NHS
Buckinghamshire
Clinical Commissioning Group

NHS BUCKINGHAMSHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY (IN PUBLIC)
14 June 2018, 10:30am
Jubilee Room, Aylesbury Vale District Council, the Gateway, Gatehouse Road, Aylesbury, HP19 8FF DRAFT

Governing Body Members Present:		
Dr Raj Bajwa (Chair)	GP Clinical Chair	**RB**
Dr Rebecca Mallard-Smith	Clinical Director Unplanned Community Care	**RMS**
Gary Heneage	Chief Finance Officer	**GH**
Tony Dixon	Lay Member / Chair of Finance Committee	**TD**
Graham Smith	Lay Member, Chair of Primary Care Commissioning Committee	**GS**
Colin Seaton	Lay Member, Patient and Public Involvement	**CS**
Crystal Oldman	Registered Nurse	**CO**
Dr Robin Woolfson	Secondary Care Specialist Doctor	**RW**
Debbie Richards	Director of Commissioning and Delivery	**DR**
Nicola Lester	Director of Transformation	**NL**
In attendance		
Russell Carpenter	Head of Governance/Board Secretary (minute taker)	**RC**
Hannah Mills	Director of Contracts, Performance and Assurance	**HM**
Dr Christine Campling	Clinical Director – Planned Care Contracts and Maternity (item 6 only)	**CC**

1&2.	**Welcome & Apologies**	**Lead**
	Apologies received: • Dr Graham Jackson, Member GP • Karen West, Member GP/Clinical Director Integrated Care • Louise Patten, Accountable Officer • Robert Majilton, Deputy Chief Officer • Robert Parkes, Lay Member / Deputy Chair / Chair of Audit Committee	
3.	**Declarations of Interest in items on this meeting's agenda**	
	The Chair Dr Raj Bajwa (RB) reminded the meeting of obligations to declare any Conflict of interest they may have on any agenda items. RB noted that declarations previously made by members of the Governing Bodies are listed in the CCG's Register of Interests published on the CCG website. https://www.buckinghamshireccg.nhs.uk/public/about-us/how-we-make-decisions/registers-of-interests/ RC confirmed there were no commissioning decisions on the agenda for which there were material conflicts of interest. The meeting was otherwise quorate in line with the requirements of the adopted constitution in order to discharge item, relating to ratification of sub-committee terms of reference.	
3.	**Review and Approval of Minutes:** **a. Meeting minutes – 12/04/2018** **b. Action Log/Matters Arising**	
	The minutes were approved as an accurate record.	

	As regards the action log, DR confirmed that a number of open actions had now been addressed as part of ongoing development of the Quality and Performance Committee and therefore these were now closed. This was agreed.	
4.	**Questions from the public**	
	There were no questions received, either in advance or on the day.	
5.	**Clinical Directors presentation**	
	CC introduced herself and provided a presentation on maternity in Buckinghamshire. These minutes include questions raised and responses, so do not repeat what is in the presentation itself. This is available on the CCG website: https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/05/06.-Maternity-GB-Pres-June-2018.pdf CCG Highlighted early booking figures: Exceeding target of 90% - 16/17 – 95% (15/16 - 93%). RB commented this was excellent and to be celebrated. CCG they have their own smoking cessation service and have access to "Live Well Stay Well" TD commented on efforts to capture early patients going to BHT, but also asked about patients going to Wexham Park and how they are captured as part of local strategy. CC expected the STP (Sustainability and Transformation Partnership) at Buckinghamshire, Oxfordshire and Berkshire (West) level to be working on. CC added she would reflect this back to the local maternity strategy steering group. RB added the Frimley STP would likely be undertaking similar and therefore it would be useful to be sighted on it. CO queried breast feeding rates and national comparison. CCG replied these are good and we are not an outlier nationally. Some women in parts the county are not served as well, an issue we are addressing through the strategy group. CO also noted national concern in relation to falling numbers of health visitors and local visibility on this in relation to maternity services. CC replied that workforce is a huge difficulty, health visiting and midwifery. Many midwives are older and near retirement, with fewer than desired new recruits. We did well locally last year and have been able to over recruit. In reply to CO query about where they now train, RMS replied it was through Luton and Dunstable. DR added if KW were here, she would have said she was delighted to have received a presentation from the head of Midwifery at BHT at Quality and Performance Committee. This was able to describe strategic developments and operational challenges. Evident from this was close working between BHT and other maternity services Heads of Department; to link about births with antenatal services which may be provided by different providers. One of the benefits of the ICS is to work with Buckinghamshire County Council on what integrated joint commissioning looks like, so we will have in post a single system commissioner for families (rather than under public health) to afford greater visibility. RMS highlighted Skin to skin for babies in theatre (Breastfeeding), though noted many women do not want this. Some feel guilty, whilst others don't feel supported to achieve it with numerous alternative bottle products on offer. Are there any plans to improve this level of support? CC replied she was not aware	

