

**Report to the NHS Somerset Clinical Commissioning Group on 25 November 2021**

<b>Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 23 September 2021</b>	<b>Enclosure B</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 23 September 2021. 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 23 September 2021 to confirm that the Chairman may sign them as a true and correct record.

**Impact Assessments – key issues identified**

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: <a href="https://www.somersetccg.nhs.uk/publications/governing-body-papers/">https://www.somersetccg.nhs.uk/publications/governing-body-papers/</a>			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	The Minutes are the formal record of the meeting held on 23 September 2021.			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	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, 23 September 2021** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Dr Jayne Chidgey-Clark	Non-Executive Director, Registered Nurse
	Lou Evans	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
	Neil Hales	Interim Director of Commissioning
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Maria Heard	Programme Director, Fit For My Future
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Director of Quality and Nursing
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Dr Alex Murray	Clinical Director, Fit For My Future
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
	Dr Helen Thomas	Non-Executive Director, Member Practice Representative
In Attendance:	Catherine Connor	Associate Director Mental Health, Autism, and Learning Disabilities (for item SCCG 087/2021)
	Jacqui Damant	Associate Director of Finance (for item SCCG 087/2021)
	Sophie Islington	HR and Recruitment Lead Officer (for item SCCG 088/2021)
	Judith Goodchild	Chair, Healthwatch (Observer)
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
	Eelke Zoestbergen	Quality Lead for Community Services, Learning Disabilities and Mental Health (for item SCCG 086/2021)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body

**SCCG 077/2021 WELCOME**

Dr Ed Ford welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting

**SCCG 078/2021 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.

We had received one Public Question in advance:

**1 From Emma King (member of the public):**

**“It is now a year since the decision to close St Andrew’s ward in Wells was announced, in spite of the public consultation revealing that over half of the respondents wished the ward to remain open. Throughout the consultation and since this time, we have been repeatedly told that one of the main reasons for closure is because St Andrew’s is “unsafe” as it is a stand-alone ward.**

**In my year of campaigning, I have received no evidence to back up this claim. Furthermore, if stand-alone wards are intrinsically unsafe, then why was Phoenix ward closed and why were we told that St Andrew’s would remain open if it was being knowingly made unsafe? It just seems terribly convenient that it has become unsafe at just the point that you wish to close it in order to consolidate all the services at either Yeovil or Taunton, places which are inconvenient for a large proportion of service users in Somerset.**

**So, my questions are these: why was Phoenix ward closed, with the promise of retaining St Andrew’s, if it was known that stand-alone wards are unsafe? Is this not an example of “planned neglect”? Additionally, please give me some SPECIFIC examples of safety issues that have occurred at St Andrew’s, the frequency of these occurrences and how moving the ward to Yeovil will address these safety issues. Please do not discuss any other aspects of the closure, or incidences at different wards, as I need specific incidences at St Andrew’s relating to its status as a stand-alone ward.”**

Maria Heard responded as follows:

The reason for the proposal, and ultimately the decision, to relocate St Andrew’s Ward was based on ‘Quality and Safety’ grounds. At no point was it ever stated the ward was ‘unsafe’: if the ward was deemed to be ‘unsafe’ it would have been closed on those grounds with immediate effect.

Rather, it was recognised that the standalone nature of St Andrew's Ward was, and remains, sub-optimal, for all the reasons outlined in the consultation documentation and process. Consequently, numerous mitigations have been put in place to enhance the quality and safety concerns including, wherever possible: not admitting patients to the ward who are not known to the service; not admitting patients after 3pm midweek nor at weekends; not admitting patients with high risks of self-harm, aggression to others, or people with very complex physical health care needs. By carefully managing the admissions and flow through the ward, incidents at St Andrew's are minimised. However, this displaces higher risk patients to the remaining wards, most notably those in Taunton, and is not a sustainable solution.

It would be clinically inappropriate to give details of specific incidents on St Andrew's Ward as this could potentially identify individual patients. It would be fair to say that the number of incidents on the ward are relatively low, but this is due primarily to the above mitigations and active clinical management of all the wards in Somerset.

The decision to close Phoenix Ward was made before the CCG was created and so we cannot comment on the decision-making process at that time. What we can comment on is the current situation where the acuity of mental health inpatient services has increased and the highest levels of both quality and safety on all our wards need to be considered and supported.

