

Report to the NHS Somerset Clinical Commissioning Group on 30 January 2020

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 28 November 2019	Enclosure C
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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 28 November 2019. 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 28 November 2019 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: http://www.somersetccg.nhs.uk			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 25 July 2019.			
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, 28 November 2019** at **Frome Medical Centre, Enos Way, Frome, BA11 2FH**

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)
	David Freeman Trudi Grant	Chief Operating Officer 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:	Judith Goodchild Maria Heard	Chair, Healthwatch (Observer) Programme Director, Fit For My Future
Apologies:	Basil Fozard Sandra Wilson	Non-Executive Director, Secondary Care Doctor Chair of the Somerset Patient Participation Groups (PPGs) Chairs' Network
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body

SCCG 097/2019 INTRODUCTION

Dr Ed Ford, Chairman, welcomed everyone to the Meeting, in particular, Grahame Paine, who took up his Non-Executive Director post with effect from 1 October 2019.

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

The Chairman reminded the Meeting that, due to the General Election being called, public authorities have entered a period of purdah which may impact the responses we are able to provide to the public on a range of subjects. In the event of us being unable to answer any questions at today's meeting, the question(s) would be noted and we will provide a response to the person raising the question(s) when the purdah period has concluded.

1 Mr Paul Callan, Member of the Public (received in advance by email and presented by Mr Callan at the meeting)

“Earlier this year my 98 year-old terminally ill step father was visited at home and offered support by St Margaret's [Hospice] Yeovil. It was therefore only natural that I should become involved in the campaign to save the inpatient beds at Yeovil.

As a retired senior auditor, for a large west country county council, my expertise lies in financial matters including corporate governance and contract auditing and I am the first to admit that I have no medical expertise whatsoever.

The governors will be aware that each month the CCG is obliged to publish electronically a list of all payments over the figure of £25,000 (subject to certain exemptions regarding data protection for private personal data). In a typical month the Somerset data can easily run to 750 lines of data output.

Before my retirement I used powerful data interrogation software called Caseware Idea. When I approached the company and explained about the St Margaret's Yeovil proposed inpatient beds closure, they gladly donated the software free of charge.

It is a matter of public record that the CCG is a part funder of St Margaret's Hospice in Yeovil and Taunton. The software quickly verified the level of support which has been stated in the public Save St Margaret's meeting in Yeovil.

I then used the software to examine the other areas of the CCG spending. I became concerned at the amount being spent on external management consultants. The governors may not be aware that since April 2018 ie. some 18 months, there has been a consistent regular monthly spend with the same company namely Attain Health Management Services Ltd resulting in a

cumulative spend of in excess of £1 million. [Mr Callan provided a media briefing note about this.] I then searched for this contract within the CCG's Procurement Decisions Register, but there was no entry.

I therefore contacted the Corporate Affairs Department on 2 occasions 3 September 2019 (by email) and once by telephone answerphone (18 October 2019). I also sent an email to somerset.enquiries@nhs.net on 27 September from separate email addresses. I am sorry to say that all I was [have] been met with was a "stone wall" of silence. This surprised me, as when I had dealt with the same individual in 2019 his response was positive and constructive.

In frustration I felt that I had no option but to write to James Rimmer on 21 October 2019 who replied on 30 October to say that the matter was being investigated. Last week, as I still had not received any explanations I chased again.

On Friday 22 November James Rimmer phoned me and explained that the contract with Attain health management Services Ltd was part of a "Framework/Call Off" contract which had been procured by central government, and as such did not require the CCG to tender it via the European Procurement Procedures. However, the greatest revelation was that a significant part of the amount coded to external consultants was on behalf of a "group co-operation" with 3 other CCGs and therefore the amount shown was "overstated" with Somerset CCG only ultimately bearing 25% of the stated costs.

It will come as no surprise to the governors that any spending on "External Consultants" is highly sensitive and contentious with the general public, some of whom regard it as a "gravy train" with limited public accountability.

I am deeply grateful to James Rimmer for taking the time and trouble to explain the situation to me. I am however conscious that his time is very precious. This must surely raise the question as to whether there are some inherent weaknesses present within the Corporate Affairs Department.

