

# Governing Body (held in public)

Tuesday 26 September 2017 09:30 – 12:30

22 St Owens Chambers, St Owen Street, Hereford, HR1 2PL

## Minutes

	<b>Members (voting)</b>	
<b>IT</b>	Dr Ian Tait (Chair)	Chair & Clinical Lead
<b>SH</b>	Simon Hairsnape	Accountable Officer
<b>SN</b>	Dr Sarah Newey	GP Lead for Governing Body
<b>GH</b>	Graham Hotchen	Lay Member for Audit & Governance
<b>FN</b>	Fiona Nikitik	Practice Manager Lead
<b>LR</b>	Lynne Renton	Acting Chief Nursing Officer
<b>JM</b>	John Measham (Nominated Deputy for Jill Sinclair)	Deputy Chief Finance Officer
<b>JN</b>	Dr Jyothi Nippani	Secondary Care Lead
<b>IR</b>	Dr Ian Roper	GP Lead for Governing Body
	<b>Members (non-voting)</b>	
<b>HB</b>	Hazel Braund	Director of Operations
<b>LW</b>	Lesley Woakes	Director of Primary Care
<b>ME</b>	Mike Emery	Director of Corporate Development
<b>ATS</b>	Dr Alison Talbot-Smith	Director of Transformation One Herefordshire
	<b>In attendance (non-voting)</b>	
<b>AM</b>	Arif Mahmood (for part of the meeting as noted within the minutes)	Consultant in Public Health
<b>GP</b>	Gillian Pearson (minutes)	Senior Business Support Officer
<b>MC</b>	Mark Coton	RSM – Assistant Manager
<b>Meeting Quoracy</b>		
Meetings of the Governing Body will be quorate when there are six voting members present, of whom there will be:		
<ul style="list-style-type: none"> <li>a) The chair or deputy chair, and</li> <li>b) Two GPs from the membership, and</li> <li>c) One of either the chief officer or the chief financial officer, and</li> <li>d) Two of the following               <ul style="list-style-type: none"> <li>i) lay members</li> <li>ii) secondary care specialist doctor</li> <li>iii) registered lead nurse</li> <li>iv) practice manager representative</li> </ul> </li> </ul>		

## Agenda Item

### 1. Welcome and Introductions

The Chair welcomed the Public and Governing Body members to the meeting.

IT advised that the following people were leaving the Clinical Commissioning Group (CCG) and that the CCG would like to take the opportunity to thank them for all the hard work that they have done.

- Marcia Gallagher and Phil Milligan were thanked for their contribution and work undertaken for the CCG.
- IT thanked AVO for her contribution on planning care and ensuring patients get the best care in the most effective way.
- IT thanked Rod Thomson for his role on the Governing Body. Arrangements for the future are currently being worked through. A formal deputising arrangement isn't in place, however, Public Health are welcome at the Governing Body meetings.
- IT thanked Fiona Nikitik who had made a huge contribution linking Practice Manager's and primary care to the CCG.

### 2. Apologies

Dr Dominic Horne

Diane Jones

Prof Tamar Thompson OBE

Dr Rod Thomson

Jill Sinclair

Dr Ian Roper

### 3. Declaration of Interests

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of HCCG.

Declarations made by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the Senior Business Support Officer or the CCG's website at the following link: <https://www.herefordshireccg.nhs.uk/library/declaration-of-interests>

All GPs and FN present declared a standing interest in relation to Primary Care and Taurus.

FN declared a standing interest

IT declared an interest in WVT due to his role at Bromyard Community Hospital and a salaried GP who's Practice is in contract with the RAAC scheme.

HB declared an interest in 2gether NHS Foundation Trust due to her role as commissioner representative on the Council of Governors for 2gether NHS Foundation Trust.

JN declared a standing interest in WVT due to her role as Associate Medical Director at South Warwickshire Foundation Trust which is a buddy to Wye Valley Trust.

ATS declared a standing interest in Wye Valley NHS Trust.

SH declared standing interests in the Royal National College for the Blind in his role as Governor; Co-opted member of Burghill Parish Council; NHS funded postgraduate research position with Worcester University.

