West Hampshire
Clinical Commissioning Group

# CCG Board

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| **Date of meeting** | | **23 May 2019** | |
| **Agenda Item** | **3** | **Paper No** | **WHCCG19/049** |

## Draft Minutes of Last Meeting (28 March 2019)

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| **Key issues** | The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 28 March 2019 are attached for approval by the Board.<br><br>Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS. |
| **Actions requested / Recommendation** | **The West Hampshire Clinical Commissioning Group Board is asked to**<br><br>• **Agree the minutes of the Board meeting held on 28 March 2019 and commend them for signature by the Chair of the meeting.**<br>• **Discuss any matters arising from the minutes that are not already covered on the Agenda.** |
| **Principal risk(s) relating to this paper** | There are no risks relating to this paper. |
| **Other committees / groups where evidence supporting this paper has been considered.** | Not applicable. |
| **Financial and resource implications / impact** | There are no financial implications arising from this paper. |
| **Legal implications / impact** | There are no legal implications arising from this paper. |
| **Public involvement – activity taken or planned** | Not applicable. |

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| **Equality and Diversity – implications / impact** | This paper does not request decisions that impact on equality and diversity. |
| **Report Author** | Jackie Zabiela, Governance Manager<br>Ian Corless, Board Secretary/Head of Business Services |
| **Sponsoring Director** | Sarah Schofield, Clinical Chairman |
| **Date of paper** | 14 May 2019 |

NHS
West Hampshire
Clinical Commissioning Group

# Public Seminar

## West Hampshire CCG: Draft Operating Plan 2019/20

**Notes of the NHS West Hampshire Clinical Commissioning Group Public Seminar held on Thursday 28 March 2019 at Omega House, 112 Southampton Road, Eastleigh, SO50 5PB (CCG Boardroom).**

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| **Present:** | Sarah Schofield | Clinical Chairman |
| | Charles Besley | Locality Clinical Director / Board GP |
| | Mike Fulford | Chief Finance Officer and Deputy Chief Officer |
| | Simon Garlick | Lay Member, Governance |
| | Judy Gillow | Lay Member, Quality and Patient Engagement |
| | Karl Graham | Locality Clinical Director / Board GP |
| | Heather Hauschild | Chief Officer |
| | Adrian Higgins | Medical Director |
| | Rory Honney | Locality Clinical Director / Board GP |
| | Lorne McEwan | Locality Clinical Director / Board GP |
| | Johnny Lyon-Maris | Locality Clinical Director / Board GP |
| | Ellen McNicholas | Director of Quality and Nursing |
| | Alison Rogers | Lay Member, Strategy and Finance |
| | Jim Smallwood | Secondary Care Consultant |
| | Stuart Ward | Locality Clinical Director / Board GP |
| **In attendance:** | Ian Corless | Board Secretary/Head of Business Services |
| | Jenny Erwin | Director of Commissioning, Mid Hampshire |
| | Rachael King | Director of Commissioning, South West |
| | Heather Mitchell | Director, Strategy and Service Development |
| | Jackie Zabiela | Governance Manager |
| **Apologies for absence:** | Caroline Ward | Lay Member, New Technologies |

### 1. Introduction

**1.1** Sarah Schofield welcomed members of the public to the Board Seminar on the draft West Hampshire CCG Operating Plan 2019/20. She advised that there had been two questions submitted for the Board meeting held in public, which would be discussed at this Seminar as they related to the Operating Plan.

### 2. Operating Plan 2019/20: Summary

**2.1** Heather Mitchell introduced the presentation, advising that there is a national requirement for all CCGs to produce a one year plan to take forward the

recommendations of The NHS Long Term Plan, linked to the CCG's strategic priorities and aligned to neighbouring plans from across Hampshire and the Isle of Wight (HIoW).

**2.2** Key elements of the plan relate to local population demographics and health needs, GP Primary Care Network plans, and a model for Integrated Care with five key components, designed on the principles of what people tell the CCG is important:

1. **Supporting people to stay well** – people are supported to make healthy lifestyle choices and manage their conditions better
2. **Proactive joined-up care for those with ongoing complex needs** – multidisciplinary teams working across GP practices. Improve emotional wellbeing and health of children, young people and adults, with focus on those most at risk
3. **Better access to specialist care** – increasingly care will be provided locally with more rapid access to specialist advice when needed, and variation in the quality of care received will be reduced
4. **Integrated Urgent and Emergency Care Services 24/7** – people make the right choices at the right time, and it is made easier for people to get the right help quickly
5. **Effective step up, step down nursing and residential care** – to quickly respond to avoid preventable hospital admissions. Reduce the time people spend in hospital when home or another care setting would help their recovery and rehabilitation.

**2.3** 'Enablers' to help make these changes include:

- **Digital technology** - to allow information to be shared and to empower citizens by giving the opportunity to access information about their health and care and interact with services
- **Good quality buildings and estates** - formation of community Health and Wellbeing Hubs in Andover and Eastleigh, and proceed with plans to build a new Hythe Hospital
- **Workforce and service staffing** - deliver Primary Care Network leadership and organisational development; work in partnership with the Sustainability and Transformation Partnership (STP) / integrated care systems on new roles and ways of working; and continue to support and develop the CCG's own staff
- **Partnership working between agencies** - working with STP, Local Care Partnerships, councils and voluntary sector to deliver joined up services.

## 3. <u>Comments and Queries</u>

The following is a summary of the comments and queries raised by members of the public, together with responses of members of the Board:

**3.1** Comment: More detail / prominence is needed within the Strategy on communications and local engagement in design of services

**3.2** Query: Clarification sought on patient and public participation in the planning and development of Primary Care Network (PCN) two year plans.

Response: The CCG's PCNs are all at different stages of maturity and development, so this is an iterative process. All are looking at local need to identify key priorities. There have been some initial engagement events, with further taking or planned to take place and the CCG will ensure that these events are publicised. There is also new guidance regarding the GP contract framework which clearly states what PCNs need to deliver linked to The NHS Long Term Plan; these are nationally derived but include local elements. There has also been some significant engagement around specific projects

such as Hythe Hospital and the Andover Health and Wellbeing Hub and this will continue, both with local stakeholders and with the public. In addition, PCNs build on the development of locality plans, which were constructed with significant engagement with members of the public and the local authority. The Board will also be reinstituting holding Board meetings across the CCG area to increase engagement and visibility.

**3.3** Query: Will it be possible to ensure there are enough staff to deliver the programme as detailed in the Operating Plan, given national staff shortages, the effect of Brexit etc.

Response: It was acknowledged that this is a challenge and is an area under close scrutiny. The system is looking at how services can be transformed, creating a different workforce to address some of the challenges, for example training of medical practitioners and non-medical workforce, utilising nursing and therapy colleagues and new clinical workforces such as physician associates which will help GPs deliver primary care services. It is also about working together with all providers to develop strategies to address gaps, without transferring gaps from one organisation to another. A great deal of work is already underway, however the work to be done should not be underestimated.