I therefore wish to share with the governors my constructive suggestions as to how matters might be improved in the future to prevent any reoccurrence of this significant investment of time, from both CCG and my own point of view, in relation to these concerns:

My suggestions are:

1. All such “group procurement” arrangements should be recorded in the Procurement Decisions Register with a note of the CCG’s Net Liability.
2. When the monthly procurement figures are published, they should show a monthly total, so as to avoid the possibility of misinterpretation by the public.
3. The report should have an extra column to give narrative of what the expenditure relates to. At the moment all that is stated is the expense type and expense area. I believe all of the monthly reports will be provided by a template report, which I believe could quickly have 1 parameter adjusted.

I thank the Governors for allowing me to share my views with them.”

Alison Henly thanked Mr Callan for his statement and suggestions and agreed that the points raised about the Procurement Register were well made - the CCG will need to consider further if the Register is being used effectively.

Alison Henly advised that any contractual decisions in excess of £1 million are brought to the Governing Body’s attention and are recorded in the Minutes and also on the Procurement Register. Under the Terms of Reference for the recently established Finance and Performance Committee, responsibility for other procurements, for which the CCG is the lead commissioner, would be recorded via the appropriate forum, depending on where the decision was made and according to the value of the contract. The formal tendering process may be waived where a consortium arrangement is in place and a lead organisation, which is not the CCG, has been appointed to carry out tendering activity on behalf of the consortium members.

Action 741: Procurement Decisions Register to be reviewed and an update provided to the Governing Body on 30 January 2020 (Alison Henly)

The published information for payments of £25,000 and above per month is not representative of total costs to the CCG, since not all CCG costs are included on this report. The figures also do not solely represent costs for the commissioning of services that have been through a formal procurement process, since the CCG is responsible in part for the funding of services provided to Somerset patients by organisations that the CCG does not hold a contract with.

Regarding the additional column, the report is presented in a standard reporting format and is the same across all NHS organisations. The average number of data lines is 850 per month. This format fully complies with the publishing requirements set out in national guidance issued by HM Treasury. Additional narrative regarding further details behind the expenditure is not automatically extractable from the payments ledger system and would have to be manually analysed and added to the report. Given the extent of the transactions included on the report this would take many hours to complete, diverting staff resource from other priorities.

David Heath stated that the way the NHS accounts system operates is very difficult to follow, and thanked Mr Callan for raising the question.

Referring to Attain and the “group co-operation”, James Rimmer clarified that this was not with three other CCGs; rather, it was the STP group, ie. Somerset CCG, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust.

James Rimmer apologised to Mr Callan that his emails and telephone calls to a particular individual had not been responded to. Mr Callan advised that he had now received an emailed apology from the person concerned.

Lou Evans confirmed that spend on Attain is being monitored and that the CCG would report more openly on this in future reports.

2 Member of the Public (received in advance by email)

“By supporting the closure of St Margaret’s Hospice IPU. As a funder of their services through Service Level Agreement of around £2 million per year and funding qualifying patients with Continuing Health Care.

What preparation and safeguarding did CCG put in place in the community with St Margaret’s Hospice to alleviate risk of unnecessary suffering (as Health and Social Care Act 2014) of the dying in South Somerset?

Was the closure of St Margaret’s Hospice IPU placed on the risk register at any point from 2016-2019?

As it would appear from a recruitment campaign and promotion of extended services for SMH was not posted until 4 weeks after the closure, this leaves at least 12 weeks (taking induction and

training into consideration), until the extended community teams will be available to the dying community of Yeovil.

Can you advise on the details and number of district nurses, including nurse prescribers WORKING (not including those on long term sick or agency or bank) in South Somerset ?

What risks did the sudden closure of St Margaret's IPU put on community services and the frail, vulnerable, and dying of South Somerset? How did you prepare for this as the commissioners of services?

Would Somerset CCG support an alternative Inpatient Unit for the dying of Yeovil and surrounding area?"

Responding, David Freeman advised that this year the CCG funded St Margaret's £2.7 million to serve the entire population of Somerset, not just Yeovil. This amount is one-third of the charity's entire funding and is in line with other CCGs across England. This year's funding incorporated an increase of 9% compared to last year, plus a further £400,000 to accelerate community based models of care. There is a challenge to provide end of life services with equity of access, and so our intention is to create more community based models of care, to support people at home or closer to home. This is fully in line with our ambitions to improve end of life care for everyone and to move away from the traditional model of end of life patients being cared for in hospital. In terms of the closure of the Yeovil hospice, the CCG carried out an Equality and Quality Impact Assessment against the risks and various mitigations were put in place. St Margaret's Taunton retained the staff from Yeovil and the recruitment campaign is to find additional staff.