**SCCG 079/2021    APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**SCCG 080/2021    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 15 September 2021.

- Dr Jayne Chidgey-Clark advised that her appointment at Kent and Medway had concluded on 22 September 2021.
- Grahame Paine advised that he was no longer Chair of WA Lab Global Enterprise.

The Registers would be updated accordingly.

**SCCG 081/2021    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 082/2021 MINUTES OF THE PART A MEETING HELD ON 22 JULY 2021**

The Meeting received the Minutes of the Part A meeting held on 22 July 2021. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

**SCCG 082/2021 MATTERS ARISING AND ACTION SCHEDULE**

There were no matters arising. The action schedule was noted.

**SCCG 083/2021 CHAIRMAN'S REPORT**

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 July to 31 August 2021, including the various meetings attended by Dr Ford during this time.

In addition, the Meeting received and noted the Annual Engagement report for the period 1 April 2020 to 31 March 2021, and congratulations were expressed to the Communications and Engagement Team, who had successfully managed to keep the engagement programme running despite the various Covid-19 lockdowns throughout the year.

The Meeting also received and noted the Somerset CCG Annual Report Summary, which follows the comprehensive report that had been considered by the Governing Body in June and the Annual General meeting held on 14 September 2021.

**SCCG 084/2021 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:

- the recent government announcement of Winter Plan A and Plan B: Plan A focuses on the vaccination programme and Somerset continues to do well despite workforce challenges
- the ICS continues to make progress towards the establishment of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP)
- the whole health and care system is experiencing immense operational pressures across the country, and Amanda Pritchard, NHS England Chief Executive, has described this summer as being the busiest summer on record.
- a support package has been made available to GP Practices in Bridgwater, to assist them with the increase in their patient lists following the regrettable but necessary closure of Victoria Park Medical Centre
- the NHS England annual review of Somerset CCG: although no ratings are being provided for 2020/21, due to the extraordinary and continuing circumstances of the pandemic, the review was very

positive, stating that "... the CCG has maintained focus and energy ... the leadership team and the entire CCG workforce have worked extremely hard, at pace, and under challenging conditions..."

James Rimmer and Dr Ed Ford thanked the Governing Body, the Executives and colleagues across the CCG for their work over the past year, which had culminated in a very favourable end of year annual review by NHS England.

## **SCCG 085/2021 COVID-19 UPDATE: PUBLIC HEALTH POSITION AND VACCINATION PROGRAMME**

James Rimmer, Trudi Grant and Alex Murray provided a verbal report about the latest position and it was noted that:

- Somerset has recently seen an increase in its number of positive cases – currently 247 per 100,000 population – which is largely due to the post-summer school return
- we are working with schools to reduce their infection rates and several outbreaks in schools are being proactively managed. Government policy is to keep children and young people in education while continuing to control the spread of the infection
- the R (reproduction) rate for the south-west is currently 0.9-1.1, but in practice this is likely to be slightly higher due to the delay in reporting
- there is a good degree of pressure in the acute system but the specific pressures due to Covid are now beginning to reduce. However, there has recently been a further Covid-related death, bringing the total deaths from Covid in Somerset to 830 since the beginning of the pandemic. We remain within the five-year average for deaths, but it must be remembered that every death is a tragedy, for the individual, their family and friends
- the vaccination programme continues to be very busy, and completion of Phase 2 – two doses for everyone over 18 – is now almost at an end
- the Evergreen Offer continues, ie. for anyone over 18 years who has not yet been vaccinated
- good progress has been made with the first dose vaccination for 16-17 years old, children who are clinically extremely vulnerable, and a third dose for those who have a suppressed immune system. The first vaccination for healthy children aged 12-15 years started in schools on 22 September 2021
- we are aware of a current problem with the national booking system and have moved temporarily to a local system
- there will be an extended 'flu vaccination programme this year, which will include everyone over the age of 50 and those who are clinically extremely vulnerable. The flu and Covid vaccination can be given together but it should be noted that people may be called for a flu

vaccination while we are waiting for Covid boosters; in which case, they should attend for a flu vaccination and later, for the Covid booster, ie. people should not delay their flu vaccination

Wendy Grey asked if volunteers are still required to support the vaccination programme, as some people had applied but were not contacted: Dr Alex Murray apologised that not everyone had received a reply, which was likely due to the huge response we had from several thousand volunteers. SPARK is responsible for co-ordinating the non-clinical volunteers and SFT for the clinical volunteers; potential volunteers are asked to get in touch with those organisations directly if they are still interested.

