

Report to the NHS Somerset Clinical Commissioning Group on 18 June 2020

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 30 January 2020	Enclosure B
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Version Number / Status:	N/A
Executive Lead	James Rimmer, Chief Executive
Clinical Lead:	Dr Ed Ford, Chairman
Author:	Kathy Palfrey, Executive Assistant to the Governing Body

Summary and Purpose of Paper

The Minutes are a record of the meeting held on 30 January 2020. They are presented to the NHS Somerset CCG Governing Body, and also published in the public domain through the NHS Somerset CCG website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

Recommendations and next steps

The NHS Somerset Governing Body is asked to **Approve** the Minutes of the meeting held on 30 January 2020 to confirm that the Chairman may sign them as a true and correct record.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: https://www.somersetccg.nhs.uk/publications/governing-body-papers/			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 30 January 2020.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 30 January 2020** at **Wynford House, Lufton Way, Yeovil, BA22 8HR**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Dr Jayne Chidgey-Clark Sandra Corry Lou Evans	Non-Executive Director, Registered Nurse Director of Quality and Nursing Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Dr Jo Nicholl	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer	Chief Executive
In attendance:	Lucy Baker	Director of Service Delivery BANES, Swindon and Wiltshire CCGs
	Judith Goodchild	Chair, Healthwatch (Observer)
	Maria Heard	Programme Director, Fit For My Future
	Marianne King	Associate Director of Human Resources and Organisational Development
	Dr Alex Murray	Clinical Director, Fit For My Future
	Alison Rowswell	Deputy Programme Director - Fit For My Future / Neighbourhoods and Community Settings of Care Lead
	Sophie Wainwright	HR and Recruitment Lead Officer
	Sandra Wilson	Chair of the Somerset Patient Participation Groups (PPGs) Chairs' Network
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body

SCCG 011/2020

INTRODUCTION

Dr Ed Ford, Chairman, welcomed everyone to the Meeting, in particular, Lucy Baker, Dr Alex Murray, Alison Rowswell, Marianne King and Sophie Wainwright, all of whom would be joining the meeting to present their particular agenda items.

SCCG 012/2020

PUBLIC QUESTIONS

Note: All Public Questions are minuted anonymously unless the person raising the question has provided specific consent for their name to be published.

- 1 Mr Paul Callan, Member of the Public: (not present: question received in advance by email)**

Do the Governors condone the present arrangements whereby direct access to The Audit Committee by members of the public is impossible?

Governors may recall that I made a 200 mile round trip to Frome at the end of November 2019 to ask a question to seek clarification on the amount of money which the CCG is spending on External Management Consultants.

I stayed for most of the meeting, but was obliged to leave before the end. I wished to obtain further details from the Chairman of the Audit Committee as to what exactly was being done under the heading of “external consultancy”

I therefore contacted the CCG to try and make direct contact with the Audit Committee by email. I was advised by James Rimmer that all contact must be made via the CCG. I wish to bring to the attention of Governors that I believe that this arrangement - whereby the CCG act as “gatekeepers” to the Audit Committee - is seriously flawed, from a risk management perspective.

If my understanding of matters is correct – if a member of staff or the public wished to express serious concerns about any member of the management team of the CCG – it appears that under the current arrangements the CCG could intercept and potentially ensure that the concerns were prevented from being aired.

For the avoidance of doubt I have no reason to doubt the integrity of any of the senior management team of Somerset CCG. However, the present arrangements do appear to be seriously flawed. It seems to me that if at a future date there

were to be legitimate concerns, then under the present arrangements they could be prevented from being aired.

I therefore ask the Governors to consider a system whereby a direct line of communication is available to the Audit Committee (with a copy to CCG) to prevent any future occurrence of the scenario described above. I would also like to place on record my opinion that if the Governors do not take this course of action, and there is a subsequent issue of concern about the Senior Management team, then a degree of culpability might be attached to the Governors for being warned about the risk and not mitigating against it.

Finally could the CCG confirm whether the results of the external consultants' work is in the public domain?"

Lou Evans and Alison Henly responded as follows:

Process for Dealing with Queries

In line with best practice, the CCG have developed internal processes for dealing with queries from the public. These are dealt with through the corporate office to ensure all responses are responded to with the same high quality and within appropriate timescales. All queries are reviewed by the appropriate executive director within the CCG and the Chief Executive. If necessary, the query or respective actions are directed to the appropriate committee to review, as is the case with the monthly report for spend in excess of £25k which has been discussed at the Audit Committee and an update is included within the core brief.

Question 1: Mr Callan was asking the Governing Body to consider a system whereby a direct line of communication is available to the Audit Committee (with a copy to CCG) to prevent any future occurrence of the scenario described above

The CCG has developed the terms of reference for the Audit Committee in line the best practice set by HM Treasury and NHS England, neither of which have their Audit Committees in public. This has been followed up through the CCG External Auditors, who have also confirmed that it is their belief that the CCG Audit Committee is not a public meeting.

In terms of ensuring that the focus and discussions of the Audit Committee are open and transparent, the core brief following the meeting is included within the papers of the Governing Body which we are considering today.

The CCG has appointed BDO LLP as the CCG's internal auditors and counter fraud advisors, with Grant Thornton providing external audit services. This gives independent assurance to the CCG on the design and operational effectiveness of the CCG's processes and controls.

The Audit Committee reviews its terms of reference on an annual basis, using the HFMA Audit Committee Handbook as a reference point in line with other organisations in the NHS.

The summary of the internal, external and counter fraud work programmes are included in the core brief and a summary of the annual work programme is also included within the annual report, which includes both the terms of reference and attendance at the Audit Committee and a summary of the work completed during the financial year. This takes the form of the Head of Internal Audit opinion for the financial year and a summary of all audits and advisory pieces of work carried out by the internal auditor during the year with any recommendations and respective actions taken.

The Annual Report also includes the full annual assessment by Grant Thornton, the CCG external auditors, which is a statutory audit focused on the preparation of the CCG's financial statements, value for money arrangements and statutory duties. The scope for this audit is consistent across all External Audit Providers to ensure each CCG is reviewed in the same way.

Question 2: Mr Callan asked if the CCG could confirm whether the results of the external consultants work is in the public domain

The work carried out by Attain has recently supported the development of the Long Term Plan for the 2020/21-2023/24, which we have reviewed and considered as a Governing Body. The public facing document to support this is currently being developed by Attain and will come back for review and approval in due course.

Attain are also supporting the CCG, three foundation trusts (namely, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust) and Somerset County Council in moving forward to develop an Integrated Care System to support our forward thinking on system development to ensure we are fit for the future.