Referring to the final question - Would Somerset CCG support an alternative Inpatient Unit for the dying of Yeovil and surrounding area? - David Freeman advised that a response would be provided at a future point.

Action 742: Response to final question to be prepared when appropriate (David Freeman)

SCCG 099/2019

APOLOGIES FOR ABSENCE

Apologies for absence were received from Basil Fozard and Sandra Wilson.

SCCG 100/2019

REGISTER OF MEMBERS' INTERESTS

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic

register as at 19 November 2019.

There were no amendments to the Register.

SCCG 101/2019

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 102/2019

MINUTES OF PART A MEETING HELD ON 19 SEPTEMBER 2019

The Meeting received the Minutes of the Part A meeting held on 19 September 2019. The Minutes were approved for signature by the Chairman as a true and correct record, subject to the following amendments:

Cover sheet: James Rimmer, Chief Executive, rather than David Freeman, is the Executive Lead for the Minutes.

Page 2, Register of Members' Interests: Amend to read: "Dr Jo Nicholl advised that she is the named GP for Safeguarding Children, and Dr Tamsin Nichol is the interim Designated Doctor for Safeguarding Children.

Page 7, paragraph 5, referring to internet access and primary care. Amend to read: "Trudi Mann advised that a number of practices have deliberately chosen to offer only the minimum number of on line appointments."

Page 12, paragraph 3, amend to read: "David Freeman responded that fewer appointments are available over Christmas and New Year and we will be planning to support people throughout quarter 4. The expectation is that the system *will* have an extended, high peak winter, based on the Summer so far, and we will move to get people treated as quickly as possible. We will expand our plans for admission avoidance before the full Winter starts."

SCCG 103/2019 MATTERS ARISING

David Freeman provided a verbal report relating to action 730, podiatry service, as follows:

There have been a number of complaints about the backlog in the podiatry service. The CCG has held discussion with Somerset Partnership NHS Foundation Trust (SomPar), the service provider, to understand the reasons. The backlog was largely due to the recruitment challenges. SomPar has been carrying out a review of the service, and will be working on a 'hub and spoke' model. SomPar has been successful in recruiting new trainees during the September intake and the positive impact of this will be seen shortly. High risk, diabetic patients are being prioritised. There will be some alteration to the clinic timetables and we are working to ensure that communication with patients is efficient and effective and that patients are advised of a new appointment date as necessary. Fortnightly meetings are being held to keep progress under review.

SCCG 104/2019 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.

Dr Ed Ford drew attention to the Carer's Story, and Maria Heard asked that this be followed-up and reported in a future meeting. This was agreed.

Action 743: Carer's Story – what has the CCG done to address the issues? (Dr Jane Harris)

SCCG 105/2019 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

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

- 100,000 more people set to benefit from personal health budgets: with effect from 2 December, people who are currently eligible for an NHS wheelchair, and people who require aftercare services under section 117 of the Mental Health Act, will also have the right to a personal health budget
- NHS England and NHS Improvement have agreed with Vertex Pharmaceuticals that NHS patients with cystic fibrosis will have access to three types of UK-licensed

medicines, providing benefit to some 5,000 people in England

- a survey of A&E and urgent care patients across England have highlighted their experiences around waiting times, standards of care and dignity, patient safety, quality of discharge arrangements and more. The survey will be reviewed by the local A&E Delivery Board – the majority of the scores for the Somerset are 9 out of 10
- Somerset has declared a climate crisis around single-use plastic and all NHS organisations are being asked to remove single-use catering plastics from their offices
- the introduction of NHS Passports to help staff work flexibly and cut administration costs
- better support for staff who raise the alarm on unsafe practice. ('Whistleblowers'.)
- Operational Pressures Escalation level (OPEL): Somerset is experiencing increased pressure on its services, with some hospitals at OPEL 4 (highest level). The CCG has introduced a 'Weekly Operational Look Forward' (WOLF), led by David Freeman
- Somerset CCG has been selected to receive more than £13 million additional funding for adult mental health services over the next three years
- Somerset has won the Sir Peter Carr Partnership Award, for its project to better support frail and elderly people to remain safely in the community. The project was initiated by the CCG and is being delivered in partnership with YDH, three Somerset GP Practices (Diamond Health Group, Queen Camel Medical Centre and Preston Grove Medical Centre), and local nursing homes
- Taunton and Somerset NHS Foundation Trust (T&S) will benefit from additional cancer screening funding from NHS England to replace/upgrade/refurbish its CT and MRI scanners, breast screening imaging and assessment equipment
- Frome Medical Centre is the first UK practice to achieve the Royal College of General Practitioner's (RCGP) Green Impact Award Gold Plus

Dr Jayne Chidgey-Clark welcomed the news about the additional funding for adult mental health services and Somerset's success

in winning the Sir Peter Carr Partnership Award. Dr Chidgey-Clark also welcomed the additional funding for cancer screening for T&S and asked about the timescales for it making an impact:

David Freeman responded that the additional funding had only recently been announced, and will be used to accelerate the positive progress that has been made in recent weeks.

