Governing Body Meeting in Public

Minutes

Council Chamber, Fourth Floor, Easthampstead House,
Town Square, Bracknell, RG12 1AQ

Wednesday 08 June 2016 from 9.00 am – 12.00 pm

PRESENT

<table>
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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Dr William Tong (WT)</td>
<td>Clinical Chair of B&amp;A, CCG (Chair)</td>
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<tr>
<td>Dr Martin Kittel (MK)</td>
<td>Clinical Director, B&amp;A CCG</td>
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<td>Dr Rohail Malik (RM)</td>
<td>Clinical Director, B&amp;A CCG</td>
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<td>Sarah Bellars (SB)</td>
<td>Director of Nursing</td>
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<td>John Lisle (JL)</td>
<td>Accountable Officer</td>
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<td>Nigel Foster (NF)</td>
<td>Chief Financial Officer</td>
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<td>Sally Kemp (SK)</td>
<td>Lay Member for Governance, B&amp;A CCG</td>
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<td>Karen Maskell (KM)</td>
<td>Lay Member for Patient &amp; Public Involvement, B&amp;A CCG</td>
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<tr>
<td>Jennie Ford (JF)</td>
<td>Practice Manager, Sandhurst Group Practice and B&amp;A CCG</td>
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<tr>
<td>Jan Glaze (JG)</td>
<td>Local Nurse Representative of Governing Body, B&amp;A CCG</td>
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<tr>
<td>Niki Cartwright (NC)</td>
<td>Interim Director of Strategy and Operations</td>
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APOLOGIES

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<tr>
<td>Dr Parthea Kar (PK)</td>
<td>Secondary Care Adviser, B&amp;A CCG</td>
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<tr>
<td>Gill Vickers (GV)</td>
<td>Director of Adult Social Care, Health and Housing, Bracknell Forest Council</td>
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<tr>
<td>Dr Jackie McGlynn (JMcG)</td>
<td>Clinical Director, B&amp;A CCG</td>
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<tr>
<td>Mary Purnell (MP)</td>
<td>AD of Operations Integrated Care &amp; B&amp;A</td>
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IN ATTENDANCE

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<tr>
<th>Name</th>
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<tr>
<td>Ally Green (AG)</td>
<td>Associate Director of Communications and Engagement</td>
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<tr>
<td>Zara Devine (ZD)</td>
<td>PA, B&amp;A CCG</td>
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<tr>
<td>Lynn Pringle (LP)</td>
<td>Business Manager to William Tong/Operational Team</td>
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All papers discussed at the meeting are available on the CCG website. Click here to read.
1. Introduction.

Introductions and apologies for absence were given.

1.2 Conflicts of interest to declare in relation to the meeting.

The Conflict of Interests Register was distributed for revision.

1.3 Minutes of the last meeting and matters arising.

The minutes of the last meeting were agreed as an accurate record with the following amendments:

i) Chair of the meeting was William Tong - not Sally Kemp.
ii) Page 5 item 4.3.7 – delete the KK drafting note. Clarified that blank cells indicate no assessments that month.
iii) Page 5 item 4.3.9 – Last sentence should read ‘WT suggested it did not incorporate the support of primary care professionals’.
iv) Page 5 item 4.3.11 – KM requested clarification. RM explained that the item was referring to the non-elective admissions i.e. patients being admitted onto wards specifically for Frimley.
v) The numbering is out of alignment in section 4.
vi) Page 6 item 4.3.3 – JG commented that the sentence ‘JG indicated that despite the results from the CQC it was felt that district nursing remained an issue’ could be misinterpreted. She explained it was regarding district nursing staff morale rather than the district nursing service itself. SB advised the need to be careful how this is reported because the staff survey does not represent that.
vii) Page 6 item 5.5 – the sentence WT highlighted the importance of drawing in money should read ‘drawing down money’.
viii) Page 8 item 6.22 – Second sentence – ‘WT added that member practices need not be nervous’ should read ‘WT added that member practices need not be nervous’.

Action: LP will make the revisions to the March 2016 minutes.

Matters Arising

Item 1.3.2 - Paul Sly to confirm whether CAMHS targets are currently being met or if they are forecast – action completed and closed.
Item 1.3.3 - Paul Sly to check whether there is enough public representation on the Equality and Diversity Board – action completed and closed.
Item 1.3.4 - Paul Sly to clarify the content written in the ‘End of Life Plan’ on pages 4 and 5 of the AO’s report as requested by KM – ongoing work in progress.
Item 1.3.5 - Quality reports and glossary to be in alphabetical order – action completed and closed.
Item 1.3.6 - Funding allocation distributed – action completed and closed.
Item 1.3.7 - There has been an independent of the QIPP process, action closed.
Item 1.3.8 - Prime Financial Policies – action completed and closed.
Item 3.7 - WT suggested that the work of Public Health be included in future reports.

