



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY 24 JULY 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
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
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 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 ( <i>from 11.30hrs</i> )

**In Attendance:**

Jo Cullen	JC	Director of Primary Care and Urgent Care
Andy Jennings	AJ	Senior Commissioning Manager
Ted Wilson	TW	Director of Community and Joint Specialist 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
Sharon Woolley	SW	Board Administrator

**Apologies:**

Christine Reid	CR	Lay Member, Patient and Public Involvement
Lucy Baker	LB	Acting Director of Acute Commissioning
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Sue Shelbourn-Barrow	SSB	Director of Transformation and Integration

ITEM NUMBER		ACTION
GOV/18/07/01	<b>Welcome and apologies for absence</b> RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/18/07/02	<b>Questions/Comments from the public</b> There were none.	
GOV/18/07/03	<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.	

<p><b>GOV/18/07/04</b></p>	<p><b>Minutes of the Governing Body Meeting in Public held on 22 May 2018 and CCG AGM held on 26 June 2018</b></p> <p>The minutes of the meeting held on 22 May 2018 were approved as an accurate record with the following amendment:</p> <ul style="list-style-type: none"> <li>• Page six – serious incident item amendment to read – <i>‘The eight Serious Incidents reported were now in the investigation stage, with a requirement from providers that immediate mitigations were given where appropriate’</i></li> </ul> <p>The minutes from the CCG AGM held on 26 June 2018 were approved as an accurate record.</p>	
<p><b>GOV/18/07/05</b></p>	<p><b>Matters Arising</b></p> <p>There were none.</p>	
<p><b>GOV/18/07/06</b></p>	<p><b>Action Tracker</b></p> <p>All actions noted on the tracker had been closed or completed.</p>	
<p><b>GOV/18/07/07</b></p>	<p><b>Chair’s Report</b></p> <p>RSH spoke of the second Major Incident that was currently being dealt with in Amesbury. Condolences were expressed following the death of Dawn Sturgess, one of the novichok poisoning victims. A response group had been established, of which the CCG was involved in.</p> <p>Matt Hancock MP had been announced as the new Health Secretary. Mr Hancock had a digital and technology background, so it was expected that this experience and knowledge in that field would be brought through to his work with the NHS.</p> <p>The NHS Pay Award had been confirmed and would commence from July 2018.</p> <p>RSH urged colleagues to be well aware of the health implications of the recent hot weather and to ensure all kept well and hydrated.</p>	
<p><b>GOV/18/07/08</b></p>	<p><b>Interim Chief Officer’s Report</b></p> <p>LP updated on the following items as there had been further development since writing the report:</p> <ul style="list-style-type: none"> <li>• Integrated Assurance Assessment Meeting – the first meeting of the year had been held on 18 July 2018. A verbal report from NHS England has suggested that the rating would be ‘good’. The rating was a testament to the staff team who had worked hard against the KPI’s and maintained the level during the Major Incidents.</li> <li>• Commissioning – BaNES, Swindon and Wiltshire CCGs had established an informal grouping (Commissioning Alliance) of Accountable Officers, Chief Financial Officers and the Chair to look at the options of working at scale. This was expected to lead to some management and organisation change. The three Governing Bodies would meet on 4 October 2018 to consider and decide upon the next steps, as recommended by the Commissioning Alliance. The CCG remained committed to integrating at suitable programme and staff levels with the Local Authority.</li> <li>• Sustainability Transformation Partnership (STP) – the Financial Recovery Plan (FRP) had been submitted to the regulators. There was now a focus on delivering the plan. The STP would continue to work with struggling providers to create a sustainable platform.</li> <li>• NHS 70 – There had been local and national celebrations, and the appetite for supporting the NHS had been clear.</li> </ul>	

