

# Governing Body (held in public)

Tuesday 23 January 2018 09:30 – 12:30

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

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
HR	Helen Richardson	Chief Nursing Officer
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
ATS	Alison Talbot Smith	Director of Transformation
LW	Lesley Woakes	Director of Primary Care
	<b>In attendance (non-voting)</b>	
BB	Ben Baugh (minutes)	Senior Business Support Officer, CCG
LR	Lynne Renton	Acting Chief Nursing Officer
AM	Dr Arif Mahmood (from 09:25)	Consultant in Public Health, Herefordshire Council
KR	Karen Rogers (agenda items 1-6)	Herefordshire Care Homes
MB	Mandy Burton (agenda items 1-6)	Quality & Patient Safety Co-ordinator
PA	Cllr Polly Andrews	Chair of the Adults & Wellbeing Scrutiny Committee, Herefordshire Council
SB	Cllr S Bowen	Chair of the General Scrutiny Committee, Herefordshire Council
PC	Cllr P Crockett	Herefordshire Council
IS	Ian Stead	Chair and Director, Healthwatch

Agenda Item	
1.	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed the public and Governing Body members to the meeting.</p>
2.	<p><b>Apologies</b></p> <p>Apologies for absence had been received from Dr Jyothi Nippani Secondary Care Lead Dr Ian Roper, GP Member</p>
3.	<p><b>Declaration of Interests</b></p> <p>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.</p> <p>During the meeting, under item 6, the Chair declared an interest arising from a service provided to Highwell House by Nunwell Surgery. The Chair declared an interest due to the fact that the surgery he worked for in Bromyard was in contract with Herefordshire Council to provide the Rapid Access to Care Beds (RAAC) scheme to Highwell House.</p>
4.	<p><b>Minutes of the Previous Meeting</b></p> <ul style="list-style-type: none"> <li>The minutes of the meeting held in public on 28th November 2017 were received.</li> </ul> <p><b>The Governing Body agreed the following:</b></p> <p>The minutes of the meeting held in public on 28th November 2017 be approved as a correct record.</p>
5.	<p><b>Actions</b></p> <p><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></p> <p>The Chair noted that the outstanding matters recorded in the Forward Plan and drew attention to action number 20, relating to stroke services.</p> <p>The Director of Transformation reported on the programme of work, being undertaken by the Herefordshire and Worcestershire Sustainability Transformation Partnership, on improving the provision of preventative services and to optimise inpatient services. It was noted that this was a complex area and the options were being worked through.</p> <p>The Chair commented on: the strong focus on prevention and encouraged people to have blood pressure and other health checks; how advance care planning could provide patients with multiple medical conditions to make their own decisions about their care and treatment; and how early supported discharge facilitated rehabilitation and recovery.</p>

In response to a question from the Lay Member for Public and Patient Involvement about timeframes, the Director of Transformation advised that some aspects of the regional work were uncertain, but it was expected that Herefordshire and Worcestershire work would continue in detail for another three to six months. In view of changing demographics, it was anticipated that the numbers of strokes would rise. Therefore, there was a strong drive for continuous improvement and future proofing, with consideration given to resilience and succession planning.

In response to a question from the Chair, the Accountable Officer said that this was ongoing work and suggested that the action be removed but feedback and decision making would be brought to the Governing Body as and when necessary.

## Patient and Public Involvement

### 6. Patient Story

The Quality and Patient Safety Coordinator introduced Karen Rogers, Chief Executive of Herefordshire Care Homes, and commented that her work, which included three of the six homes being rated as 'Outstanding' by the Care Quality Commission, showed a real commitment to enhance people's lives in care homes.

Ms Rogers showed 'Ken's story', a short film produced by Herefordshire Care Homes, to the Governing Body: <https://www.youtube.com/watch?v=wPkBwLVL7-Y>

Ms Rogers advised the Governing Body that the Red2Green campaign (link) sought to contribute towards patient discharge through planning from day one and, through an Intermediate Rehabilitation Service (IRS) Contract with the CCG; the Red2Green model had been applied to Herefordshire Care Homes with significant results.

The Chair thanked Ms Rogers for the powerful film and presentation. The Chair declared an interest due to the fact that Nunwell Surgery was in contract with Herefordshire Council to provide the Rapid Access to Care Beds (RAAC) scheme to Highwell House.