4.	<p><b>Minutes of the last meeting</b> July 2017 The minutes of the July meeting were approved as an accurate representation of the meeting.</p>
5.	<p><b>Actions</b> <i>(to update the Governing Body on progress against agreed actions from previous meetings and to confirm completion of any actions since the last meeting)</i> Actions are updated on the action tracker.</p>
<b>Patient and Public Involvement</b>	
6.	<p><b>Public Questions</b> <i>(to receive and respond to any public questions submitted to the Governing Body)</i> There were no questions from members of the public.</p>
<b>Main Agenda</b>	
7.	<p><b>Accountable Officer Report</b> <i>(to update the Governing Body on any key issues and decisions that have occurred since the last meeting)</i> <b>Purpose of the Report:</b> The purpose of this report is to brief the Governing Body on a range of issues which fall into the following categories:</p> <ul style="list-style-type: none"> <li>• Decisions taken during the previous month</li> <li>• Updates on key issues</li> </ul> <p>Further information is available on all of the issues included in this paper, with lead responsibilities and monitoring sub-committees indicated for each item.</p> <p><b>The following key points were highlighted:</b></p> <ul style="list-style-type: none"> <li>• NHS England (NHSE) assurance process had finished with the CCG rating increasing to good. Legal directions had been fully removed.</li> <li>• Better Care Fund and Improved Better Care Fund plan had been submitted. This is currently going through the moderation and approval process.</li> <li>• Development at the South Wye Medical Centre is progressing well.</li> <li>• E-Referral work is continuing to ensure implementation in a years' time. It was clarified that these referral are for patients being referred for their first outpatient appointment. This programme of work is currently on track with support from NHS Improvement (NHSI). This is being overseen by the Joint Planned Care Programme Board. The work is also underpinned through a CQINN. NHSE and NHSI had been asked to provide advice on cross border issues with Wales. A separate piece of work is being undertaken regarding ambulances having access to patient records.</li> <li>• Sustainability and Transformation Plan is looking at maternity. The plan is about real transformation, clinical improvement and seen as a really good piece of work. Smoking in pregnancy is a real issue that the County faces as is working to increase uptake in flu vaccinations.</li> </ul> <p><b>Recommendations to the Governing Body:</b> <b>For Information</b> <input checked="" type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> For the Governing Body</p>

- The Committee is asked to note and comment on the items included in this report.

The Governing Body is asked to ratify the revised Conflicts of Interest Policy

***The Governing Body agreed the following:***

- The Governing Body noted the contents of the report.
- The Governing Body ratified the revised Conflicts of Interest Policy.
- The Governing Body ratified the Clinical Executive Terms of Reference.

**8. CCG Annual Safeguarding Report**

***Purpose of the Report:***

The CCG is mandated to produce an annual report to give assurance that the organisation has fulfilled its safeguarding accountabilities in the previous financial year

***The following key points were highlighted:***

- These papers had been to the Quality and Patient Safety Committee for review.
- There is a legislative and accountability framework that the CCG must adhere to.
- Another piece of work is being undertaken to understand legislative background to children in the looked after system.
- ATS asked if 0-27 deaths are higher and whether a piece of work is being taken to review this. LR advised that a review of this had been undertaken and that these were expected deaths.
- Child protection and information sharing project – LR advised working with regional CPIS coordinator. Discussion being undertaken with the Local Authority who are keen to implement this. Looking to learn from other areas to ensure that this is implemented well.
- GH asked whether there are lessons learned that the CCG can share with GP's and stakeholders. LR advised that a Primary Healthcare Specialist is in post who undertakes this work. Primary Care feels that this role is of benefit. The Local Authority had advised that the calibre of referrals since this post had been fulfilled had improved and communications in links between both had improved.
- GH queried what was being done to address the partially met standard on P13. LR advised that this relates to Wellbeing Information Signposting for Herefordshire (WISH) run by the Local Authority, ensuring all community services know where to go to access information for service users. LR is not sure that all community services are using WISH to the best of their ability. A piece of work is being undertaken next year to improve this.
- SH asked where the concerns lie in the future within safeguarding. LR advised that one of the concerns going forwards is how well the mental capacity act is understood across the system. WVT CQC report had highlighted previously that this wasn't fully understood by WTV. A CQINN was put in place at WVT to improve this issue. More work needs to be undertaken across Primary Care with the mental capacity act.
- LR advised that information is held within medical records for children when there is child protection in place. This is not the case for adults. This is why it's key that the Primary Care Safeguarding Lead covers children and adults.
- All child protection information is shared with GP's. However, less serious concerns aren't always shared. Work is being undertaken with the Local Authority to improve this sharing.

