



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY 27 MARCH 2018, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES**

**Voting Members Present:**

Dr Richard Sandford-Hill	RSH	Clinical Chair of Wiltshire CCG
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Mark Harris	MH	Chief Operating Officer
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Lindsay Kinlin	LK	GP, Interim Vice Chair of West
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW) (from 10.10hrs)
Dr Anna Collings	AC	GP, Vice Chair of NEW
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Chet Sheth	CS	GP, Vice Chair of Sarum (from 10.12hrs)

**In Attendance:**

Jo Cullen	JC	Director of Primary Care and Urgent Care
Lucy Baker	LB	Acting Director of Acute Commissioning
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
Chris Graves	CG	Chair, Healthwatch Wiltshire
Emma Smith	ES	Commissioning Manager (for item 13 only)

**Apologies:**

Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection
Dr Helen Osborn	HO	Medical Advisor

ITEM NUMBER		ACTION
GOV/18/03/01	<b>Welcome and apologies for absence</b> RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/18/03/02	<b>Questions/Comments from the public</b> There were none.	
GOV/18/03/03	<b>Declarations of Interests</b> 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). (This included any relevant interests previously declared on the Register of Interests)  There were none declared.	

	The meeting was quorate.	
<b>GOV/18/03/04</b>	<b>Minutes of the meeting held on 23 January 2018</b> The minutes of the meeting held on 23 January 2018 were approved as an accurate record.	
<b>GOV/18/03/05</b>	<b>Matters Arising</b> <b>a) User and Carer Engagement Service Procurement</b> CR questioned when the outcome of the procurement process was due to be announced. CG advised that it was due for announcement on 26 March 2018, but no contact had yet been received. Once announced, there would be a ten day standstill before public announcement.	
<b>GOV/18/03/06</b>	<b>Action Tracker</b> The action tracker was reviewed and updated.  <b>GOV/17/11/14</b> – SWAST item to be rescheduled for May or July meeting. <b>ONGOING</b>  <b>GOV/18/01/08</b> – To be brought to the May meeting. <b>ONGOING</b>  All other actions were marked as completed or closed.	<b>JC</b>  <b>SMac</b>
<b>GOV/18/03/07</b>	<b>Chair's Report</b> It had been a difficult winter, nationally as well as locally. Wiltshire was in the top four in the country for its notable flu immunisation rates. Good advice had been shared and there was increased engagement from the population. RSH congratulated those involved in dealing with the winter pressures.  Salisbury was currently the unfortunate recipient of international attention, but the incident was demonstrating the very best of the public services working together. RSH expressed his thanks to all those involved.  The Primary Care situation had improved slightly with zero Practices currently recorded as vulnerable. There was still work to do, but this was a significant development.  The CCG celebrated the graduation of its own future NHS leaders as they completed the internal Development Programme. Chris Lubbe, an award winning inspirational speaker, UNICEF Children's Champion and former bodyguard of Nelson Mandela had been the guest speaker for the event.  Leading up to the Easter weekend, public engagement had been increased to encourage patients to think ahead about their prescription ordering etc. The Out of Hours provider, Medvivo was fully prepared for the bank holiday period.	
<b>GOV/18/03/08</b>	<b>Interim Chief Officer's Report</b> LP highlighted the following items from the report: <ul style="list-style-type: none"> <li>The system had worked extremely hard to deal with the recent severe weather conditions. There would be a review of the incident to share learning and feedback. 12 hours after the snow across Wiltshire, the major incident was initiated in Salisbury. A Major Incident Command control centre was established and CCG staff were key members of Gold Command, the Strategic Co-ordination Group. LP thanked all staff involved in managing the incident.</li> <li>Governance arrangements for integration with Wiltshire Council and the joint post were to be discussed at the Private Session of the Governing</li> </ul>	

	<p>Body.</p> <ul style="list-style-type: none"> <li>The CQC review of the whole system had taken place and verbal feedback had indicated good commitment from partners and joint working. Strategies of both parties were to be brought together to bring a joint vision.</li> <li>Work to drive value and reduce duplication across the Sustainability Transformation Partnership (STP) was a key focus to reduce the financial deficit. LP was relatively confident that as a system the deficit could be reduced, but it was likely to be over a two to three year timescale. The financial information sharing memorandum of understanding was to be agreed at the Private Session of the Governing Body.</li> </ul>	
<b>GOV/18/03/09</b>	<p><b>Register of Sealing</b></p> <p>One sealing had been made.</p> <ul style="list-style-type: none"> <li>Section 75 agreement between Wiltshire Council and the Wiltshire CCG – relating to the Commissioning of Health and Social Care Services for the Better Care Fund Plan – Sealing made on 21 March 2018, attested by the Chief Financial Officer.</li> </ul>	

