

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY, 23 SEPTEMBER 2014 AT 10:00 THE CONFERENCE ROOM,  
SOUTHGATE HOUSE, DEVIZES**

**Present:**

Dr Steve Rowlands	SR	General Practitioner (GP) Chair
Deborah Fielding	DF	Chief Officer
Peter Lucas	PL	Lay Member and Vice Chair
Christine Reid	CR	Lay Member
Steve Perkins	SP	Deputy Chief Financial Officer
Mary Monnington	MM	Registered Nurse Member
Dr Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)
Dr Toby Davies	TD	GP Chair, Sarum
Dr Chet Sheth	CS	GP Vice Chair, Sarum
Dr Helen Osborn	HO	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)

**In Attendance:**

Jo Cullen	JCu	Group Director, WWYKD
Ted Wilson	TW	Group Director, NEW
Chris Graves	CGra	Chair, Healthwatch
James Roach	JR	Interim Joint Integration Director, Wiltshire Council/CCG
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Dina Lewis	DL	Interim Deputy Director, Quality and Patient Safety
Lynne Beta	LB	Administrator, Wilts CCG
Diana Hargreaves	DJH	Board Administrator, Wilts CCG

**Non Voting Members who always attend:**

Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Rob Hayday	RH	Associate Director, Performance, Corporate Services and Head of PMO

**Press:**

Tony Millett	TM	Press
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**Apologies:**

Simon Truelove	STr	Chief Financial Officer
Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
Dr Peter Jenkins	PJ	GP Medical Advisor
Lynn Talbot	LT	Interim Director of Transformation
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP, Vice Chair, NEW
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Mark Harris	MH	Group Director, Sarum
Dr Debbie Beale	DB	GP Vice Chair, WWYKD

GOV/14/09/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above. Dr Chet Sheth was welcomed as the GP Vice Chair of NEW and thanks were given to Dr Celia Grummitt, who was standing down, for all her work as a Governing Body Member and particularly for the dementia service, set up in Sarum and rolled out across Wiltshire.	

GOV/14/09/02	<p><b>Questions/Comments from the public</b></p> <p>SR read out a letter from a member of the public (attached with these minutes) and requested that a copy be sent to the Ambulance staff.</p>	DJH
GOV/14/09/03	<p><b>Declarations of Interest</b></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>There were none declared.</p>	
GOV/14/09/04	<p><b>Previous minutes of CCG Governing Body in Public held on 22 July 2014</b></p> <p>The minutes were agreed as an accurate record.</p>	
GOV/14/09/05	<p><b>Matters Arising</b></p> <p>None.</p>	
GOV/14/09/06	<p><b>Action Tracker</b></p> <p><b>GOV/14/07/05</b> - Sarum's Service Level Agreement (SLA) format has been amended to show the impact of the investment funding on individual projects. WWYKD and NEW are yet to amend their SLAs.</p> <p><b>GOV/14/07/09</b> - Dementia Awareness training had been delivered this morning to those Governing Body Members who had attended. On the agenda. <b>COMPLETED.</b></p> <p><b>GOV/14/07/12</b> - Overnight Short Breaks. There was a further meeting last week and good progress was made with engaging the families connected with Hillcote: and with setting up overnight short breaks' provision in the community. Paper coming to the November Governing Body meeting. <b>COMPLETED.</b></p>	JCu/TW
GOV/14/09/07	<p><b>Chair's Report</b></p> <p>The Chair reported on</p> <ul style="list-style-type: none"> <li>• The Better Care Plan – continued status as part of the national fast track process: hospital admissions avoidance ambition to a 3.75% reduction from an original ambition of 4.5%</li> <li>• The Annual General Meeting took place on 16 September and was a well-attended and successful event</li> <li>• In the third week of 100 Day challenge which went live on 1 September - a system-wide approach aiming to reduce the number of attendances and admissions for frail patients in Wiltshire and the amount of time spent in hospital</li> <li>• On-going public consultation through area boards and the dissemination of our five-year plan</li> </ul>	
GOV/14/09/08	<p><b>Register of Sealings</b></p> <p>None.</p>	
GOV/14/09/09	<p><b>Risk Management Strategy - approval</b></p> <p>RH introduced the report which described the delivery of a pragmatic and effective multi-disciplinary approach to risk management, underpinned by a clear accountability structure.</p>	

