

# Governing Body (in public)

Tuesday 28<sup>th</sup> November 2017 09:00 – 12:20

Russet Room, St Owen's Chambers, St Owen Street, Hereford

Item 4

## Minutes

	<b>Members (voting)</b>	
IT	Dr Ian Tait (Chair)	Chair and Clinical Lead
SH	Simon Hairsnape	Accountable Officer
DH	Dr Dominic Horne	Clinical Vice-Chair
GH	Graham Hotchen	Lay Member for Audit and Governance
DJ	Diane Jones MBE	Lay Member for Public and Patient Involvement
MM	Marcia Martin	Practice Manager Lead
SN	Dr Sarah Newey	GP Member
JN	Dr Jyothi Nippani	Secondary Care Lead
LR	Lynne Renton	Acting Chief Nursing Officer
IR	Dr Ian Roper	GP Member
JS	Jill Sinclair	Chief Finance Officer
TT	Professor Tamar Thompson OBE	Lay Member for Primary Care
	<b>Members (non-voting)</b>	
HB	Hazel Braund	Director of Operations
ME	Mike Emery	Director of Corporate Development
LW	Lesley Woakes	Director of Primary Care
	<b>In attendance (non-voting)</b>	
PA	Councillor Polly Andrews	Chair of the Adults & Wellbeing Scrutiny Committee, Herefordshire Council
BB	Ben Baugh (minutes)	Senior Business Support Officer, CCG
SH	Sally Halls	Independent Chair of the Herefordshire Safeguarding Children Board
RHT	Rebecca Haywood-Tibbetts	Quality Lead, CCG
AM	Dr Arif Mahmood (from 09:25)	Consultant in Public Health, Herefordshire Council
LM	Lynne Massey	Diabetes Patient Lead, Diabetes UK
KP	Karen Payton	Head of Primary Care, CCG
	Philip du Plessis	Novo Nordisk
CP	Chris Plant (from 11:00)	Deputy Chief Finance Officer, CCG

## Agenda Items

### 1. Welcome and Introductions

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

The Chair reported that Karen Wright had been recently appointed as Director of Public Health for Herefordshire Council and would become a non-voting member of the Governing Body in due course.

### 2. Apologies

Apologies for absence had been received from Dr Alison Talbot-Smith, Director of Transformation.

It was noted that Arif Mahmood, Consultant in Public Health, was delayed.

### 3. Declaration of Interests

The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of Herefordshire Clinical Commissioning Group (CCG). It was noted that standing interests made by Governing Body members were recorded formally in the Register of Interests which was available on the CCG's website.

Graham Hotchen, Diane Jones MBE and Professor Tamar Thompson OBE declared interests in respect of agenda item 8, Accountable Officer Report, in relation to lay member appointments.

### 4. Minutes of Previous Meetings

The minutes of the meetings held on 26<sup>th</sup> September 2017 and 14<sup>th</sup> November 2017 (extraordinary meeting) were received.

Referring to the minutes of the 14<sup>th</sup> November 2017 meeting, page 6, Dr Horne identified that his question, regarding how the Governing Body would deal with any follow up from the imminent Adults and Wellbeing Scrutiny Committee, had been omitted from the minutes. It was agreed that the minutes would be amended accordingly.

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

1. The minutes of the meeting held on 26<sup>th</sup> September 2017 be approved as a correct record; and
2. Subject to the amendment identified above, the minutes of the meeting held on 14<sup>th</sup> November 2017 be approved as a correct record.

## 5. Actions

*To update the Governing Body on progress against agreed actions from previous meetings and to confirm completion of any actions since the last meeting.*

The Chair noted that the two outstanding actions were recorded in the Forward Plan for the January 2018 meeting.

Referring to action no. 20, the Acting Chief Nursing Officer reported that work was ongoing with Worcester to transform and improve stroke services, and that a draft option appraisal had been produced and was being further refined. It was noted that the Director of Transformation and the Chair had also been involved in this work and would feedback in due course.

## Patient and Public Involvement

## 6. Patient Story

The Chair said that it was important to reflect on how the decisions and plans made on behalf of the population appeared in reality, and commented on the value learning from patient experience.

The Acting Chief Nursing Officer introduced the following short film: [Transition](#)

It was reported that the CCG, through Commissioning for Quality and Innovation (CQUIN), supported Wye Valley NHS Trust to consider the voice of the child and the Trust had put together a group of ambassadors to inform this work. The Transition film was one of the outcomes. The Acting Chief Nursing Officer said that it reinforced the need to listen to children and young people and understand what they were saying.

The Chair commented that the film was incredibly powerful and persuasive, and asked that the thanks of the Governing Body be forwarded to the ambassadors and to the production team involved.

Comments were invited from attendees and the following principal points were made:

- i. Ms Halls commented that the Trust had done a good job in listening and responding to young people's voices and hoped to see more of it.
- ii. The Lay Member for Public and Patient Involvement said that thanks should also be extended to the parents of Caitlin, who had passed away since the film had been recorded, for permitting the inclusion of her moving observations.