Attain have supported and developed the governance arrangements across the system, making sure we have

developed a coherent plan for Somerset, on which we have recently been praised by NHS England.

James Rimmer clarified that the CCG has interpreted Mr Callan's use of the word 'Governors' to mean the Non-Executive Directors.

There were no further public questions.

SCCG 013/2020 APOLOGIES FOR ABSENCE

There were no apologies for absence.

SCCG 014/2020 REGISTER OF MEMBERS' INTERESTS

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic database as at 20 January 2020.

Dr Jo Nicholl reported that her partnership at Preston Grove Medical Centre concluded on 15 December 2019. However, she would be undertaking locum work from February 2020 and also project work with Symphony. The electronic register would be updated.

The Chairman reminded Governing Body members that they should update the electronic database within 28 days of an Interest becoming known (or relinquished), or reconfirm their Interests on the database if they have not done so within the past four months. Governing Body members should also update the Gifts and Hospitality database.

Action 758: Governing Body members to update the electronic database as appropriate (All)

SCCG 015/2020 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest may be able to take part in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by Lou Evans, Vice Chairman, or – in his absence – another Non-Executive Director.

There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

SCCG 016/2020

**MINUTES OF THE EXTRAORDINARY PART A MEETING
HELD ON 16 JANUARY 2020**

The Meeting received the Minutes of the Extraordinary Part A meeting held on 16 January 2020. The Minutes were approved for signature by the Chairman as a true and correct record, subject to the following amendments:

Cover Sheet: against 'Governance or Legal', amend to read
'The Minutes are the formal record of the meeting held on *16 January 2020*'

Page 15: Grahame Paine's name was spelt incorrectly – to be amended.

It was confirmed that the actions arising in the Minutes would be added to the action schedule.

Action 759: Minutes and action schedule to be amended accordingly (Kathy Palfrey)

SCCG 017/2020

**MINUTES OF THE PART A MEETING HELD ON 28
NOVEMBER 2019**

The Meeting received the Minutes of the Part A Meeting held on 28 November 2019. The Minutes were approved for signature by the Chairman as a true and correct record, subject to the following amendment:

Cover Sheet: against 'Governance or Legal', amend to read
'The Minutes are the formal record of the meeting held on *16 January 2020*' (Kathy Palfrey)

The Chairman confirmed that the action schedule would be updated to reflect the transfer of work following the departure of David Freeman on 20 January, and to incorporate further updates from leads and Directors as they arise.

Action 760: Minutes and action schedule to be amended accordingly (Kathy Palfrey)

Sandra Corry provided an update on action 749, "How does the 150% increase in FIT (Faecal Immunochemical Test) uptake convert to patient numbers?", as follows:

Our FIT uptake was 25 per month. It is now 180 (so the percentage has changed since the last meeting) and we are

now a regional exemplar. 80% of these tests are negative, which means the patient does not usually need a two-week wait referral or invasive test. From the statistics sent in July, we know that one person in Somerset was diagnosed at stage 1 or 2 who would not otherwise have been referred on a rapid diagnostic pathway - this is a life saved. With the increase in uptake, there will now be more. Not only is there a significant benefit to patients, there is also a financial benefit: a FIT test costs £6.50 compared to £400 for a colonoscopy.

Referring to action 742, Alison Henly provided a response to the question "Would Somerset CCG support an alternative Inpatient Unit for the dying of Yeovil and surrounding area?" as follows:

The Governing Body was reminded that the decision to close the inpatient unit was made by St Margaret's, but that the decision was in line with the CCG's policy to provide care closer to patients in the community and their own homes.

The CCG is working directly with a number of nursing homes in the Yeovil area to provide targeted end of life support and training – this should be in place within the next few months. In addition, with our support, St Margaret's Hospice has been working closely with Somerset Partnership NHS Foundation Trust to provide specialist palliative inpatient support into a number of community hospital bases in the South Somerset area.

Together with St Margaret's Hospice and our NHS providers, our focus continues to be on finding ways to provide more support for people to enable them to remain in their own homes if they wish to do so. A new specialist doctor post has been created to work in the community by St Margaret's. This means patients can now be seen by a specialist doctor in the community who will also have direct conversations with GPs, carers and families. We also plan to roll-out a new rapid response end of life community-based nursing service over the next few months, starting in South Somerset.

There are no immediate plans to commission new hospice beds specifically within Yeovil itself. In principle, we would consider a proposal for an alternative service offer if a viable proposition was put forward, but given the previous challenges we would need to consider future staffing and financial sustainability.

Lou Evans asked who would be leading the 'Weekly Operational Look Forward (WOLF)' following the departure of David Freeman: James Rimmer responded that WOLF is a

system group and is now being led by Matthew Bryant, supported by the Associate Director for urgent care.

Referring to action 729 concerning south west consultants and their tax/pensions, James Rimmer reported that this issue is being picked up nationally and would therefore be closed on the action schedule.

SCCG 018/2020

MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 17 SEPTEMBER 2019

The Meeting received the Minutes of the Annual General Meeting held on 17 September 2019.

The Governing Body requested that the following amendments be made to the Minutes:

- Attendance record to include Dr Jo Nicholl

David Heath queried the reason for bringing the AGM Minutes to a Governing Body meeting for approval, rather than the Minutes being approved at the next AGM:

Action 761: James Rimmer agreed to review this with Kathy Palfrey and Dr Ed Ford.

Post Meeting Note: It is proposed that the draft AGM minutes are endorsed in a Governing Body meeting by members whilst the event is still fairly recent so that they can be published in good time. The draft minutes will then be available to the public and formally signed off as approved (or amended) at the following year's AGM. This enables timely review and publication whilst ensuring the appropriate meeting formally adopts and approves the minutes.

SCCG 019/2020

CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which sets out the Chairman's activity schedule since the last meeting and incorporates the Patient Experience dashboard.

The Governing Body supported the programme of work as outlined in the Chairman's report.

