

OPEN MEETING – UNRATIFIED

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 25th February 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)
Julie Southworth, Director of Quality & Safety (JS)
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 Pete Marwick, Clinical Lead for North Wigan (PM)
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)**

In Attendance:

**Tim Collins, Assistant Director of Governance (TC)
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)
Alexia Mitton, Head of Communications (AM)
Claire Roberts – Assistant Director Strategy & Collaboration (CR)
Viv Smith – Locality Executive Support Officer
Suzanne Coggins – Atherleigh Patient Participation Group
David Atherton – Wigan Central Patient Participation Group
Prof. Bill Nevett – United League Patient Participation Group
Kerry Spall – NAPP
A Duric – NAPP
Dave Nunns – C.E. Healthwatch Wigan
Carole Hugall – Bridgewater Community Health Care Trust
Brooke Chamber - ABVIE**

	AGENDA	ACTION
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 Deepak Trivedi - Clinical Lead for Atherleigh • Helen Meredith – Nurse Board Member • Canon Maurice Smith – Lay Member 	

3.	Declarations of Interest	
	<p>There were no declarations of interest.</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>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 28th January 2014	
	<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 28th January 2014	
	<p><u>January 2014</u></p> <p>6.5 – T&O Position and actions update, ongoing. A final report will be brought to the March 2014 closed meeting.</p> <p>7.1 – Chair’s Key Messages – Healthier Together, complete. Listed as agenda item 8.1.</p> <p>9.2 – Corporate Dashboard - complete.</p> <p><u>December 2013</u></p> <p>9.2 – Update on Winter Plan 2013/14 - ongoing.</p> <p>9.3 – Greater Manchester CCGs Association Governing Group Update – complete.</p> <p><u>July 2013</u></p> <p>8.6 – a) & b) IPC Surveillance and Audit Lead / Summary Sheet for patients and stakeholders – complete.</p>	

6.	Questions From Members of the Public	
	There were no questions raised by members of the public.	
7.	Key Messages	
7.1 / 7.2	<p>Chair’s & Chief Officer’s Key Messages</p> <p>TA updated Governing Body members with current key areas of work:</p> <p><u>National</u></p> <ul style="list-style-type: none"> • Letter from Sir David Nicholson – Planning for Patients. Highlights three key themes – 1) Improving Health, 2) Reducing Health Inequalities and 3) Parity of Esteem. Further guidance is expected on use of the Better Care Fund. • Kings Fund – Community Services Report – saw Wigan mentioned as an example of good practice. This reflects the excellent work being undertaken jointly as a health economy. • Kings Fund – Wigan are one of four national integrated care delivery pilots. <p><u>Regional</u></p> <ul style="list-style-type: none"> • GM Leadership event. The event focussed on competition and collaboration with presentations from Hempsons Solicitors who are specialists in this area. A presentation delivered by Martin McShane, NHSE, focussed on the Somerset Year of Care work and better management of long term conditions. • Meeting with Sir David Nicholson. Sir David attended a meeting of senior GM Health Leaders and the Healthier Together Team to discuss progress and issues with the programme. The discussion was an informal exchange of all issues arising from a programme of such scope. Sir David advised that it was important that risks, as well as benefits, were captured and explored openly. He commented on the Assurance Framework which NHS England would use to evaluate the programme and the need for transparency. 	

		<ul style="list-style-type: none"> • Commissioning Support Unit (CSU) Procurement Event. For the purpose of members of the public and Patient Participation Group (PPG) representatives TA gave a brief update on the evolution of the CSUs and CCGs being invited to reach their own views on which services they wished to procure. WBCCG do not buy all services from CSU as we wished to retain local ownership and direction. CCGs will go out to procurement during 2016 and as such CSUs are currently going through a Lead Provider Framework. <p><u>Local</u></p> <ul style="list-style-type: none"> • Patient Engagement Events. TA attended a meeting on the 5th February at the Wigan Investment Centre. • Wigan Forward Board. TA has undertaken to become a member of the Board which will consider the economic development of the Borough and is a partnership between private and public sector. • Community Health Partnerships. TA has undertaken to become a Public Sector Director to oversee the strategic use of the LIFT buildings in wigan with the local Foundation for Life Company. • TA formally noted her personal thanks to all staff involved in the preparation and timely submission of all the National Planning template submissions. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 	
8.	New Business Items		
	8.1	<p>Anti-Bribery Compliance Strategy</p> <p>The CCG employ Mersey Internal Audit Agency (MIAA) to provide local internal audit and counter fraud provisions. Kerry Wheat, Local Counter Fraud Specialist, presented a paper to the Governing Body to seek approval of the Anti-Bribery Compliance Strategy and to note the agreed actions by the CCG and Local Counter Fraud Specialist.</p>	

