



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY 23 MAY 2017, 10.00HRS AT WARMINSTER CIVIC CENTRE**

**Voting Members Present:**

Dr Peter Jenkins	PJ	WCCG Chair
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
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
Dr Richard Sandford-Hill	RSH	GP, Chair West
Dr Catrinel Wright	CW	GP, Vice Chair West
Dr Andrew Girdher	AG	GP, Chair North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, Vice Chair, NEW
Dr Toby Davies	TD	GP, Chair Sarum
Dr Chet Sheth	CS	GP, Vice Chair Sarum ( <i>from 10.15hrs</i> )

**In Attendance:**

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	Acting Director of Acute Commissioning
Tracy Daszkiewicz	TDas	Consultant in Public Health, Wiltshire Council
Frances Chinemana	FC	Wiltshire Council
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Alison West	AW	Associate Director of Quality
Julia Cramp	JCra	Wiltshire Council ( <i>until 12.00hrs</i> )
Sharon Woolley	SW	Board Administrator
Mrs O		Patient Story ( <i>in attendance for item 14a only</i> )

**Apologies:**

Jill Crook	JC	Registered Nurse
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Chris Graves	CG	Chair, Healthwatch Wiltshire
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Dr Helen Osborn	HO	Medical Advisor

ITEM NUMBER		ACTION
GOV/17/05/01	<p><b>Welcome and apologies for absence</b> PJ welcomed all to the meeting. Apologies were noted as above.</p> <p>Thoughts and condolences were expressed to those affected by the devastating events that had occurred in Manchester the evening before; the Board took a few</p>	

	moments in silence to reflect on the tragedy.	
<b>GOV/17/05/02</b>	<b>Questions/Comments from the public</b> No questions had been received.	
<b>GOV/17/05/03</b>	<b>Declarations of Interests</b> 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 included any relevant interests previously declared on the Register of Interests) <ul style="list-style-type: none"> <li>As previously declared upon the Register of Interests, MS stated an interest in item 12 (Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2017-18) as his son owned an internet start-up company providing a platform of online counselling and coaching for health and wellbeing. MS informed Members that the company had recently been purchased by Fidelity Health.</li> </ul> <p>The meeting was quorate.</p>	
<b>GOV/17/05/04</b>	<b>Minutes of the meeting held on 28 March 2017</b> The minutes of the meeting held on 28 March 2017 were approved as an accurate record, following four amendments: <ul style="list-style-type: none"> <li>Page 4 – item 10 – amendment to sixth paragraph to read 'DMcA suggested that hours of care delivered should be reported, rather than individual cases'.</li> <li>Top of page 6 – item 12 – DMcA stated that capacity of health representatives was not an issue for attendance on the WASB. This was to be reworded.</li> <li>Page 6 – item 13a – amendment to fourth paragraph to read 'Unfortunately she was re-admitted to SFT in September due to a deterioration in health'</li> <li>Page 8 – item 13 – amendment to fourth paragraph to read 'Mortality indicators, although within the expected range, were showing an increase'.</li> </ul>	
<b>GOV/17/05/05</b>	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>Production of Papers – CR once again requested consideration be given to the production of shorter and less jargon rich papers, which were tailored to address the issue at hand. TC assured CR that the approach would be reviewed.</li> </ul> <p><b>ACTION:</b> GOV/17/05/05 – papers for the governing body should follow the format and guidance published on the CCG intranet</p>	<b>ALL</b>
<b>GOV/17/05/06</b>	<b>Action Tracker</b> The action tracker was reviewed and updated. <p><b>GOV/17/01/10.5: Providers to ensure implementation of 'choice process'</b> – JCu reported that the Integrated Discharges Programme was being reviewed by all three Local Delivery Boards. <b>CLOSED</b></p> <p><b>GOV/17/03/10.0: Wiltshire High Intensity Care Programme follow up report</b> – TW to bring back in due course.</p> <p>TD requested an explanation of procurement of intermediate care beds through the Better Care Plan, and whether spot purchase beds would occur locally. TC stated that additional monies may be available to purchase beds in the South if required – but this would be looked into further and discussed at the Joint Commissioning</p>	<b>TW</b>

