



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 22 MAY 2018, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Clinical Chair of Wiltshire CCG
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Linda Prosser	LP	Interim Chief Officer
Mark Harris	MH	Chief Operating 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
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Chet Sheth	CS	GP, Vice Chair of Sarum

In Attendance:

Jo Cullen	JC	Director of Primary Care and Urgent Care
Sujata McNab	SM	Deputy Chief Financial Officer
Lucy Baker	LB	Acting Director of Acute Commissioning
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection and Interim Corporate Director of Adult Social Care
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Neal Goodwin	NG	Associate Director (Interim) Community & Joint Commissioning
Sharon Woolley	SW	Board Administrator
Paul Birkett-Wendes	PBW	South Western Ambulance Service NHS Foundation Trust (<i>for item 12</i>)
Emma Higgins	EH	Quality Lead (<i>for item 13a</i>)
Myfi Champness	MC	Children's Commissioning Manager (<i>for item 15</i>)

Apologies:

Steve Perkins	SP	Chief Financial Officer
Dr Toby Davies	TD	GP, Chair of Sarum
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Dr Anna Collings	AC	GP, Vice Chair of NEW
Sue Shelbourn-Barrow	SSB	Director of Transformation and Integration
Dr Helen Osborn	HO	Medical Advisor

ITEM NUMBER		ACTION
GOV/18/05/01	Welcome and apologies for absence RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/18/05/02	Questions/Comments from the public There were none.	
GOV/18/05/03	Declarations of Interests 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	

	<p>of the Wiltshire Clinical Commissioning Group (CCG). (This included any relevant interests previously declared on the Register of Interests)</p> <p>There were none declared.</p> <p>The meeting was quorate.</p>	
GOV/18/05/04	<p>Minutes of the meeting held on 27 March 2018 The minutes of the meeting held on 27 March 2018 were approved as an accurate record.</p>	
GOV/18/05/05	<p>Matters Arising There were none.</p>	
GOV/18/05/06	<p>Action Tracker All actions were marked as completed or closed.</p>	
GOV/18/05/07	<p>Chair's Report RSH reported that Wiltshire CCG had been awarded good (green) in all areas of the recent quarter four assurance meeting with NHS England. This was testament to the continued hard work of staff. The NHS will be celebrating its 70th birthday on 5 July 2018.</p> <p>The move towards integration with Wiltshire Council and the sharing of some services progressed. A health and social care green paper was expected to be released in the summer from Government, which is expected to set the future direction of travel for the NHS; the general sense is the paper will be accompanied by a long term funding plan which will undoubtedly come with caveats.</p> <p>RSH confirmed that the HealthWatch contract had been awarded to Help and Care, a charity based in Bournemouth, who currently hold six HealthWatch contracts across the south central and south west areas. Help and Care will take over from Evolving Communities Community Interest Company on 1 June 2018. Chair of HealthWatch Wiltshire, Chris Graves, had also announced her retirement. RSH wished to publicly thank Chris for her commitment and work for the sector. Chris had been a valuable critical friend in support of the CCGs work. The User-Led Organisation contract, formally provided by Wiltshire Service Users Network, has been awarded to Wiltshire Centre for Independent Living who are based in Devizes. That contract will also begin on 1 June 2018.</p> <p>ACTION: GOV/18/05/07 - RSH to write letter of thanks to Chris Graves on behalf of the Governing Body to thank her for her commitment and work with the CCG.</p>	RSH
GOV/18/05/08	<p>Interim Chief Officer's Report LP highlighted the following items from the report:</p> <ul style="list-style-type: none"> • A CQC review had been undertaken in March of the CCG and Wiltshire Council, which had focussed on how patients with urgent care needs were supported to move around the system. A joint action plan had been developed to resolve the identified gaps. The report would be published in June. The CQC Summary Report would be brought to the July Governing Body meeting. <p>ACTION: GOV/18/05/08 - CQC Summary Report to be brought to the July meeting.</p> <ul style="list-style-type: none"> • The CCG was actively encouraging Wiltshire Health and Care and the three 	LP