In addition digital technology will allow resources to be used more effectively; using it in such a way that it works for both the individual and the system together so that people are not forced to use a system that does not work for them.

It was acknowledged that there are often difficulties in getting a GP appointment and more GPs are needed. There are programmes planned with NHS England trying to invest more in general practice, but this takes time. However, more needs to be done rather than just recruiting more GPs which involves teams working differently, for example nurses doing some of the roles that historically would have been done by GPs, with some of the paperwork being managed through non-clinical staff such as practice administrators so the best use is made of GP time.

**3.4** Query: What happened to the Critical Treatment Hospital (CTH) proposed by Hampshire Hospitals NHS Foundation Trust (HHFT)?

Response: A formal evaluation was conducted with all partners including University Hospital Southampton NHS Foundation Trust (UHSFT) and other hospitals during 2017, with a formal decision publicly announced in November 2017 that North Hampshire and West Hampshire CCGs had decided not to proceed / support the development of the CTH. Financial assessment meant that development of such a centre was not viable due to the impact on other hospitals, but also there is the desire to develop community based services and invest in children and mental health services. It had therefore been agreed that organisations would work together to develop a more community based model as well as working on the development of a clinical services strategy on the areas where more focus was needed. This work is underway, with HHFT having presented on their findings, which means that progress can be made in a much more controlled way.

**3.5** Query: Are we going in the right direction in the redevelopment of the old hospitals and how will this solve bed blocking?

Response: A key element of the CCG's Strategy is provision of care closer to home and looking at opportunities to bring services together in one place with benefits in terms of access for local people and a one stop for services. The CCG

reviews local population need and business development for every hospital commissioned and there are a number of projects underway to ensure that the estate is fit for the future, for example Hythe Hospital. If there is more community provision, patients will not need to go into acute hospitals and the CCG is also working with acute hospitals to ensure that patients do not remain in hospital longer than they need to, with a significant reduction in Length of Stay having already been achieved. There will also be facilities if a patient's care need is too complex for provision in their own homes.

There has been a significant increase in the elderly population in Hampshire and a community hospital would not cope with that number, so services need to shift to where people would prefer to be looked after, in their own bed where possible. In terms of bed blocking, with the support and the significant amount of work with Hampshire County Council there has been some significant reductions in bed blocking, particularly over the last year or two. For example, two years ago there were around 170 patients stuck in UHSFT at any one time; as of this week this has reduced to around 35 for Hampshire patients. The CCG expects to continue to see further decreases in bed blocking working in partnership with stakeholders.

**3.6** Query: A lot of money is being spent on training staff; shouldn't there be a clause that they should work for the NHS for a set period of time after training?

Response: There have been many meetings where this has been raised but is difficult to resolve and is not specific to any one profession employed by the NHS. There are a number of ways of looking at this, with some work underway nationally as to how this can be resolved. However locally work can be taken forward to try and make it a really exciting opportunity for people who are approaching the end of their training to make the NHS a place they want to work. There has been some work undertaken across the STP on a type of 'passporting' so that if staff do training and development in one organisation in HIoW it can be transferred to another organisation to get rid of 'golden handshakes' which result in staff bouncing around organisations.

In terms of the medical workforce, there has been quite a lot of press recently around students doing their first year of training as a doctor and then leaving the country. It is now known that GP trainees are leaving for one or two years and then coming back to the country, so this could be seen as development with GPs having built up more experience.

**3.7** Comment: If we are going to get nurses back into the profession, they should be paid at least with the level of inflation and there should be more flexible hours, for example if they have children.

Response: Nurses pay and conditions are set nationally as are other health professions under the Agenda for Change framework, however the NHS locally is already looking at flexible working options, such as part-time, different working hours, retire and return options to encourage the experienced workforce.

NHS
West Hampshire
Clinical Commissioning Group

# Minutes

## Board

**Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 28 March 2019 at Omega House, 112 Southampton Road, Eastleigh, SO50 5PB (CCG Boardroom).**

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| **Present:** | Sarah Schofield | Clinical Chairman |
| | Charles Besley | Locality Clinical Director / Board GP |
| | Mike Fulford | Chief Finance Officer and Deputy Chief Officer |
| | Simon Garlick | Lay Member, Governance |
| | Judy Gillow | Lay Member, Quality and Patient Engagement |
| | Karl Graham | Locality Clinical Director / Board GP |
| | Heather Hauschild | Chief Officer |
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| | Rory Honney | Locality Clinical Director / Board GP |
| | Lorne McEwan | Locality Clinical Director / Board GP |
| | Johnny Lyon-Maris | Locality Clinical Director / Board GP |
| | Ellen McNicholas | Director of Quality and Nursing |
| | Alison Rogers | Lay Member, Strategy and Finance |
| | Jim Smallwood | Secondary Care Consultant |
| | Stuart Ward | Locality Clinical Director / Board GP |
| **In attendance:** | Ian Corless | Board Secretary/Head of Business Services |
| | Jenny Erwin | Director of Commissioning, Mid Hampshire |
| | Rachael King | Director of Commissioning, South West |
| | Heather Mitchell | Director, Strategy and Service Development |
| | Jackie Zabiela | Governance Manager |
| **Apologies for absence:** | Caroline Ward | Lay Member, New Technologies |

**1. <u>Chairman's Welcome</u>**

**1.1** Sarah Schofield welcomed everyone present to the thirty-fifth meeting held in public of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence.

Sarah highlighted that this was a meeting being held in public, rather than a public meeting. She also reminded the Board of the CCG's values, which are published on the front page of the agenda, minutes and cover sheet of each Board paper.

**1.2** Sarah reported that there were two questions which had been received from members of the public, which were included as part of earlier discussions at the Public Seminar on West Hampshire CCG's Draft Operating Plan 2019/20 (notes of which precede these minutes).

## 2. Declaration of Board Members' Interests *(Paper WHCCG19/018)*

**2.1** The Register of Board Members Interests was received and noted.

**2.2** Sarah Schofield asked the Board to review the agenda for the meeting and establish whether there are any business items where there may be potential or perceived conflicts of interest.

**2.3** Stuart Ward clarified the interests of his wife, Dr JC Parfitt, Associate Medical Director at Hampshire Hospitals NHS Foundation Trust, in that the focus of her role is the pastoral care of consultants and staff, rather than governance.