	<p>Board.</p> <p><a href="#">ACTION: GOV/17/05/06 - Procurement of intermediate care beds through the Better Care Plan to be discussed at the Joint Commissioning Board.</a></p>	<b>TC</b>
<b>GOV/17/05/07</b>	<p><b>Chair's Report</b></p> <p>PJ spoke of the national challenges being seen nationally, locally in Wiltshire, and in particular in Warminster with the Smallbrook Surgery and the plans for future patient care. A public meeting was held at the end of April, led by the Patient Participation Groups and supported by the CCG and GP colleagues from Avenue Surgery and White Horse Group Practice. Every effort had been made to recruit new GPs following the unexpected loss of two GPs from the Smallbrook team. In parallel, discussions were underway with The Avenue Surgery to ensure they were fully aware of the situation and prepared and able to register patients from Warminster, if necessary, during this challenging time. The three-month period of emergency measures was implemented at Smallbrook on 6 March 2017, due to end on 5 June 2017. A decision about what happens at the end of the three months would be announced in early June. Whatever that decision, Smallbrook will remain open until at least the end of August.</p> <p>The recent local Council elections resulted in a new Council Cabinet. Cllr Jerry Wickham and Cllr Laura Mayes both retained their portfolios, and the Health Select Committee would welcome a new Chair.</p> <p>The General Election campaigns were underway and the NHS remained a key priority for every party. The future of the Sustainability and Transformation Plans was to be considered.</p> <p>The recent Cyber Attack severely disrupted not only several NHS Trusts but other global institutions and organisations. Wiltshire CCG and membership GP practices emerged unscathed. Thanks to the South, Central and West CSU IT teams were noted for their tenacity and conscientious adherence to all things keeping the CCG's systems safe and secure.</p> <p>PJ acknowledged that the CCG continued to benefit from TC's interim leadership and thanks were expressed to Tracey. Progress had been slow in filling the Accountable Officer role, but it was hoped that an update concerning the substantive post could be given at the July meeting.</p> <p>This was the last meeting for FC due to her retirement from Wiltshire Council at the end of May. Thanks were expressed to Frances for the work undertaken with the CCG. Tracy Daszkiewicz would commence the role from 1 June 2017 and would attend future Governing Body meetings.</p> <p>It was also acknowledged that this was the last meeting for DJN as he would be leaving his post as Director of Planning, Performance and Corporate Services at the end of June 2017. Thanks and best wishes were noted.</p>	
<b>GOV/17/05/08</b>	<p><b>Interim Accountable Officer's Report</b></p> <p>The report had been circulated with the meeting papers. TC highlighted the following:</p> <ul style="list-style-type: none"> <li>• WCCG AGM to be held on 20 June 2017 at the Corn Exchange in Devizes</li> <li>• The Five Year Forward View had been published. It had been confirmed that the Sustainability and Transformation Plans would be renamed as Sustainability and Transformation Partnerships (STP). The CCG had been working with BaNES and Swindon CCG's to develop a response to the Urgent and Emergency Care requirements. Final plans to be submitted by</li> </ul>	

	<p>16 June 2017. The national STP Leaders meeting held on 22 May 2017 lacked confirmation of its future, with capacity an issue. The Primary Care agenda would feature more for the STP.</p> <ul style="list-style-type: none"> <li>• The Better Care Fund Plan was still to be finalised when national guidance was released after the general elections. Additional Social Care Monies allocated nationally to Councils was to form part of the BCF over the next three years. The Joint Commissioning Board was currently reviewing priorities for this money.</li> <li>• Sue Shelbourne-Barrow had recently been appointed as the Director of Transformation and Integration and would commence the role full time in August, although it was hoped a phased start could be implemented.</li> </ul>	
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GOV/17/05/09

**Register of Sealing**

PJ reported that two sealing's had been made on 10 April 2017, attested by the Chief Financial Officer. Two agreements between Wiltshire Council and Wiltshire CCG for the provision of services for people with dementia in Wiltshire.

