

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY, 28 MAY 2013 AT 10:00 IN THE CONFERENCE ROOM  
AT SOUTHGATE HOUSE, DEVIZES**

**Present:**

Peter Lucas	PL	Lay Member and Vice Chair
Deborah Fielding	DF	Chief Officer
Christine Reid	CR	Lay Member
Dr Simon Burrell	SB	GP Chair, NEW
Dr Jonathan Rayner	JR	GP Vice Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Celia Grummitt	CG	GP Vice Chair, Sarum

**In Attendance:**

Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Mike Relph	MRe	Group Director, WWYKD
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Steve Perkins	SP	Deputy Chief Financial Officer
Dr Peter Jenkins	PJ	GP Medical Advisor
Rob Hayday	RH	Head of Project Management
John Goodall	JG	Associate Director, Public Health (CVD), Wiltshire Council
Dr Mark Smithies	MS	Secondary Care Doctor
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council
Tracy Torr	TT	Communications and Engagement Officer
Victoria Hamilton ( <i>attending for paper 09</i> )	VH	Associate Director of Commissioning

Diana Hargreaves – Minutes      DJH      Board Administrator, Wilts CCG

**Apologies:**

Dr Steve Rowlands	SR	GP Chair
Simon Truelove	STr	Chief Financial Officer
Maggie Rae	MR	Corporate Director, Wiltshire Council
Tony Millett	TM	Press
James Cawley	JC	Service Director, Commissioning, Procurement and Strategy, Wiltshire Council
Mary Monnington	MM	Registered Nurse Member
Dr Helen Osborn	HO	GP Chair, WWYKD
Dr Debbie Beale	DB	GP Vice Chair, WWYKD

**GOV/13/05/01      WELCOME AND APOLOGIES FOR ABSENCE      ACTION**

PL welcomed the Members and members of the public to the meeting explaining that he was standing in as Chair in SR's absence. Apologies were noted as listed above.

**GOV/13/05/02      QUESTIONS FROM THE PUBLIC**

None tabled. CR suggested extending the current information on the website explaining how members of the public can contact Wiltshire CCG. It was noted that one of the first jobs for the new Head of Communications who will be starting next week was to ensure that the public are kept informed about CCG matters.

**DJH  
HR-G**

**GOV/13/05/03      DECLARATIONS OF INTERESTS**

Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting which might conflict with the business of the Wiltshire CCG.

No declarations were made.

**GOV/13/05/04      PREVIOUS MINUTES**

Minutes from the Governing Body meeting in public held on 23 April 2013 were agreed.

**The Governing Body accepted the minutes as an accurate record.**

**GOV/13/05/05      MATTERS ARISING**

**GOV/13/04b/11** Outcomes Report – JC-C reported that she had met with the Director of Nursing for GWH who requested that specific concerns be raised with GWH as soon as they occurred.

**GOV/13/05/06      ACTION TRACKER**

**WILTS/13/01/16** MR reported that the WWYKD template had been circulated but was not suitable for the other two groups to use for last year's reports, adding that consistency will be key going forward.

**GOV/13/05/07      CHAIR'S REPORT**

PL reflected on the recent adverse publicity concerning the NHS in marked contrast to his observation that the CCG in Wiltshire was getting on with things, encapsulated in the three Groups' progress reports later on the agenda.

DF reported on Wiltshire's Community Transformation Plan at the end of the CCG's second month in operation, working with GWH and WC on service re-design which will be out to commission next year. Primary Care was being put into the driving seat and would be the cure for many of the current issues seen throughout the country.

The Members heard that the first Wiltshire Urgent Care Board meeting had taken place responding to concerns about the Winter pressures. The meeting was attended by CEOs and senior managers of the CCG, Wiltshire Council and providers, working together to prevent possible issues arising next Winter.

**GOV/13/05/08      *Paper 08 had been removed from the agenda with apologies that it should not have been brought to the Public session.***

**GOV/13/05/09      UPDATE ON DEMENTIA LES/SLA AND THE NES**

VH presented the report explaining that this was an update due to an overlap of assessment payments in both the Dementia LES/SLA and the release of the Dementia NES by the NHS Commissioning Board.

MS pointed out that the diagnosis rates were quite low in Wiltshire and asked what the expected impact on the LES would be and the resultant financial consequences.

CG responded by explaining that there had been an 8-9 month wait for diagnosis in the past but the profile had been raised, training was in place and the waiting list was coming down. It was noted that a slight increase in costs for prescribing had been budgeted for.

TW thanked VH for all the work she had done on this adding that monitor and review needed to be incorporated. Thanks too were given to CG and the other GPs involved.

*VH left the meeting.*

**The Governing Body received and approved the report.**

**GOV/13/05/10**

**SARUM SLA 13/14**

MH presented the paper setting out the 2013-14 Sarum Group Service Level Agreement (SLA).

TD and CG expressed their enthusiasm for the four work streams and, through the development of the SLA, the opportunity to bring together the GPs in the South who had all agreed to the content and principles of the SLA.

JR was encouraged by the work Sarum had done and thanked them for leading the way.