Sandra Wilson expressed confusion between the national and local systems, and asked for clarification about the process for the next stage vaccination programme: Dr Alex Murray responded that this is a national issue, as the new booking system and text messaging service has been delayed by technical difficulties. Locally, we are searching the registers for eligibility and we will contact people directly until the national system is up and running. The focus is on those aged over 80 years, care homes and health and social care front-line staff. In the meantime, people should not contact primary care or the NHS directly. In general, people will receive their vaccinations at pharmacies, mass vaccination centres or through PCNs rather than via their individual GP practice.

The Meeting noted the update on Covid-19 and the vaccination programme.

## **SCCG 086/2021 PATIENT STORY: “OLI’S REQUEST”**

Introducing this item, Val Janson explained that the video had been prepared for the System Quality Group, a group of system leaders who look at quality and risk. The video was shown at a specific session relating to people with a learning disability, where Oli’s Request was used to set the scene from which we could take forward the learning and our future plans. The purpose of sharing the video with the Governing Body meeting today was to remind us all and ground our thinking about what is important for people.

Eelke Zoestbergen read an introductory biography, kindly provided by Oli’s Mum:

“May I proudly introduce my Son Oli in the video you are about to see.

He is a kind and gentle young man who happens to have a Learning Disability.

Oli worries, loves, hurts and feels just like we all do.

Take the time to listen to his words, maybe learn how you can help Oli and others with Learning Disabilities as they navigate the sometimes scary world of Health Services.

Health Professionals have the power to make it both a positive and a lot less worrying experience.

A friendly smile and a little chat can make all the difference. It's the small things that can make or break an appointment.

Oli will never forget the Surgeon who was happy to move his Hernia Operation back by a week so that he [Oli] could go to a Metallica Concert!

Let us all work together to make a positive difference to all Patients with Learning Disabilities.

With Thanks”

**Oli's Request - Video Transcript:**

“Hi, my name is Oli and I have a learning disability.

I can also play the drums!

I have feelings and worries, just the same as you.

I should have the same rights as you.

My learning disability makes communicating and processing information more difficult. Be kind and explain things in simple words – no jargon. NO JARGON, PLEASE!

Do not rush me. Make sure I have understood you. Make me feel good. Don't try and control me.

When I go to the GP or hospital, I like to be able to know the name of my Nurse/Doctor, and to be treated kindly.

Give me extra time and explain what will happen.

Please send me easy-read letters with no big or complicated words. Pictures are great.

Support me to make good decisions and please include my Mum, as she knows me best of all.

Please use the Oliver McGowan mandatory training in learning disabilities and autism for your staff. This will help them understand our needs and improve health and wellbeing outcomes.

I want to be safe, happy and well. I'm quite scared of being ill and being in pain.

I want to help make decisions about my health: we can help each other; we can be ... A Health Team!

Please make reasonable adjustments, like: extra time; first or last appointment of the day; a calm environment; easy-read letters. Let me bring my Mum or Dad.

Please learn from my lived, life experience.”



Governing Body members expressed their sincere thanks to Oli and his family for providing such a clear and important message for how health professionals should try to tailor every appointment to the needs of the individual. It was agreed that this is particularly important for people with a learning disability or learning difficulty, and also for older people and people with dementia. The Governing Body fully agreed with Oli, that health professionals should make reasonable adjustments for people with a learning disability: extra time; a first or last appointment of the day; a calm environment - and most importantly, a two-way, no jargon conversation around health concerns and making decisions, ensuring that both the patient and their family/carer have full understanding.

In terms of easy-read letters and no jargon: bearing in mind that most patients do not have a clinical background, every patient should have the right to understand and be involved in the discussions and decision-making processes relating to their own health - at the initial appointment stage and at every appointment thereafter. No jargon: simple, easy to understand conversations and easy to read letters is what all health professionals should aspire to, for all patients, across all aspects of healthcare.