	of any but will feed this back to the maternity steering group. NL queried reducing admission rates less than 44 days to neonatal, and whether not knowing why this is an issue is because it hasn't been looked at, or has been looked at but a cause can't be established. CC replied that to her knowledge it hasn't been looked at, and there is a need to understand it. RB added it is counterintuitive to all other quality improvements demonstrated. RB noted good clinical data had been demonstrated with a comprehensive system based strategy, and therefore gives good assurance, and thanked her for her contribution and wished her well in her forthcoming retirement.	
	Leadership and Governance	
6.	**Accountable Officer's Report and System Working Update**	
	GH covered this item in absence of LP and RM. <u>Annual Reports and Accounts</u> The Governing Body agreed at its meeting in public in March 2018 to delegate authority to approve the Draft accounts and annual report to the Audit Committee on 16 May 2018 and for final approval of any changes to the Chairs, Chairs of the Audit Committee, Chief Officer and Chief Finance Officer on behalf of the Governing Body. This process has now completed. The National Annual Reporting Guidance requires the Governing Body to approve the final Annual Reports and Accounts. NHS England has also informed all CCGs to publish their Annual Report and Accounts in full on their public website. As publication on the CCG website is scheduled to take place tomorrow, 15 June 2018, approval of the final reports and accounts took place in confidence prior to this meeting in public. By 30 September 2018, in line with constitutional requirements, the CCG must hold a public meeting (AGM) at which the Annual Report and Accounts are presented. <u>Annual General Meeting (AGM)</u> Our constitution also requires publication of notice of the Annual General Meeting (AGM), a meeting of the governing body in public once in each year, at least 28 days before it takes place. This is scheduled for Saturday 28th July 2018 from 11am to 3pm in the Floyd Auditorium, Postgraduate Education Centre, Henry Floyd Building at Stoke Mandeville Hospital. It is a joint open day themed event in conjunction with Buckinghamshire Healthcare NHS Trust. The agenda will include our annual reports and accounts, and also likely describe a number of improvements to patient outcomes achieved within the 12 months of the financial year 2017/18. ICS Partnership Board met this week (Tuesday 12 June 2018), covering: <u>ICS Care Model Development</u> This is moving into detailed design and implementation phase with the blessing of the ICS Partnership Board, whose members represent the senior ICS partners.	

	ICS Operating Model This describes how a future integrated care system would work. Although it acknowledges that there is acceptance and willingness to work in an integrated and collaborative way from senior ICS Partner organisations, it also recognises there is much work still to do on communications, and we now have support in place through Buckinghamshire County Council to do this. ICS System Partner/OD Group Update Meanwhile, an Organisational and development workforce group continues to lead workforce development, including: • Education & Development • Recruitment & retention • Talent management • Workforce planning The group is also overseeing the procurement of a strategic partner for workforce development. Shadow to full ICS: status: We will continue work to achieve full ICS status in-year.	
	Decisions	
7.	**CCG merger/constitution: sub-committee terms of reference** **a) Executive Committee (26/04/18)** **b) Finance Committee (30/05/18)** **c) Quality and Performance Committee (17/05/18)** **d) Remuneration Committee (30/05/18)** **e) Audit Committee (30/5/18)** **f) Primary Care Commissioning Committee (01/03/18)**	
	The Governing Body was asked to: Appointments to roles of Chair for Finance Committee and Audit Committee: 1. **CONFIRM** appointments to the roles of Chairs of Finance and Audit Committees as described below. 2. **CONFIRM AND AGREE** amendments to appointments as described below. 3. **NOTE** additional statutory compliance as described. Terms of Reference for Sub-Committees: 1. **RATIFY** its sub-committees terms of reference, updated aligned to CCG merger, recommended by each of the committees. 2. **NOTE** a separate review of the scheme of reservation and delegation across the CCG linked to Financial Recovery may prompt future amends to delegated decision making for some committees. This is anticipated to report to Finance Committee in July for report to Governing Body in August. However the timing of this does not delay formal ratification of terms of reference. 3. **NOTE** as regards the Governing Body itself; it does not now have separate terms of reference as these are wholly incorporated into the Constitution. RC described the above, highlighting best practice that terms of reference and reviewed at least every 12 months. This has been undertaken for all sub-committee in line with merger from 1 April 2018.	

