

**16DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 26 JANUARY 2016 AT SOUTHGATE HOUSE, DEVIZES**

Present:

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| Dr Peter Jenkins | PJ | Chair |
| Deborah Fielding | DF | Accountable Officer |
| Simon Truelove | STr | Chief Financial Officer |
| Peter Lucas | PL | Lay Member and Vice Chair |
| Christine Reid | CR | Lay Member |
| Dr Mark Smithies | MS | Secondary Care Doctor |
| Mary Monnington | MM | Registered Nurse Member |
| Dr Richard Sandford-Hill | RS-H | GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD) |
| Dr Lindsay Kinlin | LK | GP, Vice Chair, WWYKD |
| Dr Simon Burrell | SB | GP Chair, North and East Wiltshire (NEW) |
| Dr Toby Davies | TD | GP Chair, Sarum |
| Dr Chet Sheth | CS | GP Vice Chair, Sarum |

In Attendance:

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| David Noyes | DJN | Director of Planning, Performance and Corporate Services |
| Jo Cullen | JCu | Director of Primary Care and Urgent Care/Group Director, WWYKD |
| Ted Wilson | TW | Director of Community and Joint Specialist Commissioning/Group Director, NEW |
| Mark Harris | MH | Director of Acute Commissioning/Group Director, Sarum |
| Chris Graves | CG | Chair, Healthwatch Wiltshire |
| Dina McAlpine | DMcA | Director of Quality |
| Frances Chinemana | FC | Public Health Consultant, Wiltshire Council |
| Diana Hargreaves | DJH | Board Administrator |
| Lucy Baker (for item 09) | LB | Deputy Director of Acute Commissioning |
| Hazel Matthews (for item 10) | HM | Assistant Head of Service, Disabilities Commissioning, WC |
| Hilary Walker (for item 13) | HW | Chief Nurse, Great Western Hospital |

Non Voting Members who always attend:

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| Rob Hayday | RH | Associate Director of Performance, Corporate Services and Head of PMO |
| Lynsey Thorp | LT | Strategic Engagement and Public Relations Manager |

Press:

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| Tony Millett | TM | Press |
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Apologies:

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| Dr Helen Osborn | HO | Medical Advisor, Wiltshire CCG |
| James Roach | JRo | Director of Transformation, WCCG and Wiltshire Council |
| Dr Anna Collings | AC | GP, Vice Chair, NEW |
| Sarah MacLennan | SMac | Associate Director of Communications and Engagement, Wilts CCG |

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| GOV/16/01/01 | <p>Welcome and apologies for absence</p> <p>PJ welcomed everybody to the meeting, noting the apologies above.</p> | |
| GOV/16/01/02 | <p>Questions/Comments from the public</p> <p>There were no questions from the public.</p> | |
| GOV/16/01/03 | <p>Declarations of Interests</p> <p>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).</p> <p>Dr Chet Sheth stated that he was a Director of Wilcodoc Limited and would be presenting at today's meeting.</p> | |
| GOV/16/01/04 | <p>Previous Minutes of the meeting held on 24 November</p> <p>The minutes of the meeting were approved as an accurate record.</p> | |
| GOV/16/01/05 | <p>Matters Arising</p> <p>There were no matters arising.</p> | |
| GOV/16/01/06 | <p>Action Tracker</p> <p>GOV/15/11/13 – DMcA reported back on the testing for <i>C.Difficile</i> (<i>C.Diff</i>) having gained assurance from the 3 acutes that they followed the national guidance for testing: the difference lay in the level of testing, as some of the providers delayed testing due to attributing the symptoms to factors other than <i>C.Diff</i>. COMPLETE.</p> <p>GOV/15/11/13 – DMcA said that a bed allocation policy was being written by AWP and patient choice would be included in this. DF asked Members to bear in mind that this was a small cohort of specialist beds and patients were aware of the need to travel for specialist care. COMPLETE.</p> <p>GOV/15/11/13 – STr said that the data was not available for this meeting. ONGOING.</p> | |
| GOV/16/01/07 | <p>Chair's Report</p> <p>PJ began by wishing those colleagues he had not seen since last year all the very best for the year ahead.</p> <p>The CCG focused its attention at the end of last year on the Financial Recovery Plan, which NHS business rules required of us and after considerable work and focus, we were able to make significant improvements in our in-year financial position. NHS England (NHSE) acknowledged the improved position, at the Quarter 2 Assurance meeting, both in terms of our financial standing and in the delivery and outcome of our plans, which was gratifying to hear.</p> | |

