

UNRATIFIED OPEN MEETING

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 28th January 2014 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)
Frank Costello, Lay Member – Deputy Chair (FC)
Trish Anderson, Chief Officer (TA)
Mike Tate, Chief Finance Officer (MT)
Dr Ashok Atrey, Clinical Lead, TABA (AA)
Dr Sanjay Wahie, Clinical Lead for United League (SW)
Dr Tony Ellis, Clinical Lead for Wigan Central (TE)
Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
Canon Maurice Smith, Lay Member (MS)

In Attendance:

Julie Southworth, Director of Quality & Safety WBCCG (JS)
Tim Collins, Assistant Director of Governance (TC)
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)
Alexia Mitton, Head of Communications
Kerry Spall, Member of the Public – NAPP
Carole Hugall, Member of the Public – Bridgewater Community Healthcare NHS Trust

| | AGENDA | ACTION |
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| 1. | Chairman's Welcome | |
| | The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the January meeting of the Wigan Borough Clinical Commissioning Group Governing Body. | |
| 2. | Apologies for Absence | |
| | <ul style="list-style-type: none"> • Dr Pete Marwick, Clinical Lead for North Wigan • Dr Mohan Kumar, Clinical Lead for Patient Focus | |
| 3. | Declarations of Interest | |
| | There were no declarations of interest. | |

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| | <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> | |
| 4. | Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 17th December 2013 | |
| | <p>The minutes of the previous meeting were agreed as a true and accurate record and subsequently approved.</p> | |
| 5. | Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 17th December 2013 | |
| | <p><u>December 2013</u></p> <p>7.1/7.2: Complete, listed as an agenda item for Part 2 of the January 2014 Governing Body meeting.</p> <p>9.2: MT is scheduled to discuss with Mike Treharne, Director of Finance Bridgewater, on Friday 31.1.14, upon completion of the discussion MT will circulate an update email to all Governing Body members.</p> <p>9.3: Ongoing. A response is due and will be brought to the February 2014 Governing Body meeting.</p> <p><u>July 2014</u></p> <p>8.3: Complete.</p> <p>8.6 (a/b): February 2014.</p> | |

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| 6. | Questions From Members of the Public | |
| | There were no questions raised by members of the public. | |
| 8. | New Business Items (taken as the first agenda item) | |
| 8.1 | <p>Sir Ian McCartney Presentation</p> <p>Sir Ian McCartney thanked the Governing Body for granting him the opportunity to attend the meeting to provide Governing Body members with an overview and update on the progress of Healthwatch Wigan.</p> <p>The functions of local Healthwatch are to:</p> <ol style="list-style-type: none"> 1. Provide advice, information and signposting 2. Engagement and Consultation 3. Influence and Involvement 4. Scrutiny and reporting 5. NHS Advocacy and complaints <p>The company was formed in April 2013, it is a non-membership based organisation and currently has 12 Directors employed.</p> <p>Healthwatch aims to create a structure to engage with the public in order to provide a stable structure for health and social care.</p> <p>Areas of ongoing work include:</p> <ul style="list-style-type: none"> • Young Healthwatch • NHS Healthier Together Consultation • AGMA – health and social care reforms • Health and Wellbeing Board • Passenger Transport Survey • Newsletter and social media • Establishing the Stakeholder Board • Enter and view recruitment • Network of Networks • Engagement Strategy • Greater Manchester Healthwatch Network <p>Sir Ian McCartney confirmed that a passenger transport survey is being conducted and Healthwatch have engaged with Arriva Transport who have provided staff to assist with the survey distribution.</p> | |