MS remarked on the major impact on the secondary care providers and on hospital admissions that the Effective Urgent Care work stream would have, including impacting positively on patients' quality of life and independence.

MRe stated the merit in sharing plans between the Groups in order to capture best practice.

**The Governing Body received and approved the report.**

**GOV/13/05/11**

**BOARD ASSURANCE FRAMEWORK (BAF) AND RISK REGISTER (RR)**

DJN presented the paper explaining how the two documents would be used to drive future plans and resource allocation and identify risks to future performance. The paper had previously been debated at Executive team level and at the Audit and Assurance Committee.

DJN explained the differences between the two documents stating that the BAF contained theoretical risks that might affect the strategic objectives of the organisation while the high level RR identified the Top 10 risks to the CCG.

PL noted that there was both a top-down and bottom-up process that underpinned the documents allowing for proper management and documentation.

DJN confirmed that each of the Groups and each Directorate had their own RR.

**The Governing Body received and discussed the report.**

**GOV/13/05/12**

**QUALITY ACCOUNTS - GWH**

TW presented the paper on GWH's annual quality accounts detailing the processes put in place by the provider to assure patients, the public and commissioners that Trust Boards regularly scrutinised the quality of their services.

**It was noted that the item should have been for decision rather than discussion.**

**The Governing Body received and approved the report.**

**GOV/13/05/13**

**UPDATE ON THE FRANCIS REPORT**

JC-C presented the paper outlining the CCG's internal action plan responding to the Francis Report.

CR offered her help and support with PPI engagement through links with patient or carer groups. DF advised that the Urgent Care Board should have the patient voice directly reporting into it and welcomed CR's input. CR requested that the update on the action plan (Appendix 2) be brought to Governing Body meetings in public when appropriate.

**CR/JC-C**

Members variously commented:

- Provider concerns would be taken forward with JC-C and dealt with either at monthly meetings or immediately if urgent.
- Workshops had been arranged on the impact of The Francis Report on providers.
- Providers were responding effectively to the Francis Report within the Quality Accounts.
- Encouragement to be given to our local secondary care providers to apply to take part in the pilot initiative for staff in

**JC-C**

secondary care providers to enable them to give patients compassionate care and dignity. Prospect and Dorothy House had applied but had not yet heard whether they had been successful.

- Patient stories, both good and bad, had been sought to encourage openness and transparency.

PL thanked JC-C for her work on this.

**The Governing Body received and discussed the report.**

**GOV/13/05/14**

#### **NEW GROUP Q4 REPORT**

TW presented the report stating that the activity described was before his appointment and expressing his gratitude to those who had produced the report, in two parts.

NEW GP colleagues reflected on a year of significant change for clinicians to be working in a different way. The development of an executive team had enabled practices to take an increasing part in commissioning care, improving links between primary and secondary care. TW was thanked for joining the Group and bringing stability. JR added that next year there would be greater harmonisation between the different geographical parts of NEW.

PL and DF thanked the NEW Group for the report adding that it was interesting and exciting to hear what had been achieved.

**The Governing Body received and discussed the report.**

**GOV/13/05/15**

#### **SARUM GROUP Q4 REPORT**

MH presented the report outlining the headline developments including a significant amount of clinical engagement.

Sarum GP colleagues mentioned some of the projects supporting the three main themes in the report, including the development of clinical pathways and the A&E project working to reduce the number of people going into A&E. It was noted that GPs had not been as engaged in the past but this was now working in the South.

DF thanked Sarum for the noticeable difference between the current positive working relationship with SFT and all relationships across the clinical pathways, as against the way they had been before; the fact that there was a signed contract in place with SFT was down to these relationships being forged.

**The Governing Body received and discussed the report.**

**GOV/13/05/16**

## **WWYKD GROUP Q4 REPORT**

MRe presented the report noting the key headlines and drawing Members' attention to the Annex B summary which showed performance against activity targets, finishing within half of percent of what was expected.

The projects had involved all practices in strategic and practical commissioning issues and strengthened relationships between practices by working together on pathway development.

PL and DF expressed their thanks to the WWYKD Group and to HO and DB for the report and for the strategic work on mental health and urgent care which they had taken on and managed well. Relationships had improved with the RUH and the AWP was tailoring services to people in Wiltshire.

General comments from Members on the outcomes of all three reports:

- It was important to maintain engagement with practices and they would remain engaged when they could see change happening and their ideas being harnessed. Practices needed to be engaged in the early stages of developing ideas, so that they were involved, rather than at the end.
- It would be helpful to hold private meetings with practices to talk through issues of concern to them, other than commissioning.
- The Lay Members who had been NEDs in the PCT had noticed the change in the increased level of clinical engagement.
- All the Groups had worked hard to bring this about and it was demonstrable.

**The Governing Body received and discussed the report.**

**GOV/13/05/17**

## **ANY OTHER BUSINESS**

No further business was discussed. The meeting concluded at 11:30hrs

**Date of next meeting: Tuesday 25 June 2013**  
**Public Session 10:00 – 12:30hrs**  
**Private Session 13:00 – 14:00hrs**  
**Conference Room, Southgate House, Devizes**