SCCG 020/2020

CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

The Meeting received and noted the Chief Executive's report. James Rimmer highlighted the following:

- the national GP survey is now live. Last year, Somerset GPs received very high ratings. PPGs will be interested to

promote the survey amongst the patients at their particular practice

- the Somerset system has been very busy during the current winter period and has escalated to OPEL 4 (Operational Escalation Level 4) on at least one occasion. The system has been praised for its response, with Acute Trusts, primary care and social care colleagues working well together
- good work is taking place locally on recruitment and retention: we acknowledge YDH (Yeovil District Hospital NHS Foundation Trust) on the progress made in overseas recruitment. 2020 is the year of the nurse and midwife and there is a good opportunity to promote this.
- Somerset has declared a climate emergency – the NHS plays a significant part in sustainability and we will play our part
- the report includes a snapshot of James Rimmer's diary, where James has represented the CCG externally

David Heath asked if any clear guidance had been issued nationally regarding the coronavirus and if the CCG's contingency plan had been adjusted to find room for quarantined patients:

James Rimmer confirmed that plans are on standby for activation in Somerset, and Trudi Grant, from a public health perspective, felt assured that the Somerset system is well placed to respond. Some of the planning is similar to other outbreaks in the past, and posters are being produced to promote public awareness. Sandra Corry advised that good scenario testing had recently taken place with providers, and each understands their role in the event of an outbreak of corona or other virus in the area. Work is taking place internally and in the event of an outbreak, the emergency response plan will be fully activated.

Trudi Mann asked about Public Health contact with local public schools, given Somerset's contingent of Chinese students. Trudi Grant confirmed that public schools have been contacted and contingency plans have been made in the event that the students are unable to return to/from China for/following the half-term break.

Wendy Grey asked about the impact of the system pressure escalation: Alison Henly advised that this would be discussed later in the meeting but that Directors of Finance across the

system have committed to deliver the financial target.

Lou Evans asked for a weekly update on the coronavirus position in Somerset: James Rimmer said this would be done internally, and as and when any issues arise, the Governing Body would be brought up-to-date.

SCCG 021/2020

BANES, WILTSHIRE AND SWINDON MATERNITY SERVICES UPDATE

The Meeting received a paper providing an update on the BANES, Swindon and Wiltshire (BSW) Transforming Maternity Services Together Programme. Lucy Baker joined the meeting to provide a verbal report and presentation and it was noted that:

- Somerset CCG has been involved with this programme from the outset, over the past three years
- much time has been spent discussing with mothers, families and staff about how they would like to approach their pregnancy and post-birth
- much transformational work has been undertaken to support transitional care to keep mothers and babies together; work continues to be progressed in the local community to support vulnerable people, and investment has been made in a new perinatal service
- BSW has followed the full NHS England service reconfiguration process and has now reached the 7th and final stage of assurance:
 - * a review has been undertaken by the Clinical Senate (a panel of experts) and the proposals were accepted
 - * a travel impact assessment was completed, together with additional challenging tests
 - * the University of Bath, together with an Independent Expert Panel, reviewed and accepted the recommendations: BSW was grateful for the support of the midwife from Somerset CCG and the consultant from YDH
- the case for change was brought about because BSW didn't feel they were meeting the needs of their patients: there had been an increase in the number of mothers at higher risk, and mothers at low risk were increasingly

opting to go to an obstetrics unit rather than a freestanding midwifery unit, due to a fear of transfer in labour

- in the BWS area, only 2% of mothers opt for home births
- there are currently four freestanding midwifery units in the BSW area, at Paulton community hospital, Trowbridge, Chippenham and Frome: in October 2019, only three babies were born at the unit in Paulton; nine in November, and six in December
- due to low useage, it had been necessary to constantly move staff between the units: the number of midwives was right but they were not always in the right place to meet the need
- the formal consultation lasted for 15 weeks. 1,000 responses were anticipated, 1,850 were received
- 66% of respondents strongly agreed or agreed with the proposal to create 'alongside' midwifery units
- there are five post-natal beds at Paulton and four in Chippenham; they are relics of an historical model of care and are not used 95% of the time
- there was a proposal to replace these beds with a more holistic model; however 70% of respondents disagreed. 59% of respondents disagreed with a reduction in the number of freestanding midwifery units
- the consultation was generally very positive, with people really wanting to get involved. Many comments were raised about parking at Royal United Hospital Bath (RUH)
- the recommendations are:
 - * to create an 'alongside' midwifery unit at RUH
 - * to create an 'alongside' midwifery unit at Salisbury
 - * to support births at two (Frome and Chippenham) rather than four of the freestanding midwifery units
 - * that no babies will be delivered at Paulton or Trowbridge after April 2020
 - * to improve and better promote the home birth service

- * to replace the five community post-natal beds at Paulton
- * to enhance ante-and post-natal care
- the biggest risk to the programme is a lack of capital funding to meet the cost of £6 million
 - * BSW have prepared a bid for capital funding and a campaign will be launched in February to raise charitable funds
- there is also a risk around public opinion, and an event has been arranged in Paulton on 6 February to reassure people about the proposed changes: also, to reassure staff
- the next step is to undertake further engagement with local mums, families and staff to co-design what the new services will look like

Sandra Corry expressed her thanks to Lucy Baker for the report and presentation and invited the Governing Body to raise any comments or questions:

Dr Jayne Chidgey-Clark welcomed the co-creation of the solutions for the post-natal beds and felt that the case for change was very robust. Dr Chidgey-Clark hoped that Somerset CCG could adopt the learning from BSW's processes.

Wendy Grey asked how the development would impact on staff:

Lucy Baker responded that the number of midwives is correct, they are just not in the right place. The reduction in the number of midwifery units will increase continuity of care for the patient, who remains the priority. Staff in generally are excited about the proposals, understanding that they will better meet the needs of new mums.

Trudi Grant asked if continuity of care extended to health visitors: Lucy Baker advised that it did not, but the community hub models would provide increased benefit. For example, the Shepton Mallet community hub would be a fully integrated midwife-primary care-health visitor hub, and would also serve to combat any feelings of social isolation.

David Heath asked if the work on community hubs had been integrated with the neighbourhood networks to ensure a seamless position:

Lucy Baker advised that BSW is working through the issues to understand what a Primary Care Network will look like. BSW and Somerset share RUH staff and BSW will be keeping those strong links in place.

Sandra Corry noted that the model around the post-natal beds supports the whole family, not just the mother, and also fits well with the safeguarding agenda. Sandra confirmed that BSW and Somerset CCG will continue to work together on this programme.

By a show of hands, the Governing Body endorsed the co-created recommendations from the Transforming Maternity Service Together programme.

Lucy Baker left the meeting.

SCCG 022/2020

FIT FOR MY FUTURE: PROPOSAL TO ENGAGE ON NEIGHBOURHOOD AND COMMUNITY SETTINGS OF CARE

The Meeting received a paper setting out Somerset CCG's proposal to engage on the vision for neighbourhood and community settings of care (NCSoc). Dr Alex Murray and Alison Rowswell joined the meeting for this item.

