NHS
Wiltshire
Clinical Commissioning Group

Presented to:	Governing Body - Public
Date of Meeting:	24 July 2018
For:	Decision

Agenda Reference:	GOV/18/07/11
Title:	Governing Body Sub Committee Items for Approval

Executive summary:

The Audit and Assurance Committee and Primary Care Commissioning Committee are standing sub-committees of the Governing Body, with delegated authorities through the Scheme of Delegation.

The following items have been recommended for Governing Body approval by the these Committees:

- Audit and Assurance Committee – Risk Register
- Primary Care Commissioning Committee – Primary Care Commissioning Terms of Reference

Recommendations:	The Governing Body is asked to approve the documents listed above.
Previously considered by:	Executive Management Team Audit and Assurance Committee Members Primary Care Commissioning Committee Members
Author(s):	Susannah Long – Governance and Risk Manager Sharon Woolley – Board Administrator
Sponsoring Director / Clinical Lead/ Lay Member:	Mark Harris – Chief Operating Officer Christine Reid – Lay Member and Chair of the PCCC

Risk and Assurance:	N/A
Financial / Resource Implications:	N/A
Legal, Policy and Regulatory Requirements:	The CCG is required to show that these documents have been approved by the Governing Body in line with the Scheme of Reservation of Duties.
Communications and Engagement:	These documents should be treated as public documents and would be available for release under the FOI Act.
Equality & Diversity Assessment:	☐ N/A

Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	06/07/2018
Risk Status:	**Accepted**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	4	4	16	⇔
Target Score	2	4	8	

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Garreth Saunders, Head of Urgent Care and Resilience
Overseeing Committee:	Local Delivery Board
Risk Source:	

Risk Description (including the effect if the risk):
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care. Additional staffing issues in GWH ED indicate patient experience and safety cannot be assured.

Existing Controls / Assurance:
STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI
Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter
South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity
ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;
Monthly contract performance review meetings and routine performance management arrangements.
Daily and weekly reports and dashboards on acute performance.
Group Urgent Care Networks.
Quality and Safeguarding Reporting.
Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
Agreed escalation process in place with CCG support x 3 acutes as required.		Winter Resilience Plan v9 submitted and receioved NHSE/NHSI ongoing assurance responses Weekly Winter Planning leads call (all commissioners and providers across STP) South System focus on weekly Senior Decision Makers meeting; cacpaity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes Discharge / Break the System event planned 14th November at SFT OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary Monitoring of DToC position in place with supportive action planning in place to assist patient flow

Position on previous Governing Body report:	1
Position on this Governing Body report:	1

Corporate Services Risk Report

Reference:	C - 14/038
Entry Date:	23/02/2015
Review Date:	06/07/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	4	4	16	⇔
Target Score	2	3	6	

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Jenny Hair, Workforce Lead
Overseeing Committee:	EMT
Risk Source:	Audit of workforce capacity across Health & Social Care system

Risk Description (including the effect if the risk):
Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of safe high quality care both now and in the future.

Existing Controls:
1. Each organisation monitors their key workforce gaps and takes remedial action eg recruitment drives. Wiltshire system wide workforce capacity audits undertaken Feb 15, May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data monitored at CQRM meetings and local delivery Board meetings
2 STP workforce work stream (also called Local Workforce Action Board) meets monthly and is developing strategy and action plans for common challenges
3 UWE courses for nonmedical postgraduate education in place and HEE funded places made available to primary and community care in Wiltshire.
4 Wiltshire Workforce Action Group (WWAG) looks at collaborative operational solutions to common challenges, presently concentrating on recruitment of carers/HCA's
5 Strengthened links with Health Education England (HEE) through HEE south west and HEE Wessex
6 Wiltshire Community Education Provider Network (CEPN) established and delivering collaborative initiatives for primary care
7 STP Apprenticeships Network established
8 STP Training leads network established

