

Report to the NHS Somerset Clinical Commissioning Group on 28 January 2021

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 26 November 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 26 November 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 26 November 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 26 November 2020.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the **Part A Meeting of the NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 26 November 2020** via **MS Teams (Virtual Meeting)**

Present:	Lou Evans (Acting Chair)	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Dr Jayne Chidgey-Clark Trudi Grant	Non-Executive Director, Registered Nurse Director of Public Health, Somerset County Council (to and including item SCCG 093/2020)
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Acting Director of Quality and Nursing (representing Sandra Corry)
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Judith Goodchild Maria Heard	Chair, Healthwatch (Observer) Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Dr Alex Murray	Clinical Director Fit For My Future (to and including SCCG 093/2020)
	Allison Nation	Associate Director, Digital Strategy (for item SCCG 0/2020)
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Sandra Corry	Director of Quality and Nursing
	Wendy Grey	Non-Executive Director, Member Practice Representative

SCCG 083/2020 INTRODUCTION

Lou Evans, Acting Chair in the absence of Dr Ed Ford, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting.

SCCG 084/2020 PUBLIC QUESTIONS

As we work through the Covid19 period, members of the public are invited to submit their questions in advance to the Governing Body meeting via our website and guidance for how to do this is provided at the following link:

<https://www.somersetccg.nhs.uk/publications/governing-body-papers/>

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

There were no public questions.

SCCG 085/2020 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Dr Ed Ford, Sandra Corry and Wendy Grey. Sandra Corry was represented by Val Janson, Acting Director of Quality and Nursing.

SCCG 0086/2020 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 19 November 2020.

David Heath advised that he had ceased to be a Non-Executive Director, Bath and Wells Multi-Academy Trust – the Register will be updated.

Basil Fozard advised that his Interests had been updated but had missed the publication date. Basil Fozard confirmed there were no conflicts of interest in respect of any of the agenda items.

SCCG 087/2020 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 the 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 088/2020 MINUTES OF THE PART A MEETING HELD ON 24 SEPTEMBER 2020

The Meeting received the Minutes of the Part A meeting held on 24 September 2020. By a virtual show of hands, the Minutes were

approved for signature by the Chairman as a true and correct record, subject to the following amendment:

Page 17, paragraph below action 781: Amend to read “Dr Jayne Chidgey-Clark stated that she fully understood the concerns that people had raised around travel. However, from a patient safety and quality perspective, Dr Chidgey-Clark felt this was outweighed by the patient safety and staff risks that had also been raised, given that mental health inpatient facilities are a county-wide service and not specific to Wells.”

SCCG 089/2020 MATTERS ARISING AND ACTION SCHEDULE

A verbal update was provided against the following action:

Action 780, Patient Engagement and Community Engagement Indicator assessment: We were informed by NHS EI on 25 November 2020 that our assessment for 2019/20 had moved from Requires Improvement (2018/19) to a Green*. Full marks were given against every domain with the exception of Domain E, Equalities and Health Inequalities. The CCG has a plan to address this.

Governing Body members congratulated the Patient and Community Engagement Team for their excellent performance.

SCCG 090/2020 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 September to 31 October 2020, together with the various meetings attended by Lou Evans from 25 September to 26 November 2020.

SCCG 091/2020 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

The Meeting received and noted the Chief Executive's Report, together with a verbal report from James Rimmer, who highlighted the following:

- for Covid-19, a national move back to alert Level 4 (highest) with effect from 5 November 2020
- the UK Threat Level has changed from Substantial (a terrorist attack is likely) to Severe (an attack is highly likely)
- as at 11 November, the Somerset Operational Pressures Escalation Level (OPEL) was Level 3. All health and care partners are responding well and we are providing some support to neighbouring systems
- ICS partners have written an open letter to Somerset residents to encourage people to remember “Hands, Face, Space”; to use the NHS; “talk before you walk”, and don't suffer in silence. This is true for mental health as well as physical health
- the CCG national ratings were reported on 25 November 2020: Somerset remains as Requires Improvement but NHSEI

acknowledged the good progress that had been made over the past 12 months

- Somerset is hoping to be designated as an ICS (Integrated Care System) before the calendar year end

Governing Body members thanked the ICS for the open letter, which had been well received by patients and GP Practices.