**2.4** No other interests were updated or declared in relation to the agenda.

**2.5 AGREED**

**The Board agreed to accept the Register of Board Members' Interests.**

## 3. Minutes of the Previous Meeting held on 31 January 2019 *(Paper WHCCG19/019)*

**3.1** Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 31 January 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

**3.2 AGREED**

**The Board approved the minutes of the Board meeting held on 31 January 2019 and commended them for signature by the Chair of the meeting.**

***Matters Arising***

**3.3** The following items of matters arising from the minutes were raised:

- Section 6.4 Child and Adolescent Mental Health Service (CAMHS) – Ellen McNicholas confirmed that she had received a response in relation to her letter seeking assurance that children are being managed safely whilst on the CAMHS waiting list. This has provided some assurance but has left some questions unanswered, so she will be meeting with colleagues to review some of those issues and will report back through the Clinical Governance Committee.
- Section 6.9 fifth bullet Communications to GPs regarding delivery of cancer standards – It was confirmed that communications have been sent out to GP practices and through GP locality meetings regarding challenges around cancer standards.

## 4. Chief Officer's Report (March 2019) *(Verbal)*

**4.1** Heather Hauschild provided a verbal update on the following key items:

- **Sustainability and Transformation Partnership (STP) Executive Delivery Group** – Chief Officers met on 6 March, with key items discussed being development of the clinical services strategy for Hampshire and Isle of Wight (HIoW), the draft quality framework that has been proposed so that the STP take a whole view of key quality issues, and next steps in the development of the STP strategy. The quality framework was not approved as further work is needed to

clarify purpose and governance arrangements regarding quality. More work is also required to identify how the clinical services strategy might be approached, which will be taken forward by the STP Clinical Executive Group. There was also some discussion regarding the need for the STP strategy to be built up from local plans. West Hampshire CCG will need to develop local system plans in more detail with our providers.

- **Winter Resilience** – Heather Hauschild has taken on the role of Senior Responsible Officer for urgent and emergency care, overarching winter resilience plans and integrated urgent treatment centre development. A wash-up session had taken place with most system partners on 18 March, which will be formally reported to the STP at the next Executive Delivery Group and to a future meeting of the West Hampshire CCG Board. There had been good dialogue about system leadership given by CCGs and the valuable exercise in working as a HIoW partnership in developing winter plans. These will help in developing Easter, August (particularly doctor changeover) and next winter plans.

  Simon Garlick requested an understanding of the two or three things that made a difference this year, for example, was the good weather a factor. In response Heather advised that there needs to be caution in saying that this was due to the weather. Over Christmas and the New Year all systems performed much better than the previous year, for example ambulance handover and Emergency Department (ED) performance was significantly better. However soon after Christmas, whilst there were relatively few cases of flu in the community, there were high levels of flu admissions. Activity levels look the same, if not more than last year despite the weather being milder, with an increase in activity in University Hospitals Southampton NHS Foundation Trust (UHSFT). What made the difference was the whole system response and better coordination. It should also be recognised that a significant amount of additional service and capacity was put in, primarily to assist in hospitals managing patient flow.

  The concern is therefore that some of this resilience was lost immediately post the Christmas and New Year period so the system needs to work on this. Jenny Erwin added that there has been a step change in process and earlier planning, for example, an understanding of which patients were in place such that bed planning has helped make the best use of capacity. Planning needs to start even earlier this year to maximise patient flow.

- **System Reform** – Discussion continue regarding Integrated Care System arrangements for HIoW and the implications for West Hampshire CCG. A recent meeting with partners considered how to reset the way business is conducted through the STP. Discussion continues with commissioning colleagues regarding the future of commissioning; the establishment of a Joint Commissioning Committee is important to help work in a much more joined up way.

- **Communications –** A timetable for Board meetings for 2019/20 has been developed which will incorporate directorate reviews, rather than these taking place at Clinical Cabinet, as it was felt it would be helpful for the public to see what the CCG is doing in more detail in their own areas. Meetings will therefore be held in localities in the future. It is also proposed that Annual General Meeting requirements are included in at least two of those meetings in July and September. Heather added that she was pleased to welcome Simeon Baker as the interim Associate Director Transformation Communications and Engagement who she hoped would help the CCG to make a step-change in how the CCG engages with members of the public and stakeholders.

- **Leadership** – An extensive response has been submitted on the strength of CCG leadership as part of the CCG Improvement and Assessment Framework (IAF); this has been circulated to Board for members to have sight of the extent

of the work that has been done. This comes from a challenge that the CCG had raised with NHS England (NHSE) last year on the assurance rating received. It has been fed back that it would be helpful if more CCGs gave more information in a structured way. The report was commended, along with all the fantastic work that the CCG team has undertaken over the past year to deliver efficiency programmes and services.

- **HSJ Awards** – Two projects have been shortlisted for HSJ awards: ICON (Safeguarding Children: Abusive Head Trauma) and Frailty Team, which Johnny Lyon-Maris will be presenting on Monday 8 April with Laura Rothery, General Manager, Southern Health NHS Foundation Trust (SHFT).
- **Primary Care Network (PCN) Lead Development Programme** – A two day leadership training event has taken place, primarily for PCN leads but with some clinical directors in attendance. This included chairing meetings, presentation skills, and managing people and time, which was very well received.
- **Board Development** – Heather Hauschild and Sarah Schofield have met with an advisor to discuss priorities for Board development. A contact has been recommended to work with the CCG but the priority will be how the Board collectively manages the organisation into the next stage of commissioning. Some work has already been undertaken with the Executive through periodic team sessions. It is understood that the CCG will need to work more closely with stakeholders than before, join resources with other commissioners and work differently with providers. The CCG therefore needs to change the way business is conducted and the Board will need to focus on that aspect of development

  Alison Rogers asked that the last series of Board development is reviewed to make sure key actions had been completed.

**4.2 AGREED**

**The Board received and noted the Chief Officer's Report (March 2019).**

**STRATEGIC OBJECTIVE 1:**
**Ensure safe and sustainable high quality services – to provide the best possible care for patients**

**STRATEGIC OBJECTIVE 2:**
**Ensure system financial sustainability – to ensure compliance with business rules**

**5. Operating Plan 2019/20 *(Paper WHCCG19/020)***

**5.1** Heather Mitchell reported that the CCG is required to submit a one year Operating Plan for 2019/20 to NHSE by 4 April 2019. The Operating Plan has been produced with reference to the strategic priorities for the CCG as previously agreed by the Board, the NHS Long Term Plan and national planning guidance.

**5.2** The draft operating plan received Board approval in July 2018, subject to a refresh pending publication of the NHS Long Term Plan in the New Year. NHSE's assessment of the CCG's draft submission in February 2019 noted the following points, that the;

- Plan is well structured with a clear strategy and strong case for change
- The priorities are clearly articulated
- The integrated care model logically describes what this means for West Hampshire residents and the difference that will be made.

**5.3** The CCG has also iterated the Plan further to take account of the feedback on specific areas of content relating to Primary Care and Public Health. Further amendments will be made to take into account feedback from the public seminar earlier in the day along with any further queries raised by the Board.