The Lay Member also provided an update on the Takeover Challenge 2017 at St Owen's Chambers which engaged students from Hereford Academy in a range of activities around hand hygiene, the use of antibiotics, and hydration. The Headteacher, the students, and CCG staff involved were commended for making this such a successful event. The Chair expressed thanks to the Lay Member for coordinating this event and to everyone else that had contributed to it. He emphasised that children were individuals in their own right and were part of all our futures.

- iii. In response to questions, the Acting Chief Nursing Officer reported that: the film had been widely shown at the Trust and was included in mandatory safeguarding training; a similar group of young people operated across mental health services; and the film had changed behaviours in children facing units across the Trust and it was starting to in adult facing units. The Lay Member for Public and Patient Involvement commented that it would be interesting to talk to some of the young people in a few years' time to understand whether it had made a difference for them.
- iv. The Chair commented that this project was complementary to [The Last 1000 Days](#) film which should also be seen across the Herefordshire system; this focussed on the difficulties experienced by frail people struggling to participate in their own care.
- v. It was suggested that the film could be shared with practices. The Practice Manager Lead noted that there was a lot of learning for Primary Care, especially given ongoing debates about the extent to which young people could access to their own medical records and order their own medications. The Chair suggested that it could also feature in GP education sessions going forward.  
  
[Dr Arif Mahmood joined the meeting at 09:25]
- vi. The Chair asked Dr Mahmood how children and young people's voices were heard in terms of how services were planned at Herefordshire Council. Dr Mahmood said that they were being consulted and had been influencing policies, especially the Early Years Strategy. The Lay Member for Public and Patient Involvement added that young people had also been involved in stakeholder engagement for the recent appointment of the Director for Children's Wellbeing.
- vii. Ms Halls commented on the need for practitioners to remember the potential implications of dealing with an adult with a health condition upon the children closely associated with them, especially for those acting as carers. The Chair welcomed this point and acknowledged that there was a need to understand the broader social context, not just the medical situation.
- viii. Noting the value of sharing the film as widely as possible, the Lay Member for Primary Care said that she would encourage the Executive Team of the Royal National College for the Blind to view the film.
- ix. The Chair invited all Governing Body members to commit to taking the film to another audience.

**7. Public questions**

*To receive and respond to any public questions submitted to the Governing Body.*

No questions had been received from members of the public in advance of this meeting. The Chair invited any questions and comments from attendees present at the meeting.

Lynne Massey, Diabetes Patient Leader, said that some of the ambassadors shown in the Transitions film were also on the Patient Experience Forum at the hospital and had a positive input into the meetings.

Councillor Andrews, noting the transitioning challenges for looked after children and issues around continuity in professional support, said that the film should also be shared with the Corporate Parenting Panel. The Chair noted that the desire for a consistent contact was a key message from the film.

**8. Accountable Officer Report**

***Purpose of the report:***

*To update the Governing Body on key issues and decisions that have occurred since the last meeting.*

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

The Accountable Officer introduced the report and drew attention to the recommendations to the Governing Body.

*Learning Disabilities – Specialist Medical Support*

The Accountable Officer outlined the background to the commissioning arrangements and the proposal, at the request of the Council, that the CCG should pick up the lead contractual role from 1<sup>st</sup> January 2018; the original plan was for this transfer to take place from 1<sup>st</sup> April 2018. It was reported that there would be a cost pressure in Quarter 4 of 2017/18, for which provision had been made, and a further cost pressure was likely in 2018/19. The Director of Operations added that the Learning Disabilities team were a motivated group, had excellent skills, and were committed to their services.

The Lay Member for Primary Care questioned whether there would be a formal recorded handover document from the local authority, including a risk assessment. The Director of Operations confirmed that, as well as the discussions with the commissioner, detailed discussions were to take place with the provider in the following week.

*‘Living Well at Home’ – Transforming Community Services*

The Accountable Officer reported that, subsequent to the extraordinary meeting of the Governing Body held on 14<sup>th</sup> November 2017 which focussed on the extensive engagement work around ‘Living Well at Home’ and approved the planned withdrawal from the 22 bed Hillside Annex in Hereford from February 2018, the CCG had written to Wye Valley NHS Trust supporting their clinically led case for change and to NHS England to make them aware of the work and decisions taken.

The Accountable Officer endorsed the locality driven view in order to find local solutions to local problems. As this would result in managing multiple projects across the County, a Community Services Re-Design Programme Group had been established to ensure that the programme was being co-ordinated as a whole; the draft terms of reference were appended to the report.

*Section 75 Extension*

The Accountable Officer explained that Section 75 of the NHS Act 2006 set out the legal arrangements by which bodies could jointly commission services. It was proposed that an extension to the existing Section 75 agreement with Herefordshire Council be approved, to cover the period April 2017 to March 2019, to match the two-year Better Care Fund Plan.

The Lay Member for Public and Patient Involvement sought assurance that there were adequate audit arrangements in place. The Chief Finance Officer confirmed that the auditors incorporated Section 75 audits as part of the arranged processes.

#### *Lay Member Tenure*

The Lay Members left the meeting room for this element of the report.

The Accountable Officer outlined the arrangements for lay members' terms of office and it was proposed that the current post holders for the Audit and Governance Lay Member and Patient and Public Involvement Lay Member positions be re-appointed for a second term of office of four years (April 2018 to April 2022) and one year (April 2018 to April 2019), respectively. It was noted that the Lay Member for Primary Care was a co-opted role (with a term of office of October 2016 to October 2020).

