

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 24 SEPTEMBER 2013 AT 11:00 IN THE CONFERENCE ROOM
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Steve Rowlands	SR	GP Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Finance Officer
Christine Reid	CR	Lay Member
Dr Simon Burrell	SB	GP Chair, NEW
Dr Jonathan Rayner	JR	GP Vice Chair, North and East Wiltshire (NEW)
Dr Toby Davies	TD	GP Chair, Sarum
Dr Celia Grummitt	CGru	GP Vice Chair, Sarum
Dr Helen Osborn	HO	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Mark Smithies	MS	Secondary Care Doctor
Mary Monnington	MM	Registered Nurse Member

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
Dr Peter Jenkins	PJ	GP Medical Advisor
Rob Hayday	RH	Head of Project Management
Jo Cullen	JCu	Interim Group Director, WWYKD
Chris Graves	CGra	Chair, Healthwatch Wiltshire
Sue Odams	SO	Public Health Consultant, Wiltshire Council
Sue Geary	SG	Head of Performance, Health and Workforce, Wiltshire Council
Debbie Rigby (<i>attended for Paper 09</i>)	DR	Deputy Director, Quality and Patient Safety
Lynn Talbot	LT	Interim Director of Community Transformation
Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Jill Crooks	JCro	Press
Diana Hargreaves – Minutes	DJH	Board Administrator, Wilts CCG

Observers:

Nigel Langhorn	NL	Associate Director of Commissioning Support, Central Southern Commissioning Support Unit
John Deffenbaugh	JD	Frontline
Lynne Beta	LB	Administration, Corporate Affairs
Dr Anna Collings	AC	GP, NEW Group

Apologies:

Peter Lucas	PL	Lay Member and Vice Chair
James Cawley	JCa	Service Director, Commissioning, Procurement and Strategy, Wiltshire Council,
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council

GOV/13/09/01	Welcome and apologies for absence SR welcomed everyone to the meeting noting the apologies as recorded above.	ACTION
GOV/13/09/02	Questions/Comments from the public None received.	
GOV/13/09/03	Declarations of Interest Members are 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 CCG. None declared.	
GOV/13/09/04	Minutes of previous meeting held on 23 July 2013 Were agreed as an accurate record.	
GOV/13/09/05	Matters Arising P3 – 30 September is still on track as the date of the re-opening of the Trowbridge Birthing Unit.	
GOV/13/09/06	Action Tracker GOV/13/05/13 CR to speak to HR-G about the production of a work plan.	CR/HR-G
GOV/13/09/07	Chair's Report SR reported to the Members and the public on: <ul style="list-style-type: none"> • The CCG provided the necessary assurance to pass through the Quarter 1 Checkpoint with NHS England. • Worked successfully with the NHS 111 provider to move them closer to Full Service Commencement. • The joint Salisbury Foundation Trust (FT) Board and Wiltshire CCG Governing Body seminar will take place on Monday 7 October. • The joint Great Western Hospital (GWH) Trust Board, Swindon CCG Board and Wiltshire CCG Governing Body seminar date yet to be agreed. • There will be a Lay Members' meeting with colleagues from Bath and North East Somerset (B&NES), Gloucestershire and Swindon on 18 November to share experiences and promote topical discussion. • A further stakeholder event will be held in early November. 	

GOV/13/09/08	<p>Register of Sealings</p> <p>There were none recorded.</p>	
GOV/13/09/09	<p>Integrated Performance Management Report (including quality/finance/access/projects)</p> <p>DJN introduced the report which assessed the performance of the CCG for quality, financial management, patient access and project management to give a transparent and comprehensive assessment of overall performance, using data from April – August 2013, where available.</p> <p>Quality: DR presented the patient story about a delayed transfer of care (DToC) which was an important story to share in relation to the work being done around community transformation and was a recurring theme in letters received.</p> <p>JC-C delivered the key messages:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) update • National Institute for Clinical Excellence (NICE) Assurance Group • Harm Free Care • Commissioning for Carers <p>Finance: STr advised Members that the CCG continued to report the achievement of its planned £5m surplus and that less cash was drawn down from the Department of Health than planned. The CCG resource limit still remained a key issue with the CCG continuing to dispute anticipated adjustments for specialist commissioning of £1.8m and 2012/13 outturn position for Primary Care of £1.6m.</p> <p>STr reported that the CCG was experiencing significant pressure on some of its acute contracts, reductions in some key activity areas and on some of its tertiary and independent sector contracts. Offsetting some of these overspends were underspends on prescribing, Continuing Healthcare (CHC) and Funded Nursing Care (FNC), equating to £3m with the remaining amount covered by reserves. Within the financial position, the CCG assumed that the £9.3m Quality, Innovation, Productivity and Prevention (QIPP) requirement was fully delivered.</p> <p>Access: STr reported that the Wiltshire population continued to receive good delivery from its providers in most areas and went on to name the key areas of concern:</p> <ul style="list-style-type: none"> • Accident and Emergency (A&E) target achievement at Royal United Hospital (RUH) and GWH • Ambulance response times • Hospital acquired infections <p>These were being addressed by a rectification plan and focused investment at the RUH; an escalation plan being developed for GWH and engagement with South West Ambulance Service Trust</p>	

