

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 20 MAY 2014 AT 10:30 IN SOUTHGATE HOUSE, DEVIZES**

Present:

Dr Steve Rowlands	SR	General Practitioner (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
Mary Monnington	MM	Registered Nurse Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP, Vice Chair, 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

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 Transformation
Dr Peter Jenkins	PJ	GP Medical Advisor
Chris Graves	CGra	Chair, Healthwatch
Diana Hargreaves – Minutes	DJH	Board Administrator, Wilts CCG

Mrs Elizabeth Campbell (patient story)

Non Voting Members who always attend:

Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
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Press:

Jill Crooks	JC	Press
Tony Millett	TM	Press

Apologies:

Dr Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)
Maggie Rae	MR	Corporate Director, Wiltshire Council
James Roach	JR	Interim Integration Director
Rob Hayday	RH	Associate Director, Performance, Corporate Services and Head of PMO

GOV/14/05/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above.	
GOV/14/05/02	Questions/Comments from the public	

	There were two questions from Tony Millett which were read out and answered. (Attached at the end of these minutes).	
GOV/14/05/03	<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). NB As Members are required to review and update their Declarations of Interest annually, if a Member believes their interests have changed, please contact Diana for a new form.</p> <p>None.</p>	
GOV/14/05/04	<p>Previous minutes of CCG Governing Body in Public held on 25 March 2014</p> <p>The minutes were agreed as an accurate record.</p>	
GOV/14/05/05	<p>Matters Arising</p> <p>None.</p>	
GOV/14/05/06	<p>Action Tracker</p> <ul style="list-style-type: none"> • GOV/14/03/10 Colours would be described on the Project Register but not possible for the Risk Register. Completed • GOV/14/03/14 In the papers for information. Completed • GOV/14/03/18 STr adding as a reporting strand going forward. Completed <p>All actions completed.</p>	
GOV/14/05/07	<p>Chair's Report</p> <p>SR reported to the Members and the public on:</p> <ul style="list-style-type: none"> • The CCG Staff away day held yesterday had been a success. One of the questions asked 'Why do you come to work?' and the consensus was that staff wanted to make a difference to patients' lives. SR had also been interested to note the number of managers in the building who were historically/presently clinicians • Attendance at a clinical workshop with clinicians from RUH • Invitation by the Cabinet Office to speak on Wiltshire's Better Care Fund plan • Participation in the Urgent Care Working group • Continuing visits to the Wiltshire GP practices with DF • Invitation to speak at all three recent GP group forums with DF • Breakfast meeting for staff with an impressive performance by the Southgate House choir • Invitation to open the new Salisbury Plain Health Partnership • Attendance at an evening meeting with emerging clinical leaders for succession planning 	
GOV/14/05/08	<p>Register of Sealings</p> <p>None.</p>	

<p>GOV/14/05/09</p>	<p>CCG Annual Report and Accounts – sign off</p> <p>STr outlined the process for signing off the CCG Annual Report and Annual Accounts explaining that there had been an Extraordinary Audit and Assurance (AAC) meeting earlier today, at which the external auditors had given an unqualified opinion on the accounts which represented a true and fair view of the finances of the CCG in 2013/14.</p> <p>The Annual Report and Annual Accounts would be published on the website on 13 June and presented to the public at the Annual General Meeting in September.</p> <p>PL informed the Members that the AAC had approved the accounts and recommended the Annual Report and Annual Accounts to the Governing Body. PL continued by saying that it was an excellent result to have been given a clean audit and thanked everybody for this achievement.</p> <p>DF stated that the £5m was a control total which the CCG had been required to return to NHS England rather than a surplus and that all other money had been spent on healthcare for the people of Wiltshire.</p> <p>SR – thanked STr and his team for the Annual Accounts and DJN and his team for the Annual Plan.</p> <p>The Governing Body formally adopted the Annual Report and Accounts.</p>	
<p>GOV/14/05/10</p>	<p>Integrated Performance Management Report</p> <p>DJN introduced the May report which assessed the performance of the CCG for quality, financial management, patient access and project management, using data from April 2013 to March 2014.</p> <p>Quality PL introduced Mrs Elizabeth Campbell who had written the patient story about her late husband, Peter Campbell and the treatment he had received in Salisbury Hospital after he was admitted with a broken hip and suffering from Alzheimer's disease. The key messages were about training for hospital staff in dealing with Alzheimer's patients and early involvement with family members close to the patients. SR offered the Members' thanks and condolences to Mrs Campbell and reiterated how powerful it was to hear these patient stories.</p> <p>Quality JC-C would also take these messages to the End of Life Programme Board and asked that TW did the same at the Dementia Delivery Board. JC-C introduced the quality section of the report and thanked Debbie Rigby for the production of this, her last report, before taking on her new role in Somerset.</p> <p>Members commented/queried:</p> <ul style="list-style-type: none"> • In response to DF's question about whether the composite scores (p7) included agency staff, JC-C stated that only permanent, full time equivalent staff were included: and that more of the agency staff were to become trained and permanent • The 'hot spots' reports (pp11-17) did not contain the same information for the three acute providers. The data reports had been redesigned so information in future would be consistent across all organisations and each supported by an appendix • Avon and Wiltshire Mental Health Partnership's performance (p14) had improved and they had produced an action plan which 	<p>JC-C TW</p>