GOV/18/07/09	<p><b>Register of Sealing</b> There had been no sealings made.</p>	
<b>ITEMS FOR DECISION</b>		
GOV/18/07/10	<p><b>Wiltshire CCG Strategic Objectives</b> MH explained that the CCG's Strategic Objectives had been revised, consistent with the approach of other CCGs, but keeping their essence. The previous objectives had been quite descriptive. These had now been simplified to just the objective statement.</p> <p>MH read through the proposed 2018/19 strategic objectives and sought agreement from Members to instate these across the CCG, using them to refresh and inform the Board Assurance Framework. The objectives had support of the Executive Management Team, Wider Executive and the Clinical Executive.</p> <p><b>The Governing Body agreed the refreshed Strategic Objectives for 2018/19.</b></p>	
GOV/18/07/11	<p><b>Governing Body Sub Committee Items for Approval:</b> The Governing Body were asked to approve the following items:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance Committee – Risk Register</li> <li>• Primary Care Commissioning Committee Terms of Reference.</li> </ul> <p><b>The two documents listed were approved by the Governing Body.</b></p>	
GOV/18/07/12	<p><b>Salisbury Walk in Centre Update</b> JC explained that the paper sought Governing Body approval for an 18 month extension to the Salisbury Walk in Centre (SWIC) contract with Wilcodoc and the relocation of the service to Millstream Medical Practice.</p> <p>JC talked to the paper and reminded Members that the Governing Body had previously approved an extension to the contract from April 2018 to September 2018. This was to enable the development of the urgent care and primary care strategies and the new model of care and the set up of Improved Access arrangements.</p> <p>The current levels of activity had been included in section two of the report. The Walk in Centre had a positive impact upon Salisbury Foundation Trusts (SFT) performance. This demonstrated the resilience and robustness across the system.</p> <p>The Walk in Centre was restrained by the capacity available in its current location. It was proposed to move to the Millstream Medical Practice, a purpose built space, co-located with pharmacists, which is a distance of seven meters. No issues with relocation had been identified.</p> <p>SP advised that due to previous agreement of an extension, this must be the final extension request to the service to ensure the CCG followed due process and abided by procurement laws, testing the procurement market.</p> <p><b>The Governing Body agreed the extension of the Salisbury Walk in Centre contract with Wilcodoc for 18 months from October 2018 to March 2020, and the relocation of the service to the Millstream Medical Practice.</b></p>	

ITEMS FOR DISCUSSION		
<p><b>GOV/18/07/13</b></p>	<p><b>CQC Service Review Local Action Plan</b></p> <p>The Care Quality Commission (CQC) had undertaken a local system review in March 2018, looking at how health and social care providers and commissioners worked together to care for people aged 65 and older. This had focussed on the flow in and out of hospital and had tested the joint working.</p> <p>LP remarked that the report had been a fair reflection. Page four of the paper indicated the improvements to be made. Page six was the resulting action plan from a number of workshops held with system partners to address the areas. These covered the eight key theses identified in the report.</p> <p>PL queried how this action plan would be monitored against. LP explained that each area would be overseen by a key lead, ensuring focus and progress. This was one of many service area actions plans to monitor. Key synergies would be reviewed. Regular reports against the action plan would be given to the Joint Commissioning Board.</p> <p>The CCG and Wiltshire Council were to focus together on one specific workstream – to create a joint vision. Some areas were already in train.</p> <p>SMac queried the communications lead for item 1.1 of the action plan. TDas would clarify this with Tony Marvell. TDas confirmed that the recruitment for a new communications post had not yet gone to advert. SMac would be involved in the recruitment process.</p> <p><b>ACTION: GOV/18/07/13: TDas to clarify communication leads for item 1.1. of the action plan.</b></p>	<p><b>TDas</b></p>
<p><b>GOV/18/07/14</b></p>	<p><b>Integrated Performance Report</b></p> <p>DMcA talked to the quality element of the report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• C.difficile cases had increased by one in the same period compared to 2017/18. Five cases reported by the south of the county. These were being reviewed by the Quality Team. The Task and Finish Group was to be relaunched, to include representation from primary care, community providers and acute care providers.</li> <li>• Two reported MRSA cases at the RUH. Both cases had been reported via the Strategic Executive Information System (StEIS) and post infection reviewed would be undertaken.</li> <li>• The Quality Surveillance Group would be undertaking a thematic review of the RUH as a number of issues had recently been identified.</li> <li>• A Route Cause Analysis (RCA) and StEIS report had made following the medication incidents logged for the RUH and primary care. Safety recommendations had been produced. An update on the situation would be reported via the Integrated Performance Report.</li> <li>• There were 15 breaches against the 52 week target. Providers have given assurance that no harm had occurred due to the delay. A discussion was required with NHS England to establish a methodology against assessment of 'no harm' in agreement with NHS Improvement.</li> <li>• CQC had conducted a national Inpatient Survey during 2017; the results were published in June 2018. National findings had recorded a gradual improvement. The results for SFT, RUH and GWH were included on pages 19-21.</li> </ul> <p>SP reported on the month three year to date finance position. The CCG was required to deliver a cumulative 1% surplus against its available resources, including its brought forward surplus. This equated to £198k for Wiltshire.</p>	