	<p>acutes to work together to transform out of hospital services. A proposal from them was awaited.</p> <ul style="list-style-type: none"> • The GP Alliance continued to develop its role as the primary care provider voice, bringing Practices together to support activity to become more sustainable through transforming services for Wiltshire. • At the time of writing the report, a £20m deficit had been reported for the Sustainability Transformation Partnership (STP), largely due to the deficits with the Salisbury Foundation Trust and Avon and Wiltshire Mental Health Partnership. A revision had now been made, indicating that the combined deficit had now reduced to £6m, with a £9m risk. In spite of the financial position, it is by no means one of the worst, and the BaNES, Swindon and Wiltshire STP was one of the best performing STP's in terms of financial health. Work continues to reduce risk and seek opportunities to avoid spend. 	
GOV/18/05/09	<p>Register of Sealing There were none.</p>	
ITEMS FOR DECISION		
GOV/18/05/10	<p>Governing Body Sub Committee Items for Approval: a) Audit and Assurance Committee Annual Report 2017/18 The Audit and Assurance Committee had reviewed the Committee Annual Report at its meeting held 18 May 2018.</p> <p>The Governing Body approved the Audit and Assurance Committee Annual Report 2017/18.</p>	
GOV/18/05/11	<p>Care Model, Primary Care Strategy and Urgent Care Strategy MH gave a comprehensive presentation about the Wiltshire Care Model and the design principles in place to support its implementation. The CCG had worked with external partners, Attain, to take forward the five year strategy. The Care Model and Primary Care Strategy and Urgent Care Strategy were substantial documents, and had previously been reviewed by Members. The presentation was to provide a clear overview of the principles to inform Members, stakeholders and members of the public. More easily comprehensible documents are to be produced.</p> <p>How services would be commissioned was shown on slide eight. The scale and location, service layers, travel time and opening hours were to be considered. Feedback from providers concerning the new model had recommended that the presentation of this be clearer. MH had detailed the layers on the following slides, giving examples.</p> <p>MH wished to seek steer and support from Members for the principles and standards set within the presentation. A gap analysis would be completed to inform service development. The intelligence gathered through this process would be used to inform the estates, digital and workforce plans.</p> <p>TDas felt this was an opportunity to overlay the new model together with the Joint Strategic Needs Assessments; the teams should be brought together.</p> <p>MH expected the model and services to be in place by 2022. An immediate action would be to design the implementation programme to enable draft locality plans to be available for review for quarter three. This would be triangulated with providers and social care transformation plans to ensure synergies. SMac advised that there would be considerable work to do to turn the model into life. Existing knowledge would be utilised to ensure information was there to support the immediate estates work.</p>	

	<p>CR queried the lack of community mental health services mentioned within the plan. MH reassured Members that Community Mental Health Teams were included in the locality layer. The Child and Adolescent Mental Health Service commissioned with Wiltshire Council was under the 'specialist' services.</p> <p>Members were happy to support the new model and were pleased to see the self-help strategy throughout.</p> <p><i>(10.31hrs PBW joined the meeting)</i></p>	
ITEMS FOR DISCUSSION		
<p>GOV/18/05/12</p>	<p>South Western Ambulance Service NHS Foundation Trust (SWAST) – Update on Ambulance Response Programme, Current Performance and Challenges and Opportunities for 2018/19</p> <p>PBW's presentation was to provide an update to Members on the ambulance response programme. SWAST had trialled the programme April 2016 to early 2018. The national standards were implemented in October 2017 to meet the challenges and improve the performance position. A deep dive of the ambulance service had been undertaken, including a study of the calls.</p> <p>PBW talked through the slides. The new standards had revolutionised the way the Trust worked. How calls were now dealt with had changed to identify the category of the patient. Reporting was now against the 'mean'. The 'every patient counts' agenda was being pushed within Wiltshire. The new categories had enforced new response times.</p> <p>111 was important to the ambulance service. The recent development of the Integrated Urgent Care model for Wiltshire, BaNES and Swindon had potential to reduce the workload. Early data was encouraging.</p> <p>Wiltshire was 8 minutes 16 seconds against the new system based on the current profile, 9 minutes 10 seconds for category one calls. SWAST were working closely with NHS Improvement and NHS England; a performance improvement plan was being developed to reduce the gap in standards.</p> <p>For the Wiltshire area, SWAST was commencing work with the Wiltshire and Dorset Fire Service to implement a new scheme of support across eight sites in Wiltshire. The Fire Service would help with responses and had cars to deploy. Training for staff had been completed.</p> <p>The Community First Responders (CFRs) had been trialled and had brought a positive result within the community. It was hoped that the seven sites could be extended.</p> <p>In answering questions, PBW explained that there were no county borders in their south west service, the hubs gave a system of communication and a shared resource.</p> <p>Although records of Serious Incidents for SWAST were not high, it was ensured that learning from the route cause analysis and any investigations were shared and staff involved. An action plan was in place for dealing with serious incidents, and it formed part of the staff training plan.</p> <p>PBW gave assurance that the right care was given at the right place. Calls were prioritised according to patient needs, regardless if a health care professional was making the call. SWAST was recorded as the best nationally in reducing admissions to the emergency department at 42%.</p>	