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| | <p>In December, the CCG confirmed the intention to award Wiltshire Health and Care the five year contract for delivery of Adult Community Services. Wiltshire Health and Care was a new organisation formed by Great Western Hospitals NHS Foundation Trust (GWH), Salisbury NHS Foundation Trust (SFT) and Royal United Hospitals Bath NHS Foundation Trust (RUH): they would provide services from July 2016, including, among others, Core Community Teams; the wheelchair service; community physiotherapy; diabetes and fracture clinics. Their proposal completely fitted with the CCG's Five Year Plan to bring health care closer to home, with GP practices firmly at the heart of community services, delivered through integrated community teams across the county. There was now much work being undertaken to ensure mobilisation ready for a fully functioning and highly effective service and updates would be brought to future Governing Body meetings.</p> <p>Other achievements over the past two months included:</p> <ul style="list-style-type: none"> • The Wiltshire Health and Wellbeing Board had been shortlisted for the "Effective Health and Wellbeing Board" category at the Local Government Chronicle Awards 2016: further update in March • The CCG received a letter from Lord Prior of Brampton, Parliamentary Under-Secretary of State for NHS Productivity, thanking us for our hard work in ensuring the delivery of community-based, patient-focused care, outlined in our Five Year Plan and commending us for our dynamic and inspirational use of NHS resources • Hilary Walker, Chief Nurse at GWH, would be attending this meeting later to present the findings of the Care Quality Commission's inspection | |
| GOV/16/01/08 | <p>Register of Sealings</p> <p>None.</p> | |
| GOV/16/01/09 | <p>Primary Care Paediatric Service – Clinical Presentation</p> <p>CS and LB gave a presentation on the new paediatric GP Out of Hours (OOH) Pilot – a service dedicated to treating children in a safe environment during the OOH period, by local GPs, held at the Salisbury Walk-in Health Centre, entitled HotKidz.</p> <p>LT advised Members that there would be an advertising campaign on Facebook available soon, limited to people within a 15/20 mile radius to the north of Salisbury; production of materials and posters and working with Wiltshire Council to get the message out to schools in the area.</p> <p>CS said that it was disappointing that there had been only 11 referrals from 111: the data on paediatric referrals was currently being analysed and there would be the opportunity to work with Medvivo on this. Although there had been no growth in paediatric admissions over the 5-week period of the pilot, it was difficult to quantify any impact.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Congratulations on an excellent pilot: in response to whether there were plans to extend to other parts of the county, CS said | |

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| | <p>there was keen interest in other areas and an opportunity for the service to be delivered pan-Wiltshire</p> <ul style="list-style-type: none"> • Suggested marketing at places where parents congregated, e.g. supermarkets, libraries; information put into school children's book bags • A caution as to whether the demand would be seasonal as so much clinical time might not be needed in the Summer months • Smart communications using social media would assist with promotion of the service • The distance people were prepared to travel to the OOH paediatric service, and their expectations, would determine the number of centres/hubs that were affordable and realistic <p>The Governing Body noted the presentation.</p> <p><i>Agenda item 13 was taken at this point.</i></p> | |
| GOV/16/01/10 | <p>Transforming Care Programme</p> <p>TW presented the report outlining the draft Transforming Care Partnership Service Model Plan, introducing Hazel Matthews from the Joint Commissioning Team at Wiltshire Council.</p> <p>DMcA said that clarification was required about Wiltshire's responsibility for the 5 NHSE-funded patients.</p> <p>CG sought assurance that, should the patients wish to move somewhere out of Wiltshire, the support from Wiltshire would still be there. TW responded saying that it would depend upon the circumstances under which they were moving, according to the 'Who Pays?' guidance.</p> <p>DF was concerned about the way that the programme had come through NHSE, that TW had been appointed as senior officer for 2 CCGs and that there was no governance to support this situation: DF was questioning the governance arrangements with NHSE. In response, TW had spoken to both Swindon CCG and Wiltshire Council, who had pledged to sign up to the same governance arrangements as Wiltshire CCG.</p> <p>The Governing Body received the paper and approved the draft plan.</p> <p><i>(HM left the meeting at 11:45hrs)</i></p> <p><i>Agenda item 12 was taken at this point.</i></p> | TW |
| GOV/16/01/11 | <p>Health and Safety Policy</p> <p>DJN introduced the report detailing the amended Health and Safety Management Policy: minor amendments had been made which appeared in green text within the policy. The Audit and Assurance Committee, as the committee responsible for overseeing CCG Health and Safety, had agreed this policy and recommended the policy to the Governing Body for approval.</p> | |