Upon their return to the meeting, the Chair thanked the Lay Members for the enormous contributions that they had already made to the health system on behalf of patients, carers and the public of Herefordshire. It was noted that the Director of Corporate Development would write to the Lay Members to confirm the arrangements formally.

#### *Health and Social Care Network (HSCN) Procurement to Replace N3*

The Director of Corporate Development explained that the HSCN was being procured as part of a One Herefordshire programme and would improve connections between all GP practices and providers. It was noted that the current pricing model achieved 28% reduction in pricing for GP practices and the full procurement process had been provided to the Finance, Performance and Resources Committee.

Dr Roper commented that the reduction in pricing would be offset by equivalent reductions in funding from NHS England. Nevertheless, the connectivity to all GP practices would provide substantial improvements in resilience and network speeds. In response to a question from the Accountable Officer, Dr Roper explained the average network speeds that had been secured and the Director of Corporate Development noted that the improvements were essential to the local digital road map. The Lay Member for Primary Care added that this provided a platform to transform services, especially in view of rurality considerations.

In response to questions from the Lay Member for Audit and Governance, Dr Roper considered it unlikely that better savings could be achieved at an accountable care system level and confirmed that the HSCN would support mobile working, albeit mobile network connectivity remained parlous in some parts of the County. Attendees briefly discussed issues with broadband and mobile networks in different localities.

In response to a question from the Secondary Care Lead, Dr Roper advised that the HSCN would support information sharing, subject to appropriate data sharing agreements which had already been brokered across Herefordshire.

The Chair thanked the Director of Corporate Development, the Head of Corporate Programmes and Organisational Development, and Dr Roper for their commitment and leadership on this project and other collaborative initiatives.

#### *NHS England Assurance Process*

The Accountable Officer explained how the CCG Leadership rating for 2016/17 of 'inadequate' had been recognised by NHS England as a mistake and had been revised to 'requires improvement'. It was noted that, for 2017/18, a new process had been introduced concerning the 'well-lead' domain of the improvement and assurance framework.

#### *360 Degree Stakeholder Survey*

The Accountable Officer noted the importance of stakeholder engagement and looking outwards. The 360 Degree Stakeholder Survey would be undertaken in January 2018 and it was hoped that this would reflect continued improvement. The Chair noted that the Staff Survey was another important indicator.

At the conclusion of the item and in response to a question from the Chair, the Director of Operations advised that the Community Services Re-Design Programme Group was an assurance body without delegated decision-making powers and the terms of reference were presented for information.

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

- *The Governing Body is asked to note and comment on the items included in this report.*
- *Learning Disabilities - The Governing Body is asked to support the transfer of contract and the continuing development of the needs assessment, joint strategy and joint commissioning arrangements.*
- *Lay members appointments - Approve the proposed reappointment and second terms of the lay members for Patient and Public Involvement and for Audit and Assurance.*
- *Section 75 - Governing Body is requested to approve an extension to the existing section 75 agreement with Herefordshire Council.*
- *Health and Social Care Network - Due to the timings of the procurement programme the Governing Body are asked to delegate final approval to proceed with the Herefordshire HSCN the Chief Finance Officer and Director of Corporate Development.*

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

1. That the report be noted.
2. Learning Disabilities - The Governing Body supported: the transfer of contract and the continuing development of the needs assessment, joint strategy and joint commissioning arrangements; and constructing an appropriate risk register at the time of transfer.
3. Lay Member Appointments - The Governing Body approved the proposed reappointment and second terms of the lay members for Public and Patient Involvement and for Audit and Governance, as detailed in the report.
4. Section 75 – The Governing Body approved an extension to the existing section 75 agreement with Herefordshire Council linked with the Better Care Fund. Assurance was requested and given that it fitted into the audit process.

5. Health and Social Care Network - Due to the timings of the procurement programme, the Governing Body delegated final approval to proceed with the Herefordshire HSCN to the Chief Finance Officer and Director of Corporate Development.
6. 'Living Well at Home' - Transforming Community Services - The Governing Body noted the terms of reference for the Community Services Re-Design Programme Group.

**9. Herefordshire Safeguarding Children Annual Report**

***Purpose of the report:***

*For information and consideration by the CCG in relation to safeguarding children in Herefordshire.*

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

The Chair noted that this was a critical area of work and invited Sally Halls, Independent Chair of the Herefordshire Safeguarding Children Board, to present the annual report.