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
A: Wiltshire Workforce Action Group	A1. 31/5/18	**Wiltshire WAG**
1. Promote and advertise Proud to Care Wiltshire website, using social media to market further	A2. 30/09/18	Website developed and advertised through leaflets, posters in GP surgeries, leisure centres and attendance at a
2. Use Proud to Care resources at recruitment/career fairs	A3.30/09/18	small number of recruitment fairs. Next steps to promote through social media;
3. Continue to promote the care certificate free high quality resources to providers		Ad hoc use at recruitment fairs, next steps to develop a more coordinated plan and have bases for the storage of
B: Wiltshire CEPN		resources for fairs;
1. Develop and promote a Wiltshire Primary Care recruitment website	B1. 30/09/18	On-going action required to promote quality resources and develop portability of learning to other providers.
2. Increase the number of student placements in primary care as it is known these often convert to new	B2. 31/03/19	**Wiltshire CEPN**
employees		www.welcometowiltshire.nhs.uk launched March 2018. Social media marketing campaign commencing April to
3. Implement actions arising from national GP Nursing 10 point plan	B3. 30/09/18	July 2018;
4. Promote new roles in primary care to develop a broader staff offer and improve resillience	B4. 30/09/18	Wiltshire will share a portion of 2 new educational facilitator posts across the STP. B&NES post recruited Feb 18.
5. Work with NHS England, Swindon and B&NES on workforce plans for primary care as part of the GP	B5. 30/06/18	Re-advertising for Swindon post at present. Funded by HEE. Also funding for training mentors required to
Forward view.		support students in placements and refresher training for those already qualified has been undertaken;
C: STP Workforce Work Streams		Action plan being developed with CEPN funding a number of short term projects to support this development;
1. STP Apprenticeship network promotes, shares information and develops high quality apprenticeships	C1. 30/09/18	Physicians associates, nursing associates, first contact physiotherapists all being promoted;
across the network and to smaller employers who have not got the infrastructure and expertise to do so		High level plans on pages developed and being refined. Applications for international GP recruitment initiative

across the network and to smaller employers who have not got the infrastructure and expertise to do so at present 2. STP Training leads network established common training priorities and developing actions to deliver on those 3. STP Workforce strategy being developed on behalf of the LWAB 4. STP cost control group looking at joint recruitment and also international recruitment of nurses 5. Workforce Lead post – current CCG post holder leaving in early June resulting in a gap before replacement.	C2. 30/09/18 C3. 31/07/18 C4. 30/09/18 C5. 31/07/18	High level, plans on pages developed and being refined. Applications for international SP recruitment initiative made. **STP Workforce Work Streams** Active network of employers who pay into the Apprenticeship levy. Developing networks for smaller employers to learn and benefit from the procurement of quality training providers by the main network. Procurement of training provider for Nursing Associate role taken place and helping nudge discussions around workforce planning within organisations. Set of metrics being developed; HEE Funded UWE post graduate non-medical modules allocated across STP providers to a value of £165,000 to develop more advanced practitioners; Aim is to have a draft strategy by July 2018; Scope of project being defined.

Position on previous Governing Body report:	2
Position on this Governing Body report:	2

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	13/06/2017
Risk Status:	**Accepted**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	4	4	16	⇧
Target Score	2	3	6	

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Tracey Strachan, Deputy Director of Primary Care
Overseeing Committee:	Clinical Executive/PCCC
Risk Source:	Operational Risk

Risk Description (including the effect of the risk):
Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties.
Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

Existing Controls / Assurance:
CCG working with LMC and individual practices to support. Locality plans being developed and proposal for increased project management in localities being drawn up.
Regular review of impact of resilience work in practices. Monthly GPFV/GP Resilience board. Resilience Oversight Panel being developed.
Support for practice mergers where agreed.
Joint working with Medvivo to provide Clinical Assessment Service cover to vulnerable practices. Extension and expansion of POD agreed.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
Continuous assessment of practice risk. Continued support as per agreed principles. Development of exit strategy for support - including alternative provision. Development of county wide provider organisation and potential risk sharing. Continued and enhanced support to locality working.	Actions in place	Ongoing GPFV/resilience meetings. Practice provider organisation being developed. Agreed principles and criteria for GP resilience support/funding for 18/19 at Clinical Executive in January 2018.

Position on previous Governing Body report:	4
Position on this Governing Body report:	3

Community, MH and LD Risk Report

Reference:	CJ-17/050
Entry Date:	24/10/2017
Review Date:	05/06/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	3	5	15	
Current Score	3	5	15	⇔
Target Score	1	5	5	

Executive Lead:	Ted Wilson
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Audit Report

Risk Description (including the effect if the risk):
There is a risk that -The lack of compliance with the Children's Continuing Care national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages could adversely affect patient outcomes and the CCG's reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing care' to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in.