Ms Rogers responded to questions from Governing Body members, the principal points included:

- i. In conjunction with West Midlands Ambulance Service, information had been collated about hospital admissions and it was projected that 15% of overnight admissions involved people from care homes. An early warning signs assessment tool had been developed to predict the likelihood of admissions and was supported by appropriate care planning. Initiatives included anticipatory medication only for use outside of GP hours, regular GP ward rounds, and training for staff from paramedics on baseline observations. It was reported that there had only been two admissions from the six care homes in the last six months. The Practice Manager Lead suggested that this information be shared with the GP practices.
- ii. Herefordshire Care Homes had its own occupational therapist which helped to understand needs earlier but could not access community equipment stores directly. The increasing demand for physiotherapy was also noted.
- iii. It was essential that families and carers were involved from the outset and for links to be

maintained between the care homes and discharged patients.

- iv. It was recognised that there was a need to educate people about the benefits of intermediate rehabilitation and supportive care at home. The Lay Member for Primary Care commented on the need to learn from other people's successes and good practices.
- v. The benefits of early assessment were emphasised and ensuring that every single day was a day of value.
- vi. Ms Rogers said that she would be happy to be involved in the Frailty Forum and other workstreams.
- vii. Benefits of Admiral Nursing were discussed.

The Chair reflected on the importance of person-centred care, especially in terms of patients but also in terms of their families and carers. Karen Rogers was thanked for a very powerful and though provoking presentation.

## 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.

In response to a question from Mr Stead arising from the Patient Story item, the Director of Transformation said that the setting for rehabilitation was dependent on the individual, including medical, personal and social needs. She added that, wherever possible, the hospital stay should be as short as possible. The Chair commented on patient choice and the value of maintaining connections with communities.

Councillor Andrews commented on the need to be mindful that many people in Herefordshire lived on their own and did not have ready access to family or other networks to support them.

## Main Agenda

### 8. Accountable Officer Report

*(to update the Governing Body on key issues and decisions that have occurred since the last meeting)*

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

The purpose of this report is to brief the Governing Body on:

- Decisions taken during the previous month
- Updates on key issues

The Accountable Officer outlined the following key issues:

*Systems Pressures* - Winter weather pressures began properly six weeks ago and continued throughout the Christmas and New Year periods, we are now in the recovery phase. A disciplined approach across the

NHS was instigated with clear escalation systems operating regionally and nationally, increasing pressure on the hospital and system. Herefordshire Clinical Commissioning Group and Wye Valley Trust received additional support. In general, NHS England and NHS Improvements concluded that the partners worked together and managed the system well. Herefordshire Clinical Commissioning Group wished to thank staff, the broader NHS, social care and other care staff.

*NHS England Assurance Process* – The CCG is assessed by NHS England as a Clinical Commissioning Group through the Integrated Assurance Framework. 50% of the assessment is on clinical outcomes, 25% finance and 25% on leadership and governance. A year ago we were rated as red and understand the reasons for it. In 2017 went to amber – therefore reflecting improvement. Indicative assessment was that we will be green rated, on all the indicators around governance and leadership. Direct feedback to this Governing Body that we are heading in the right direction.

The CCG it was noted has also been the recipient of a complimentary letter from the Secretary of State, reflecting the work of the Clinical Commissioning Group and its wider partners in Herefordshire and beyond (e.g. Three Counties Cancer Centre in Cheltenham) around the improvement, of cancer services.

*EMIS Community* - The Estates and Technology and Transformation Plan received a substantial sum of money, work is ongoing around connecting up patient records between primary care and the variety of providers in the community sector that would benefit from access to records.

*Stakeholder survey* - One of things we are judged by is the view of stakeholders and how we are working with them, this improved significantly last year and this year's survey is being carried out at the moment. We hope that our efforts looking outwards and partnership working reflects that.

*Lessons Learnt* – South Wye - The reconfiguration from the old walk in centre to the new primary care branch surgery for Moorfield House and the Taurus hub. As reflective organisation after any major changes we will learn from it and take forward into the work we are doing.

*Wheelchair Procurement* - Responsibility is to provide specialist wheelchairs; a five year contract to TPG disabled aids has been agreed. The Governing Body noted the award of the contract as approved by the Clinical Executive in line with the scheme of delegation.

The deputy chair raised a query around funding for winter pressures, how is the money spent and plans for next year. The Accountable officer responded the additional investment added value but the bidding process was not ideal i.e. the money came late and it is not recurrent money – which makes planning and implementation difficult. We have put in a clutch of proposals with Wye Valley Trust that we felt would make a difference – crucially what was doable and deliverable. As money did come out quite late there is some reflective learning nationally about how that happens, it will make a difference but not the most satisfactory way.

It was also highlighted by Director of Operations that the schemes were put in jointly – they have been discussed through the A&E delivery board. Additional fracture clinics and surgical assessment unit were

tactical additions to the front door. It was noted that we were perceived as a system, by NHSE, that has managed relatively well during winter to date – however noted that traditionally February is often a difficult month.

It was also raised that £400k came to General Practice last year but late in the year, primary care and practices are wondering if money will be available this year. This year noted that we did manage to secure a small element for primary care, had to fight quite hard for that. NHS takes a central view as to where that falls e.g. acute providers. AO noted that we will balance the reflection upwards, on one hand we are pleased additional resources found for us in this tough economic climate. But on other hand, that uncertainty changing year by year and the lateness does not help, if that could be eased it would make it easier operationally.

The impact of the reconfiguration of the walk in centre was queried by Cllr Bowen. Noted that part of the challenge is what outcomes are being looking at. For the patients of Moorfield House surgery they have a nicely refurbished branch surgery, we have a positive feedback. Taurus are providing broadly the same service as previously but in the South Wye Centre which is important given relative need and relatively poor coverage of primary care historically. Parking is generally better.

For the people that would have walked in, not really have had any difficulties there. A&E attendances are actually down; better primary care is the way to get A&E attendances down and not necessarily as a walk in patient. Wye Valley Trust would confirm that it has not had any detrimental impact upon A&E attendances or performance. Additionally no complaints have been formally received around the changes at the Asda site.

The one thing we do need to get right is how we communicate and explain the 111 service and how people get appointments at the extended access primary care hubs (Taurus) and we would be doing further work around this.

Recommendations to the Governing Body:

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

The Governing Body agreed the following:

That the report be noted.

9.

### **2018/19 Planning and Contracts Update**

*(to update the Governing Body on the draft planning timetable for the 2018/19 planning and contracts round; the report also identifies the current contract positions with the CCG's major providers and planned development of 18/19 CCG business plan)*

#### ***Purpose of the report***

This report provides an update to the Governing Body on the draft planning timetable for the 2018/19 planning and contracts round. The report also identifies the current contract positions with the CCG's major providers and planned development of 18/19 CCG business plan. The key points raised focused on

- The issuing of the draft planning timetable (which is still awaited) including the submission of the financial plan, with draft plans being submitted at the start of February and final plans at the end of April
- The CCGs contract position with contract negotiations
- Intentions around the development of the CCGs business plan, with a draft narrative going to the Clinical Executive in March.

It was outlined that in terms of contracts the financial year runs April to March, working with providers to agree contracts with effect from 1st April. Currently the contract offer from Herefordshire Clinical Commissioning Group and Wye Valley Trust is £2m away from the Wye Valley Trust financial plan. The amount of saving that the system needs to deliver next financial year is around £11m CIP and 6m QIPP. That position is extremely challenging. It is key that we link in programmes of work into how we deliver those savings plans. Within the plans we are holding 0.5% contingency. Also have to hold 0.5% non-current reserve.

Currently discussing with NHS England about reframing our control total and the impact this may have on the system (the plan needed to achieve next year, currently the plans are £2m surplus for next financial year, to start to repay some of the deficit built). Wye Valley Trust is also in discussions with NHS Improvement about moving their control total as well to give the system more flexibility moving into next financial year. It was noted that also that no further information on the better care fund had been received. The Governing Body will be kept informed of any changes to the planning assumptions that the CCG will use to underpin its plan development.

It was reiterated that the plan and contracts agreed at the end of 16/17 were two year plans and this year the focus is on refreshing these plans between partners and providers. For the CCG we will be ensuring we have a clear 'plan on page' for the directorates so that we maintain a good grip on delivery over the next 12 months and priorities are clear.

***Recommendations to the Governing Body***

The Governing Body is asked to note the draft planning timetable and that the planning guidance for 2018/19 has yet to be received.

The Governing Body is requested to note the current contract position with the CCG's main providers and that currently as per the draft timetable negotiations need to be complete by the 5th February.

