

## NHS Wokingham Clinical Commissioning Group Governing Body Meeting in Public: 5 December 2017

<b>Minutes of the meeting of the NHS Wokingham CCG Governing Body Meeting in Public, 5 December 2017</b>			
Present:	Johan Zylstra Sam Burrows Rebecca Clegg David George Debbie Milligan Mike Parting Debbie Simmons Katie Summers Cathy Winfield	(CCG Chair) GP Clinical Lead Director of Strategy (Acting) Chief Finance Officer Lay Member, Governance (Deputy) Chair, GP Clinical Lead Practice Manager Representative Nurse Director Operations Director Chief Officer	JZ SB RC DG DM MP DS KS CW
In attendance:	Lynn Casey-Sturt Adrian Barker	Governing Body Secretary (Minutes) Lay Member, PPE (Newbury & District CCG)	

Item No.		
1	<b>Welcome and Apologies</b> The CCG Chair, Johan Zylstra welcomed everyone to the Governing Body meeting in public.	
2	<b>Apologies for Absence</b> Apologies were received from: <ul style="list-style-type: none"> <li>• Gabrielle Alford, Director of Joint Commissioning</li> <li>• Dr Raju Reddy, Secondary Care Consultant</li> <li>• Wendy Bower, PPE Lay Member</li> <li>• Will Beacham, GP Clinical Lead</li> </ul>	
3a	<b>Declaration of Interest</b> JZ reminded Governing Body members of their obligation to declare any interest they may have on any issue arising at governing body meetings that might conflict with the business of Berkshire West CCGs. None declared.	
3b	<b>Declaration of Gifts &amp; Hospitality</b> JZ reminded Governing Body members of their obligation to declare any offer of gifts and hospitality whether accepted or declined and the reason for accepting or declining such offers. None declared	
4	<b>Minutes of the meetings held on 5 September and 21 November 2017</b> The minutes of the meeting held on both the 5 September and 21 November 2017 were agreed as a true record of that meeting.	
4a	<b>Matters Arising/Action Log: 21 November 2017</b> Action log from the meetings of 21 November 2017: Updated.	

5	<p><b>Risk Management and Assurance</b></p> <p>To provide for review and agreement the updated November Governing Body Assurance Framework (GBAF), the related Summary Risk Profile, and the red-rated risks from the corporate risk register. RC advised members that the November iteration of the Governing Body Assurance Framework (GBAF) ratings had remained static for this month. The strategic objectives are aligned to the domains in NHS E's CCG Improvement and Assessment Framework.</p> <p>In October, the total number of high-level risks on the Corporate Risk Register rose by two, and the risks reported as red stayed the same. Members were advised of a new risk (CMV 12: BHFT specialised community children's nursing at Ryeish Green); BHFT has served notice on this service from April 2018, an action plan is in place and it is believed that a good service can be provided within the 6-month timescale.</p> <p><b>The Governing Body noted the level of compliance with quality and performance targets and supported the actions being taken to improve performance where necessary</b></p>	
6	<p><b>Report of the CCG Chair</b></p> <p>Johan Zylstra, CCG Chair provided members with a verbal update on the activities of the Chair; Key points of discussion as summarised:</p> <ul style="list-style-type: none"> <li>• JZ met with the Strategic Committee for Infrastructure (Wokingham Borough Council) in respect of the Community Infrastructure Levy to discuss obtaining S106 infrastructure monies for new dwellings across Wokingham; currently no monies have been allocated to health infrastructure.</li> <li>• An Estates Strategy was presented providing reasons why a new facility at Arborfield Garrison would not be viable. It was agreed going forward that any future developments would be collaborated on to ensure health provisions are applied and a process put in place for release of S106 monies that have not yet been allocated.</li> <li>• Wokingham Alliance: CHASC (Community, Health &amp; Adult Social Care). To deliver strategic priorities for the next 4 years; including reducing demand for our services with an emphasis on prevention through building wellbeing and self-reliance.</li> <li>• 7 day working: Wokingham CCG moving forward with a plan to have full 7 day cover by 2019.</li> <li>• WISP (Wokingham Integration Strategic Partnership): to undertake a financial and governance review process to ensure the Better Care Fund targets are achieved and remain cost effective; adding value going forward.</li> <li>• Changes in Wokingham Borough Council: An (Interim) Director of People Services and Chief Executive Officer are now in post (6-9 months).</li> <li>• Connected Care Programme: A new initiative to join up care services across Berkshire, sharing information about patient's medical conditions across subscribing health and social care organisations enabling instant, secure access to</li> </ul>	

