



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 27 NOVEMBER 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
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Chief Operating Officer
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Muhammad Rehman	MR	GP, Interim Vice Chair of West

In Attendance:

Jo Cullen	JC	Director of Primary Care and Urgent Care
Ted Wilson	TW	Director of Community and Joint Commissioning
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
Stacey Plumb	SPI	Healthwatch Wiltshire
Helen McNair	HMcN	Individual Commissioning Co-ordinator, Continuing Healthcare <i>(for item 22 only)</i>
George Kershaw	GK	Patient Story Item <i>(for item 22 only)</i>
Sarah Kershaw	SK	Patient Story Item <i>(for item 22 only)</i>

Apologies:

Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Helen Osborn	HO	Medical Adviser
Lucy Baker	LB	Acting Director of Acute Commissioning

ITEM NUMBER		ACTION
GOV/18/11/01	Welcome and apologies for absence RSH welcomed all to the meeting, especially to MR who recently joined the Governing Body as the Interim Vice Chair for West. Apologies were noted as above.	
GOV/18/11/02	Questions/Comments from the Public There were none.	
GOV/18/11/03	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 of the Wiltshire Clinical Commissioning Group (CCG). (This included any relevant interests previously declared on the Register of Interests)	

	<p>There were none declared.</p> <p>The meeting was quorate.</p>	
GOV/18/11/04	<p>a) Minutes of the Governing Body Meeting in Public held on 25 September 2018 The minutes of the meeting held on 25 September 2018 were approved as an accurate record.</p> <p>b) Minutes of the Extraordinary Governing Body Meeting in Public held on 13 November 2018 The minutes of the meeting held on 13 November 2018 were approved as an accurate record.</p>	
GOV/18/11/05	<p>Matters Arising There were none.</p>	
GOV/18/11/06	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>GOV/18/09/12 – JC advised that specific urgent dental care discussions would be held outside of the meeting. NHS England would be invited to present on dental services overall to a future Governing Body meeting. ONGOING</p> <p>GOCex/18/11/03.0 – RSH advised that the job description had been revised to further reference the STP. This had been approved on 23/11/18 and would be made live this week. The job description would be shared with Members. ONGOING</p> <p>GOVex/18/11/03.1 - RSH had consulted the interview panel on the inclusion of Lay Members in the interview process. This had received support, but a final decision was to be made. ONGOING</p> <p>GOVex/18/11/03.2 – SMac confirmed that the report had been shared with Tony Millett. COMPLETED</p>	<p>LP</p> <p>RSH</p> <p>RSH</p>
GOV/18/11/07	<p>Chair's Report RSH reported that a third Lay Member had recently been recruited. The post had received a good number of strong applicants. Julian Kirby would be in post from 1 December. Julian is the Chief Executive of Age UK Wiltshire and also the Chair of the Voluntary Sector Forum for Wiltshire, which would bring that voluntary link to the CCG to help improve relations. A statement was to be released.</p> <p>As winter approached, work was underway with Wiltshire Council and the acutes to elevate pressures as much as possible and ensure the best use of those beds available within the system. There had been a good uptake of the flu vaccination to date.</p> <p>The advert for the joint Accountable Officer role (title confirmed as the Chief Executive Officer of the BaNES, Swindon and Wiltshire STP) was due to go out today. Interviews were scheduled for 24 January 2019.</p>	
GOV/18/11/08	<p>Interim Chief Officer's Report LP highlighted the following areas from her report:</p> <ul style="list-style-type: none"> Commissioning Alliance – Each CCG was leading on a different area of work to avoid duplication and to ensure progression. The shared management structure to sit under the joint Accountable Officer was still 	

