

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 22nd August 2014

Time: 12.30pm

Venue: Main Meeting Room, Friends Meeting House

Present:

Joe Leigh	Vice Chair & Lay Member Governance (in the Chair)
Ann Benn	Lay Member Public Engagement
Alan Stephenson	Lay Member
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Barry Silvert	Clinical Director, Commissioning
Charlotte Mackinnon	GP Board Member
Tarek Bakht	GP Board Member
Shri Kant	GP Board Member
Su Long	Chief Officer
Jackie Murray	Deputy Chief Finance Officer (deputising for Chief Finance Officer)

In attendance:

Mike Robinson	Associate Director, Integrated Governance & Policy
Diane Sankey	Governance, Risk & Complaints Manager

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
128/14	<p><u>Apologies for absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Wirin Bhatiani, Chair. Colin Mercer, Clinical Director, Clinical Governance & Safety. Mary Moore, Chief Nurse. Annette Walker, Chief Finance Officer. Charles Hendy, GP Board Member. Wendy Meredith, Director of Public Health, Bolton LA.
129/14	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 4 members of the public recorded on the attendance sheet.</p>
130/14	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>There were no questions/comments from the public.</p>

131/14	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>There were no additional declarations of interest. The Board noted that ongoing declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
132/14	<p><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 25th July 2014 meeting</u></p> <p>The Minutes were agreed as an accurate record and the update on the action log noted.</p>
133/14	<p><u>Quality & Safety Report</u></p> <p>Mike Robinson presented the monthly report and highlighted the patient's story regarding the impact on poor discharge planning leading to a poor patient experience. The report also included the customer services annual report outlining the complaints, PALS queries and compliments received. Also included in the report was an overview on the work undertaken to capture equality data within complaints and PALS.</p> <p>Also summarised was the work undertaken in 2013/14 on incident reporting in primary care which had been successful and learning from incidents had been disseminated widely to define a safer primary care in Bolton.</p> <p>It was noted that positive steps had been taken by both the CCG's main provider regarding serious incidents and never events regarding systems and processes on reporting and investigating serious incidents. There were very few outstanding incidents and the quality of reports received from providers had significantly improved.</p> <p>Included in the report was a comparison with last year's figures on C Difficile. This showed a small reduction on last year which was due in part to Bolton FT testing earlier in the process. It was noted that there were no cases of MRSA reported by Bolton FT so far this year, however there were 3 cases reported in the Bolton health economy and was subject to a multi-disciplinary review to identify any lapses and learning.</p> <p>The Board was also updated on the development of the NHS safety thermometer by Bolton FT, the current position regarding pressure ulcers and following the request by the Board in June, an example of an equality impact analysis which had been undertaken when considering the relocation of the out of hours service.</p> <p>Members asked how the CQC determined the makeup of the inspection teams and the increase in the number of complaints received regarding continuing healthcare which had risen due to the rise in restitution claims pre April. Members sought clarity on the extension granted regarding the unexpected deaths reported. Assurance was given that good processes are in place to report to timescales and ensure quality of learning led by Bolton FT Governance lead. A two month extension had been granted to allow important more detailed work to be undertaken and the CCG was being kept informed of the developments in this work on an ongoing basis.</p> <p>The Board noted the update.</p>
134/14	<p><u>Performance Report</u></p> <p>The Board was updated on current performance. The exceptions reported were regarding the failure in diagnostic 6 week waits, due to audiology breaches at Care UK and the mechanical failure of three endoscopy washers at Bolton FT which would result in a breach in the August diagnostic target. The CCG had received an update from Bolton FT that all washers were now fully operational and all cancelled appointments now have new dates.</p>