***Recommendations to the Governing Body:***

**For Information** ☒ **Decision** ☒

**The Governing Body agreed the following:**

The Governing Body noted the report.

**9. Financial Plan**

*(to update the Governing Body on current medium term financial plan)*

**Purpose of the Report:**

This report details a verbal update on the CCG Medium Term Financial Plan

**The following key points were highlighted:**

- First submission of the plan is expected to be delayed to January 2018 but awaiting confirmation on this from NHSE.
- First planning meeting of 2018/19 had taken place.
- Conversations had already commenced with key provider to look at what contractual forms could look like moving forwards. Clinical views will be sought as part of this process.
- Contract meetings are scheduled with providers. Links into the STP financial framework are being discussed.
- SH advised that normally the planning round for the next year starts in December. This being delayed until January seems to be an explicit policy decision from NHSE so focus can given to Winter Planning without distractions.
- HB advised that currently it's clear that the CCG needs to be supporting providers to work effectively together. There is opportunity for the providers to work together in terms of delivery and financial frameworks. It's currently too early to be working as an Accountable Care System. However, this is being worked towards in joint working.

**Recommendations to the Governing Body:**

The Governing Body notes the updated position on the CCGs Medium Term Financial Plan

**The Governing Body agreed the following:**

The Governing Body noted the report.

**10. Joint Strategic Needs Assessment (JSNA)**

*(to approve the JSNA 2017)*

**Purpose of the Report:**

To inform the Governing Board of the refresh of the Joint Strategic Needs Assessment of the health of the population of Herefordshire.

**The following key points were highlighted:**

- First issue that emerged from the JSNA is the lower proportion of younger working age population compare to the national average. It is thought that the new University in Herefordshire will see an improvement in these figures over the following years.
- Second issue is the crude rate of killed or seriously injured casualties on Herefordshire's roads is high compared to regional and national figures. Though the absolute numbers are small, these are preventable casualties. The ECC Directorate have agreed to look into these figures in more detail and come up with recommendations to ensure that these can be reduced.
- Fuel poverty is a long standing issue. Work is being undertaken to look at how fuel poverty can be reduced.

- Herefordshire's proportion of 5 year olds with more than one decayed, missing or filled tooth was much higher than the regional and national averages. Obesity programmes are ongoing. To date, these haven't made any major impact. Fluoridation of water needs to be discussed as could see improvement. Public Health would like to seek involvement from the CCG on this.
- A number of obesity programmes are in place but more needs to be done to work with schools and business to improve obesity issues in Herefordshire.
- Long term conditions in Herefordshire is high but this is due to the aging population of the county. High blood pressure is currently an outlier. This requires system wide ownership of this issue to reduce these figures.
- There is a life expectancy gap of 4.2 years for males and 2.3 years for females between the most and least deprived areas of the county. The three main diseases are all preventable to some extent. Further work is required to promote healthy lifestyles.
- Mental Health in young people is deteriorating. Number of young people drinking is higher than the national average.
- Public Health had commissioned a new service 'Youth Mental Health First Aid Training' for teachers within schools.
- AM informed the Governing Body that the Director of Public Health report advising what should be done about these issues would still be produced and would be expected March/April 2018. IT asked what support the CCG could offer Public Health to produce this report earlier so that this can inform the commissioning cycle. AM advised that the Health and Wellbeing Board would be looking at a workshop to work through some of the concerns to then inform the Director of Public Health report.
- AM advised further work is required within Public Health before fluoridation of water is introduced.
- SN advised that the JSNA report highlights the need to invest in children.
- Agenda for accountable care and accountable care organisations are about population health and outcomes. The key going forwards is how we bring preventable measures into every part of the system and work being undertaken.
- LW noted the importance of marrying commissioning intentions into GP forward view and Primary Care Home asking whether this had been taken into consideration. AM advised that this needs to be discussed at the workshop to ensure links are made.
- Primary Care outcomes framework is being developed. This report can be used to inform this framework and the GP Education session can be used to discuss the JSNA.