**5.4** The following comments were raised:

- Adrian Higgins requested the language is amended from 'Clusters' to 'Primary Care Networks' and to correct the inconsistency in the two maps on pages 8 and 9 i.e. only one has hospitals identified
- Alison Rogers commented that the embeddedness of language across organisations will help integration. She added that she would like the CCG to now look dynamically at performance and efforts over the next year using the Operating Plan as a framework in terms of what the CCG is doing and how this is going to be achieved. It was noted that the way the Long Term Plan is described in a succinct document provides the opportunity for it to be used as a checklist on progress against the transformation programme.
- Mike Fulford added that alongside the narrative plan there is a financial plan. The Board had discussed and agreed a position earlier in the day, which is to seek to deliver a breakeven position against the allocation in line with the control total issued by NHSE, but that the Board had noted the quite substantial level of financial risk this involves. Mike will be writing to the NHSE regional finance director to confirm that position, highlighting the level of risk, which will be monitored and managed in the usual way.

**5.5 AGREED**

**The Board approved the Operating Plan for 2019/20 and the decision to seek to deliver a breakeven position against the allocation in line with the control total issued by NHS England, noting the substantial level of financial risk this involves.**

## 6. Digital Strategy 2019-2022 *(Paper WHCCG19/021)*

**6.1** Karl Graham reported that the purpose of the Digital Strategy (2019–2022) is to outline the strategic intentions for the CCG with regards to how digital solutions and technology will be used to enable greater access to information and to help improve our populations' health and wellbeing.

**6.2** The Digital Strategy will provide direction and focus for digital initiatives and complements West Hampshire CCG's Corporate Strategy and digital plans of the Local Care Partnerships (LCP). The strategic intentions detailed also reflect those of the HIoW STP, under their digital work stream, and recognises there is a need for all partners to look beyond their individual digital requirements and to look holistically to maximise benefits across the system and result in cohesive information and infrastructure.

**6.3** The success of this strategy will be measured by the impact it has on the way patients and professionals think, work and interact, as much as it does on the systems and solutions in place. This includes making a cultural shift to give patients more control of their health and care and recognising that professionals collecting and sharing good information is fundamental to improving the quality, efficiency and effectiveness of care delivery.

**6.4** Karl added that the Digital Strategy had been discussed at the previous Public Seminar and that the CCG would ensure that concerns which had been raised would be addressed.

**6.5** The following comments and queries were raised during a period of discussion:

- Clarification was sought on stakeholder engagement in the development of the strategy. This included a wide range of stakeholders; GPs were extensively engaged, through locality meetings, feedback from GPs and practice staff, CCG staff and patients, for example students from Barton Peveril College. Comments were included within the pack along with some of the key messages, for instance, staff just wanted IT to work, which was a consistent message that came up, along with joined up care. This culminated in a series of engagement events with multiple stakeholders towards the end of the summer in 2018 and engagement will remain ongoing. One of the key principles is to have digital solutions by the user for the user, being sure that the CCG understands the real need and that digital solutions meet this, rather than providing people with solutions that do not actually deliver what they need to.
- Simon Garlick commented that the 2016 Sustainability and Transformation Programme also had a digital strategy, querying if this had resulted in anything that the CCG can build on. In response it was advised that there are things which cannot be done at CCG level and which need to be done at a HIOW level, for example patient records on CHIE (Care and Health Information Exchange), as is the secure N3 network connection. The CCG will build on some of those skills to deliver digital solutions more locally and the interface with the HIoW STP Digital Forum is being reviewed to ensure robust governance.
- It was suggested that better language is needed to ensure that the Strategy is easy to understand by everyone.
- Sarah Schofield commented that there has been discussion at Board level regarding UHSFT and HHFT being digital exemplars for which national funding is provided, but also about improvements to the wider system. UHSFT and HHFT have been invited to come to Clinical Cabinet in May to provide an update on exemplars and how this has benefited systems outside the hospital. Stuart Ward added that an example of this for his practice has resulted in GPs being able to log into the system and see the results of blood tests and MRI scans immediately, which makes a significant difference to both GPs and patients and really works on a day to day basis.
- It was pointed out that if the hardware is not right, then all the fantastic operating programmes that are available will not work; replacement of hardware with the right equipment is therefore a core component of the Strategy.

**6.6 AGREED**

**The Board approved the Digital Strategy 2019-2022.**

## 7. <u>Integrated Performance Report (January 2019)</u> *(Paper WHCCG19/022)*

**7.1** Sarah Schofield referred the Board to the Integrated Performance Report bringing together the key finance, performance and quality issues for the Board's awareness, along with actions to address these issues.

***<u>Quality Update</u>***

**7.2** Ellen McNicholas highlighted the range of issues which had been reviewed by the Clinical Governance Committee. This included:

- **Terms of Reference** – The Clinical Governance Committee Terms of Reference were reviewed, noting minor changes to sub-groups and non-voting membership. They were approved, subject to further clarification of the Committees role in shaping and monitoring developing quality governance arrangements in local Integrated Care Partnerships.

- **Risk Register** – The Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are nine risks from Quality and Safeguarding that meet the Corporate Risk Register threshold (score of 12 or more). The Committee was informed of the risk relating to unsafe non-medical male circumcision and informed that the Hampshire Safeguarding Children's Board will be requested to hold this risk on behalf of system partners.
- **Hampshire Hospitals NHS Foundation Trust (HHFT) -** The Committee received an update on HHFT's progress against the Care Quality Commission (CQC) actions. It was highlighted that Joanna Clifford, Senior Quality Manager, West Hampshire CCG is leading on work related to safety culture within the trust; the Board formally expressed its thanks to Jo.
- **Southern Health NHS Foundation Trust (SHFT)** – The Committee discussed a report on the use of the Care Programme Approach (CPA) and requested further assurance around the criteria being applied by the trust for the use of CPA, and whether it incorporates both health and social care interventions. A further paper is to be provided to the May 2019 Committee and the risk relating to this issue is to be reviewed.
- **Millbrook Hampshire Wheelchair Service (MHWS)** – In January 2019, MHWS received 394 referrals in to the service which is 146 more than planned. The current waiting list is 1946 for adults and 398 for children. There remains concern that quality intervention and assurance processes cannot address the underlying issue that activity is above the commissioned threshold. Plans are in place to meet the trajectory in quarter 4 2019/20 and is the basis of a contract variation to effectively measure the 18 week pathway and how many patients are sitting in the process at any one time. A waiting list initiative has been commissioned to resolve the children's waiting list with a defined caseload to bring performance up to 67%. If this works as envisaged and evaluates well, this initiative could potentially continue. There are also a number of other actions in place to mitigate demand and manage the waiting list.

**7.3** It was reported that Judy Gillow and Ellen have written to both HHFT and SHFT to invite medical directors and directors of nursing to attend Clinical Governance Committee to provide updates on the issues detailed above.

***Finance Update***

**7.4** The following was also reported:

- For the 2018/19 financial year the CCG is planning on income of **£778.8m** and expenditure of **£779.5m**, to give a **£0.7m** deficit of expenditure above income.
- This is in line with having a formal financial control total of **£2.2m** deficit and being able to bring in our carried forward surplus of **£1.5m** but before accounting for Commissioner Support Fund (CSF) allocations. The CCG potentially has access to **£0.7m** of CSF allocations that would enable it to breakeven if they are earned.
- The financial performance position to the end of February 2019 is in line with the year-to-date plan, which was to deliver **£0.6m** of the planned deficit. The 2018/19 year-end forecast remains on plan and the unmitigated risks associated with the delivery of the control total are now assessed at **zero**.
- Following a review at month 11, the net unmitigated risk of delivery of the in-year planned deficit of **£0.7m** has been reduced to **zero**. The **£1.4m** of risks relate to residual forecast non-delivery of QIPP in the closing weeks of the financial year.

***Performance Update***

**7.5** The report provided a summary of key performance issues all of which had been previously discussed at other committees. These included an update on **West Hampshire CCG Winter Resilience, Emergency Department four hour standard and ambulance response** in that following a more resilient Christmas period, with

improved 4 hour performance, a reduction in ambulance handover delays, and an improvement in 999 response times, all systems have experienced a more challenging January, February and March, **delivery of cancer standards at University Hospitals Southampton NHS Trust**, and an update on actions being taken to improve the position and **Child and Adolescent Mental Health Services (CAMHS)** and actions to improve waiting times.

Child and Adolescent Mental Health Service (CAMHS)

**7.6** Rory Honney reported that there had been very robust discussions around CAMHS and requested more information on the key mitigation actions which are currently underway. Heather Mitchell reported that there has been extra scrutiny of CAMHS through a multi-agency Improvement Board over the past few months and as part of this an independent / external peer review was secured to review the ability to improve waiting times along with the quality of service delivered. This peer review supported the CQC rating that the service is good when young people are seen, however the issue is waiting times. The review concluded that, subject to some sensitivity modelling with North East Hampshire & Farnham CCG (lead commissioner) and Sussex Partnership (providers of CAMHS) there is potential that more will need to be invested in the service in order to meet waiting times. There has been some additional focus on the Winchester area which has some of the longest waits, with a review of the waiting list to see if any children need to be seen earlier, which resulted in some cases being brought forward. A group model is also being trialled where this may be appropriate to improve the waiting list. Ellen McNicholas has written requesting assurance on harm whilst young people are on the waiting list. As a result of this work, there will be a three-way Board meeting arranged between commissioners and provider to discuss how this is progressed, however date has yet to be confirmed (provisional date set for 30 April).

**7.7** Simon Garlick queried if the Hampshire CAMHS service is performing in line with other services nationally in terms of quality and cost. It was confirmed that there is some good benchmarking information available which shows that the Hampshire service is not a significant outlier for either of the above aspects. Further documentation is being collated for the three-way Board meeting next month, including the peer review report.

**7.8 AGREED**

**The Board received the West Hampshire CCG Integrated Performance Report (March 2019) and reviewed the associated risk and mitigations, as summarised above and in the paper.**

**STRATEGIC OBJECTIVE 3:**
**Work in partnership to commission health and social care collaboratively – to commission services at the appropriate tier to achieve the best possible outcomes for patients**

**8. Collaborative Commissioning Report (March 2019) *(Paper WHCCG19/023)***

**8.1** An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by the CCG, outlining progress in the delivery of service development programmes and operating plans against the strategic objective of collaborative commissioning. There are three main areas where CCGs across Hampshire delegate commissioning functions to a lead CCG:

- Maternity and Child Health – lead is North East Hampshire and Farnham CCG
- Mental Health and Learning Disability – lead is West Hampshire CCG
- Continuing Health Care – lead is West Hampshire CCG

**8.2** Heather Mitchell highlighted the following developments / issues from the written report:

- The report details the key achievements that have been delivered in year, for example investment in children's hubs which have been trialled throughout the year and which has been authorised to continue next year, and for maternity running the Better Births Pioneers across HIoW which have been noted as exemplar. There has also been recent approval for a single maternity IT system across HIOW.
- The key risk under children's services remains CAMHS.
- There has been investment in the Improved Access to Psychological Therapies (IAPT) this year, with improved performance and national targets being met; investment into mental health crisis services, including mental health workers in NHS111 services so that people experiencing crisis in mental health are able to access support. Indications are that there have been some reductions in Emergency Department attendance as service users have managed to access support in the community

**8.3** Ellen McNicholas highlighted the following

- The report includes summaries of key achievements in Learning Disability services, Continuing Healthcare, and Safeguarding and Looked After Children.
- Continuing Healthcare have had a significant success in delivery of the savings target this year. This has not been at the detriment of quality but in improving quality of processes and the functioning of the team, for which the team should be commended for delivery.
- Safeguarding and Looked After Children review highlights some really important quality initiatives which have been taken forward as a result of Serious Case Reviews.

**8.4** The following comments and queries were raised during discussion:

- Sarah Schofield stated that there have been significant achievements that have been made both in terms of service delivery and financial performance in collaborative commissioning, whilst working under quite substantial pressures, for which she expressed thanks to teams on behalf of the Board.
- Judy Gillow queried if the national workforce issues with regard to learning disability workforce is being seen locally, including whether organisations are working together. It was reported that there has been an issue, but SHFT, the local provider, has done a significant amount of work in making learning disability nursing attractive which has helped facilitate healthcare support workers to leave to undertake training and then come back to the trust. The trust is also working collaboratively with the local authority which has members of staff with social worker background, to look at how services can work differently to achieve the base outcomes; the local learning disability workforce is not an area of concern at present.
- Attention was drawn to the progress chart on learning disability objectives and progress for 2018/19 which was 'Red' for discharge of six NHSE funded patients. It was clarified that this work happens when NHSE informs the CCG of people they are currently supporting in establishments that are out of area and the CCG works with them to support discharge to bring them back into the local area.

**8.5 AGREED**

**The Board noted the progress being made on collaborative working to deliver the work programme in 2018/19, including the risks and mitigating actions.**

**STRATEGIC OBJECTIVE 4:**

**Establish local delivery systems to deliver patient centred care closer to home which is integrated, prevention based, equitable and high quality**

## 9. Local Delivery Systems *(Paper WHCCG19/024)*

**9.1** The Board received a report which provided an update on progress on:

- The work within Local Delivery Systems within West Hampshire CCG
- Progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on:
    - New care models through implementation of the five core components of the integrated care model
    - Urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence.

**9.2** There are two Local Delivery Systems across West Hampshire: South West Hampshire Local Delivery System covering the four localities of West New Forest, Totton and Waterside, Eastleigh Southern Parishes and Eastleigh North and Test Valley South, and North and Mid Hampshire Local Delivery System covering the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG.