In presenting the report, Ms Halls made the following principal points:

- a. Every local authority area currently had to have a Safeguarding Children Board, with an Independent Chair who was responsible for the production of an annual report which summarises the effectiveness of local safeguarding arrangements.
- b. Attention was drawn to the Executive Summary of the Herefordshire Safeguarding Children Board's Annual Report 1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017.
- c. The CCG supported the work of the Board, including involvement in the Quality Assurance Sub-Group (chaired by the Acting Chief Nursing Officer), other sub-groups, and through financial support.
- d. The Board welcomed the leadership shown by the CCG in relation to: the services directly commissioned by it, particularly in terms of holding them to account and quality assurance; the commissioning of a designated doctor; reach out to GPs, who had a significant role to play in supporting families; the child protection information system to ensure that the most vulnerable children were kept in sight; the informed challenge that it brought to partners and partnerships; and working with Wye Valley NHS Trust to achieve improvement to its services.
- e. A detailed overview was provided of progress with the Board's four priority areas for 2016-18. Key areas of work included: improving the understanding and raising awareness of Child Sexual Exploitation issues; safely reducing the number of children subject of child protection plans; raising awareness of childhood neglect across the professional system; and continuing to support and challenge the development of early help services.
- f. Referring to the illustrations of Board work, challenge and impact, attention was drawn to the following: the continued difficulty faced by the Child Death Overview Panel in obtaining responses to child deaths in a timely fashion from practitioners; and the significant challenge to Addaction on the effectiveness of substance misuse services.

- g. It was concluded that progress was generally going in the right direction and the Board itself was reasonably effective, albeit capacity was always a challenge.
- h. The Board had set five priorities for 2017-19: Priority 1: Neglect; Priority 2: Child Sexual Abuse and Exploitation (including children who go missing); Priority 3: Safeguarding Vulnerable Children; Priority 4: Early Help; and Priority 5: Strong Leadership, Strong Partnership.
- i. In terms of Priority 5, it was reported that the legislative context of safeguarding children was changing, with accountability shifted away from the local authority as the single lead partner and towards joint accountability between the NHS, the police and the local authority; they could choose to retain the local Safeguarding Children Board or do things differently. Therefore, there was a need for purposeful dialogue over the coming year between those partners in order to confirm current arrangements or design new safeguarding arrangements, and to implement them before July 2019.

It was reported that leadership would need to be maintained in the intervening period and the joint inspection programme would be revisiting partnership responses to domestic violence and abuse, neglect, and sexual exploitation.

The Acting Chief Nursing Officer reminded the Governing Body that it had received the CCG Annual Safeguarding Report at its 26<sup>th</sup> September 2017 meeting. She considered that improvements could be demonstrated in terms of neglect and sexual exploitation, but less progress had been made in terms of domestic violence and abuse; the need to influence the Community Safety Partnership to revisit its plans was emphasised. The Chair noted that early intervention was important and the Herefordshire system would want to learn from best practice elsewhere. In response, Ms Halls drew attention to the summary report produced following the first round of joint targeted area inspections into children living with domestic abuse and the examples identified within it; she added that partners also needed to be mindful of issues around self-harm, especially given increasing focus on emotional health and wellbeing. The Lay Member for Primary Care said that dialogue with the University of Worcester could be helpful as it hosted the National Centre for the Study and Prevention of Violence and Abuse.

The Accountable Officer welcomed the positive reflections on the work of the CCG but, acknowledging that more could always be done, asked what else the CCG could do to improve its contribution to safeguarding. In response, Ms Halls commented on: the need for leadership over the coming period in view of the changing accountabilities; given the importance of dentists and GPs in the early alert system for identifying families under pressure, the need for information sharing and for professionals to think about what they could do to make a difference; and the need for further efforts to join up databases. Dr Roper commented on emerging plans to link records together across the Herefordshire system.

The Lay Member for Public and Patient Involvement noted the importance of safeguarding training, not only for GPs but also for receptionists and pharmacists. The Acting Chief Nursing Officer reported that: the CCG had a qualified health professional, specialising in Primary Care, who provided training; each practice had a GP lead, with safeguarding sessions held at least twice a year; safeguarding was embedded in the training provided by Taurus; each practice had a list of NHS contacts to enable them to share concerns; and training was provided to dentists. The Acting Chief Nursing Officer said that it was essential to bring professionals together to discuss cases and learn from each other.

The Acting Chief Nursing Officer introduced Rebecca Haywood-Tibbetts, the Quality Lead, and she was welcomed to the Governing Body by the Chair. The Quality Lead emphasised that training was provided to the whole

	<p>practice, not just to GPs, and awareness of the Multi-Agency Risk Assessment Conference (MARAC) process had improved both the numbers and quality of referrals into the Multi-Agency Safeguarding Hub (MASH). The Acting Chief Nursing Officer also explained other safeguarding roles and activities.</p> <p>In response to a question from the Lay Member for Primary Care about the recent news that all stillbirths would be subject to investigation, the Acting Chief Nursing Officer explained that Wye Valley NHS Trust was already in the process of reviewing the governance of its group following evaluation by the Care Quality Commission.</p> <p>The Chair thanked Ms Halls for the presentation, for stimulating debate, and for the challenge in terms of values. He added that he hoped that appropriate architecture would be put in place to ensure that focus remained on delivery and effectiveness.</p> <p>Ms Halls reiterated the need to share information appropriately and to explore other opportunities for dialogue, such as with health visitors and schools. The Chair noted that early interventions could be of immense value.</p> <p>The Practice Manager Lead commented on the increasing role of nurse practitioners in urgent care and the need to include them in safeguarding training. The Director of Primary Care commented on new roles coming into Primary Care and, mindful that these roles would often be a first point of contact, would need to be trained appropriately too.</p> <p>The Chair reiterated the need to cascade such important matters to other audiences wherever possible.</p> <p><b>Recommendations to the Governing Body:</b></p> <p><i>The HSCB annual report allows partner agencies to reflect on performance over the period 2016-17 in working together to safeguard children and young people in Herefordshire, and how this can be improved. This may also lead to issues of decisions and procurement.</i></p> <p><b>The Governing Body agreed the following:</b></p> <p>That the Herefordshire Safeguarding Children Board Annual Report – 1st April 2016 – 31st March 2017 be noted.</p>
	<p><b>Break</b></p> <p>[Note: Sally Halls left the meeting and Chris Plant joined the meeting.]</p>
<p><b>10.</b></p>	<p><b>Financial Plan</b></p> <p><b>Purpose of the report:</b></p> <p><i>To provide an update on the financial planning cycle for the 2018/19 CCG budgets and contracts and updates on the current position.</i></p> <p><b>The following key points were highlighted:</b></p> <p>The Chief Finance Officer introduced Chris Plant, the Deputy Chief Finance Officer, and he was welcomed to the Governing Body by the Chair.</p>