		<p>In July 2011 new legislation was introduced to tackle bribery and corruption. Under the new Bribery Act an organisation can be found guilty of a new corporate criminal offence of “failing to prevent bribery” if someone associated with the organisation is convicted of a bribery offence, unless the organisation can demonstrate that it had introduced adequate corporate counter-measures.</p> <p>Bribery should be treated as a corporate risk by the CCG. The strategy will be distributed to all GP practices as it could impact on Localities and practices as CCG Members.</p> <p>The local Counter Fraud Specialist has developed the CCG’s Anti-Bribery Strategy to enable the organisation to demonstrate that it has introduced ‘adequate procedures’ to prevent bribery and further workshops will be conducted to ensure all staff have a full understanding of the strategy.</p> <p>GC sought clarification on how notification of such offences would be received.</p> <p>KW confirmed that the Serious and Organised Crime Agency (SOCA) would conduct the investigation with notification being made by a progress report to the Audit Committee.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. Governing Body members received and approved the Anti- Bribery Compliance Strategy and noted the agreed and embedded actions by the CCG and Local Counter Fraud Specialist. 	<p>MT</p>
	<p>8.2</p>	<p>Patient Engagement Briefing</p> <p>A paper was shared to provide Governing Body members with an overview of patient engagement activity for the period December 2013 - February 2014. The paper follows on from the paper presented at the meeting in November and includes the requested quarterly update from the CCG Patients’ Forum.</p> <p>Three members of the Patients’ Forum, ULC, Wigan Central and ALPF, attended the meeting to give an update on patient engagement activities with Claire Roberts, Assistant Director Strategy & Collaboration with the CCG lead on engagement.</p> <p>The breadth of activities was highlighted, which covered Diabetes drop-in mornings to service redesign workshops. These activities need to grow further and it was felt that patient engagement needs further embedding within the CCG.</p>	

		<p>The members of the Forum all spoke about the great progress that has been made to date at a rapid pace and challenged the CCG to think not in terms of organisational boundaries, but in terms of patient experience and journeys.</p> <p>A discussion ensued around the overuse use of Accident and Emergency and it not being a consumer focused approach.</p> <p>MK highlighted that this may be a failing on how the NHS manages the public's perceptions in not fully marketing alternative services available.</p> <p>SW noted that these concerns are from an individual perspective, from a global point of view there are many patients presenting at A+E daily with minor issues which block immediate care to other patients.</p> <p>It was recognised that there is a real need to educate the next generation of young people.</p> <p>The Governing Body recognised the energy and level of work being undertaken by the Patients' Forums.</p> <p>TD welcomed the update report recognising the need to seek out the best evidence of care to ensure that this guides our decisions.</p> <p>TD and TA thanked the members of the Patients' Forum for taking the time to attend the meeting and looked forward to a further update in three months' time.</p> <p>Resolved;</p> <ol style="list-style-type: none"> 1. Governing Body members received and noted the quarterly update. 2. A further update from the Patients' Forum to be brought to the May 2014 meeting. 	CR
9.	Current Business Items		
	9.1	<p>Results of Francis, Keogh, Berwick Reports Action Plan Quarterly Update</p> <p>JS presented a paper to the Governing Body to outline the CCGs response to the recommendations, inclusive of emergent themes, of the Francis, Keogh and Berwick reports and also the Government's final response to Francis 'Hard Truths' – The Journey to Putting Patients First' (DH November 2013).</p>	