The Governing Body agreed that Oli's Request, in its simplicity, was very clear, and asked how the learning could be taken forward:

James Rimmer advised that the work ties in with the SEND improvement work that continues to be progressed. Wendy Grey asked about the Oliver McGowan training and how this would be disseminated:

Val Janson advised that Oli is being cared for in the BNSSG system and that Oli's Mum has done a tremendous amount of work with the quality surveillance group to bring together a system programme of learning. The Oliver McGowan training will become mandatory from April 2022 and in the meantime, Somerset CCG will be running some initial training sessions in October 2021, which will help us to shape the final mandatory programme. Wendy Grey noted that a stakeholder event will be taking place on 1 December 2021, open to everyone.

Referring to the strategic future and development of the strategy, Maria Heard suggested that commissioners need to hear the LD voice more strongly and welcomed the opportunity to work with Eelke Zoestbergen and the Comms Team on this aspect.

Alison Henly thanked Oli and his family for the very powerful message they had sent: the simplicity of the message was stark and the reminder timely. Alison Henly asked that an update be provided to a future Governing Body meeting, in particular, to measure and understand the success of the Oliver McGowan training and engagement programme.

Dr Ed Ford felt that Oli had sent a very important message and emphasised that in every consultation, the understanding of the patient in how to manage their health condition is paramount. It is an extremely important and timely reminder for all health professionals, to sign up to the ethos of "Make every contact count." Thank you, Oli.

Sandra Wilson thanked the Governing Body for their very compassionate and positive responses. Whilst people with a learning disability feel

everything in a heightened way, it is a message that needs to be considered in all cases for all patients. It is sad that this must be said – Oli's message should be the 'norm' for every patient.

- Action 801: Governing Body thanks to be expressed to Oli and his family (Val Janson/Eelke Zoestbergen)
- Action 802: Link to the Oliver McGowan training programme to be circulated to Governing Body members (Kathy Palfrey)
- Action 803: Work with Eelke Zoestbergen and Comms around the future health strategy, to raise the LD voice (Maria Heard)
- Action 804: Update to be brought to a future Governing Body meeting (January 2022) following early roll-out of the initial training sessions in October and the stakeholder event in December (Val Janson/Eelke Zoestbergen)

**SCCG 087/2021 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES DEVELOPMENT AND INVESTMENT**

Catherine Connor and Jacqui Damant provided a presentation on Children and Young People's Mental Health (CYPMH) services' development and investment. It was noted that:

- Somerset's level of investment in CYPMH services now exceeds the national expectation of 1% of total revenue resource allocated
- Covid-19 has had a mixed effect on the demand for services, eg. there has been an overall increase in demand for Tier 3 services, whereas demand for eating disorder services has broadly stayed the same but complexity has increased
- we wish to support the ambition to deliver care in less acute settings, ie. to take a preventative approach, and there is a range of Voluntary, Community and Social Enterprise (VCSE) providers who can offer support, particularly for low-level emotional needs
- CYPMH funding/investment has increased year-on-year over the past five years as follows:

2018/19	£5.86 million	0.77% of total revenue resource
2019/20	£7.00 million	0.87% of total revenue resource
2020/21	£8.28 million	0.95% of total revenue resource
2021/22	£5.31 million	1.14% of total revenue resource

(H1 Plan Apr-Sept)

- cumulative investment in CYPMH since 2018/19 is £1.9 million compared to an expectation of £0.94 million, ie. 203.26% of target
- cumulative investment in CYP eating disorders since 2018/19 is £0.33 million compared to an expectation of £0.23 million, ie. 141.66% of target
- Standards and Somerset Performance show an improving trend:

