

**Meeting of Wigan Borough Clinical Commissioning Group Board
Held on Tuesday 28th August 2012 at 1.30pm in Meeting room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Interim Chairman of WBCCG (TD)
 Dr Ashok Atrey, Clinical Lead, TABA (AA)
 Dr. Mohan Kumar, Clinical Lead Patient Focus [MK]
 Dr Pete Marwick, Clinical Lead, North Wigan (PM)
 Trish Anderson, Deputy Managing Director for NHSALW/Designate Chief Accountable Officer for WBCCG (TA)
 Frank Costello, Lay Member (FC)
 Canon Maurice Smith, Lay Member (MS)

In Attendance:

Julie Southworth, NHS ALW Chief Operating Officer and advising on Governance (JS)
 Chris Melling, Associate Director of Finance NHS ALW [deputising for Mike Tate]
 Viv Smith, PA, Minutes (VS)

1.	<p>Chairman's Welcome</p> <p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the August Wigan Borough Clinical Commissioning Board. The Chairman extended the welcome to the members of the public in attendance.</p>	
2.	<p>Apologies for Absence</p> <p>Dr Deepak Trivedi Dr Tony Ellis Dr Sanjay Wahie Mike Tate [Chris Melling as deputy] Alan Stephenson</p>	
3.	<p>Declarations of Interest</p> <p>Other than the recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p>	
4.	<p>Minutes from the Previous Meeting</p> <p>The minutes were accepted as a true and accurate record of the meeting.</p>	
5.	<p>Actions/Decisions Log from Previous CCG Board Meetings</p>	

	<ul style="list-style-type: none"> • Action Point 7.3 – Improving Quality Commissioner Visit Toolkit to go to Clinical Governance Committee and feedback to Board. The next Clinical Governance meeting is on 12th September. Carry forward to September Board • Action Point 8.4 – Performance RTT & Diagnostics. TA fed this into Contract Monitoring Group and subsequently wrote formally to Andrew Foster [CEO of WWL FT] and received a reply that the Trust are on trajectory. FC informed Board members that the Audit Committee agreed to extend the contract on MSK data by 6 months with the assurance provision that performance on this service would improve. <p>All remaining actions from previous Board were reported as complete</p>	<p>JS</p>
<p>6.</p>	<p>Questions From Members Of The Public</p> <p>None</p>	
<p>10.10</p>	<p><i>The following items were taken out of sequence on the agenda to enable the authors of the paper be in attendance to present to Board</i></p> <p>Chris Sweeney [Public Health] joined the meeting to present the Healthcare Associated Infection Monthly Update.</p> <p>The aim of this report is to provide Wigan Borough Clinical Commissioning Group Board with the progress in the areas of :</p> <ul style="list-style-type: none"> ▪ Clostridium difficile Infections ▪ MRSA bacteraemia <p>To date there have been 2 MRSA bacteraemia, 1 pre and 1 post 48hr (April – July 2012). To date there have been 35 cases of Clostridium difficile (3 over year to date trajectory).</p> <p>Royal Bolton Hospital has now changed its testing methods to fall in line with the national recommendations for Clostridium difficile testing. This may have an impact on the organisations figures due to patients receiving care outside the Borough.</p> <p>Further workshops are planned in the autumn and work continues to improve antibiotic prescribing in primary care with visits to Localities and individual practices.</p> <p>FC asked if the report can clearly differentiate between cases in the Community and Acute cases.</p>	