Maria Heard reminded the Meeting that Fit For My Future (FFMF) is a joint strategy with Somerset County Council (SCC), the three Foundation Trusts, voluntary and community sector organisations. There is an ambition to:

- shift focus to prevention
- keep people as healthy as they can be
- tackle inequalities
- integrate services
- recognise that mental health is as important as physical health
- support more people at home
- provide the right care at the right time
- create healthy neighbourhoods and provide support in the community
- provide access to specialist services as and when necessary

Maria Heard also reminded the Meeting that health and care services are being reviewed for the entire population of Somerset (approximately 580,000) and the intention is to bring care as close to home as is practical. This is in line with the long term plan and there is also an ambition to consolidate the bed base. The proposal to engage on Mental Health services was approved by the Governing Body on 16 January 2020 and the purpose of today's presentation was to discuss the joint vision for NCSoc.

Dr Alex Murray and Alison Rowsell provided a verbal report and presentation and it was noted that:

- our population, and the support they need, is changing - people are living for longer and with long term conditions
- we want greater focus on prevention and recovery in community services and to ensure that health and care services in Somerset are the right ones for the future
- we need to address recruitment and retention: there is a significant challenge in primary care, and in maintaining safer staffing in hospitals. We have a high level of agency staff
- 66% of people could be cared for in an alternative environment to hospital: we have a rapid response and home first service which are very effective
- much of the community hospital estate requires improvement and significant investment will be needed to make them fit for purpose
- early engagement in autumn 2018 indicated that people want more health and care services locally and more care at home. People felt that services are disjointed and need improvement
- when people need care, we want to provide this in the most appropriate place to meet their needs, to help them regain independence or provide additional support, eg. in their own home, a short-term stay in a residential or nursing home, or in a community hospital
- there is an emerging vision to move to prevention and early intervention, and also to improve same day urgent care
- early thinking on same day urgent care:

- * people will be able to contact a range of services, eg. NHS 111 and social care, supported by a clinical assessment service, which will in turn pass the patient to a professional for support eg. to direct patients to the correct information, book an appointment or call an ambulance. Emergency calls (999) will also be used in the triage service, and, if a primary care professional believes a 999 call is required, they will organise it
 - * GP-led Urgent Treatment Centres (UTC) will provide additional services compared to existing Minor Injuries Units (MIU), eg. walk-in and bookable appointments 12 hours per day, seven days per week, diagnostic tests such as X-ray and blood tests
 - * to locate UTCs in community hubs, bringing together a range of outpatient, diagnostic and other services, or within existing emergency departments, reducing travel times
 - * UTCs will cost more to run than MIUs and will need a larger workforce. We will be unable to afford or staff as many UTCs as the current number of MIUs
 - * if UTCs are introduced, we will need to reduce the number of hospital beds. There would be fewer UTCs than MIUs. The aim would be to use the money released by these measures to provide wrap-around services
- We want to hear from the public: what do they understand? What do they think of the vision? What changes would they like to see?

Wendy Grey asked if there were any plans to develop UTCs around Taunton and Yeovil, as well as in community hubs. Wendy Grey also asked about complex care and how this fits with the prevention agenda:

Dr Alex Murray responded that no decisions have been made to-date. There is an option to have a co-located UTC with A&E departments, but we must ensure that the service is available and accessible to the whole population. Complex care includes the integrated health and care team, and social care will be embedded.

David Heath expressed concern that we are engaging with the public – which we have to do – but that we are only talking in conceptual terms. People will want to know, “What does this mean for me?” but we have neither answers nor options from

which they might draw a conclusion. There is therefore a risk that people will interpret the discussion in the worst possible, rather than the best possible, way. David Heath expressed a preference to delay the consultation until the various options are clear, so that people could relate to something real.

Responding, Maria Heard stated that, following discussion with other areas, the key message is that the public must be taken on board at an early stage – hence, our reasons for engaging between now and Easter. The feedback from those discussions will be taken into the options’ development stage.

Maria Heard advised that, in terms of next steps, we will undertake the initial engagement period (until Easter) and we will be independently analysed by Participate. The pre-consultation business case will be presented to the Governing Body in September, at which point the options for formal consultation will be available. The formal consultation will take place over a 12-week period and the finalised business case will be brought to the Governing Body in April 2021.

David Heath agreed that the process was not an issue; however, the exercise raises questions without any answer about “What does it mean for me?”

Dr Alex Murray agreed with David Heath and stated that we are very aware of the challenge being faced in local areas. We must be very clear about the current service configuration, where – aside from acute hospital admission - the only option is for patients to be accommodated in a community hospital inpatient bed. Although community hospital bed numbers may be reduced, the intention is that – despite this reduction – (and everyone is attached to a ‘bricks and mortar’ type facility) - we will need to change the location of health and care services.

Dr Jayne Chidgey-Clark asked if there would be an easy-read version of the engagement documents, and noted that they do not mention the younger population or hard-to-reach groups. Dr Chidgey-Clark felt that real focus should be upon these cohorts as they will be the older generation in the future:

It was confirmed that an easy-read engagement document is being prepared. Sandra Corry confirmed that the CCG has been working closely with the [formerly] Children’s Trust to ensure they are an active part of the engagement process, and agreed that the child’s voice must be heard.

Dr Jo Nicholl suggested that it would be helpful to include digital ways of contacting primary care, in particular, so that patients don’t have to repeat their stories:

Alison Rowsell agreed and stated that reference is made to this in the document. We are looking at digital horizon-scanning to ensure that this is embedded in the future model.

Lou Evans asked if the data analysis undertaken in 2016 by Optum was being used to extrapolate the future requirement for services, and about the social care/services funding:

Dr Alex Muray confirmed that the CCG has been working with the information provided by Public Health. In terms of funding, this will come either from social or health funds.

Trudi Grant agreed that people will want to know what is happening with their health and care services. The public must understand that they need to start taking responsibility for their own health. There will need to be a shift of resources away from Level 4 'Inpatient or Emergency Care that requires on site specialist services', and towards the Level 0 'Living Well' element. Trudi Grant suggested that Somerset CCG look at the offer from NHS Wigan and Borough CCG.

Trudi Mann noted that Level 0 – although feeling like a 'lesser' level – is actually the most important. Trudi Mann also queried why neither prevention nor social prescribing were included in the paper:

Dr Alex Murray suggested that 'prevention' can be interpreted as either Level 0 or Level 1 ('I think I need some help and information') – but in either case, the term is not favoured: similarly social prescribing, village agents, health coaches – there is geographical variation across the county.

Action 762: Review the offer by NHS Wigan and Borough CCG and consider any learning (Dr Alex Murray/Maria Heard/Alison Rowsell)

By a show of hands, the Governing Body approved the content of the report. There were no dissensions or abstentions.

