

**Meeting of Wigan Borough Clinical Commissioning Group Board**  
**Held on Tuesday 23rd October 2012 at 1.30pm in Meeting room 17, Wigan Life Centre**

Item 4
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**Present:**

Frank Costello, Lay Member (FC) – Deputy Chair – deputising for Dr Tim Dalton [Chairman]  
 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  
 Helen Meredith, Nurse Board Member (HM)  
 Canon Maurice Smith, Lay Member (MS)  
 Julie Southworth, NHS ALW Chief Operating Officer and advising on Governance (JS) – deputising for Trish Anderson

**In Attendance:**

Alan Stephenson, Greater Manchester Cluster Non-Executive Director (AS)  
 Viv Smith, PA, Minutes (VS)  
 Jane Clucas, PA, Shadowing VS

<b>1.</b>	<p><b>Chairman’s Welcome</b></p> <p>The Deputy Chairman (in the absence of the Chairman and according with the Constitution requiring the Lay Member of Public Engagement to be Deputy) opened the meeting at 1.35pm formally welcoming all attendees to the September Wigan Borough Clinical Commissioning Board. The welcome was extended to the members of the public in attendance.</p>	
<b>2.</b>	<p><b>Apologies for Absence</b></p> <p>Dr Tim Dalton, Interim Chairman of WBCCG – Frank Costello deputising</p> <p>Trish Anderson, Deputy Managing Director for NHSALW / Designate Chief Accountable Officer for WBCCG – Julie Southworth deputising</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>	

<p><b>4.</b></p>	<p><b>Minutes from the Previous Meeting Amendments</b></p> <ol style="list-style-type: none"> <li>1. Item 9.10 on page 4, point 2 to be amended to say Quinolone and not Quinine</li> <li>2. Item 7.4 on Page 7, point 2 to be amended to remove the word Commission to say Care Quality Review meetings.</li> </ol> <p>Other than these two amendments the minutes of the meeting of this Board held on 25<sup>th</sup> September 2012 were accepted as a true and accurate record of the meeting.</p>	
<p><b>5.</b></p>	<p><b>Actions/Decisions Log from Previous CCG Board Meetings</b></p> <p>All actions from previous Board were reported as ongoing for future Board meetings or complete.</p>	
<p><b>6.</b></p>	<p><b>Questions From Members Of The Public</b></p> <p>None</p>	
<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>7.4 Winter Plan and Resilience Checklist</b></p> <p>Kim Godsman, Assistant Director Commissioning, joined the meeting to present the report asking the Board to note the contents and to adopt the plan.</p> <p>The Winter Plan has been developed by all health economy partner agencies through the Emergency Care Operations Group and the Urgent Care Board.</p> <p>The Plan, which is a refresh of the existing successful Winter Plan used in 2011/12, has been signed off by the Urgent Care Board and will be shared with each partner organisations Board meetings during October.</p> <p>The Plan includes an Appendices pack which will be distributed to Managers on call to enable them to deal with any Winter Pressures call out.</p> <p>A Christmas and New Year Resilience Plan will be generated separately during October.</p> <p>Following questions by Board members KG made the following salient points:</p> <ol style="list-style-type: none"> <li>1. There will be procurement of 20-40 extra beds for Winter Pressures</li> </ol>		

	<p>which will be centrally located in Wigan.</p> <ol style="list-style-type: none"> <li>2. NHS Wrightington, Wigan &amp; Leigh are considering developing a Winter Pressure ward that can be opened if needed.</li> <li>3. There will be a Memorandum of Understanding from each Chief Executive Officer of each provider indicating the sign up to the Winter Plan.</li> <li>4. There are two planned workshops in the upcoming weeks for the 111 Launch which will be dovetailed to the Winter Plan.</li> </ol> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Kim Godsman for the report</li> <li>2. Appreciates the lessons learnt from Winter 2011/12</li> <li>3. Requests that key messages from the Winter Plan be circulated to all GP practices.</li> <li>4. Adopts the Winter Plan</li> <li>5. Awaits the Christmas &amp; New Year Winter Plan</li> </ol> <p>Kim Godsman left the meeting</p>	
	<p><b>9.10 Healthcare Associated Infection Monthly Update</b></p> <p>Chris Sweeney, Associate Head of Health Protection, joined the meeting to present the monthly report to update Board members on the year to date performance with regards to the reduction of healthcare associated infections and, in particular, with the progress made in the areas of :</p> <ul style="list-style-type: none"> <li>• Clostridium difficile Infections (CDI)</li> <li>• MRSA bacteraemia</li> </ul> <p>Since the report was submitted to Board there have been two further cases which takes the actual number of cases to fifty-seven, nine over trajectory.</p> <p>Feedback from the recent review by the Greater Manchester Health Protection Unit is that the plan is very comprehensive and that all appropriate measures are being taken to reduce incidence of CDI.</p> <p>Following questions by Board members Chris Sweeney made the following salient points:</p> <ol style="list-style-type: none"> <li>1. With the exception of one case, all the cases have been located in the patient's own home.</li> <li>2. There is not presently any national group looking at the potential of recalibrating the targets for Health Care Associated Infections.</li> <li>3. Thirteen of the fifty-seven cases are relapses yet are counted as new cases. It is Government guidance that states that any relapses occurring 28 days or more after the original case must be counted as a new case.</li> <li>4. NHS Salford is using the new drug, fidaxomicin. It is still in early stages of use and therefore the feedback is not yet comprehensive.</li> </ol>	