Maria Heard suggested that Dr Ed Ford write to the Sir Peter Carr team to express thanks, on behalf of the Governing Body, for their excellent achievement.

Action 744: Write to the Sir Peter Carr team
(Dr Ed Ford)

Dr Jo Nicholl asked if there is a plan to expand the Sir Peter Carr pilot scheme across the county and how the learning from the initiative would be shared. Dr Nicholl and Sandra Corry agreed to discuss this separately.

SCCG 106/2019

EMERGENCY PLANNING, RESILIENCE AND RECOVERY (EPRR) SELF ASSESSMENT ASSURANCE UPDATE REPORT 2019

The Meeting received the Emergency Planning, Resilience and Recovery (EPRR) Self-Assessment Assurance Report. David Freeman provided a verbal report and it was noted that:

- the EPRR document details the plans and actions to be taken by the CCG, as a Category 2 responder, in the event of a major incident
- the EPRR is regularly tested through various desk-top scenarios and the learning from these is embodied into the plans
- the EPRR is produced annually and is updated and adjusted as required. It is reviewed with NHS England on an annual basis
- as part of the assurance process, the Acute Trusts must also have very robust recovery plans in place. The Plans for the CCG and YDH are fully compliant with the standards; those for T&S and SomPar are substantially compliant, and anything outstanding will be concluded as part of their merger
- as reported by the Chief Executive, the CCG has introduced a 'Weekly Operational Look Forward' (WOLF), led by David

Freeman, which links with the EPRR, with the CCG taking a leadership role for winter resilience and planning

David Heath expressed surprise that Somerset has already peaked at OPEL 4, even though the weather conditions have not been extreme:

David Freeman responded that the local situation is reflected nationally, and the pattern is similar to recent years' peaks and troughs, with various 'flu and winter vomiting outbreaks. David Freeman assured the meeting that people are not using hospitals inappropriately, and OPEL 4 is now de-escalating.

Trudi Grant confirmed that higher levels of norovirus are being reported compared to this time last year, and the 'flu outbreaks have generally been in schools. Trudi Grant encouraged Governing Body members to promote the staff uptake of the 'flu vaccination.

Dr Jayne Chidgey-Clark asked if the learning from last year, following the snow, had been incorporated into the plans. Alison Henly confirmed this was the case and that the On-Call Directors have regular meetings to ensure that any further learning is shared.

David Freeman advised that a number of 4 x 4 vehicles will be available to respond to issues of patient and staff transport. Lou Evans welcomed this but stated that last year, some people were effectively trapped in hospital overnight despite being fit for discharge. David Freeman responded that in extreme weather circumstances the priority is not to get patients home but to provide urgent treatment to the patients that need it.

Lou Evans asked how South Western Ambulance Services NHS Foundation Trust (SWAST) had been assessed for patient transport issues:

David Freeman reminded the Meeting that the EPRR is about our ability to respond as a system in the event of a significant emergency or business continuity incident, eg. the poison attacks in Salisbury, the Wannacry virus on IT systems etc. The EPRR is not the same as the Winter Plan.

Lou Evans asked if the requirements around any increase in UK threat level had been addressed: David Freeman responded that NHS organisations are involved in the work but the CCG is not the lead agency.

Trudi Mann asked if GP surgeries should be involved in the EPRR – they all have a business continuity plan: David

Freeman confirmed that this is being considered by another workstream.

Dr Ed Ford reminded the Meeting of the significant flooding in Somerset in 2013 and asked how primary care services would be provided to people who may be cut-off. Dr Jo Nicholl commented that GPs can potentially work remotely but this is sometimes hampered by the IT systems. Dr Nicholl asked if there are any plans to increase the availability of NHS laptops:

David Freeman confirmed that the IT department is working directly with Practices to understand the issues of IT system access (EMIS etc) and how this can be improved in the event of a major incident.