Action: JL to explore future representation from Public Health.

Item 3.9 - Heathlands – MP to provide an update regarding integrated and intermediate care services – to carry forward to the October public meeting.
Item 4.1.1 - Mistake corrected in report for the 18 weeks standard for CCGs over trajectory – action completed and closed.
Item 4.3.6 - Acute stroke unit moving to High Wycombe – SB informed that SCAS are now on board with our plan.
Item 4.3.10 - Potential skills gaps for Junior Doctors regarding prescribing – SB reported this had been queried at CQRN and the Trust did not believe this was the case.

Item 6.2.2 - Delegated primary care co-commissioning – WT reflected the need for ongoing engagement with member practices to keep them informed. It was noted that the administrative team are sending our regular update emails to practices.

Item 6.2.3 - KM reflected that it would be useful to have a diagram to show how things work within the new structure. SK reiterated that there had been a significant change in governance arrangements so a review is valid. JL recommended a review when the structure has been in place six months.

**Action:** Review of the new structure to be discussed at the October in public meeting.

Item 7.4.11 - It would be useful if Remuneration Committee minutes were included for information. A half page summary would be useful to update members.

**Action:** Ensure Remuneration Committee minutes included for information. A half page summary would also be useful.

SB noted that it would be useful to have consistency in the minutes pertaining to actions.

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**2 Pre-notified questions from the public**

There were no pre-notified questions.

**3 Accountable Officer Report**

**Collaborative Working**

The post of Director of Strategy and Operations has been filled – the appointed person to commence on 27th June 2016. NC (interim Director) will leave early July. JL publicly thanked NC for her very considerable impact to the organisation. The Medical Director role has also been advertised and interviews are taking place on 13th June 2016. The interview panel will be WT, SB and JL.

**CCG Assurance**

NHSE Assurance meeting for Quarter 4 - East Berkshire CCGs were assessed as Good for all categories. The CCGs had previously been assured with support for most of last year. This is a significant achievement and very good progress. This process is changing, the first quarter Assurance Meeting in July will be using the New Assurance Framework.

**Primary Care Commissioning**

NHS England expectation is for all CCGs to move to fully delegated commissioning of primary care by April 2017. A key issue is ensuring that we have robust management of the perceived or actual conflicts of interest.

**System Resilience**

Two interesting elements relating to the Junior Doctors’ strike:

a) Public behaviour did change; there were a third fewer attendances at A&E, messages regarding not attending A&E appropriately had worked.

b) There was a high degree of cover from Consultants so initial interaction was with a senior staff member, time and work was saved as decisions were made at the point of arrival. The conversion rate from attendance to admission fell, even though it was anticipated this was a more sick cohort of people. The Trust and SRG will be looking at this for the design of the new model.

There is national discussion focused on delayed discharges. The three East Berkshire CCGs
are in a relatively good position, meeting the target of 3.5% but this still needs to be reduced.

Thames Valley Re-Procurement of NHS 111

The next milestone is in June when tenders will be received, it is an extensive evaluation process that will lead to the appointment of the new provider

Heatherwood Redevelopment

A letter of support has been written to Frimley Health Foundation Trust with respect to the overall plan for the redevelopment at Heatherwood Hospital site which includes provision for primary care. We will be writing a similar letter to the Board having just received the outline Business Case for Maternity Services.

Stakeholder Feedback

The response rate has improved for B&A, there were mixed responses received, themes of communication, engagement and listening came through strongly particularly from non-GP stakeholders. Considerations are underway regarding communication and engagement to help improve the stakeholder survey next year.

**Action: All – Continued stakeholder engagement.**

Adult Integrated Respiratory Team

This project is going live and is a culmination of 2 years’ work; it was very well received at The New Vision of Care.

KM queried how to gain GP Council engagement into co-commissioning. She had recently attended a Patient Insight Group and there were concerns that some learning will be lost for Junior Doctors as they learn on the job.

SK queried the consultation materials for Heatherwood; it not clear how to give feedback.

She requested an explanation regarding the Outline Business Case (OBC) for maternity. SB explained she will be attending a meeting next week to get detailed plans. This supports the national direction around having a Consultant base if you need it. The default position will be to route everyone through the midwife-led unit.