The Chief Finance Officer reminded the Governing Body that it had previously considered a two-year plan for 2017/18 and 2018/19 but latest guidance from NHS England required contracts for 2018/19 to be revisited and updated through contract variations.

The Chief Finance Officer drew attention to the following key messages:

- The CCG was on track to deliver its planned control total of £4.5m deficit in 2017/18, with a number of risks emerging that needed to be managed;
- The CCG was working with Wye Valley NHS Trust on a sustainability model for planned care activity to see what would need to be commissioned for the next financial year, particularly in relation to Referral to Treatment (RTT) Waiting Time Targets.
- The CCG was working with all providers to update 2018/19 contracts in line with the Sustainability and Transformation Plan timetable of contract variations and offers were to be agreed by the end of December 2017.
- The CCG would need to address how it would deliver non-recurrent 2017/18 Quality, Innovation, Productivity and Prevention (QIPP) shortfall.
- The draft CCG plan for 2018/19 showed an in year draw up (surplus) of £2m but the ability to maintain this would need to be discussed as contract negotiations progressed.
- Contract offers were being made during November and any updates would be provided as part of the final budget setting process; there were likely to be pressure areas coming in from providers.
- As discussed under the Accountable Officer's report, there would be Learning Disabilities pressures to plan for which did not feature in the original CCG plan.
- The CCG plan currently identified 0.5% contingency and 1% non-recurrent reserve, of which 0.5% had been allocated to Wye Valley NHS Trust community services to support transformation and the other 0.5% was put towards national pressures.
- The QIPP target for 2018/19 was currently £12.2m but this could increase as the contract negotiations were finalised.

The Chief Finance Officer also drew attention to the Budget 2018/19 Executive Summary and to the planning assumptions detailed in the report.

In response to questions from the Lay Member for Audit and Governance, the Chief Finance Officer explained that: the current Memorandum of Understanding (MoU) with Wye Valley NHS Trust was for one year and discussions were ongoing about extending this for another year; NHS England (NHSE) and NHS Improvement (NHSI) were involved in the setting up of the MoU and would want to see success in the control total being delivered and in terms of performance, including RTT delivery; currently there was a large contract gap of around £10m to work through but an MoU for 2018/19 would provide the system with surety of income and expenditure.

In response to a question from Dr Horne, the Chief Finance Officer believed that the perception of the Trust was that the MoU was starting to work. The Director of Operations added that the point of the MoU was to reflect the direction that the system wanted to go in and some examples of positive discussions were outlined. It was recognised that the MoU could make the financial position harder for the CCG, as it limited the savings that could be made in year, but it was considered that focussing on outcomes was the correct approach.

Dr Roper observed that the MoU had signalled a change in the relationship with providers, such that there was now a more mature discussion about services. The Chair said noted that the business model had been adapted to suit the clinical model and, whilst there were risks, it enabled collaboration and the cultivation of different patterns of behaviours. The Lay Member for Primary Care noted that moving from a transactional to a transformational approach was essential, and would ultimately lead to benefits.

The Accountable Officer drew attention to the Budget 2018/19 Executive Summary, in particular the shift in the control total, challenges in terms of QIPP, and other factors identified in the planning assumptions. It was emphasised that providers needed to be mindful of the position, had to focus on affordability, and identify how the CCG could help them to get costs out. It was reported that discussions were ongoing about the potential for flexibility around the control total and the recent announcement of extra funding in the Budget.

Dr Horne said that it was helpful that the Trust was a provider of both acute services and community services, and changing the way they worked would be to their benefit as well. The Accountable Officer noted the potential value of reinvestment from bedded capacity into community capacity, and being able to move staff, within an integrated organisation.

The Chief Finance Officer advised that, as this was the first year of the MoU, the contract was being monitored and it was important to minimise potential cost shift from one area to another.

The Accountable Officer said that getting a good agreement with the Trust, helping to get costs out in a clinically satisfactory and productive way, was crucial. The Chair thanked all those involved for developing this model and for their continued efforts.

