

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body
Held on Tuesday 28 May 2013 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chairman of WBCCG (TD)
Dr Deepak Trivedi, Clinical Lead, Atherleigh [DT]
Dr. Mohan Kumar, Clinical Lead, Patient Focus (MK)
Dr Pete Marwick, Clinical Lead North Wigan (PM)
Trish Anderson, Chief Officer for WBCCG (TA)
Mike Tate, Chief Finance Officer WBCCG (MT)
Dr Gary Cook Secondary Clinician Board Member (GC)
Frank Costello, Lay Member (FC)
Helen Meredith, Board Nurse (HM)

In Attendance:

Julie Southworth, Director of Quality & Safety WBCCG (JS)
Dr Andy Sutton, Deputy for Dr Tony Ellis
Sally Forshaw, Associate Director of Quality and Safety (SF)
Julie Pemberton, Minute Taker
Tim Collins, Head of Governance (TC)
Steven Hargreaves, Committee Clerk (SH)

	Minutes	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the May meeting of the Wigan Borough Clinical Commissioning Governing Body.	
2.	Apologies for Absence	
	Tony Ellis, Maurice Smith, Sanjay Wahie, Ashok Atrey.	
3.	Declarations of Interest	
	Other than the recorded declarations of interest there were no additional declarations of interest for any items on this agenda. 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 WBCCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days	

	<p>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 Meeting	
	<p>Agreed as a true and accurate record of the meeting.</p>	
5.	Actions/Decisions Log/Matters Arising	
	<p>Progress on actions points from the April 2013 meeting were noted and the updated log should be read as part of these minutes.</p>	
6.	Questions From Members of the Public	
	<p>No questions raised by the members of the public.</p>	
7.	Key Messages	
7.1	<p>Chair's Report</p> <p>TD gave a verbal summary, reflecting activities for the month of May and highlighting:</p> <p>His attendance at 18 key conferences, events and meetings involving a range of patients and organisations (statutory and voluntary), both commissioner and provider, covering issues relating to quality provision, education and development.</p> <p>Work had continued on all four of the CCG's corporate objectives but focused mainly on the first two:</p> <ol style="list-style-type: none"> 1. Helping our population stay healthy and live longer in all areas of the borough 2. 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>Quality Improvement work had continued with colleagues across Greater Manchester in the areas of:</p> <ul style="list-style-type: none"> • Healthier Together Programme • Primary Care Development • Integrated Care Programme 	

	<p>In respect of the Integrated Care Programme:</p> <ul style="list-style-type: none"> • Work had been undertaken to produce some foundations for the Health & Wellbeing Board of a primary care focused integrated care team. • It is planned to take this to our members forum to develop and build the model and gain broader understanding and refinements • Out of this will come a primary care strategy and proposals to then how primary care should change and evolve • It is being developed jointly with Wigan Council colleagues and we must ensure that we build on not purely health issues but also social care issues integrating into the broader determinants of health such as worklessness, housing, education etc. <p>Healthier Together Programme</p> <ul style="list-style-type: none"> • The Association of Greater Manchester CCGs continues to meet and focus on refining the Governance arrangements for joint working • Work is progressing on models of care and plans for the consultation process. <p>The members' convention taking place on 26th June 2013 will focus on the development of the primary care strategy for the future linked to the Integrated Care Plan.</p> <p>The Governing Body received the report.</p>	
<p>7.2</p>	<p>Chief Officer's Report TA circulated the May Chief Officer's Report giving a detailed update on the following:</p> <p>National Update: Since the last Governing Body Meeting, there have been 2 significant documents issued by NHS England:</p> <ul style="list-style-type: none"> • CCG Assurance Framework. The Framework is Presented to the Governing Body as part of item 8.3, which describes our Corporate Objectives. • On 9th May 2013 a letter was sent to all CCGs in relation to the delivery of the A&E 4 hour operational standard. This was in response to the very significant pressures being experienced nationally across the urgent and emergency care system. Local plans are required to be returned to Local Area Team by 31st May 2013. Wigan Borough CCG has complied with the timescale and our 	

plan, which builds on our existing strong local arrangements, has been submitted.

Greater Manchester Update:

- Coordinating groups of Chief Financial Officers, Contracting and a Collaborative Heads of Commissioning have been set up to ensure effective communication and to avoid duplication of effort.
- Work is ongoing with colleagues across Greater Manchester with regard to the financial plan assumptions. Work is focused on building upon collaborative work with regard to financial flows relating to specialist commissioning, primary care services and NHS property services. Details will be reported through the Finance and Performance Committee.
- Work continues on the Healthier Together Programme. A detailed briefing on specific issues will be provided to Board members in Part 2 of this Board meeting.
- Work continues on the development of the NHS GM “Compact”. This work will be linked to the publication of the new NHS England Assurance Framework and will form the basis of the requirements that the CCG will need to deliver.