	<p>to be confirmed.</p> <ul style="list-style-type: none"> • Closer working with the Council continued. New governance was now in place under the Wiltshire Integration Board. • Item 1.2 – This referred to the recent announcement that Allied Healthcare was to cease operation by the end of November 2018. A number of Wiltshire patients were currently receiving care through Allied, the CCG was confident that arrangements were in place. Staff and patients were moving over to a different agency, the local manager had already moved over to ensure transition of patients. • Mental Health - LB and LP were leading on the STP Mental Health workstream. A public engagement event was being planned for 12 December 2018, bringing together users, providers and commissioners. • NHS Long Term Plan – was awaited, and was expected to be followed by the Operational Planning Guidance. The planning process had commenced and was being aligned where possible with BaNES and Swindon CCGs. 	
GOV/18/11/09	<p>Register of Sealing There had been no sealings made.</p>	
ITEMS FOR DECISION		
GOV/18/11/10	<p>Governing Body Sub Committee Items for Approval: The Governing Body were asked to approve the following items:</p> <ol style="list-style-type: none"> a) Risk Register and Board Assurance Framework b) Audit and Assurance Committee Terms of Reference c) Risk Management Strategy <p>The three documents listed were approved by the Governing Body.</p>	
GOV/18/11/11	<p>Wiltshire CCG Constitution Changes to Support BaNES, Swindon and Wiltshire (BSW) Commissioning Alliance The new commissioning architecture had been agreed at the public meeting of the Governing Body held on 13 November 2018. Progression to a single management team and shared Accountable Officer was now underway.</p> <p>The three CCGs agreed to align governance arrangements to facilitate the implementation of joint committees where possible. NHS England had also recently released guidance on adoption of its new model constitution, bringing a core constitution and governance handbook. The proposed amendments to Wiltshire CCGs constitution were shown in green and could be approved by Governing Body Members as adoption would not change the makeup of the organisation. (Significant change would require wider Member consultation and approval).</p> <p>The following amendments were requested to be made to the constitution:</p> <ul style="list-style-type: none"> • Reference to Medical Director to be amended to Medical Advisor • Healthcare Professional definition to be amended to state Healthcare Professional of Primary Care in Wiltshire. <p>ACTION: GOV/18/11/11.0 - Reference to Medical Director to be amended to Medical Advisor, and Healthcare Professional definition to be amended to state Healthcare Professional of Primary Care in Wiltshire.</p> <p>MS noted that provision of Committees in Common had been included for the statutory committees (Audit and Assurance, Remuneration and Primary Care Commissioning Committees), but did not refer to the Quality and Clinical Governance Committee (Q&CG). LP advised that this first phase had focussed</p>	LP

	<p>on aligning the three constitutions where possible and approving in principle that the statutory committees would meet as committees in common. The possibility of implementing other joint committees would be considered in the next phase. MS urged the CCGs to move joint committees forward as real benefits would be seen from further opportunities to work closer together. The CCGs had already started to change and implement clinical and quality work across the patch and address issues of inequalities. It was proposed that joint Q&CG and Finance and Performance committees be considered via the Commissioning Alliance going forward.</p> <p>ACTION: GOV/18/11/11.1 - Progress joint committee discussions via the Commissioning Alliance for the Finance and Performance Committee and the Quality and Clinical Governance Committee</p> <p>The Governing Body agreed the constitution changes and approved in principle that the statutory committees met as committee in common with BaNES and Swindon CCGs.</p>	LP
ITEMS FOR DISCUSSION		
GOV/18/11/12	<p>Integrated Performance Report</p> <p>DMcA talked through the quality element of the report and highlighted the following:</p> <ul style="list-style-type: none"> • MRSA – one new case had been identified in GWH. This was a complex case following treatment abroad. The Post Infection Review had been completed and was being acted upon. • C.Difficile – There were two more cases reported than for the same time period for 2017/18. The Infection Prevention and Control Working Group requested a focus on supporting community providers and primary care. • E.coli – 153 cases reported to date against the target of 275 for the year. The hot summer and dehydration had impacted. • One never event had been recorded at SFT following a human error of incorrect connection of oxygen tubing. • A Contract Performance Notice had been issued to AWP in December 2017 against their management and reporting of serious incidents. Timely reporting was not being met. Their new Director of Nursing had now commissioned an independent review. • AWP had been issued with a Regulation 28 letter from the Coroner following an inquest into an unexpected death of a Wiltshire patient. An action plan was now in place. A review of staff and caseloads was to be undertaken. • South West Ambulance Service Trust (SWAST) had a risk noted for incident stacking, which had been discussed by the Quality Sub Group. The provider had identified mitigations. • Staff appraisals and statutory mandatory training compliance had not seen any improvement and perhaps reflected the staff pressures within providers. • Sentinel Stroke National Audit Programme (SSNAP) – the Stroke Collaborative had formed to ensure improvements for the acutes and Wiltshire Health and Care in this area. Best practice was being shared and was encouraging service improvements. The results evidenced that improvements were visible within each. <p>MS referred to the Healthcare Acquired Infection C.difficile indicator (page 22). The number of community cases seemed to be rising; bringing a higher antibiotic prescribing rate for the CCG. A serious issue to be addressed. DMcA reported that the Medicines Management Team had been engaged and were to release dedicated time for this. Primary care was to be engaged through the Forums. A project plan was to be shared with Clinical Exec to help develop this work further.</p>	

