

Governing Body Meeting (in Public)

**DRAFT Minutes of the meeting held on Tuesday 12th March 2019 from 15:40 – 17:00
In the Remenham Room, De Vere Beaumont Estate, Old Windsor, SL4 2JJ**

Present:		
Dr Andy Brooks	AB	Clinical Chief Officer, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Dr William Tong	WT	Clinical Chair, East Berkshire CCG
Dr Jim O'Donnell	JO'D	Slough Locality Lead, East Berkshire CCG
Dr Jackie McGlynn	JMc	Bracknell and Ascot Locality Lead, East Berkshire CCG
Dr Huw Thomas	HT	GP GB Member, East Berkshire CCG
Arthur Ferry	AF	GP GB Member, East Berkshire CCG
Sally Kemp	SK	Lay GB Member, East Berkshire CCG
Dr Martin Kittel	MK	GP GB Member, East Berkshire CCG
Dr Adrian Hayter	AH	Windsor, Ascot and Maidenhead Locality Lead, East Berkshire CCG
Dr Nithya Nanda	NN	GP GB Member, East Berkshire CCG
Clive Bowman	CB	Lay GB Member, East Berkshire CCG
Dr Mike Hoskin	MH	GP GB Member, East Berkshire CCG
Dr Lalitha Iyer	LI	Medical Director, East Berkshire CCG
Jonathan Pettit	JP	Head of Financial Management and Reporting, East Berkshire CCG
Apologies:		
		Deputy Director of Finance
Debbie Fraser	DB	Local Authority GB Member (RBWM)
Angela Morris	AM	Local Authority GB Member (Bracknell)
Nikki Edwards	NE	Local Authority GB Member (Slough)
Alan Sinclair	AS	GP GB Member, East Berkshire CCG
Dr Nuzhet A-Ali	NA	Director of Finance, East Berkshire CCG
Nigel Foster	NF	Secondary Care Consultant, East Berkshire CCG
Amanda Wellesley	AW	
In Attendance:		
Lynn Pringle	LP	Business Manager, East Berkshire CCG (taking the minutes)
Melissa Fitzgerald	MF	PA to Alex Tilley and administrative support to the Primary Care Team
1.	Introduction	Action
1.1	<p><u>Chair's introduction and apologies for absence</u> (Dr William Tong)</p> <p>WT welcomed everyone to the meeting and apologies for absence were received and noted as above. The meeting was declared as quorate.</p>	
1.2	<p><u>Conflicts of Interest to declare in relation to the agenda</u> (Dr William Tong)</p> <p>There were no further conflicts of interest noted.</p>	
1.3	<p><u>Draft Minutes of the last public meeting held on 14 November 2018 and</u> (Dr William Tong)</p> <p>WT thanked Dr Adrian Hayter for his hard work undertaken as a Board member on the Governing Body over the last few years; this is the last meeting he will attend as a governing body member.</p> <p>The minutes of the meeting held on 14 November 2018 were accepted as a true record of the meeting.</p>	

	<p>Matters arising –</p> <p>3.1 – Emergency Preparedness, Resilience and Response Framework (EPRR) – action complete and closed.</p> <p>4.1 – Visit to Prospect Park – action complete and closed.</p> <p>4.1 – Full Quality Report to be sent with papers for Governing Body meetings – action complete and closed.</p> <p>5.1 – SB to request the Medicines Optimisation Team to provide the prescribing information across the CCG to ensure openness and transparency – action complete and closed.</p>	
2.	Clinical Chief Officer's Update	
2.1	<p><u>Clinical Chief Officer's Report (Dr Andy Brooks)</u></p> <p><u>Patient Story</u></p> <p>SB summarised a patient story regarding a patient in a Care Home. The patient knew his requirements from a care point of view but the Care Home were not listening to the patient. He knew that the incorrect cream was being applied in the wrong place. When the Care Home Pharmacists visited the Care Home they discovered a vast quantity of medications that were not needed but were being re-ordered. The Care Home Pharmacists have educated staff and the patient is now managing most of his requirements himself. AB highlighted the connection with maintaining the quality function first then the correct finance will follow.</p> <p>AB outlined the new East Berkshire CCG forward priorities and logos. The patient story is a very good example of <i>Person</i> – of how listening to individuals is important - they can take control of their own health and wellbeing which is the correct thing to do.</p> <p>There will be a presentation from AH around <i>Place</i> and the wider determinants, to be working more collaboratively with our colleagues around natural communities.</p> <p><i>Engage</i> – we have been working with our member practices, staff, local people and other stakeholders so services are informed by their needs, views and behaviours.</p> <p><i>Integrate</i> – working collaboratively with Integrated Care Systems (ICS) and the NHS 10 year plan.</p> <p>There have been recent publications regarding new GP contracts and in particular the focus around primary care networks; the clear steer is that they have been described as the building blocks that make up the ICS. The Frimley ICS has helped to shape the national thinking around this work.</p> <p>AB reflected the importance of bearing in mind how we relate our work to primary care networks and the ICS; the financial context is more challenging than it has ever been. There is also some early thinking regarding the national proposals for legislative changes with every part of the system working together.</p>	
2.2	<p><u>Windsor, Ascot and Maidenhead Locality Update (Dr Adrian Hayter)</u></p> <p>AH reflected upon the journey the CCG has undertaken over the last few years and the hard work that has happened to enable further improvements within the system. AH thanked all Governing Body members whom have contributed to the journey and worked collaboratively.</p> <p><u>Patient Story</u></p> <p>AH outlined a patient story which recognised that the work of Windsor, Ascot and</p>	

