

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 24 MAY 2016 AT SOUTHGATE HOUSE DEVIZES**

Present:

Dr Peter Jenkins	PJ	Chair
Deborah Fielding	DF	Accountable Officer
Simon Truelove	STr	Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
Dr Richard Sandford-Hill	RS-H	GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair, WWYKD
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
Jill Crook	JC	WCCG Registered Nurse Governing Body member/Director of Nursing. BGSW Area Team, NHS England

In Attendance:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Mark Harris	MH	Director of Acute Commissioning
Ted Wilson	MH	Director of Community and Joint Specialist Commissioning
Sophia Swatton	SW	Deputy Director of Quality
James Roach (attendance item 15)	JR	Integration Director
Maddy Ferrari (attendance item 15)	MF	Head of Locality (South Wiltshire) GWH
Di Green	DG	Community Team leader for Wilton and Salisbury teams
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Andy Jennings	AJ	Commissioning Manager
Anne Rutland	AR	Business Manager
Lynne Hack	LH	Quality Team Administrator

Non-Voting Members who always attend:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sarah MacLennan	SMac	Associate Director of Communications and Engagement

Press:

Tony Millett	TM	Press
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Apologies:

Dina McAlpine	DMcA	Director of Quality
Dr Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Dr Mark Smithies	MS	Secondary Care Doctor
Chris Graves	CG	Chair, Healthwatch Wiltshire
Dr Chet Sheth	CS	GP Vice Chair, Sarum
Christine Reid	CR	Lay Member

ITEM NUMBER		ACTION
GOV/16/05/01	Welcome and apologies for absence PJ welcomed Andrew Girdher, Jill Crook and members of the public to the meeting, noting the apologies above.	

ITEM NUMBER		ACTION
GOV/16/05/02	<p>Questions/Comments from the public</p> <p>TM referred to the achievement of the £5.5m surplus in the budget. STr reported on the 1% surplus resulting from the implemented cost control measures and resolving key disputes with NHSE and Wiltshire Council. STr also referred to the primary care prescribing £3m overspend and summarised the improvements that place the CCG in a good position for 2016/17.</p>	
GOV/16/05/03	<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>Declaration of Interest was received from JC, Regional Lead for NHS England South for Transformation.</p>	
GOV/16/05/04	<p>Previous Minutes of the meeting held on 22 March 2016</p> <p>The minutes of the previous meeting were AGREED as a true and accurate record with the following amendments:</p> <p>GOV16/03/13 <u>Operational Delivery</u>: Members comments: Amendment to sentence 'to continue high demand hitting NHS provider sector from emergency care point of view evidence of over intervention/over treatment in some hospitals'</p> <p>GOV16/03/13a <u>Budget Setting and activity assumptions 2016/17</u> Third paragraph, should be replaced with: Members agreed that the chances of meeting the financial targets were challenging.</p> <p>Fourth paragraph, should be replaced with: The Governing Body received and approved the paper but expressed their concern that recent NHS England amendments to 2016/17 funding would make meeting the financial targets more challenging.</p>	
GOV/16/05/05	<p>Matters Arising</p> <p>There were no matters arising from the previous meeting.</p>	
GOV/16/05/06	<p>Action Tracker</p> <p>GOV/15/11/13 - STr reported on the ongoing work with the GPs for reporting consultation data.</p> <p>GOV/16/03/07 - AC advised that the Practices are engaging with the pilot for GP referrals into the Wiltshire Warm and Safe Energy Advice Service. AC expressed thanks to Rachel Kent (Public Health) for her support as a good example of partnership working between Wiltshire Council and the CCG.</p>	