Trudi Grant advised that the Mass Casualty Plan, together with the EPRR, is regularly reviewed through the Health Protection Forum. Trudi Grant noted that a number of the planned desk-top exercises had been cancelled and suggested they should be reinstated: David Freeman responded that the planned exercises had been removed due the requirement to cope with the EU Exit Plans; however, plans are now being drawn up for their reinstatement locally and in the wider area.

The Governing Body noted the results of the assurance process for 2019 and the position of the CCG and its partners.

By a show of hands, the Governing Body approved:

- the Statement of Compliance for 2019
- the CCG's EPRR Policy

SCCG 107/2019

CORPORATE RISK REGISTER EXCEPTION REPORT

The Meeting received the Corporate Risk Register Exception Report. David Freeman reported that:

- as discussed in September and at a recent Development Session, the CCG is in the process of revamping its approach to risk
- training and testing of the new approach is being progressed and a Risk Management Group has been established as a sub-committee of the Clinical Executive Committee (CEC)
- the report as presented contains an error:
 - * the report states that risk 322 (relating to cystic fibrosis and ME) has been increased from a risk rating of 12 to a risk rating of 20. This has been queried and

following a deep-dive has been given a risk rating of 15, with the likelihood remaining at 5

- a commissioning review is underway due to the rapid increase in service demand over the past few years
- the Corporate Risk Register Exception Report will be presented to CEC and the CCG will continue to monitor the risks and ensure mitigations are in place

Dr Jayne Chidgey-Clark noted that an error had been made around risk 361, harms from falls, where the date for completion of the work was 31 January 2019. It was acknowledged that this should read 31 January 2020.

Action 745: Amend work completion date for risk 361 to read 31 January 2020 (Claire Miller)

Dr Chidgey-Clark asked about the increase in the risk score for Continuing Healthcare (CHC):

Sandra Corry responded that the CCG is confident that it will shortly return to a more balanced financial position for CHC and confirmed there had been no adverse impact on the quality of the work. The CHC team is working well together and is very professional.

Lou Evans queried the escalation of risk 203, Delayed Transfers of Care (DTCOs), to the Corporate Risk Register, given that significant progress had been made on this over the past few years:

David Freeman confirmed that investment in DTCOs has not been reduced; the impact has changed rather than the likelihood. It will be important to keep on top of the issues to ensure no deterioration, hence its escalation to the Corporate Risk Register. Lou Evans requested further detail about risk 203.

Action 746: Further detail to be provided to the Governing Body around risk 203 (David Freeman)

James Rimmer reported that the new Risk Management Strategy will be going to the Audit Committee, which will initiate deep dives as necessary and ensure that appropriate mitigations are sought.

By a show of hands, the Governing Body approved the Corporate Risk Register Exceptions Report.

QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT

The Meeting received the Quality, Safety and Performance (QSP) Exceptions Report for the period April to September 2019. Sandra Corry and David Freeman provided a verbal report and it was noted that:

- key areas for focus include the Referral to Treatment (RTT) waiting times and diagnostic waiting times
- although wanting to deliver all constitutional targets, it has been acknowledged that this will not be possible in the shorter term, and so we are focused on what could be delivered
- the full system Operating Plan, including growth and recovery actions, was submitted to and discussed with NHS England, and forms the basis of the Long Term Plan (five-year plan)
- the CCG intends to recover and return to a sustainable financial position over the next four years
- a new System Performance Group has been launched, chaired by David Freeman, reporting to the Finance and Performance Committee
- NHS England has said that our priority is to maintain the improvement trajectories
- since the report was published, the team have been reviewing the latest data for October:
 - * the waiting list for elective surgery has increased by 158 patients, which is within the tolerance level
 - * there has been a 4% reduction in the number of new referrals to the elective care pathway
 - * throughput in the waiting list has slowed. Early indications are that this is linked to the pension issues around consultants, meaning that additional planned clinics have not happened
 - * NHS England has agreed that the CCG may adopt a different approach, working with partners, to re-establish the additional clinics. Theoretically, the CCG could divert the monies allocated to the Trusts into the private sector; however, we would prefer to take the