By a show of hands, the Governing Body approved the commencement of public engagement. There were no dissensions or abstentions.

SCCG 023/2020

AMBULANCE JOINT COMMISSIONING COMMITTEE

The Meeting received a paper setting out the proposed formation of the new collaborative commissioning arrangements for ambulance services. Alison Henly provided a verbal report and it was noted that:

- the Governing Body had previously discussed the matter, and at that point, supported the proposal from Dorset CCG, that they be delegated to act on behalf of the CCGs across the south west
- not all CCGs supported this way forward and further discussions have followed still using the key principle to ensure we are all aligned and integrated to focus on improving the quality and cost effectiveness of ambulance services to patients and their families across the region
- the proposal presented to the Governing Body today was developed in collaboration across the seven CCGs affected and was being presented to each CCG Governing Body for approval
- the recommendation is to delegate the CCG's ambulance service commissioning functions to the Ambulance Joint Commissioning Committee (AJCC)
- the Somerset CCG Chief Executive or nominated deputy will be an equal voting member on the AJCC
- the Standing Financial Instructions would be amended accordingly, to recognise the committee
- the paper included the proposed Terms of Reference for the committee, with the aspiration that the committee be established with effect from 1 February 2020, following agreement by the seven CCG Governing Bodies

Referring to Appendix 1, Delegation of Commissioning Functions to the AJCC [for signature by the Chair if approved], Dr Jayne Chidgey-Clark noted that paragraph 3 is a clear statement - "Even though the exercise of the functions passes to the AJCC, the liability for the exercise of any of its functions remains with the CCG". Alison Henly confirmed that Somerset CCG would continue to carry out its quality and financial assessments etc and would bring anything of significance to the Governing Body. The delegation of authority to the AJCC would still be included on the risk register. There may still be a financial gap, but the CCGs are looking for uniformity and working together as commissioners will provide greater structure.

Referring to Appendix 1, paragraph 3 – "The CCG may, at its discretion, waive non-compliance with the terms of the Delegation" – Dr Jayne Chidgey-Clarke asked for clarification: Alison Henly believed that in the event of the CCG wishing to

remove itself from the arrangement, six months' would be required. However, this point would be checked and brought back.

Referring to Appendix 1, paragraphs 2.8 and 2.9, relating to financial and operational performance, Lou Evans asked if this would be undertaken by the AJCC or individual CCG: Alison Henly felt that it should be undertaken by individual CCG, as the CCGs maintain responsibility. James Rimmer thought it might be undertaken by both the AJCC and individual CCG. It was agreed that legal advice would be sought on this and also to check that we will not be bound into a contract that we are obliged to accept and from which we cannot be extricated for six months, as this may be against our interest and against our statutory obligations.

Action 763: Seek legal advice on Appendix 1, paragraphs 2.8, 2.9, 3 and 10 (Alison Henly)

Dr Jayne Chidgey-Clark queried Appendix 2, Draft Terms of Reference, paragraph 24.6, which states that "The aim will be for decisions of the AJCC to be achieved by consensus decision-making ... Where consensus cannot be reached, a decision shall be reached by 5 of the 7 members agreeing to approve the decision in question. Where agreement cannot be reached in this way, the dispute resolution provisions ... will be followed". Dr Chidgey-Clark expressed concern that, without right of veto, Somerset CCG could be committed to something it did not agree with.

Referring to Appendix 2, Terms of Reference, paragraph 14, Basil Fozard requested clarification about Somerset CCG's representative on the AJCC: James Rimmer responded that this would likely be the Chief Operating Officer once that role is appointed to. In the meantime, it would be the Chief Executive (James Rimmer) or a nominated senior officer.

Trudi Mann queried the number of CCG's involved in the proposal as the document was unclear if there were nine or seven CCGs: James Rimmer clarified that three CCGs – BANES, Swindon, and Wiltshire – would be merging. They are currently in shadow form and would be represented by one with effect from 1 April 2020.

Sandra Wilson asked if the AJCC would include patient representation: James Rimmer agreed to come back on this point.

Action 764: Will the AJCC include patient representation?
(James Rimmer/Alison Henly)

By a show of hands, the Governing Body approved the proposal to exercise jointly the CCG's commissioning functions in relation to emergency ambulance services and to establish the AJCC for this purpose.

By a show of hands, the Governing Body approved the proposal that legal advice should be sought relating to Appendix 1 (delegation of functions) and Appendix 2 (Terms of Reference).

By a show of hands, and in the interests of expediency, the Governing Body further approved that Chair's special action could be taken regarding the proposal overall, with a report being brought to the next meeting.

Action 765: AJCC update to be included on the forward agenda for March 2020 (Kathy Palfrey)

SCCG 024/2020

ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER QUARTER 3, 2019/20:

James Rimer apologised that the paper for this agenda item had been withdrawn, and explained the reasons. James Rimmer confirmed that the Risk Register for Quarter 3 would be brought to the Governing Body in March and for Quarter 4 in May.

SCCG 025/2020

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

The Meeting received the Annual Report of the Director of Public Health 2019 – Prevention: Getting on the front foot. Trudi Grant provided a verbal report and presentation and it was noted that:

- the focus of the report is prevention and is relevant to all parts of the Somerset system, ie. it is not specific to health, education etc.
- there are three things that we must do:
 - * meet the current and ever-increasing demand for services
 - * make savings in the system
 - * invest in prevention
- prevention is relevant in all parts of life – it relates to both people and place-focused services and intends to improve the lives of people in Somerset:

- * by developing the protective factors [Maslow's Hierarchy of Needs]:
 - physiological needs: air, water, food, shelter, sleep, clothing, reproduction
 - safety needs: personal security, employment, resources, health, property
 - love and belonging: friendship, intimacy, family, sense of connection
 - esteem: respect, self-esteem, status, recognition, strength, freedom

- * by encouraging people to thrive through:
 - self-actualisation: the desire to become the most that one can be

- focusing on prevention will enable people to lead longer, healthier lives:
 - * about 50% of the resource is spent on about 4% of the population
 - * we need to move some of the resource away from the higher levels of need (eg. acute and complex services) and reinvest it in prevention across the lower levels of need, so that people are kept physically and emotionally healthy for longer

- the report describes three approaches to prevention:
 - * cascade approach: focusing on prevention at the highest (and most expensive) level of need and downwards (next most expensive) through each level of need consecutively
 - * squeeze approach: initially focusing on prevention at the highest level of need and any savings made to be invested in prevention across the whole population, particularly on developing the protective factors
 - * mixed approach: a combination of the above

- the report has been considered by the Somerset County Council Cabinet and Health and Wellbeing Board, who felt that the mixed approach should be adopted

- following the agreement of all system partners towards a mixed approach, a Somerset Prevention Strategy would be

written for approval

The Governing Body discussed the report, including:

- the difficulty of achieving the necessary level of co-operation across the system in the absence of a shared financial pot
- the need to include the judiciary as a system partner for prevention
- the potential to develop a dashboard for prevention activity eg. screening uptake, effective blood pressure and anti-coagulant management: the dashboard would be a starting point to clarify where the opportunities lie and what our practical priorities should be
- the importance of Recommendation 5: “no care pathway starts with diagnosis”

On behalf of Healthwatch, Judith Goodchild agreed about the importance of prevention and offered to meet with Trudi Grant to see how prevention could be incorporated into the Healthwatch work programme.