Existing Controls / Assurance:
CCG clinical staff have been included within the complex needs panel in order to give robust clinical challenge and assurance. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
CHC to review existing packages of care to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard.	Jun 18	Not yet carried out. CCG CHC team reluctant to take handover of cases until there is someone in post who will ultimately be responsible for leading on cases going forwards. This remains extant.
Process and care package documentation to be developed which is compliant with the continuing care framework.	Jul 18	To begin following recruitment of additional staff to manage children's CHC for which a business case is required to approve this receruitment . Swindon CCGs policy has been sourced for reference and to begin work on adapting for WCCG.
CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Jul 18	Case for recruitment to be developed by safeguarding lead

Position on previous Governing Body report:	3
Position on this Governing Body report:	4

Acute Commissioning Risk Report

Reference:	A-18/073
Entry Date:	Jun-18
Review Date:	12/06/2018
Risk Status:	**Action Required**

New

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	4	3	12	
Target Score	2	2	4	

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	
Risk Source:	

Risk Description (including the effect if the risk):
There ia a risk that no bids are received for the PTS tender which is now live.

Existing Controls / Assurance:
agreement from CCGs to make the contract offer / tender as attractive as possible in light of weak provider market, by reducing variation and complexity between CCGs and increasing funding envelope.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
Apply a funding envelope to the financial offer values. Reduce complexity in the tender so far as reasonable. Reduce variation between different CCG elements of the tender so far as reasonable.	10/07/2018 (when tender goes live)	Funding envelope approach agreed by all 4 CCGs. complexity and variation reduced where possible.

Position on previous Governing Body report:	Not on report
Position on this Governing Body report:	5

Acute Commissioning Risk Report

Reference:	A-18 074

Entry Date:	Jun-18
Review Date:	18/06/2018
Risk Status:	**Action Required**

New

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total
M - Risk Movement

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	3	4	12	
Target Score	1	3	3	

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Nadine Fox, Head of Meds Management
Overseeing Committee:	EMT/CAG
Risk Source:	National Guidelines

Risk Description (including the effect if the risk):
Valproate (Epilim, Depakote and other generic brands) is associated with a significant risk of birth defects and developmental disorders in children born to women who take valproate during pregnancy. Our TPP data suggests that there are about 300 women in Wiltshire older than 13 (but will apply lower than this age of course) and younger than 56 years of age who have had an issue of sodium valproate in the last year.
In March 2018 the Co-ordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh) endorsed a strengthened regulatory position on valproate medicines. Valproate must no longer be used in any woman or girl able to have children unless she has a pregnancy prevention programme in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. Our TPP data suggests that there are about 300 women in Wiltshire older than 13 (but will apply lower than this age of course) and younger than 56 years of age who have had an issue of sodium valproate in the last year. Current wait times for neurology & paediatrics across the CCG are up to 40 weeks (at SFT) RUH 22 weeks and GWH 25 weeks.
Risk: What proportion of those patients are currently not under secondary care and therefore require as secondary care review as there is a lack of capacity within the sytstem with long waits.

Existing Controls / Assurance:
Discussion at EMT and CAG. System One TPP have a pop-up warning for GPs prescribing valproate. Ardens have a template and a search to identify patients.

Actions required to mitigate risk:	Due Date	Progress against actions:
Communicate risk to prescribers. Identify patients within Wiltshire who require a secondary care/specialist review. Ensure System One message is activated. Ardens have a template and a search to identify patients.	31/07/2018	1. Discussion as an agenda item at the GP learning event. Article in medicines management newsletter.

Position on previous Governing Body report:	Not on report
Position on this Governing Body report:	6

Acute Commissioning Risk Report

Reference:	A - 14/025
Entry Date:	11/05/2015
Review Date:	18/06/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	4	16	
Current Score	4	3	12	⇔
Target Score			0	

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker, Acting Director of Acute Commissioning
Overseeing Committee:	RTT Steering and Delivery Meetings. Escalation to CRM Meetings
Risk Source:	Planned Care Programme - 14/025

Risk Description (including the effect if the risk):
There is a risk, that as a CCG we will not achieve the NHS Constitutional target for patients to be treated within 18 weeks of referral for elective care which impacts on performance, clinical risk and and constitutional risk.

