

**Meeting of Wigan Borough Clinical Commissioning Group Board  
Held on Tuesday 25th September 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 Pete Marwick, Clinical Lead, North Wigan (PM)
- Dr Tony Ellis, Clinical Lead, WCC (TE)
- Dr Deepak Trivedi, Clinical Lead, Atherleigh [DT]
- Dr Sanjay Wahie, Clinical Lead, (SW)
- Mike Tate, DoF NHS ALW, Designate Chief Finance Officer WB CCG
- 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)
- Viv Smith, PA, Minutes (VS)

<b>1.</b>	<p><b>Chairman’s Welcome</b></p> <p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the September Wigan Borough Clinical Commissioning Board. The Chairman extended the welcome to the members of the public in attendance.</p>	
<b>2.</b>	<p><b>Apologies for Absence</b></p> <p>Dr. Mohan Kumar, Clinical Lead Patient Focus [MK] Alan Stephenson, Greater Manchester Cluster Non-Executive Director</p>	
<b>3.</b>	<p><b>Declarations of Interest</b></p> <p>Other than the recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p>	
<b>4.</b>	<p><b>Minutes from the Previous Meeting</b></p> <p>The minutes of the meeting of this Board held on 28<sup>th</sup> August 2012 were accepted as a true and accurate record of the meeting.</p>	

<p>5.</p>	<p><b>Actions/Decisions Log from Previous CCG Board Meetings</b></p> <ul style="list-style-type: none"> <li>➤ <b>Cancer Services Briefing</b> – Paul Carroll to provide recent data demonstrating progress made on the new steps that the CCG have put in place. <b>It was decided that this will go to the October meeting of the Finance &amp; Performance Committee as a Performance issue</b></li> </ul> <p>All remaining actions from previous Board were reported as complete</p>	<p>MT/PC</p>
<p>6.</p>	<p><b>Questions From Members Of The Public</b></p> <p>None</p>	
<p>7</p>	<p><b>New Business</b></p>	
<p>7.1</p>	<p><b>Long Term Conditions (LTC)</b></p> <p>Deirdre O'Brien, Senior Commissioning Manager, presented a report on the future commissioning of Long Term Conditions Data Sharing to note for information purposes.</p> <p>The report states that there are around 15 million people living with a long term condition in England and the NHS as currently configured for long term conditions is not sustainable in the face of projected future level of need.</p> <p>There is a need for a different approach to the way treatment and care is given to Wigan Borough patients; this will need to be underpinned by the sharing of data across the health and social care economy.</p> <p>The paper addresses some of the current issues regarding the information governance and the plan to take this forward in a data sharing arrangement that will incorporate all the partner organisations.</p> <p>The report proposed that:</p> <ol style="list-style-type: none"> <li>1. An overarching data sharing agreement is developed including all the partner organisations currently within the LTC project including Wigan Council.</li> <li>2. A full suite of documents supporting the data sharing agreement will be necessary (as has been done in Leeds) detailing how each section of data will be used.</li> <li>3. Patient consent is sought via a letter to each patient explaining</li> </ol>	

		<p>the need for data sharing and giving the opportunity for the patient to “opt out” of their data being shared. This process was recently used for the Summary Care Record project. This will come with a cost which should be shared by all organisations within the LTC Commissioning Development Programme. Agreement to cost sharing was reached at the LTC Steering Group meeting on Tuesday 11 September.</p> <p>4. An application to the Secretary of State for approval under Section 251 of the NHS Act 2006 which, if granted, legitimises the use of patient identifiable data. However, this can take many months and may not be granted.</p> <p>Following a discussion by Board Members on the security assurances for patient data the Chairman summarised as follows:</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Deirdre O’Brien for the report.</li> <li>2. Welcomes the paper and the strategic intent that is being implemented.</li> <li>3. Welcomes the work in partnership but also the intention to work sensitively.</li> <li>4. Welcomes and approves the proposals and recommends early implementation.</li> </ol>	
		<p><i>The following items were taken out of sequence on the agenda to enable the authors of the papers be in attendance to present to Board</i></p>	
<p><b>9.10</b></p>		<p>Kate Ardern, Director for Public Health, joined the meeting for items 9.10 and 10.2</p> <p><b>Avoidable Infections Report – Update</b></p> <p>Kate Ardern presented the report to provide Board members with the progress made in the areas of :</p> <ul style="list-style-type: none"> <li>▪ Clostridium difficile Infections</li> <li>▪ MRSA bacteraemia</li> </ul> <p>The organisation is currently 2 above trajectory for Clostridium difficile; if this trend continues then there is a potential that the organisation will not meet the year end trajectory.</p> <p>The recovery action plan for C.diff was reviewed by Greater Manchester Health Protection Unit (GMHPU) in August 2012 to provide an independent review to ensure that the organisation is following a credible recovery plan based on best practice.</p>	