Pressures for SFT and GWH were starting to appear, especially regarding non-elective activity which could affect the financial position later in the year. There were data quality issues being looked into; long term conclusions were not yet being made. A risk against the acutes performance had been noted. Other identified financial risks were highlighted on page 29 of the report. Annex 1 to 5 provided more detail about the movements in budgets.

AJ reported that figures for referral to treatment (RTT) had improved slightly, but remained below target overall. The focus had changed to monitoring list size movement; it was to be no greater at 1 April 2019 as at 1 April 2018.

There had been a significant reduction in performance against the Diagnostic Wait target, particularly for GWH achieving 75.3% against the 99% target. This was largely due to staffing levels. Recruitment had taken place at GWH, with new starters expected in September and October; additional resource had been brought in to cover the summer period. The RTT working group was reviewing the demand for CT scans to identify if the backlog was due to reduced performance and staffing issues or increased demand.

The CCG had achieved four of the nine cancer standards. Performance had been impacted by the snow incident in March and recent scanner breakdowns. A bid for national funding had been submitted to recruit a Pathway Co-ordinator, who would support each acute Trust to reduce back logs.

TW referred to page 40 of the report, and advised Members that the mental health figures covered quarterly performance. Dementia Diagnosis figures had reduced, an increase had been seen every month. Action plans were in place with GP Practices.

A considerable improvement had been seen in the delayed transfer of care (DToC) figures for adult community services, but the average length of stay remained a concern. An audit of community hospital beds was to be undertaken to establish the reasons for delays.

GOV/18/07/15

**a) Patient Story**

DMcA introduced the 'Patients Voices – Complex Lives' short film.

**b) Summary of Recommendations from the Safeguarding Adult Reviews A and B**

DMcA talked to the paper circulated, summarising the key findings from the two Safeguarding Adult Review (SAR) cases referred in 2017. The paper focussed on the recommendations and learning from the reviews, rather than the detail of the cases. Both cases had gone through the Significant Incident Learning Process. The SAR panel had discussed the systems methodology used. Each agency would be attending learning and recall events. Impact assessments would be undertaken to change practice.

DMcA highlighted the key themes and learning points as noted in the paper. Each agency was to implement improvements to support the Multi-Agency Recommendations. Continuity of care was discussed. The Multi-Disciplinary Team (MDT) meetings had active involvement in safeguarding referrals, but there was a need for a consistent, co-ordinated approach to ensure all links were made and communicated. It was suggested that this role could potentially be through a social worker, occupational therapist or health visitor. A relationship with the person needed to be built to understand their needs to better co-ordinate their