	<p>patient and social care records. It is the first step on the journey towards a national requirement that all care records are digital, real-time and interoperable by 2020.</p> <p><b>The Governing Body received and noted the Chair's report</b></p>	
7	<p><b>Chief Officer's Report (December 2017)</b>  The Chief Officer provided an update on key areas of work and assurance on matters of constitution reserved to the CO. Key points as summarised:</p> <p><b>Accountable Care System</b>  All the NHS Statutory bodies in Berkshire West have signed the Memorandum of Understanding (MOU) with NHS England; setting out the four key domains for which progress will need to be demonstrated. The first allocation of transformational funding from NHSE has been made available to all ACS Exemplars as well as agreement given to support the three local Healthwatches in funding a role to co-ordinate their input into the system.</p> <p>CW participated in discussions at the Kings Fund on 'The Future of Commissioning' and at the NHS Clinical Commissions' Annual Members Event to share and hear learning from the other ACS Exemplar sites across the country; also an ACS leaders meeting was held at No10 Downing Street, followed by an ACS development day at the Royal Society for Medicine.</p> <p>The key service transformation programmes that the ACS has prioritised are the redesign of musculoskeletal services (MSK) and the redesign of outpatients. In addition, the ACS is actively considering new payment mechanisms and risk share arrangements for 2018/19 that will support delivery of service transformation and align incentives.</p> <p><b>Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP</b>  Work is continuing with our partners in Buckinghamshire and Oxfordshire in delivering the four Five Year Forward View priorities: urgent care, primary care, cancer and mental health. Interviews to identify a new STP leader have taken place and Fiona Wise, currently the interim Chief Executive at Kettering General Hospital has been appointed. Fiona will take up post at the beginning of March 2018 but will spend time in our system from the beginning of February 2018. The STP partners have recognised the need to review the respective roles of the STPs and the ACS; a workshop is to take place in the New Year.</p> <p><b>BW10 Integration Programme</b>  The CCG continues to work closely with Nick Carter, the Chief Executive of West Berkshire Council who chairs the Integration Board. In the past month, the Delivery Group and Integration Board have identified a number of outstanding issues that require resolution: Reducing the level of variation in DToC performance between the three unitary geographies; taking a more collective, coherent approach to the letting of common contracts; improving our joint funding panel arrangements.</p> <p><b>Merger</b>  The CCGs' application to merge has formally been approved by the NHS England Commissioning Committee; subject to approval of the draft constitution and of</p>	