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

- The Governing Body is asked to note the planning update and ongoing work to update the budgets for 2018/19 which are subject to final agreement of Provider Contracts noting the significant risks to the delivery of the plan.*
- Budget managers will be asked to sign off their budget sheets for 2018/19 before the 31 March 2018.*

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

- The planning update and ongoing work to update the budgets for 2018/19, which are subject to final agreement of Provider Contracts noting the significant risks to the delivery of the plan; and
- Budget managers will be asked to sign off their budget sheets for 2018/19 before the 31 March 2018.

**11. Corporate Governance Update**

***Purpose of the report:***

*To provide an update on the outcomes of the recent governance review, seek approval for Committee terms of reference and changes to the CCG Constitution, as well as providing proposed Governing Body and Primary Care Committee meeting dates for 18/19.*

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

The Director of Corporate Development introduced the report and made the following principal points:

- i. The report sought to clarify ambiguities raised previously about quoracy for the Governing Body.
- ii. Ratification was being sought for the updated terms of reference of key committees; each had been reviewed by the respective committee.
- iii. Reflecting on recent work on community engagement, consideration was being given to the functions currently undertaken by the Communications and Involvement Committee.
- iv. Further work was needed on governance arrangements for 2018/19, in light of ongoing discussions around accountable care systems and organisations but also in the context of statutory duties and the extent of permissible delegations.
- v. Attention was drawn to the review undertaken of the terms of reference of the Herefordshire and Worcestershire Joint Commissioning Committee.

The Chair went through each recommendation in turn and the following points arising were discussed.

***Terms of Reference***

The Lay Member for Audit and Governance sought further clarification about the Joint Commissioning Committee, particularly its relationship to the Governing Body, how outputs would be communicated, arrangements for scrutiny, and the mechanism for managing conflicts of interest. The Director of Corporate Development agreed to explore this further outside of the meeting but noted that the principles of the Governing Body's constitution would apply and acknowledged that further discussion was needed with the Accountable Officers on the appropriate means of feedback.

The Accountable Officer said that it was for the Governing Body to decide the delegations to the Joint Commissioning Committee and who was appointed to represent it. In response to a comment from the Lay Member for Audit and Governance, the Accountable Officer recognised that it was important to ensure that appropriate arrangements were in place and reported that, as decisions had to be unanimous, any significant decisions could be referred back to the Governing Body. Dr Horne questioned whether such a scenario could reduce the effectiveness of this joint arrangement. The Accountable Officer reiterated that any delegations would be subject to Governing Body approval.

The Chair said that getting relationships right at the beginning, especially from the perspective of a minority stakeholder, would be key to developing confidence in joint working opportunities. It was suggested that this topic should form part of a future development session, potentially including the proposed work plan for the Joint Commissioning Committee.

### *Governing Body Quoracy*

The Director of Corporate Development drew attention to the following quoracy clarification 'two GPs from the membership (*which may include the Chair of the Governing Body*)'.

An additional amendment to the Governing Body's quoracy requirements was proposed by Dr Roper to eliminate any ambiguity around lay member representation - it was agreed by all that the quoracy requirements would specifically state that one lay member needed to be present at a Governing Body to ensure it was quorate.

The Accountable Officer noted that the governance arrangements were a good indicator of whether a CCG was working well and thanked the Director of Corporate Development for the report and the ongoing activity.

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

- I. The Governing Body formally ratifies the following terms of reference:
  - Governing Body (which align with the CCGs standing orders)
  - Primary Care Committee
  - Finance, Performance and Resources Committee
  - Quality and Patient Safety Committee
  - Audit and Assurance Committee
  - Clinical Executive
- II. The proposed changes to the CCG's constitution in relationship to quoracy subject to ratification by the GP Parliament on the 29th November.
- III. Establishment of governance working group to review roll and remit of CCG committees, and to work with system partners to identify governance challenges and the impact of accountable care developments within system – which will include seeking expert input from legal advisors.
- IV. Note and approve the meeting timetable for 18/19.

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

1. The following terms of reference be ratified:
  - Governing Body (which align with the CCGs standing orders)
  - Primary Care Committee
  - Finance, Performance and Resources Committee
  - Quality and Patient Safety Committee
  - Audit and Assurance Committee

- Clinical Executive
- Herefordshire and Worcestershire Joint Commissioning Committee.

2. The proposed changes to the CCG's constitution in relationship to quoracy, as amended to reflect the need for the attendance of at least one lay member, subject to ratification by the GP Parliament on the 29<sup>th</sup> November 2017.
3. The establishment of a governance working group to review role and remit of CCG committees, and to work with system partners to identify governance challenges and the impact of accountable care developments within system – which will include seeking expert input from legal advisors.
4. The meeting timetable for 2018/19 be noted and approved.

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

Action GB/17-18/06: That matters relating to the governance and work plan for the Herefordshire and Worcestershire Joint Commissioning Committee be considered at a future Governing Body development session.

**12. Performance & Assurance Reports**

**Quality Report**

***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:***

The Acting Chief Nursing Officer reported that Wye Valley NHS Trust continued to remain an outlier in terms of key mortality indicators. It was reported that the situation had been subject to in depth consideration by the Quality and Patient Safety Committee and CCG's concerns had been escalated with both NHSI and NHSE. The Governing Body was advised that NHSI's regional Medical Director had visited the Trust on 11<sup>th</sup> October 2017 to understand the local challenges and NHSI had agreed to commission an independent review of mortality at the Trust and share it with the Governing Body. The Chair said this was a very important topic and asked that Governing Body members be updated about the timescale for the review between meetings.