		<p>The Governing Body noted their appreciation for the work undertaken in pulling together the four large documents into one comprehensive document.</p> <p>MK suggested that we factor in the soft intelligence and collate this to identify areas that require attention.</p> <p>GC referenced the safe staffing levels and the importance of these being an equal skills mix.</p> <p>The Governing Body welcomed the update as it is now a means of auditing progress.</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. Governing Body members received and noted the report and approved the actions as noted with the next steps.</p>	<p>JS</p>
	<p>9.2</p>	<p>Results of Diabetic Eye Screening Programme (DESP)</p> <p>WBCCG was alerted to an incident in the Diabetic Eye Screening Programme at Wrightington Wigan and Leigh NHS Foundation Trust (WWLFT) on 23 April 2013 by the Screening and Immunisation Lead at Public Health England (PHE) Greater Manchester Area Team (GM AT).</p> <p>The initial report advised that five WBCCG Practices have been audited and 54 patients had not been invited for screening. A wider audit has now been undertaken to encompass all WBCCG practices. A further 492 patients have been identified with an incomplete screening record.</p> <p>WWLFT DESP team, in conjunction with PHE, will finalise and share a completed Root Cause Analysis (RCA) with recommendations and actions. WBCCG will assist as required with the recommendations identified in the action plan.</p> <p>The WWLFT DESP team has provided WBCCG with a breakdown, by practice, of affected patients. This will assist with identifying any trends and facilitate the sharing of lessons learned with member practices.</p> <p>FC sought assurance that there would not be a repetition of this in the future.</p> <p>JS confirmed that as Public Health England are responsible for the commissioning of screening programmes, they will have the responsibility of undertaking regular audits.</p>	

		<p>MK suggested it may be helpful to ask organisations to produce a simple guide for patients to ensure an understanding of the services available to them.</p> <p>The Governing Body members were asked to approve the recommendations contained at point 5 of the report.</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. Governing Body members received the update and approved the recommendations.</p>	
	<p>9.3</p>	<p>Corporate Dashboard</p> <p>The Corporate Dashboard was shared with Governing Body members to provide an update on how the CCG is performing against its corporate objectives and the NHS England CCG Assurance Framework.</p> <p>As at month ten, one objective/domain is self-assessed as GREEN, two are GREEN/AMBER and one is RED.</p> <p>Objective 1: RED Helping our population stay healthy and live longer in all areas of the borough.</p> <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 available resources.</p> <p>Objective 3: GREEN/AMBER Developing an effective commissioning organisation that puts the patient first.</p> <p>Objective 4: GREEN Being an organisation that consistently delivers its statutory duties.</p> <p>Emerging key points to note as at month 10 were highlighted:</p> <ul style="list-style-type: none"> • The 2014/15 planning cycle has commenced. • Additional financial pressures are emerging from the fragmentation of health services. • The CCG is working collaboratively with its providers and the local authority to identify programmes for future years. • We are currently at the peak of our provider contract negotiations. 	