	<p>CS felt that the joining up of primary care and the ambulance service needed to improve. A joint discussion was needed to look at ways of developing and co-ordinating the service. PBW agreed and requested a point of contact, as dealing with separate entities was not possible. JC explained that the Integrated Urgent Care service joined up the ambulance hubs and clinical assessment systems. SWAST and Medvivo had signed a Memorandum of Understanding, which was an example of good practice. JC thanked SWAST for their support over the commencement of the service. A reduction in calls to 111 had been noted since the introduction of the hub. An update on activity would be presented in six months.</p> <p>ACTION: GOV/18/05/12 – SWAST six month update to be brought to the November Governing Body meeting to review demand and performance following the implementation of the Integrated Urgent Care model.</p> <p><i>(11.00hrs – PBW left the meeting)</i> <i>(11.00hrs – EH joined the meeting)</i></p>	PBW
GOV/18/05/13	<p>Integrated Performance Report</p> <p>MH explained that work was underway to revise the Integrated Performance Report as received by the Governing Body due to the information and reports also being presented at Committee level. There was a need to reduce operational material to create a strategic focus at the Governing Body.</p> <p>a) Impact of Implementation of National Early Warning Score (NEWS) in Wiltshire</p> <p>In response to the NEWS action recorded on the tracker, EH was in attendance to present on the tool that had been developed and was being implemented across the system.</p> <p>EH talked through her presentation, highlighting that infection was the primary reason for hospital admission, with 75% bed occupancy linked to Sepsis or suspicion of it. Learning from providers had been noted and used to develop the tool. The common pathway was shown on slide three. Coroners were also interested in the NEWS as it helped monitor and check the patient as they progressed. The score did not replace clinical judgement, but in fact supported it. It provided a framework of common language.</p> <p>Wiltshire had led the project, which had been funded by the Academic Health Science Network (AHSN). EH chaired the NEWS Community Transformation Group for the STP. It was to be rolled out across the region, linked with the SHINE checklist. It was to focus on accuracy and escalation. The reports from the three acutes were to be standardised. West of England Trusts were all using NEWS. On patient discharge, the acutes were including the NEWS. Medvivo were requesting the score as well to encourage use.</p> <p>EH was delighted with the success of the project, which had won the British Medical Journal award and was shortlisted for the Health Service Journal Patient Safety Award. SMac wished to promote this success.</p> <p>Next steps were to move to the NEWS2 system, implement the CQUIN and national Patient Safety Alert, link with primary care and the Care Homes project further and develop a Paediatric Early Warning Score.</p> <p>EH showed a short video, which had been created by the West of England AHSN.</p>	

In answering questions, EH reported that providers and independent sector providers were using the tool. A local CQUIN had been set as an incentive to implement the tool and report against it. The analysis of the bed occupancy would be linked with the data from the new length of stay work, and these two programmes aligned. The system1 template was already in place and would soon be rolled out to enable primary care to use it.

MS praised this excellent piece of work, which was contributing to patient safety and engaging staff. Continuous assessment and staff training would be undertaken.