	<p>It was reported that there had previously been problems with regard to the 62 day cancer target. The issue this month was due to the time taken for urgent GP referrals to definitive treatment. Work was progressing to look at the root cause analysis of the 9 failed patients, which would be completed in a few weeks and would be updated to the Board at the next meeting.</p> <p>It was reported that there continued to be problems regarding the ambulance service. However, a meeting had been held with NWS to discuss the level of demand and targets set and work to alleviate this would continue to be developed. The remedial action plan referred to in the report for turnaround time had not been shared at this point due to this requiring further detailed work. This would be shared with the Board when completed.</p> <p>Other areas noted were the IAPT target which was set to achieve by quarter 4, the improvements in the friends and family testing, issues across Greater Manchester regarding stroke targets where remedial action plans had now been received with improvements to be seen from October. The 18 week referral to treatment targets had all been achieved. It was noted that Bolton FT was now developing plans to reduce long waiters down to 16 weeks.</p> <p>Members discussed where providers had failed targets by a small number and the constant problems this raised, for example with cancer targets. It was reported that this was receiving national attention across all healthcare systems and was due, in part, to the complexities around pathways. There was learning to be had from information received from the root cause analysis work done. Barry Silvert was a GP representative on the newly formed Greater Manchester Cancer Commissioning Board and would escalate these issues further to this Board.</p> <p>The Board noted the update and agreed to task the Executive to do some detailed work regarding ambulance targets if these continue to be an issue.</p>
135/14	<p><u>Report of the Chief Finance Officer</u></p> <p>The Board received an update on the financial position as at the end of July. The CCG remained on track to deliver against all its financial duties and targets in line with the CCG's financial plans. However, the CCG was currently utilising reserve to ensure delivery of the forecast position.</p> <p>Table 2 in the report highlighted the overall CCG position and those areas reporting over spends, mainly in community services and continuing healthcare. Work had been undertaken in community services which had identified that Bolton FT had used estimates to drive costs in medicines. Joint work was now being undertaken to ensure up to date information was used and therefore improve the position. There was a meeting planned between finance and pharmacy colleagues to review the detail. It was noted there was a slight reduction compared to last month with regard to continuing healthcare. A detailed report was to be presented to the September Board meeting regarding this.</p> <p>The main area of change had been seen on the movement on acute contracts which had previously been reported as underperforming. This had now shifted considerably in month, with continued pressure around emergency activity. Further detail regarding this would be reported to the Board at the next meeting. The Board was also made aware of the continuing issues with software used by Bolton FT to monitor contracts. The CCG was working with Bolton FT to understand this in more detail, to ensure data was more robust. This had been reflected in the risk register.</p> <p>Also noted was the work progressed on the Salford FT contract where the position had improved. This was due to the discharge of patients transferred to specialist commissioning</p>

	<p>from critical care. Local adjustments were now being made to reflect these changes. It was also reported that the AQP activity had previously shown continued over performance. Work on data validation had now been undertaken which had shown that Bolton FT had overcharged in the first quarter and this would be adjusted in the next report to the Board.</p> <p>There continued to be a review of the cash position throughout the year to ensure the target is achieved. The QIPP position had deteriorated this month and was reflected in the financial forecast and risks highlighted were regarding the failure to control demand in the system, the failure to plan to deliver the QIPP target and added issues regarding SLAM software. The risks would continue to be discussed and monitored through the Executive.</p> <p>Members discussed the overall shift in referrals to BMI Beaumont and the possible causes of this. It was reported that there had been high waits at Salford FT and people making their choice on the waiting times could have led to a shift. Members proposed that work be undertaken to look at the impact of private providers on service delivery. It was agreed that work could be undertaken to look at where Bolton people are going for healthcare services in line with the CCG's commissioning intentions timescales.</p> <p>The Board noted the report and agreed to receive a detailed report on continuing healthcare at the next meeting. The Board also agreed to discuss further the CCG's commissioning intentions and patterns of usage of services at a future meeting.</p>
136/14	<p><u>QIPP Programme Update</u></p> <p>The report detailed an overview of the QIPP programme and provided the year to date position on progress. The year to date QIPP delivery at month 4 stands at £672k against a plan of £1m at that point. It was noted that the position had only been made good due to the use of contingency funds from reserves. However, further schemes had now been identified which would have a planned impact on savings. It was clear that under delivery on QIPP programmes could not continue if the CCG wanted to deliver its strategy of a true shift in healthcare.</p> <p>It was noted that some of the plans had been re-profiled as a result of later than anticipated scheme start dates and additional information as schemes have developed. The main reason for this is due to the national tools used to identify potential savings which, when fully understood, the tariff impact on the schemes did not equate to the figures provided in the national tools. Some plans had been too ambitious and timescales set had been difficult to achieve. Plans were now being tested as these were developed across all the QIPP work programmes.</p> <p>It was noted that savings had now been identified with regard to the RAID scheme and the expectation was for this to further improve. The position with regard to continuing healthcare had also improved, however there was further work to be achieved and a full review of existing systems and processes to understand the causes was being undertaken by the Chief Nurse. There was also further savings to be identified within medicines optimisation.</p> <p>It was noted that this report only detailed the delivery of planned QIPP schemes and there were other areas where savings were expected but not reported as these were not identified as a QIPP scheme.</p> <p>Members requested the Audit Committee review the report produced by Internal Audit regarding the QIPP scheme process, in particular the inclusion of board members in the process. It was agreed a Board development session be used to review the strategic financial position to include longer term scenarios and a projection of 2015/16 position.</p>