**9.3** Rachael King drew attention to the following:

- Further development of 13 Primary Care Networks (PCNs) focussed on identifying local needs and priorities to address those needs. The publication of the GP Framework sets out the development of primary care over the next five years, which the CCG is supportive of.
- As noted above at 4.1, the Frailty team which covers 17 practices in the New Forest and Totton and Waterside has been shortlisted for a HSJ award. The team provides rapid assessment and care in the community without the need for patients to go into hospital. The award is credit to the work of the teams and partners; SHFT, Hampshire County Council and local GP surgeries.
- A national target has been set to reduce the number of long stay patients who have been in hospital more than 21 days. Both systems achieved a 26% reduction by the end of December 2018, which again is credit to the CCG;'s partners in ensuring that patients do not remain in hospital longer than necessary. Jenny Erwin added that HHFT stretched the target and achieved 30%; this was alongside a reduction in elective excess bed days, also achieved by UHSFT, which demonstrates that organisations are working well at system level.
- Lorne McEwan highlighted the GP federation working with HHFT have taken on the acquisition of a high tech liver scanner for a Community Fibroscan service which will start on 1 April 2019. This is a one year pilot to pick up the early diagnosis of non-alcoholic fatty liver disease for diabetic patients on certain medications and this will be the first area in the country that will have this facility.

**9.4 AGREED**

**The Board noted the Local Delivery Systems report (March 2019).**

**STRATEGIC OBJECTIVE 5:**
**Develop the CCG workforce to meet the future commissioning needs of the population.**

**10. Human Resources, Organisational Development and Inclusion Strategy and Implementation Plans *(Paper WHCCG19/025)***

**10.1** The purpose of this strategy is to outline the framework for the development of the CCG workforce to support delivery of safe, high quality, patient-centred healthcare services to the population it serves. The strategy is framed by three key themes or ambitions, each with a number of areas for delivery:

- Theme 1: Being an employer of choice
- Theme 2: Enriching working lives for staff
- Theme 3: Developing a Capable Workforce

**10.2** Ellen McNicholas reported that Kate Hardy, Head of Organisational Development along with colleagues from the Commissioning Support Unit who provide the HR function have developed this strategy document following review of the internal and external factors in which West Hampshire CCG needs to operate, with the draft strategy having been reviewed through various committees within the organisation.

**10.3** The following comments were raised during a period of discussion:

- Judy Gillow drew attention to page 20 of the report which refers to seeking mental health support for staff, adding that she was pleased to see that there will be some mental health awareness training for line managers. However, she queried if more should be documented with regard to the importance of staff mental health, and when this is being started. Judy also queried if anything is being done about staff being more proactive themselves when they start to suspect stress etc. In response it was advised that a training programme is planned for implementation over the next two to three years. Resilience has been picked up as an area of focus, with a line managers development programme being created which is anticipated to take place from May to July. This will be a two day programme on essential management skills, with a half day focused on resilience for themselves and for their team. This will be supplemented with more support for individuals as required. Other activities include a Mindfulness course for staff, as well as exercise programmes. Updates on progress will be provided through the Learning and Growth Group, which reports to Board.
- Simon Garlick commented this was a very helpful report, suggesting that updates on a few of the outcomes are provided three or four times a year, and Alison Rogers added that she found the gap analysis useful and commended the report.
- Adrian Higgins expressed concern in relation to the often part-time clinical workforce employed by the CCG who can also work in a number of settings which does not support their resilience and can sometimes feel like they are excluded. Further consideration will therefore be given to how to include part-time clinical staff.

**10.4 AGREED**

**The Board approved the CCG's Human Resources, Inclusion and Organisational Development Strategy and Implementation Plans, subject to further consideration of how part-time clinical staff are included.**

## 11. Results of the National NHS Staff Survey 2018 *(Paper WHCCG19/026)*

**11.1** Ellen McNicholas reported that the results of the annual NHS staff survey show that West Hampshire CCG's staff are overall satisfied with their experience of working at the CCG and results are positive when compared to other CCGs. There is room for improvement in a number of areas, but specifically under the themes of quality of appraisals; safe environment – bullying and harassment; and quality of care. Ellen added that the response rate is the highest that the CCG has ever achieved at 80.5% and she expressed her thanks to Kate Hardy and managers within the organisation who had encouraged staff to complete the survey.

**11.2** Ellen highlighted that one area of concern was that some responses indicated a significant problem with bullying, violence, harassment and aggression. A large volume of this related to the Continuing Healthcare (CHC) team, some from members of the public, which can be understood as people are often frustrated by a process and framework. Consideration therefore needs to be given to how to support staff, as well as to the public going through the CHC system so they better understand how the process is managed and to reduce expectations. Staff in CHC also reported a level of bullying and aggression from colleagues from other provider organisations (community, acute and in some cases primary care), which could be due to a lack of understanding of the framework that staff are required to work within and frustration in their ability to respond to needs that fall outside the framework. The CCG has to do significantly more to educate and help organisations to understand the framework and process, and put systems in place that enable better dialogue with those organisations.

**11.3** The Board were asked to support the action plan provided, for which many of the actions are already in train, building on the 2017 survey action plan.

**11.4 AGREED**

**The Board received the results of the national NHS Staff Survey 2018 and agreed the actions described.**

## CCG DEVELOPMENT AND GOVERNANCE

## 12. Patient and Public Engagement Steering Group Report (March 2018) *(Paper WHCCG19/027)*

**12.1** It was reported that the Patient and Public Engagement (PPE) Steering Group was set up as the Involvement Steering Group nearly five years ago, with the first meeting in March 2014. The membership has changed over time but remains a wide range of representatives from the voluntary sector, local authority, Healthwatch Hampshire and Patient Participation Groups from across west Hampshire. The PPE Steering Group is chaired by Judy Gillow, Lay Member (Patient and Public Involvement) with support from the engagement manager.

**12.2** The paper was presented to Board following a recent internal audit review into Patient and Public Engagement, which highlighted the importance of presenting a regular, bi-annual report into the activity of the group to the Board for information and review. This is to provide the Board with assurance around the range of engagement activities undertaken by the CCG in support of service improvement and redesign and to reflect the importance placed on engagement with the public.

**12.3** Ellen McNicholas informed the Board that the Terms of Reference (ToR) have been reviewed with interim ToR in place; these will need to be reviewed again in light of the development of Primary Care Networks and work in the localities and how these feed into the group. A workshop is planned in the early summer to look at New Models of Care, Primary Care Networks and how the PPE Steering Group has oversight of the different models. The membership will be reviewed to ensure it covers hard to reach groups such as mental health to obtain a broad oversight of the engagement the CCG is undertaking. Actions include how to continue to develop commissioning teams so they come at the right time to the group for early engagement and advice on how they should be working with localities. The group is therefore in a development phase, realigning to go forward in the new environment to ensure it is doing all it should in relation to national guidance.