	In relation to the Audit Committee, RC highlighted that although its terms of reference are also wholly incorporated into the Constitution, it requested to keep its own separate terms of reference and so are included for ratification. A summary table describes amendments, with each sub-committee approving its own terms of reference prior to ratification. Given ongoing development of the ICS, these are likely to be subject to ongoing review. CO queried whether there are any general practice nurses on the Primary Care Commissioning Committee and whether there was a missed opportunity. NL replied we are focusing on the GMS contract, but as we further develop the ICS this will likely to subject to further review. RB acknowledged this as a fair challenge. RW queried equality and diversity as mentioned in the Executive Committee but not within the others. NL replied that the equality and diversity steering group is not shown within organisational governance. RB that this is a challenge and that there is a role for all Committee Chairs to ensure this is adequately and effectively addressed through the discharge of their functions. Ratification was agreed.	
Assurance and Governance		
8.	**GBAF and risk management update (including risk of resource and capacity for a successful integrated care system)**	
	Governing Body was asked to: 1. **REVIEW** the content of the latest Governing Body Assurance Framework (GBAF) 2. **ASSURE** itself over GBAF completeness, validity of scores and appropriateness of mitigating controls, assurances and actions. 3. **NOTE** updates and escalations to our most extreme risks. RC noted circulation with the papers of an assurance report. RC noted members will be familiar with our routine reporting process, and that since last reported a number of risks have been closed on the basis that current scores were broadly matched to what had been deemed as acceptable. RC noted the Corporate Risk Register had been reported to the Executive Committee on its quarterly cycle in May with a number of escalations subsequently reported to Governing Body. It is evident what our high level risks are, and given lengthy discussions elsewhere particularly in relation to the financial position, the GBAF reflects our known risks and mitigations in place. RC welcomed questions. There will be a need to continually review our risks as we further develop the ICS and how the statutory organisations have a consistent approach to sharing risks, acknowledging current variation in formats. TD acknowledged that it is important to ensure we continue to monitor our financial risks.	
9.	**Finance Report (Month 1)**	
	GH introduced this item, noting the report related to Month 1 and not Month 2 as indicated on the agenda. There is no formal reporting requirement for Month 1. GH emphasised that a 30 April submission for our plan, which has submitted with as £15.5m deficit – which is an improvement upon our underlying position of a £33m deficit. We have a QIPP target of £21.4m, just above 3%, and we	

	are working as hard as we can to deliver this. There will be a formal report to follow for Month 2. GH also provided a contracts update; these are all now agreed. Only Oxford Health is outstanding but we are almost complete on this as well.	
10.	**Discretionary Spend Approvals Report (Month 2)**	
	The Governing Body was asked to: 1. **NOTE** assurance report provided on CCG discretionary spending. RC noted this continues our now routine reporting given financial recovery, with a clear process for all requests for discretionary spend. The report summaries decisions taken which fall within the delegated authority to the Chief Finance Officer, although many applications are subject to discussion at Senior Management Team meetings which do not have any collective authority. GH noted an expectation of all line by line spend as it expected by our regulators; any spend over £50k has also to be approved by the Finance Committee. RB welcomed the transparency provided by the report.	
11.	**Quality and Performance Report (end of 17/18 report)**	
	DR introduced the item, highlighting familiarity with the reporting format. DR noted next steps in 18/19 as this is a yearend report. DR noted usual reporting by exception, but on this occasion DR provided a summary overall with some reasonable achievements at year end. There will be a revised format, being led by Hannah Mills (Director of Contracting and Assurance) which will further address a number of points raised throughout the year. In terms of headlines, DR highlighted cancer remaining a priority. The 62 day referral target was not met, yet screening targets were. 62 days is a priority, so much so that Buckinghamshire Health NHS Trust (BHT) has invited NHS Improvement on site to help them with a further review on what they can do to improve those pathways. In terms of RTT, it is of note we did not achieve 92% at yearend – rather 90.89%, despite funding additional activity. Members were assured we continue to monitor this. In 18/19, there are a number of system priorities for elective work. Our focus on demand management will continue. There were 74 over 52 week waiters throughout the year, in each case the relevant Trust has been contacted to ensure that each patient has a treatment date. The number of over 52 week waiters has significantly increased compared to the previous year (21). Only one of these patients was at BHT. Colleagues will be aware of work with Oxfordshire colleagues in this area. RB asked if we track the patients that have not met target to ensure there has been no clinical harm. DR replied this forms part of the duties of the CCG quality and safety team. DR continued: the A&E target was not met by any of our providers in 17/18. The national conclusion however was that, over the winter, this was never the less the best planed for winter. Without winter plans and initiatives such as NHS 111, we would have likely seen greater demand. NHSE have now published clinical outcome measures which are time standards; the first time they have been published and allow us to benchmark at STP and England levels. This will be included in a future report.	