	<p>care. A lack of staff time and capacity had been identified as an issue. CW felt that the framework was not currently in place to ensure a quick response to referrals and concerns raised. DMCA explained that improving this formed part of the CQC actions. The MDT model would be encouraged and a mechanism to feedback system wide to help support preventative work.</p> <p>Both cases highlighted an ineffective use of the Mental Capacity Act (2005) and a lack of understanding of risk assessments. Care package reviews had been requested; it was found that care needs had exceeded the care provided.</p> <p>An Adult Multi-Agency Safeguarding Hub (MASH) had now been established. TDAs reported that partners would work on strength based assessments and work to change the culture. This needed to be embedded quickly, system wide, focussing on the person rather than conditions, and safe discharges from hospital.</p> <p><i>(11.30hrs CS joined the meeting)</i></p>	
<b>GOV/18/07/16</b>	<p><b>Quality and Clinical Governance Committee Update</b> The approved May Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS highlighted the following points from the minutes:</p> <ul style="list-style-type: none"> <li>• Six policies had been approved by the Committee as listed in the minutes.</li> <li>• The findings from the Safeguarding Children Serious Case Review of 'Family M' had been presented and discussed.</li> <li>• An update had been provided on the National Learning Disabilities Mortality programme.</li> </ul> <p><b>a) To note the Quality and Clinical Governance Committee Annual Report 2017-18</b> The report was noted.</p> <p><b>b) To note the Quality Accounts Summary</b> The summary report of the accounts produced by the CCGs main providers was noted.</p>	
<b>GOV/18/07/17</b>	<p><b>Audit and Assurance Committee Update</b> The approved May Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>PL gave a verbal update on the Committee meeting that had been held on 10 July 2018:</p> <ul style="list-style-type: none"> <li>• The Committee had approved the Business Continuity Plan – which would support the organisation in responding to challenges and disruptive events effecting delivery of services.</li> <li>• The Committee had approved the Financial Control, Planning and Governance Self-Assessment – a checklist used to record governance arrangements and inform the CCG and NHS England of any arising financial issues.</li> </ul>	
<b>GOV/18/07/18</b>	<p><b>Finance and Performance Committee Update</b> The approved May Finance and Performance Committee minutes circulated with the meeting papers were noted.</p>	

	<p>SP gave a verbal update on the Committee meeting that had been held on 17 July 2018:</p> <ul style="list-style-type: none"> <li>• Month three positions and actions had been shared, indicating a steady position. Emerging pressures had been recognised and would be monitored via the Committee.</li> <li>• A full, rounded view of the Better Care Fund was needed to identify the impact across the system.</li> <li>• Additional funds had been announced by the Government as part of the NHS 70 birthday celebrations.</li> </ul>	
<b>GOV/18/07/19</b>	<p><b>Primary Care Commissioning Committee Update</b> The approved March Primary Care Commissioning Committee minutes circulated with the meeting papers were noted.</p> <p>JC highlighted the following in the absence of CR:</p> <ul style="list-style-type: none"> <li>• The final transition of delegated functions was expected to be completed by the end of July.</li> <li>• An annual report of the Committee would be produced for the September meeting.</li> <li>• Attendance of NHS England would be requested for the September meeting.</li> </ul>	
<b>GOV/18/07/20</b>	<p><b>Health and Wellbeing Board Meeting Minutes</b> The May Health and Wellbeing Board meeting minutes circulated with the meeting papers were noted.</p> <p>LP highlighted the following from the minutes:</p> <ul style="list-style-type: none"> <li>• An informative report had been given concerning Integrated Personal Health Budgets. An update for the Governing Body was suggested.</li> <li>• An update concerning the Families and Children Transformation Programme had been presented, which was focussing on modernising services across all age groups.</li> <li>• The Sexual Health and Blood Borne Virus Strategy had been approved by the Health and Wellbeing Board. An implementation plan was being developed and would be presented to the Clinical Exec in due course.</li> </ul> <p><b>ACTION: GOV/18/07/20 - Report on the Integrated Personal Health Budgets to be brought to the Governing Body.</b></p>	<b>TW</b>
<b>GOV/18/07/21</b>	<p><b>Carers in Wiltshire Joint Strategy – Implementation Report 2017/18</b> The report was noted.</p>	
<b>GOV/18/07/22</b>	<p><b>Review of Register of Interests</b> The register was noted.</p>	
<b>GOV/18/07/23</b>	<p><b>Any Other Business</b> There were none.</p>	
	<p>The meeting concluded at 11.45hrs.</p>	

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