		<p>Comments on the recovery plan from GMHPU have not yet been received.</p> <p>Board members asked a number of questions relating to the management of catheter infection including the following salient points:</p> <ol style="list-style-type: none"> <li>1. Are the Infections Control team aware of any catheter policy that is implemented?</li> <li>2. Do the team agree that the Quinolone prescribing trend needs to be changed?</li> <li>3. In root cause analysis are the relapses recorded as originating in primary or secondary care?</li> </ol> <p>Kate Ardern gave assurance that the Infection Control team are considering a new catheter policy specifically targeted at patients where catheters have been in place for too long. This is a particular challenge within care homes.</p> <p>The team is working with prescribers to reduce quinoline prescriptions. Root cause analysis relapses are mostly community acquired.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Kate Ardern for the update.</li> <li>2. Awaits with interest the report containing feedback from GMHPU which will come to October Board as part of the infection control report</li> <li>3. Requests the details requested at the September Board showing the breakdown of infection between Acute and Primary Care to be included in the October Report</li> </ol>	<p><b>Chris Sweeney</b></p> <p><b>Chris Sweeney</b></p>
<p><b>10.2</b></p>	<p><b>Sustainability</b></p>	<p>Kate Ardern presented the paper which sets out local progress to date in NHS sustainable development. For the purposes of authorisation CCGs are required to be aware of the principles of sustainability and social and corporate responsibility as set out in the NHS Constitution and the NHS Carbon Reduction Strategy 2009.</p> <p>Wigan already has a good local platform on which to progress sustainability in commissioning strategies and environmental management as Wigan Borough Clinical Commissioning Group becomes authorised and becomes a mature organisation.</p> <p>The Board was asked to receive and note the contents of this report and to request the Director of Public Health to work with the Director of Finance and Clinical Commissioning leads to progress the following actions:</p> <ol style="list-style-type: none"> <li>1. Develop a draft local commissioning framework post 2013</li> </ol>	

		<p>based on social value principles taking into account economic, social and environmental value, in addition to price, when buying/ commissioning goods and services.</p> <ol style="list-style-type: none"> <li>2. Develop a draft Integrated Sustainable Development Plan alongside a social value commissioning framework.</li> <li>3. To incorporate the recommendations of the DPH Annual Report 2011 and to present a further Board report on progress in 6 months.</li> </ol> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Kate Ardern and her team for the paper.</li> <li>2. Welcomes this opportunity to reaffirm what the CCG is doing.</li> <li>3. Welcomes expert guidance both nationally and locally.</li> <li>4. Accepts the recommendations made in the paper for Director of Public Health to work with the Director of Finance and Clinical Commissioning leads to progress the agreed actions listed above.</li> </ol> <p>Kate Ardern left the meeting</p>	
<p><b>10.3</b></p>	<p><b>Education &amp; Training</b></p>	<p>John Marshall, Assistant Director Commissioning, joined the meeting to present the report outlining to the Board the CCG's statutory duties with regard to Education and Training for the purposes of self-declaration during the authorisation process.</p> <p>Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the CCG responsibilities outlined within the paper with regard to Education and Training</li> <li>2. To identify an Executive lead to liaise with LETB's and take forward this duty</li> <li>3. Be aware that Contract leads should establish that NHS providers are members of LETB's</li> </ol> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks John Marshall for the paper</li> <li>2. Welcomes the paper which demonstrates encouraging excellence with the provider network but also needs to retain WB CCG's development strategy to maintain excellence</li> <li>3. Agrees to provide a named lead to take forward this duty as part of the overall distribution of lead clinical responsibilities by January Board</li> </ol> <p>John Marshall left the meeting</p>	