SCCG 092/2020

COVID-19 UPDATE

The Meeting received and noted the data for the Covid-19 pandemic as at 19 November 2020, as produced by Somerset County Council's Public Health team. Trudi Grant (Director of Public Health) and James Rimmer provided an updated verbal report and it was noted that:

- the effects of the second lockdown are starting to be seen, with figures reducing and levelling
- Somerset has experienced 5000 confirmed cases since the beginning of the pandemic, and now has a rate of 105.8 per 100,000 population (135 at peak)
- it will be important to make the last week of the second lockdown period count, and further reduce the infection rate: the more we increase our personal risk of Covid-19, the more we increase the risk to others
- Somerset has managed 600 local outbreaks. There has sadly been a slight increase in the number of deaths over the past two weeks
- from a service perspective, Somerset continues with its triple aim of responding to Covid-19, responding to winter pressures and working towards recovery
- some elements of elective services have been maintained but others have been stood down

Referring to the number of deaths, Grahame Paine noted that the information does not include a breakdown of the age range: Trudi Grant responded that Somerset deaths are in the older population. There is now a slightly different pattern of hospital admissions, with more young people being admitted than in the first phase. Their condition is being managed effectively to allow them to return home as soon as possible.

Dr Jayne Chidgey-Clark asked about capacity in the south-west and the likelihood of the Nightingale hospitals being opened: James Rimmer advised that Sir Keith Willets, leader of the national response, had reported to Matthew Hancock that services and staff were now "very tight and very tired", and the second lockdown has been harder than the first. The Nightingale hospitals are being reviewed on a weekly basis but at present are not being used. Critical care capacity is being reviewed nationally. The Exeter Nightingale Hospital has a different

model to the Bristol Nightingale. The Bristol Nightingale will start outpatient services for the Bristol Eye Hospital and paediatric day care for the Bristol Children's Hospital on 30 November. Both Bristol hospitals receive patients from Somerset, and the Bristol Nightingale will be able to provide the services in a more Covid-secure setting than their current environments.

Trudi Mann asked about the communication plan for the Covid-19 vaccine: James Rimmer confirmed that we are making plans for mass vaccination and Somerset is well prepared to respond when the vaccines become available. GP Practices have been excellent in their support. Colleagues in the acute hospital will lead the healthcare worker response. We are working with the national team around the communications' plan and when clear messages are received, these will be shared.

Basil Fozard asked about the communications' strategy to explain how people's own behaviour can influence the outcome for older people: Trudi Grant stated that messages need to be focused differently; firstly, towards the vulnerable population to make them aware and ensure they are practicing infection control. A different message will need to be focused towards younger people and working-age adults, as this is the group which is more likely to socialise in the run-up to Christmas, so they must remember to adopt the Hands, Face, Space approach.

Dr Alex Murray confirmed that daily conversations are taking place with the Primary Care Network (PCN) Clinical Directors. Somerset NHS Foundation Trust, the local authority and volunteers are also being mobilised across the county. The system is working together to deliver a number of initiatives – the Covid at home project; the soft launch of Think 111 First; and the mass vaccination plan. So it is very busy, people are tired, but their hard work continues.

SCCG 093/2020

SOMERSET INTEGRATED DIGITAL e-RECORD (SIDeR) REPORT

The Meeting received the SIDeR progress report which, contrary to the agenda, was brought for note rather than approval. Alison Henly and Allison Nation provided a presentation update which would replace the current papers on the website. It was noted that:

- the SIDeR Shared Care Record (SSCR) was scheduled to go live in April 2020 but was paused to allow digital services in Somerset to support their organisations in response to Covid-19
- the aim now is to go live in a phased approach with the first phase soft launch taking place from late November 2020 for Yeovil Hospital, St Margaret's Hospice and 63 of 65 GP practices
- Somerset County Council Adult and Children's Social Care, together with Somerset NHS Foundation Trust acute, community and mental health are due to commit to follow in 2021
- the SSCR will offer many potential benefits for both service providers and patients

James Rimmer commented that SIDeR had been a very powerful and collaborative project and thanked the Digital Team for their work. The programme does, however, carry some risk, predominantly delays due to Covid-19.