ACTION: GOV/18/11/12.0 - Project Plan concerning Healthcare Acquired Infection C.difficile to be shared with Clinical Exec to enabled input and further development.

DMcA

SP reported against the month seven financial position. The CCG had agreed a revised plan with NHS England to change its in year surplus to £1.698m, an increase of £1.5m. WCCG would be able to draw down this funding, as well as some accumulated surplus to support transformation in 2019/20. The CCG was anticipating delivery against this revised position.

Page 27 indicated the main pressures affecting movement in expenditure forecasts; acute contracts and outpatient activity. It was noted that the chart recorded an underspend against budget for mental health and community services – this was not an underspend on core services delivered by AWP and Wiltshire Health and Care.

The £500k overspend in delegated primary care was due to national agreement of the GP pay award. The CCG was absorbing the additional cost and managing the position.

The financial risks were shown on page 29. SP reported on improved communications with NHS England; the CCG was not anticipating any unexpected charges to emerge.

TD reported that the current specialist commissioning waiting lists were unmanageable. Concerns should be raised with NHS England who oversee this area.

AG advised that a number of Practices within the NEW locality had given notice to patients to stop delivery of ear syringing. MH would look at the impact this may have.

ACTION: GOV/18/11/12.1 - MH to look at the impact of Practices stopping delivery of ear syringing and the possible knock on effect to acutes.

MH

MH reported against elective activity, pages 30 to 32, and highlighted the following:

Referral to Treatment (RTT) waiting times had increased by 1200 up to September (1050 above where it was expected to be). This hadn't improved in the initial October figures received. Meetings had been held with providers concerning winter planning (over and above normal contract performance management and RTT boards). There were plans in place to tackle specialties, such as Dermatology and Cardiology, which have issues, although some long standing workforce and pathway issues were driving this. About a third of the RTT reported was due to local providers, largely SFT who were affected by urgent care pressures, a third due to independent sector list growth and the remaining third due to non-local providers – some of which was activity that had not been counted previously, rather than an increase in activity. The CCG was working with providers to understand where they may be able to undertake more work either themselves or in collaboration with the independent sector in order to form a recovery trajectory. EMT were aware of possible financial implications, business cases were being prepared with detailed options. It was the commissioner's responsibility to ensure the national constitutional targets were met, the CCG would report against these at its next Integrated Assessment Framework meeting with NHS England.