		<ul style="list-style-type: none"> • Monitoring of WWL FT Trauma and Orthopaedic waiting lists continues. • Monitoring and forecasting of patient level activity and validation of invoices for non NHS contracts remains a challenge due to the restrictions on the use of Patient Confidential Data. <p>Adult & Children Safeguarding:</p> <ul style="list-style-type: none"> • Three serious untoward incidents (SUIs) have been received in the last week, these will be reported to next month's Governing Body meeting. <p>Quality:</p> <ul style="list-style-type: none"> • Healthcare Acquired Infections (HCAIs) remain over trajectory although the overall trend has reduced significantly since the first quarter of the year. • Closure of SUIs – there are now no open reports that pre date the 1st April 2013. <p>Prescribing & Continuing Healthcare:</p> <ul style="list-style-type: none"> • At month nine of the delivery of the 2013/14 Medicines Management QIPP programme an achievement of 83.2% is being forecast. • The Continuing Healthcare and Funded Nursing care budgets are currently forecast to over perform by £1,152k. Patients have increased from 504 in March 2013 to 567 in December 2013. The CCG has been unable to verify invoices which contain patient identifiable data which has impacted upon the management and forecasting of the budget. <p>The WBCCG Performance Report was shared with Governing Body members to read in conjunction with the Corporate Dashboard. The Assurance Framework contains a high level of detail against the below four categories:</p> <p>Objective 1: GREEN/AMBER Providing local people with good quality care.</p> <p>Objective 2: GREEN/AMBER Promoting patient rights under the NHS constitution.</p> <p>This rating has been downgraded to GREEN/AMBER due to three areas of concern:</p>	
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		<p>1) small numbers of patients are still waiting more than 52 weeks for treatment mainly relating to T&O.</p> <p>2) the proportion of patients waiting more than 6 weeks for a diagnostic test has increased sharply.</p> <p>3) A+E performance dropped significantly in January and February.</p> <p>Objective 3: RED Improving health outcomes for local people.</p> <p>Objective 4: GREEN Commissioning services within financial allocation.</p> <p>FC referenced Diagnostic Waits (<i>page 19 refers</i>) and queried what the cases are.</p> <p>MT agreed to discuss this further outside of the meeting.</p> <p>The Governing Body thanked TA, MT and JS for the report and welcomed the increased level of detail.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the contents of the report. 2. The CCG Assurance Framework will be brought to the Governing Body on a quarterly basis. 	MT
	9.4	<p>Month 10 Finance Report for 2013-14</p> <p>MT shared a copy of the full Finance Report as at month 10 (January 2014), this report will be presented to the Governing Body on a quarterly basis.</p> <p>All primary financial indicators from the interim CCG Assessment framework are rated as GREEN.</p> <p>Executive Summary and key messages:</p> <ul style="list-style-type: none"> • At month 10 the CCG has total allocations of £416.941m and is forecasting to achieve its statutory duties in 2013/14 and achieve the planned 1% surplus of £4.073m. • The year to date surplus (£3.394m) is in line with the planned surplus. 	

		<ul style="list-style-type: none"> • The CCG is on target to achieve a 2% recurrent surplus at the end of 2013/14. • The running cost target is £25 per head of the population and running cost expenditure at month 10 is forecasted to be £591k less than the targeted allocation. • The CCGs allocation has reduced by £281k since month 09, following resource transfer to NHS England for the Dental Out of Hours service. • The Chief Financial Officer has been in discussions with WWL FT's Director of Finance to reach a year end settlement, this agreement has been reached and formally signed off by both parties. The agreement includes a caveat around meeting specific T&O targets which are reflected in the month 10 report. <p><u>Contract Monitoring Information</u></p> <p>WBCCG has received the below information and is forecasting the following variances:</p> <ul style="list-style-type: none"> • Royal Bolton Hospitals NHS FT (-£406k under performance) • Salford Royal NHS FT (£150k over performance) • Central Manchester University Hospitals NHS FT (£461k over performance) • Warrington & Halton NHS FT (-£274k under performance) <p>The CCG is planning to deliver £18.2m QIPP savings in 2013/14.</p> <p>The Continuing Healthcare and Mental Health budget areas are forecast to over perform by £1,152k, an increase of £320k since the previous period. This is due to increased patient activity in this area.</p> <p>FC highlighted the commitment of the CCG in respect of cost reduction per head with an ultimate saving forecast of £591k less than the target allocation.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 2. The full finance report will be brought to the meeting on a quarterly basis. 	<p>MT</p>
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<p>9.5</p>	<p>Management of Healthcare Associated Infections (HCAI) Position Update: February 2014</p> <p>A paper was shared with the Governing Body to outline the progress with regard to the Management of Health Care Associated Infections (HCAI) within the Wigan Borough. The report details, in line with the HCAI Strategy, the work which has been completed along with work being undertaken going forward for 2014 – 2015.</p> <p>The need to adopt a zero tolerance approach to MRSA and significant reduction of C.difficile (C.diff) is recognised. The challenge is to enable this through active recognition within all Primary care practices and equally be reflected across all commissioned services.</p> <p>Current cases:</p> <p>MRSA – 5 reported cases to date. C.diff – borough wide target of 90, this was exceeded by 3 in January.</p> <p>MK confirmed that some of the infections are not necessarily due to bad practice but can be due to the nature of the disease.</p> <p>The Governing Body members were asked to note the content of the report and to approve the actions noted at point 8 of the report.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. Governing Body members noted the contents of the report and approved the recommendations at section 8. 	
<p>9.6</p>	<p>Summary Notes of the Association of Greater Manchester CCGs Governing Group meeting February 2014</p> <p>A summary of the notes of the meeting held on 4 February 2014 were circulated for Governing body members to receive.</p> <p>TD noted the concerns of the Governing Body in relation to:</p> <ul style="list-style-type: none"> • Item 3.3 – Proposed Service Transformation Budget for 2014/15, and; • Item 3.4 – GM Strategic Levy <p>Concerns have been raised at previous Governing Body meetings regarding the size and scope of the budget. TD confirmed that relevant business cases have been requested.</p>	