***Recommendations to the Governing Body:***

***For Information*** ☒ ***Decision*** ☒

THAT:

(a) the 2017 joint strategic needs assessment (at appendix 1) be approved

(b) the board determine whether, in light of the refreshed assessment the adopted health and wellbeing strategy remains fit for purpose;

and

(c) the board determine area for board focus in the coming year in light of the priorities identified in the assessment; and priorities identified in the assessment; and

(d) seek assurance from all stakeholders that they will develop their commissioning plans around the final list of priorities

***The Governing Body agreed the following:***

A) The Governing Body approved the JSNA

B, C & D) The Governing Body advised that a decision on this would be made after the HWBB workshop. An update is to be brought back to Governing Body following this. This is to be added to the forward plan for November.

- ATS proposed linking this to an outcomes work. This is to be discussed further at Clinical Executive or at an SMT away session.
- HB asked that wording is amended from 'Commissioning Plans' to 'Plans' as this relates to all stakeholders.

***The Governing Body agreed the following actions:***

An update to be brought back to Governing Body in January regarding recommendations below following the HWBB working to inform the Director of Public Health report:

(b) the board determine whether, in light of the refreshed assessment the adopted health and wellbeing strategy remains fit for purpose;

and

(c) the board determine area for board focus in the coming year in light of the priorities identified in the assessment; and priorities identified in the assessment; and

(d) seek assurance from all stakeholders that they will develop their commissioning plans around the final list of priorities

- AM to amend wording in recommendation (d) to remove 'commissioning'

*AM left the meeting*

**Break -11:10**

## 11. Performance & Assurance Reports

### a) Quality Update

#### **Purpose of the Report:**

To outline the major quality issues for the CCG, presenting a range of services and details current actions and next steps for areas of concern

#### **The following key points were highlighted:**

- SHMI and HSMR: there had been a report in the papers to say the WVT had the worst SHMI and HSMI nationally. WVT had met all except the sepsis CQINN. This does not reflect poor quality care, but does indicate that there are areas for review. Harm reviews are being attended by the CCG. A full report on mortality and sepsis is to be brought to the next Governing Body. IT asked that this is also discussed at the October Governing Body seminar session. Assurance is required that care bundles are in place, being used and are reducing mortality. There may be counting issues due to the Community Hospitals which is being investigated further.
- JN stressed the importance of ensuring assurance is received that sepsis is being addressed.
- Work is required within the community to ensure that sepsis is understood.
- LR advised that she wants to urgently go in to WVT and undertake a piece of work around sepsis. Once this is complete, she will have more assurance.
- IT clarified that there is a 6-9 month time lag between the work undertaken at WVT and this showing as an improvement in the HSMR and SHMI figures due to how reporting is undertaken nationally.
- WVT had reported a never event. Root cause analysis is being awaited.
- Serious incident had been reported. Further information is being awaited.
- There are concerns regarding two care homes. Work is being undertaken with the Local Authority and the care homes.
- Continuing Healthcare are just outside the trajectory for undertaking CHC assessments within acute settings. LR confirmed that the CHC should not be undertaking assessments within these settings. Work is being undertaken regarding this.
- The CQC report for Worcestershire Acute Hospitals resulting in a section 29a warning notice being issued. The CCG needs to understand the improvement plan regarding this warning notice as some Herefordshire patients attend Worcestershire Acute Hospitals.
- LR advised that Mortimer Ward had been asked to rebase the safe staffing levels. It's currently believed that they have set this too high.

#### **Recommendations to the Governing Body:**

**For Information**  **Discussion**  **Assurance/Review**

The Governing Body is asked to note the contents of this report and the actions that are being taken

#### **The Governing Body agreed the following:**

- The Governing Body noted the report.