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| | | <p>Rationalising the workplan includes external/internal themes and cross cutting issues:</p> <p>External</p> <ul style="list-style-type: none"> • Primary Care • Secondary Care • Social Care • Public Health <p>Internal</p> <ul style="list-style-type: none"> • Organisational Development <p>Cross Cutting Issues</p> <ul style="list-style-type: none"> • Gathering views • Making people's views known • Acting on people's experiences <p>Healthwatch are looking to provide soft intelligence to partners on identified trends.</p> <p>Applications for the Stakeholder Board, to be representative of a cross section of the Borough, opened on 17th January 2014 for a three week period. Members will be selected by an independent panel.</p> <p>Over the next few weeks Healthwatch will be going out to consultation on the voluntary sector, as a pre-cursor to this they are looking at the start of a Social Care Network.</p> <p>TD thanked Sir Ian McCartney for taking the time to attend the meeting to update Governing Body members and opened up to the floor for any further questions.</p> <p>FC welcomed the presentation and work being conducted by Healthwatch. He further added that he was encouraged by the sharing of resources in that we will achieve much more working as a collective group.</p> <p>TA thanked Sir Ian McCartney and echoed comments of FC. TA stated that she was impressed by the level of commitment and confirmed that the CCG has high ambitions with two key drivers:</p> <ol style="list-style-type: none"> 1) Quality of Services and; 2) Patient Experience and Engagement. | |
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| | | <p>The partnership with Healthwatch will foster the CCGs ambitions. In turn the CCG can work with Healthwatch to support the delivery of its responsibilities.</p> <p>Sir Ian McCartney offered the assistance of Healthwatch with the impending public conversations regarding the Healthier Together Programme. He further confirmed that proposed changes in the Social Care Bill (Acute Trust) may have implications on the CCGs 5 year plan, in that it will provide the Secretary of State with powers over Foundation Trusts.</p> <p>TA very much welcomed the support of Healthwatch in delivering the public conversations. FC echoed, adding that partners should work together in order to provide the best possible outcomes for the population of Wigan.</p> <p>TD summarised by recognising the synergy of purpose regarding the Healthier Together Programme. The Governing Body welcomed Healthwatch as an active partner as the CCG seeks to improve health services locally.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the presentation. | |
| 7. | Key Messages | | |
| | 7.1 | <p>Chair’s Key Messages</p> <p>TD confirmed that the health economy has been successful so far over the winter period. Since Christmas however there have been some difficulties with ‘Norovirus’ which resulted in the temporary closure of admissions to two wards, however patient flows were re-established swiftly resulting in a speedy resolution.</p> <p>Good news stories include:</p> <ul style="list-style-type: none"> • The launch of Wigan Healthwatch on the 17th January. • The opening of the Hanover Diagnostic & Treatment Centre at Leigh Infirmary on the 24th January 2014. • From a Primary Care perspective we now have three federations across the Borough, and have twenty practices signed up to deliver the Integrated Neighbourhood Team Pilot. • Much progress has taken place on the 5 year plan along with the underpinning 2/3 year plans. | |

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| | | <p>Healthier Together</p> <p>TD confirmed that it had been a challenging month in respect of the Healthier Together programme. At the Committee in Common meeting on 22nd January 2014 there was a proposal to extend the terms of reference in a way that differed from the original version which resulted in a fundamental disagreement. As a result of this WBCCG voted against the terms of reference and the position at present is that WBCCG is in attendance at the meetings but at present does not have a vote.</p> <p>TD sought approval from Governing Body members to formally object to the action being taken regarding the principal document and the exclusion of WBCCG from a formal vote.</p> <p>Governing Body members accepted the proposal and agreed TD should look to resolve the issue and draft an acceptable form of words for approval.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the update. 2. TD to draft an acceptable form of words for approval of the Governing Body in response to the current position of Healthier Together. | TD |
| | 7.2 | <p>Chief Officer's Key Messages</p> <p>TA confirmed that January has been a challenging month in terms of capacity and intensity. The CCG can be satisfied that to date we have achieved a more in depth and comprehensive planning round than in previous years. TA wished to record her formal thanks to all staff members involved.</p> <p>National Update</p> <ul style="list-style-type: none"> • Planning and tariff guidance for the 5 year plan has been issued. • WBCCG is one of four invited to join the Kings Fund national programme on Integrated Care Development which is recognition of the quality of the work being done by the CCG and its partners. <p>Regional</p> <ul style="list-style-type: none"> • Greater Manchester – formal planning round session has taken place. | |

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| | | <p>Local</p> <ul style="list-style-type: none"> • The opening of the WWL Hanover Diagnostic & Treatment Centre at Leigh Infirmary, which is an impressive facility. • A meeting was held with Professor George Tadros from the University of Warwick to discuss potential future work in relation to elderly patients with dementia. The figures shared at this meeting in relation to bed days saved were encouraging and should ultimately bring provider savings along with improved patient care. • The Health and Wellbeing Board received a number of reports including a briefing paper on Integrated Care and an Integrated Neighbourhood Team update. • Meetings have been held with the Chair/Chief Executive of Healthwatch. • Attendance at a Local MPs briefing with Local Authority partners which was very well received. • A meeting was held with Alan Baron, Chief Executive Wigan Hospice, linked to the review of funding allocations. <p>GC asked if the Hanover Diagnostic & Treatment Centre has the potential to support a wider area than Wigan.</p> <p>TD confirmed that this was a fabulous facility, designed very much on a private model and feels that it would have the capacity to reach further than the Wigan Borough. TD added that they now need to reach into Primary Care.</p> <p>Further to this FC re-emphasised the importance of us not limiting decisions about diagnostic locations solely to the Healthier Together Team as this would in his opinion severely restrict the opportunities available to us in relation to the development of our 'Out of Hospital' care arrangements.</p> <p>TD confirmed that they need to reach out into Primary Care.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the update. | |
| 9. | Current Business Items | | |
| | 9.1 | <p>Future Financial Allocations</p> <p>A letter from Sam Higginson (<i>dated 11 December 2013</i>), Director of Financial Strategy NHS England, in response to Dr Tim Dalton's letter to Sir Malcolm Grant, chair of NHS England on 14th December 2013 regarding the recently published proposals for future financial allocations for Clinical Commissioning Groups (CCGs) was shared with Governing Body members to receive and note.</p> | |