	<p>individual appointments to a number of statutory roles within the CCG.</p> <p>Each of the four existing CCGs have elected a locality member for the new CCG Governing Body as follows: Newbury and District: Abid Irfan (elected Chair); North &amp; West Reading: Andy Ciecierski; South Reading: Kajal Patel; Wokingham: Debbie Milligan.</p> <p>All existing lay members are being asked to put forward an expression of interest if they wish to continue on to the new Governing Body. If more than three members wish to do so, an independently chaired selection process will take place.</p> <p><b>Q2 Assurance</b>  The NHS England Assurance Team visited the CCGs on the 23 October 2017 for the Q2 Assurance meeting. The meeting was constructive and the CCGs were praised for the quality improvements achieved over the last two years. The meeting included service users for the first time who are participating in the work to redevelop MSK services.</p> <p><b>HSJ Awards</b>  The CCGs' work (in two areas) was recognised at the HSJ Awards ceremony on the evening of 22 November 2017; shortlisted for two awards. Although unsuccessful, we were able to showcase our work, as both projects demonstrated good cross system working.</p> <p><b>Policies</b>  Members noted that the Flexible Working and Learning and Development Policies have been updated and were reviewed on behalf of the Clinical Commissioning Committee.</p> <p><b>The Governing Body received the Chief Officer's Report and noted the updates provided</b></p>	
8	<p><b>M7 Financial Update</b>  The (Acting) Chief Finance Officer gave an update on M7 Finance reporting. Wokingham CCG is expecting to achieve a financial break-even position by the end of the year, and that the YTD position is overspent by £0.2m against plan breakeven. In addition, the CCGs have brought forward their retained surpluses (£3.8m from last year).</p> <p>RC provided members with a summary on key areas to note:</p> <ul style="list-style-type: none"> <li>• At Month 7 the CCGs is reporting to achieve a financial year-end break even position but this is not without significant risk; with the underachievement of QIPP and Acute contracts continuing to be a major risk to maintaining achievement.</li> <li>• Non-statutory financial duties: YTD Creditors, not achieved target by volume due to late approval (non-NHS providers)</li> <li>• YTD cash drawing: The % of total allocation drawn has not been achieved and therefore should be reporting 'red' and not 'green' and indicated.</li> <li>• Financial Indicators reporting a £1.3m net risk</li> <li>• Commissioning acute services: Overall variance to plan (1.5%), with over-performance mostly within emergency admissions, maternity and A&amp;E attendances.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Mental health: Reporting a small underspend for Wokingham CCG of &lt;£0.1m.</li> <li>• Community services: Neuro Rehab has an underspend of £0.1m, NRS equipments has reported an underspend just over £0.1m</li> <li>• Primary care: Additional risks have materialised from NCSO (No Cheaper Stock Available), however NHS E have advised that this is included in the CCGs risks and mitigations.</li> <li>• Acute Services RBFT: Over-performance at the Trust of 1.5%, mostly driven by emergency admissions and A&amp;E attendances.</li> <li>• Circle Reading: Significant under-performance within the contract, primarily within T&amp;O surgery.</li> <li>• Risks &amp; Mitigations: Further deterioration in QIPP saving schemes, which has been quantified as an additional £1.7m.</li> <li>• Changes to Allocations: Wokingham CCG has received a number of allocation in month on behalf of the Berkshire West system (the ACS transformation funds and IAPT funding). These are being utilised system wise.</li> <li>• QIPP: Reporting an under-spend mainly across ACS areas.</li> <li>• Capital: No capital allocations have yet been notified to CCGs for 17/18. It is expected that a small allocation will be received in Q4 for IT equipment for the CCGs.</li> </ul> <p><b>Action:</b> It was agreed that to promote clarity, RC to review the narrative around contingency spend in the financial report.</p> <p><b>Action:</b> It was also agreed that the total mitigations and total risks are presented side by side so that the probability would be more visible upon review.</p> <p><b>The Governing Body discussed and noted the Financial position</b></p>	<p style="text-align: right;"><b>Action: RC</b></p> <p style="text-align: right;"><b>Action: RC</b></p>
9	<p><b>Q2 Operational Plan Review</b></p> <p>To provide an update on progress in delivering the CCGs 2017/19 Annual Operational Plan. The Plan sets out how the CCG will deliver against local objectives as well as the requirements of the Five Year Forward View and national ‘must-dos’.</p> <p>The plan provides an update (including direction of travel) on activity and is reporting: 20 areas on target (Green); 20 areas off target, but robust plans are in place to deliver targets in 2016/17 (Amber); 1 areas off target and not expected to deliver target in 2016/17 (Red); with 3 areas awaiting update.</p> <p>The Berkshire West-wide Programmes and Projects against plans’ objectives are as follows:</p> <ul style="list-style-type: none"> <li>• Support sustainability and transformation across Berkshire, Oxfordshire and Buckinghamshire</li> <li>• Achieve financial targets</li> <li>• Deliver sustainable general practice</li> <li>• Deliver A&amp;E standards and targets</li> <li>• Improve planned care targets</li> <li>• Implement improvements to cancer services</li> <li>• Improve the quality of care for people with learning disabilities and special education needs</li> <li>• Transform mental health services</li> <li>• Improve the quality of care</li> </ul>	