	<p>(SWAST) to explore actions to improve investment. DToC remained high and a Task and Finish Group had been created to improve delivery.</p> <p>Project Management: DJN informed Members that, where the full toolkit was being properly utilised, project managers were seeing real benefits and that Group Directors had agreed to fully embrace project methodology.</p> <p>Additional projects or programmes of work regarding Learning Disabilities, Any Qualified Provider and Medicines Management had been identified to meet the projected QIPP shortfall.</p> <p>DJN reported on the satisfactory evolution of the Annual Planning Cycle, assisted by Attain consultants and the Commissioning Support Unit (CSU).</p> <p>Members were advised by MRe that all the WWYKD care coordinator roles would be filled following further recruitment rounds.</p> <p>MM raised a concern about the GWH Quarter1 stroke patients' indicator and suggested that further action was required in order to reach a sustainable position. TW explained that GWH had recruited a dedicated project manager to look into the concerns and, with a rectification plan in place, there should soon be an improvement in percentages. These concerns would be raised at the contract meetings.</p> <p><i>Jo Cullen joined the meeting.</i></p> <p>Members heard how the CCG were engaging with providers to understand the reasons behind the rising DToC and also working with colleagues in Wiltshire Council to reduce the figures.</p> <p>The Governing Body received and approved the report.</p> <p><i>Debbie Rigby left the meeting.</i></p>	
<p>GOV/13/09/10</p>	<p>Workforce Report – Commissioning Support Unit (CSU)</p> <p>DJN introduced the report designed to update Members on workforce activities in Quarter 2 and provide workforce data.</p> <p>SR congratulated Dr Anna Collings on obtaining a place on the Nye Bevan leadership programme.</p> <p>The Governing Body received and approved the report.</p>	
<p>GOV/13/09/11</p>	<p>Reviewed Scheme of Delegation – for approval</p> <p>STr introduced the report which had been approved at the last Audit and Assurance Committee meeting and reflected the changes needed to represent the role descriptions and positions of authority across the CCG, adding that there were no investment</p>	

	<p>changes to delegated financial limits.</p> <p>The Governing Body received and approved the report.</p>	
GOV/13/09/12	<p>Risk Management Strategy – for approval</p> <p>DJN introduced the strategy explaining that it was prepared as part of the authorisation process and had been reviewed to ensure that it supported the CCG's strategic objectives, with changes indicated in green.</p> <p>The Governing Body received and approved the report.</p>	
GOV/13/09/13	<p>Older People's Mental Health and Dementia Service Redesign</p> <p>TW introduced the report building on the presentation delivered by CG at the Annual General Meeting earlier this morning. The project aimed to deliver a package of improvements within the existing Avon and Wiltshire Mental Health Partnership Trust (AWP) specialist mental health and dementia service provision contract and cost structure.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • A complicated area involving many organisations • Working with Wiltshire Council and members of the public • There will be a formal evaluation of the operating plan • Advice will be sought from Public Health in terms of the evaluation • The project could act as best practice for other areas • Wiltshire Dementia Delivery Board brings together all interested parties • The paper has been through the August Joint Commissioning Board • Funded within the current AWP contract and recognised as an additional cost <p>The Governing Body received and approved the report.</p>	
GOV/13/09/14	<p>North and East Wiltshire (NEW) Q1 Report</p> <p>TW introduced the report on the Q1 progress against the actions set out in the 2013/14 NEW Group Service Level Agreement (SLA).</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Savings in prescribing were down to looking at efficiencies rather than not prescribing • Concern that the SLA activity would mean extra work for GPs already under pressure • Most practices had agreed to be involved in some of the activities rather than all of them • Consultants' opinions were relatively easy to get but the consultants did not always try to get hold of GPs 	