7.2	<p><b>Pre-stage Business Case for Approval to SHA Ashton LIFT</b></p> <p>Moved to Part 2 due to potentially Commercially sensitive information</p>	
7.3	<p><b>Quality Strategy 2012 - 2015</b></p> <p>Julie Southworth presented the report for review and approval. This paper has been received by the Clinical Governance Committee and will be submitted as part of the authorisation process.</p> <p>The vision for the WBCCG is the commissioning of integrated patient services which are delivered to the highest standard; safe, efficient and sustainable; and arranged for the convenience of local people.</p> <p>Whilst the WBCCG acknowledges the national work planned for capturing information about key performance indicators, this strategy sets out the proposals for identifying measures and capturing data at a locality level.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Lynn Mitchell as author of the report</li> <li>2. Emphasises the Board's focus and commitment to Quality issues</li> <li>3. Asks that the diagram on page 4 of the report be strengthened to demonstrate a balance between evaluating and monitoring.</li> <li>4. Asks that the report be amended to reflect that the Audit Committee is not a subcommittee of the Board</li> </ol>	
7.4	<p><b>Annual Complaints and Patient Advice &amp; Liaison (PALS) Report</b></p> <p>Julie Southworth presented the annual report of Complaints &amp; PALS activity received by the PCT for the period 1st April 2011 – 31st March 2012 for information. Julie Southworth apologised that this report, published in March, was only coming to September Board.</p> <p>The organisation's complaints procedure is underpinned by the Ombudsman's six principles of remedy for handling complaints which are: getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right, seeking continuous improvement in the services we provide for our local population.</p> <p>The report gives details of:</p>	

		<ol style="list-style-type: none"> <li>1. Complaints figures. During this reporting period there have been no trends to be reported. The chart below identifies the complaints' that NHS ALW PCT has investigated from 1st April 2011 to 31st March 2012 which totalled 121 complaints, with a reduction of 9 complaints from the previous year figures and cuts across various services.</li> <li>2. Lessons learnt from complaints received. During this reporting period a number of changes were made from complaints analysis with examples given in the report</li> <li>3. Details of complaints elevated to the Parliamentary Health Service Ombudsman. During this reporting year the Ombudsman received three complaints which they chose not to investigate as they were satisfied with the local resolution stage.</li> <li>4. Complaints handled by PALS. For the period 1st April 2011 to 31st March 2012 Patient Advice and Liaison [PALS] handled 505 contacts compared to 575 contacts the previous year. In many of the contacts handled, patients' concerns were resolved or information provided that assisted in avoiding the need to make a complaint.</li> <li>5. Complaints Reporting and Assurances. An integrated PALS &amp; Complaints department facilitates an effective triage process for handling concerns, enquires and complaints which has proved an effective use of resources. All complaints are risk assessed</li> </ol> <p>The Board made a number of comments which included the following salient points:</p> <ol style="list-style-type: none"> <li>1. Any complaints received against hospitals are noted in this organisation and then forwarded to the relevant hospital for investigation and action.</li> <li>2. Complaints data comes into the organisation at many levels. The data from the patient survey at hospitals is presented at the Care Quality Review meetings before going to Clinical Governance Committee. Patient survey data is also used at the Contract Monitoring Group meetings.</li> <li>3. Every response to a letter of complaint is read and personally signed by the Chief Accountable Officer</li> </ol> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks the Complaints team for the report.</li> <li>2. Notes that the report is slightly late.</li> <li>3. Notes that the CCG is sighted and is reactive and proactive regarding patient survey data and will be looking in detail at specific areas through the Clinical Commissioning Group Committees.</li> <li>4. Notes and welcomes the very low and diminishing number of complaints and looks forward to the trend continuing.</li> </ol>	
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8		<p><b>Strategic Business Items</b></p>	
	8.1	<p><b>Feedback from NHS Greater Manchester</b></p> <p>Deferred – captured in the Chief Accountable Officer report.</p>	
	8.2	<p><b>Finance</b></p> <p>Mike Tate presented the Month 05 Finance Report, The Month 05 QiPP Report and the Month 04 Performance Report which were all received and scrutinised by the Finance &amp; Performance Committee on 24<sup>th</sup> September.</p> <p><b>8.2.i Month 05 Finance Update</b></p> <p>At month 05 the locality PCT (CCG/NCB/LA) is forecasting to achieve its statutory duties in 2012/13, and achieve a surplus of £2,807k. The Year to Date surplus of £1,170k is in line with the projected planned surplus.</p> <p>Detailed financial positions are given for:</p> <ul style="list-style-type: none"> <li>• Wigan Borough CCG budgets;</li> <li>• National Commissioning Board budgets;</li> <li>• Wigan MBC budgets; and</li> <li>• Section 75 Single Commissioning Agency budgets.</li> </ul> <p>Mike Tate reported that contract discussions for 2013/14 are ongoing with all providers with additional dialogue on delivering the required QiPP savings</p> <p><b>8.2ii Month 05 QiPP Report</b></p> <p>The organisation is planning to deliver £18,169k QIPP savings in 2012/13 and it is expected that this level of saving will be made in aggregate but there are areas of high risk as quantified in the table in the report.</p> <ul style="list-style-type: none"> <li>• £ 8 ,768 is low risk and should be easily achieved</li> <li>• £ 1 ,931 is medium risk</li> <li>• £ 7 ,470 is high risk</li> </ul> <p>The Board made a number of comments which included the following salient points:</p> <ol style="list-style-type: none"> <li>1. There will be a budget review at Month 06 to ensure that targets are being achieved and where there are gaps. Action plans to address those gaps will be developed.</li> <li>2. The CCG has now received a schedule to improve the use of LIFT buildings. The estimated costs are £1,250k which will be</li> </ol>	