#### **The Governing Body agreed the following actions:**

- Mortality and sepsis at WVT to be discuss at the Governing Body seminar session with a full report being brought to the November Governing Body.

b) Month 5 Finance Report & QIPP Update

**Purpose of the Report:**

This report covers the financial position for Herefordshire Clinical Commissioning Group for the period April to August 2017.

**The following key points were highlighted:**

- £9k ahead of plan
- Qipp saving are £200k ahead of plan
- Revised RTT trajectory is being worked through.

**Recommendations to the Governing Body:**

1. The Governing Body notes the month 5 position and associated risks as detailed in the report together with the mitigating actions that are underway.
2. The Governing Body is requested to advise of any further actions that the Finance team should be taking to enable the 17/18 control total to be met.

**The Governing Body agreed the following:**

The Governing Body noted the report.

c) Performance & Assurance Report

**Purpose of the Report:**

To provide the HCCG Governing Body with the latest available performance information, highlight areas of risk and outline associated actions for key areas.

**The following key points were highlighted:**

- Over 18 week waiters are now also included within this report to ensure that this is being monitored.
- Struggling to deliver 4hr target within urgent care. Key issue highlighted by WVT is around staffing in the Emergency Department. Delayed transfers of care is an issue. More detailed reporting will be brought to the Governing Body regarding this.
- A system-wide work programme is in place regarding delayed transfers of care. Out of county delays are being looked at to improve pathways for patients.
- Community model of care is a challenge in Herefordshire. Currently achieving the 3.5% of acute beds. 20% of delays are linked to Community Hospitals. Out of county patients are a significant proportion of this.
- Early indications are that there will be improved cancer performance in August.
- 62 and 104 day overviews had still not been received from Gloucestershire and Worcestershire. This is being followed up.
- Currently at 60.09% for dementia.
- IAPT recovery target had been delivered. There are concerns regarding the access target. Discussions are taking place with 2gether NHS Trust.

**Recommendations to the Governing Body:**

**Decision**

The Committee is asked to note the report and make any recommendations for further actions to mitigate risk.

**The Governing Body agreed the following:**

The Governing body noted the report.

d) Corporate Risk Register & Governing Body Assurance Framework

**Purpose of the Report:**

The purpose of this report is to provide the Governing Body with an update on the Corporate Risk Register and Governing Body Assurance Framework.

**The following key points were highlighted:**

- The Governing Body noted that many risks on the functional risk registers are decreasing.
- Financial risks around QIPP delivery decreasing as mitigating actions are being delivered.
- Discussion to take place with the Quality Team regarding issues at Worcestershire.
- IT asked for capacity in public health to support key change programs and developments in the Herefordshire system.
- It was agreed that actions would be ranked in order by mitigation.

**Recommendations to the Governing Body:**

**Assurance/review**

The Committee is asked to note and comment on the Corporate Risk Register and Governing Body Assurance Framework

**The Governing Body agreed the following:**

The Governing Body noted the Corporate Risk Register and Governing Body Assurance Framework

**The Governing Body agreed the following actions:**

- Capacity in public health to support key change programs and developments in the Herefordshire system to be added to the risk register.

## Items for Information

**12. Governing Body Committee** (updates)

- a) FPR Committee (July & August)
- b) QPS Committee (July, August)
- c) Clinical Executive (July & August)
- d) Primary Care Committee (Sept)
- e) Communications & Involvement Committee (Sept)
- f) Audit Committee (July)

The Governing Body noted these Committee updates.

**The Governing Body agreed the following actions:**

QPS Terms of Reference to be brought to the Governing Body in November to be ratified.

**13. Multi-agency Groups** (updates and minutes)

- a) Joint Commissioning Board (July & August)
- b) Health & Well Being Board (July & August)

The Governing Body noted these Committee updates.

## Other

**14. Any Other Business**

There was no further information for discussion.

The Chair closed the meeting.

*To resolve that representatives of the press and members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960)*

**Dates of Future Meetings:**

Date	Time	Venue
28 <sup>th</sup> November 2017	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
23 <sup>rd</sup> January 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
27 <sup>th</sup> March 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
22 <sup>nd</sup> May 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford