

OPEN MEETING (*Unratified*)

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
Held on Tuesday 25 August 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)

Frank Costello, Deputy Chair and Lay Member (FC)
Julie Southworth, Director of Quality and Safety (JS)
Mike Tate, Chief Finance Officer – *for Trish Anderson* (MT)
Dr Tony Ellis, Clinical Lead for Wigan Central (TE)
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
Dr Pete Marwick, Clinical Lead for Wigan North (PM)
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)
Dr Ashok Atrey, Clinical Lead for TABA (AA)
Canon Maurice Smith, Lay Member (MS)
Helen Meredith, Nurse Governing Body Member (HM)
Dr Anis, Clinical Lead for United League Collaborative - *for Dr Sanjay Wahie* (SW)
Julie Ashurst, Assistant Chief Finance Officer – *for Mike Tate* (JA)

In Attendance:

Tim Collins, Assistant Director of Governance
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker
Alexia Mitton, Head of Communications

	AGENDA	ACTION
1.	Chairman’s Welcome	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the August meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>3 members of the public were present.</p>	
2.	Apologies for Absence	Record
	<ul style="list-style-type: none"> • Trish Anderson, Chief Officer • Dr Deepak Trivedi, Clinical Lead for Atherleigh • Dr Sanjay Wahie, Clinical Lead for United League Collaborative <p>TD declared the meeting as quorate.</p> <p>The Chairman formally recorded that Mike Tate was deputising for the Chief Officer, Julie Ashurst was deputising for the Chief Finance Officer and Dr Anis was deputising for Dr Sanjay Wahie.</p>	

3.	Declarations of Interest	Record
	<p>Declarations of interest were recorded as below in respect of the closed part of the agenda:</p> <p>Item 6.1 – Outcome of Procurement Evaluations:</p> <p>Dr Dalton, Dr Atrey and Dr Kumar – Health First.</p> <p>The Chairman reminded Governing Body members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p> <p>Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.</p>	ALL
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 28 July 2015	Approve
	<p>The minutes were agreed as a true and accurate account of the meeting and subsequently signed by the Chair with 1 amendment:</p> <p>Helen Meredith to be included as present at the meeting.</p>	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings	Approve
	<p>To be read in conjunction with the action log:</p> <p>28.7.15, item 7.2 – FC requested that this item be deferred until September due to the initial meeting being on the 17 September.</p> <p>28.7.15, item 8.1 – September 2015.</p> <p>28.7.15, item 8.2 – September 2015.</p> <p>28.7.15, item 8.4 – September 2015.</p>	
6.	Questions From Members of the Public	
	<p>There were no questions raised by members of the public.</p>	

7.	New Business Items		
	7.1	<p>Quality, Safety and Safeguarding Briefing Paper – Quarter 1, 2015/16</p> <p>JS presented the item for approval.</p> <p>The purpose of the Briefing Paper is to provide Wigan Borough CCG Governing Body with an overview of the Quality, Safety and Safeguarding activities in the Quarter 1, 2015/2016, reporting period.</p> <p>The report is structured to highlight any areas of concern relating to our Providers and evidences the actions that are being taken to drive the required improvements in quality and safety.</p> <p>JS guided the Governing Body through the report highlighting the following areas:</p> <p>Bridgewater Community NHS Foundation Trust (BCFT)</p> <ul style="list-style-type: none"> • District Nurse (DN) Staffing - Wigan Borough: Recruitment issues were discussed at the Quality Safety and Safeguarding Group Meeting (QSSG) the position at that point of reporting has been captured in the tables below. The DN Staffing position has also been highlighted and discussed at Clinical Governance Committee on 30 June 2015. The Trust anticipates that an improved position will be achieved by the next QSSG on 16 July 2015. <p>Primary Care</p> <ul style="list-style-type: none"> • Primary Care - Education Group: The Primary Care Education Group has been established and aims to bring together representatives from both Primary Care and the CCG to assist with ensuring the development of the Primary Care General Practice Workforce across the Wigan Borough. • Progress on development of the primary care workforce strategy will be reported with the Quarter 2 (2015 - 2016) update. • Practice Nurse Champion (PNC) Group: The Locality PNCs are continuing to support the education and development of the Primary Care workforce across the Wigan Borough. 	

	<p>Nursing Homes and Domiciliary Care</p> <ul style="list-style-type: none"> • WBCCG Care Homes Quality Assurance (CHQA) Lead: The CHQA lead commenced in post on 22 June 2015. It is relatively early days for this work however visits have taken place with Quality Performance Officers, (Market Oversight and Development Team, Wigan Council) to gain an insight into the work of this team. The CHQA lead is providing support and advice on clinical aspects of care during the visits. • Healthcare Associated Infections (HCAI) Quarter 1 Position: <i>C.diff</i> - 23 cases reported during the first quarter. <p>Safeguarding</p> <ul style="list-style-type: none"> • Designated Doctor: has now been appointed at WWL NHS FT. • Safeguarding Children – Serious Case Reviews, Child E: details have not yet been published. This will be available for the next Clinical Governance Committee prior to the next Governing Body meeting. <p>MK suggested that it would be useful to capture the themes of quality issues being discussed at locality level to feed into the next quarterly report.</p> <p>FC referenced Quality Monitoring (section 3, page 21 refers) noting that the CCGs providers work with other CCGs (Bolton/Salford) detecting a lack of evidence, within the report, of an interchange of information between organisations asking if there is a gap in the system that needs addressing.</p> <p>JS assured members that there is a good exchange of information between organisations at the QSSG meeting. JS confirmed that this could be included in future reports.</p> <p>MS referenced the Commissioner Quality Visits (<i>item 13, page 31 refers</i>) and asked how the visits are planned and the frequency of them.</p> <p>JS explained that planning the visits is a combination of responses to specific issues raised via the QSSG meeting (patient feedback/clinicians) and areas already known to the CCG in line with available resources. The visits are conducted bi-monthly, engaging with stakeholders by way of invitation to participate.</p>	
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		<p>AA as Clinical Governance Committee Chair suggested that the process could benefit from MS's expertise in this area and invited him to offer advice. MS was very willing to assist and would liaise with AA after the meeting.</p> <p>FC asked if by adding another dimension this extends beyond quality, for example including patient access to services making particular reference to the ear syringing service and the case of a patient paying to receive private care.</p> <p>JS confirmed that this waiting list is not monitored; the evidence would need to be collected to investigate at the same time being mindful of capacity.</p> <p>JS explained that if patients raise a complaint directly with providers the complaints are managed at the QSSG meeting.</p> <p>MS advised that through the Ulysses system, patient experience is captured and the contract monitoring process with providers demonstrate that proactive measures are in place.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the item. 2. Themes of quality issues being discussed at locality level to be captured and feed into the next quarterly report. 3. Include the exchange of information between the CCG and provider organisations at the Quality Safety and Safeguarding Group (QSSG) meeting in future reports. 4. MS to provide advice on inspection to AA. 	<p>JS</p> <p>JS</p> <p>MS/AA</p>
8.	Current Business Items		
	8.1	<p>Corporate Report</p> <p>MT presented the item.</p> <p>The dashboard is designed to give the Governing Body a regular monthly update on key areas within the CCG and to highlight the emerging challenges.</p> <p><u>Emerging Issues</u></p> <ol style="list-style-type: none"> 1) The emerging Greater Manchester (GM) Devolution agenda and potential funds transfer to the devolution budget. 2) Healthier Together implementation and funding requirements. 3) Potential cuts to local authority budgets as a result of the new Comprehensive Spending Review (CSR) for the five years following 2016/17. 	Receive