ITEM NUMBER		ACTION
	<p>GOV/16/03/11 - TW provided an update on the Local Personal Health Budgets, reporting on the current work with Social Care and Continued Healthcare.</p> <p>GOV/16/03/12 - MM advised that the easy read Transforming Care Partnership Plan is available with an additional easy read Executive Summary. This relates to all age groups.</p>	
GOV/16/05/07	<p>Chair's Report</p> <p>PJ welcomed JC as the Governing Body Registered Nurse for the CCG who took up her appointment on 1 May 2016 and AG as new Co-Chair for NEW Group replacing Dr Simon Burrell. JC will be a voting member of the Governing Body and assume responsibility for ensuring a clinical perspective on health and care issues.</p> <p>PJ reported on the new legislation for firearms licensing introduced on 1 April 2016 to reduce the risk of a medically unfit person possessing a firearm. This new legislation is an outcome of a domestic homicide that occurred in Devizes three years ago. The Wiltshire Pilot involved two GP Practices which involved placing a marker on patients' records to indicate a firearm owner.</p> <p>PJ notified the Governing Body that DF will be leaving the CCG at the end of June and therefore this is her final attendance at a Governing Body meeting. PJ took the opportunity to thank DF on behalf of the Executive Directors, Lay Members, GP membership and the entire CCG for her vision, passion and leadership over the past four years. PJ wished DF every success in her new role as Chief Officer of West Essex CCG.</p> <p>DF responded to the message of thanks, asserting that there is something unique about Wiltshire CCG. DF commented that she had an excellent executive team and that their individual talents had created a strong team. DF detailed the most important achievement as the development of improved primary and community services within Wiltshire. DF also extended her thanks to the GP membership on the Governing Board and for their support in providing Wiltshire residents with improved health care.</p>	
GOV/16/05/08	<p>Accountable Officer's Report - May 2016</p> <p>DF reported on the following: -</p> <ul style="list-style-type: none"> • The CCG has received interest from the Prime Minister's GP Access Fund to host a Ministerial Visit to learn how the CCG has been transforming Primary Care without the additional funds from the Prime Minister's Challenge Fund. • The Quarter 4 assurance meeting with NHS England judged Wiltshire CCG with 'Limited Assurance' although three out of the four domains had been scored as good. <i>Post meeting note – the end of year assurance rating has since been moderated to Good.</i> 	

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	<p>DF concentrated on the major achievements that the CCG had achieved:-</p> <ul style="list-style-type: none"> ○ The CCG had delivered the full financial surplus of £5.5m ○ The CCG had achieved the Referral to Treatment target of 92% and MH was commended for all the work carried out to accomplish this. ○ The Operation Plan submission for 2016/17 has been completed and thanks were given to DJN for his role in this. ○ Salisbury NHS Foundation Trust (SFT) and Great Western Hospitals (GWH) NHS Foundation Trust contracts for 2016/17 have been agreed and signed. ○ Positive feedback was received from the National Director for the Better Care Fund and it was noted that the Wiltshire BCF plan is judged to be the third best in the country ○ Wiltshire CCG Primary Care Offer 2016-2019 transformation offer has been accepted and is operational. <p>It was noted that there are still challenges and ongoing issues that are being addressed relating to the three Acute Hospitals.</p>	
<p>GOV/16/05/09</p>	<p>Register of Sealing – None</p>	
<p>ITEMS FOR DECISION</p>		
<p>GOV/16/05/10</p>	<p>Update on Maternity Services</p> <p>MH detailed actions that had been agreed at the Care Programme Board in response to the national publication relating to “Morecambe Bay”:-</p> <ul style="list-style-type: none"> ● The development of a new Maternity Specification for inclusion in 2017/18 contracts. ● The transition of the community maternity services contract into the main Royal United Hospital (RUH) contract from 1 April 2016, allowing stability for the workforce. ● The creation of a new Pan-Wiltshire Maternity forum to improve monitoring of performance, collaborative working and for the sharing of best practice. <p>MH advised that the main risk is the transition to the Maternity Pathway for 2016/17. ST described the repatriation of the military into Wiltshire as a risk although there is a positive outcome in that this could contribute to the sustainability of the maternity service.</p> <p>The Governing Body received and approved the actions.</p>	