James Rimmer commented that the Fit For My Future Programme is taking a different approach towards prevention initially, and a prevention workstream has been proposed. In terms of joint strategic commissioning with Somerset County Council, there are opportunities to bring health, social care and wider services together. Investment in prevention will be required up-front and there will need to be a business case to demonstrate the long-term returns. A timetable for the prevention workstream would be brought to the Governing Body in due course with regular reports being made as part of the strategic way forward.

By a show of hands, the Governing Body endorsed the Annual Report of the Director of Public Health 2019 – Prevention: Getting on the front foot.

SCCG 026/2020

COMBINED QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT

The Meeting received the combined Quality, Safety and Performance Exceptions Report for the period 30 April to 30 November 2019. Alison Henly and Sandra Corry provided a verbal report and it was noted that:

- the report included a progress update on the actions being taken by the CCG in respect of special measures
- integrated urgent care services: there is increased risk against Meddcare (formerly Devon Doctors) relating to resource availability and delays in out-of-hours' calls and visits. This is being addressed through the commissioning groups
- ambulance service category 2 performance remains an area of challenge and there has been a gradual decline since May 2019. However, levels of harm have not increased significantly.
- A&E departments have been under particular pressure during the past two months. Patient safety is paramount and regular calls are held with the regional Director of Nursing and Quality
- Children Looked After (CLA): this is an area of concern and we continue to work closely with Somerset County Council (SCC) and the service provider to address the significant opportunities for improvement. The Somerset Safeguarding Children Partnership (SSCP) is working well
- Safeguarding Adults: commissioners are now required to undertake eight-weekly face-to-face checks for adults placed out of area (six-weekly for children). Discussions are taking place with NHS England about possible additional funding
- Learning Disabilities Mortality Review (LeDeR) Programme: £61,000 funding has been secured to progress this work
- safer staffing: work continues to recruit overseas nurses but the issue of long-term retention continues. There is a particular challenge for mental health teams. We are using alternative resources where necessary, with a slightly lower level of qualification, although this does bring some risk
- the CQC has flagged issues around four Somerset GP Practices: the CCG is providing support
- there has been a focus on performance improvement over recent months. The Operating Plan was approved by NHS England in mid 2019 and has allowed us to invest growth, effort and energy on recovery actions

- a new System Performance Group has been launched with all partners to give the highest priority to joint efforts towards performance improvement
- NHS England and Improvement have set out that Somerset CCG's top priorities are:
 - * to achieve and maintain delivery of the improvement trajectories in 2019/20, including A&E, Referral to Treatment (RTT) 52-week waits, diagnostic six-week waits and cancer (two weeks and 62 day)
 - * T&S has been awarded £645,500 to support the clearance of 52-week waits and improve diagnostic waiting times
- the RTT incomplete pathway target was missed in November, with performance at 81.9% compared to the planned level of 83.75%. Approximately 40,000 patients were on an incomplete pathway in November, a reduction of 705 on October. There was a 4% overall reduction in the number of new referrals but a 5.3% reduction in RTT activity. T&S has the most significant variance to plan and we are working with them to understand why activity is below the planned levels
- 12 patients were waiting in excess of 52 weeks in November compared to a plan of three. Three patients exceeded 52 week breaches at T&S although this was not always due to capacity constraints
- Weston is undertaking a large scale data validation exercise in preparation for their new IT system and has identified patients who are now being reported as a 52 week breach. There is a risk of further 52 week breaches as the validation process continues
- 335 patients at T&S have waited longer than 40 weeks. They have a recovery plan which has been agreed by NHS England
- T&S introduced a third MRI scanner in August 2019. The number of MRI breaches reduced to 30 from 370 in April 2019
- a new CT3 scanner will become operational at T&S from the end of January 2020. CT2 will remain online for one month, to reduce the backlog, and will then go offline prior

to replacement. Mobile capacity will remain in place during that time to maintain capacity

- the six week backlog in endoscopy procedures reduced in November indicating that the waiting list is beginning to stabilize despite a significant increase in both routine and cancer demand. Increased capacity will be in place from January 2020
- the two week suspected cancer standard (93%) was missed throughout 2019/2, with performance in November at 91%
- there has been an overall increase of 6% in cancer demand, although some cancer demands are exceeding this: head and neck; lower gastroenterology; skin
- there have been delays with blood test results for gastrointestinal pathways. Supported by Cancer Research UK, staff are working with Practices that have experienced delays in receiving results
- 62 day performance: T&S achieved a performance level of 76% compared to the planned level of 82.7%. YDH, RUH and Other providers all met the standard in November 2019.

Dr Jayne Chidgey-Clark sought assurance that the recovery plan to reduce costs in Continuing Healthcare (CHC) would not be at the expense of patient safety:

Sandra Corry responded that the CCG is meeting the national standards. However, we continue to work with partners to understand if the right pathways are in place for people at end of life.

Basil Fozard expressed concern that YDH and T&S are non-compliant with World Health Organisation checklists around antibiotic prophylaxis in surgery, specifically co-rectal. Sandra Corry agreed to look into this.

Action 766: Review non-compliance of antibiotic prophylaxis in surgery at YDH and T&S (Sandra Corry)

Governing Body members felt that the report was difficult to navigate. Alison Henly advised that a new report format will be considered by the Finance and Performance Committee in mid February, with the intention to use the new format for Governing Body meetings from May 2020. Page numbers would also be added.

The Governing Body approved the report of the current performance position.