	<p>For Wokingham CCG, notable achievements in Q2 include:</p> <ul style="list-style-type: none"> <li>• Achievement of 67% dementia diagnosis rate.</li> <li>• Progress in shaping and delivering a new model of integrated health and social care (CHASC).</li> <li>• Implementation of Multi-Disciplinary Team reviews, linked to the Anticipatory Care Enhanced Service.</li> <li>• Growing recognition and utilisation of the Community Navigator scheme.</li> <li>• Support for the Wokingham GP Alliance as a progressive force for service transformation.</li> </ul> <p><b>The Governing Body discussed and noted the update on the Q1 Annual Operational Plan</b></p>	
<p>10</p>	<p><b>Merger Update</b></p> <p>RC provided members with an update on progress towards dissolution of the four BW CCGs and establishment of a new single CCG advising of immediate priorities for the month ahead. Key recent achievements as follows: NHS E has granted formal approval to dissolve the four BW CCGs and create a new single CCG; NHS Digital has granted the new CCG an ODS code – 15A (NHS Berkshire West CCG); Each of the four CCGs has elected a locality GP member for the new CCG Governing Body and, in accordance with the process in the proposed Constitution, Dr Abid Irfan has been agreed as Chair for the Berkshire West CCG.</p> <p>Members are being asked to agree occupancy of key statutory roles and Governing Body and Committee Structures going forward. Members agreed the principle that the Officers currently filling the key statutory roles required of a CCG on a federated basis for the four Berkshire West CCGs should be translated into the equivalent position in the new CCG - this specifically includes the Chief Officer, the Chief Finance Officer (on return), and the acting Chief Finance Officer (on an interim basis). They noted the assurance gained of the quality of the leadership team from the recent Outstanding rating for Leadership under the Improvement and Assurance Framework.</p> <p>Going forward:</p> <ul style="list-style-type: none"> <li>• All Governing Body meetings are to take place on a Tuesday at Bath Road, with quarterly meetings in public to rotate through the localities, in turn, to preserve locality engagement.</li> <li>• The CCGs Constitution has been submitted to NHS South/NHS Legal for review with feedback expected by early January 2018.</li> <li>• A staff TUPE consultation is scheduled in December; this will be a light touch process as there is nobody impacted by the merger; this will take the form of a letter.</li> <li>• All necessary Comms has taken place and cascaded to staff, published on CCG websites, in GP newsletters and Twitter feeds (these have already merged).</li> </ul> <p>Members discussed Data flows and IG, specifically data sharing and the requirement for a Privacy Impact Assessment for the merger. It was noted that the General Data Protection Regulation (GDPR) guidance is still awaited and this is expected before February 2018. <b>Action:</b> It was agreed that this matter would be taken forward for further discussion at Management Committee</p> <p>In response to discussions concerning the role of the 'Lay Member' going forward;</p>	<p><b>Action: RC</b></p>