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| | | <p>NHS England was due to determine allocations to commissioners, including CCGs, at its board meeting on 17th December along with a proposed announcement to target allocations alongside specific allocations for the next two years.</p> <p>As well as deciding whether to adopt the approach to determining target allocations, the board will review a number of options with regard to the pace of change in moving from current funding allocations towards the target levels derived from the formula.</p> <p>TD opened the topic up for wider discussion and questions of the Governing Body.</p> <p>FC acknowledged the diligence of the Governing Body in resolving the issues surrounding what was a previously unstable system, which would have proved difficult for Wigan to preserve its position.</p> <p>MS referenced the penultimate paragraph (line 6-8 refers) stating that this line of the argument may be potentially flawed.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the letter. | |
| | <p>9.2</p> | <p>Corporate Dashboard</p> <p>The corporate dashboard was shared to give the Governing Body an update on how WBCCG is performing against its corporate objectives and the NHS England CCG Assurance Framework.</p> <p>As at month nine, two objectives/domains are self-assessed as GREEN, one is GREEN/AMBER and the other one RED.</p> <p>Objective 1, RED: Helping our population stay healthy and live longer in all areas of the borough.</p> <p>The failing is due to MRSA and Clostridium Difficile (CDiff) targets. The CCG Infection, Prevention and Control (IPC) Surveillance and Audit lead is now in post and is liaising with all providers to improve the coordination and management of IPC at a health economy level. Following a high level of reported infections in the early part of the year, there have been no MRSA incidents reported in the last four months. CDiff infections have performed at expected levels over the period July to November.</p> | |