Lou Evans was encouraged to hear about the progress made to-date and confirmed that further discussion would take place in Part B.

Action 787: Website to be updated to replace the current papers with the latest SIDeR presentation (Kathy Palfrey)

SCCG 094/2020

**EMERGENCY PLANNING, RESILIENCE AND RESPONSE (EPRR)
SELF-ASSESSMENT ASSURANCE UPDATE REPORT**

The Meeting received the EPRR Self-Assessment Assurance Update Report. Maria Heard and Peter Osborne provided a verbal report and it was noted that:

- this year has seen a sustained focus on EPRR due to Covid-19, preparations for EU exit and winter planning
- NHS EI have refined the process for 2020/21 so that organisations: focus on the actions taken in areas where they were partially or non-compliant last year; take the learning from the first wave of Covid-19 and include this in winter planning; undertake chemical biological, radiological and nuclear (CBRN) audits
- in 2019/20, the CCG, YDH and Taunton and Somerset NHS Foundation Trust (TST) were awarded full compliance with the standards; Somerset Partnership NHS Foundation Trust (SomPar) was assessed as substantially compliant and was required to progress three specific standards
- on 1 April 2020, TST and SomPar merged to form Somerset NHS Foundation Trust (SFT). The requirement to progress the three areas of non-compliance was carried forward to the new organisation. Full compliance is expected by March 2021
- all three organisations – CCG, YDH and SFT – are taking a continuing improvement approach towards learning, not just for EPRR but across all services and are incorporating the learning into their winter arrangements
- the CCG informally sought emergency planning reassurance from other key providers: SWAST - being assessed by Dorset CCG; Devon Doctors – being assessed by Devon CCG; E-zec (patient transport) – being assessed by BANES CCG; Care UK 111 Services – being assessed by London CCGs
- the CCG EPRR Policy has been reviewed in the light of the Covid-19 pandemic and will go to the Clinical Executive Committee for formal sign-off in December

Dr Jayne Chidgey-Clark asked about the risks and mitigations for the core standards where SFT is currently non-compliant: core standard 52 - monitoring of the Business Continuity Management systems against Key Performance Indicators (KPIs); core standard 66 – internal CBRN training:

Peter Osborne responded that the merger of the two organisations had been positive in respect of improving compliance against the core standards. Staff have previously received CBRN training and full compliance is expected by the end of December 2020.

Trudi Mann commented that GP Practices have their own business continuity plans and the Care Quality Commission (CQC) expects these to reflect the core EPRR standards. Trudi Mann asked, given their core role in the Covid-19 pandemic, if GP Practices were included in the EPRR assessment process:

Maria Heard responded that GP Practices have not been formally part of the EPRR process in the past, but they are being supported by the primary care cell, which is in daily contact. Peter Osborne advised that the Local Medical Committee (LMC) is part of the system-wide group on the emergency planning forum under 'business as usual' and this will be broadened to involve as many of our providers as possible.

Referring to the Statement of Compliance, the Governing Body and the Director of Public Health confirmed they were assured about the arrangements in place for EPRR, and noted that the CCG's self-assessment position had been assured by NHSEI as Fully Compliant.

By a virtual show of hands, the Governing Body approved the EPRR Statement of Compliance.