	<p>members were advised that the proposed roles, once agreed, would be taken to Governing Body for approval, and that a new Job Description will be developed (on national guidance) during the selection process; scheduled to run between January and March 2018.</p> <p>Reference was made to the structure of Committees going forward and the proposal to combine both Commissioning and Finance Committees. After lengthy discussion members concluded that it would be prudent to obtain an external view, providing a fresh perspective on the current Structure.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted progress in meeting the requirements necessary for creation of a new CCG.</b></li> <li>• <b>Approved the statutory roles list at Annex C, in particular the Clinical Chair, Chief Officer and Chief Finance Officer arrangements.</b></li> <li>• <b>Approved the committee structure at Annex D.</b></li> </ul>	
11	<p><b>M06 Quality and Performance Report</b></p> <p>To inform the Governing Body of the performance against CCG Clinical Indicators for Governing Body's information. DS summarised key areas as follows:</p> <p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>• Number of Never Events: One case reported in September at RBFT. Two cases reported YTD.</li> <li>• Serious Incidents: RBFT reported three SIs in September; BHFT reported 5 SIs.</li> <li>• Pressure Ulcers: A good performance across all Providers with Zero cases being reported in September.</li> <li>• Falls: RBFT reported one fall with harm. Three reported YTD</li> <li>• Clostridium Difficile: RBFT reported one case for September 2017, 12 cases YTD.</li> <li>• MRSA: RBFT Zero cases of MRSA reported in September. One cases YTD.</li> </ul> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>• Mixed sex accommodation breaches: 63 reported breaches for September 2017.</li> </ul> <p><b>Clinical Effectiveness</b></p> <ul style="list-style-type: none"> <li>• VTE assessment: Achieved for at least 96.3% of patients and is on target at RBFT.</li> <li>• Fractured neck or femur: RBFT reporting at 86.8% against a target of 80%.</li> <li>• Safeguarding training (Children Level 1): Remedial action plan in place regarding Level 1 reporting 91.7% against a target of 95%. HHFT have a trajectory for improvement requested following CQRM.</li> <li>• Safeguarding Adults (All Staff): RBFT reported 89.9%; HHFT reporting 89.1%, an action plan is in place with a trajectory for improvement.</li> </ul> <p><b>RBH Maternity dashboard summary</b></p> <ul style="list-style-type: none"> <li>• Home Births: Reporting 1% in September against a target of 4%. It is hoped that this will be achieved by Q4.</li> <li>• Total transfer rate in labour: RBFT reporting 25% for September against a target of 25%.</li> <li>• Suspension of services (MLU): The number of deliveries has increased to 17.</li> </ul> <p><b>Action:</b> DS agreed to discuss at a Director of Midwives meeting the increase in the suspension of services (MLU) and undertake an analysis on the impact of closing Rushey.</p>	<p style="text-align: right;"><b>Action: DS</b></p>