	<p>In response to a question from a Member, RH stated that the DATIX system was being implemented through our contract with the Central Southern Commissioning Support Unit (CSCSU). The CSCSU would do the analysis and the CCG would receive the data analysis and share with the relevant people.</p> <p>Section 4: page 8: last bullet point – To include voluntary and third sector in the line 'Working in collaboration with healthcare providers, Wiltshire Council and the voluntary and third sector'. RH will take this back as a recommendation.</p> <p>DF stated that the CCG had a statutory duty to manage risk as an organisation and we did purchase some care from the voluntary sector: however, the CCG did not have a statutory responsibility to risk assure the voluntary sector per se and this needed to be made clear if the wording was changed as per the paragraph above.</p> <p>The Members asked about how the CCG assured itself that the risks in other provider organisations were being adhered to. Each locality group had its own risk register which recorded risks in provider organisations. It was important that this triangulation was captured across the system, therefore the Groups' risk registers would be shared at Governing Body meetings on a quarterly basis.</p> <p><i>Dr Chet Sheth joined the meeting at 10:20hrs.</i></p> <p><b>The Committee received and approved the report taking account of the comments above.</b></p>	<p>RH</p> <p>RH</p> <p>RH</p>
<p><b>GOV/14/09/10</b></p>	<p><b>Transforming Primary Care for Older People - update</b></p> <p>JCu introduced the report providing an update on the proposed Transforming Care for Older People schemes and outlining the processes followed to date that had resulted in the panel recommendations.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• The front paper summary sheet stated that the locality groups would be expected to develop robust communications plans, which the Members would like to see. JCu stated that the detailed implementation plans would include communication plans</li> <li>• When would the implementation plans be ready so that the public would know when the services would be available and accessible to them? JCu informed Members that the plans would be ready by the end of October/beginning of November</li> <li>• This initiative was one of the most exciting things that the CCG was doing at the moment and the public would be pleased with the services that were tailored to local need</li> <li>• Ideas had been generated from engagement with GPs, the public and patients: it was important to retain the enthusiasm</li> </ul> <p><b>The Committee received and approved the report.</b></p>	
<p><b>GOV/14/09/11</b></p>	<p><b>Integrated Performance Management Report</b></p> <p>RH introduced the report assessing the performance of the CCG for quality, financial management and patient access, and project management. This report also included information on the Better Care Fund and the 100 Day Challenge.</p> <p><b>Better Care Fund and the 100 Day Challenge</b> – JR informed Members that progress was being made as part of the 100 Day Challenge but there would be challenges going forward. JR thanked everybody who had been involved.</p> <p>The dashboard would be completed on a daily basis and details on progress</p>	