	<p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Chris Sweeney for the report.</li> <li>2. Requests that the Infection Control team continues to apply the pressure to reduce the number of infections.</li> </ol> <p>Chris Sweeney left the meeting.</p>	
	<p><b>9.11 – Wigan Safeguarding Children Report &amp; Wigan Safeguarding Adults Report</b></p> <p>Sue Elliott, Assistant Director Commissioner for Children’s Health, joined the meeting to present the two Safeguarding Annual Reports asking the Board to note the content and to provide feedback as to whether this will assure the Board of the safeguarding structures in place.</p> <p>This annual report reviews the work undertaken by the Safeguarding Team during 2011-2012. It provides the Clinical Commissioning Group (CCG) with information and assurances around how statutory requirements are being assured and how challenges to business continuity relating to the safeguarding of children and adults are being managed.</p> <p>It is vital that safeguarding standards are maintained at this time of change and uncertainty in both the Local Authority and the NHS and that accountability remains clear and unambiguous.</p> <p>In the recent OFSTED/CQC inspection Wigan Health was awarded ‘Outstanding’</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Sue Elliott for the report and congratulates the Team for all the work done and particularly for achieving the ‘Outstanding’ award.</li> <li>2. Asks if the Safeguarding Team requires anything further from this Board.</li> </ol> <p>Sue Elliott welcomes that the Wigan Borough CCG Board is championing the Safeguarding agenda and requests that this is continued.</p> <p>Sue Elliott left the meeting.</p>	
	<p><b>10.1 – Authorisation Progress</b></p> <p>Julie Southworth presented the report to provide the Board with an update of progress towards Authorisation. Development continues to progress well and all necessary submissions and requirements are being met with no risks identified.</p> <p>CCG staff are currently doing a Quality Assurance on the papers before they are</p>	

	<p>Uploaded onto the Department of Health's Authorisation Submission portal.</p> <p>The Board is asked to receive this paper for information and to note the continued progress towards authorisation.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Julie Southworth for the update.</li> <li>2. Requests that John Marshall advises Board members on any required availability for key dates for the CCG's progress towards authorisation as listed in the report.</li> </ol>	
<p><b>7</b></p>	<p><b>New Business</b></p>	
<p><b>7.1</b></p>	<p><b>Commissioning for Quality Improvement <i>The Commissioner Visit</i></b></p> <p>Julie Southworth presented the report, authored by Lynn Mitchell, Head of Risk Management, asking the Board to review and note the content.</p> <p>This report follows the previous paper received by the Board in July 2012 entitled <b><i>Improving Quality – The Commissioner Visit 'Toolkit'</i></b></p> <p>The Board is asked to give their approval to progress this and to approve the Walk a Round visits to commence in January 2013.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Welcomes the update and approves the commencement of the visits in January 2013.</li> <li>2. Suggests involving Patients Participation Groups in the Walk Around visits where appropriate.</li> </ol>	
<p><b>7.3</b></p>	<p><b>The Constitution for Wigan Borough Clinical Commissioning Group</b></p> <p>Julie Southworth presented the report and the Constitution for final Board approval. This version has been circulated to Localities and feedback has been received. The Constitution has been amended to reflect comments. There can be no further changes beyond Friday 26<sup>th</sup> October.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Accepts this final version of the Constitution with an agreement that very minor changes can be made to improve clarity.</li> </ol>	

8.	<b>Strategic Business Items</b>		
	8.1	<p><b>Feedback From NHS Greater Manchester</b></p> <p>The minutes from the July 2012 NHS Greater Manchester Board meeting were shared. The Deputy Chairman challenged the currency of the minutes available and requested that more recent minutes be included on future agendas.</p>	
	8.2	<p><b>Finance</b></p> <p><b>i. Month 06 Finance Update</b>  Mike Tate presented the report asking the Board to note the contents of the paper on the financial performance and the financial position of the Organisation up to 31st August 2012. The report was discussed at the Finance &amp; Performance Committee on 22nd October 2012  At month 06 the Organisation is forecasting to achieve its statutory duties in 2012/13, and achieve a surplus of £2,807k.</p> <p>The Year to Date (YTD) surplus (£1,170k) is in line with the projected planned surplus.</p> <p>The report contains detailed financial positions 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>MT highlighted a potential risk relating to Continuing Healthcare retrospective claims for changes for full-time care between 2004 – 2011. The deadline for the public to lodge a claim passed on the 30<sup>th</sup> September 2012. There have been three hundred and fifty-one claims with three hundred and one of these needing to go through a formal appeal process. The settlement period is anticipated to be over three or four years. The Department of Health will inherit outstanding costs for claims beyond 31<sup>st</sup> March 2013. Wigan Borough CCG will not inherit liability for any subsequent costs.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Accepts the report</li> </ol> <p><b>ii. Month 06 QiPP Report</b>  Mike Tate presented the report asking the Board to note the</p>	