	<p>4) Fully meeting the requirements of Winterbourne.</p> <p>5) Future Mental Health 2016/17 tariff – currently out for discussion.</p> <p>6) Funding exit costs for GM Shared Services.</p> <p>7) Increasing cost pressures on CCG in 2016/17.</p> <p>8) Closing the in-year QIPP gap of £7.3m and developing the programme for 2016/17.</p> <p>9) Managing demand in the acute sector - WWL expectation of £15m increase in their income and demographic pressure on continuing health care.</p> <p>10) Community care providers developing enough capacity to receive patients and services deflected from Acute Hospital care.</p> <p>11) Managing and resourcing the co-commissioning of Primary Care with NHS England.</p> <p>12) Patient Transport Services contract will not be finalised until 2016/17.</p> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p>Many of the indicators used to measure Outcomes Ambitions are only published on an annual basis; often with a time-lag. As such, it is not yet possible to assess performance against five of the ten indicators; these are shown as white (None).</p> <p>Of the remaining five indicators, all five are rated Green:</p> <ul style="list-style-type: none"> • IAPT Access Rate for April 2015 is above the target of 1.25% achieving 1.76%. • Emergency Admissions: Composite Measure for the period April to May 2015 is 58 below (better) than target. • The Friends & Family A&E, Inpatient and Maternity scores are all above target at Q1 (April to June). <p><u>NHS Constitution: Headline Indicators</u></p> <p>In the first quarter of 2015/16 (April to June) all of the NHS Constitution indicators performed better than standard.</p> <p>All of the sixteen indicators with a national standard are currently rated as Green.</p> <p>Two indicators have changed their status since the last report:</p> <ul style="list-style-type: none"> • The 19 Minute Ambulance Response times performance for all Red calls, previously rated Amber, is now rated as Green. • The Cancer Screening Referral To Treatment (RTT) In 62 Days, previously rated as Amber, has also now achieved a Green rating. 	
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	<p><u>Acute Activity: Headline Indicators</u></p> <p>The CCG reported significant reductions in acute activity during 2014/15. The CCG has now developed further stretching activity plans, which reflect initiatives to prevent or divert activity from acute trusts, on top of the reductions seen last year.</p> <p>Four of the indicators are currently rated as Green.</p> <p>Three of the indicators are rated as Amber (within 5% of plan). These are First Outpatient Appointments (All Referrals), GP Referrals and Other Referrals.</p> <p>The two remaining indicators are rated as Red: Elective Daycases and First Outpatient Appointments Following a GP Referral.</p> <p><u>Better Care: Headline Indicators</u></p> <p>The headline metrics used to measure performance against the Better Care Fund initiative are comprised of both health and social care indicators. With the exception of Readmissions all indicators measure performance at local authority (LA) level.</p> <p>It is not yet possible to assess performance against the Care Home Admissions and Reablement indicators.</p> <p>Of the remaining three indicators, two are rated Green based on year-to-date performance.</p> <p>The remaining indicator; Delayed Transfer Days is rated Red. This indicator is above plan at Q1 (April to June), however performance for the month of June was below (better than) plan.</p> <p>MT confirmed that the Wrightington Wigan and Leigh (WWL) NHS Foundation Trust contract has now been signed.</p> <p>WWL is achieving the 95% A&E 4 hour target and is leading in Greater Manchester but very recently has dipped to 80%. MT asked GP colleagues to take the message back to Localities and asked if they could assist on referral management.</p> <p>MK sought clarity on the Progression Of All Programmes and Projects To Agreed Timescale for 2015/16 (<i>page 42 refers</i>).</p> <p>MT explained that the trajectory to the end of March 2016 is 100 and the graph is intending to show two sets of work, 2015/16 and 2016/17 savings, evidencing that we are slightly below trajectory.</p>	
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	<p>MT welcomed feedback in the re-design of the graph.</p> <p>TD noted that many Trusts are in financial deficit.</p> <p>MT confirmed that NHS England are seeking assurance of the risks and the measures that the CCG are putting in place to mitigate these. MT is due to meet with NHS England to look at bringing the surplus back into line.</p> <p>GC added that it was encouraging to see A+E performance above 95% during the last few months, especially ahead of entering the winter period. GC asked if we had learned the lessons from previous years.</p> <p>MT explained that a robust view had been taken at the end of the year in line with the money granted to the System Resilience Group (SRG). The CCG are working very closely with Dr Arya from WWL who is the Medical Divisional Budget Holder. The biggest learning point for the CCG is ensuring that any investment in the acute sector goes into front line services. Key to stability of the system will also be the ability to find community beds.</p> <p>MT referred to the Everyone Counts: Planning For Patients 2015/16 Activity Indicators showing as amber/red identifying a turnaround in activity which will cause the acute contract to overspend.</p> <p>MT highlighted referrals as above plan. MT said he was keen to understand the reasons behind this and asked for a discussion with GP Colleagues at the next Clinical Leadership Team meeting (CLT).</p> <p>MS noted the pleasing ambulance performance.</p> <p>MT recognised the efforts of the North West Ambulance Service (NWAS) Management Team in achieving these targets.</p> <p>AA referenced the Referrals: GP and other General and Acute (G&A) activity indicators and suggested that the figures be investigated.</p> <p>MT suggested that the ratio of outpatient follow ups to the first outpatient attendance could be explored, noting the increased levels at A+E and increased levels of first outpatient appointment.</p> <p>TD asked if the CCG were clear of the drivers and solutions.</p>	
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	<p>MT confirmed that Mary Fleming from WWL NHS FT was working closely with Kim Godsman, Associate Director Commissioned Services and Chris Broadbent, Head of Commissioning Urgent Care to address any discharge blockages.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. Everyone Counts: Planning For Patients 2015/16 Activity Indicators to be discussed at the next Clinical Leadership Team meeting (CLT). 	<p>MT</p>
9.	Any Other Business – accepted at the Chairman’s discretion	
	<p>There were no items of any other business raised.</p> <p>The meeting closed at 2.20pm.</p>	
14.	Date and time of next meeting	
	<p>Tuesday 22 September 2015, 13.30pm in Room 17, Wigan Life Centre.</p>	

Signed
 Dr Tim Dalton, Chair

Date:22.9.15.....