	<p>would be available on a fortnightly basis. SR thanked JR for a great piece of work.</p> <p><b>Quality</b> - DF explained that, since the report had been written, Avon and Wiltshire Partnership (AWP)'s Care Quality Commission (CQC) report had been published and the CCG had responded with a press release. AWP were working hard to rectify the issues identified. DL introduced the patient story about Continuing Healthcare (CHC) assessment waiting times. CG asked why the care deliverers had not pursued an assessment for the individual earlier. DL would look into why they were not referred earlier. The point of the patient stories was to learn from them and improve and develop our services.</p> <p><b>Chapter 3 Finance and Access</b> - SP introduced the section emphasising the pressures the CCG were under. Key points raised:</p> <ul style="list-style-type: none"> <li>• CCG continued to forecast a surplus of £5.3m for the end of the 2014/15 financial year</li> <li>• Remain on target to spend our cash limit and hit the targets for timely payment of invoices</li> <li>• Key risk to the financial position was non-delivery of QIPP and over-performance on urgent care</li> <li>• £1.2m overspend on planned care at end of July with elective activity 2.3% above last year's level and 4.6% above plan</li> <li>• CCG had instigated a recovery programme in response to the pressures and the Finance Committee would meet monthly to monitor progress</li> </ul> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Table 6 Access targets – numbers increasing on patients waiting 52 weeks or more. This was an issue of concern nationally as well as locally</li> <li>• Providers were confident of non-breach of referral to treatment times (RTT)</li> <li>• Confident of achieving the £5.3m surplus at the moment</li> <li>• Plans discussed this morning would contribute to improved patient care</li> </ul> <p><b>Project Management</b> – RH introduced the section highlighting the key points.</p> <p><b>The Committee received and discussed the paper.</b></p>	<p><b>DL</b></p>
<p><b>GOV/14/09/12</b></p>	<p><b>Board Assurance Framework (BAF) and Risk Register (RR)</b></p> <p>RH presented the report containing the BAF identifying potential risks to the strategic objectives of the organisation and the RR identifying the top ten risks. The Executive Team had contributed new risks to the RR and ensured progress was detailed against existing recorded risks. The Audit and Assurance Committee had considered and discussed both the BAF and the RR to ensure the risk profile of the CCG was correctly reflected.</p> <p>The top risk was about ensuring the CCG met its financial targets. QIPP delivery was based on getting the number of emergency admissions down in our acute hospitals and these were actually increasing.</p> <p><b>The Committee received and discussed the paper.</b></p>	
<p><b>GOV/14/09/13</b></p>	<p><b>Sarum SLA Q1 Report 14/15</b></p> <p>TD presented the report on the first quarter progress against the actions set out in the 2014/15 Sarum SLA. The slow take up of the care home initiative had proved disappointing although it was relatively early days.</p> <p>SP was pleased to see the return of investment metric had been built into the</p>	

	<p>report which had also been sent out to all the GPs so that they could see the results of the projects.</p> <p><b>The Committee received and discussed the paper.</b></p>	
<b>GOV/14/09/14</b>	<p><b>West Wilts, Yatton Keynell and Devizes (WWYKD) SLA Q1 Report 14/15</b></p> <p>HO presented the report on the first quarter progress against the actions set out in the 2014/15 WWYKD SLA and added in a patient story explaining that the intervention between primary and secondary care, as shown by the patient being discharged back into the community with a high level of diabetes, had worked positively.</p> <p><b>The Committee received and discussed the paper.</b></p>	
<b>GOV/14/09/15</b>	<p><b>North and East Wiltshire (NEW) SLA Q1 Report 14/15</b></p> <p>SB presented the report on the first quarter progress against the actions set out in the 2014/15 NEW SLA.</p> <p>SP requested that WWYKD and NEW build return of investment metrics into their SLAs going forward, as well as the narrative, as it was important to demonstrate that we were getting value for money on every pound of public money spent. PL also asked to see metrics in NEW and WWYKD's SLAs for the next Governing Body meeting in November. This had also been requested at the last Governing Body meeting in July.</p> <p><b>The Committee received and discussed the paper.</b></p>	<b>JCu/TW</b>
<b>GOV/14/09/16</b>	<p><b>Results from the Public Engagement with the 5-year Plan</b></p> <p>HR-G presented the report providing a summary of the engagement activities that had been undertaken and the feedback that had been received.</p> <p>Members stated that the voluntary sector could support core provision and asked what the CCG could do to start mobilising the voluntary sector in our provision and be taken forward in a coordinated way. HR-G responded saying that the CCG had a plan of action with Wiltshire and Swindon Users Network, helping to support us with their specialist knowledge and access to groups. CG emphasised that the voluntary sector was a significant resource, supported through national networks. However, the sector would need to be supported with adequate lead-in time, early notice of plans and would find it difficult to undertake a complex tendering process. It was important to pay them the market rate for the job as they would be a cheaper alternative but not a cheap alternative. This would also help with making the voluntary sector providers more sustainable, as currently some were not.</p> <p>DF agreed that the voluntary sector was a significant resource and sat within the Better Care Plan. The results from that programme to be produced for the next Governing Body meeting in November so that it was in the public domain. The report on programmes for prevention that Wiltshire Council had in place would also be brought to the November meeting, as well as the Joint Strategic Agreement at CCG level.</p> <p>Members felt that the numbers of attendees at the consultation events, rather than the numbers of questionnaires returned, would be more helpful. In response to Members asking what lessons the Communications team had learned from the process, HR-G said that they could have started the process earlier and reached into more groups, gaining feedback from a more diverse range of the public.</p>	<b>JR</b> <b>FC</b>

