

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 25 MARCH 2014 AT 10:00 AT THE TOWN HALL, MELKSHAM**

Present:

Dr Steve Rowlands	SR	GP Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Finance Officer
Christine Reid	CR	Lay Member
Peter Lucas	PL	Lay Member and Vice Chair
Dr Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, 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 Debbie Beale	DB	GP Vice Chair, WWYKD
Dr Mark Smithies	MS	Secondary Care Doctor

In Attendance:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
Jo Cullen	JCu	Group Director, WWYKD
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Lynn Talbot	LT	Interim Director of Community Transformation
Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Rob Hayday	RH	Head of Project Management
Chris Graves	CGra	Chair, Healthwatch
Frances Chinemana	FC	Public Health consultant, Wiltshire Council
Diana Hargreaves – Minutes	DJH	Board Administrator, Wilts CCG
Martin Wilson (<i>for Paper 09</i>)	MW	Attain
Dina Lewis (<i>for Paper 10</i>)	DL	Associate Director of Quality
Simon Shepherdson (<i>for Paper 10</i>)	SS	Care Homes Selection
Tony Millett	TM	Press

Observers:

Lynne Beta	LB	Administration Assistant, Corporate Affairs
------------	----	---

Apologies:

Mary Monnington	MM	Registered Nurse Member
Dr Peter Jenkins	PJ	GP Medical Advisor
Dr Jonathan Rayner	JR	GP, Vice Chair, NEW
Maggie Rae	MR	Corporate Director, Wiltshire Council
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council
James Cawley	JCa	Service Director, Wiltshire Council
Sue Odams (Frances Chinemana to attend)	SO	Public Health Consultant, Wiltshire Council

<p>GOV/14/03/01</p>	<p>Welcome and apologies for absence</p> <p>SR welcomed everyone to the meeting noting the apologies as recorded above.</p>	<p>ACTION</p>
<p>GOV/14/03/02</p>	<p>Questions/Comments from the public</p> <p>None received.</p>	
<p>GOV/14/03/03</p>	<p>Declarations of Interest</p> <p>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 Clinical Commissioning Group (CCG).</p> <p>None declared.</p>	
<p>GOV/14/03/04</p>	<p>Previous minutes of CCG Governing Body in Public held on 28 January 2014</p> <p>Sue Odams was an attendee at the January meeting.</p> <p>The minutes were agreed as an accurate record with the amendment noted above.</p>	
<p>GOV/14/03/05</p>	<p>Matters Arising</p> <p>None.</p>	
<p>GOV/14/03/06</p>	<p>Action Tracker</p> <ul style="list-style-type: none"> • WILTS/13/01/17 Younger GPs taking forward leadership opportunities • GOV/13/05/02 Covered in JC-C's paper • GOV/14/01/10 Brought to next Finance Committee • GOV/14/01/13 Procurement strategy – May meeting • GOV/14/01/15 Statement of Commitment – signed • GOV/14/01/18 Covered in HR-G's paper • GOV/14/01/18 Covered in HR-G's paper • GOV/13/05/02 Reassurance given that wider public engagement was happening. CCG attended the Area Boards to give updates. Communication with public through responding to their letters. DF/SR visiting all the GP practices. <p>All actions completed.</p>	
<p>GOV/14/03/07</p>	<p>Chair's Report (to include CCG achievements over the past year)</p> <p>SR reported to the Members and the public on:</p> <ul style="list-style-type: none"> • Reduction in dementia assessment and treatment times Dementia patients were now diagnosed and referred to a memory clinic in less than four weeks • Recruitment of 23 care coordinators, based in GP practices, to help people live well at home for longer and reduce unnecessary hospital or care home admissions • The introduction of the NHS111 service and the progress made 	