Existing Controls / Assurance:
Monitoring arrangements:
1. Provider / CCG RTT WG monthly. Escalates issues as required to CRMs.
2. CRMs monthly with each provider.
3. CSU contacts any non local providers that report a 52 week wait to ensure a 'to come in' (TCI).
4. Remedial Action Plan in place with GWH.
5. Remedial Action Plan in place with RUH.
6. Demand escalation framework at RUH to flag emerging issues.
7. Deep dives by specialties as required continue.
8. Proactive redirection of referrals away from challenged specialties / providers as necessary to reduce waits for patients.
9. SFT RTT steering group now well established.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
1. Continued monitoring of remedial action plans in place for RUH and GWH via monthly dedicated assurance meetings with each provider. 2. Weekly dashboards with RUH and GWH to facilitate proactive review and remedial recovery actions. 3. Review of GWH & RUH trajectories for 18/19. 4. Focus on waiting list size and shape in line with changing priorities in planning guidance. Waiting list updating included in all RTT steering groups.	31/07/2018	- RTT action plan received. Analysis of waiting list including longest waiters (.46 weeks) . Draft action plan shared with NHSE. Actions continuing include: 1. Waiters being offered choice elsewhere to reduce waits in Jan/Feb. 2. Pre-referral outsourcing. 3. Backlog reviews and regarding offer of choice provider to first outpatient appointment.

Position on previous Governing Body report:	5
Position on this Governing Body report:	7

Acute Commissioning Risk Report

Reference:	A - 15/034
Entry Date:	
Review Date:	18/06/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	3	4	12	
Current Score	3	4	12	⇔
Target Score			0	

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker, Acting Director of Acute Commissioning
Overseeing Committee:	EMT
Risk Source:	

Risk Description (including the effect if the risk):
Service provision for PPCI and acute stroke services may be restructured impacting on the population of Wiltshire following a network review.

Existing Controls / Assurance:
Attendance at network meetings to understand proposal and impact.
Update at STP Stroke Summit June 2018.

Actions required to mitigate risk:	**Due Date:**	**Progress against actions:**
Discussions with acute providers to confirm impact and plans following network options appraisal.	31/07/2018	1. Submissions to network review by CCG and providers. 2. STP clinical leadership group to discuss. 3. No update provided from clinical network on next steps and timeframes post publishing of recommendations. Update to be obtained from network.

Position on previous Governing Body report:	6
Position on this Governing Body report:	8

Acute Commissioning Risk Report

Reference:	A - 17/071
Entry Date:	25/07/2017
Review Date:	12/06/2018
Risk Status:	**Accepted**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	4	3	12	
Current Score	4	3	12	⇔
Target Score	2	2	4	

Executive Lead:	Lucy Baker - Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker - Acting Director of Acute Commissioning
Overseeing Committee:	MSK Board
Risk Source:	MSK STP Workbook

Risk Description (including the effect if the risk):
MSK - The provider does not deliver an effective, high quality service through capacity or capability constraints.

Existing Controls / Assurance:
MSK Board
CCG Governance / Assurance

Actions required to mitigate risk:	Due Date	Progress against actions:
1. Accessible services in the right place which meet need/priorities	31/03/2019	During the mobilisation phase the CCG will seek assurance from WH&C that they will seek to work in partnership with other organisations to enhance their capacity. This will include working with Wiltshire Council to deliver leisure based services. Levers and penalties will be built into both the mobilisation and delivery phases to ensure that the CCG is able to address performance issues as they arise. E.g Milestones built into mobilisation phases for release of investment funding.