	<p>Action: Future reports to provide a breakdown of cases showing Community and Acute.</p> <p>CS recommended that work commence with Commissioners from Bolton, Salford and Christies to share information on prevention across the Trusts</p> <p>The Chairman emphasised the need to ensure that equal high standards are maintained outside the Borough boundary and asked that a report be brought to the September Board with more detailed breakdown.</p> <p><i>Chris Sweeney left the meeting</i> <i>Dr Ashok Atrey joined the meeting.</i></p> <p>9.3 Paul Carroll joined the meeting to present a Cancer Services Briefing to Board. The briefing provides information on the number of cancer diagnoses that were not made following a two week wait referral.</p> <p>Cancer diagnoses are split evenly between two week wait referrals and non-two week referrals which is an improvement on previous figures. Breast and skin cancers are well represented in the diagnoses via two week waits however there are a number of areas of 'poor' performance, notably oesophagus, kidney, leukemia, and other haematological cancers.</p> <p>FC asked for an explanation of what is being measured in terms of the two weeks. PC explained that it is two weeks from a GP specifically recommending a referral under the two week wait scheme with the suspicion of cancer. The Trust must then provide an appointment within two weeks. PC added that WWL usually provide an appointment within five days.</p> <p>PC added that not all cases can be referred under the two week rule as certain cases such as pancreatic cancer do not present until very late. Under these circumstances there would then be another route of diagnosis which would still be an appropriate pathway</p> <p>MS questioned the currency of the data, pointing out that the figures in the report show 2010 data. MS asked why data from 2011/12 is not available. PC replied that the figures in the report represent the latest data available from within the Cancer network.</p> <p>The Chairman noted that this report had been provided following a request at June Board. Whilst pleased with progress made the Chairman added that the report does not specifically answer the questions that were asked. The Board wants reassurance on the effectiveness of recent activity and of the new steps that have been put in place.</p>	<p>CS</p>
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12.1	<p>Action: PC to provide recent data demonstrating progress made on the new steps that have been put in place.</p> <p>Paul Carroll presented the paper on Choice Shared Decision Making. The paper is proposed to be included as part of Wigan Borough CCGs authorisation submission. It has been completed in accordance with national guidance and includes acknowledgement of the CCG's statutory duties to enable patients, their carers and representatives to make choices with respect to aspects of their care and treatment. The paper includes examples of good practice and instances where the CCG is already engaged with patient and carer representatives.</p> <p>TA informed the Board that documentation has been provided to KPMG who are quality assuring all CCG documents. TA will bring the feedback from KPMG to a future Board.</p> <p>The Chairman thanked Paul Carroll for the report.</p> <p>Decision – Report received.</p> <p><i>Paul Carroll left the meeting.</i></p>	PC/TA
7	<p>Feedback from WBCCG Bi Lateral Meeting with NHS Greater Manchester</p> <p>The letter from NHS GM was circulated with the agenda for information and for comment.</p> <p>MK commented that the letter gave positive and encouraging feedback.</p> <p>TA added that the form of questioning and the breadth of the agenda at the Bi Lateral meeting presented a very robust challenge which was a helpful experience.</p> <p>Decision – Received.</p>	
8	<p>New Business</p> <p>None to report.</p>	
9	<p>Strategic Business Items</p>	
9.1	<p>Feedback from NHS Greater Manchester</p> <p>Nothing to report as there was no meeting in August.</p>	

	<p>9.2 Finance</p> <p>9.2.i Month 04 Finance Update</p> <p>Chris Melling presented the report which is the first report since the completion of a baseline exercise for the Department of Health which identified the future commissioning budgets for 2013/14.</p> <p>The financial information in the report reflects the baseline exercise. The values are not fully reconcilable due to the treatment of income, and non-recurrent allocations. Both of these areas were excluded from the data collection exercise.</p> <p>At Month 04 the locality PCT is forecasting to achieve its statutory duties within 2012/13 and achieve a surplus of £2807k. The Year To date surplus of £936k is in line with the projected planned surplus.</p> <p>FC asked for a more detailed understanding of the WWL readmission figures and of what needs to be done to bring it to acceptable levels. It appears that WB CCG is agreeing to one in four of its patients being readmitted to hospital, a figure which is too high and should not be acceptable.</p> <p>TA replied that WB CCG does not find the figure acceptable. This is addressed as part of the Contract Monitoring process. The readmissions figures are checked monthly as part of a very detailed audit plan. Although this appears in the Finance report it is also a Quality of Care issue which goes to the Clinical Governance Committee.</p> <p>PM commented that this is not a recognisable figure to GPs and asked to see a breakdown from a Commissioning position.</p> <p>The Chairman accepted the paper however expressed real concern around the breakdown of the one in four patients readmitted. Further discussion has shown the 1 in 4 number related not to total number of readmissions but to those readmitted 1 in 4 were avoidable. The Chairman asked for this to be taken to Clinical Governance Committee.</p> <p>Action: Readmissions issue to go to Clinical Governance Committee</p>		
	<p>9.2.ii</p> <p>Month 04 QiPP Report</p>		<p>JS</p>