**ITEMS FOR DECISION**

GOV/17/05/10

**Joint End of Life Care Strategy**

FC presented the Joint Strategy, which was a refresh of the strategy implemented in 2014. 2014-17 had seen improved benefits to patients and carers and choices were being met. In 2015/16 Wiltshire CCG was ranked first in the region for the lowest percentage of deaths in a hospital (38.8% compared to 47% nationally) and home deaths above the national average of 23.1% at 26.1%.

Community engagement had been undertaken, with HealthWatch Wiltshire's support. 91 people had provided feedback.

The implementation plan was still in development, and would be monitored by the Wiltshire End of Life Programme Board.

The Joint End of Life Care Strategy had already been approved by the Joint Commissioning Board and the Council Cabinet. It was recommended for approval by the Governing Body.

In answering questions, FC explained that there had been a delay in receiving the national data, but the benefits and positive trends had continued. Defaulting to hospital admission was not encouraged and independent care was provided where possible.

CHC and Fast Track had noted that conversations were not always being held with patients and relatives about the option of dying at home. There was a need for support to be provided to relatives over night as interventions of care could be complex.

AG praised the Adult Care Plans process that was in place for those patients in the latter stages of life, but had concerns for those patients not in this group of Transforming Care of Older People who did not yet have plans in place. This could be tackled via the Urgent Care procurement.

It was felt that the training elements of the strategy needed to be higher up the agenda and actioned, providing specialised end of life training to families and carers, as well as professionals.