	<p>The Board noted the report and agreed to have a further discussion at the next Board Development session to strategically review the financial position.</p> <p>The Audit Committee to review the Internal Audit report received on Board member involvement and the projection of 2015/16.</p>
137/14	<p><u>Commissioner Assurance Briefing</u></p> <p>The Board was updated on the assurances gained to date on two key provider cost improvement programmes. An updated report was tabled at the meeting due to further assurances received by Greater Manchester West Mental Health NHS FT (GMW).</p> <p><u>Bolton FT Cost Improvement Programme</u></p> <p>The CCG was working jointly with Bolton FT regarding further bed reductions and planning for any impact on community, primary and social care services through the Contract Review Board. The information requested by the Board at the last meeting regarding ward closures had been emailed separately to members which gave detail on the current and planned position on ward closures.</p> <p>The key exception reported was on the failure of A&E 4 hour wait target delivery due to lack of availability of beds on Mondays and Tuesdays and for further planned bed reductions, there is still a gap in assurance that community and primary care services would be able to successfully manage any impact. This remains a key item on the Joint Clinical Group and Bolton FT is engaging with a number of stakeholders on these issues.</p> <p><u>GMW Service Change Exception Report</u></p> <p>A detailed report regarding bed closures would be received by the Board at the next meeting. The exceptions reported this month were regarding bed occupancy being higher than planned with two individuals placed out of area in July due to no bed being available. Exception reports showed one individual had been moved in error when a bed was available locally. Appropriate training on the bed system had now been implemented by GMW to rectify this problem. The other individual was placed out of area due to no space in PICU which is related to the closure of Salford PICU for improvement work, not related to the home based care proposals.</p> <p>The Board noted the update. A further detailed report on GMW Service Changes to be presented to the September Board meeting.</p>
138/14	<p><u>Operational Resilience & Capacity Planning Guidance Changes 2014/15</u></p> <p>The Board received an update on the recent framework published by NHS England, Monitor, NHS Trust Development Authority and Association of Directors of Adult Social Services and the actions taken to date by the CCG.</p> <p>The framework requires CCGs to build on the work of Urgent Care Operational Boards by evolving into System Resilience Groups to focus on all year round planning as opposed to just winter planning and requires the development of system resilience plans emphasising a whole system approach.</p> <p>The CCG has a notional fund of £1.86m to support these plans and a bidding process has been undertaken in July to identify the schemes to be developed. A review panel looked at 36 schemes and agreed 15 schemes at a cost of £1.35m. These were received from various provider organisations and changes suggested by Commissioners. However, due to the lack of submission of plans from some organisations, further schemes would be invited to ensure capacity across the system. NHS England had requested further evidence to assure that the</p>