**10. 'Living Well at Home' – Transforming Community Health Services – Update on Implementation Progress**  
*(to update the Governing Body on the progress in implementing the transformation programme for Adult Community Health Services)*

***Purpose of the Report***

The purpose of the report is to update the Governing Body on the progress in implementing the transformation programme for Adult Community Health Services. In addition to the information outlined in the report the following key points were highlighted.

Note that the report follows on from the paper received by the Governing Body on 14 November 2017, we had a discussion with scrutiny on 16 November. The Governing Body supported the recommendations in that paper to the rest of the implementation of the programme. This is a significant programme for the system as a whole, supports the processes around that programme were put in place by the Redesign Group. This group does not have decision making role and sits outside of governance structures but due to the complexities – a group that oversees and ensures that it runs smoothly.

From the Better Care Fund, an investment of £200k this year and £400k next year to support this transition away from bedded capacity into home and community based capacity, the intention was to have a period of double running before withdrawal from Hillside bedded. WVTF is leading the patient transformation programme at Wye Valley Trust, has recruited a physio therapist and occupational therapist and four reablement assistants to support that. In addition, they will be recruiting a further four posts, likely to be nursing posts, will cover the full £400k investment. That will give us the ability to support people on discharge from acute hospital but an element of that will be reaching into existing community teams and A&E to work with the Home First team to support people to come out of A&E to prevent them having to go into the acute bed environment in the first place.

The other aspect was investment into the Home First service, through the improved Better Care Fund an additional £100k went into the Home First service in the current financial year recruiting additional people into a reablement model in terms of supporting people to look after themselves. That work is going well. Recruitment has been difficult but positions are mostly in place now. Alongside the council team have been working on a comprehensive retraining service for the reablement team – rehoused into local authority before Christmas and also to integrate with the Home Care team. Home First service that has been retrained and developing skills – working very closely with the community health service. Meeting the needs of the individual jointly and in an integrated way, rather than sending in numerous different people. We will continue to ask for updates on the additional care being provided, as a system into the A&E delivery board and we are going to the scrutiny committee on Thursday to give an update and provide further assurance. Clearly, all of us and the public want to make sure that we have got the right services.

Issue was raised challenges of rurality in providing services e.g we know that by profession it is harder to recruit nurses; we know that by geography it is harder to recruit home care into the more rural areas. What we are doing around the improved Better Care Fund are innovative and pilot schemes to improve access, particularly home-based care. In the past, we have worked with home care providers where we have funded the car to take the worker to the rural places. Will continue to be challenges for us, harder to recruit nurse in Herefordshire than a therapist. Not entirely sure why but it has been the case for some time. Need to continue to think about the roles. Also highlighted that one of the exiting things around the provider alliance is that teams are working together, looking at needs and how meet them.

An update on Hillside annex withdrawal was provided. It was noted that the matter of operational detail being managed by Wye Valley Trust. We are seeking assurance and receiving it through the Operating Model group. They are clearly undertaking the appropriate processes of staff being redeployed and

supported; we don't want to lose staff.

Two locality projects that are now moving forward, Kington has moved on really well, we have worked with the Kington Town council and includes parish and local councillors sitting around that table – working with Herefordshire Clinical Commissioning Group, supporting processes around engagement. Now moved to a process of review of options and implementation. That commission will develop into a project board that will retain that local ownership and leadership from the town council and others, it feels like a good example of good practice.

The commission met on the 18th January to give a verbal update. Good attendance from the various stakeholders, we talked through with them the next steps and the emerging options around what we could do to ensure that we are putting in place services that support the Kington population effectively. We have been very open with them throughout the process – with lots of interest around the position of the GP practice, and the Blanchworth contract. Those representatives and members of the public have been advising us how to communicate more effectively and how we can get the best possible value from our investments for the local population to meet the needs clearly articulated through engagement. A good discussion, emerging proposals, will be meeting again in February and likely to firm up a package that they would like to commission. We have currently got district nursing, health visiting, physiotherapy and various clinics provided in Kington, we want to ensure that we have continuity of those services. There will also be a need to come up with a solution around urgent primary care which would replace or I hope improve on the previous service where we weren't getting a service that was sustainable or did as much as it could do. .