SK queried the AGM date – it was clarified that 29th September is the definite date.

**Action: AG will circulate the 360 summary.**

GP Out of Hours in Sandhurst

RM queried the sentence:

“Sandhurst Group Practice have asked the CCG to support this change as it will enable consistency and better monitoring of the service.” He emphasised they do support this change now but did not initiate it, this is important for patients to understand.

MK stated the importance of continuing communication with our members demonstrating our successes; the AGM could be a useful vehicle.

4 Quality Constitutional and Standards Report

The detailed report covers Quarter 4 issues; some of the information given at this meeting is not contained in the report as it was not available when written.

i) Work is continuing with the Ambulance Services, action plans and CPNs have been
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<td>issued; there is significant pressure with staffing. Training for Paramedics is changing from a 2 to 3 year programme. ii) Difficulties with SECAmb, this is impacting on the A&amp;E department with significant delays in turning patients around. Frimley have entered into a new way of working across the South of the patch, they are reporting delays above an hour as serious incidents and reviewing them. iii) 111 – there were significant issues with March, there is an action plan in place to address those issues. iv) Frimley South CQRM Month 12 performance - significant issue with meeting A&amp;E target in Quarter 4 especially in Month 12. They saw 100 extra admissions per month during Quarter 4 and a 10% increase in A&amp;E attendance during that period. SB has requested further information. In Month 12 there were thirteen 12 hour trolley breaches. NE Hants and Farnham issued a contract performance notice on the Trust and in April there were three. It has been noticed that Quarter 4 Month 12 was really difficult for the Trust. In March there were 37 complaints and in April there were 59 complaints. We have asked them to check if harm or clinical concern was indicated from the 12 hour trolley breaches and the other issues, there are none indicated. v) BHFT CQC inspection was very positive. Due to the number of services when CQC inspect Mental Health (MH) and Community Trusts, it is significantly harder to achieve a good rating. 20% of MH trusts are rated as good and our Trust has been rated as good. JG queried the correlation between the Dementia diagnosis rate which had declined in Quarter 4 and the closure of two care homes. NC queried whether the reason was verifiable. MK explained that one care home in Ascot was under special measures; they had to reduce their patient numbers, which may have led to a reduction in diagnosis. <strong>Action: SB to clarify the Dementia diagnosis rate which had declined in Q4.</strong> There has recently been a Dementia deep-dive at this month’s Assurance Meeting, the information from this will be circulated for those interested. <strong>Action: SB to circulate the information from the Assurance Meeting regarding the Dementia deep-dive.</strong> KM raised the concern regarding the Frimley Park A&amp;E situation - fears around staff motivation stemming from unclear high level messages causing confusion. There has been a large amount of focus on Wexham Park (WP); however a concerted effort needs to be made to continue to drive forward service at Frimley Park. SB agreed that there has been a more intensive focus on WP.</td>
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<td><strong>Strategy</strong></td>
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<td>5.1</td>
<td>Operating Plan 2016/17</td>
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<td>This is the final version of the Operating Plan that went for assurance to NHS England and is now on the website. Iterations of the Operating Plan from February/March onwards will go to NHS England to assure against a range of different parameters. The final scorecard we received was very green which is a credit to the team.</td>
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<td>5.2</td>
<td>Sustainability and Transformation Plan</td>
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<td>There is a programme of important items for B&amp;A in the Operating Plan. There are some common themes when compared with other CCGs based in East Berkshire, Surrey Heath and North East Hampshire. The sustainability and transformation planning process was created as a vehicle to recognise these commonalities which would be better addressed at scale. It is not a substitute for the Operating Plan.</td>
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The first submissions went in April regarding governance and key priorities that were emerging as common themes across the five CCGs and ten authorities that contribute, feedback for our plan is good. The five key domains set out and the plan needs to be finalised and submitted to NHS England by 30 June. There is a local leadership team in East Berkshire which feeds into the STP reference group; Sir Andrew Morris is the Chair, he is very well viewed nationally and the right choice as our Nominated Lead.

NF emphasised that the requirements for the governance of this process have changed significantly; this will not be the only version. There will be re-submissions of finances as well as the overarching document due in Autumn 2016. The digital roadmap will also be needed to be built in; this will potentially be the most detailed piece of work.

JF suggested that Practice Managers may wish to have the two plans explained within a primary care setting, she will investigate with Practice Managers.

**Action:** JF to investigate having OP and STP explained within a primary care setting with Practice Managers.

**Action:** NF requested that the additional words ‘and budget’ be added to the Operating Plan cover sheet as a formal record.