		<p>contents. The report was discussed at the Finance &amp; Performance Committee on 22nd October 2012 and details the latest QIPP position for Wigan Borough CCG. The CCG is planning to meet its full year QIPP target although there are some areas currently rated as red. All savings to date are ahead of scheme. There are significant savings within Medicines Management, especially in prescribing.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Accepts the report</li> </ol> <p><b>iii. Month 05 Performance Report</b></p> <p>Mike Tate presented the report asking the Board to note the contents. The report was discussed at the Finance &amp; Performance Committee on 22nd October 2012. 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>Operations Directors from NHS Wrightington Wigan and Leigh had attended the Finance &amp; Performance Committee and provided assurances on key issues. It is intended to replicate this with other Providers.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Accepts the report.</li> </ol>	
<p><b>8.3</b></p>		<p><b>Wigan Borough CCG Board Assurance Framework &amp; The Draft Risk Register</b></p> <p>Julie Southworth presented the reports requesting the Board to review and note the information and to advise regarding any comments and feedback.</p> <p>The Board Assurance Framework (BAF) has been in preparation during 2012/13 ready for implementation in 2013/14 when the CCG becomes a statutory body. It identifies the Corporate Objectives which have been agreed by the Clinical Leads. The workstreams supporting the delivery of the Corporate Objectives are detailed. Risks and gaps are determined, where these affect the delivery of the workstreams.</p> <p>It is the aim of the CCG to use risk management systems to enable it to make better-informed decisions and to improve the probability of achieving its corporate aims and objectives.</p> <p>The Risk Register is a new format which still requires further work. It is</p>	

	<p>a risk management tool that enables the organisation to clearly understand its comprehensive 'risk profile' The risks highlighted within the document have been generated from the Corporate Objectives, and support the organisation's Board Assurance Framework (BAF).</p> <p>The Quality Team acknowledges that the report requires further work and gives assurance that the Board will receive a more comprehensive report in future.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Thanks Julie Southworth and the Quality Team for the reports.</li> <li>2. Welcomes the reports as work-in-progress and looks forward to future reports.</li> </ol>	
<p><b>9.</b></p>	<p><b>9.1 – 9.8 Locality &amp; Committee Updates</b></p> <p><i>Locality Updates for September 2012, Clinical Governance Committee August 2012 and Finance and Performance Committee for September 2012 updates were on the agenda for information.</i></p> <p><b>Atherleigh</b></p> <p>MK reported that there are concerns at the lack of progress of the Long Terms Conditions programme which is led by NHS Wrightington Wigan &amp; Leigh. Atherleigh members believe that the programme should be led by Localities.</p> <p>The Board made a number of comments which include the following salient points:</p> <ol style="list-style-type: none"> <li>1. There is concern that the Long Term Conditions programme is not progressing as intended.</li> <li>2. The current programme is attempting to cover too many services and is therefore distractive and is stopping other services from progressing.</li> <li>3. Dr Tim Dalton and Mike Tate will represent the Board's views at the Long Term Conditions Steering meeting on Friday 26<sup>th</sup> October</li> </ol> <p><b>Clinical Governance Committee August 2012</b></p> <p>HM advised that the Francis Report will now be published in January 2013. HM will attend future Clinical Governance Committee meetings.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Receives and accepts all reports listed for information purposes.</li> </ol>	

	<p><b>9.9</b></p>	<p><b>Designate Chief Accountable Officer Monthly Report August</b></p> <p>The Board received the report.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Is concerned that the small size of the Local Area Team may provide a risk to Wigan Borough Clinical CCG.</li> </ol>	
<p><b>11</b></p>	<p><b>Items For Information</b></p>		
	<p><b>11.1</b></p>	<p><b>Communications Plan</b></p> <p>The Board received an update report on the communications and engagement activity and future plans within the CCG.</p> <p>The report identifies the continuing high level of positive media coverage (27 features since Wigan Borough CCG September Board) and the ongoing CCG awareness and engagement campaign.</p> <p>Resolved: The Board:</p> <ol style="list-style-type: none"> <li>1. Receives the report and notes the welcome increase in activity.</li> </ol>	
<p><b>12.</b></p>	<p><b>Any Other Business</b></p> <p>None</p>		
		<p><b>Part 1 of the meeting closed at 3.20pm</b></p> <p>The Deputy Chairman thanked the members of the public for attending.</p> <p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 27<sup>th</sup> November 2012, 1.30pm Meeting Room 17, Wigan Life Centre</p>	