**The Joint End of Life Care Strategy for Adults 2017-2020 was approved by the Governing Body.**

**ITEMS FOR DISCUSSION**

<p><b>GOV/17/05/11</b></p>	<p><b>General Practice Forward View (GPFV) Stage 2 Plans</b></p> <p>JCu explained that the paper was a refresh of that brought to the December Governing Body Seminar. The complexity and synergy of the programmes under the GPFV were acknowledged. The Plan built upon the Primary Care Offer and supported a resilient workforce.</p> <p>12 Practices were currently recorded as 'vulnerable'; the GP Resilience Programme was supporting where it could. Workforce was the main cause of moving to a vulnerable state. Recruitment success was very low. A recent heat map of England within the Health Services Journal indicated that 19% of GP's within Wiltshire, BaNES and Swindon were over 55 years. This was a significant hotspot and impacted upon forward planning, implementation of new models of care as well as resilience. A report on vulnerable practices and the potential spend for 2017/18 associated with the principals for support would be brought to the Governing Body. TC informed Members that two practices per week were being reported as closing across the country.</p> <p><a href="#">ACTION: GOV/17/05/11.0 - A report on vulnerable practices and the potential spend for 2017/18 associated with the principals for support would be brought to the Governing Body.</a></p> <p>The CCG was committed to working with NHS England to improve access to primary care services, although it was noted this would be a challenge.</p> <p>Page 11 listed the 10 Point Plan of Implementation. Wiltshire had recently started to implement a Prescription Ordering Direct (POD) scheme, aimed at reducing the workloads of GP's, medication costs and wastage and providing a standardised service for patients through pharmacists. One Trowbridge practice was currently covered by this scheme, with a second practice joining in June.</p> <p><a href="#">ACTION: GOV/17/05/11.1 - Prescription Ordering Direct (POD) scheme report to be brought to the Governing Body when appropriate.</a></p> <p>The additional investment into general practice was shown on page 13. Funding will be scrutinised at the next Primary Care Oversight Board with external review. Appendix 3 contained the delivery plan.</p> <p>The Governing Body were asked to note the progress made against the plan and the complexity of the work streams and to note the time that had been committed to support vulnerable practices and services for patients. Reassessment of the plan against the recently changed national assurance framework had seen a change in status to 'amber' when submitted to NHS England.</p> <p>TC commented that page 9 referenced the increasing age of Practice Nurses, as well as the regularly highlighted GP's. AW reported that training and funding was available for Nurses through the Community Education Provider Network (CEPN) and was ensuring the infrastructure was developed going forward. The Practice Nurse Forum had also been relaunched. Sharing of information concerning career paths for Nurses outside of the hospital setting was important. TC questioned whether STP health educational monies were available. This would be looked into; it may be beneficial to apply collectively with BaNES.</p> <p>AG felt that there should also be a focus on supporting the 36% of Nurses under the age of 50 and encouraging new Nurses. JCu advised that there was a lack of resources and skillset. Training capacity amongst Practices needed to be developed to ensure that receiving of trainees was possible to encourage a future in primary care.</p>	<p>JCu</p> <p>JCu</p>
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	<p>CR thanked JCu and Tracey Strachan for the clear, concise and acronym free paper. It was apparent that great efforts were being made, with dedicated teams creating positive results. It was noted that Wiltshire Health and Care were developing their model to support primary care services.</p> <p>During discussion, Members felt creative ideas were needed to attract people to the job, not just to Wiltshire – making it more meaningful and satisfying. It was acknowledged that this was a national issue across the whole of the health sector. It had also been noted by the STP.</p> <p>AC questioned the number of vulnerable practices and the changes that had affected the recent increase. JCu explained that there was a broad range of practices now classed as ‘vulnerable’. Some had been unexpected, but some had been challenged for a number of years. Providing core services had been a struggle for some and it was testing locality working and relationships. Three Practice mergers had finalised in April. Support was being provided to vulnerable practices to improve resilience. Patient and Participation Groups were engaged with the CCG’s work and were encouraging the correct use of services to aid sustainability. Public education needed to continue to change culture and attitude.</p> <p>The Risk Register captures workforce as a really significant system risk. Work on a number of fronts was underway to address this in the shape of an STP workforce group, the Wiltshire Workforce Action Group, and workforce development programmes underway within both the CEPN programme and Better Care Fund. The Audit and Assurance Committee are due to receive a presentation on this work at their next meeting, and it was considered that the entire Governing Body would benefit from a similar update.</p> <p><b>ACTION:</b> GOV/17/05/11.2 – Presentation on workforce development programmes to be given to the Governing Body following the AAC presentation.</p>	<p><b>Jenny Hair</b></p>
<p><b>GOV/17/05/14</b> <i>(item moved)</i></p>	<p><b>a) Patient Story</b></p> <p>Mrs O was welcomed to the meeting to share her story of caring for an elderly and frail relative, giving an overview of her experiences in regard to the NHS in Wiltshire.</p> <p>Mrs O was a full-time, unpaid carer of a family member who had mixed dementia and geriatric health problems. In 2014 the local GP Surgery connected Mrs O with Carer Support Wiltshire.</p> <p>Having access to the right piece of equipment eased the medical support and also enhanced safety. However, it was felt that unpaid carers were not usually aware of the various aids available and that a community occupational therapist (OT) could supply them. In addition, it was stated by Mrs O that in South Wiltshire long delays were normal between referral and the community OT appointment due to large caseloads.</p> <p>On the dementia side, Mrs O felt very well supported by the Alzheimer’s Society in Salisbury and now attended monthly educational carer sessions, preparing her for the progression of dementia. However, there was little training or support available to manage the geriatric side of the caring role. Mrs O had requested access to training for end of life home care so that she felt prepared when the time came, but this had not progressed. A six week Emergency Care Package was provided via the District Nurse in support of managing bedbound personal care, enabling Mrs O to learn many strategies and tricks to continue after care ended. Mrs O suggested that unpaid carers could be invited to attend those training courses already being held for care assistants etc. at Wiltshire hospitals. It would also bring an added benefit to the course to have unpaid carers on each to give the other</p>	