	<p>plans were robust and deliverable before these were approved.</p> <p>Members discussed the payment process for this and whether this would be performance based. It was noted that evidence would be required that implementation of the plan had been undertaken prior to the release of funds. This was based more on ensuring appropriate resilience processes were in place to deliver the outcomes.</p> <p>The Board noted the recent NHS England framework changes to system resilience, the system governance and structures put in place, the process undertaken to identify system resilience plans across the health and social care economy and supported the next steps outlined in the report.</p>
139/14	<p><u>Board Assurance Framework (BAF)</u></p> <p>The Board received an update on the CCG's high level risks included in the Quarter 1 BAF that may affect the achievement of the CCG's strategic and operational objectives. The report provided detailed information on each risk assessed 15 or above.</p> <p>The Board noted the highest risk is regarding the risk to clinical systems due to the transfer of responsibilities for GP IT to CCG delegation. Work to reduce this risk was being progressed.</p> <p>The Board accepted the attached extract from the BAF 2013/14 and the assessment of high level risks for Quarter 1 (April to June 2014).</p>
140/14	<p><u>Looked After Children Annual Report</u></p> <p>Val Coupes and Carol Holdbrook presented the annual report for looked after children. This included an update on performance and gave assurance regarding quality. It was reported that the CCG's statutory requirements for looked after children were being met.</p> <p>The Board noted the update and thanked Val Coupes and Carol Holdbrook for their excellent report.</p>
141/14	<p><u>National Assurance Framework 2013/14 Quarter 4 Summary & Annual Review Letter</u></p> <p>The report detailed the outcome of the CCG assurance process for 2013/14. The CCG had met with NHS England area team quarterly to progress the assurances required.</p> <p>Members discussed the use of an action log to report on future milestones and actions agreed, to be monitored by the Executive. The Chief Officer was progressing the development of agendas for future meetings to reflect the level of assurance the CCG require from NHS England, which included seeking assurance from NHS England on their management of specialist commissioning with a request made for this to be reported at the next quarterly meeting.</p> <p>Members discussed the need to be clear on the CCG's responsibility regarding co-commissioning. The letter sent regarding primary care co-commissioning had highlighted the fact that the CCG would not take on responsibility without appropriate resources. Further discussions would be held at the assurance meetings as this develops prior to discussion with member practices. Members proposed having separate meetings with NHS England to reflect on the previous year's developments and it was agreed that, although there were timing issues, this would be looked into further.</p> <p>The current position regarding the recruitment of a Secondary care consultant on the Board was discussed. The CCG was looking at different routes to attract interest to gain further applications and two possible candidates had been identified.</p>

	<p>With regard to Domain 2, Communications and Engagement, the Board wished to acknowledge and thank the team for their hard work over the summer.</p> <p>The Board noted the content of the letter received by NHS England assuring the CCG throughout 2013/14 across all domains and agreed that actions be managed through the Executive, exception reporting to the Board if required.</p>
142/14	<p><u>Update on Delegation of GP IT from NHS England to CCGs</u></p> <p>The report provided an update on the progress with the recently delegated responsibility for GP IT to CCGs from NHS England and gave assurances that the risks previously identified were being mitigated.</p> <p>Funding had now been identified from Greater Manchester partners to bridge the gap during 2014/15 to minimise the risk to GP IT provision for this year. Further discussions were needed to fully identify the required funding in subsequent years.</p> <p>The identified funding allowed for the continuation of core existing IT work programmes across Greater Manchester. However funding for other IT programmes not part of the core service has not been identified and further work is ongoing through the Executive to identify these requirements and associated costs.</p> <p>The Board noted the progress made via joint working across Greater Manchester to secure the appropriate level of funding for GP IT during 2014/15.</p>
143/14	<p><u>Healthier Together Committee in Common Briefing Note 2/7/14</u></p> <p>It was noted that a full set of the minutes from each meeting were now provided. This was following the request made by Health Watch. It was also reported that there had been a larger number of response received from Bolton on the Healthier Together consultation than most other areas. Su Long commented that her priority was to ensure as many Bolton people as possible understood about the consultation so they could respond.</p> <p>Clarification to be sought to ensure that the healthier together consultation report be broken down into specific responses/themes for each area of Greater Manchester in one report rather than a separate report for Bolton.</p> <p><u>GM Association of CCGs Summary from August meeting</u></p> <p>The summary was noted.</p> <p><u>Minutes from Quality and Safety Committee 11/9/14</u></p> <p>The minutes were noted.</p> <p><u>Minutes from the Governance & Risk Committee 11/7/14</u></p> <p>The minutes were noted.</p> <p><u>Minutes from the Health & Wellbeing Board 16/7/14</u></p> <p>The minutes were noted.</p>
144/14	<p><u>Any Other Business</u></p> <p>There was no further business discussed.</p>
145/14	<p><u>Date of Next Meeting</u></p> <p>Agreed as Friday 26th September 2014 at 12.30pm in the Main Meeting room, Friends Meeting House.</p>

Part 2 Board Meeting (if required):**146/14****Exclusion of the Public**

The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.