(11.25hrs EH left the meeting)

b) Elective Care

LB went through her presentation, which looked at the elective care year end performance.

Referral to Treatment (RTT) performance had been 90.2% at year end, below the 92% target. This had raised to 90.5% in April. Wiltshire CCG was the top performing the region. There would be a new RTT monitoring focus for this year which looked at the size of the waiting list, as well as achievement against the 92% target.

13 patients were recorded on the 52 week waiting list. This was largely due to complex requirements of the need for ophthalmology surgery at GWH. SFT consultant capacity was being used to support GWH.

Acutes had reported better management and co-ordination of referrals through the Referral Management Centre.

LB was concerned about the Cancer targets; 31 of the 62 had not been met in February. The front door pathways needed to be clearer. Breast screening demand had increased.

LB went through the next steps; which included the go live of the Musculoskeletal interface service on 1 June 2018.

AG question how patient follow ups were being processed. LB explained that use of Patient Initiated Follow Ups (PIFU) were being encouraged with all acutes. SFT had initiated this for 16 of 18 specialities. GWH were to embrace and roll out the programme. It gave patient a referral point and helped support GP resilience. The support of the Referral Management Centre with PIFU was to be looked at.

MH referred Members to page 34 of the Integrated Performance Report, and the A&E figures. The measurement was to change for 2018/19. 95% was the overall ambition target to be reached by the end of the year (or a better position than last year), but a target of 90% was to be reached by September.

DMcA talked through the quality element of the report. The eight Serious Incidents reported were now in the investigation stage, with immediate mitigations put into place. The Serious Incident Panel would review the full route cause analysis. Work with providers continued to develop SMART action plans and embed learning across their organisations.

49 breaches were recorded at SFT against the Mixed Sex Accommodation

	<p>target. The team had conducted a visit; SFT assured that plans were in place for the Acute Medical Unit area.</p> <p>DMcA referred to page 18, which noted the Arriva CQC Inspection Report. Although independent ambulance services were not rated, the CQC did publish their inspection findings in March 2018; which highlighted areas of good practice and several areas of improvement.</p>	
GOV/18/05/14	<p>Integrated Urgent Care Service</p> <p>JC reported that the Service had gone live on 1 May 2018. Calls were being answered within the 60 second target, despite the demand.</p> <p>6% of calls had been referred to A&E, a reduction on the 15% recorded before the new service. Clinical assessment was now part of the process.</p> <p>JC wished to recognise the work of Medvivo that had ensured a smooth launch of the service. An update would be brought to a future Governing Body meeting. Congratulations were recorded to the team.</p> <p>ACTION: GOV/18/05/14 – Integrated Urgent Care system update to be brought to the September Governing Body meeting.</p> <p><i>(11.50hrs – MC joined the meeting)</i></p>	JC
GOV/18/05/15	<p>Special Educational and Needs Disability Local Area Inspection Outcome Summary</p> <p>MC explained that inspections considered work being carried out across health, education and social care, with a particular view on the integration of these services at both a strategic and an operational level. Following the inspection an outcome letter is issued, outlining the strengths and areas for further development within the local area. Where there is significant concern about a local area's ability to respond to the needs of its children and young people with SEND they may be issued with a request for a written statement of action- to date this has been around 50% of areas inspected.</p> <p>At the end of January 2018 , the CCG was given one weeks notice of the pending inspection, which then took place at the beginning of February. Wiltshire did not require any further action, giving a positive outcome from the inspection.</p> <p>The key strengths from the inspection were:</p> <ul style="list-style-type: none"> • evidence of integrated working between health, education and social care • Joint commissioning arrangements in place • The self-evaluation was an accurate reflection of what they found on the ground • Re-commissioning of children's community services demonstrated improved integrated working • Evidence of commissioners responding to feedback from parent carers in commissioning decisions • Thrive model within the Children and Adolescent Mental Health Service (CAMHS) was praised, as well as the new front door initiative <p>A number of areas for development were recorded. There was no Clinical Officer or Dedication Medical Director currently in place to champion health and special needs. Recruitment had been unsuccessful, so would be advertised again. There was also a recorded variation of health input into Education and Health Care Plans. This would be a key role of the designated officer, but temporary measures had been put into place to escalate to MC. The Autism</p>	