		<p>capital expenditure. If final negotiations are not completed by September, the scheme would be at risk of not completing in this financial year and would be deferred in to next year. A final decision will be made by 30th September on this scheme.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks the Finance team for the reports and the continued diligence.</li> <li>2. Receives the reports.</li> <li>3. Cautiously welcomes the news that Finance &amp; QiPP are in line with the original plan.</li> <li>4. Asks that the rigour is ongoing to make the required savings and to provide quality and this is monitored through the Finance &amp; Performance Committee</li> </ol> <p><b>Month 04 Performance Report</b></p> <p>As at Month 04, one domain is assessed as Green, three are Green/Amber, three are Amber/Red and two are Red. Two show an improving trend, five show a static trend and two show a declining trend.</p> <p>In terms of individual indicators, twenty one indicators are Green, seven are Green/Amber, seven are Amber/Red and twelve are Red. It is not possible to assess the remaining three indicators, as plan data is not available for 2012/13. Twenty one show an improving trend, four show a static trend and twenty five show a declining trend.</p> <p>Mike Tate reported that the first meetings of the Finance &amp; Performance Committee have concentrated on Finance and QiPP. It is intended that the Committee will focus on Performance issues in October and November meetings. It is also intended to invite key members of Provider organisations to the Finance &amp; Performance Committee to provide verbal as well as written assurances that they are able and on track to deliver as per contract or to deliver a recovery plan</p> <p>Trish Anderson brought Board members attention to the charts at the end of the report which give the NHS North of England performance overview and asked Board members to note that NHS ALW PCT has achieved all green targets for September with the one exception of Clostridium Difficile and that the performance of NHS Greater Manchester as a whole has significantly improved.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks the Performance team for the report</li> <li>2. Receives the report noting the current position and the improvements that have been made.</li> <li>3. Welcomes the collaborative approach shown by the member practices and our local providers in the sub committees to help the CCG commission and deliver</li> </ol>	
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		services the local patients need and want.	
<b>8.4</b>	<b>Risk Management Strategy and Policy 2012 - 2013</b>	<p>Julie Southworth presented this paper to Board for review and approval. The paper is a working document which will be reviewed once the CCG has received notification of statutory organisation status or if not before, on 1 April 2013.</p> <p>The CCG is committed to providing assurances that all health services commissioned for local people are of a good quality and that any known risks to patients, staff and/or the organisation are mitigated by a process of risk identification, assessment, management, mitigation and where reasonably practicable the elimination of those risks.</p> <p>The Policy sets out how the management of risks will be integrated into the governance arrangements for the organisation. Ultimately it is the intention of this strategy to support the organisation's vision for the achievement of the best possible health and well-being for people of the Wigan Borough.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Lynn Mitchell as author for the excellent report.</li> <li>2. Recognises the importance to manage risk whilst not stifling creativity.</li> <li>3. Approves the report going forward</li> </ol>	
<b>9.</b>	<b>9.1 – 9.8 Locality &amp; Committee Updates</b>	<p>Locality Updates for August 2012, Corporate Governance Committee September 2012 and Finance and Performance Committee for August 2012 updates were on the agenda for information and were received.</p> <p>Dr Tony Ellis, Chair of the Corporate Governance Committee, reported that attendance at the Committee has improved and there has been further clinical input from Dr Shah</p> <p>Mike Tate on behalf of Dr Mohan Kumar, Chair of the Finance &amp; Performance Committee, highlighted that everything is in place for the transition of contracts to the CCG.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Receives and accepts all reports listed for information purposes.</li> <li>2. Welcomes the broadening of the Corporate Governance Committee</li> </ol>	