#### ITEMS FOR DECISION

<b>GOV/18/03/10</b>	<p><b>NHS Funding Settlement Impact and Financial Plans 2018-19</b></p> <p>SP reported against the confirmed 2018/19 funding settlement and the development of budgets. The basis of the 2018/19 core allocations remained unchanged from those stated within the Governments five year Comprehensive Spending Review. Subsequent updates had reflected tariff changes and specialised commissioning transfers and inclusion of funds from the Autumn 2017 statement – for Wiltshire this is an additional £5m.</p> <p>Table one indicated the key financial duties. In line with NHS England's business rules, a cumulative 1% surplus based on recurrent resources were to be delivered.</p> <p>Brought forward operating surplus for the CCG included the headroom monies which were released at the end of 2016/17. It is anticipated that this money could be accessed for transformational work; clarification of the criteria was awaited from NHS England.</p> <p>The national Payment by Results tariff and the cash releasing efficient saving requirements had been applied and the budgets had been adjusted and linked to the Indicative Hospital Activity Model (IHAM). This was a shared approach amongst providers and STP partners. A level of growth had also been applied, and investments or disinvestments in services reflected where required.</p> <p>£15.8m of in year cashable QIPP savings need to be achieved in 2018/19. Table four listed the identified schemes. £3.6m remained unidentified which is the first call on contingent reserves. Ongoing monitoring of these would be carried out through the Finance and Performance Committee and the Project Management Office. Meeting the QIPP would be a challenge, but there was confidence in achieving against the schemes. A number of planned care schemes would need the full year to realise their affect. There would be opportunities from implementing the new care model and from working with the STP. MH explained that assumptions, resources and capacity had been tested with Directors, and it was acknowledged that some schemes would need investment to realise greater savings. An Urgent Care Programme Board would be established to have oversight of the unplanned care schemes.</p> <p>CG questioned the allocation to winter pressures and the release of new monies</p>	
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	<p>to CCGs. SP explained that £1.6bn of additional monies had been allocated to health service budgets in the 2017 Autumn Statement with an extra £0.5bn from DH budgets. This funding is going into provider and commissioner sustainability and into main CCG allocations – a significant amount would be to support the system and cover existing cost pressures.</p> <p><b>The Governing Body approved the adoption of the 2018/19 budgets.</b></p>	
GOV/18/03/11	<p><b>Governing Body Sub Committee items for Approval:</b></p> <p><b>a) Finance and Performance Committee Terms of Reference</b> The Terms of Reference had been reviewed by the Committee and only minor amendments made.</p> <p><b>The Governing Body approved the Terms of Reference for the Finance and Performance Committee.</b></p>	
<b>ITEMS FOR DISCUSSION</b>		
GOV/18/03/12	<p><b>Integrated Performance Report</b> MH informed Members that the elective care narrative had been omitted from pages 26 to 28 of the report. This would be added and the revised version uploaded to the website.</p> <p><b>ACTION:</b> GOV/18/03/12.0 - Elective care section to be revised to include narrative. Amended Report to be uploaded to the website.</p> <p>DMcA talked through the quality element of the report. C.difficile rates were lower than the same period the previous year. An update to the report figure stated cases were now at 90, but remained under the threshold. The C.difficile Panel would review cases and extract learning. The report from NHS Improvements follow up visit to RUH in December 2017 was still awaited, but early indications were good against the action plan.</p> <p>Action plans were in place against those serious incidents reviewed by the panel and learning across providers was encouraged. There was a high level of falls being reported; all providers had now adopted a key level of improvement.</p> <p>Key themes had been reported through the emergency departments across the winter period. Assurance had been given that a good level of care had been provided despite the overcrowding. The SHINE safety checklist (or a version of) had now been implemented across the three acutes. The Academic Health Science Network had informed the CCG that the funding of the checklist and training was to end this year. The CCG was encouraged to incorporate it into the Quality Schedules.</p> <p>LP informed Members that the implementation of National Early Warning Score (NEWS) in Wiltshire had been saving lives. A report of the impact of the implementation of the National Early Warning Score (NEWS) in Wiltshire would be brought to the May Governing Body meeting. Quality Lead, Emma Higgins, was the Chair of the NEWS Community Transformation Group across the STP, which had the ambition to roll out NEWS.</p> <p><b>ACTION:</b> GOV/18/03/12.1 - Report of impact of implementation of National Early Warning Score (NEWS) across Wiltshire to be brought to the May Governing Body meeting.</p> <p>Referring to the finance information, SP reported that the CCG continued to operate within its available resources and cash limits. The outturn positions had now been agreed with all three providers.</p>	<p><b>LB / SW</b></p> <p><b>DMcA</b></p>