challenge into the system to see how the issues can be resolved

- * 52 week waiters: the plan was to have zero 52 week waiters by the year end (31 March 2020). Currently, 16 patients (compared to a plan of nine) have waited for 52 weeks or longer - this compares with 72 patients at this time last year. Of the 16 patients, six have chosen to delay their treatment. Setting these aside, there are now 10 patients (versus a plan of nine) who have waited for 52 weeks or longer
- * a number of patients are waiting for specialist treatment at T&S. To ensure we remain on track with the trajectory, 15 patients will need to be booked for treatment in November
- * the System Performance Group will be undertaking a deep dive into these issues at its meeting in December
- * of particular concern are the diagnostic delays, affecting both cancer two-week waits and other aspects of patient care, eg. patients awaiting test results
- * a full recovery plan for diagnostics is due to be presented to the System Performance Group in December
- * T&S remains our most challenged provider but improvements are being seen: a third MRI scanner was commissioned into service in August; the workforce in ultrasound is being strengthened; similarly in endoscopy
- * replacement of the decontamination unit at Bridgwater Hospital will conclude in December and the new unit will become live in January. Two additional endoscopists will start in December, increasing endoscopy capacity from three days to five days. There have been changes in the clinical guidance relating to surveillance and this will have an effect in Quarter 4
- * the report includes a summary of the most recent CQC ratings for the various Somerset providers. The standards set by CQC, against which the providers are judged, include safeguarding; recruitment checks; medical safety; accuracy of records; staffing levels and skills; patient risk assessments; mental capacity

assessments; infection prevention and control;
monitoring and improving service safety

Dr Jayne Chidgey-Clark asked about the work relating to the Lesbian, Gay, Bisexual and Transgender (LGBT) action plan, and noted the challenges relating to the Trusts' record-keeping around protected characteristics. Dr Chidgey-Clark stressed the importance of the CCG's duty to ensure equality and equity of service access, which cannot be demonstrated without proper record-keeping.

Sandra Corry drew attention to the LGBT action plan summary report and update. The CCG is undertaking significant work with the service providers to understand the areas for further focus and, although this work is in its early stages, there have been some very positive aspects, most particularly in the primary care pathway for accessing gender identity services and the review of the fertility policy to ensure equality of access, and this work has been recognised by NHS England. The challenges of record-keeping around protected characteristics is acknowledged: Somerset's Equality and Health Inequality RightCare Pack states that hospitalisation records show that 12.5% of people have an 'unknown' ethnicity, compared to 6.6% nationally and 5.6% within our RightCare 10 group. It is likely that similar low recording applies to other characteristics and the CCG is working with hospitals to help improve the position.

Dr Jayne Chidgey-Clark asked that an update report be provided in six months' time (May meeting).

Action 747: Update on record-keeping relating to record-keeping for protected characteristics to be provided to the May meeting of the Governing Body (Sandra Corry)

Responding to a query from Dr Chidgey-Clark, David Freeman advised that the CCG is working with primary care in terms of physical health checks for people with serious mental illness. GPs must have access to the skills needed to support these individuals, and we expect to see improvements in the coming months.

Dr Chidgey-Clark expressed concern about the increased risks relating to Meddcare (formerly Devon Doctors), the provider of the integrated urgent care service, and asked about the mitigations:

Alison Henly responded that the risks largely related to recruitment issues, and the CCG has had a number of discussions with Meddcare about this. Some of the new winter

funding will be invested in providing incentive arrangements to hopefully increase the uptake of GPs for shift cover.

David Heath noted a duplication of information against YDH and Royal United Hospital Bath NHS Foundation Trust (RUH) around diagnostic six week waits, and asked if this was in error: David Freeman confirmed this would be clarified.

Action 748: Diagnostic six week waits: Duplication of the information against YDH and RUH to be checked (David Freeman)

David Heath asked about the bid to develop a rapid diagnostic service for the Mendip area: James Rimmer, in his capacity as Executive Chair of the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance, advised that this is part of the roll-out of the national cancer plan. Mendip Practices are working with RUH to look at fast track for patients with suspected cancer.

Referring to the actions to improve 62 day cancer performance (page 22 of the report refers), Dr Jo Nicholl noted the relaunch of the FIT (Faecal Immunochemical Test) test for suspected colorectal cancers, which hopes to reduce unnecessary referrals to hospital, and asked about the likely impact on colonoscopy rates. Dr Nicholl also noted that uptake of FIT had increased by 150% since its relaunch and asked what the increase meant in terms of the number of patients:

David Freeman responded that the medium and long-term projections for the FIT relaunch have not yet been mapped. Patient numbers will be clarified and brought back.