<p><b>9.9</b></p>	<p><b>Designate Chief Accountable Officer Monthly Report August</b></p> <p>Trish Anderson presented the Chief Accountable Officer's monthly report to Board for update and discussion. The report contained information on the following topics:</p> <ol style="list-style-type: none"> <li>1. NHS North Performance review of GM CCGs which highlighted the interest nationally and locally in emergency admissions.</li> <li>2. Wave 4 Authorisation Surgery</li> <li>3. CCG Collaborative Commissioning update on the 12 CCGs within Greater Manchester working together. Slides from a recent workshop were attached to the report.</li> <li>4. Update on Board Recruitment. Shortlisting for the Nurse Board member will take place the week commencing 23rd September with interviews taking place w/c 1st October.</li> <li>5. The shortlist for the Secondary Clinician is currently being drawn up</li> <li>6. Meeting with GP Colleagues at Bradshaw Street Surgery to discuss Commissioning Intentions paper</li> </ol> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Receives the report and thanks the COO for the detailed briefing.</li> <li>2. Requests a report on Collaborative Commissioning for November Board.</li> <li>3. Requests a report on 52 week waits to October Board.</li> <li>4. Requests that a report on 52 week waits be a regular item on the Performance report.</li> </ol>	<p><b>TA/Kim Godsman</b></p>
<p><b>10</b></p>	<p><b>Authorisation Process</b></p>	
<p><b>10.1</b></p>	<p><b>Authorisation Progress Update</b></p> <p>Trish Anderson presented the report updating the Board on the continued progress towards authorisation. The report highlighted the following areas:</p> <ol style="list-style-type: none"> <li>1. Final authorisation decision-making process set out</li> <li>2. 360 Stakeholder Assessment</li> <li>3. KPMG Report</li> <li>4. Commissioning Support Services.</li> <li>5. CCG Structure</li> <li>6. Local Area Team Structure</li> </ol> <p>Resolved: The Board:</p>	

		<ol style="list-style-type: none"> <li>1. Thanks Trish Anderson for the update</li> <li>2. Accepts the report</li> </ol>	
	<b>10.4</b>	<p><b>Innovation</b></p> <p>Deferred to October Board</p>	
	<b>10.5</b>	<p><b>CCG Statutory Responsibilities</b></p> <p>Mike Tate presented the report on Statutory Responsibilities of the CCG for the Board's information.</p> <p>The report ensures that the Board is aware of its duties and powers in line with the Health and Social Care Act 2012 and to help ensure that that WBCCG will be compliant with all its statutory responsibilities. It sets out the proposed range of clinical commissioning group (CCG) functions, in relation to:</p> <ol style="list-style-type: none"> <li>1. Commissioning responsibilities</li> <li>2. General duties of CCGs</li> <li>3. Planning, agreeing and monitoring services</li> <li>4. Financial duties</li> <li>5. Governance</li> <li>6. Specific duties of cooperation</li> <li>7. General duties applying to public or NHS bodies.</li> </ol> <p>The Board is asked to read the Appendix in full to ensure that the WBCCG project plan delivers the assurances necessary. This assurance will mean that the CCG complies and delivers its statutory responsibilities.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Mike Tate for bringing this paper to Board</li> <li>2. Receives and notes the paper</li> <li>3. Requests that this paper is shared with the Localities</li> </ol>	
<b>11</b>	<b>Items For Information</b>		
	<b>11.1</b>	<p><b>Communications Plan</b></p> <p>Trish Anderson presented a report updating Board members on the communications and engagement activity and future plans within the CCG. The report identifies the continuing high level of positive media coverage and the ongoing CCG awareness campaign that will next feature radio advertising.</p>	

		<p>Trish Anderson said that the Communications team would very much welcome suggestions from Localities on alternative ways of spreading the message regarding the emerging CCG to the wider Borough population. There will be no national campaign highlighting the change from the Primary Care Trusts to Clinical Commissioning Groups; it will be a local responsibility.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Receives the report</li> </ol>	
	<b>11.2</b>	<p><b>Community AF/Arrhythmic Clinic</b></p> <p>Deferred to Clinical Governance Committee for detailed discussion and a report to come back to Board if necessary.</p>	
<b>12.</b>	<p><b>Any Other Business</b></p> <p>None</p>		
		<p><b>Part 1 of the meeting closed at 3.25pm</b></p> <p>The Chairman thanked the members of the public for attending.</p> <p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 23<sup>rd</sup> October 2012, 1.30pm Meeting Room 17, Wigan Life Centre</p>	