	<p>the CCG would monitor</p> <p>Finance and Access STr presented the headlines in the CCG's financial overview 2013/14 section of the report, informing Members that the cost of activity had risen significantly with the increase in acuity of patients.</p> <p>The urgent care system had performed reasonably well through a combination of measures put in place by providers and additional investments and projects undertaken by the CCG.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • The first year had gone well financially and there would be a significant challenge to face in the future • GPs were expected to take the pressure off the acute providers while feeling under pressure and under resourced themselves: it would take current and emerging clinical leadership to bring this about. This message needed to be transmitted to NHS England and the Department <p>Project Management DJN presented the project management section reporting on the staff away day from the previous day which had allowed staff to be involved with the CCG's future planning and resulted in a clear set of priorities.</p> <p>DF described the structure of yesterday's staff away day paying tribute to the strength of leadership in the CCG's executive and management team. The implementation of the 7 programme areas would be successful going forward because there was strong clinical leadership. This had been substantiated by feedback from the external body carrying out the recent Emergency Care Intensive Support Team (ECIST) review at Great Western Hospital (GWH) and from providers.</p> <p>PL noted that the GPs had powerful voices to which the people of Wiltshire listened.</p> <p>The Governing Body received and agreed the report.</p>	
<p>GOV/14/05/11</p>	<p>Sarum Service Level Agreement Report 14/15 – sign-off</p> <p>SR explained to Members and the public that the Groups' Service Level Agreements described the proposals for the provision of GP services above and beyond their core contracts.</p> <p>TD introduced the Sarum report. STr asked what success would look like in Sarum. TD responded with a healthy community in partnership, adding that community care was starting to take off in Sarum. In response to CR's question about the biggest risk, CGru said it was clinical time and resource as the Government had imposed difficult-to-achieve targets within the GP contracts and young doctors were going abroad to work.</p> <p>General comments on all 3 SLAs:</p> <ul style="list-style-type: none"> • Members would appreciate more of a flavour of the return on the investment and the measurable impact • The Integrated Performance Report format would be amended to show the impact of the investment funding on individual projects • Where it was difficult to measure impact, the project must show a 50% return on the investment • Precise numbers of GP forums and stakeholder events to be 	