- Eating disorders: standard is that 95% of urgent patients should be seen within one week of referral. Rolling 12 months to May 2021 showed that Somerset achieved 82.9% (29 of 35 patients); 100% in the latest month (July 2021)
  - Eating disorders: standard is that 95% of routine patients should be seen within four weeks of referral. Rolling 12 months to May 2021 showed that Somerset achieved 67% (63 of 93 patients); 80% in the latest month (July 2021)
  - CYP Access: 35% of CYP with diagnosable mental health conditions will receive an evidence-based community mental health offer. Rolling 12 months to May 2021 show that Somerset achieved [unvalidated] 38.8% (one contact); [unvalidated] 24.1% (two contacts)
- Investment plans for 2021/22 include:
    - dedicated work for Children Looked After
    - CAMHS liaison worker in ED and Young Somerset discharge support initiative
    - intensive day support offer to prevent inpatient admission (eating disorders)
    - develop support and family therapy capacity (eating disorders)
    - develop a new Intensive Support Team integrated with the CAMHS Outreach Service (CYP crisis)
    - mental health staffing for the two intensive support houses, including clinical psychologist, assistant psychologist, nurses and support workers
    - increasing mental health support teams by two, to have 60% coverage by the end of March 2023, to deliver early intervention on emotional health and wellbeing issues such as mild-moderate anxiety

Governing Body members were pleased to understand the increased investment and that Somerset is exceeding the national requirement, although it was clear that more work is required particularly around the mental health strategy refresh. Catherine Connor confirmed that patient feedback is largely positive, and we will continue to engage with children, young people and their families to ensure their views are considered.

Trudi Mann commented that the national standard of 35% for CYP Access appeared very low, and that primary care colleagues are aware of the challenge around service access: Catherine Connor agreed but provided assurance about the 'one meaningful contact', which was likely to be higher than reported due to voluntary sector data not currently being incorporated. PCNs are interested in increasing their support and posts will be recruited to. Trudi Mann noted that this was not reflected in the finance and stated that some funds will be provided by the PCNs during H2 (October-March 2022). Jacqui Damant confirmed that the ambition for the longer-term plans is to allocate additional funding for PCN roles during 2023/24.

In response to Dr Jayne Chidgey-Clark, Alison Henly confirmed that Tier 4 beds are funded separately via the specialist commissioning team (NHSEI), and that in Somerset, we have invested in additional community services to attempt to mitigate some of the gap. Discussions are taking place with specialist commissioning about taking Tier 4 allocations earlier, and this will be picked up within the CCG/ICS as we move forward.

Val Janson emphasised her support for the intensive support options, as many young people are inappropriately having to be cared for in the acute hospitals.

Maria Heard commented about the national media coverage relating to children, in some areas, having to wait two or three years to access services, and asked about the waiting times in Somerset. Catherine Connor understood that there were no particular issues around the waiting times and agreed to pick this up separately with Maria Heard.

Action 805: Provide/discuss separately with Maria Heard the data relating to waiting times for CYP Access in Somerset (Catherine Connor)

Basil Fozard asked if consultants are supportive of seeing CYP at an earlier stage to hopefully avoid admission to a hospital bed: Dr Alex Murray responded that SFT, in partnership with the Local Authority, are leading this work element and assured the Meeting that consultants consistently want to see children earlier than they currently do.

Trudi Grant asked about the outcome measures and when a difference is likely to be seen. Trudi Grant also felt that – although too early at the moment – an Equality Impact Assessment (EIA) should be undertaken, and that we should start to use the new health inequalities' core measures relating to the 20% most deprived Somerset areas.

Action 806: Separate presentation relating to outcome measures to be shared (Catherine Connor)

## **SCCG 088/2021 GENDER PAY GAP NARRATIVE**

The Meeting received the data and accompanying narrative for the 2020 Gender Pay Gap submission. Sophie Islington provided a verbal report and it was noted that:

- the gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce, irrespective of role: it is not the same as an equal pay audit, which compares like roles to one another
- all organisations who have a headcount of 250 or more must comply with gender pay gap reporting by law
- the supporting narrative is not a legal requirement; rather, it is a recommendation, to ensure that those reading the report understand the employer's view of why a gender pay gap is present and what the employer has done to analyse and close it
- 80% of Somerset CCG employees are female; 20% are male