		<p>It was noted that currently Eastern Cheshire is a member of the CiC in a non-voting capacity. There may then be pressure from them to become a voting member, this would involve a change to their respective governance arrangements to enable them to become voting members.</p> <p>Resolved:</p> <p>1. Governing Body members received and noted the minutes of the meeting.</p>	
	9.7	<p>Governing Body Assurance Framework (GBAF) Quarter 3</p> <p>The GBAF Quarter 3 report was shared to update Governing Body members on our delivery against the framework through a series of quarterly checkpoints.</p> <p>This iteration of the GBAF is effective as at the end of Quarter 3 and is submitted following agreement with Associate Directors and Executives.</p> <p>There are 8 risks rated extreme compared to the 8 reported at the end of Quarter 2. The previous extreme risk relating to the requirement for access to personal confidential data to verify QIPP savings has been reduced to a high risk as the QIPP savings programme is forecast to fully achieve. However, the risk previously rated as high in respect of the community services contract performance concerns is now rated as extreme.</p> <p>The Governing Body were asked to review the document, consider and highlight any desired changes that may reflect more accurately the CCG's progress against achievement of corporate objectives.</p> <p>JS confirmed that the risk of signing the Memorandum of Understanding has now been removed due to completion.</p> <p>Resolved:</p> <p>1. Governing Body members received and approved the report.</p>	
10.	Governing Body Committee Updates		
	10.1/ 10.6	<p>Chairpersons reports for January 2014 were circulated as below:</p> <p>10.1 Healthier Together Committee in Common (CiC)</p> <p>The CiC is due to meet on Wednesday 26th February.</p>	

		<p>TD confirmed that a letter had been received from the Chairman of the Committee, Phil Watson CBE, confirming that following consultation with Ian Williamson and the Service Transformation Team, he supported the additional wording for the Terms of Reference subsequently recommending that CCGs amend their Terms of Reference accordingly.</p> <p>This matter will be raised as part of the agenda on 26th February to seek support of the other voting members to make the necessary amendments.</p> <p>A full update will be provided at the March Governing Body meeting.</p> <p>10.2 Chairperson's Report: Audit Committee 10.3 Chairperson's Report: Clinical Governance Committee 10.4 Chairperson's Report: Corporate Governance Committee 10.5 Chairperson's Report: Finance and Performance Committee 10.6 Chairperson's Report: Service Design and Implementation Committee</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and approved the above listed reports. 2. A full update on the Healthier Together CiC to be provided at the March Governing Body meeting. 	TD
11.	Locality Executive Updates		
	11.1-11.6	<p>Locality Executive updates were circulated for January 2014:</p> <p>11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central 11.5 North Wigan 11.6 United League Collaborative</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the above listed reports. 	
12.	Any Other Business – accepted at the Chairman's discretion		
	12.1	There were no items of any other business raised.	

		The Chair closed the meeting at 15:50pm.	
13.	Date and time of next meeting		
	Tuesday 25th March 2014 at 13.30pm in Room 17, Wigan Life Centre		

Signed Date:25.2.14.....
 Dr Tim Dalton, Chair

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