Local Update:

Local work programmes in the last 4 weeks have focused on:

- Completion of a Single Commissioning Engagement Model with our localities to build member engagement across the CCG.
- Induction day for all WBCCG staff on 13th June 2013 to discuss the corporate objectives, values and key priorities to create a sense of team.
- Regular Executives to Executives meetings take place with our Acute and Community Trust colleagues to explore quality and performance issues.
- Discussions taking place with the Commissioning Support Unit (CSU) in relation to monitoring the service delivered and requirements of the CCG in relation to performance.

		<p>At the conclusion of TA's report FC requested assurance that the A&E service at WWL had coped with the pressure of numbers during the previous weekend and it was confirmed by TD and MK that their information indicated that the service had coped.</p> <p>The Governing Body received the report.</p>	
8.			
	8.1	<p>Infection Prevention and Control Strategy</p> <p>Sally Forshaw, Associate Director of Quality & Safety (SF) was in attendance to present the Strategy for the Management of Health Care Associated Infections 2013-14 (draft) to the Governing Body. The Governing Body is asked to review and comment on this first draft Strategy.</p> <p>WBCCG has a responsibility to ensure that in so far as is reasonably practicable, systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAIs).</p> <p>The purpose of this Strategy is to provide WBCCG with a framework that will support and provide assurance on the management of health care associated infections across the Wigan Borough.</p> <p>This Strategy is about designing and commissioning quality services for the residents of the Wigan Borough that are safe and effective. It is also about continuity and change. Continuity comes from the Strategy's links with the founding principles of the legislation and good practice in relation to infection, prevention and control and the work that has been undertaken previously by Public Health. Change will come from a stronger focus on local priorities, such as shared ownership, which will be vital in respect of the development of a health-economy wide approach and the involvement of local people wherever practicable in the commissioning and delivery of health services.</p> <p>Below is a summary of the actions being undertaken:</p> <ul style="list-style-type: none"> • Appointing a WBCCG Infection Prevention and Control lead with specific roles and responsibilities • Quarterly peer reviews with Knowsley CCG • Monitoring work plans of all providers and HCAI data via monthly CCG Quality, Safety and Safeguarding meetings. • Key Performance Indicators (KPI) in contract for acute providers but there is no national indicator yet for Community Trusts. 	

		<ul style="list-style-type: none"> • Development of CQUIN schemes within contracts around antibiotic prescribing. • Developing a Primary Care work programme with significant focus on medicines management and antibiotic prescribing. • Monitoring the outcome of WWL use of probiotics for adults on antibiotic therapy and other innovations. • Working on the engagement of Providers and Primary Care. • Commencing campaigns to raise public awareness of HCAI and antibiotic therapy. <p>MK asked if messages from inspections are reported back to individual teams to which SF responded that in the past that had not always happened but will form part of the Strategy. MK also asked if nursing homes constituted a disproportionate part of the problem but SF confirmed that they did not.</p> <p>GC asked if the CQC had particular concerns about antibiotic prescribing at WWL but SF confirmed that it was one indicator of many and not specifically highlighted.</p> <p>TD sought assurance that the Strategy will succeed to which JS stated that it would depend on a whole economy response and effective communications campaign. Out of the Strategy a robust workplan would be introduced but the CCG would be flexible enough to change that if it was not working. JS gave an undertaking to check with NHS England that the Strategy was in line with its expectations.</p> <p>Resolved: Subject to the undertaking being received from the Director of Quality and Safety referred to above the Governing Body:</p> <ul style="list-style-type: none"> • Approved the draft Strategy • Supported the implementation of the workplan outlined which should be monitored by the Clinical Governance Committee • Requested that it receive a progress report at 6 monthly intervals on implementation of the Strategy. 	<p>JS</p> <p>JS</p>
8.2		<p>WBCCG response to Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)</p> <p>Sally Forshaw was in attendance to present a summary of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Governing Body is asked to note the summary.</p>	