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| | | <p>Objective 2, GREEN/AMBER: Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within the available resources.</p> <p>There still remain ongoing concerns relating to services provided to Wigan residents by Bolton Foundation Trust (FT) who have been flagged as a quality compliance risk by the FT's governing body Monitor. The Wigan Quality team is liaising with NHS Bolton CCG colleagues to seek assurance that the risks are being effectively mitigated. In addition each of the three main acute providers has reported Serious Untoward Incidents (SUIs) and/or Never events in the last three months. A revised process for the management of SUIs in WWL FT is being implemented and the CCG Quality team is now represented on WWL FT's internal Serious Incident Review Panel.</p> <p>Objective 3, GREEN: Developing an effective commissioning organisation that puts the patient first.</p> <p>The CCG has two areas of concern in the latest results. The first is that greater than 1% of patients waited more than six weeks for a diagnostic test due to a result of issues at various providers, including WWL FT. The second concern is that a small number of patients are still waiting more than 52 weeks for treatment. Most of these relate to the Trauma & Orthopaedic (T&O) service at WWL FT.</p> <p>Objective 4, GREEN: Being an organisation that consistently delivers its statutory duties.</p> <p>All primary financial indicators are currently achieving plan.</p> <p>QIPP has been achieved.</p> <p>MT confirmed that the position as at January 2014 remains broadly unchanged from the previous month.</p> <p>MT asked the Governing Body to note the continued increase in the numbers of Continuing Healthcare (CHC) patients. The budget is currently forecast to over spend by £832k. There is an urgent need to resource the budget correctly and get the forecast correct.</p> <p>MT confirmed that there is now a plan in place to develop a system to verify invoices without the use of Patient Identifiable Data (PID) by the Finance Department.</p> | |
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| | | <p>TA further updated on the Trauma & Orthopaedics (T+O) issue, the performance management of the (RTT) target is being closely monitored by the CCG in conjunction with Wrightington, Wigan & Leigh (WWL) staff and the CCG are actively working with WWL to reduce their backlog over the remainder of this financial year.</p> <p>MT confirmed that Commissioning and Contracting letters will be forwarded to all major providers by 4th February, NHS England (NHSE) stipulate that all contracts are to be signed off by 28th February.</p> <p>JS updated the Governing Body on the Healthcare Acquired Infections (HCAIs). The borough has a target of less than 90 and to date there are 86 cases. WWL have a target of less than 25 and to date there are 26 cases.</p> <p>JS confirmed that we may be able to achieve the closure of the remaining Serious Untoward Incidents (SUIs) by the end of the year. There is a fixed time limit of 45 days by which Root Cause Analysis (RCAs) need to be returned to the CCG for review prior to closure and many are legacy cases.</p> <p>SW raised a question surrounding the standardisation of stool samples for Clostridium Difficile (CDiff) across Greater Manchester.</p> <p>JS confirmed that there are national standards in place to be followed and that the Quality Surveillance Group (QSG) is managing this.</p> <p>JS added that Julie O'Malley, Infection Prevention & Control (IPC) Surveillance and Audit lead is now in post and is working closely with GP Practices and Localities.</p> <p>SW referred to Appendix A 'Cancellations – Cancelled Operations: Not Treated in 28 days' (<i>page 15 refers</i>) and asked if the figure was deemed as high.</p> <p>MT stated that a comparison of historical data would need to be conducted. MT confirmed that this can be conducted over a one year period on a rolling average and will be shared with SW. MT further added that this indicator was not having a negative impact upon targets.</p> <p>GC referred to the over performance of Salford Royal NHS Foundation Trust (£225k) and Central Manchester University Hospitals NHS Foundation Trust (£323k) (<i>page 8 refers</i>) asking what the over performance was largely attributable to.</p> | |
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| | | <p>MT confirmed that the over performance at Salford was due to non electives (stroke activity) and Central Manchester was due to non elective activity and diagnostics.</p> <p>MS raised a concern with the reporting figures in respect of SUIs. Page 3 of the dashboard conflicts with page 14 of the dashboard in that GREEN/AMBER is reported on page 3 and RED is reported on page 14. MS stressed the importance of this document being 100% correct as it is in the public domain. A debate ensued about how the ratings are determined.</p> <p>JS will clarify the position.</p> <p>TA added that the Corporate Dashboard page 3 is a judgment and it may be useful to have narrative included to support the judgment.</p> <p>TD noted the comments of the Governing Body. He further extended congratulations to people for their work, particularly in the areas of Prescribing and Primary Care.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 2. Clarity to be provided in respect of the reporting figures for SUIs. 3. MT to provide SW with a comparison of historical data around Cancelled Operations: Not Treated in 28 days. | <p style="text-align: center;">JS MT</p> |
| | <p>9.3</p> | <p>Information Governance Framework</p> <p>JS presented the Information Governance Framework document which aims to capture Wigan Borough CCGs approach to Information Governance. The framework provides a summary overview of how the CCG is addressing the Information Governance agenda, adapted appropriately to the capacity and capability of the organisation.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the framework with slight amendments to section seven of the document (Organisational Structure, GMCSU). | <p style="text-align: center;">JS</p> |
| <p>10. Governing Body Committee Updates</p> | | | |
| | <p>10.1/ 10.6</p> | <p>Chairpersons reports for December 2013 were circulated as below:</p> | |

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| | | <p>10.1 GM Association of CCGs: Association Governing Group (AGG) Summary Notes.</p> <p>10.2 Chairpersons Report – Audit Committee. MS apologised for this report not being available.</p> <p>10.3 Chairpersons Report – Clinical Governance Committee.</p> <p>10.4 Chairpersons Report – Corporate Governance Committee.</p> <p>10.5 Chairpersons Report – Finance and Performance Committee – no update (no meeting was held in December 2013)</p> <p>10.6 Chairpersons Report – Service Design and Implementation Committee.</p> <p>Resolved:</p> <p>1. The Governing Body received and approved the above listed reports.</p> | |
| 11. | Locality Executive Updates | | |
| | <p>11.1-11.6</p> | <p>Locality Executive updates were circulated for December 2013:</p> <p>11.1 Atherleigh</p> <p>11.2 Patient Focus</p> <p>11.3 Tyldesley Atherton Boothstown Astley</p> <p>11.4 Wigan Central</p> <p>11.5 North Wigan</p> <p>11.6 United League Collaborative – no update (no meeting was held in December 2013).</p> <p>Resolved:</p> <p>1. The Governing Body approved the above listed reports.</p> | |
| 12. | Any Other Business – accepted at the Chairman’s discretion | | |
| | 12.1 | <p>There were no items of any other business raised.</p> <p>The Chair closed the meeting at 3.20pm.</p> | |
| 13. | Date and time of next meeting | | |
| | Tuesday 25th February 2014 at 13.30pm in Room 17, Wigan Life Centre | | |

Signed

Dr Tim Dalton, Chair

Date:25.2.14.....