*The Governing Body is being asked delegate authority for the detail of decisions around that to the Accountable Officer and the Chair of the Governing Body to be advised by the Kington locality project, partly doing that because need to set a precedent in really supporting locality projects and work with local populations.* Obviously within the remit of health and with Governing Body continuing to oversee the model of care, to support those localities in putting in place services that meet their local needs and best use those resources. The CCG will continue to bring updates back through our governance structures, Financial Performance and Review and Quality Patient Safety and has assurance and to the Governing Body in terms of assuring that the project is moving forward.

The deputy chair asked how we ensure that the level of investment is equitable across all localities. It noted that is always going to be a challenge, so what is the right level of resource for a population? Each locality is different. One of the topics the redesign group is talking about. For some localities resources are already in place, sitting in community hospitals, which might be the right thing for those communities. It wouldn't be deliverable to build a community hospital in Kington, could not staff or fill it. The resource issue is one of the prime reason for the redesign group ensuring the impact of any investment decisions made via localities takes into account the wider impact across the system. Importantly the focus is on giving local stakeholders the opportunity to design the NHS that meets their needs in terms of local solutions to local problems. Highlighted we are also developing the financial information as we go, the assurance will be provided to the Governing Body, through Financial Performance and Review Committee as well as the redesign work.

The issue of MIU raised – noted that three helpful papers that draw on the evidence and have been tested with local clinical leads that talk about Minor Injuries Unit type care, bedded based care (community bed based care) and home based care have been developed. For Kington, say we need to think about how we can simplify the system so people are clear, look at successful triage services, then think – what additional urgent primary care service relate to what is already available and be sustainable. Very difficult to achieve for a small population. It is not a straight answer. One of the great things about Kington Commission we are going to have to coproduce the answer – there isn't a textbook, link projects together to be a more deliverable approach. Also think about how 111, and how it relates to A&E. What wanted to do is to be clear that there is an ongoing discussion but taken in wider context of integrated urgent care.

The CCGs Director of Corporate Development is the lead for Leominster – again part of the overall community transformation programme. A lot of work around opportunities relating to primary care in localities around Leominster. It is relatively advanced – what could happen to improve the primary care estate, what do in Leominster, similar to Kington, bigger scale again with rural surrounding. What are the opportunities and how we can move that forward. It is a big and complex project, great thing is enthusiasm as we open doors and unlock the dialogue – it is a positive response. First project board meeting yesterday. We don't want to lose the enthusiasm of the work undertaken already but we have the opportunity to involve several other partners, really positive engagement with providers, local authority and community. Estates piece is really interesting, a wider cabinet office programme ongoing around the county, opportunities to share facilities. Leominster possibly could be at forefront of this, sharing of information, having one hub that people go back to and work together.

It was noted that the Kingsland and Weobley practices would be engaged in this work via the Primary Care Home and localities meetings. Note that an independent Chair had been appointed to support the work – this was on an initial 6 month basis when this would then be reviewed.

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

The Governing Body is asked to support the following recommendations:

##### ***Recommendation 1: Kington Locality Project***

- confirm the financial envelope available to the Kington Locality Project to commission services replacing those currently provided at Kington Court as £350,000. In addition to this, the CCG will be required to fund a further sum to secure accommodation for the community teams and services currently accommodated at Kington Court
- delegate decision-taking on the detail of the commissioned model to the Accountable Officer and Chair of the Governing Body, advised by the Kington Locality Project

##### ***Recommendation 2: Leominster Locality Project***

- support the appointment of an independent Chair to support the Leominster Project Board.

**The Governing Body agreed the following:**

Recommendation 1: Kington Locality Project

- the financial envelope available to the Kington Locality Project to commission services replacing those currently provided at Kington Court be confirmed as £350,000. In addition to this, the CCG will be required to fund a further sum to secure accommodation for the community teams and services currently accommodated at Kington Court
- decision-taking on the detail of the commissioned model be delegated to the Accountable Officer and Chair of the Governing Body, advised by the Kington Locality Project

Recommendation 2: Leominster Locality Project

- The appointment of an independent task and finish Chair to support the Leominster Project Board be supported.