WT requested that the Governing Body recognise this document is iterative and is likely to change with time. The Operating Plan was approved and the draft Sustainability and Transformation Plan was noted.

### 5.3 Communications Update

**Heatherwood**

The website feedback is now closed and the feedback is being analysed.

**Action:** AG to circulate the two email addresses for GB members to make direct comments.

AG commented that this is a summary report and cannot reflect every piece of work. Year of Care has not been reflected in this report.

**Community Partnership Forum**

AG reported that NF gave a very interesting presentation at the forum which was very well received. The next meeting is at 6.30 p.m. on 28 July at the Memorial Hall in Old Windsor.

**Patient Panel**

This supports engagement in the various work streams being set up to deliver New Vision of Care and the STP. There are some sub-groups set up to work on a number of topics including Connected Care. Equality and Diversity – a separate group from the Patient Panel will be working on delivering objectives into action plans with the steering group from the CCG.

**Patient Assembly**

The CCG now has a regular slot on the agenda of the meetings of the Patient Assembly and maintains good relationships with HealthWatch.

**HealthMakers**

Berkshire Healthcare Foundation Trust has been selected to be the host for HealthMakers. They have good experience and skills and ideas to offer, looking at courses for self-
management, bringing in some new ideas on having some condition specific training as well as
having training more targeted for specific groups. AG confirmed there is regular
communication with HealthMakers.

Communications and Engagement Strategy

The Communications and Engagement Strategy is being reviewed and will be a much briefer
document. One of the objectives is putting much more focus on engaging member practices.

WT queried how the investment that has been made into HealthMakers has skilled-up the
patient public population and is embedded in the way we work. KM explained that people
are now actively understanding that they can give patient leadership to the lay representative
network, the Patient Assembly is also being linked with HealthMakers.

WT stated there was a relationship issue to manage in terms of HealthWatch, there was a
mechanism through HealthWatch supporting our patient assembly and this is not still being
used in terms of information dissemination.

**Action:** AG and WT to discuss HealthWatch communication after the meeting.

6. Finance and Corporate Governance

6.1 Finance Report Month 12 – March 2016

This report has formed the basis of our statutory accounts which have now been fully audited
by external auditors. There is the usual table to show key movements from previous month
and, necessarily at Month 12, there are more items in the list than usual.

WT queried Month 12 Report Page 3 – Key movements – Other community services – deficit
on Henley Suite and pension liability. NF explained this related to Thames Valley Hospice
and employers contributions on the NHS pension scheme increasing.

Finance Report Month 1 – April 2016

There is little activity data to report, with everything reporting to plan. Month 2 will start to
see some variation. We are in a tight position, a focus on QIPP delivery will be important.
The Better Futures for All Programme was discussed. It was initially agreed that £997k
would be used for this programme; however, this is now unlikely to happen. NF is working
on a number of solutions to mitigate that issue; it should come through formally in the new
two months.

SK publicly thanked Nigel Foster, Debbie Fraser and the team for the huge amount of work
undertaken with the Annual Accounts. WT thanked the whole team for the outcome of
Quarter 3 and 4 Assurance rating as good with NHS England. WT requested NF to
investigate national statistics and comparisons relating to delivery of QIPP and how this
matches against our performance.

**Action:** NF to investigate national statistics and comparisons relating to QIPP targets.

NF stated it is worth noting to the Governing Body that part of his structure has been vacant;
AD of Contracts and Performance and Head of PMO – these vacancies have been filled with
interim staff. The responsibility for the delivery of QIPP is for the whole organisation.

7 Committee Minutes

7.1 Quality Committee – the minutes were received.

KM stated an issue of how to fit in the statutory training requirements into her workload. JL
clarified that an email had been sent out today regarding the list of required training with links to the appropriate website, it is mandatory training and he would expect compliance.

| 7.2 | Strategy & Planning Committee – the minutes were received.  
SK informed the meeting that there is a change from the position recorded in the minutes. The position recorded was the governance lay members would attend Finance and QIPP meetings; this is only for the Audit Chair who is the WAM Lay Member for Governance. SK does not attend the Finance and QIPP meeting but deputises when required. |
| 8 | Any Other Business |
| 8.1 | Questions from members of the public.  
The one member of the public present queried the lack of attendance by members of the public to this meeting and how this could be addressed. WT responded that different venues and timings have been tried but we are hoping to improve public attendance. |
| 8.2 | There was no other business from Governing Body members. |