NHS Wiltshire Clinical Commissioning Group

DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY MEETING IN PUBLIC HELD ON TUESDAY 24 JANUARY 2017, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES

Present:

Dr Peter Jenkins	PJ	WCCG Chair
Peter Lucas	PL	Lay Member and Vice Chair
Tracey Cox	TC	Interim Accountable Officer
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor, WCCG
Jill Crook	JC	Registered Nurse, WCCG
Dr Helen Osborn	HO	Medical Advisor, WCCG
Dr Richard Sandford-Hill	RS-H	GP, Chair West
Dr Lindsay Kinlin	LK	GP, Vice Chair West
Dr Andrew Girdher	AG	GP Co-Chair North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP Co- Chair, NEW
Dr Toby Davies	TD	GP, Chair Sarum
Dr Chet Sheth	CS	GP, Vice Chair Sarum
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Dina McAlpine	DMcA	Director of Quality
Lucy Baker	LB	Interim Director of Acute Commissioning

In Attendance:

Tony Millett	TM	Local Media – Marlborough News Online
Chris Graves	CG	Chair, Healthwatch Wiltshire

Non-Voting Members who always attend:

Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator

Apologies:

James Roach	JR	Integration Director
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Frances Chinemana	FC	Wiltshire Council
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning

ITEM NUMBER		ACTION
GOV/17/01/01	**Welcome and apologies for absence** PJ welcomed all to the meeting. Apologies were noted as above.	
GOV/17/01/02	**Questions/Comments from the public** PJ advised Members that a question had been received from Mr Geoff King of Parkinson's UK. A written response was to be sent to Mr King.	
GOV/17/01/03	**Declarations of Interests** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the	

	Wiltshire Clinical Commissioning Group (CCG). (This includes any relevant interests previously declared on the Register of Interests) The following declaration was received at the meeting: • With reference to business to be discussed under item 12; Transformation Bids Update – JC declared that she also worked for NHS England and was a Governor of SFT. The meeting was quorate.	
GOV/17/01/04	**Minutes of the meeting held on 22 November 2016** The minutes of the meeting held on 22 November 2016 were approved as an accurate record; following the amendment to item 15 Integrated Performance Report – paragraph 5, last line – change 'had effected coding' to 'had affected coding'.	
GOV/17/01/05	**Matters Arising** a) **Joint Targeted Area Inspection** – the report from the safeguarding services inspection had been published in December. Report findings were to be reviewed by the Quality and Clinical Governance Committee at the January meeting.	
GOV/17/01/06	**Action Tracker** The majority of actions had been marked as closed or completed, with an update against GOV/16/11/13.1 expected at the March meeting.	
GOV/17/01/07	**Chair's Report** PJ reported that the urgent care system had seen intense pressures over the winter period. The CCG had been proactive in its response and given stark messages to the general public through social media, local press and local radio to gather support. Good coverage had been received to raise awareness of the 31,000 appointments missed within July to November. BBC Wiltshire had supported the CCG in raising awareness of Primary Care resilience issues, promoting the GP Forward View and the new models of care. Strategic outline cases of the estates and infrastructure programmes to be put into place to sustain local services had been presented to the Chippenham and Trowbridge Area Board meetings. A follow up report would be brought to the Governing Body in the Summer. CCG representatives had attended public meetings in Trowbridge and Marlborough, which were areas looking into mergers of local practices as of 1 April 2017. The recent cohort of the GB Mastermind programme celebrated the end of the course with a special evening, with Chris Beswick in attendance as guest speaker. A 'Chair's' award had been presented to the attendee who had contributed most to the process. As voted by Mastermind Members, this had been awarded to LK. PJ reported that this was the last Governing Body meeting for LK as she had resigned as the Vice Chair of the West locality group due to the increased workload in her practice. PJ and Members thanked LK for her work on behalf of the CCG over her time as Vice Chair. ACTION: GOV/17/01/07 – Follow up report of estates and infrastructure programmes to be brought to the Governing Body in September.	**JCu**
GOV/17/01/08	**Interim Accountable Officer's Report** The written Interim Accountable Officers Report had been circulated with the	