Position on previous Governing Body report:	7
Position on this Governing Body report:	9

Quality Risk Report

Reference:	Q - 15/034
Entry Date:	28/04/2016
Review Date:	11/05/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

	L	C	T	M
Initial Score	3	3	9	
Current Score	3	4	12	⇔
Target Score	2	3	6	

Executive Lead:	Dina McAlpine, Director of Nursing & Quality
Operational Lead:	James Dunne, Associate Director of Safeguarding, CHC, SPP, s117
Overseeing Committee:	Q&CG
Risk Source:	Operational

Risk Description (including the effect if the risk):
Currently, there are 6 cases (5 LD and one physical disability) which the Local Authority has agreed are not eligible for CHC but have refused to transition these over to Social Care funding and has refused offer of funding, without prejudice, for the health interventions which the Local Authority believe should be funding by the CCG. Consequently, the CCG continues to fund, without prejudice, full cost at significant financial risk to the CCG despite the agreement that all 6 cases are not CHC.

Existing Controls / Assurance:
Legal advice taken with Beachcrofts LLP for individual cases.
All 6 cases have a 'cease funding' letter issued by the CCG after 28 days reflecting the unanimous decision by both Health and Social Care that they are not eligible for CHC.

Actions required to mitigate risk:	Due Date	Progress against actions:
Meet with CCGs to consider list of interventions.	22.05.18	High level meeting with Local Authority partners in December 2016 agreed that joint Health and Social Care care plans would be completed on these 6 cases to determine any ongoing health needs. Meeting scheduled for 15 September 2017 between Local Authority and CCG to review the 6 care plans. Assurance to be sought in advance of the meeting that these have been jointly constructed by social care and health. Formal meeting between CCG (Interim Chief Officer, Director of Nursing & Quality, Chief Financial Officer and Associate Director of CHC and Safeguarding) and Wiltshire Council (Graham Wilkins, Interim Director of Adult Social Services) on 11 January 2018. Council will share information about how another CCG overcame these issues. 13/4/18: Wiltshire Council has reviewed the 6 jointly written care plans but does not agree with the findings of the CCG. A meeting was held on 17 April between NHSE, Wiltshire Council and the CCG looking at a process for resolution. In advance of this the CCG will liaised with NHSE and the other 2 CCGs in the STP to suggest which interventions should be health and which should be social care funded.It is intended that the three CCGs with their relevant local authorities will discuus the suggestions with support from NHSE and ADASS. Feedback from these discussions and the proposed way forward will be discussed at the next Governing Body

Position on previous Governing Body report:	8
Position on this Governing Body report:	10

NHS
Wiltshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Terms of Reference

Date Approved by Primary Care Commissioning Committee: 26 June 2018

Date Approved by Governing Body:

Introduction

1. NHS England (NHSE) has delegated authority to the Wiltshire Clinical Commissioning Group (CCG) for the commissioning of primary care in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended). NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Wiltshire CCG. The delegation is set out in Schedule 1.

2. The CCG has established the Wiltshire CCG Primary Care Commissioning Committee ("Committee") as a Committee of the Wiltshire CCG Governing Body. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

3. It is a committee comprising representatives of the following organisations:
   - Lay Chair
   - Lay member
   - Wiltshire CCG
   - Healthwatch
   - Wessex Local Medical Committee (LMC)
   - Public Health
   - Health and Wellbeing Board/Wiltshire Council

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);

   b) Duty to promote the NHS Constitution (section 14P);

   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

   d) Duty as to improvement in quality of services (section 14R);

   e) Duty in relation to quality of primary medical services (section 14S);

   f) Duties as to reducing inequalities (section 14T);

   g) Duty to promote the involvement of each patient (section 14U);

   h) Duty as to patient choice (section 14V);

   i) Duty as to promoting integration (section 14Z1);

   j) Public involvement and consultation (section 14Z2).

7. Wiltshire CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

   - To assist and support NHSE in discharging its duty under Section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services

8. The Committee is established as a committee of the Wiltshire CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Wiltshire CCG, under delegated authority from NHS England.

11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Wiltshire CCG, which will sit alongside the delegation and terms of reference.