The Acting Chief Nursing Officer also reported on the following matters:

- a. The circumstances of a 'Never Event' reported by the Trust were outlined.
- b. The Quality Team's monitoring of the care of residents placed at two large care homes which had been assessed as 'Requires Improvement' by the Care Quality Commission; the Acting Chief Nursing Officer and the Council's Director for Adults and Wellbeing were due to have a telephone conference later that day about the possibility of one of the care homes taking in new patients.

The Lay Member for Public and Patient Involvement, referring to the appended Care Home Assurance Report, questioned whether the lifting of the voluntary suspension of placements would have a positive impact on the ability to provide dementia care. In response, the Acting Chief Nursing Officer said that it would eventually but, if lifted, it was likely that there would be a gradual and informed approach with low dependency placements initially. In view of the current risks and concerns, there was still a need for out of County placements.

- c. An update was provided on performance indicators on Continuing Healthcare (CHC) assessments. The Acting Chief Nursing Officer expressed concern about the number of assessments taking place in an acute hospital setting.

In response to a comment by the Practice Manager Lead about a recent BBC television programme in relation to CHC funding by CCGs, the Acting Chief Nursing Officer advised that the CCG adhered to the national framework, people who were not eligible for funding were provided with the reasons for the decision and with details of how to make a complaint, and there had been few cases where arbitration had adjudicated contrary the CCG's decision.

- d. The Governing Body was advised that, in terms of the Transforming Care trajectory, there were two more patients than expected in an inpatient hospital setting and more work was needed on suitable and sustainable high-quality care in Herefordshire.

- e. The CCG had recently completed an electronic safeguarding framework for NHSE. This had brought into question how Wye Valley NHS Trust completed Looked After Children's strengths and difficulties questionnaires (SDQs) and the extent to which they were used in a robust manner across the system to understand emotional and mental health needs and shape services for children and young people; work was being taken in conjunction with Herefordshire Council and 2gether NHS Foundation Trust to address these issues. It was reported that the Quality Team had updated a number of safeguarding policies and, having been considered by the Quality and Patient Safety Committee, these were appended to the report for Governing Body approval.

In response to a question from the Lay Member for Public and Patient Involvement, the Acting Chief Nursing Officer confirmed that the SDQs would be reported into the Corporate Parenting Panel.

In response to a question from the Accountable Officer, the Acting Chief Nursing Officer advised that the appended policies were existing policies but had been updated with relevant information, such as telephone numbers and websites.

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

- *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:***

That the contents of the report and the actions that are being taken be noted, and the following updated policies be ratified:

Adult Safeguarding Policy

Safeguarding Children Policy

Mental Capacity and Best Interests Policy

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

GB/17-18/07: That Governing Body members be updated on the details of the independent review of mortality at Wye Valley NHS Trust.

**Finance Report Month 7**

***Purpose of the report:***

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

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

The Chief Finance Officer reported on the following key points:

- The CCG was on track to deliver the control total.
- The CCG planned to deliver QIPP savings of £12.2m and, at the end of Month 7, had delivered £5.110m of savings which was slightly ahead of plan. Currently, £10.7m had been identified as deliverable savings.
- A significant new cost pressure had emerged as a result of the No Cheaper Stock Option (NCSO). It was reported that NHSE had modelled the potential cost impact nationally and the local cost impact of this on the CCG was calculated at £1.55m. It was noted that the CCG was working with the NHSE regional team to understand potential mitigations to address this additional in year cost pressure.
- Attention was drawn to the 'Risks and Mitigations' and to the 'Achieving Financial Balance Summary Position' sections of the report which had been updated to reflect the increased risks.

The Chair noted that the NCSO issue was a national problem which had to be addressed at a national level.

The Accountable Officer reported that a telephone conference with NHSE the previous day had been the last local escalation meeting, thereby reflecting a return to being managed routinely through monthly performance assurance. The Chief Finance Officer, the Finance Team, and the wider organisation were thanked for their considerable efforts over the past eighteen months.

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

- *The Governing Body is requested to note the month 7 position and associated risks as detailed in the report together with the mitigating actions that are underway.*
- *The Governing Body is asked to note the NCSO risk within prescribing that has been quantified in month and the ongoing discussions with NHSE about potential mitigations of this risk.*

- *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 to note the following:***

- The month 7 position and associated risks as detailed in the report together with the mitigating actions that are underway; and
- The NCSO risk within prescribing that has been quantified in month and the ongoing discussions with NHSE about potential mitigations of this risk.