	We are planning for this winter with national drive to focus on patients who are "stranded" (in hospital more than 7 days) and "super stranded" (in hospital more than 21 days). We are working closely as a system to ensure we have effective processes. BHT has launched a new improvement programme internally "care fully" that we are participating in. We need also to improve non-elective at Wexham Park, with development of a southern locality facing programme to support this. Our 24/7 OOH service also went live in April. The performance has been good to date. We can also announce our Minor Injury and Illness Unit (MIIU, at Wycombe Hospital) to be designated as an Urgent Treatment Centre (UTC) from July. Through 111 patients can be booked direct, which is also being supported to ensure it has sufficient staff capacity at peak times. RB noted plans to strengthen OOH offer to southern Bucks patients. RMS replied by September we expected a new OOH base for Southern locality facing patients, with plans for East Berkshire based staff to support Southern practices and vice versa across area boundaries. This will support A&E flows. RW asked whether this helped manage demand, RMS felt it does so long as the communications (to promote it) are effective. RB added the geography should help as patients would be able to drive past a new OOH base for the area. DR drew attention to P92 of the papers showing system actions identified within the performance trajectory for 18/19. BHT and the CCG are required to submit operating plans including this, and how it may impact on 4 hour performance. DR emphasised the level of planning to ensure we understand out improvement initiatives and subsequent outcomes, and how this maps against our season profile of non-electives. We must also re-visit provider's elective programmes, and pull more elective work into July to November period to improve winter bed availability and patient experience. During the year with moved to the Ambulance Response Programme (ARP) programme for ambulance performance. We have not achieved consistently, but we have actions regionally and locally to support the provider. One of our Clinical Directors has also undertaken an audit on category 3 and 4 which don't need A&E to improve pathways. We are also continuing to monitor GP triage, and drive down handover delays at hospitals. DR announced we have exceeded 55% requirement for 17/18 for completion of annual health checks for learning disabilities RB commented this is notable. TD queried whether it is reasonable for GP triage to reach 100%, or otherwise what an acceptable target would be. DR replied we would like to achieve 100%, but when we look at practice level numbers are often small which can skew the figures. At CCG or acute provider level we can see a bigger picture. We would rather focus on driving improvement than percentage improvement. RW asked about links between acute mental health and ED, and whether the service is responsive. DR replied we have a psychiatric liaison service on site; the attainment for seeing patients within 1 hour emergency, 4 hours urgent or 24 hours on a ward, the mental health trust has routinely exceeded those stands. Our challenge is timely sourcing of acute mental health beds when required. We have delegated our out of area placements to our acute provider to source the most appropriate bed, though we know improvement is required here.	

12.	**CCG Safeguarding Annual Report (includes child protection and Looked After Children)**	
	Governing Body was asked to: 1. **NOTE** for assurance the annual CCG safeguarding report for 16/17 provided, which demonstrates that the former separate Aylesbury Vale and Chiltern CCGs were fulfilling their statutory duties in relation to safeguarding. 2. **RECEIVE** for information links to a number of related safeguarding reports including local safeguarding adults and children's boards. Due to a change in running order, Gilly Attree (Designated Nurse Safeguarding Children) was not available to talk to the paper. RC noted the formality of the report having been circulated with papers, and other reports submitted to other statutory boards. This has also been discussed by the Quality and Performance Committee. DR added that she had presented at a recent seminar.	
13.	**Approved minutes and Q4 workforce report**	
	These were noted (refer to agenda for details) NL also re-enforced the details of the AGM as announced previously.	
14.	**Next meeting/AOB**	
	Date and Time of the next meeting: 12 June 2018, Jubilee Room, Aylesbury Vale District Council, the Gateway, Gatehouse Road, Aylesbury, HP19 8FF, 10.30am to 12.30pm.	

