected Care programme to members.</b></p> <p>WT requested that the sentence pertaining to MSK under the Business cases section of the AO report be revised – it is correct but the intermediate services need to be specified. JL outlined the conversation at Business Planning and Clinical Committee - that we were not getting the outcomes in terms of money and activity compared to other two CCGs. Will come back to BP&amp;CC in May 2017.</p> <p><b>Action: JL/FSB to revise the specific working of the sentence below:</b></p> <p><i>Extension of MSK hip pilot in B&amp;A to August 2017, but the intermediate services will be decommissioned at that point unless validated evidence of activity reduction is</i></p> | <p style="text-align: right;"><b>AB</b></p> <p style="text-align: right;"><b>JL/FSB</b></p> |

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|           | <p><i>forthcoming.</i></p> <p>FSB recommended that a quarterly commissioning bulletin that sets out what we have commissioned would be beneficial to send to practices to communicate more broadly what has been approved.</p>   |  |
| <b>3.</b> | <b>Strategy</b>  |  |
| 3.1       | <p><u>Sustainability and Transformation Plan Update</u></p> <p>There has been no formal feedback on the bids submitted for Cancer, Learning Disabilities, Mental Health and Diabetes. Soft feedback is encouraging for Mental Health and Learning Disabilities and Cancer. There has been no feedback for Diabetes yet.</p> <p>There are three major developments under the STP that are good news; a re-developed hospital at Heatherwood, the new maternity unit at Wexham is on target and the A&amp;E re development is on target.</p> <p>STPs are being reviewed nationally a small amount will be more favourably viewed. Frimley is likely to be one of those and we are expecting to hear formally by the end of March which systems will be pushed to move at pace. NHS England will make available some people resource to these systems. Soft indications are there will be a material amount of investment towards the financing of the plan that we have written. There will be the responsibility to transform at scale rapidly i.e. 12 – 18 months. There is a drive to reduce duplication and think at system level. NHS England are encouraging providers to think more about system outcome rather than local outcome. Assurance will be system level assurance.</p> <p>There has been a discussion with NHS England regarding the transitional period for the next 12 months and the need to flex the constitutional framework we are currently in in order to emulate what they want us to move to.</p> <p>Gill Vickers joined the meeting at 09:55.</p> |  |
| 3.2       | <p><u>Governance Review</u></p> <p>There have been consistent messages received regarding the review:</p> <ul style="list-style-type: none"> <li>• Make member meetings stronger with more Executive visibility.</li> <li>• Give more information on the fundamentals of the commissioning and pathway design process.</li> <li>• Get the public involved earlier.</li> <li>• Expand clinical leadership; look at clinical resource where it will add most value.</li> </ul> <p>Members from Bracknell and Ascot supported the move to have Governing Body meetings in common from April 2017. The list of committees has been circulated with proposed memberships and quoracy arrangements; these are different to currently what is in the constitution. There will be three public evening meetings with rotated locations. It was agreed to operate a financial risk share across East Berkshire. Primary Care Co-Commissioning Committee (PCCC) will also run as a committee in common. Proposals and recommendations that go to PCCC will be discussed at member meetings. The clinical role will provide expert insight on PCCC and will not be a voting member. The formal proposal will go to the Remuneration Committee on 10<sup>th</sup> March.</p>   |  |
| 3.3       | <u>Primary Care Delegation and Updated Constitution</u>  |  |

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|           | We are on track with NHS England to be fully delegated for primary care from 1 <sup>st</sup> April 2017.  |           |
| <b>4.</b> | <b>Assurance Matters</b>  |           |
| 4.1       | <p><u>Quality and Constitutional Standards Chair's Report including Scorecard</u></p> <p>This paper was previously taken to the Joint Governing Body meeting in February.</p> <p>RM stated that there are ongoing issues with the Out of Hours service at Sandhurst. SB clarified that they are working with the provider and CQC to aim to have all providers at least a good rating.</p> <p>Stroke – this is a real success for providers and commissioners. The rate of strokes has decreased by 25% in the last five years and these are positive changes that we have made.</p> <p><b>Action: WT requested that during SCAS discussion at Quality Committee they give an account for the reasons for missing Red1 and Red2 calls consistently in Bracknell and Ascot.</b></p>  | <b>SB</b> |
| 4.2       | <p><u>Communication and Engagement Report</u></p> <p>An A5 pamphlet which sets out the CCG's 5 year plan and provides key information went to 48,600 residents across Bracknell with the Council Tax. JL thanked Gill Vickers for her support.</p> <p>Comms have been working with the Cardiology Steering Group to support Atrial Fibrillation and a short video has been shared. All GPs in Bracknell will get a video sent by text message to go to patients.</p>  |           |
| 4.3.      | <p><u>Finance Report Month 10</u></p> <p>At Month 10 the CCG is reporting on plan, with a year-end surplus of £3,304k. There is a technicality which will mean the actual final reported surplus for the CCG will not be 2% it will be 3%. There is 1% that cannot be spent and will only be released if the Treasury agree that the NHS could balance without it being used to offset deficits in the provider sector.</p> <p>An issue to highlight is outpatient activity at Wexham. There has been incorrect billing for appropriate legitimate correct out-patient activity, and this is a pressure. Some of this pressure has been incorporated into our forecast out-turn and some not expecting to pay this year.</p> <p>There is now in place an extensive bid and opportunity tracker which will maintain all the areas where there might be additional areas to bid for funds.</p> <p>We are out to market for audit services as we have used PWC for a number of years and it is time to test the market and get the best value services. We are now starting the evaluation process and the Joint Governing Body meeting in April will see the recommendation process for ratification.</p> <p>IR35 – the rules have changed regarding who determines whether an employee should be subject to PAYE has shifted from being the responsibility of the interim worker to the employee organisation and is affecting all public sector organisations.</p> <p>There is some movement of resource in CCGs in the South of England because of the overall financial position to balance off positions which will be re-paid in Month 2 of the</p> |           |

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|     | new financial year, for East Berkshire it is £1m.  |  |
| 4.4 | <p><u>Information Governance Tool Kit</u></p> <p>This paper has been brought for assurance to the Governing Body. Each year BECCGs are required to submit Information Governance Toolkits to the Department of Health by 31<sup>st</sup> March to ensure we are secure in how we handle data. Level 2 is fit for purpose for the level of data processing we undertake and we have met this requirement.</p> |  |
| 5.  | <p><b>Questions from members of the public</b></p> <p>Two members arrived at 11.05 - AB spoke to them outside the meeting to advise on how to register with a GP practice.</p>   |  |
| 6.  | <p><b>For Note – Committee Minutes</b></p>   |  |
| 6.1 | Approved minutes of Business Planning and Clinical Commissioning Committee dated 26 January 2017.  |  |
| 6.2 | Approved minutes of Audit Committee dated 11 November 2016.  |  |
| 6.3 | Approved minutes of QIPP and Finance Committee dated 4 January 2017.   |  |
| 6.4 | Approved minutes of Information Management and Technology Committee dated 27 January 2017.   |  |
| 6.5 | The public meeting was brought to a close at 11:10.  |  |
| 7.  | <p><b>Meeting Review</b></p> <p>This item was not discussed.</p>   |  |