12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

14. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

15. Wiltshire CCG will also carry out the following activities:

a) To plan, including needs assessment, primary medical care services in Wiltshire CCG;
b) To undertake reviews of primary medical care services in Wiltshire;
c) To co-ordinate a common approach to the commissioning of primary care services generally

d) To manage the budget for commissioning of primary medical care services in Wiltshire.
e) To undertake and deliver a primary medical care strategy for Wiltshire CCG
f) To undertake and deliver an estates strategy across Wiltshire CCG
g) To manage and continuously review the Wiltshire CCG 'Primary Care Offer'

Geographical Coverage

16. The Committee will comprise of Wiltshire CCG with a standing invitation to Healthwatch and a Health and Wellbeing representative. It will undertake the function of commissioning primary medical services for Wiltshire CCG

Membership

17. The Committee shall consist of the following list of members as included within Schedule 3

VOTING MEMBERS
The Chair of the Committee shall be Lay member, Wiltshire CCG
The Vice Chair of the Committee shall be Lay member, Wiltshire CCG
Clinical Chair of Wiltshire CCG
Accountable Officer, Wiltshire CCG
Chief Finance Officer, Wiltshire CCG
Director of Primary and Urgent Care, Wiltshire CCG
Director of Nursing and Quality / Registered Nurse, Wiltshire CCG
Governing Body GP, Wiltshire CCG
Governing Body GP, Wiltshire CCG
Governing Body GP, Wiltshire CCG[1]
OTHER NON-VOTING ATTENDEES
Local Medical Committee representative
Standing invitation Healthwatch representative
Standing invitation Health and Wellbeing representative
Standing invitation Public Health representative
Standing invitation Director of Commissioning, NHS England South Central
Standing invitation Head of Primary Care, NHS England South Central

[1] GP's hold voting rights on the committee unless in the instance of decisions on procurement issues and the deliberations leading up to the decision and, where the potential provider for services is a GP. Wiltshire CCG, 'Standards of Business Conduct Policy, 2016; NHS England, 'Managing Conflicts of Interest: Revised Statutory Guidance for CCG's', 2016

The Committee may invite any person to attend meetings to provide advice and/or expertise as required.

Meetings and Voting

18. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

19. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

20. Four members of the Committee must be present for the meeting to be quorate:
    - at least one lay member; and
    - at least two CCG members including the Accountable Officer or the Chief Finance Officer (or their nominated representatives); and
    - at least one Governing Body GP

Frequency of meetings

21. Meetings will take place on a quarterly basis and at such other times as required through invoking the approved decision making framework.

22. Meetings of the Committee shall:
    a) be held in public, subject to the application of 23(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special

reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

23. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

24. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..

25. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

26. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

27. The Committee will present its minutes to South Central Area Team of NHS England and the governing body of Wiltshire CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 24 above.

28. The CCG will also comply with any reporting requirements set out in its constitution.

29. The Terms of Reference will be reviewed at least annually with final approval being sought from Wiltshire CCG. Amendments will be made, where appropriate, to reflect any updated national model terms of reference and local need.

Accountability of the Committee

30. The Committee to have delegated authority from Wiltshire CCG Governing Body:
    - To carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act

- To assist and support NHS England in discharging its duty under section13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services.
- To work with NHS England to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF, and IT intra-operability.
- To comply with public procurement regulations and with statutory guidance on conflicts of interest
- To consult with Local Medical Committee and demonstrate improved outcomes reduced inequalities and value for money when developing a local QOF scheme or DES.
- To approve the arrangements for discharging the group's statutory duties associated with its GP practice commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.

Procurement of Agreed Services

The below is taken from the Next Steps in primary care co-commissioning document for further guidance on this please see link below.

https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf

31. The committee must comply with public procurement regulations and with statutory guidance on conflicts of interest. The committee may vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances. If the committee fails to secure an adequate supply of high quality primary medical care, NHS England may direct the CCG to act.

32. If the Committee are found to have breached public procurement regulations and/or statutory guidance on conflicts of interest, NHS Improvement may direct the CCG or NHSE to act. NHS England may, ultimately, revoke the CCG's delegation. Any proposed new incentive schemes should be subject to consultation with the Local Medical Committee and be able to demonstrate improved outcomes, reduced inequalities and value for money.

Consistent with the NHS Five Year Forward View and working with CCGs, NHS England reserves the right to establish new national approaches and rules on expanding primary care provision – for example to tackle health inequalities.

Decisions

33. The Committee will make decisions within the bounds of its remit.

34. The decisions of the Committee shall be binding on NHS England and Wiltshire CCG.

35. The Committee will produce an executive summary report which will be presented to South Central Area Team of NHS England and the governing body of Wiltshire CCG each year for information.