**Break**

**11. Performance and Assurance Reports**

**a) Quality Report**

***Purpose of the report***

To inform the Governing Body of the major quality issues for the CCG outlining the actions being taken to address these concerns. In addition to the points outlined in the report the following were noted

- Wye Valley Trust mortality rates remain a concern – there is much work being undertaken in relation to this. NHS Improvements are supporting Wye Valley Trust and we are working in partnership around their improvement plan.
- Stroke services. Highlighted in the report that in December there were six serious incidents, investigations are ongoing, we have sought assurance from providers concerned that any urgent actions have been taken and we will follow up through the quality review process.
- Two care homes where quality concerns had been previously identified, pleased to report that both are seeing elements of improvement, these are being monitored on an ongoing basis in partnership with the Local Authority.
- Continuing health care, we are working to continue the improvements in terms of ensuring the majority of the assessments take place outside of hospital care, was a very good picture in December, work is ongoing.
- Influenza - significant number of patients admitted to acute hospital beds as well as a number of outbreaks in three care homes. It is interesting that the B strain is more prevalent in Herefordshire, certainly in those requiring hospitalisation. We have set up a flu review group which LW is chairing to look at plan this year and what it should look like for next year.

The chair asked on the mortality issue, how often does the QSG meet in terms of reviewing it? Going CQRF locally and QSG? The Chief Nurse noted that the, reducing harm committee meets monthly within Wye Valley Trust. Our internal quality holding to account meeting on monthly basis. QSG also currently meets monthly NHS England are aware of our concerns about mortality at Wye Valley Trust and is at the top of agenda in QSG. Also bimonthly regional meeting about mortality, member of team attended and taking learning back into the organisation in terms of how we work with them. It was also observed that we are benchmarking our own activities in relation to Worcester and wider West Midlands – to get key messages out to GP practices really quickly.

Noted also Flu group is going to meet more frequently over next few weeks to manage to be proactive to message practices to support frail populations. Practices are now talking to companies about changing orders for 18/19. Primary Care team working with practices to understand the consequences.

***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

**b) Finance Report Month 9**

***Purpose of the report***

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

***Key Points***

- The CCG has agreed a revised £4,500k deficit control total with NHS England for 2017/18, which has increased from £1,600k deficit in month 2 due to planned additional RTT delivery of £2,900k. At month 9 the CCG is reporting a £3,394k deficit which is slightly behind the year to date financial plan due to the impact of the NCSO costs in Prescribing. This also reflects 0.5% of the 1% headroom being held until March 2018.
- The CCG plans to deliver QIPP savings of £12,200k and at month 9 has delivered £8,100k of savings which is £391k ahead of plan.
- The CCG has reviewed the underlying position at month 9. This remains on plan at a £4,700k surplus (£2.2m deficit 2016/17)
- The CCG, working with WVT, NHSE and NHSI have put together an MOU to block the contract with WVT thus removing in year risk and delivering a revised RTT trajectory.
- The CCG continues to hold 0.5% non-recurrent reserve as required nationally and identified within the 2017/18 plan.
- The CCG has developed an in year achieving financial balance plan to ensure that all in year risk is mitigated, as reported previously there is significant in year unplanned pressure as a result of the NCSO (No Cheaper Stock Option) within prescribing. The CCG currently has £930k of risk relating to NCSO. This is being reported to NHS E in month 9 on the Non ISFE return as unmitigated. The CCG is working with the regional NHSE team to understand potential mitigations for this additional cost.
- In month the Finance team have forensically reviewed the CCG portfolio and have reassessed the in year risk. It is pleasing to report that the forecast in year risk has reduced as anticipated at month 9. The in year risk was subject to a deep dive as part of the January FPR meeting.

The Chair thanked the CFO and rest of team for the work and recognised the intense period of activity

over next eight to ten weeks.

**Recommendations to the Governing Body:**

- Governing Body is requested to note the month 9 position and associated risks as detailed in the report together with the mitigating actions that are underway. Governing Body is requested to note that the in year risk has reduced as anticipated at month 9 and that the CCG are on track to meet the control total.
- Governing Body is asked to note the national NCSO risk at month 9 remains unmitigated and discussions with NHS England are ongoing.
- 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 9 position and associated risks as detailed in the report together with the mitigating actions that are underway
- The national NCSO risk at month 9 remains unmitigated and discussions with NHS England are ongoing.