SCCG 027/2020

FINANCE REPORT

The Governing Body received the Finance report for the period 1 April to 30 November 2019. Alison Henly provided a verbal report and it was noted that:

- the report assumes that the CCG is on track to deliver the planned £5.5 million deficit. This will ensure eligibility to receive £4.5 million Commissioner Sustainability Funding, results in an overall breakeven position
- variances to the plan for the CCG position arise from risks that have materialised in the first eight months of the financial year, including:
 - * the cost of over-performance at Out of County providers relating to non-elective activity and higher than planned route procedures
 - * a backdated recharge relating to Continuing Healthcare (CHC) spanning several financial years, which was not planned for when setting the budgets
 - the CHC team recently presented to the Finance and Performance Committee the actions that are being taken to address the financial deficit
- mitigation of the risks to delivery of the end-of-year financial position has reduced this to £6.5 million. The position is under constant review to ensure that further mitigating action is taken. The risks include £1.2 million in respect of the national in-year prescribing settlement, for which there is currently no national solution
- the CCG holds the system stretch target of £8.5 million. Plans have been developed to address this although it is now not expected to be fully delivered in the current financial year. The financial gap is expected to be in the region of £6 million
- T&S and YDH have signaled that the cost of providing the current level of non-elective capacity and other cost pressures will total £5.9 million. This will be factored into the CCG's position to consolidate the system financial position. The CCG's likely overspend is therefore £11.9 million

- in summary, the CCG has delivered an overall balanced financial plan but there is a pressure of £11.9 million. This is due to pressures at T&S and YDH and non-delivery of the system stretch saving target

The Governing Body noted the report about the forecast end-of-year financial position.

SCCG 028/2020

STAFF SURVEY ACTION PLAN

The Meeting Received the Staff Survey Action Plan for 2020. Marianne King and Tanya Whittle provided a verbal report and it was noted that:

- the HPO (High Performing Organisation) organisational development programme was launched in 2019
- Marianne King is leading the programme, supported by Tracey Tilsley and Tanya Whittle
- the HPO has a number of workstreams, including the staff survey
- the Somerset CCG staff survey was developed by the workforce and CCG leaders to ensure that the questions asked were appropriate and relevant: Provider organisations are required to complete the national staff survey
- the CCG staff survey response rate was 51%. Although the national response rate was 46%, the CCG was disappointed that the response rate was not higher. There was a 71% response rate from staff at YDH and we are in discussion with them to take forward any learning points. The T&S response rate was 45% and Somerset Partnership NHS Foundation Trust (SomPar) 46%
- staff surveys are an important measure of how staff are feeling. The NHS is in a period of immense change and the only way we can achieve sustainable services is to ensure that our staff are engaged and 'have a voice'
- the CCG results were shared with the Directors and the workforce. There is an active staff forum and they assisted in developing the action plan. The actions already in place in the HPO programme, eg. communications, office environment and governance systems, were also reviewed

- staff felt particularly positive about their line managers, whom they generally felt were supportive and valued the support of their team
- the 'Values and Behaviours' were introduced in 2019 and these are now becoming embedded throughout the organisation
- the lowest scoring areas were:
 - * office accommodation: this was not unexpected given the changes that have been made and that a number of staff were displaced at the time of the staff survey
 - * staff are feeling overwhelmed by their work: we recognise this is a common issue and positive actions are being taken to address. Stress is a high cause of sickness absence in the NHS. The emotional health and wellbeing of staff is extremely important and again, the CCG is addressing this
- the lower-scoring areas were used as the basis for the action plan. We are working alongside T&S, YDH and SomPar to share learning and training as much as possible
- there was some confusion around STP partners and in the understanding of the roles. Colleagues are being supported during the development of the ICS to ensure that the journey is communicated and understood appropriately
- NHSEI appointed a new Chief People Officer last year, and she is sponsoring the People Plan which sets a vision for how people working in the NHS will be supported to deliver high quality care. It has been evidenced that creating a culture of compassion creates an engaged workforce which results in improved care for patients
- we want to embed the ethos of continuing improvement in quality and processes. We are looking at processes that cause frustration and how we can ensure they are as efficient and cost effective as possible
- many new staff have joined the CCG over the past 12 months and we need to facilitate people to get to know each other
- staff members want Directors and Governing Body members to be more visible: they need to 'walk the floor',

and get to know their staff better

Dr Ed Ford stated that it was important for the Governing Body to embrace the HPO work and action plan: we need to look after our staff, break down barriers and begin to support each other across the system.

David Heath welcomed the report and suggested that a “You Said, We Did” briefing paper be prepared for staff, which will create good participation in the survey in future years. David Heath thought it a good idea that Executives and the Governing Body make themselves known to staff, but that introductions should be made by the Executives/Deputy Directors.

Action 767: In advance of the next staff survey, prepare a “You Said, We Did” briefing paper (Marianne King)

Dr Jayne Chidgey-Clark thanked the HPO team for their report and in particular, for the good work taking place with the staff forum. Dr Chidgey-Clark asked that regular updates be brought to the Governing Body about the HPO outcomes.

Tanya Whittle advised that the HPO Phase 2 would be discussed at the afternoon’s development session, and would also be brought to the next Audit Committee meeting.

Dr Chidgey-Clark asked if, in the light of recent press and media reports relating to whistle-blowing, the Governing Body should seek assurance from providers around their whistle-blowing approach:

Marianne King responded that this would sit with HR and the HPO team. The matter would be discussed with the HPO team to see how it can be addressed in a system-wide approach.

Action 768: Discuss the whistle-blowing approach with the HPO team (Marianne King)

By a show of hands, the Governing Body approved the Staff Survey Action Plan for implementation in the CCG.

SCCG 029/2020

COMMITTEE SUMMARY REPORTS

The Meeting received and noted the Committee Summary Reports for the Clinical Executive Committee, Finance and Performance Committee, Primary Care Commissioning Committee and the Audit Committee.

It was further noted that the Audit Committee summary report included a briefing about Somerset CCG expenditure above £25,000.

SCCG 030/2020 ANY OTHER BUSINESS

There was no further business.

SCCG 031/2020 DATE OF NEXT MEETING

The next Governing Body meeting will be held on Thursday, 26 March 2020 at 9.30 am at Taunton Vale Sports Club, Gipsy Lane, Taunton. Members of the public are welcome to attend.

Post Meeting Note: The meeting scheduled on 26 March 2020 was cancelled due to the situation around Covid19.