	<p>There were 11 over 52 weeks wait breaches in September. The CCG was checking patients had been dated and patient choice implemented. Root cause analysis was undertaken and each checked for any harm caused to the patient due to the long wait. The shape of the waiting list was also regularly reviewed through discussions with providers.</p> <p>The CCG was meeting the two week wait and two week wait breast symptomatic cancer targets. It was achieving 84.2% against the 62 day to RTT target. October was currently indicating to be above 85%.</p>	
<p>GOV/18/11/13</p>	<p>Winter Planning</p> <p>JC talked through her comprehensive presentation concerning Wiltshire's sustainability planning. There were now all year round pressures, but this plan focussed particularly on winter.</p> <p>The Wiltshire winter plan was now in its fourth iteration following various discussions and submission feedback. It confirmed the five priorities for the south system and the Local Delivery Board, but the Wiltshire data was also to feed into the BaNES and Swindon plans. The A&E Local Delivery Board had reviewed and signed off system provider winter plans and escalation framework.</p> <p>The current performance slide gave a snapshot of performance and demand over the year. All systems were in Operational Pressures Escalation Level (OPEL) 3.</p> <p>This would be the first winter with the new BSW Integrated Urgent Care service (IUCS) in place. Demand forecasts for the 111 service over the festive period had been included, high activity levels were expected on the weekends and bank holidays. Medvivo and SWAST had commenced two key work streams through the IUCS to maintain conveyance rates and mitigate against high demand. All healthcare professionals had direct access to the Clinical Assessment Service (CAS) and were encouraged to use the line to triage admissions. CAS was supporting non-conveyance and admission avoidance; Over the six months, 41% of cases were closed with no follow up, and 71% were either closed with no follow up or referred to a primary care or community service.</p> <p>Primary care plans were in place. Key messages had been shared with Practices to encourage earlier or larger repeat medication requests. JC explained that some Practices had arrangements in place to enable early closures for Christmas Eve.</p> <p>Wiltshire had a confirmed allocation of £1.8m of the Adult Social Care Winter Pressure Grant, which was to be used to reduce delayed transfers of care. Wiltshire Council proposed to use monies for prevention work and improving hospital flow and social care discharges from acute settings. The south were benefitting from voluntary sector support through Age UK's Home from Hospital Services. The CCG was in discussion with Wiltshire Council to hopefully move an equivalent of this forward in other areas.</p> <p>DMcA reported that as supported by the Expert Patient Panel, the Emergency Care Intensive Support Team (ECIST) review was to be carried out (28/29 Nov) of the community process through the Integrated Discharge Team, reviewing site and operational reporting; referral process and pathways; and community teams case management and transfer of cases. This would be translated into an action plan. It was hoped that an improvement in flow would be seen through quick actions. This would be clinically led, supported by hospital clinicians and nurses.</p>	

	<p>There had been three flu outbreaks across Wiltshire over the 46 week period. There had been a lag in availability of the vaccine, but uptake rates were anticipated to increase in the final delivery week.</p> <p>JC concluded by referring to the risks listed on slide 30.</p> <p>LP advised that WCCG had been invited to participate in a call of National and Regional Directors of Urgent Care. LP would be partaking in the call.</p> <p>a) Winter Communications Plans SMac advised that a thorough BSW communications plan had been produced, alongside a local plan with Wiltshire Council. Messages were currently being shared via various channels concerning the stay well phase. Links had been made with Practices to encourage their support in sharing key messages.</p>	
GOV/18/11/14	<p>Maternity Services Transformation – Public Consultation LP went through the presentation. The public consultation on the transformation of maternity services across the BSW had gone live on 12 November 2018. A co-created Maternity Transformation Plan was in place as the response to the Better Births Recommendations.</p> <p>The roadmap indicated the timeline for the BSW ambitions. The maternity service reconfiguration implementation was scheduled for July 2019. Seven workstreams were in place to review the whole pathways of care. The pre-engagement activity feedback had helped to shape the public consultation.</p> <p>The achievements to date across the BSW were shown on slide seven. The proposed BSW Local Maternity System services were indicated on slide 9, supported by the case for change slide, which presented the number of births per area on one given day.</p> <p>Capital investment would be required if public consultation supported the proposals. Units would be re-purposed for better anti and post-natal care. The public consultation was running until 17 February 2019.</p>	
GOV/18/11/15	<p>Primary Care Commissioning Committee Update The approved June Primary Care Commissioning Committee minutes circulated with the meeting papers were noted.</p> <p>a) To note – Primary Care Commissioning Committee Annual Report The Primary Care Commissioning Committee Annual Report was noted.</p>	
GOV/18/11/16	<p>Quality and Clinical Governance Committee Update The approved September Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS mentioned that in support of the previously discussed constitutional changes, the Committee supported progress of joint committees - joint clinical policies were already in train through the establishment of the BSW STP Clinical Working Group. Swift progress was being made.</p>	
GOV/18/11/17	<p>Audit and Assurance Committee Update The approved September Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>PL reported that the CCG Workforce report had been discussed at the</p>	