	<p>attendees insight into the carer's view. If Wiltshire carers had access to relevant, basic home nursing training Mrs O felt there would be all-round benefits to everyone – particularly NHS Wiltshire and Wiltshire Council. The carer would be able to do a better, safer job knowing they were using best practice procedures. The cared-for would have better health and wellbeing, and could possibly decrease Safeguarding alerts. The result would be fewer hospital admissions and, if they did occur, supported discharges would be quicker.</p> <p>Members applauded Mrs O for attending the meeting to tell the powerful story of her experiences.</p> <p>DMcA assured Mrs O that end of life care training had been raised in a previous item and would be acknowledged in the Joint End of Life Care Strategy.</p> <p>It was noted that unfortunately a Care Co-ordinator was not currently in place within Mrs O's area, but it would have been the role of these Co-ordinators to provide the support required. LB stated it was a priority for Commissioners to ensure parity of care and that this was monitored. A priority of the Community Teams should be to support patients to reduce unnecessary hospital admissions.</p> <p><b>ACTION: GOV/17/05/14 – Care Co-ordinators and parity of care to be reviewed.</b></p> <p>Mrs O left the meeting at 11.25hrs.</p>	<b>TW</b>
<b>GOV/17/05/12</b>	<p><b>Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing 2017-18</b></p> <p>JCra explained that the paper provided an update against the programme of delivery against the Children and Adolescent Mental Health services (CAMHS) alongside the recommissioning of CAMHS across Wiltshire, Swindon and BaNES.</p> <p>Children and young people's emotional health and wellbeing was seen as a high issue and a national priority. It was evident that a lifetime of health and wellbeing issues start from a young age. Early intervention would help reduce the pressures on the service and the need for specialist resources. The Prime Minister had announced a review of CAMHS and a Green Paper consultation paper to link health services with schools. Wiltshire was already progressing with this.</p> <p>NHS England had provided an 18% uplift of funding to all CCG's to support the implementation of the LTP, providing an extra £175k for 2017/18. Appendix 2 contained the budget against the proposed of delivery for 2017/18. It was noted that Wiltshire was seen as a high performer on delivery of CAMHS, but a low spender. SP clarified that the allocated uplift had not been ring-fenced. The CCG was committed to increasing its mental health allocation by 2.4%. The CCG's investment priorities were being reviewed in line with proposed delivery in Appendix 2.</p> <p>The challenges concerning waiting times and crisis care were recognised, along with care that may be required by those Wiltshire young people currently living outside of the county. Oxford Health NHS Foundation Trust had been selected as the preferred provider of CAMHS. Work was now underway to develop the delivery model. The CAMHS Transition Plan would be reviewed in November, to then be signed off by NHS England.</p> <p>CR referred to the funding breakdown and questioned why eating disorders funding remained static, despite it being an area of growing need. JCra explained that Wiltshire already had an Eating Disorders Service in place, but the £245k was to cover Wiltshire, Swindon and BaNES to meet the standards set by NHS England. The service does not support those over 18 years old, transition of care would have</p>	

	<p>to be organised.</p> <p>CW reported that there had been consistent issues accessing the service, but good improvements had been seen since the early intervention work commenced in September. A pilot project had been in place at Lovemead practice, bringing a Counsellor in two days a week to provide that direct support. CW hoped the pilot would be extended to other practices.</p> <p>LB questioned how the service would dovetail with the perinatal mental health work. JCra recognised that support needed to link and would work with Occupational Health to develop the service to support those early stages, to identify problems and to support parents. Links were already being made with parental groups.</p> <p>AC was surprised by the continued delayed waiting times for the service. Information and monitoring would be shared. JCra assured Members that this had improved following further integration with schools, but the links between CAMHS and Virgin Care was still proving an issue. However, the relationship was improving through working jointly with the Autism Multi-Agency Group. The pathway was still be defined and would be monitored through contract meetings. Dual diagnosis was also raised as a concern by AC and TD. Specific anonymised occurrences would be sent to JCra to review.</p> <p><b>ACTION: GOV/17/05/12.0 – Waiting times information and monitoring to be shared with Governing Body Members.</b></p> <p><b>ACTION: GOV/17/05/12.1 - Specific anonymised occurrences of dual diagnosis to be sent to JCra to review.</b></p> <p>DMcA was concerned that over diagnosis may occur, especially through early intervention. Challenging behaviour should not be diagnosed as mental health issues, an analysis should be completed. JCra mentioned that referrals were also made by skilled staff through school thrive hubs that would help alleviate this concern. Youth mental health first aid training was also being offered through secondary schools to promote emotional resilience and enable the signs of mental health issues to be recognised.</p> <p>CS felt that the overall spend on the CAMHS was not sizable compared to funding of other services. The preventative agenda needed to have a significant impact to see the longer term effect and reduction in the need for other services. TC added that this would be an investment decision for the Board to decide upon. Outcomes from the work would need to show savings in other areas to recommend further investment.</p> <p>The Governing Body noted the five recommendations on page 6 of the paper.</p>	<p>JCra</p> <p>TD/AC</p>
<p><b>GOV/17/05/13</b></p>	<p><b>Quality Review Report for Maternity Services</b></p> <p>AW led Members through the paper and explained that the review of Maternity Services was first conducted for the Quality and Clinical Governance Committee in November, but had been refreshed for the Governing Body.</p> <p>Wiltshire maternity services were not seeing those cultures described in the Morecambe Bay Inspection report. There was good joint working in place. The gap analysis undertaken following the Better Births report would be taken forward through the STP Maternity Forum.</p> <p>The South West Forum had developed the South West Maternity Dashboard, giving benchmarking information. Continuous improvements in safety and quality and sharing of learning from incidents had seen a reduction in serious incidents over the</p>	