- the mean gender pay gap is 29.64%, ie. women in the CCG earn 70.36p for every £1 earned by men. This is an improvement on the March 2019 position, where the mean gender pay gap was 37.36%
- the median gender pay gap is 16.45%, ie. women in the CCG earn 83.55p for every £1 earned by men. This is an improvement on the March 2019 position, where the mean gender pay gap was 35.61%
- there is no bonus gender pay gap as no employees are in receipt of bonus payments
- analysis of role banding and gender shows that - with the exception of Band 3 - women are over-represented in the lower paid bands (Apprentice through to Band 6) and under-represented in the higher paid bands (8a, 8b, Medical, NEDs and Chair)
- where the difference is +/- 5%, ie. currently in bands 7, 8c, 8d and VSM, this is not considered to be indicative of an over or under representation of women
- 41% of women and 40% of men work on a part-time basis, which shows an equitable position
- the likely driver for the gender pay gap is occupational segregation, ie. where women are more likely to work in lower paid roles and men in higher paid roles
- Somerset CCG commits to continue to focus on equitable opportunities for both men and women, including, for example, flexible working, paternal/maternal leave, family-friendly policies etc.
- all recruitment is done 'blindly' (ie. we do not know if a candidate is male or female when they apply), and we ensure that advertisements are open to flexibility. We have also developed greater transparency around advertising senior roles (8a and above)
- there is a focus on equality and diversity, and training is undertaken annually
- the CCG has also joined the Women's Network System Group, which looks at how women are supported in the NHS

Wendy Grey expressed concern around the NEDs and Chair roles, where women are under-represented, and asked about the likely diversity of the ICB Board:

James Rimmer responded that the ICB will be a new organisation and so will have a new and refreshed board. Interview panels are now required to be appropriately diverse, so this element of work is already active.

Basil Fozard asked if the gender pay gap was peculiar to the CCG or whether a similar situation exists in the Acute Trusts: James Rimmer responded that the pay gap principally relates to the CCG Governing Body Chair and Non-Executive roles. In terms of the Executive roles, 74% are occupied by women, 26% by men. There is further work to do,

but there has been good progress at senior manager level.

By a virtual show of hands, the Governing Body approved the Gender Pay Gap Narrative for 2020.

## **SCCG 089/2021 FINANCE REPORT FOR THE PERIOD 1 APRIL TO 31 JULY 2021**

The Meeting received the Finance Report for the period 1 April to 31 July 2021. Alison Henly provided a verbal report and it was noted that:

- the ICS has received an overall system allocation, which confirms funding for the first six months of the financial year. This is based on the same arrangement as for 2020/21 and includes continuation of the system top-up and Covid fixed allocations. The financial settlement for months 7-12 will be confirmed in due course
- a balanced plan for the first six-month period was submitted, both on an individual organisation and system basis. These plans form the base on which the CCG's budgets have been determined, which have been reviewed and supported by the Finance and Performance Committee
- the report highlights a variance of £3.4 million, which relates to the costs of the Hospital Discharge Programme and the Covid-19 vaccination inequalities programme. These costs have been claimed via our monthly reclaim process and funding is expected in due course
- financial performance against budgets will be kept under close review as we move through the financial year. A detailed budget statement is reviewed by the Finance and Performance Committee on a monthly basis
- the report highlights several variances, including:
  - an underspend against CHC, which is linked to the investment in the hospital discharge programme. This be kept under close review to understand if this will continue to improve the CCG's underlying financial position
  - some fluctuations in the primary care prescribing position, due to a national price increase being offset by a subsequent decrease in prices. We are currently reflecting an overall underspend against the financial position in respect of this
- regarding the Better Payments Practice Code, the CCG has continued to support the local economy through ensuring fast payments, and is routinely paying 100% of invoices within 30 days

By a virtual show of hands, the Governing Body approved the Finance Report for the period 1 April to 31 July 2021.

## **SCCG 090/2021 INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL TO 31 JULY 2021**

The Meeting received the Quality, Safety and Performance Exceptions

Report (Integrated Board Assurance Report) for the period 1 April to 31 July 2021. Neil Hales, Alison Henly and Val Janson provided a verbal report and it was noted that:

- Quality Reporting: for Children Looked After (CLA, there had been a positive increase in the number of dental checks but initial health assessment performance had decreased and remains poor. Clinician time is being increased to support an improvement.
- Continuing Healthcare (CHC): performance has exceeded the 28-day standard, at 88% compared to a standard of =>80% of referrals being concluded within 28 days
- some CHC staff are being redeployed to support the vaccination programme and wider system pressures, and this may impact on performance going forward
- infection prevention and control (IPC): a deep dive into E Coli infections is underway with system colleagues
- a significant work programme is underway with primary care and we are strengthening the post infection review process and increasing the number of quality visits
- venous thromboembolism (VTE): improvements have been made in both performance and recording. SFT is now reporting just below the 95% target and YDH has seen a steady increase since August 2020, demonstrating improved measuring methodology
- the Integrated Urgent Care Services (UCS) continue to see a significant increase in demand
- the overall number of patient appointments in primary care has significantly increased, with 42% of appointments being booked on the same day, in line with the national average
- the latest GP survey information, published in July 2021, showed 85% of our Somerset practices being rated by patients as good, in terms of their experience, which compares favourably to the national position of 83%; however, 5% of Somerset practices were rated as poor from a patient experience perspective
  - the Primary Care Commissioning Committee will be undertaking a deep dive into the survey information, which provides a rich source of information for learning with our primary care colleagues
- Somerset has some of the best anti-microbial prescribing rates in the country and is far exceeding all national targets. Thanks go to our medicines management team for their continual focus on this
- in July the average speed for the 111 service to answer a call was 263 seconds, which compares favourably to the England average of 426 seconds

- the number of 111 calls abandoned was 22.4% which again compares favourably to the England average of 23.6%
- the out of hours service has also seen a significant increase in activity:
  - demand for ambulances services across the South West has seen the highest levels ever experienced. From 1 April-31 July 2021, Somerset saw a 14% increase in ambulance service demand
  - ambulance category 1 and 2 standards continue to be challenged and focused work is going on with the ambulance trust to provide support and seek alternative options for managing demand
  - ambulance handover breaches have increased steeply since March 2021; however, Somerset trusts have demonstrated strong performance and have continued to see the lowest level of breaches across the South West
  - the number of people attending A&E services has returned to the level seen prior to the pandemic, with both Somerset trusts demonstrating strong performance compared to the national average: Yeovil District Hospital continues to be one of the top performers nationally
  - the increase in A&E activity is not reflected in the number of emergency admissions, which, overall, are lower than last year. However, longer stay admissions have increased due to the complexity of health needs being presented
  - in July, 48,655 patients were on an incomplete pathway waiting for their definitive treatment. This represents an increase of just over 7,000 patients since March 2021
- the number of people waiting for treatment for longer than 18 weeks has continued to increase, although the total number of patients waiting more than 40 and 52 weeks has shown a reducing position
- a significant number of positive actions are being taken to improve the position around cancer performance
- Improving Access to Psychological Therapy (IAPT) services continue to exceed the national and local performance targets. The change in service model, to supporting people predominately through telephone, video and webinar interventions, has succeeded in maintaining service delivery. Face-to-face appointments are still available by exception, and where clinically appropriate, in line with national guidelines
- system pressures:
  - hospital length of stay has increased by 0.5 days due to greater patient acuity and lack of patient flow due to delayed discharges:



we are repurposing some roles to try and improve the patient flow position

- the 78-week and 104-week waiting position has deteriorated since April. There is now increased focus from NHSEI and we are anticipating this to form of the H2 (second half-year) guidance, with a likely zero tolerance approach
- additional investment is being made in general surgery, orthopaedics, ophthalmology and ENT (ear, nose and throat) to expand capacity, particularly at YDH
- community diagnostic work is progressing well and the Rutherford Centre (for cancer) is expected to open in November 2021
- we are expecting to be able to bid for additional capital to support the elective programme
- the Finance & Performance committee are looking in more detail at the long-waiting patients (78+ weeks) and a deep dive on diagnostics will be considered at the next Patient Safety and Quality Assurance meeting

Grahame Paine welcomed the additional detail around the specific service performance and note that some are achieving very good patient outcome standards: struggling services had been a focus for the most recent Finance and Performance Committee meeting. Grahame Paine reported that he had recently visited the Rutherford Centre and was encouraged to see the progress being made in terms of attracting radiology and other staff and enhancing digital technologies.