Action 749: How does the 150% increase in FIT uptake convert to patient numbers? (David Freeman)

Trudi Mann noted the clear focus on reducing the number of people waiting more than 52 weeks from referral to treatment, but expressed concern about the number of patients (534) waiting for more than 40 weeks. Trudi Mann asked if this could be included as a 'deep dive' exercise by the System Performance Group, and this was agreed by David Freeman. David Freeman also reported that the number of patients waiting for more than 40 weeks had reduced by 83 patients in October.

Action 750: System Performance Group to undertake a 'deep dive' of 40 week waiters (David Freeman)

By a show of hands, the Governing Body approved the Quality, Safety and Performance Exceptions report for the period 1 April

to 30 September 2019.

SCCG 109/2019 **FINANCE REPORT FOR THE PERIOD 1 APRIL TO 30 SEPTEMBER 2019**

The Meeting received the Finance Report for the period 1 April to 30 September 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 £4.5 million deficit. This will ensure eligibility to receive £4.5 million Commissioner Sustainability Funding (CSF), resulting in an overall year-end breakeven position
- variances to the plan for the CCG position arise from risks that have materialised in the first six months of the financial year:
 - * the cost of over-performance at Out-of-County providers relating to non-elective activity and higher than planned routine 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
 - the Finance and Performance Committee has requested that further work be carried out to understand which actions could be accelerated, and if any additional action could be taken, to ensure delivery against the budget
- mitigation of the risks to delivery of the end-of-year financial position has reduced this to £8.2 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 are being developed to address this and delivery against the financial target will be reviewed on an ongoing basis as we move through the financial year. The finance report assumes that the stretch target will be delivered

- in summary, the CCG is projecting a breakeven position this year, after CSF funding

Referring to out of county providers and the increase in emergency admissions, Maria Heard asked if providers have good access to admission avoidance schemes:

Alison Henly responded that an escalation process has been established by the urgent care team in the event of an increase in emergency admissions at out of county providers. For Somerset, all discharge schemes are supported. For RUH and others, a team will go into the hospital to review patients who have been admitted on a long-stay basis. The CCG has invested in schemes looking at alternatives to admissions to RUH and has confidence that the schemes re supporting patients earlier in the pathway.

David Heath asked if it could be assumed that over-performance by RUH is linked to under-performance by Care UK: Alison Henly responded that an automatic link cannot be made - RUH is experiencing other issues and a number of patients have been called back for procedures. Somerset CCG has identified the issues and ensured that quality and safety has not been compromised. The issues are largely related to patient choice.

Dr Jayne Chidgey-Clark asked about the QIPP risks and mitigations: Alison Henly responded that there is one finance report for the whole system, and the Directors of Finance are concerned about the QIPP risks. A recent meeting of the system Chairs and Chief Executives had looked at the mitigations for this year. An impact assessment will be done by 2 December and will be presented to the Programme Executive Group.

Lou Evans suggested that more focus should be given to the out of county providers, given the £2 million overspend. Alison Henly advised that contracts have been signed with the out of county providers and work is being shared with other CCGs. There is a focus on cost reduction and sharing the learning.

Grahame Paine asked for an update on the cumulative deficit carried forward: Alison Henly confirmed there is a recovery plan for Somerset, to repay the £3.5 million deficit over the next three years.

Dr Jo Nicholl queried the reason for the cost pressure in the primary care delegated budgets being offset by underspend in QOF (Quality Outcomes Framework): Alison Henly advised that the QOF budget was set at 100% utilisation but realistically this was unlikely.

By a show of hands, the Governing Body approved the Financial Report for the period 1 April to 30 September 2019.

SCCG 110/2019 ANNUAL REPORTS

The Meeting received and noted the following Annual Reports:

- infection control
- safeguarding adults
- safeguarding children

Governing Body members were asked to raise any items of concern or for clarification with the Leads.

Dr Jayne Chidgey-Clark acknowledged the work that had gone into preparing the annual reports and asked that the Governing Body's thanks be expressed to the teams.

Action 751: Governing Body thanks to be extended to the infection control and safeguarding teams for their annual reports (Sandra Corry)

SCCG 111/2019 COMMITTEE SUMMARY REPORTS

The Meeting received and noted the Committee Summary Reports (Core Briefs) for the following committees:

- Clinical Executive Committee (Chair: James Rimmer)
- Finance and Performance Committee (Chair: Lou Evans)
- Patient Safety and Quality Assurance (Chair: Dr Jayne Chidgey-Clark)
- Audit Committee (Chair: Lou Evans)

Governing Body members were asked to raise any items of concern or for clarification with the Committee Chairs.