	<ul style="list-style-type: none"> • Workforce planning over the next 2 years would be very important <p>The Governing Body received and discussed the report.</p>	
<p>GOV/13/09/15</p>	<p>Sarum Q1 Report</p> <p>MH introduced the report providing progress at Q1 on the 2013/14 Sarum Group SLA which focused on supporting CCG engagement within 4 specific work streams:</p> <ul style="list-style-type: none"> • Effective urgent care • Effective referral management • Effective prescribing • Locally developed innovation and improvement <p>The Governing Body received and discussed the report.</p>	
<p>GOV/13/09/16</p>	<p>West Wiltshire, Yatton Keynell and Devizes (WWYKD) Q1 Report</p> <p>MRe introduced the report providing progress at Q1 against the actions set out in the 2013/14 WWYKD Group SLA and thanked CG, DB and Richard Hook for their work on dementia and the managers who had worked behind the scenes - Victoria Hamilton, Susan Dark and Miriam Turner.</p> <p>HO reported on the improving links to support patients including deployment of the risk tool stratification scheme whereby a practice identified patients who could be cared for in their own homes. Part of the Care Co-ordinators' role was to get patients back home from hospital meaning that the DToC should diminish as a result.</p> <p>CR remarked on how helpful and valuable it was to have detailed reports from the 3 Groups and SR thanked all the Group Directors for their work. SR thanked MRe in particular for all his help as this was his last meeting and he welcomed Jo Cullen in her interim role.</p> <p>The Governing Body received and discussed the report.</p>	
<p>GOV/13/09/17</p>	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN introduced the BAF and RR, identifying the Top 10 risks.</p> <p>W-13/014 CR questioned the progress on the provision of a Section 136 suite for under-16s. DF responded by saying that considerable progress had been made for 16-18 provision adding that the CCG had an agreement with AWP that they would manage the suite until colleagues from Oxon could take over. However, provision for under-16s, with very small numbers, was more difficult and the CCG was working on this in order to mitigate the risk.</p> <p>F-13/008 MS asked the Executives how confident they were that SWAST would deliver an improved service. DF advised Members that SWAST had commissioned an independent review into its</p>	

	<p>performance, the results of which would identify whether its resources were deployed most effectively and provide the data to support options for improved service delivery. The 75% target of sending ambulances to patients in Wiltshire within 8 minutes was very challenging for this rural county and the only way this percentage could be achieved was if a substantial amount of money was invested in more ambulances and staff. It was agreed to challenge the target with the Area Team, especially if the outcomes were shown to be no worse than if 8 minutes were exceeded and the clinician Members were more concerned about getting an ambulance to someone within 20 minutes rather than 8.</p> <p>The Governing Body received and discussed the report.</p>	SR/DF/STr
<p>GOV/13/09/18</p>	<p>Medium Term Financial Plan (MTFP)</p> <p>STr introduced the report outlining the 3-year financial position of the CCG between 2014/15 and 2016/17 and advising Members of the impact of the Comprehensive Spending Review, which would ring-fence £16.5m of NHS monies to support integrated working with Wiltshire Council, known as the Integration Transformation Fund (ITF). This would put significant pressure on the CCG finances in 2015/16 and, in order to plan for this, the CCG would ring-fence 50% of new money in 2014/15, focusing any commitment against it relating to the ITF.</p> <p>STr explained that the QIPP challenge for the period 2014 – 2017 would be £20m. The MTFP reflected the potential impact of reduced growth which, if reduced by 1%, would increase QIPP in 2014/15 by £5m. However, if the tariff deflator was reduced by 1.1%, then additional QIPP would be £3m.</p> <p>Members agreed that serious conversations with the public were needed on how they would like the CCG to manage declining resources on their behalf. There was a Governing Body Seminar on strategic planning taking place at the end of October with colleagues from Wiltshire Council and the Area Team invited to start this conversation, followed by a stakeholder event in early November. The MTFP would go onto the RR if it was felt that it was not possible to deliver.</p> <p>The Governing Body received and discussed the report.</p>	
<p>GOV/13/09/19</p>	<p>Update On 111</p> <p>DJN gave a verbal update on current performance explaining that, following the poor start and after working with Harmoni on the rectification process, the risk had diminished and full service commencement was now close. DJN continued by saying that there would, however, be rigorous contract monitoring as the Winter period approached. Members expressed their thanks to DJN and JCu for their hard work on this.</p> <p>The Governing Body received and noted the verbal update.</p>	

GOV/13/09/20	<p>Quality and Clinical Governance Minutes – July</p> <p>MM presented the minutes.</p> <p>The Governing Body received and noted the report.</p>	
GOV/13/09/21	<p>Audit and Assurance Committee Minutes – July</p> <p>STr presented the minutes.</p> <p>The Governing Body received and noted the report.</p>	
GOV/13/09/22	<p>Finance Committee Minutes – July</p> <p>SR presented the minutes.</p> <p>The Governing Body received and noted the report.</p>	
GOV/13/09/23	<p>ANY OTHER BUSINESS</p> <p>No further business was discussed and the meeting finished at 13:20hrs.</p>	
	<p>Date of next meeting – Tuesday, 26 November 2013. TO BE HELD AT THE CITY HALL, SALISBURY.</p>	