**Performance and 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:***

The Director of Operations presented the report, the principal points included:

- Urgent care remained a high priority and A&E Attendance performance had dipped in October but some improvements were being seen in November, in part due to streaming. It was noted that winter pressures could have an impact on the improvement trajectory and an overview was provided of the work undertaken on escalation plans, overseen by the A&E Delivery Board. The Governing Body was advised that there would be a telephone conversation later that day in relation to additional funding announced in the Budget; the challenge to the system would be the availability of resources.
- An update was provided on Referral to Treatment (RTT) waiting times; it was projected that there would be no 52 week waiters in January, subject to individual patient choice. The Director of Operations said that the increasing size of the waiting list was concerning and this trend was being investigated.
- There was overall improved performance in Cancer Waits, with attention drawn to the improvement in the percentage of patients receiving first definitive treatment for cancer within 62 days of referral. The need for good relationships between Wye Valley NHS Trusts and tertiary centres was noted.

The Lay Member for Primary Care questioned whether the expanded A&E department at Worcester could reduce winter pressures this year. In response, the Director of Operations said that, rather than admissions, the significant concern was the number of people waiting to return home, especially to Powys and Shropshire. It was reported that work was ongoing, including the development of standard operating procedures, to shift the culture away from transfer to a bed and towards transfer to a home setting. The Secondary Care Lead commented on the resourcing challenges and emphasised the importance of behavioural change and reducing duplication. The Chair noted that seven-day working was about the entire workforce, not just doctors.

The Chair drew attention to the fact that the Dementia Diagnosis rate continued to improve.

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

- *The Governing Body is asked to note the report and make any recommendations for further actions to mitigate risk.*

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

That the contents of the report be noted.

***Emergency Preparedness Resilience and Response (EPPR) Assurance Report (Core Standards)***

***Purpose of the report:***

*To provide the HCCG Governing Body with the EPPR core standards return and assure the Governing Body of Herefordshire that effective resilience plans are in operation.*

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

The Director of Corporate Development explained that the CCG had self-assessed itself as having ‘substantial’ compliance against the core standards criteria. However, the CCG in partnership with Wye Valley NHS Trust was declared ‘partially compliant’; principally due to a gap in staffing at the Trust for emergency planning. It was reported that the CCG was working with the Trust on an improvement plan.

It was reported that all CCGs were asked to nominate a Governing Body member to be a lead for EPPR and the Lay Member for Primary Care was proposed.

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

The Governing Body is asked to

- *Nominate and approve the lay member for primary care to be the EPPR Governing Body champion.*
- *Note the actions arising from the self-assessment, which will be monitored by FPR Committee as part of the Corporate Development quarterly report.*

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

- The Lay Member for Primary Care be nominated and approved to be the EPPR Governing Body champion; and
- The actions arising from the self-assessment, which will be monitored by the Finance, Performance and Resources Committee as part of the Corporate Development quarterly report, be noted.

***Corporate Risk Register and 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:***

	<p>The Chair welcomed the re-ordering of the Corporate Risk Register, with the highest rated risks shown at the top, and asked that his thanks be expressed to the Corporate Development Manager and others involved.</p> <p>The Director of Corporate Development reflected on the points made during the meeting, particularly around financial risks, mortality and safeguarding, and noted that the risks were captured in the register.</p> <p><b>Recommendations to the Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <i>The Governing Body is asked to note and comment on the Corporate Risk Register and Governing Body Assurance Framework.</i></li> </ul> <p><b>The Governing Body agreed the following:</b></p> <p>The Corporate Risk Register and Governing Body Assurance Framework be noted.</p>
<p><b>13.</b></p>	<p><b>Governing Body Committees</b> (updates)</p> <p>The Governing Body received updates on the work undertaken by the following committees:</p> <p><i>Finance, Performance and Resources Committee (September, October &amp; November)</i></p> <p><i>Quality and Patient Safety Committee (September &amp; November)</i></p> <p><i>Clinical Executive (October &amp; November)</i></p> <p><i>Primary Care Committee (October)</i></p> <p><i>Audit and Assurance Committee (October)</i></p> <p>The Governing Body noted the updates.</p>
<p><b>14.</b></p>	<p><b>Multi-agency Groups</b> (updates and minutes)</p> <p>The Governing Body received updates on the work undertaken by the following multi-agency groups:</p> <p><i>Joint Commissioning Board (September &amp; October)</i></p> <p><i>Health and Wellbeing Board (September, draft)</i></p> <p>The Lay Member for Public and Patient Involvement commented on the value of a recent health and wellbeing workshop. The Chair added that it had been interesting to look at the governance of the system and opportunities to connect with communities to improve health outcomes.</p> <p>The Governing Body noted the updates.</p>
<p><b>Other</b></p>	
<p><b>14.</b></p>	<p><b>Any Other Business</b></p>

The Chair said that the Chief Finance Officer and the QIPP Programme Manager had been asked to give a presentation to a NHS England Midlands and East regional seminar, reflecting the improvement in CCG's position.

The Director of Primary Care introduced Karen Payton, the Head of Primary Care, and she was welcomed to the Governing Body by the Chair.

The Lay Member for Audit and Governance requested that a matrix be provided of the mandatory training that should be undertaken by Governing Body members before the end of March 2018. The Lay Member for Primary Care commented that some of the training had not been relevant to Lay Members in previous years and requested that it be reviewed.

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

GB/17-18/08: A matrix of mandatory training requirements for 2017/18 for Governing Body members be prepared before the end of January 2018.

The Chair closed the meeting at 12.20 pm.

**Dates of Future Meetings:**

Date	Time	Venue
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