	<p>last two years.</p> <p>The Maternity Friends and Family Test feedback was not helpful, it was hoped that a national review would be undertaken. Providers had created their own systems to gather service feedback.</p> <p>Challenges across maternity services included workforce, maintaining capacity and implementation of the choice agenda to give women four options for births.</p> <p>LB added that the Maternity Forum would be developed further in line with the STP vision and that a Maternity Transformation Plan would be in place by October. A workshop of providers would be held in June 2017. Maternity needed to be raised up the agenda. A place of birth survey was conducted, receiving 800 responses from service users to establish what birthing options women wanted.</p> <p>CR requested a split of activity and quality data, split by RUH and community.</p> <p><b>ACTION:</b> GOV/17/05/13 - Split of activity and quality data, split by RUH and community to be provided to CR.</p>	LB/DMcA
GOV/17/05/14	<p><b>Integrated Performance Report</b></p> <p>DJN stated that the period of extended pressures continued, impacting significantly on A&amp;E performance and target achievement.</p> <p>The CCG recorded 91.5% against the 92% target for Referral to Treatment (RTT). Challenges of RTT continued, but there was commitment to achieve the 92% target. The data quality issues at SFT were improving. The Referral Support Service (RSS) had helped direct over 3000 patients to other providers to ensure timely appointments.</p> <p>Diagnosis rates had been effected by the MRI scanner capacity at SFT. A mobile unit had been brought in. A remedial action plan had been requested. Demand would be assessed and criteria for GP access would be set. RUH cardiology diagnostic performance showed patients waiting longer than advised; an update had been requested by 16 June 2017.</p> <p>Cancer challenges continued for all Trusts. There was an increase of 2 week waits in the system, but not an increase in diagnosis rates. 62 day performance was improving, but still needed progress. There was a risk associated to transferring patients to other providers during the pathway. It was a challenge to meet the screening targets in Wiltshire set by NHS England, the Trusts predicted recovery for the next month.</p> <p>TC said that, although it only concerns a small number of patients, the lack of achievement against the 62 day target was failing patients. DMcA advised that the RTT Steering Group should review the reported breaches to determine the clinical risk stratification, escalation and governance.</p> <p>Good discussions had commenced, but solutions were not yet forthcoming. Referral pathways and referral forms needed amendment, but these followed national guidance. It was suggested that the STP Clinical Board could look at this. LB would make contact with Dorothy Goddard at RUH. The CCG was working with providers to suggest services could be channelled through the RSS. The PAN referral form was to be completed in more areas and to become more uniformed. Secondary Care Clinicians were to review the form to find a local solution.</p> <p><b>ACTION:</b> GOV/17/05/14 – STP Clinical Board to review referral pathways and referral forms. LB to make contact with Dorothy Goddard at RUH.</p>	LB