**12.4** It was queried if the CCG is linking with the Department of Health on patient and public engagement as there may be ways that they could assist. In response it was advised that the CCG is following the 10 key points in national guidance, and will be seeking someone to help facilitate the workshop and to gain feedback from the national engagement team on the things the CCG is doing.

**12.5** It was highlighted that Simeon Baker has been engaged on an interim basis to ensure that the CCG is meeting patient and public engagement requirements. As referenced earlier, the IAF return on the quality of leadership has been submitted, with a return also having been submitted on public engagement; last year this achieved an assessment of 'good' and there is no reason to suspect that this will not be achieved this year. The date for feedback on this was initially early April, however this has now been deferred.

**12.6 AGREED**

**The Board received the report from the CCG's Patient and Public Engagement Steering Group.**

## 13. <u>EU Exit Update (March 2018)</u> *(Paper WHCCG19/028)*

**13.1** In early December 2018, the Secretary of State for Health and Social Care issued information on the Government's revised border planning assumptions to industry and the health and care system. The letters focused on supply chain implications in the event that the United Kingdom (UK) leaves the European Union (EU) without a ratified agreement on 29 March 2019 – a 'no deal' exit. To inform preparations, an EU Exit Operational Readiness Guidance has been developed and agreed with NHSE and NHS Improvement (NHSI). This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit. The report provided outlined the national and locally identified risks and the key actions the CCGs are taking in the planning process with links to wider health and multi-agency partners.

**13.2** Heather Mitchell, who is the Senior Responsible Officer for EU Exit preparations for Hampshire CCGs, noted that this report is already out of date as the date for the UK to leave the EU had been pushed back from 29 March to 12 April 2019. Nationally the NHS is making plans to progress preparations as if the UK is going to exit without a deal, so the paper provided had been written in that context. Locally, risks are being assessed in line with local resilience forums; there are a number of key national risks that need to be locally assessed, in addition to a number of local risks. Lead directors have been identified and staff have been reviewed to identify if they have acquired or are in the pipeline to acquire settlement status.

**13.3** Attention was drawn to section 1.3 of the report, with clarification sought on the nationally identified risk in relation to electronic data which is held on EU servers, which may be inaccessible due to non-compliance with the General Data Protection Regulation (GDPR). It was advised that this risk has now significantly reduced and closed as there is not a high risk that this data cannot be accessed. Heather Hauschild added that there had been a very good session at the monthly All Staff Briefing, where Tracey Davies, Operational Lead presented to staff. This was very well received and staff will continue to be updated on a regular basis.

**13.4 AGREED**

**The Board received the CCG's risk assessment report in preparation for the exit of the UK from the EU.**

**14. <u>Workforce and Commissioning Equalities Information 2018/19</u> *(Paper WHCCG19/029)***

**14.1** Heather Mitchell introduced a paper which brought together equalities information for 2018/19 and covers West Hampshire CCG commissioning functions and employment practices. This evidence shows the progress the CCG has made on fairness and inclusion for patients, carers, communities and employees with characteristics protected under the Equality Act 2010. It is a statutory requirement for the CCG to submit this information and as required by NHSE, the CCG has used the Equality Delivery System (EDS2) as a framework to:

- Gather and present evidence
- Work in partnership with patients, carers, community representatives, and our employees, to assess the evidence of progress and then grade the CCG against the EDS2 outcomes.

**14.2** The report was presented in three parts, which can be summarised as follows:

- <u>Workforce diversity profile</u>: the CCG's diversity profile shows that age, ethnicity and disability diversity has increased amongst staff
- <u>Workforce equalities information</u>: against EDS2 the CCG is now graded as 'Achieving' for two outcomes (an improvement) and remains at 'Developing' for four outcomes. However staff representatives stated that the work already planned for 2019/20 should bring the CCG up to 'Achieving' in these areas. The remaining three outcomes will be graded by staff in April 2019.
- <u>Equalities information - Our work as a commissioner</u>: based on the evidence patients did not believe the CCG was 'Achieving' for any EDS2 outcome. Acknowledging the progress that has been made however, they agreed to award their own grade of 'Improving' (between 'Developing' and 'Achieving' in terms of EDS2 criteria.

**14.3** Sarah Schofield informed the Board that she had attended a very useful meeting led by the Equality and Diversity Manger which involved staff from departments within the CCG to discuss this feedback. This had been really interesting and inspiring and focussed on making a difference, and she had been grateful to be involved.

**14.4** Simon Garlick queried what is going to be done as a result of some of the figures, and in particular what lay members need to do. For example gender balance – was this good, bad, does something need to be done about it. In response it was advised that there has been a great deal of work nationally about gender equality, focussing on Board level staff. West Hampshire CCG did potentially have a higher level imbalance in that the Board was male dominated, which was impacted more by the number of male GPs. The CCG is currently looking at recruitment processes and how it can attract younger staff

into the CCG. In terms of gender, the NHS is female dominated.

**14.4** The age profile has been shifting with a gradual increase in staff aged 25-44 and a decrease in older staff, so the CCG staff age profile is younger. However, this does mean that in conjunction with Learning and Growth and the Organisational Development Strategy that are putting actions in place in order to attract and develop the younger age group (vs older staff who may need less development) the CCG needs to be mindful that when progressing demanding developments the workforce may not be as skilled. More work is therefore needed to ensure the best field of candidates, and not about shifting the age/gender balance. The CCG will continue to monitor this data so that it is continuing to meet its obligations and not discriminating.

**14.5** Alison Rogers expressed concern with regard to the layout of the paper, where information had been presented in three appendices. In future year, it was suggested that an executive summary is prepared, directing the Board to the key areas of focus. These comments were acknowledged, while recognising that the appendices had been published in line with a standard, prescribed format. As there are recommendations within the report, with work ongoing through the CCG Staff Forum, it was agreed that a summary is provided to a future meeting (mid-year, in three to six months' time), both for the benefit of Board members and for staff. **Action: Ellen McNicholas [logged]**

**14.6 AGREED**

**The Board approved the equalities information for publication on our website in the format as provided.**

## 15. <u>Board Assurance Framework</u> *(Paper WHCCG19/030)*

**15.1** Heather Mitchell presented the Board Assurance Framework (BAF). The BAF is a high level aggregated description of the risks relating to the achievement of the CCG's strategic objectives. It only includes very high or high risks and provides assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives.

**15.2** There are two very high risk areas with no change in score:

- Finance (financial sustainability, financial recovery plan, Sustainability and Transformation Plan) control total – Score 16.
- Performance (constitutional standards, significant areas of non-delivery) – Score 16

**15.3** There is one high risk area with no change in score:

- Developing New Models of Care (Sustainability and Transformation Plan, local delivery systems) – Score 12

**15.4** There is one new very high risk:

- Ophthalmology Outpatient Capacity – Score 116

**15.5** The following risk has been reduced and removed:

- #131 Recruitment and retention of GP clinical staff = Score 8

**15.6** Following a recommendation from the Audit Committee the Corporate Risk Group will be meeting additionally in April to review the strategic focus of the risk areas on the BAF.