Table one indicated a £57k in-year surplus. This would change at the end of March when the headroom monies from 2017/18 were released. Since writing the report; Paul Bowman, the Chief Financial Officer at NHS England had written to Chief Financial Officers concerning the release of the surplus and headroom monies. These funds would be made available in future years to fund transformational work. The process and criteria was to be clarified with NHS England. It would also be crucial to support the position of the STP.

The CCG was in a stable position.

LB reiterated that the elective care narrative would be added to the report and the revised version uploaded to the website.

In January 2018, the CCG did not deliver the 92% Referral to Treatment (RTT) target achieving 90.5%. However, the performance was better than expected following the national directive to cancel all routine surgery to support providers over Winter. Focus now remains on recovery plans at GWH and RUH. There were five breaches in January of the over 52 week RTT wait; this had been expected due to the cancellations.

The CCG breached the diagnostic waits target with 99% within a six week standard with 97.1%. The RUH position continued to improve in line with trajectory. SFT have transferred their additional MRI capacity requirements away from an independent provider to a mobile unit on site from April. All three sites were highlighting a significant increase in DNA rates for endoscopy – this was being explored at pace at STP level to understand the reasons and develop mitigating actions. GWH have been asked to provide a detailed update on performance at their next contract board. This would include an update on increased internal imaging demand.

The CCG achieved six of the cancer access standards in January and breached three. RUH delivered against all the targets except a dip in two week symptomatic breast patients. GWH continued to recover their 62 day position. This dipped slightly to 83.59% in January but remained improved on last year's performance. SFT did not achieve the 32 day (87.5% with 14 breaches) or the 62 day target with a dip to 76.58% (13 breaches). The majority of these breaches were due to capacity caused by short term staff shortages. There were 11 breaches in February but the Trust were to hold an additional eight clinics to clear patients, with performance predicted to recover in March.

*(11.09hrs ES joined the meeting)*

JC reported that reducing A&E admissions continued to be a challenge. The Wiltshire Local Delivery Board monitored SFT's performance and plans were now in place. RUH were the most challenged and were rated as a category four. A recovery plan of the emergency department performance was in place and monitored weekly. Gold meetings continued. The Wiltshire Integration Command Centre was still in place, with an operation level overview across the three systems.

TW advised that admissions to mental health services brought continued pressures to a challenged area dealing with demand, growth, acuity and workforce issues. Improving Access to Psychological Therapies (IAPT) programmes were showing considerable improvements. Although issues were showing around six week access figures, TW was confident that this would be achieved by the end of the year. Similarly, TW was confident that the Psychosis target could be reached. The Children and Adolescent Mental Health Services (CAMHS) were performing well following the implementation of the single point