**c) 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.

**Key Points**

There are areas that are below expected performance against national targets. Corrective action is underway to address the risks identified, with some performance reaching planned trajectories. *The following key points were highlighted:*

- In terms of urgent care we have talked about the pressures, our January performance was very low at start of the month as would expect (down to 60 on four hour target) but has improved in last week, we are up above, around 74% to date but it can change on a daily basis. Demonstrates a real determination at Wye Valley Trust streaming more reliably in place at the trust, reviewing patients as they come in – see is going to the right place, a rapid triage process, seeing a difference when streaming in place.
- Important to highlight, a lot of pressures have been made worse in Herefordshire by out of county delays, heard a lot about the Welsh system in the media, it has a tangible and significant impact on us. Facilitated a workshop last week between Powys and Wye Valley Trust, help to get every improvement possible to improve discharge partnering. Have been fundamentally struggling to transfer back to Powys who need community based hospital and home care, we are told that that is due to overall pressure in the Welsh system and particular pressures in the social care system which leads to lots of blockages. Checking back on records from last year, around 8-10 delays of Powys patients, in last three weeks have had 15 plus, in a small bed base it makes a significant impact. Because of the contractual relationship with Powys, more of those delays in acute beds

than would be for Herefordshire. Seek assurance about that relationship and support WVT.

- We have also experienced more delays than previously for patients waiting to transfer back to Worcestershire and back to Shropshire, again we have been working with those systems and that does reflect the problems in those systems. Regularly we have had 20+, yesterday 27, waiting to go back to onward care from our system. Is an important issue for us, need to ensure supporting Wye Valley Trust, Will continue to facilitate workshops.
- The CCG has been undertaking assurance visit at the Trust to assure itself and the Governing Body that patient safety remains at the heart of any action being taken. The CNO and Director of operations have visited the Trust regularly to ensure this is the case.
- Briefly highlighted cancer services, doing very well overall – strong possibility of ending the year in a green position in the full year. A question mark around 62 days – achieved in November and expecting in December as well. Experience of our population is significantly better overall. It is about the system as a whole.

**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.*

**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.

**Key Points**

The Governing Body Assurance Framework and Corporate Risk Register have been updated following reviews and updates to the individual functional risk registers and strategic challenges across the organisation. Noted that we had already highlighted the deep dive at Finance Performance and Review committee about risks and mitigations. May need to confirm that we are happy with scoring but very clear about challenges we face. Other things to reflect on, we have raised the issues around out of county and challenges to system, make sure is articulated in the risk register. We also highlighted issues around communication and messaging, around 111 and Taurus hubs. Issues in there but could perhaps be better articulated.

**Recommendations to the Governing Body**

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

**The Governing Body agreed the following:**

- The Corporate Risk Register and Governing Body Assurance Framework be noted.

**Items for Information**

- 12. Governing Body Committees (updates)**

**a) Primary Care Committee (November)**

***Purpose of the report***

To brief Governing Body on the outcomes of the Primary Care Commissioning Committee meetings in October (26th) and November (30th) 2017.

***Recommendations to the Governing Body***

Governing Body is asked to note the contents of the report. The minutes of the Primary Care Commissioning Committee (Oct/Nov) are available if requested.

**b) Finance, Performance and Resources Committee (November and December)**

***Purpose of the report***

To provide Herefordshire Clinical Commissioning Group (HCCG) Governing Body with an overview of the work of the November and December Finance, Performance and Resources Committee.

***Recommendations to the Governing Body***

Governing Body is asked to note the November and December overview of the Finance Performance and Resources Committee.

Governing Body is asked to note the HCCG 18/19 Investment Policy.

**c) Clinical Executive (January)**

***Purpose of the report***

To provide HCCG Governing Body with an overview of the work of the Clinical Executive over the last month.

***Recommendations to the Governing Body***

Governing Body is asked to note the work of the Clinical Executive during the last month.

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

The Governing Body received updates on the work undertaken by the following multi-agency groups:  
Joint Commissioning Board (November and December)

The Governing Body noted the updates.

**Other**

**14. Any Other Business**

GH requested that Governing Body considers or looking at the option of holding future meeting outside of Hereford. All agreed to look at holding meetings in market towns in the future – the Director of Corporate Development would take this forward.

The Chair closed the meeting in public at 12:20.

*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:**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
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
24 <sup>th</sup> July 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
25 <sup>th</sup> September 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
27 <sup>th</sup> November 2018	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
22 <sup>nd</sup> January 2019	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford
26 <sup>th</sup> March 2019	09:30	Russet Room, St. Owen's Chambers, 22 St. Owen Street, Hereford