	<p>included</p> <ul style="list-style-type: none"> • Some of the project areas would take time before results could be measured: so it was important to also consider the longer term view • It was also important to have a simple, clear debate with the public on a solution to the lack of clinical time and resource, as the public were concerned and frightened by what was happening with GPs <p>The Governing Body received and agreed the report.</p>	
GOV/14/05/12	<p>West Wilts, Yatton Keynell and Devizes (WWYKD) SLA Report 14/15 – sign-off</p> <p>HO presented the WWYKD report remarking on the similarity of issues across all the Groups.</p> <p>STr asked what success would look like in WWYKD. HO responded with the development of practical plans for each of the major towns, shared with the local community and clinically led.</p> <p>The Governing Body received and agreed the report.</p>	
GOV/14/05/13	<p>North and East Wiltshire (NEW) SLA Report 14/15 – sign-off</p> <p>AC presented the NEW report, again noting the similar issues across the groups.</p> <p>STr asked what success would look like in NEW. AC responded with a reduction in admissions and outpatient attendance. In response to CR's question about the biggest risk, again it was clinical time and resource.</p> <p>The Governing Body received and agreed the report.</p>	
GOV/14/05/14	<p>Board Assurance Framework and Risk Register</p> <p>DJN presented the report which had been carefully considered by Members at the AAC meeting on 13 May.</p> <p>The Governing Body received the report.</p>	
GOV/14/05/15	<p>Workforce Report Central Southern Commissioning Support Unit (CSCSU) – Quarter 4 (Q4)</p> <p>DJN presented the report updating the Governing Body on workforce activities up to the end of Q4 pointing out that the 9 members of staff leaving in Q4 was almost double the average for the previous quarters. The reasons given were retirement, end of fixed term contract, relocation, health and 'other'.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • References to the Nursing directorate should read Quality and Patient Safety directorate • Numbers were low for completion of Adult Safeguarding training and staff must do this training • Numbers for completion of Information Governance training were also low. STr would work with the CSU to ensure that there was a plan in place to increase the numbers, as it was key that the CCG 	STr

	<p>had a level 2, for primary care commissioning in the future</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/05/16	<p>Quality Accounts (QA)</p> <p>JC-C introduced the report which did not include the Quality Accounts for the Royal United Hospital, Bath as they had been received late.</p> <p>CGra informed Members that Healthwatch had been asked to comment on providers' QA and even though some providers were having a challenging year, this was not always referred to specifically but rather was buried in their reports. Most providers had now added a clear statement to this effect.</p> <p>DF asked whether the reports followed a standard format for QA as GWH had not mentioned the challenge they had faced which led to the recent ECIST report: the QA was limited in relation to their full performance. JC-C replied saying the QA reported on a small sub-set of indicators which were self-determined. However, the CCG would be informing providers what should be included next year as we would want to know their quality ambitions. There were copies of all the reports in the Lay Members' office.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/05/17	<p>Audit and Assurance Committee – Annual Report 13/14</p> <p>The report had been drafted by STr and presented by PL to the AAC meeting on 13 May: the report had been approved, subject to minor adjustments, which had now been included.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/05/18	<p>Outcome of the Dementia Strategy Consultation</p> <p>TW presented the report which updated the Governing Body on the progress of the Wiltshire dementia strategy consultation process that finished on 19 May 2014, with initial feedback and analysis as at 7 May 2014. A further update was tabled with an overview of responses received as at 16 May 2014. There would be a formal analysis of the responses with updates at the Dementia Delivery Board and then at the next Governing Body meeting. TW thanked CGra for Healthwatch's help in some of the consultations. There would be a further consultation on inpatient dementia beds re-provision in July.</p> <p>CGru stated that Wiltshire had been poor for dementia diagnosis rates: however, we had now reached and gone beyond the target for diagnosis of dementia.</p> <p>CGra commented that most people had welcomed the strategy and it would be important to ensure that it was completed over the 7-year period and that the gap between the aspiration and the delivery was made as small as it could be.</p> <p>SR thanked CGru for her work on this.</p> <p>The Governing Body received and noted the report.</p>	

	<p>Items for Information</p> <p>Quality and Clinical Governance Committee meeting minutes – reference made to PK but the name was not included in the list of attendees.</p>	<p>Danela Adams</p>
<p>GOV/14/05/19</p>	<p>Any Other Business</p> <p>No further business was discussed and the meeting closed at 12:30hrs.</p>	
	<p>Date of next meeting – Tuesday, 22 July 2014 Memorial Hall, Royal Wootton Bassett.</p>	

Questions from the public

Q: How will ‘federations’ of practices be reflected in the SLAs this year and in the future?

A: If GP practices did form a federation, this would not have any effect on the commissioning intentions by Wiltshire CCG and the delivery of Service Level Agreements.

Q: When do we get to see the Annual Report on the 2013-2014 SLAs – for example regarding Area Board attendances?

A: The quarterly SLA reports for the July Governing Body meeting will contain end of year reports on SLAs for the three localities and, where applicable, will contain details of number of Area Boards attended. The reports will be available on the CCG’s website one week before the Governing Body meeting on Tuesday 22 July.