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| | The Governing Body received and approved the Health and Safety Management Policy. | |
| GOV/16/01/12 | <p>Integrated Performance Management Report (IPR)</p> <p>DJN introduced the report assessing the performance of the CCG for quality, financial management, patient access and project management.</p> <p>Quality: DMcA presented this section of the report highlighted the key issues:</p> <ul style="list-style-type: none"> • An improvement in the constitutional targets for <i>C.Difficile</i> and Mixed Sex Accommodation breaches. Action plans for both areas in place and closely monitored • The learning from the Care Quality Commission's report 'How safe are NHS patients in private hospitals?' had been shared with each of the private hospital providers and written assurances requested • Finalising the draft 16/17 acute provider quality schedules <p>Members commented:</p> <ul style="list-style-type: none"> ➤ Of the 6 MRSA bloodstream infections for Wilts, was the CCG confident that decolonisation treatment had taken place in each case? Although root cause analyses were completed for each of them, there was not the confidence level ➤ The number of patients waiting more than 52 weeks continued to be dominated by patients waiting for spinal surgery at North Bristol Trust, some of whom were NHSE's specialist commissioning responsibility ➤ RUH and SFT had been meeting the less than 18-week target but GWH had not: however, there had been cleaner data produced by GWH allowing the CCG to be more confident about understanding the position ➤ The answer to the question about whether there was enough capacity to deal with the planned care demands hitting the system would be further understood in the planning round <p>Finance and Access: STr introduced this section advising Members that:</p> <ul style="list-style-type: none"> • The CCG had been able to change its forecast outturn from the previously reported position of £0.7m to a new position of £3.3m • As the CCG was expected to deliver a 1% surplus, a further improvement of £2.2m was required by the end of the year • The improvement had come from the impact of the Financial Recovery Plan (FRP), especially from the efforts in the Quality and Prescribing teams • Further work continued on closing the residual gap and it was hoped that a resolution would be achieved shortly • Given the improvement in the in-year financial position, the CCG was planning to draw down its planned cash allocation • The Better Practice Payment Code targets had all been achieved for the period • The CCG was 0.5% up on non-elective activity, 0.2% up on A&E attendances and under plan on elective activity | |

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| | <p>Winter pressures – JCu informed the Governing Body that the Wiltshire System Dashboard was in the public domain and showed performance over Christmas 2015 compared with last year. The presentation was attached at the back of the IPR with the key messages and data.</p> <p><i>(LT left the meeting at 12:05hrs)</i></p> <p>Members commented:</p> <ul style="list-style-type: none"> ➤ On p65 – non-elective admissions – the difference between SFT and the other Trusts could be a coding issue, although the CCG needed to understand the reason for the difference ➤ On p66 – delayed transfer of care – an improvement year on year with the impact of the Choice policy, but continued to be a challenge ➤ DF reflected on the significant amount of information with emergent themes coming through. The CCG continued to progress the out-of-hospital strategy and non-elective activity was held at low levels, at the same time as delivering on our FRP. DF thanked everyone for this achievement, especially the clinicians and the finance team <p>The Governing Body received and discussed the report.</p> <p><i>Item 14 was taken at this point.</i></p> | |
| GOV/16/01/13 | <p>Care Quality Commission (CQC) Inspection findings for Great Western Hospital (GWH)</p> <p>Hilary Walker, Chief Nurse at GWH, gave the Governing Body a presentation on the CQC inspection findings.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • It would be challenging to turn the Emergency Department (ED) around (which had been rated as inadequate) if the 75 people attending Accident and Emergency (A&E) yesterday was an accurate number • Important to communicate the message, through local media, about alternative places for patients to be treated • In response to a question on the level of confidence GWH had in the successful recruitment of nurses, HW said that the relaxing of the Home Office rules allowed for recruitment outside of Europe, adding that the supply from The Philippines and India was healthier than Europe and GWH was confident about recruitment of the 70 nurses within 6-9 months • MM cautioned that it might take longer than expected to safely integrate nurses recruited from outside Europe and this should be taken into account. HW said that nurses had to achieve a high standard of both written and spoken English before they were able to come • As the 3 acute hospitals were jointly running the Adult Community Services contract, they could work together in terms of staffing levels. HW responded saying that GWH tended to lose out in joint working situations, so would want to work on their own | |