	meeting papers. TC highlighted the following to Members: • Immense pressures had been seen on the urgent care system. There was still a way to go until this eased; just before the meeting RUH had reported further decline. The CCG had responded as an organisation for all three acutes and had offered additional support. • The Q3 Improvement and Assessment Framework meeting had been held with NHS England on 6 January 2017. The CCG had self-assessed itself against the four domains. It had been a positive meeting, with improvements to be made across the Better Care Plan indicators and NHS Constitutional Targets. It is hopeful that WCCG will be rated as 'good' across all domains at the end of the year. • The CCGs two year operational plan had been submitted on 23 December, in line with national guidance. • The challenge of signing main provider contracts by 23 December 2017 had been met thanks to staff efforts. • The emergent Sustainability and Transformation Plan (STP) had been published before Christmas. There would be wider engagement events held across the footprint in the coming months. The change to a written Interim Accountable Officers report was welcomed by Members.	
GOV/17/01/09	**Register of Sealing** No sealings were reported.	
ITEMS FOR DECISION		
NONE		
ITEMS FOR DISCUSSION		
GOV/17/01/10	**Integrated Performance Report** The pressures across the system, and the sustained escalation was again noted. DJN reported that the communications campaign had helped to engage support. JCu had led on the CCGs response and managed the gold calls and the internal process. The pressures had understandably impacted upon RTT figures. DMcA reported against the quality data analysed since November. Provider data reported a theme of workforce issues, and the capacity to deliver against targets due to recruitment issues. AWP in particular were reporting issues. The Quality Team were focussing on safety in the emergency departments, and the patient activity and pathways. The primary care CQC inspections were reported as 'good' with seven practices recorded as 'outstanding'. CR questioned the CQC 111 report being rated as 'good', but the indicators shown as red. TC felt this was a reflection of how the service had improved, re-direction of patients was not yet realised, but they had moved on as a provider. The services were graded against the key performance indicators, and evidence was in place to confirm achievements. The local provider had been rated as 'good'. SP drew Members attention to page 15 of the report; targets were being delivered in line with the plan. Performance against QIPP had been affected by the current system pressures. Increased resources were shown in M9 figures following the receipt of Quality Premium funding. The graph on page 17 indicated the main pressures. The continued CHC patient charges disputed by Swindon Borough Council had accrued back dated costs and the number of community contracts had increased, this was all offset by savings achieved through the prescribing schemes. The impact of the increase in Funded Nursing Care rates was being mitigated through reviewing eligibility. A national review of rates was to be undertaken in January, but no further update had been received to date.	

Financial risks were shown on page 19, along with mitigations to give assurance. NHS Property Services were moving to a market rent base for Southgate House. National funding had been received to mitigate this impact. £1.3m had been reserved for the High Cost Drugs pressures seen at the time; this was now to be offset.

The additional pressures on acute services would impact upon performance and activity levels. The RTT target was not achieved in November, recorded at 89.4%. Specific funding had been received from NHS England to support RTT delivery, working with SFT and GWH. Data supplied by SFT to record against the constitutional targets had not yet been validated following the implementation of their new system and new data warehouse. The breach against the six week diagnostic test waiting times was largely due to staff shortages at SFT and a spike in activity. All three acutes had breached the A&E 4 hour target. Ambulance response figures had seen a significant improvement.

CS requested that the Integrated Performance Report expand upon Primary Care – adding performance measures where available. TC advised that the report produced by BaNES CCG included this, and would be looked at to see if it could be replicated for Wiltshire.

- **Winter to Date**
  JCu gave a comprehensive presentation concerning the urgent care system pressures. Data covered the 5 weeks from 28 November 2016 to 8 January 2017.

  The urgent care system was seeing escalation all year round, but peaked in winter. The CCG was supporting all three acutes and was accountable for SFT via the Local Delivery Board (LDB). Consistent communication was being sent out. Front door support was being provided through the Clinical Hub, the emergency department validation line at NHS111 and via GPs support to SFT of 'medically fit for discharge' patients. The lessons learnt through this GP support would be applied to other systems. The Hub had brought out powerful patient stories and a rich data set. It was suggested that patient stories should again be an item on the Governing Body agenda.

  ACTION: GOV/17/01/10.0 – Patient Stories to be a regular Governing Body agenda item. **DMcA**

  Back door support was looking at the discharge of patients. The Rehab Support Workers (RSW) would be in place by February with Wiltshire Health and Care, helping to build capacity within community services.

  The 1 to 4 OPEL (Operational Pressures Escalation Levels) framework had replaced the old system, with level 4 being the highest level, indicating major system pressures and inability to deliver comprehensive care. NHS England would mediate if systems escalated to level 4, and messages to practices and the general public would be sent out. Although it was noted that there are some restrictions on what can be reported, it was felt that this escalation data should be public information and would be brought to the Governing Body for review.

  ACTION: GOV/17/01/10.1 – Acute OPEL information to be brought to the March Governing Body for review. **JCu**

  Data showed unprecedented demand. It was noted that SFT had recently changed their data systems and recent data was still to be validated. The chart on slide 5 referenced acute performances against the 4 hour A&E target of 95%. This target had not been met. Daily monitoring was in place. A&E

attendance figures for 2015/16 and 2016/17 indicated that SFT had seen the biggest change. Reasons behind A&E admissions would be looked into. The length of stay of and patient pathways were important factors when reviewing medical outliers, looking at the factors that affect the patient experience. The impact of patients staying in hospital when discharge ready was to be considered as this often led to other issues.

Delayed Transfer of Care (DTOC) figures showed a significant increase across the two years within acute and community hospitals. It was a priority to get patients back home and to minimise their transfer around the system. Patient safety was still imperative despite the pressures. Lack of community beds and the price of specialist placements had affected SFT. Salisbury did have intermediate beds. Camelot would be used to re-assess the use of beds. RUH and GWH were fortunate that capacity was available in their surrounding areas. Some care homes had been unable to open up extra beds due to influenza outbreaks. The LDB was overseeing DTOC plans. Social care workers had been involved where possible; there had been no delay in social assessments being carried out. Provider and care home capacity and workforce issues were the main reasons for delays.