SCCG 112/2019 GOVERNING BODY MEETING DATES 2020

The Governing Body noted the meeting dates for 2020.

SCCG 113/2019 ANY OTHER BUSINESS

There was no further business.

SCCG 114/2019 DATE OF NEXT MEETING

An Extraordinary meeting of the Governing Body has been scheduled for Thursday, 16 January 2020, starting at 2.00 pm (venue to be confirmed). Please note: it may be necessary to

cancel this meeting in the light of the political situation following the general election.

Thereafter, the next Governing Body meeting will be held on Thursday, 30 January 2020 at 9.30 am at Wynford House, Yeovil. Members of the public are welcome to attend.

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 28 NOVEMBER 2019**

Text in green was added arising from discussion at the meeting of the Governing Body on 28 November 2019 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 28 November 2019			
751	GB thanks to be extended to the Infection Control and Safeguarding Teams for their annual reports	Sandra Corry	13/1/20: Complete
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	
748	QSP Report: Diagnostic six week waits: duplication of the information against YDH and RUH to be checked	David Freeman	
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
746	CRR report: Further detail to be provided to the GB around risk 203	David Freeman/ Claire Miller	
745	CRR report: Amend work completion date for risk 361 to read 31 January 2020	Claire Miller	
744	Write to the Sir Peter Carr team	Dr Ed Ford	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
742	Public Questions: Response to Ms Caller's final question to be prepared when appropriate	David Freeman	

741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly	30 January 2020
Actions Arising from Meeting held on 19 September 2019			
740	WRES Action Plan and future staff surveys to be broadened to include escalation around BME bullying and harassment indicators	James Rimmer (Sophie Wainwright)	19/11/19: Confirmed this will be included in the next iteration of the staff survey and results brought back to the GB in late Spring 2020 (May/June). Closed
738	Winter scenario planning and testing to be undertaken, around elective care in particular, and reported to the Finance and Performance Committee	Alison Henly/ David Freeman	29/11/19: System winter workshop held to consider different scenario testing, feeding into F&P Committee and A&E Delivery Board. Complete
737	Include Performance and Quality as a separate section in the Winter Plan for 2020/21	David Freeman	
736	Share the Somerset Winter Plan with the Local Health Resilience Partnership	David Freeman	
735	Review the Winter Plan around 7-day working	David Freeman	
734	Winter Plan: Arrangements for vaccinating primary care staff, including monitoring of take-up, to be reviewed	David Freeman (James Warren)	
730	Discussion to be held with SomPar about reducing the backlog in the podiatry service	David Freeman	28 November (under Matters arising) Complete – refer to Minutes of 28 November
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	
727	360° survey analysis to be discussed with the Local Authority and Health and Wellbeing Board	Dr Ed Ford David Freeman	6/1/20: Complete , as part of discussions around Integrated Care System (ICS) and joint commissioning.

725	Progress formal sign-off of the Operational Plan and establish the reasons for the delay with NHS England	Alison Henly	27/8: Awaiting further feedback from NHSE/I 8/1/20: Email received 22/9/19 that contracts can now be signed for 2020/21 - Complete
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
722	Defibrillator data information to be requested from SWAST	David Freeman (Becky Keating)	3/9: Data information has been requested from SWAST.
721	Register to be updated on the website	Kathy Palfrey	Complete
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	12/7: Being progressed.
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	David Freeman/ Andrew Keefe	12/11/19: This has been determined as a Mental Health Commissioning Team risk rather than Safeguarding

Actions Arising from Meeting held on 22 November 2018

688	<p>Update on the BSW Transformation of Maternity Services to be included on the March agenda</p> <p>Note: 9/5/19: this has been further deferred to May at the request of BSW</p> <p>Note: 12/2019: to be included on the SCCG GB agenda for January 2020 at the request of BSW</p>	<p>Dr Rosie Benneyworth/ Lucy Baker</p>	<p>Update from Lucy Baker:</p> <p>The BSW maternity transformation public consultation, which commenced on 12 November, continues. As at 20 December, there have been 606 responses, the majority from Paulton and surrounding areas. No formal responses have been received from Frome or surrounding areas. This was expected due to the varying levels of impact on communities. As a result, we will be undertaking dedicated engagement sessions in the Frome area in the New Year to encourage residents, particularly mums and families, to confirm they are happy with the proposals that services remain unchanged.</p>
			<p>Included as an agenda item for the Governing Body meeting on 30 January 2020. Complete</p>

12 January 2020