	<p>The report published on 6 February 2013 focused on failings in one hospital between 2006 and 2009. However, the 290 resulting recommendations are aimed to ensure the wider health system provides a culture that cares for and ensures high quality care for patients. The Government has now published its initial response to the inquiry “Patients First and Foremost” (March 2013) and sets out a five point plan:</p> <ul style="list-style-type: none"> • Preventing problems • Detecting problems quickly • Taking action promptly • Ensuring robust accountability • Ensuring staff are trained and motivated. <p>WBCCG Response:</p> <ul style="list-style-type: none"> • WBCCG’s Senior Leadership Team has begun the process of identifying those recommendations where local action is possible. • WBCCG will review the recommendations made within the initial briefing paper (March 2013) to ensure relevancy and produce a Francis Assurance/Action Plan no later than 1st July 2013 which will be brought to the July Governing Body meeting. • This work will also detail how the Commissioners evidence Provider(s) compliance with the Francis Report. Going forward the intention will be to publish this and progress against the plan on an annual basis. • WBCCG will request Providers to describe how they are implementing the Mid Staffordshire Inquiry and specifically how they are engaging with front line staff. This will be monitored through the respective Provider, Quality, Safety and Safeguarding Groups. The Chair of these groups will report directly to the WBCCG Clinical Governance Committee. • The Providers will be requested to formally present their actions plans to the Clinical Governance Committee. • The Quality and Safety Team are intending to host an engagement event involving the Wigan Borough Localities, WBCCG Governing Body and staff members to start the debate on “Patients First and Foremost” in Wigan. Healthwatch will be invited. <p>MK pointed out that the response did not appear to include Primary Care and that a unified response should be made. SF agreed that the NHS England Local Area Team (LAT) should be consulted before finalising the CCG’s response</p>	
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		<p>Resolved: The Governing Body noted the summary report and requested that:</p> <ul style="list-style-type: none"> • The CCG’s Francis Assurance/Action Plan be presented to the July 2013 Governing Body meeting • An annual report be published on progress against the action plan • Providers be asked to present their action plans to the CCG’s Clinical Governance Committee • The various engagement events as noted above be delivered and Healthwatch be invited • NHS England Local Area Team be consulted before finalising the CCG’s response. 	<p>SF SF SF SF SF</p>
<p>8.3</p>		<p>Corporate Objectives JS presented the Corporate Objectives 2013/14 and supporting executive accountabilities for approval by the Governing Body.</p> <p>The CCG’s Constitution states that the Governing Body will frequently receive current position reports on the Assurance Framework and will collectively be responsible for it, with individual accountability being assigned to specific members and/or Committee Chairs.</p> <p>The initial requirement for the effective implementation of an Assurance Framework is the setting of corporate objectives.</p> <p>The suggested workstreams are aligned with NHS England’s outline proposal and interim arrangements for the Assurance Framework for CCGs published on 7th May 2013, circulated for information, and which will underpin the quarterly checkpoints that it will carry out in July and October.</p> <p>Resolved: The Governing Body approved the WBCCG Corporate Objectives and supporting executive accountabilities.</p>	
<p>8.4</p>		<p>Establishment of CCG Patients’ Forum Frank Costello, the lay member leading on patient engagement, presented a proposal for the establishment of a CCG Patients’ Forum.</p> <p>The paper provided information about 2 proposals which form part of a wider strategy to strengthen opportunities for patients to become involved in commissioning processes and to influence the plans and priorities of WBCCG. The proposals include further support to strengthen the role of Patient Participation Groups (PPGs) at practice and locality level and the</p>	

		<p>establishment of a CCG Patients' Forum.</p> <p>The Board was asked to formally support the establishment of a CCG Patients' Forum and proposals for supporting locality level Patient Participation Groups.</p> <p>It is recommended that a budget is established to reimburse members of the public for expenses incurred in participating in the CCG Patients' Forum.</p> <p>Resolved: The Governing Body:</p> <ul style="list-style-type: none"> • Approved the establishment of a CCG Patient's Forum and • supported the establishment of a budget to reimburse members of the public for expenses incurred in participating in the CCG Patients' Forum. 	
9.	Current Business Issue Committee Updates		
	<p>9.1/ 9.4</p>	<p>Committee updates circulated as below:</p> <ul style="list-style-type: none"> • Clinical Governance Committee (April) • Corporate Governance Committee (March and April) • Finance and Performance Committee (April) • Service Design and Implementation Committee (May) <p>Resolved: The Governing Body received and approved all reports listed.</p>	
10.	Locality Updates		
	<p>10.1/ 10.6</p>	<p>Locality updates circulated as below:</p> <ul style="list-style-type: none"> • Atherleigh (April) • Patient Focus (April) • TABA (April) • Wigan Central (April) • Wigan North (April) • United League (April) <p>Resolved: The Governing Body received and noted all reports listed.</p>	
11.	Any Other Business		
	<p>There were no items of other business. Part 1 of the meeting closed at 2.30pm. The Chairman thanked the members of the public for attending.</p>		

	Date and Time of Next meeting: Tuesday 25 June 2013 – 1.30pm in Meeting Room 17, Wigan Life Centre.	
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**Certified true and accurate record of the business conducted at Wigan Borough
Clinical Commissioning Group Governing Body meeting**

Signed.....Chair

Dated.....