ITEM NUMBER		ACTION
GOV/16/05/11	<p>Quality Accounts</p> <p>SS provided a briefing on the Quality accounts, the process that the lead providers have established to assure patients, the public and commissioners that Trust Boards are regularly scrutinising the quality of services.</p> <p>The CCG have reviewed and provided commissioner's statements for each of the Quality Accounts for SFT, GWH, RUH and South Western Ambulance Service Trust (SWAST).</p> <p>The Quality Accounts will be published on the providers' website on the 30 June 2016.</p> <p>PL enquired if any enlightenment has been identified from the process of producing these documents. It was explained that Wiltshire CCG has good relationships with the providers and will address any issues as and when they occur.</p> <p>The Governing Body received and approved the paper.</p>	
GOV/16/05/12	<p>Cancer Strategy</p> <p>AJ introduced the Wiltshire CCG Cancer Strategy 2016 in line with the NICE guidance 2015 and with the National Cancer Strategy covering the five key areas.</p> <p>AJ requested endorsement from the Governing Body members to move to implementation for which there is an implementation group across the three groups with third sector representatives who will develop action plans.</p> <p>A discussion was held over the highest impact areas and appropriate arrangements being undertaken to meet the predicated increase for demand for cancer services, as outlined in the report.</p> <p>This is a joint strategy with Public Health (PH) and it was recommended that the WCCG Cancer Strategy is presented at the Health and Wellbeing Board.</p> <p>FC was asked to ensure that the WCCG Cancer Strategy is presented at the PH Health and Wellbeing Board.</p> <p>The Governing Body received and approved the paper.</p>	FC
GOV/16/05/13	<p>Communication and Engagement Strategy</p> <p>SMac presented the revised strategy for 2016/17, providing members with an overview on the revised set of aims, objectives and the action plan.</p> <p>The overall feedback was positive and the improvements were commended. PL expressed his thanks to CR and CG for their input into the strategy.</p>	

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	<p>The Governing Body received and approved the strategy. Increased reference with regard to engagement with the CCG's members going forward was requested.</p>	
<p>GOV/16/05/14</p>	<p>External Audit Procurement Process</p> <p>ST presented the paper outlining the process for the procurement of the contract for external audit services commencing from 1 April 2017. The proposal is for a joint procurement process with BANES CCG, Swindon CCG and Gloucestershire CCG to award an external audit contact via a joint audit panel which will be supported by the NHS South, Central and West Commissioning Support Unit. ST outlined the benefits of joint procurement and advised that this proposal had been agreed at an Audit and Assurance Committee and now requested ratification from the Governing Body.</p> <p>The Governing Body received and approved the paper.</p>	
ITEMS FOR DISCUSSION		
<p>GOV/16/05/15</p>	<p>Clinical Presentation Home-First</p> <p>JRo/MF/DG shared delivery of the presentation on 'Home First' providing an overview of the pilot and key recommendations.</p>	
<p>GOV/16/05/16</p>	<p>Integrated Performance Report (IPR)</p> <p>DJN presented the IPR, summarising the impact of the continued high activity levels at Accident and Emergency. Assurance was provided, that plans are in place with the providers to address the issues.</p> <p>DJN stated the Operational Plan feedback from NHSE has been positive. The Assurance meeting held with NHSE was also very positive and reflected on the major achievement of the year in achieving financial balance.</p> <p>DJN summarised the CCG Governing Body Away Day, reviewed the overall performance, self-analysis of strengths and weaknesses and revalidation of the CCG's strategic approach.</p> <p>SS outlined the main points as detailed in the Quality Report as well as an update on the CQC visits at each of the acute hospitals.</p> <p>DF highlighted to the Board the issue that GWH emergency department did not consistently meet the 4 hour waiting time targets, also breaching the requirement that no A&E patient should wait more than 12 hours on a trolley during busy times. Although there are significant detailed plans to rectify these issues this will need to be monitored by the Governing Body as a concern.</p>	