	<p><b>Quality</b> DMcA reported that urgent care and emergency department (ED) performance, and the impact upon patients, had been a focus for the CCG, working with NHS England and NHS Improvement. Attention had been particularly on GWH, supporting them to create an ED dashboard, reviewing pathways, considering the expectations of patients and ensuring the implementation of the SHINE checklist. CQC had re-inspected GWH ED, the report was awaited.</p> <p>AWP continued to report workforce challenges; the vacancy rate in Wiltshire was recorded at 22%. The CCG was working with them to develop a recruitment and retention plan.</p> <p>The Quality Team would be focussing on safety across primary care to further develop the reporting of incidents. The safety element looked at systems, processes and policies in place at Practice level, but could have a clinical impact. Sharing of learning would be encouraged amongst Practices.</p> <p><b>Finances</b> SP reported that the audit had been completed. Data was not yet available against Month 1 of 2017/18, but initial figures indicated that non-elective activity was significantly up, but elective activity was still down.</p>	
GOV/17/05/15	<p><b>Primary Care Delegated Commissioning</b> Full delegation of Primary Care had been in place since 1 April 2017. JCu reported that work continued with NHS England to finalise the Memorandum of Understanding. A transition group had been established, and included Swindon and BaNES CCG's and a transition plan was being developed. A detailed report would be brought to a future Governing Body meeting when appropriate.</p> <p><a href="#">ACTION: GOV/17/05/15 - A detailed Primary Care delegation report to be brought to a future Governing Body meeting when appropriate.</a></p>	JCu
GOV/17/05/16	<p><b>Integrated Urgent Care Procurement Update</b> Medvivo had been confirmed as the preferred provider of the Integrated Urgent Care service across Wiltshire, BaNES, Swindon and Wiltshire Council. This was not a confirmed award of contract. Parallel to this, testing and further due diligence was being carried out. Clinical and public engagement would be encouraged in the development of the service model.</p> <p>To enable the governance of each CCG to be met in terms of the decision to be made against the contract award, it had been agreed that a joint Governing Body meeting should be held in September. WCCG had agreed to lead on this and would set up the joint meeting.</p> <p><a href="#">ACTION: GOV/17/05/16 – WCCG to set up the Joint Governing Body meeting for September to enable a joint decision to be made on the contract award.</a></p>	DJN
GOV/17/05/17	<p><b>Right Care</b> The Right Care programme in Wiltshire was now set up, satisfying NHS England's guidance. The data extracted through the Right Care programme would help planning of service improvements. This would be used as a prioritisation and decision support tool, but would not be used in isolation.</p> <p>The next stage was to go through the three improvement cycles, the first being to use the deep dive of information to run the cycle of improvement events/discussion, bringing people together to mobilise improvements.</p>	

	MS commented that the Musculoskeletal (MSK) programme under Planned Care in the QIPP had a 0% confidence level. MH assured Members that the quality improvement was achievable; the financial benefit would be a longer term outcome.	
<b>GOV/17/05/18</b>	<p><b>Workforce Report</b></p> <p>The report covered the period from 1 October 2016 to 31 March 2017, providing an update on the CCG's workforce activity. There had been a small change in the headcount numbers due to GP's now being on the payroll.</p> <p>DJN reported that an alternative pension scheme was being looked at to roll out to those staff not within the NHS scheme. The annual staff survey responses had generally been positive, but it was clear that staff were unsettled due to the changes in Leadership. An action plan was in place to be rolled out over the coming year.</p>	
<b>GOV/17/05/19</b>	<p><b>Any Other Business</b></p> <p>There were none.</p>	
<b>ITEMS FOR RATIFICATION AND NOTING</b>		
<b>GOV/17/05/20</b>	<p>The Governing Body noted and ratified the following items:</p> <ul style="list-style-type: none"> <li>Standards of Business Conduct Policy</li> </ul>	
	<p>The Governing Body noted the following items for information:</p> <ul style="list-style-type: none"> <li>Audit and Assurance Committee meeting minutes – March 2017 and April 2017</li> <li>Audit and Assurance Committee Annual report 2016/17</li> <li>Finance and Performance Committee meeting minutes – January 2017 and March 2017</li> <li>Quality and Clinical Governance Committee meeting minutes – March 2017</li> <li>Primary Care Joint Commissioning Committee meeting minutes – January 2017</li> <li>Health and Wellbeing Board meeting minutes – February 2017</li> </ul>	
	The meeting concluded at 12.50hrs.	

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