	<p>Maidenhead is not just for the people which live in the Royal Borough. At the beginning of January 2019 AH saw a patient called Jim. He had not been to see his GP very much and was in his 70s – he was a resident in Englefield Green. AH suspected there was something wrong with Jim as he was gaunt and jaundiced. He was a fiercely independent gentleman and lived on his own in a flat. He was referred on a two week rule to cancer of unknown primary. This was a fantastic service with a response in a couple of days from a nurse who asked if Jim would like to be investigated on the Frimley or Wexham site. Jim’s scan was completed within the two week timeframe; he had metastatic cancer which had spread throughout his body. His anticipatory care plan and end of life care plans were discussed in the MDT meetings at the practice. He was treated for a pulmonary embolism at the ambulatory care unit at Wexham and did not have to stay in hospital. Jim deteriorated quite rapidly and the district nurse advised Jim would not be safe to stay at home. AH visited Jim at home; Jim knew he needed extra help and did not want to stay home alone. AH spoke to Thames Valley Hospice and asked for care for Jim, the Medical Director explained there were no beds but one of the nurses would visit Jim that evening. The next morning Jim was admitted to the Thames Valley Hospice. Jim had received first class care and his story was not by chance; if we can do this for Jim we can do this for other people.</p>	
3.	Quality and Performance	
3.1	<p><u>Quality Report</u> (Sarah Bellars)</p> <p><u>Areas of concern</u> - Heath Hill – a number of concerns are continuing to emerge and the Quality Team are working with them to address these concerns.</p> <p>Never Events and repeated Never Events – there have been identical errors on the same surgical list one month apart; the CCG is working towards a solution.</p> <p>IG incidents – this CCG compares as average with other CCGs; there are a couple of areas where we could have done better.</p> <p>Safeguarding – please click on the link in the report to read further information. We are working with our three local authorities to define what the new safeguarding arrangements.</p> <p><u>CCG Constitutional Standards</u> - CHC – information regarding CHC is coming through the transformation programme. CYP Eating Disorders – Discussions are taking place with BHFT and partners in Berkshire West to see what service we can offer both in 2019/20 and 2020/21. Urgent Care performance – remains at the higher end of the national picture. Mixed sex accommodation – we are expecting a downward trend in Nov/Dec. Ambulance performance – there has been a slight dip but compared with national averages performance is much greater.</p> <p>Frimley has been inspected by the CQC and they have retained their Outstanding rating – Wexham Park and Heathwood have received a Good rating. Fleet also received a Good rating. Maternity received a Requires Improvement rating around patient safety in relation to staffing; there were 71 occasions where they did not meet the national expectation.</p>	
3.2	<p><u>Board Assurance Framework</u> (Sarah Bellars)</p> <p>CB raised a question in relation to risk number RS08 – <i>IF we do not commission high quality and cost effective models of care, which offer improved value for money transformational plans THEN we will be unable to achieve improvements in performance, meet continued demand for healthcare and meet the</i></p>	

	<p><i>ongoing financial challenges – business intelligence data is not always timely.</i></p> <p>This risk has a long history of being red and has now moved to a net risk rating of orange. FSB clarified that there are actions in place with the business intelligence teams and a contract with the CSU. The quality and timeliness of data has also improved.</p> <p>SK raised a question in relation to risk number RS03 – <i>IF we do not have a local workforce with the right skills and capacity THEN this may impact on the ability of local service providers to deliver high quality care. Also the necessary level of transformational change to deliver sustainable models of care - lack of alignment of workforce plans across multiple transformation programmes at CCG and ICS level .</i></p> <p>SB stated that we have a Local Workforce Action Board looking at the programmes and trying to align them accordingly.</p>	
3.3	<p><u>Communications and Engagement Strategy (Sarah Bellars)</u></p> <p>The Governing Body reviewed and approved the updated Communications and Engagement Strategy.</p>	
4.	Finance	
4.1	<p><u>Finance Report for Month 10 (Jonathan Pettit)</u></p> <p>At Month 10 the CCG reported a year to date surplus in line with plan. The position has moved further adversely to accommodate the ICS wide agreement with Frimley Health – a £3.3m cost pressure.</p> <p>Further cost pressures have been accommodated from other acute contracts; these are mitigated by the release of prior year surplus accruals from non-recurrent programmes.</p> <p>Month 11 is continuing to report on plan, within that position we have settled a contract with Royal Berks which is slightly below the figure we were forecasting. The continued movements around the continuing healthcare transition is noted in the paper.</p>	
5.	Committee Minutes	
5.1	Approved Minutes from Finance and QIPP Committee held on 26 th October 2018.	
5.2	Approved Minutes from Finance and QIPP Committee held on 20 th November 2018.	
5.3	Approved Minutes from Governing Bodies' Committee in Common held on 22 nd November 2019.	
5.4	Approved Minutes from Audit Committee held on 7 th September 2018.	
5.5	Approved Minutes from Audit Committee held on 9 th November 2018.	
5.6	Approved Minutes from Business Planning and Clinical Commissioning Committee held on 18 th October 2018.	
5.7	Approved Minutes from Business Planning and Clinical Commissioning Committee held on 20 th November 2018.	
5.8	Approved Minutes from Primary Care Commissioning Committee held on 12 th September 2018.	
5.9	Approved Minutes from Primary Care Commissioning Committee held on 14 th November 2018.	
5.10	Approved Minutes of Quality and Constitutional Standards Committee held on 6 th November 2018.	

	Governing Body noted the minutes as above.	
7.	Any Other Business.	
7.1	There was no further business discussed.	

The next Governing Body Meeting in public will be held on 9 July 2019 from 14:00-15:30 at Bracknell Open Learning Centre

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