	<p>since it was rolled out in early 2013</p> <ul style="list-style-type: none"> • Replacement of more than 20 providers of patient transport with a single organisation to cover Wiltshire, Swindon, Gloucestershire and Bath and North East Somerset • Consultation on the CCG 5-year plan with patients and the public over the next few weeks and months <p>SR congratulated JCu on gaining her substantive post as Group Director of WWYKD and welcomed her to the Governing Body.</p>	
<p>GOV/14/03/08</p>	<p>Register of Sealings</p> <p>There had been one sealing which was the Joint Business Agreement between Wiltshire Council and Wiltshire CCG, made on 12 March 2014, attested by Chief Officer and Chief Financial Officer.</p>	
<p>GOV/14/03/09</p>	<p>Wiltshire CCG 5-year Plan – approval</p> <p>DJN introduced the 5-year plan setting out both the national and local context and explaining that it had been developed in close collaboration with partners and stakeholders and had been through the Health and Wellbeing Board. Governance had been agreed along with the appointment of a joint director, between Wiltshire Council and the CCG, to support the delivery of the plan. Public engagement and consultation was of vital importance but the timeline up until now had not allowed this. However, we would now be moving forward, with Wiltshire Council, with internal and external communication and engagement with the public across Wiltshire, assisted by Healthwatch and consultancy colleagues.</p> <p>DJN presented a set of slides (attached with the minutes) on the 2-year operational and 5-year strategic plan with the objective of</p> <ul style="list-style-type: none"> • Obtaining sign off of the plans • Providing a status report on the Better Care Fund plan • Reviewing the next steps <p>DJN gave his thanks to MH for leading the development of the work plan and to Attain, our strategic planning partner.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Congratulations on an important plan with much to do, requiring shared work and more clinical leadership • Public needed to be assured that what was happening in the CCG benefitted the people of Wiltshire • CCG was well-respected by NHS England (NHSE) • GPs had been positively involved in development of the plan, which would make a difference • Needed to be effective communication with the public and with the clinical front line • 81-page document was too long – DJN understood and accepted that we would need to make it a more public-consumable document • Accountability and measurement was crucial to track the delivery of the plan • Selling the plan to GP colleagues required a shorter document with bullet points describing themes/main aims/projects • STr articulated the importance of getting a return on our investment • GP colleagues to understand what was required from them in relation to the plan 	

	<p>A member of the public requested the document be 'put into English' and to be short and to the point.</p> <p>The Governing Body approved the plan for submission to NHSE on 4 April.</p> <p><i>(MW left the meeting at 10:50hrs)</i></p>	
<p>GOV/14/03/10</p>	<p>Integrated Performance Management Report (including quality/finance/access/projects)</p> <p>DJN introduced the report giving a transparent and comprehensive assessment of overall CCG performance, using data from April 2013 – January 2014, where available.</p> <p>Quality – Dina Lewis from Continuing Healthcare delivered the patient story and introduced Simon Shepherdson from Care Home Selection, a new service jointly commissioned by CCG and Wiltshire Council for individuals who needed to consider a care package. The story described a family who had benefitted from an experienced field advisor from Care Home Selection supporting the family with the best care option for the patient and the positive feedback from the family on the outcome.</p> <p>SR thanked DL and SS for bringing the story which had a very powerful impact.</p> <p>JC-C continued with the Quality section of the report highlighting the key points:</p> <ul style="list-style-type: none"> • Significant rise in mixed sex accommodation breaches • Never Events – the public were informed that these were events that should never have happened • Congratulations to the Royal United Hospital, Bath (RUH) as the enforcement notice had been lifted <p>MS asked whether the CCG had received the action plan from Southern Health following concerns about their incident reporting system. Members were informed that Southern Health had given the CCG notice and were not taking any more patients. The remaining patients would have been moved out of the Assessment and Treatment Unit (ATU) by the end of this month and a new provider had been identified.</p> <p>There had been four Never Events at the RUH, all around the same issue; however, it had not been their responsibility, but the responsibility of the Great Western Hospital (GWH) who provided maternity services at the RUH. Following a risk summit, the ensuing action plan was being monitored through GWH and through the RUH Clinical Quality Review meetings.</p> <p><i>(Dina Lewis and Simon Shepherdson left the meeting at 11:10hrs)</i></p> <p>Finance – STr presented the section stating that the CCG was on course to achieve its £5m surplus even though 13/14 had been a challenging year given the baseline funding issues, the impact of the 13/14 Payment by Results (PbR) tariff and the increasing acuity of patients.</p> <p>The financial plan for 13/14 assumed a QIPP plan of £9.3m, which had been delivered, but not against the original headings. QIPP associated with acute care had resulted in overspends on the three acute contracts</p> <ul style="list-style-type: none"> ▪ RUH £1.8m 	