<p>9.2.iii</p>	<p>Chris Melling presented the paper. The organisation is planning to deliver £18,169k QiPP savings in 2012/13 and it is currently expected that this level of saving will be made in aggregate. Despite a number of high risk areas the target is on track to be achieved.</p> <p>FC asked if the Thomas Linacre Building is back on the QiPP agenda. JS replied that a utilisation review has been undertaken. The organisation is encouraging WWL to move services out of the Thomas Linacre building and into the community</p> <p>The Chairman welcomed the report and is pleased to see that schemes have been identified for the entire £18m savings target.</p> <p>Month 03 Performance Report</p> <p>Chris Melling presented the Performance Report which focuses on the Integrated Performance Measures included in the 2012/13 NHS Operating Framework published in December 2011.</p> <p>The Indicator domains show one domain assessed as Green, five at Green/Amber, one at Amber/Red and two at Red. Two show an improving trend, five show a static trend and two show a declining trend.</p> <p>The figures provided by 5BP appear to be incorrect and have been questioned.</p> <p>NHS GM are pursuing the CCG to ensure that any particular areas of concern are being dealt with.</p> <p>The Chairman thanked CM for the report. Although there is further concern over the red areas the Board acknowledges the action plan in place.</p> <p>Decision – All Finance & Performance Reports received.</p>	
<p>9.4</p>	<p>Quality Accounts</p> <p>Julie Southworth presented Quality Accounts for Bridgewater Community Healthcare Trust, Wrightington Wigan And Leigh NHS Foundation Trust, and 5 Boroughs Partnership NHS Foundation Trust for information.</p> <p>All three reports are publically available on the Trusts' website. Wigan Borough CCG has fed comments into the Quality Reports.</p> <p>The Chairman thanked JS for the reports which were received by the</p>	

	<p>Board.</p> <p>Decision – received.</p>	
<p>10.</p>	<p>10.1 – 10.8</p> <p>Locality Updates for July 2012, Clinical Governance Committee July 2012 and Finance and Performance Committee for July 2012 updates were on the agenda for information and received.</p> <p>PM asked the Board to note that Dr Tony Graham chaired the Wigan North Locality meeting as a deputy only.</p> <p>Decision – All reports received.</p>	
<p>10.9</p>	<p>Designate Chief Accountable Officer Monthly Report July</p> <p>TA tabled a report highlighting the following:</p> <p>Authorisation Work</p> <ul style="list-style-type: none"> • WB CCG is on track with the project plan for authorisation and to be able to submit our application as required on the 5th November 2012. We have been notified that our assessment visit will take place on 13th December 2012. • As part of the process, NHS Greater Manchester has engaged KPMG to provide an initial Quality Assurance process of all documentation prepared to date. We have submitted all the documentation we currently have in its present form to KPMG and we are expecting a written report on their findings within the next two weeks. • We are looking to commence recruitment in the next two weeks for the remaining Board member roles, the Nurse member and the Specialist Clinician member. We are amending our job descriptions to reflect the guidance and we will be taking advantage of the Greater Manchester processes being put in place around these appointments. <p>We will also be going out to advert to recruit two new Lay members so as to be able to offer a period of “shadowing” with the existing Lay members prior to us becoming a statutory body.</p> <p>CCG Collaborative Commissioning</p>	