**15.7** Heather Mitchell highlighted that the GP risks in relation to Primary Care Networks, New Models of Care and additional funding are reviewed in depth at the Primary Care Commissioning Committee.

**15.8** Judy Gillow commented that the Ophthalmology Outpatient Capacity risk reads as though once the choice and equity policy and placement approval process is updated the risk will be downgraded to 8, however it was her understanding that issues were broader than that and related to safety of patients whilst on the waiting list / in the backlog. In response it was advised that some of this is about changes to commissioned options available for ophthalmology, for example community optometrists, which will have a change in impact. Other Ophthalmology risks are not sitting on this level of the register. It was therefore felt that this risk needs further work; Rachael King agreed to review the risk in light of comments. **Action: Rachael King [completed]**

**15.9 AGREED**

**The Board reviewed the Board Assurance Framework as presented and were assured that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.**

**16. <u>Consultation on Legislative Changes to Delivery the NHS Long Term Plan</u> *(Paper WHCCG19/031)***

**16.1** It was reported that NHSE / NHSI are currently consulting on 'Implementing the NHS Long Term Plan – Proposals for possible changes to legislation' which includes matters such as procurement rules, integrated care and the joining of NHSE and NHSI. West Hampshire CCG intends to respond to this consultation by the deadline of 25 April as detailed in the paper provided.

**16.2** It was clarified that there are a number of consultations from NHSE that CCGs, other organisations and individuals have an opportunity to respond to. They do not all come to the Board, but in this case there will be an impact on the CCG's constitution and the powers of NHSE, so it had been brought to the Board so that members are aware. The final response is subject to executive decision, however it is felt that proposals generally support the CCG's direction of strategy.

**16.3** Simon Garlick commented that it was understood that there will be no time in legislative terms to put anything through due to Brexit and so queried the purpose of the consultation. It was clarified that the consultation is being led by NHSE and is not to say that the proposed constitutional changes will be considered, but are the first steps in gaining an understanding of whether the NHS would support proposals.

**16.4 AGREED**

**The Board noted the CCG's proposed response to the consultation on legislative changes to deliver the NHS Long Term Plan.**

**17. <u>Other CCG Corporate Governance Matters</u> *(Paper WHCCG19/032)***

**17.1** Mike Fulford reported that this month's update on corporate governance matters relates to the following:

- The policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.
- The activity of the Policy Sub Group, including updates on the review of policies and documentation in relation to the General Data Protection Regulation which came into effect on 25 May 2018.
- The CCG Constitution and the review of the Terms of Reference of the Committees of the Board.
- The financial year-end arrangements 2018/19, including the process for the approval of the Annual Report and Statutory Accounts.

**17.2** Mike reported that there will be some changes internally to the policy management process to gain more engagement of the wider staff group to inform policy review and development.

**17.3** With regard to the review of Committee Terms of Reference, this is part of the overall review that Ian Corless had been undertaking as a result of the recent refresh of guidance. The ToR for the Finance Committee had been discussed earlier in the day where the membership had been approved with a couple of amendments; this is subject to reviewing the rest of the ToR at the next Finance Committee. The Board were therefore being asked to approve the ToR for Committees of the Board, noting they are subject to review in the standard way as Committees see fit.

**17.4** Mike also drew members attention to paragraph 4.4 of the report which stated 'Board members are asked to state that as far as he / she is aware there is no relevant audit information of which the CCG's auditors are unaware. In addition that he/she has taken all the steps that he/she ought to have taken as a member of the Board in order to make him/herself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information'. All members present gave their confirmation.

**17.5 AGREED**

**The Board agreed to:**

- **Note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper.**
- **Note the activity of the Policy Sub Group, including updates on the review of policies and documentation in relation to the General Data Protection Regulation which came into effect on 25 May 2018.**
- **Noted the update regarding the CCG Constitution and the review of the Terms of Reference of the Committees of the Board.**
- **Approved the updated Terms of Reference for the Audit Committee, the Clinical Cabinet, the Clinical Governance Committee, the Finance Committee (subject to them being finalised), the Primary Care Commissioning Committee and the Remuneration Committee.**
- **Noted the financial year-end arrangements 2018/19, including the process for the approval of the Annual Report and Statutory Accounts.**

**INFORMATION**

**18. Committees of the NHS West Hampshire CCG Board *(Paper WHCCG19/033)***

**18.1 AGREED**

**The Board received the approved minutes of:**

- **Audit Committee meetings held on 12 November 2018 and 4 February 2019**
- **Clinical Governance Committee meeting held on 17 January 2019**
- **Clinical Cabinet meetings held on 13 December 2018 and 14 February 2019**
- **Finance and Performance Committee meetings held on 29 November 2018 and 31 January 2019**
- **Primary Care Commissioning Committee meeting held on 1 November 2018.**

## OTHER MATTERS TO NOTE

### 19. Any Other Business

Clinical Cabinet

**19.1** Adrian Higgins reported that Andrew Bishop, Medical Director, HHFT had attended the March 2019 Clinical Cabinet meeting to present the trust's clinical strategy where he had talked about previous proposals for the Critical Treatment Hospital, building on work around specific pathways, specifically Trauma and Orthopaedics, Fractured Neck of Femur and Emergency Department (ED) pathways in the context of reshaping ED at Royal Hampshire County Hospital, and supporting primary care development and the shift to more community based services.

**19.2** Derek Sandeman, Medical Director, UHSFT will be attending the April Cabinet to present their draft clinical strategy. Christine Blanchard, Medical Director of Salisbury NHS Foundation Trust will be attending in May, which will also include a presentation on transforming emergency pathways at Winchester, and from Southampton in terms of managing cancer pathways. An invitation was extended to Board members to join the meetings.

**19.3** It was noted that this is a change in the way that Clinical Cabinet has traditionally functioned and gives an opportunity for constructive engagement with colleagues from other organisations.

Future Board Meetings

**19.4** The next Board meeting will be held at a venue in the Winchester area, details of which will be published shortly following Executive sign off of the Board programme for the year.

**19.5** It was noted that the new format of reviewing and discussing papers which had been trialled at this March Board relies on members reading the papers. Clinical colleagues have fed back that it would be useful if papers could be provided earlier, if at all possible.

**19.6** No other business was raised and therefore, Sarah Schofield thanked those who had attended and declared the meeting closed.

### 20. Date of Next Meeting

**20.1** The next Board meeting to be held in public is currently scheduled to take place on **Thursday 23 May 2019,** Venue to be confirmed.

**Signed as a true record**

**Name:** **Title:**

**Signature:** **Date**

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