	<b>The Committee received and discussed the paper.</b>	
<b>GOV/14/09/17</b>	<p><b>Workforce Report – Q1</b></p> <p>RH introduced the report designed to update the CCG on workforce activities up to the end of Q1 and provide workforce data, giving thanks to the CSU for their help with producing the report.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Had there been any improvement against completion of the two safeguarding training modules, which was low? RH did not have this information. However, information on named staff level compliance for all training modules had been circulated</li> <li>• Data on completion of the Information Governance modules – refresher module or beginner’s guide – needed to be captured more accurately in Q2</li> <li>• Annual training figures for last year were very good and so the figure for this year should be good by the end of the year</li> <li>• GPs thought there were inaccuracies in the table as they were required to undertake safeguarding training which was not recorded. RH will take this back to CSU colleagues</li> </ul> <p><b>The Committee received and discussed the paper.</b></p>	<p><b>RH</b></p> <p><b>RH</b></p>
<b>GOV/14/09/18</b>	<p><b>Mental Health update</b></p> <p>JCu presented the report providing an overview of mental health commissioning across Wiltshire.</p> <p>SP questioned whether the figure of £1.3m in 2.2 related to all NHS commissioners using AWP or just the NHS Wiltshire CCG share. JCu confirmed that this was the NHS Wiltshire share and that there were ongoing discussions around the AWP contract and re-basing because of the re-procurement of mental health services in Bristol.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Four community-based teams, new and developing, were working reasonably well</li> <li>• Services were changing and modernising and, as commissioners, the CCG was impressed with the way that clinicians were taking this on board</li> <li>• Access to the service had improved significantly but there was still room for improvement</li> <li>• AWP had expressed the desire to get involved with the integrated teams</li> <li>• The service did not work as well with the Out Of Hours service. CS described a situation which had been inappropriately handled out of hours</li> </ul> <p><b>The Committee received and noted the paper.</b></p>	
<b>GOV/14/09/19</b>	<p><b>Annual Communications Plan – six-month update</b></p> <p>HR-G presented the report providing a half yearly update on the annual work plan 2014/15.</p> <p>The Twitter account was working well under a pilot scheme with 2/3 GPs to help support it and was now activated, attracting 700 followers in three months and allowing the CCG to have conversations with members of the community who would not normally engage on other platforms.</p>	

	<p>Members commented:</p> <ul style="list-style-type: none"> <li>• Concerns expressed around the additional projects which would result in much associated additional work and a real risk for the CCG in terms of reputational damage.</li> <li>• After 30 September all the BaNES references to be removed and the six headings on page 3 to be incorporated</li> </ul> <p><b>The Committee received and noted the paper.</b></p>	<b>HR-G</b>
<b>GOV/14/09/20</b>	<p><b>Any Other Business</b></p> <p>There were no further items discussed and the meeting closed at 11:58hrs.</p>	
<p><b>Date of next Governing Body Meeting in Public: Tuesday, 25 November 2014 City Hall, Salisbury.</b></p>		