ACTION: GOV/17/01/10.2 – Camelot review of beds to be progressed. **JR**

The Clinical Hub was robustly evaluating the three areas. The pilot of the Hub had been extended. There had been good GP involvement. The report would be circulated to Governing Body Members. The lessons learnt from 2015/16 had been communicated with GPs and patients. The new community provider had been commissioned between 2015/16 and 2016/17 Wiltshire Health and Care (WH&C), and their lack of joint working with the acutes was an issue.

ACTION: GOV/17/01/10.3 – Clinical Hub evaluation report to be circulated to Governing Body Members. **JCu**

ACTION: GOV/17/01/10.4 – WCCG to challenge the community provider (WH&C) concerning joint working with acutes. **TW**

CS felt that it was not only a lack of provision that was causing delays, but the oversubscription of care and managing patient expectations. It had previously been agreed by the Governing Body that patients would not be given choices of care. The model should be developed to reflect that of intermediate care. CG added that the mixed messages sent out to patients, concerning system pressures as well as service investments, were not helping with managing patient expectations. Adherence to the 'choice' process was to be stipulated. Care should be prescribed appropriately, which would require a culture change amongst health professionals.

ACTION: GOV/17/01/10.5 – Providers to ensure implementation of 'choice process' to reduce over subscription of care and ensure safe discharges.

Non-elective pressures had brought a knock-on effect to RTT. Acute providers had cancelled significant amounts of elective surgery during January. A priority was to now rebook these. The CCG and NHS England had provided additional funding to GWH and SFT to clear the backlog, to transfer patients to alternative providers or secure additional surgeons. The CCG was working with the acutes to ensure they recovered before April. Pre-referral outsourcing to the independent sector was in place to ensure patients were seen quicker and in an appropriate environment. This had been expanded to cardiology referrals and diagnostics. AG felt that a referral management service was needed, which would also support the implementation of the choice process. LB

	reported that the ear, nose and throat programme (ENT) would be live from April and would support the management of patient expectations. This had seen great input from primary and secondary care.	
GOV/17/01/11	**Right Care** MH explained that the Right Care Programme had been around for a few years, and it was used by WCCG to identify Musculoskeletal. The program was now being developed into a mandatory approach. The CCG was now in Wave 2, looking at 40% of its data packs to create action plans. It should not focus entirely on money, but address unwarranted variation that impacted upon patient outcomes, although the CCG would be assessed on value. The improvement opportunities were shown in appendix 1. Details of this programme had previously been shared with the Clinical Executive. MS added that NHS England were collecting data and information against the under or over prescribing of care. IAPT (improving access to physiological therapies) and Dementia had been confirmed through Right Care as areas of improvement. It was critical that the STP moved forward and actioned the redirect of funding and care where needed. The Governing Body noted the paper and the programme and agreed that a sub-group set out the initiation of the work, with the Clinical Executive to review the evidence packs.	
GOV/17/01/12	**Transformation Bids Update** LB reported that three cancer alliances transformation bids had been submitted as the South West Alliance, looking at early diagnostics, recovery packages and risk stratification. In the absence of TW, MH reported that four bids had been submitted under Community Services, looking at structured education around diabetes, specialist nursing for diabetes, improvement of the emerging mental health service by the three CCG's and AWP and LD resources, supporting community resources. An extension to the mental health bid was looking at talking therapies. The fund had been oversubscribed. The outcomes of the bids were awaited. It may be possible to use non-recurrent funds for some schemes if the bids were unsuccessful.	
GOV/17/01/13	**Integrated Urgent Care Procurement Update** RSH reported ITN 1 had passed. Submissions were to be looked at on 27 January 2017. ITN 2 was expected in February. Bids and presentations would go to the GP forums.	
GOV/17/01/14	**Primary Care Delegated Commissioning Update** JCu reported that an announcement from NHS England concerning the CCGs Delegated Commissioning application was expected in February. In-formally they had indicated their support. A due diligence had been completed; the risks to the CCG were to be reviewed. Communications would be sent out to clarify the position with primary care providers and the points of contact during the transition period.	
GOV/17/01/15	**Any Other Business** There was none.	
ITEMS FOR RATIFICATION AND NOTING		

	The Governing Body noted and ratified the following items: • Medium Term Financial Plan • Board Assurance Framework and Risk Register • Register of Interests • Scheme of Reservation and Scheme of Delegation • Health and Safety Policy • Audit and Assurance Committee Terms of Reference • Finance and Performance Committee Terms of Reference	
	The Governing Body noted the following items for information: • Audit and Assurance Committee meeting minutes – November 2016 • Finance and Performance Committee meeting minutes – November 2016 • Health and Wellbeing Board minutes - September 2016 and December 2016 • Workforce Report Q1 and Q2	
	The meeting concluded at 11.40hrs.	

Date of next Governing Body Meeting in Public:
28 March 2017 10:00 – 12.30hrs at Southgate House, Devizes