ITEM NUMBER		ACTION
	<p>STr provided a summary on the end of year Constitution Dashboard:-</p> <ul style="list-style-type: none"> • Patients on incomplete non-emergency pathways waiting time (yet to start treatment should have been waiting time < 18 weeks from referral – achieved at 92% year end 15/16. • Achieved all Cancer wait targets (2 week, maximum 31 days, and 62 days) which are an excellent result. • A&E waiting times are a challenge. • SWAST Category A 8 minute Ambulance response times just missed target achieving 73.9% with trajectory 75.4%. STr will provide an update at the next meeting on a Pilot CAT A response times. • IAPT Recovery Rate target not achieved, this has been addressed with a recovery plan and will be on target for October 2016. <p>DJN delivered a summary on the Project Dashboard and although despite good work and progress the CCG was not able to deliver against the QIPP targets for all of the work streams.</p> <p>It was suggested that it would be useful to invite a representative from the South West Ambulance Service Trust to a future Governing Body meeting and JC agreed to make contact with them regarding dates.</p>	JCu
GOV/16/05/17	<p>Contracts Update</p> <p>MH provided a summary on the provider contracts for 2016/17. The three acute hospitals have now agreed the QIPP plans and the financial agreements. A final contract with more detail will be agreed with the three acutes.</p>	
GOV/16/05/18	<p>Workforce Report – Q4</p> <p>DJN provided a summary on the CCG workforce activities up to the end of Q4 and it was noted that future reporting will be bi-annually.</p> <p>Summary:-</p> <ul style="list-style-type: none"> • The sickness absence rate has remained low and significantly lower than the national average. • The annual staff turnover rate is higher than the national average turnover and reasons are included in the report, although in reality this only applies to a small number of staff – the small workforce means that small numbers leaving lead to high looking percentage values. • There is ongoing work regarding the adherence of staff training compliance and staff objective setting. 	

ITEM NUMBER		ACTION
GOV/16/05/19	<p>Board Assurance Framework (BAF) and Risk Register</p> <p>DJN reported on the following:-</p> <ul style="list-style-type: none"> • The CCG BAF is currently being updated for 2016/17 and will be presented at the July meeting. • The CCG high level risk register holds the top 10 risks to the organisation. These risks have been recommended by the Audit and Assurance Committee for consideration by the Governing Body. • Refer to Treatment (RTT) remains a risk as this remains a challenge for providers. • Workforce - lack of appropriate skilled staff across the health and social care system. • Commencing 1 July 2016, Wiltshire Health and Care is a new organisation formed by GWH, SFT and RUH to provide adult community health services in Wiltshire for the next five years. There is a risk if the joint venture becomes unviable and fails; resulting services to patient affect the financial viability of GWH, exposing the CCG to substantial risk. • Delivering cancer waiting times with the increased number of referrals. • A&E 12 hour trolley waits resulting in less timely treatment of patients. <p>The Governing Body received and approved the paper.</p>	
GOV/16/05/20	<p>Review Register of Interests</p> <p>The Governing Body were asked to note the contents of the Register. No further comments.</p>	
GOV/16/05/21	<p>Assurance and Audit Committee (AAC) Annual Report 2015/16</p> <p>The AAC Annual Report is to provide the CCG with assurance on the control environment that operates across the organisation. The report is divided into five sections reflecting the five key duties of the Committee:-</p> <ol style="list-style-type: none"> 1. Governance, Risk Management and Internal Control 2. Internal Audit 3. External Audit 4. Management 5. Annual Accounts <p>This annual report is consistent with the Annual Governance Statement, the Head of Internal Audit Opinion and the External Audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.</p>	

ITEMS FOR NOTING		
GOV/16/05/22	Any other Business With no further items of business, the meeting was drawn to a close.	

Date of next Governing Body Meeting in Public: 26 July 2016

DRAFT