Acronyms

A&E	Accident and Emergency	IFR	Individual Funding Request
ACHT	Adult Community Health Team	IG	Information Governance
ACO	Accountable Care Organisation	KLOE	Key Lines of Enquiry
ACS	Accountable Care System	LMC	Local Medical Committee
ADSD	Attention Deficit Hyperactivity Disorder	LPF	Lead Provider Framework
AF	Atrial Fibrillation	M	Million
AGM	Annual General Meeting	MAGs	Multi Agency Groups
AQP	Any Qualified Provider	MCA	Mental Capacity Act
ASD	Autism Spectrum Disorder	MCP	Multi-speciality Community Provider
AT	Area Team	MK	Milton Keynes University Hospital Foundation Trust
AVCCG	Aylesbury Vale Clinical Commissioning Group	MCP	Multispecialty Community Provider
BAF	Board Assurance Framework	MusIC	Musculoskeletal Integrated Care
BCC	Buckinghamshire County Council	NHSE	NHS England
BCF	Better Care Fund	NHSi	NHS Improvement
BAF	Board Assurance Framework	NOAC	New Oral Anticoagulants
BHT	Buckinghamshire Healthcare Trust	OCCG	Oxfordshire Clinical Commissioning Group
BAME	Black and Minority Ethnic	OOH	Out of Hours
BPPC	Better Payment Practice Code	OUH	Oxfordshire University Hospitals NHS Foundation Trust
CAMHS	Child and Adult Mental Health Services	OPEL	Operational Pressures Escalation Level
CCCG	Chiltern Clinical Commissioning Group	PACS	Primary & Acute Care Systems
CDIF	Clostridium Difficile	PAS	Patient Administration System
CFO	Chief Finance Officer	PB	Programme Board
CHC	Continuing Health Care	PBR	Payment by Results
CIP	Cost Improvement Programme	PIRLS	Psychiatric In Reach Liaison Service
COI	Conflict of Interest	PLCV	Procedures of Limited Clinical Value
COPD	Chronic Obstructive Pulmonary Disease	PMS	Personal Medical Services
CPA	Care Programme Approach	POD	Point of Delivery
CQC	Care Quality Commission	POG	Programme Oversight Group
CQRM	Contract Quality Review Meeting	PPE	Patient & Public Engagement
CQUIN	Commissioning Quality & Innovation	QIPP	Quality, Innovation, Productivity & Prevention
SCWCSU	South Central and West Commissioning Support Unit	QIS	Quality Improvement Scheme

CSIB	Children's Services Improvement Board	QOF	Quality & Outcome Framework
CSP	Care & Support Planning	QNI	Queens Nursing Institute
CSR	Comprehensive Spending Review	PCCC	Primary Care Commissioning Committee
CSU	Commissioning Support Unit	RAG	Red, Amber, Green
K	Thousand	RBH	Royal Berkshire Hospital
DES	Directly Enhanced Service	RCA	Root Cause Analysis
DGH	District General Hospital	REACT	Rapid Enhanced Assessment Clinical Team
DOLS	Deprivation Of Liberty Safeguards	RRL	Revenue Resource Limit
DST	Decision Support Tool (CHC)	RTT	Referral to Treatment
EDS	Equality Delivery System	SCAS	South Central Ambulance Service
EOL	End of Life	SCN	Strategic Clinical Network
F&F	Friends and Family	SLA	Service Level Agreement
FHFT	Frimley Health Foundation Trust	SLAM	Service Level Agreement Monitoring
FOT	Forecast Outturn	STP	Sustainability & Transformation Plan
FPH	Frimley Park Hospitals NHS Foundation Trust	SUS	Secondary Uses Service
GB	Governing Bodies	TOR	Terms of Reference
GMS	General Medical Services	TV	Thames Valley
HASC	Health and Adult Social Care Select Committee	TVN	Tissue Viability Nurse
HASU	Hyper Acute Stroke Unit	TVPC	Thames Valley Priorities Committee
HETV	Health Education Thames Valley	UECN	Urgent Emergency Care Network
HWBB	Health & Wellbeing Board	YTD	Year to Date
ICS	Integrated Care System		
ICU	Intensive Care Unit		