	<p>Spectrum Disorder (ASD) pathway would be rolled out by the end of quarter one.</p> <p>MC informed Members that the last bullet under areas for development on page six had been disputed. Provision is there, and home educated children and young people do have access to immunisation and safeguarding as these services are not attached to schools. This would continue to be monitored as more parents were choosing to home educate, but it was not a concern or gap in service.</p> <p><i>(12.00hrs – MC left the meeting)</i></p>	
GOV/18/05/16	<p>2017/18 Staff Survey Summary Report and 2017/18 360° Survey Summary Report</p> <p>SMac talked through the Staff Survey slides, and highlighted the following:</p> <ul style="list-style-type: none"> • 75 staff out of 144 had completed the anonymous survey (52%) • 96% of respondents believed in the CCG's values • 93% of respondents were clear about how their role fitted within the team. • 63% felt that the morale had not improved across the CCG over the last 12 months <p>A snapshot of the comments received had been included. These results would now be shared and discussed within Directorates. An action plan would be compiled and discussed via the Audit and Assurance Committee. The full report would be shared with staff at the end of May.</p> <p>SMac referred to the fifth 360° Stakeholder Survey, as undertaken by NHS England on behalf of the CCG. Stakeholders included Practice Managers, Partners and GPs. The overall response rate was 62% (53 of the 85 stakeholders invited to respond). The main theme of responses being the visibility of CCG leadership.</p> <p>The summary report was shared with the GP Executive Committee on 1 May 2018. The CCG Chair would be developing a programme of practice visits to GP membership practices. At the Clinical Executive meeting held on 8 May 2018, an action noted was to review the CCG's clinical leadership and associated governance. This would be shared when available.</p>	
GOV/18/05/17	<p>Quality and Clinical Governance Committee Update</p> <p>The approved March Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS highlighted the following:</p> <ul style="list-style-type: none"> • Flu vaccination uptake rates had improved for 2017/18, compared with 2016/17 – a result of the CCG's robust flu planning. A success story for Wiltshire, a real impact had been made. The full data should now be available to share. • A new hip and knee replacement policy had been approved. Surgery was not restricted on the basis of BMI, but the statements included state the clear risks of success. 	
GOV/18/05/18	<p>Audit and Assurance Committee Update</p> <p>The approved March and April Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>PL confirmed that the CCG was in good health.</p> <p>a) Risk Register</p>	

	Members noted the Risk Register as circulated with the meeting papers, the top ten risks for the CCG as approved by the Committee.	
GOV/18/05/19	<p>Finance and Performance Committee Update The approved March Finance and Performance Committee minutes circulated with the meeting papers were noted.</p> <p>SM referenced the Expenditure Benchmarking item. This would now be used to inform the CCG's investment strategy. The CCG's budget for 2018/19 had now been set.</p>	
GOV/18/05/20	<p>Health and Wellbeing Board Meeting Minutes The March Health and Wellbeing Board meeting minutes circulated with the meeting papers were noted.</p> <p>LP reported that Richard Compton, Chairman of the Wiltshire Safeguarding Adults Board had been in attendance to present the outcome of the two Safeguarding Adults Reviews undertaken in March 2018. A good debate and discussion had been held around these complex cases. LP questioned the best way to harness this learning for the CCG. DMcA confirmed that these cases had been reviewed by the Quality and Clinical Governance Committee. A synthesis of Wiltshire Safeguarding Adults Board action plan would be brought to the Governing Body when appropriate.</p> <p>ACTION: GOV/18/05/20 - Synthesis of Wiltshire Safeguarding Adults Board action plan to be brought to the Governing Body when appropriate.</p> <p>TDas felt that the review and action plan should be aligned with the process of Domestic Homicide Review process. The single agency and multiple agency learning and the impact of changes needed to be acknowledged. The Domestic Homicide Review protocol was to be adopted. LP felt that this applied to adult safeguarding as well.</p>	DMcA
GOV/18/05/21	Any Other Business There were none.	
	The meeting concluded at 12.20hrs.	

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