The Chairman closed the Part A section of the Meeting. The remainder of the Meeting would be held in closed session, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

CHAIRMAN

DATE

**ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING
HELD ON 30 JANUARY 2020**

Text in green was added arising from discussion at the meeting of the Governing Body on 30 January 2020 and through subsequent updates from Directors. Items marked Complete, Closed or subsumed into Business as Usual will be deleted from future schedules

Action No.	Action	Lead	Updates/Action Date
Actions Arising from Meeting held on 30 January 2020			
768	Discuss the Somerset whistle-blowing approach with the HPO team	Marianne King	
767	Staff Survey Action Plan: In advance of the next staff survey, prepare a "You Said, We Did" briefing paper	Marianne King	
766	Quality, Safety and Performance Report: Review non-compliance of antibiotic prophylaxis in surgery at YDH	Sandra Corry	
765	Ambulance Joint Commissioning Committee: Add update on AJCC to the forward agenda for March 2020	Alison Henly	Complete
764	Ambulance Joint Commissioning Committee: Will the AJCC include patient representation?	Alison Henly	Complete
763	Ambulance Joint Commissioning Committee: Seek legal advice on Appendix 1, paragraphs 2.8, 2.9, 3 and 10	Alison Henly	Complete
762	FFMF: Proposal to Engage on Neighbourhood and Community Settings of Care: Review the offer by NHS Wigan and Borough CCG and consider any learning	Dr Alex Murray Maria Heard Alison Rowswell	

761	Review the reason for bringing the AGM Minutes to the Governing Body for approval rather than to the next AGM	James Rimmer Ed Ford Kathy Palfrey	<i>It is proposed that the draft AGM minutes are endorsed in a Governing Body meeting by members whilst the event is still fairly recent so that they can be published in good time. The draft minutes will then be available to the public and formally signed off as approved (or amended) at the following year's AGM. This enables timely review and publication whilst ensuring the appropriate meeting formally adopts and approves the minutes.</i>
760	Minutes and action schedule for 28 November 2019 to be amended accordingly	Kathy Palfrey	Complete
759	Minutes and action schedule for 16 January 2020 to be amended /added accordingly	Kathy Palfrey	Complete – see below
758	Electronic database for declarations of Interest to be updated	Governing Body Members	Ongoing, as necessary
Actions Arising from Extraordinary Meeting held on 16 January 2020			
757	Consultation Strategy: Updated paper, in line with actions 752 to 756, to be produced for consideration at SCC HOSC meeting	Jane Harris	Complete
756	Consultation Strategy: Check that LD groups are included	Jane Harris	Actioned. Specific reference made to people with learning disabilities on pages 7 and 12. Complete
755	Consultation Strategy: VCSE to be included as a bullet point under section 12.3	Jane Harris	Should refer to section 10.3. VCSE sector is already listed so considered complete .
754	Consultation Strategy: Include additional reference to hard to reach groups within section 4 under 'collective engagement'	Jane Harris	Actioned at page 7. Complete
753	Consultation Strategy: Review list of consultation groups	Jane Harris	Actioned and updated at page 13. Complete

752	Consultation Strategy: Clarify the information to be collated in terms of respondent details and how this will be used.	Jane Harris	Actioned. Page 3 amended and now just refers to the inclusion of the disclaimer from page 18. Complete
Actions Arising from Meeting held on 28 November 2019			
750	System Performance Group to undertake a deep dive of 40 week waiters	David Freeman	
749	QSP report: How does the 150% increase in FIT uptake convert to patient numbers?	David Freeman Sandra Corry	Update was provided to the meeting on 30 January 2020. Closed
748	QSP Report: Diagnostic six week waits: duplication of the information against YDH and RUH to be checked	Alison Henly	Information has been checked. It is correct. Closed
747	QSP Report: Update relating to record-keeping for protected characteristics to be provided to the GB in six months' time.	Sandra Corry	Include on the forward agenda for May 2020. Noted - closed
746	CRR report: Further detail to be provided to the GB around risk 203	James Rimmer	
745	CRR report: Amend work completion date for risk 361 to read 31 January 2020	James Rimmer	Complete
743	Carer's Story: What has the CCG done to address the issues?	Jane Harris	7/1/20: We aim to bring this back to the March GB to update on progress – included on 26 March agenda under Matters Arising. Closed
742	Public Questions: Response to [anonymised] final question to be prepared when appropriate	Alison Henly	Response provided at the meeting held on 30 January and included in the Minutes. Complete

741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly	30 January 2020. A review of the current procurement register and comparison with other CCGs and relevant guidance has suggested we need to expand the register to include a broader range of procurements than are currently published. The next steps are to review and develop the contracts database to enable the publication of all the contracts that are subject to formal competitive procurement in line with the CCG's Standing Financial Instructions. The work has commenced and the aim is to conclude the updating of the database and publish a revised Procurement Register by 31 March 2020 to coincide with the end of the current financial year. An update on the work will be provided to the next Audit Committee meeting on 26 February 2020.
Actions Arising from Meeting held on 19 September 2019			
737	Include Performance and Quality as a separate section in the Winter Plan for 2020/21	Alison Henly	This will be included as part of next year's plan. The work will be started at the next Urgent Care Operational Group where we will start Winter wash-up and learning to improve going forward. Complete
736	Share the Somerset Winter Plan with the Local Health Resilience Partnership	Alison Henly	We will ensure this group is included in our circulation and engagement for Winter 2020/21. Complete
735	Review the Winter Plan around 7-day working		We will ensure this will be included as a theme in our Winter 2020/21 planning. Complete
734	Winter Plan: Arrangements for vaccinating primary care staff, including monitoring of take-up, to be reviewed	Alison Henly James Warren	James Warren has liaised with Primary Care colleagues regarding this year. Will be included as part of Winter Flu campaign for 2020/21. Complete

Actions Arising from Meeting held on 25 July 2019			
729	Position of south west consultants and tax/pensions to be understood, and potential impact on services to be modelled	David Freeman	Closed: being picked up nationally
723	Undertake work with the Trusts to increase the learning from patient stories	Jane Harris	This is being progressed as part of the action plan supporting our Communications and Engagement Strategy – Ongoing. Closed
722	Defibrillator data information to be requested from SWAST	Alison Henly (Becky Keating)	3/9: Data information has been requested from SWAST.
Actions Arising from Meeting held on 23 May 2019			
718	Investigate venues for the 2020/21 AGM and Healthy NHS Somerset event, taking account of a Children and Young People's Services theme, eg. At a college or academy	Tracey Tilsley/ Kathy Palfrey	Date set for 15 September 2020.
Actions Arising from Meeting held on 28 March 2019			
711	Approved Committee Minutes to be published on the website	Committee Chairs	Ongoing.
706	CRR: Governing Body to be updated about risk reference N24, case management of CHC funded patients at home, and when a decision will be made.	Sandra Corry	
Actions Arising from Meeting held on 31 January 2019			
701	Ensure that child/young adult self-harm is included on the risk register	Andrew Keefe	12/11/19: This has been determined as a Mental Health Commissioning Team risk rather than Safeguarding

24 February 2020