		<ul style="list-style-type: none"> • A key issue for CCGs to resolve and reach agreement on is how they will work collaboratively in the future on areas where it is felt sensible to do so. • As part of the authorisation CCGs, as statutory bodies, will be challenged to commission collaboratively at a local, sub-regional, and regional level. A framework for collaborative commissioning between CCGS has been issued by the NHS Commissioning Board. • The focus in the forthcoming weeks is to review and refresh those arrangements to ensure that the system is leaner and there is absolute clarity about where decisions are made. There is a detailed programme of work which is being undertaken collectively between Chairs, Accountable Officers and Chief Financial Officers in the next three to four weeks to look at potential future models. • A more in depth and detailed report will be brought to a future Board agenda for debate and discussion. <p>Greater Manchester Academic Health Science Network [GM-AHSN]</p> <ul style="list-style-type: none"> • On 17th August the Chair the Greater Manchester Academic Health Science Network was launched. The launch is in response to invitations from the Department of Health to develop such networks. These will be funded over the next five years. • The purpose of the GM-AHSN is to improve population health and to drive economic benefit including a growth in skills and jobs. • The network will focus on patient safety and enhancing the quality of life for people with long term conditions. • The GM-AHSN will focus on six clinical implementation domains [cardio vascular, mental health, population health, cancer, human development, and trauma & MSK] aligned to the networks thematic focus which as we have said are patient safety and enhancing the quality of life. • The network is at a very early stage of its development but will offer an exciting opportunity in the future particularly around the business links. A more detailed briefing report outlining the potential advantages for Wigan Borough CCG will be brought to a future Board. <p>Shadow Health & Wellbeing Board</p> <ul style="list-style-type: none"> • The Shadow Health & Wellbeing Board met at the end of July. 	
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		<ul style="list-style-type: none"> Progress is being made on agreeing a joint Health & Wellbeing strategy between the Local Authority and the CCG and agreeing some joint priorities that will be worked on collectively within the Health Economy. The draft strategy is now being circulated for comments and will be brought to the next Board meeting for the Boards view Clearly the Health & Wellbeing Board strategy will need to align with both the corporate strategy for the council and the commissioning strategy for the CCG as we both retain our individual responsibilities in these areas <p>Bridgewater Foundation Trust Application</p> <ul style="list-style-type: none"> Bridgewater Community Trust is looking to become a Foundation Trust and as such is going through the process of its application. Wigan Borough CCG will be asked to formally provide a view on whether it is willing to support the Foundation Trust application and will be discussed at a future Board <p>The Chairman thanked TA for a comprehensive report.</p>	
11	11.1	<p>Authorisation Process</p> <p>TA presented the paper to provide an update on progress towards CCG Authorisation. The Board is asked to note the continued progress towards authorisation.</p> <p>MS asked for dates of upcoming milestones to be circulated.</p> <p>Action: TA to circulate upcoming significant dates for authorisation.</p>	TA
	11.2 11.3	<p>Items 11.2 and 11.3 were deferred to September Board</p>	
	11.4	<p>Francis Report Action Plan</p> <p>JS presented the report for Board members to review and note. Part of Wigan Borough CCG's responsibilities for managing transition requires the production of a local version of the 'Quality Handover' document. As part of this process WB CCG are required to ensure that both the Francis Review Action Plans and the Legacy Document are refreshed during July and August.</p> <p>This report details the requirements, the actions taken and the</p>	

	<p>assurances gained from our providers. A further review will be required on publication of the Public Inquiry which is due in October 2012.</p> <p>JS assured the Board that all required actions are being taken.</p> <p>The Chairman asked that this item is on the agenda for the November Board meeting</p> <p>Decision – Received and noted</p>	
11.5	<p>Legacy Document</p> <p>JS presented the document for information and assurance with regard to the WB CCG authorisation process. The document provides WB CCG with an understanding of the inheritance from the PCT</p> <p>TA informed Board members that there is recognition across GM of the large amount of work needed to close down a statutory organisation and that a certain amount of work is expected to continue beyond April 2013.</p> <p>Decision – received</p>	
	<p>Communications Plan presented and noted for information</p> <p>FC attended an engagement event which concentrated on the financial model and the payments-by-results scheme which was well received. It has been formally requested that this session be repeated at engagement meetings on the East side of the Borough</p> <p>Paper noted and received.</p>	
12.	<p>Any Other Business</p> <ul style="list-style-type: none"> • JS informed Board members that NHS ALW will hold a final AGM on 27th September at 10.00am • MS gave apologies to Board members for the September meeting. 	
	<p>Part 1 of the meeting closed at 3.30pm</p> <p>The Chairman thanked the members of the public for attending.</p> <p>Date and Time of Next Meeting</p> <p>Tuesday 25th September 2012, 1.30pm Meeting Room 17, Wigan Life Centre</p>	

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