	<ul style="list-style-type: none"> ▪ GWH £1.8m ▪ Salisbury Foundation Trust (SFT) £2.7m <p>It would therefore be imperative that the acute-focused QIPP in 14/15, equating to £7.15m, was delivered or the financial position of the CCG would be at risk given the reduced flexibility in resources due to the creation of the Better Care Fund.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • The impact of patient choice in the case of the orthopaedic work from GWH going to a private provider. The CCG was looking to develop its own contract with the provider rather than linking in with Swindon as was now the case • Patient choice was also about waiting times which were less with private providers than the large hospitals • There should be processes/safeguards in place to ensure that the thresholds on decision-making about whether or not a patient should be operated on were the same wherever that patient chose to go for their operation • The over-activity in the three acute providers was challenging but manageable • Any savings made would go back into investment in services <p>DF offered her personal thanks to STr and his team for the huge achievement of bringing in the budget on 1 April, despite having to cope with much unexpected and unanticipated activity.</p> <p>Access – DJN presented the section informing Members that evaluation of projects and areas of investment was being undertaken to establish their effectiveness. There was under-performance on:</p> <ul style="list-style-type: none"> ▪ Ambulance response times although South West Ambulance Service Trust (SWAST) had started to deliver some improved performance in Wiltshire recently, following the implementation of their rectification plans ▪ Accident and Emergency four-hour wait at RUH and GWH. The Emergency Care Intensive Support Team were going to visit GWH in order to conduct a review ▪ Increased same sex accommodation breaches due to reporting changes <p>Project Management – DJN presented the section explaining that the continued planning effort across the CCG and with Wiltshire Council had resulted in the CCG 5-year/2-year plan and the Better Care Plan.</p> <p>Members responded positively to the project register which clearly set out the work to be done.</p> <p>CR requested that a description of the colours (R for red, A for amber and G for green) be added to the risk register and the project register.</p> <p>The Governing Body received and agreed the report.</p>	<p>Susannah Long/RH</p>
<p>GOV/14/03/11</p>	<p>Annual Budget 2014/15 – agreement</p> <p>STr introduced the report presenting a financial plan for 2014/15 which would enable the CCG to deliver a surplus of £5.3m in line with NHSE planning requirements, based on anticipated funding of £528.9m and a QIPP plan of £11.6m.</p> <p>STr informed Members that the key risks to the financial plan were</p>	

	<p>associated with not delivering the planned level of surplus or the required levels of QIPP savings, mitigated through analysis of areas that overspend, identification of the overspend and corrective actions.</p> <p>PL acknowledged his confidence in the budget and the process for its development.</p> <p>The Governing Body received and agreed the report.</p>	
GOV/14/03/12	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN introduced the BAF identifying potential risks to the strategic objectives of the CCG and the high level RR identified the Top 10 risks to the organisation.</p> <p>MS expressed concern about Delayed Transfers of Care (DToC) from mental health providers. The CCG responded saying that this work was ongoing with Wiltshire Council colleagues.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/03/13	<p>Workforce Report CSU (Training, sickness, turnover)</p> <p>DJN presented the report updating the Members on workforce activities up to the end of Q3 and the associated data.</p> <p>PL questioned whether there was comparative data with other CCGs and was informed that Wiltshire CCG was not an outlier in any area.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/03/14	<p>Communications Team Annual Work Plan</p> <p>DJN introduced the report setting out the proposed programme of activity for the Communications and Engagement department of the CCG. HR-G explained the design of the plan, with nine key areas, which serviced both Wiltshire and Bath and North East Somerset CCGs. The communications team had expanded, with new staff appointed.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Promotion of the plan was the responsibility of everybody in the CCG, including clinical executive leaders cascading the information to the GP membership • Important to engage the public through effective communication including using organisations such as Healthwatch • The use of social media platforms would be a significant tool in engaging and communicating with the public • Communication team to complete the Evaluation column in the plan where 'To Be Confirmed (TBC)' was stated, with a time scale of when the evaluations would be done and completion dates • CR was committed to the creation of a Public and Patient Participation group for Wiltshire in her capacity as lead for Public and Patient Involvement <p>DF thanked DJN and HR-G for the comprehensive plan.</p> <p>The Governing Body received and discussed the report.</p>	HR-G

GOV/14/03/15	<p>Update on Children's Community Health Services tendering options</p> <p>JC-C introduced the update on the timescales for re-commissioning children's community health services in Wiltshire.</p> <p>The Governing Body received and noted the update.</p>	
GOV/14/03/16	<p>North and East Wiltshire (NEW) Q3 Report</p> <p>SB introduced the report updating Members on the progress against the actions set out in the 2013-14 NEW Group Service Level Agreement (SLA).</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/03/17	<p>Sarum Q3 Report</p> <p>TD introduced the report updating Members on the progress against the actions set out in the 2013-14 Sarum Group Service Level Agreement (SLA).</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/03/18	<p>West Wilts, Yatton Keynell and Devizes (WWYKD) Q3 Report</p> <p>HO introduced the report updating Members on the progress against the actions set out in the 2013-14 WWYKD Group Service Level Agreement (SLA).</p> <p>STr asked for future Groups' reports to link activity into the CCG plan to allow colleagues to gain assurance that the investment in the SLAs was facilitating contribution to the delivery of the plan. This would be a reporting strand going forward and STr agreed to work with colleagues on the development.</p> <p>SR acknowledged the Groups' achievement in the engagement of the 58 general practices during 2013-14</p> <p>The Governing Body received and noted the report.</p>	STr/TW/MH/JCu
GOV/14/03/19	<p>Review of Register of Interests</p> <p>DJN introduced the report.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/03/20	<p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 12:30hrs.</p>	
	Date of next meeting – Tuesday, 20 May 2014 Conference Room, Southgate House, Devizes	