	<p>November Committee meeting. The declining level of compliance against staff appraisals and objective setting raised concerns amongst Members. This had been raised with LP and EMT.</p>	
GOV/18/11/18	<p>Finance and Performance Committee Update The approved September Finance and Performance Committee minutes circulated with the meeting papers were noted.</p> <p>SP reported that November's meeting had initial discussions concerning financial planning for 2019/20. Tariff changes were anticipated. Where possible, work and plans were being aligned with BaNES and Swindon CCGs.</p>	
GOV/18/11/19	<p>Health and Wellbeing Board Meeting Draft Minutes – 17 October 2018 The draft minutes from the Health and Wellbeing Board meeting held 17 October 2018 were noted.</p> <p>LP advised that reports on the Wiltshire Safeguarding Children's Board and Family and Children's Transformation Programme had been received and would be brought to the Governing Body when appropriate.</p> <p>Good progress was being made against the action plan put into place following the CQC system review.</p> <p>A copy of the BSW STP Mental Health Strategic Transformation presentation given at the meeting had been included with the minutes. The service redesign plans had been shared.</p>	
ITEMS TO NOTE		
GOV/18/11/20	<p>Review Register of Interests RSH reminded Members that it was their responsibility to ensure their conflicts of interest record remained up to date. Any updates should be passed onto Susannah Long, the Governance and Risk Manager.</p> <p>The current register of interests was noted.</p>	
GOV/18/11/21	<p>Any Other Business There were no items raised.</p>	
GOV/18/11/22	<p>Patient Story Members moved to Seminar 1 at this point in the meeting to welcome George Kershaw to the session to share his patient story.</p> <p><i>(11.50hrs – Helen McNair, George Kershaw, Sarah Kershaw and carer joined the meeting)</i></p> <p>George talked through his experience of accessing Continuing Healthcare (CHC) services and a Personal Health Budget (PHB).</p> <p>George suffered a life changing spinal cord injury in November 2015, and received initial treatment at Stoke Mandeville Hospital. In June 2016, George was discharged home and continued his rehabilitation by accessing services more locally. Helen McNair had assessed George at Stoke Mandeville Hospital and found that he met the criteria for CHC Eligibility with complex care requirements.</p> <p>Following the life changing injury, George felt a loss of control over most of life's decisions, but wanted to gain control over delivery and management of his care.</p>	

	<p>George now manages his care through the use of a PHB, which has brought the following benefits to his quality of life</p> <ul style="list-style-type: none"> • It has allowed him to be in control of his care and share the decision making, an experience that brought him psychological strength. This level of control has helped to facilitate him going back to work. • It has allowed more efficient and effective management of his care – working directly with carers to build the care and flexibility he required. • Less financial waste – more efficient care with the use of the PHB. George has calculated that the PHB was to save the NHS £75k/year against his case. <p>George now has his own team of carers in place. The use of agencies had seen a high staff turnover rate. Within the first six months of care in place, 17 different carers had been assigned to George. Having his own team in place has brought consistency and the ability to train carers to meet his personal care requirements. George uses assistive technology where possible, including the use of voice recognition software which has also aided his facilitation back to work.</p> <p>In answering questions, George agreed that peer support was key, especially in the early stages of rehabilitation to share learning and experiences. George has continued to be involved in charitable work and diverse projects.</p> <p>George has regular hospital appointments, but none as an in-patient since his discharge in 2016. He felt that this was largely due to being able to manage his own care through the PHB and his fantastic care team and care plan. Access to the Swindon Ambulatory Care service and links with the local district nurse and Community Team work well and possibly have prevented hospital admissions.</p> <p>George's wife, Sarah Kershaw, shared his support of PHB's and the consistent care it has helped to put into place. Sarah felt having the control over his care and support requirements has made George stronger and healthier and allowed him to get out and about more.</p> <p>DMcA discussed that a culture change to risk management may be required by frontline staff when considering PHB's with patients. The CCG remains ultimately accountable to ensure provision of safe care packages, but individuals should be empowered where possible to take control and manage their own care. A balance was needed and should always be reviewed on a case by case basis.</p>	
	<p>The meeting concluded at 12.40hrs</p>	

**Date of next Governing Body Meeting in Public:
22 January 2019, 10:00hrs at Southgate House, Devizes**