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| | <p>HW had not expected ED to be rated as inadequate and unsafe, even though GWH were aware of the over-crowding issue and the GWH Board were responsive to areas of concern.</p> <p>DF said that it had been helpful to be at the CQC feedback day and to be clear that GWH understood the implications of the outcome of the inspection. Bed occupancy needed to be consistently around 85% to be safe whereas GWH's occupancy was 95% consistently across the year, which was unacceptable. The CCG would work closely with GWH on this and GWH would be committed to improving the occupancy issue.</p> <p><i>(HW left the meeting at 11:32hrs)</i></p> | |
| GOV/16/01/14 | <p>Group Service Level Agreement (SLA) Quarter 2 (Q2) and Quarter 3 (Q3) Reports</p> <p>The newly-formatted report covered activity under the Group SLA 2015/16 combining Q2 and Q3.</p> <p>SB reported on NEW including:</p> <ul style="list-style-type: none"> • The activity data at Appendix B reported over a three-year period, rather than over just one year, which more clearly depicted the trend • The number of acute admissions was plateauing out, which was excellent news • The pot of money for primary care was to be spent on maintaining the status quo, rather than being spent on new initiatives <p>TD reported on Sarum including:</p> <ul style="list-style-type: none"> • Sarum West locality had shared best practice in relation to antibiotic prescribing • Sarum North practices held a 'speed dating' event resulting in active participation in the elderly care initiative • Care home admissions – 16.9% compared with M7 last year <p>RS-H reported on WWYKD including:</p> <ul style="list-style-type: none"> • A successful year with Primary Care engaged in the CCG agenda • Prescribing was to be looked at in greater detail as there was much more to do: the public needed to understand the CCG's stance and activity around prescribing • JCu and RS-H had booked practice visits to better understand their issues <p>PJ informed Members about OpenPrescribing.net, which was a useful site with prescribing data from the monthly files published by the Health and Social Care Information Centre (HSCIC), comparing data by CCG and GP practices: Medicines Management team had a link to the site on their web page.</p> <p>MH said that patient-initiated follow ups was a piece of work being done and best practice would be shared across the Groups.</p> <p>The Governing Body received the report.</p> | |

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| GOV/16/01/15 | <p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN introduced the BAF and the RR.</p> <p>The Governing Body received the report and agreed the Top 10 risks.</p> <p><i>Item 11 was taken at this point.</i></p> | |
| GOV/16/01/16 | <p>Allocation Update for Wiltshire CCG and the Financial Impact for 2016-17</p> <p>STr presented to the Governing Body on the CCG's financial allocation, advising Members of the key messages:</p> <ul style="list-style-type: none"> • Increased growth allocated to Wiltshire for 2016/17 compared to originally planned, giving a total increase of £21m • Capital Grant funding, General Practice Information Technology (GPIT) and Child and Adolescent Mental Health Services (CAMHS) funding now in the baseline instead of separate allocations • Funding for the pension increase • Resilience funding remained in the baseline • Increase to the Better Care Fund (BCF) of £0.9m • QIPP target reduced from £28m to £11.9m • Headroom of £6m re-created (only £1m committed to date) <p>Members were concerned that there was less than a year to get costs under control and there would need to be difficult conversations with the public about health priorities. The commissioning decisions taken across every aspect of the CCG's business had to be consistent and it would be important to work with public health colleagues on this.</p> <p>CR said that the process of engagement with the public had already started and Healthwatch Wiltshire would be taking the lead on much of the discussion. The consultation would be spread across the whole of Wiltshire and would take six months. It was agreed that regular updates on progress and papers from meetings would be brought to Governing Body meetings to keep Members informed.</p> <p>The Governing Body received and noted the report.</p> | CR/DJH |
| GOV/16/01/17 | <p>Update on The Daisy</p> <p>TW updated the Governing Body on progress with The Daisy, showing photographs of the building and advising that the roof would be on within the next fortnight. Members would be able to visit the site once it was safe to do so and this would be arranged for them.</p> <p>The Governing Body received and noted the report.</p> | TW/BS |
| GOV/16/01/18 | <p>Outcome of Adult Community Services (ACS) Procurement</p> <p>TW introduced the paper detailing the outcome of the ACS procurement, identifying a provider to whom the contract could be awarded.</p> | |

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| | <p>DF said that the integration of all community services into new provision for the people of Wiltshire was an exciting and progressive development, in line with the CCG's strategy to develop out-of-hospital care provision. DF continued by thanking everybody for their commitment to the process.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/16/01/19 | <p>Stakeholder Assembly Summary</p> <p>DJN introduced the paper giving a comprehensive explanation of the Stakeholder Assembly event and feedback from the delegates. Members offered their thanks to SMac for a very successful event. Members agreed that it would be increasingly important to hold regular stakeholder engagement events.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/16/01/20 | <p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 13:00hrs.</p> | |

Date of next Governing Body Meeting in Public: Tuesday, 22 March from 10:00 – 12:30hrs in Chippenham Town Hall, High Street, Chippenham SN15 3ER