<p><b>SCAS</b></p> <ul style="list-style-type: none"> <li>• Safeguarding Training (Children): At the end of Q2, SCAS has maintained their high performance.</li> </ul> <p><b>SCAS 999</b></p> <ul style="list-style-type: none"> <li>• Asthma care bundles: 84.6% reported in September against a target of 95%.</li> <li>• Febrile convulsion in children: 83.3% in September against a target of 95%.</li> <li>• Single limb fractures: 44.4% in September against a target of 75%.</li> <li>• STEMI: 91.1% in September against a target of 85%.</li> <li>• Falls: Performance is under threshold. A contract performance notice was issued in January 2017. Performance is currently reporting at 56.7% against a target of 95%.</li> <li>• Conveyance of patients detained under a Section 136: Reporting 59.7% against a target of 90%.</li> </ul> <p><b>Urgent Care</b></p> <ul style="list-style-type: none"> <li>• A&amp;E (4 hour target): The 95% standard was not achieved in September although the Trust was above the nationally required figure of 90%.</li> <li>• % of Ambulance Calls: SCAS performance for the Thames Valley contract has seen a dip in performance in comparison to previous months.</li> <li>• Total non-elective admissions: Non-elective activity (based on SUS data) is 8.8% YTD over plan for Berkshire West.</li> <li>• Total A&amp;E attendances: Currently showing an improvement 0.3% over plan in August.</li> <li>• 111 Calls answered: SCAS wide reporting 94.7% against a target of 95%. 90.2% YTD.</li> <li>• DToC – RBFT reporting 5.5 % against a target of 3.5%</li> </ul> <p><b>Long term Conditions</b></p> <ul style="list-style-type: none"> <li>• Dementia Diagnosis Rate: Wokingham CCG is reporting at 65.5% against a target of 67% for September 2017.</li> </ul> <p><b>Mental Health Performance</b></p> <ul style="list-style-type: none"> <li>• A slight dip in performance for Wokingham CCG reporting 97.0%.</li> </ul> <p><b>CMMV</b></p> <ul style="list-style-type: none"> <li>• Children waiting 18 weeks for a wheelchair: Wokingham CCG reporting 2 breaches with the 92% standard not been achieved. The situation as of today, the 92% has been achieved and the Trust is compliant.</li> </ul> <p><b>Planned care performance</b></p> <ul style="list-style-type: none"> <li>• Cancer wait time: Performance has been achieved for all cancer wait time standards for June. RBFT has not achieved the Q1 figures for 62 day wait for first definitive treatment.</li> <li>• RTT: One 52 week wait reported at RBFT for September in Ophthalmology for a Wokingham CCG Patient.</li> <li>• E-Referral: August performance reported 57.0% for Wokingham CCG against a target of 80%. Concern was expressed in relation to ASIs (Appointment Slot Issues). <b>Action:</b> DS to discussion with GP Liaison.</li> </ul> <p><b>Healthcare-associated infections (HCAI)</b></p> <ul style="list-style-type: none"> <li>• Cdiff: Four cases reported for Wokingham CCG in September 2017.</li> </ul> <p><b>Quality Premium Performance</b></p> <ul style="list-style-type: none"> <li>• QP was not achieved for 2016-17 as it required a 3% improvement on July-16 figures. For 2017/18 the target is 3% improvement on July 2017.</li> <li>• Reducing Gram Negative Bloodstream Infections (GNBSIs): The 10% reduction will not be achieved.</li> </ul>	<p><b>Action: DS</b></p>
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	<ul style="list-style-type: none"> <li>• QA Visit: A visit to A&amp;E (new pod) RBFT scheduled for 7 December 2017.</li> </ul> <p><b>The Governing Body discussed and Approved the Quality Report</b></p>	
12	<p><b>Public and Patient Engagement Update</b></p> <p>To update the Governing Body on patient and public engagement, providing a summary of the CCGs public and patient activities across Wokingham since the last update in September 2017.</p> <p>Key points of discussion as summarised:</p> <ul style="list-style-type: none"> <li>• Patient Participation Group Forum</li> <li>• Medicines review</li> <li>• Digital Communications Channels</li> <li>• Winter Pressures</li> </ul> <p>Members were advised that as part of the medicines review, Coeliac patients are to receive a personal letter advising of the cessation of the prescription of gluten free foods.</p> <p>Following discussion on whether the joint communications key messages on winter pressures had been published; it was confirmed that the Joint Comms Strategy was agreed but some new creative winter pressures assets produced by BHFT are still being finalised; this will replace the NHSE standard design.</p> <p><b>The Governing Body received and noted the updates provided</b></p>	
13	<p><b>TIPS feedback</b></p> <p>On 31 October 2017 a Wokingham CCG protected time learning event took place (TIPS – Time for Improving Patient Services). The focus of the event was the development of a new integrated health and social care model for Wokingham, called CHASC (Community Health and Social Care).</p> <p>Feedback received to date was generally positive with participants scoring the event as follows:</p> <ul style="list-style-type: none"> <li>• Introduction to CHASC: 4</li> <li>• CHASC Development Workshop: 4</li> <li>• TIPS Clinical Workshop: 3.6</li> <li>• The venue was of good quality &amp; fit for purpose: 4.5</li> <li>• The meeting was well organised:4.5</li> <li>• Booking a place on the course was easy:4.4</li> </ul> <p>The CHASC project will use the outcomes of the event to inform the further design of the CHASC model.</p> <p>Following the success of the TIPS event, it has been requested by attendees that another event is held to take forward those actions discussed and agreed.</p> <p><b>The Governing Body noted the report</b></p>	
14	<p><b>Delegated Committees’ Chairs’ Report</b></p> <p>To provide the Governing Body with an update on matters considered, decisions made and assurance that the Committee is discharging its responsibilities in line with</p>	

	<p>the Terms of Reference and CCG Constitution.</p> <ul style="list-style-type: none"> <li>• <i>QIPP &amp; Finance Committee:</i></li> <li>• <i>Quality Committee:</i></li> </ul> <p><b>The Governing Body received and noted the Chair's Report from the QIPP &amp; Finance and Quality Committee, and was assured that the committees are discharging its responsibilities in line with agreed Terms of Reference</b></p>	
15	<p><b>Any Other Business</b> None.</p>	
16	<p><b>Questions submitted by the Public</b> None.</p>	
20	<p><b>Questions from the floor</b> Q1. In answer to the concerns expressed to the decision to cease the prescribing of Liothyronine to new patients; CW advised that in light of recent discussions with NHS England, a further review is to take place internally, whereby a recommendation will then be brought back to Governing body for discussion.</p>	
	<p><b>Meeting Closed:16:00</b></p>	

For Agreement - March 2018