SCCG 095/2020

FINANCE REPORT 1 APRIL TO 30 SEPTEMBER 2020

The Meeting received the Finance Report for the period 1 April to 30 September 2020. Alison Henly provided a verbal report, summarised as follows:

- as previously advised, for the first six months of this year a retrospective claim process has been in place for additional costs in excess of the CCG's initial allocation
- retrospective claims for the period April to August have been fully funded and therefore the report only reflects the variance for September which has informed this month's claim
- the report highlights a variance of £4.3m, made up of £2.1m Covid related costs and £2.2m of non-Covid costs. The report highlights these variances for full transparency
- the payment with NHS trusts has moved to a block contract basis for 2020/21, based on actual 2019/20 expenditure levels, and the variances reflect where these are higher than the funding available

- a number of specific issues have impacted on prescribing resulting in a variance of £541k in September, including a reduction in the funding allocation for primary care services
- a national audit programme is currently taking place and as a result confirmation of funding is slightly delayed, with confirmation expected by the end of November
- the CCG has continued to support local businesses through ensuring fast payments and is routinely paying 100% of invoices within 30 days
- budgets for months 7-12 have now been reviewed and supported at the Finance and Performance Group and we will report against these moving forward

Grahame Paine commented that this is the first month in 2020/21 that our performance is being assessed against an agreed budget. A £4.2 million variance is shown on page 7 of the report and the Finance and Performance are Committee are drilling down into this.

By a virtual show of hands, the Governing Body approved the report of the CCG's financial position as at 30 September 2020.

SCCG 096/2020

INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL TO 30 SEPTEMBER 2020

The Meeting received the Integrated Board Assurance Report for the period 1 April to 30 September 2020. Alison Henly and Val Janson provided a verbal report, summarised as follows:

- there has been a significant increase in demand for the out of hours and 111 service and more recently ambulances. To support this a number of actions have been taken:
 - the launch of the Think 111 first initiative due to come online from 1 December 2020
 - recruitment of the high intensity users to support 30 patients through signposting to more appropriate services
- elective performance:
 - in September 2020, 33,887 patients were on an incomplete pathway waiting for their definitive treatment. This represents a reduction of 5,400 patients compared to the position in February. While the referral demand further increased in September, the overall number of patients on an incomplete pathway reduced by 641 compared to August due to the

significant increase in the volume of elective activity delivered in September

- there has been a continued focus on people who have waited for the longest period of time. As a result of the prioritisation of long waiting patients and the focus on the increase in elective activity, the rate of increase in the number of patients waiting in excess of 47 weeks is starting to slow
- the report shows the current performance levels of cancer services and the significant number of positive actions which are being taken to improve the position
- the improving access to psychological therapy (IAPT) service continues to exceed the national and local performance recovery targets. The change in service model to supporting people predominately through telephone, video and webinar interventions has succeeded in maintaining the service delivery. Face to face appointments are still available by exception, and where clinically appropriate, in line with national guidelines
- the report includes a summary of our important focus on Learning Disability and Autism. This section will continue to be developed to reflect the focus we have on this
- the report summarises the development taking place in Somerset maternity services. Digital resources are being formally launched in November, including a mum and baby app, a maternity toolkit and a number of animations to give support, advice and signposting to support Somerset women and families
- some elements of reporting have been stood down in line with the national guidance for reducing the burden during Covid-19
- the Quality and Nursing Directorate is supporting many of the Covid-19 cells and the Infection Prevention and Control team are working across the whole system, including with the Local Authority and Public Health

Basil Fozard emphasised that over the next five or six months we should focus on things that are manageable, and draw up a 'super priority list' eg. diagnostics, 62 day cancer target, prophylaxis, children's mental health: Val Janson confirmed that we are already focusing on these and other priorities, and that much 'business as usual' is taking place to reflect our statutory duties.

Dr Jayne Chidgey-Clark asked about aspirational trajectories to limit the impact of Covid-19: Val Janson responded that we are working with Healthwatch to look at harm reviews. James Rimmer advised that risk assessment planning is underway, both locally and regionally. We are focusing on performance in Somerset but we work closely with the regional team and other regions to benchmark ourselves against the national picture. Somerset is generally performing well although the challenges will continue. We are looking to mitigate the risks wherever possible and to ensure service maintenance when we can. Use is being

made of the independent sector facilities, at Nuffield Taunton and Shepton Mallet.

SCCG 097/2020 DATES FOR GOVERNING BODY MEETINGS 2021

The Meeting received and noted the dates for the Governing Body meetings during 2021 until March 2022. MS Teams meeting links will be issued to the Governing Body and members of the public would continue to be invited to pre-register and raise Public Questions. We hope to be able to resume some face-to-face meetings in the spring but this will depend on the Covid-19 situation.