	<p>of access model in October. These CAMHS Transformation Plan monitoring lines were now to be removed from the report. Wiltshire Health and Care were improving on its Referral to Management (RTM) and Delayed Transfers of Care (DToC) targets. End of Life figures were within the top achieving quarter of the country.</p> <p>CS praised the Executive Team for the positive results being demonstrated despite the recent local incidents and the winter pressures. CS also commended the encouraging, visible change since the move to the new models for the CAMHS.</p> <p>MH concluded that year end positions had now been agreed with providers. A number of QIPP schemes would be taken forward to next year and would be stress tested to ensure achievable. The measurement of urgent care needed attention to ensure the impact was recordable.</p> <p><b>a) Patient Story</b> It had not been possible to secure a patient story for the meeting.</p>	
<p><b>GOV/18/03/13</b></p>	<p><b>Integrated Urgent Care Service: Mobilisation Update Report</b> JC reported that ES had led on the considerable amount of work since the joint agreement made in September 2017 and the award of the Integrated Urgent Care contract to Medvivo and its subcontractors.</p> <p>The paper provided Members with an update on the mobilisation of the service, with five weeks until go live. The mobilisation period was giving assurance that it would be a safe, effective and robust move to the new service. The Mobilisation Oversight Board (MOB) was managing the strategic implementation of the plan and programme. A Clinical Governance Group had been established to feed into the MOB. Stakeholders had been involved in the design and development of the pathways and clinical hub to ensure a safe and effective clinical operation of the service.</p> <p>Work continued on the exit plan with Care UK to ensure the current 111 service was maintained until the switch. A joint statement was to be produced by SWAST and Medvivo to confirm their intentions to work together.</p> <p>Assurance processes were in place for the CCG and NHS England. There were three key testing areas built into the final weeks of the mobilisation. Final assurance for confirmation to proceed with the go live would be brought to the Governing Body Seminar on 24 April 2018.</p> <p><a href="#">ACTION: GOV/18/03/13 - Final assurance for proceeding with service go live to be brought to the GB Seminar in April.</a></p> <p><i>(11.30hrs ES left the meeting)</i></p>	<p><b>JC</b></p>
<p><b>GOV/18/03/14</b></p>	<p><b>Update on Delegated Commissioning of Primary Care</b> JC talked through the update concerning the delegated commissioning transition. There were still a number of functions to transfer over to the CCG, this would be completed by June 2018.</p> <p>Capacity of the different staff teams involved in the transition and delivery of full delegation was the biggest risk. The full transition impact was not yet known, but was being monitored. Risks and mitigations were being raised and monitored by the Primary Care Operational Group. An STP collaborative was highlighted as one of the opportunities, especially regarding managing capacity. A risk register was being developed following a recommendation from the internal audit report.</p>	

	MS congratulated the team on the work to date, especially with the limited resources.	
<b>GOV/18/03/15</b>	<p><b>Quality and Clinical Governance Committee Update</b> The approved January Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS referred to the deep dive that had been carried out on serious incidents and suicides, which had given reassurance to the Committee that there was good engagement from the Avon and Wiltshire Mental Health Partnership (AWP).</p>	
<b>GOV/18/03/16</b>	<p><b>Audit and Assurance Committee Update</b> The approved January Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>CR gave a verbal report on the most recent meeting held on 13 March 2018. Internal Auditors PwC had rated the CCG overall as 'generally satisfactory' in its end of year report. This was a good result for the CCG. This was not the strongest rating, but indicated a positive strong progression on previous years.</p> <p><b>a) Board Assurance Framework and Risk Register</b> Members noted the Board Assurance Framework and Risk Register as circulated with the meeting papers.</p>	
<b>GOV/18/03/17</b>	<p><b>Finance and Performance Committee Update</b> The approved November Finance and Performance Committee minutes circulated with the meeting papers were noted.</p> <p>SP gave a verbal report from the meeting held on 20 March 2018, which included the 2018/19 financial outlook as discussed under item 10. A deep dive of service areas had now been incorporated into the meeting agenda to give Members a better overall view of performance. An update against the Better Care Fund had been presented by Tony Marvell.</p>	
<b>GOV/18/03/18</b>	<p><b>Primary Care Commissioning Committee Update</b> The approved September Primary Care Commissioning Committee minutes circulated with the meeting papers were noted.</p>	
<b>GOV/18/03/19</b>	<p><b>Health and Wellbeing Board Meeting Minutes</b> The January Health and Wellbeing Board meeting minutes circulated with the meeting papers were noted.</p>	
<b>GOV/18/03/20</b>	<p><b>Register of Interests</b> MH reminded Members to regularly review their declarations of interests recorded on the register. Any changes to the record should be passed to Susannah Long, Governance and Risk Manager.</p> <p>Members noted the Register of Interests.</p>	
<b>GOV/18/03/21</b>	<p><b>Any Other Business</b> There were none.</p>	
	The meeting concluded at 11.55hrs.	

**Date of next Governing Body Meeting in Public:  
22 May 2018, 10:00hrs at Southgate House, Devizes**