Referring to diagnostics, Basil Fozard noted that much capacity had been lost over the past nine months and felt it would be useful to have a recovery projection, modelling predicted demand against capacity and how long it would take to return to normal. Basil Fozard also expressed concern about cancer performance, the planned actions, and emphasised the need to be honest with members of the public about what is and is not achievable:

Responding, Neil Hales advised that H2 guidance, including trajectories and planning, is expected imminently. Over the next few months, we will need to develop the trajectories in terms of wider recovery, focusing on bringing demand back to pre-pandemic levels (anticipating three years). That said, demand and capacity is an ongoing feature of our work: the current lack of beds is due to pressure in the wider system which impacts on the level of elective work. For example, we can utilise two or three days of theatre (including weekends) at Shepton Mallet Treatment Centre (SMTC); we can also split some ENT work between SMTC and YDH so that elective capacity at YDH will not be reduced. The concerns around cancer waiting times were acknowledged, and Neil Hales offered to discuss in more detail with Basil Fozard separately.

Action 807: Cancer waiting times, diagnostics, demand and capacity etc to be discussed with Basil Fozard (Neil Hales)

Referring to the pressures on urgent and emergency care, Dr Jayne Chidgey-Clark asked if work was being maximised to direct people to the right place:

Neil Hales responded that specific work is taking place to address the pressures in primary care and a 'heat map' is being developed. Some of the Minor Injuries Units (MIUs) had been experiencing staffing challenges, and this, coupled with the primary care pressures, means that we need to understand the impact at the A&E units. James Rimmer commented that the regional team is also looking at the issues, and the increased number of presentations are across all types of attendance.

Dr Jayne Chidgey-Clark requested assurance that follow-up visits were also being reviewed, as an important part of aftercare is to prevent further problems. James Rimmer confirmed that we are being offered additional resource – clinical, analytical and management – to support this, and to address concerns around the waiting lists. The independent sector will likely be involved by taking some of the routine, follow-up and less complex issues/appointments.

Lou Evans asked for assurance around the safety protocols for people who have waited more than 12 months for treatment, and about the delayed discharges which are preventing the release of beds. He also asked about the workforce issues, projections and gaps and how they would be addressed:

Val Janson confirmed that work continues to be progressed around the waiting lists to ensure a 'safety net' for long-waiting patients, so that their priority status can be changed if necessary. Much of the work is being led by SFT and a Quality Surveillance Group meeting is scheduled on 26 November 2021, to include a patient story about the impact of waiting for surgery. Neil Hales advised that the CCG is supporting the intermediate care team around patient flow; there are staffing gaps in the team and an additional 18 posts will be supported temporarily over the next two months; beyond that, arrangements are being made for formal recruitment.

Dr Helen Thomas expressed concern about the abandonment rate of calls to 111: although better than the national picture, the Somerset abandonment rate remains very high and has a knock-on effect on 999 calls and emergency departments. Dr Thomas asked about the progress being made by Devon Doctors (DDOC) and if any national help is available to support 111:

Neil Hales responded that different areas of the country are having to divert calls at varying points, which puts pressures on the remaining 111 providers. Alison Henly advised that the Somerset 111 service is not to the performance level that we would wish for, but it is hoped that some of the calls will be taken by the Clinical Assessment Service. A meeting was held with DDOC yesterday, and we are beginning to see an improved shift-fill which will hopefully mean that improvements can be made.

**SCCG 091/2021 DATA SECURITY AND PROTECTION TOOLKIT ANNUAL REPORT 2020/21**

The Meeting received the Data Security and Protection Toolkit Annual Report for 2020/21. Neil Hales provided a verbal report and it was noted that:

- the report is produced as part of the wider governance arrangements. It would normally be completed in March each year but was delayed due to the Covid-19 pandemic
- the toolkit is an online self-assessment tool that provides assurance around the CCG’s compliance with the data security and protection obligations as set out by the National Data Guardian
  - the data security and protection obligations relate to how the organisation manages data and records, business continuity plans and software etc, and how it responds to incidents such as Cyber attacks
- for 2020/21 the CCG achieved a 95% overall compliance score, compared to 90% and 92% in the two years preceding

The Governing Body expressed thanks to Kevin Caldwell and his team, noting the year-on-year incremental improvement in the compliance score.

**SCCG 092/2021 ANY OTHER BUSINESS**

There was no further business.

**SCCG 093/2021 DATE OF NEXT MEETING**

The next meeting of the Governing Body will be held on Thursday, 25 November 2021, starting 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](mailto:kathy.palfrey@nhs.net) by midday on Tuesday, 23 November 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 .....