SCCG 098/2020 ANY OTHER BUSINESS

There was no further business.

SCCG 099/2020 DATE OF NEXT MEETING

The next meeting of the Governing Body will be held on 28 January 2021 at 9.30 am via MS Teams. Papers will be published in advance on our website and members of the public are invited to submit their questions to kathy.palfrey@nhs.net by midday on Tuesday, 26 January 2021.

The Chairman brought the Part A Meeting to a close and advised that the Governing Body would now move into closed session. Part B meetings are held in private due 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 26 NOVEMBER 2020**

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 26 November 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 26 November 2020			
787	Website to be updated to replace the current papers with the latest SiDeR presentation	Kathy Palfrey	Complete
Actions Arising from Meeting held on 24 September 2020			
784	Decline in VTE assessments to be raised with YDH	Sandra Corry/ Val Janson	Providers are looking at this. Some data has been supplied but there are gaps. (Per VJanson 26 November 2020)
783	Review the risk ratings contained in the Winter Plan against the risk register and reflect appropriately	Alison Henly/ Alison Rowswell	We regularly review our risk ratings and this will be reflected appropriately. Closed.
782	Monthly email about progress on West Somerset digital access to be sent to Governing Body members	Alison Henly/ Allison Nation	Ongoing. Closed
780	Chairman's Report: Patient Engagement and Community Engagement Indicator assessment to be followed-up: what is the outcome? what are the reasons for the delay?	Jane Harris	The Indicator assessment is undertaken by NHSE/I but has been delayed due to Covid-19 priorities. As at 26/11/20: We were informed by NHS EI on 25 November 2020 that our assessment for 2019/20 had moved from Requires Improvement (2018/19) to a Green*. Full marks were given against every domain with the exception of Domain E, Equalities and Health Inequalities. The CCG has a plan to address this. Closed

Actions Arising from Meeting held on 30 July 2020			
776	QSP Exceptions Report: Consider how we can work to understand the impact of delayed treatment on patients' quality of life	Sandra Corry/ Val Janson	As at 26/11/20: We are working with Healthwatch to look at harm reviews, starting with a pilot project of 50 patients with intention to roll out across Somerset FT and YDH (per VJanson). Risk assessment planning is taking place both locally and regionally (PS&Q)
Actions Arising from Meeting held on 28 November 2019			
741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly/ Peter Osborne/ Jacqui Damant	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. 22/7/20: Covid19 led to this action being stalled. Discussion took place with Tanya Whittle on 14 July 2020 to agree a way forward.
			It was agreed to set up a planning workshop in early September, following initial scoping work, with a view to taking this to the Audit Committee in September for support.

			<p>24/9/20: This action has again been delayed due to Covid-19. However, a project team has been established to clarify and create an organisation-wide database which will produce a comprehensive register. This will be brought to a future meeting once we have a draft to share.</p> <p>9/12/20: The Procurement register was reviewed by the Audit Committee on 9 December. The Audit Committee reviewed the current information and agreed to adopt the revised template, which will now be populated to provide more transparent information This will be taken forward through an internal working group.</p>
Actions Arising from Meeting held on 25 July 2019			
722	Defibrillator data information to be requested from SWAST	Alison Henly (Becky Keating)	<p>3/9: Data information has been requested from SWAST.</p> <p>23/6/20: Helen Weldon is progressing this action.</p> <p>22/1/21: SWAST has advised that, due to GDPR, the detail of any privately owned devices (whether public access or not) and/or of business or organisation-related devices linked to SWAST, cannot be shared. A list of general locations for SWAST devices has been shared, but because this is linked to a live system it is changeable as devices are moved about to support usage. The GoodSam app has been developed to support defibrillator information and also the National Defibrillator Network (NDN) project is being undertaken by the British Heart Foundation (BHF) to create a centralised database of defibrillators across the country. This is due to become operational later this year.</p> <p>Complete</p>

22 January 2020