

# MINUTES

## NHS Bolton Clinical Commissioning Group Board Meeting

Date: 27<sup>th</sup> November 2015

Time: 12.30pm

Venue: The Bevan Room, 2<sup>nd</sup> Floor, St Peters House

### Present:

Wirin Bhatiani	Chair
Tony Ward	Lay Member Governance
Alan Stephenson	Lay Member (Vice-Chair)
Gerry Donnellan	Lay Member Public Engagement
Barry Silvert	Clinical Director, Commissioning
Colin Mercer	Clinical Director, Clinical Governance & Safety
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Jane Bradford	GP Board Member
Charles Hendy	GP Board Member
Su Long	Chief Officer
Annette Walker	Chief Finance Officer
Mary Moore	Chief Nurse
Romesh Gupta	Secondary Care Specialist Member
David Herne	Director of Public Health, LA

### In attendance:

Hannah Carrington	Engagement Officer, Bolton CCG
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### Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
165/15	<p><b><u>Apologies for absence</u></b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Shri-Kant, GP Board Member.</li> <li>Tarek Bakht, GP Board Member.</li> </ul>
166/15	<p><b><u>Introductions and Chair's Update</u></b></p> <p>Board members introduced themselves. There were 9 members of the public recorded on the attendance sheet.</p> <p>The Chair reported on the non-emergency patient transport services for Greater Manchester which was currently provided by Arriva Transport Solutions Ltd. NHS Blackpool CCG, on behalf of CCGs in the North West including Bolton, leads the commissioning for this service. Non emergency patient transport services provide free transport to and from hospital for people who have a medical need for it.</p> <p>There has recently been media coverage, reporting that Arriva has found a level of management and process failures with the reporting of performance standards. This means that performance achievements have been overstated and financial incentives were</p>

	<p>incorrectly claimed. An investigation is now taking place and Arriva has repaid all monies that they believe have been incorrectly claimed. The Chair apologised to the public and reported that the lessons to be learned were to listen to the public and look at ways to triangulate evidence in more detail in the future.</p> <p>The CCG has issued a statement from Su Long, Chief Officer which reads:          “The performance of the patient transport services provided by Arriva has been the focus of complaints and comment from local people. Regrettably it is now clear that assurances made to our Board have been based on incorrect information from the company. Arriva has been reporting a higher level of performance that was not being delivered to patients”. “I will be writing to all those who formally complained to NHS Bolton CCG to apologise and provide the correct information on the operation of this service”. “Arriva has put a performance plan in place to rectify recent failings, has increased levels of staffing and introduced a new management team. The CCG will be working with NHS Blackpool CCG, the lead commissioner for this service, to ensure transport services continue for patients before a new provider takes over next year”.</p> <p>It was reported that the current contract for this service expires in 2016 and a separate tender exercise to determine who will provide the service in the future is near completion. Arriva has withdrawn from this process. The CCG will be closely monitoring the performance plan put in place by Arriva.</p>
167/15	<p><b><u>Questions/Comments from the Public on any item on the agenda</u></b></p> <p>Jim Sherrington asked whether the name of the preferred provider relating to the procurement of endoscopy services had been announced. It was reported that there was a standard policy in place regarding protecting the confidentiality throughout the process. However an announcement was imminent publicising the name of the preferred provider.</p> <p><b>A copy of the process relating to this procurement would be shared with Jim Sherrington.</b></p> <p>Mr Willis commented on the positive meeting with Su Long and Melissa Laskey relating to funding for a voluntary organisation in Bolton. He wished to thank the CCG for being honest and open with regard to the issues relating to the application submitted by this organisation. He also wished to raise the Board’s attention to the recent article in the Bolton News regarding funding available for the development of the plans relating to prevention of young suicides and how this would hopefully reduce these figures in the future.</p> <p>A question was also raised relating to the items on the agenda regarding the Procurement Strategy and Policy and the Winterbourne View Update where clarification was sought on how out of area placements fit with the CCG’s commissioning strategy. It was agreed to discuss these questions when these items were being discussed.</p>
168/15	<p><b><u>Declarations of Interest in Items on the Agenda</u></b></p> <p>The GP Board Members declared an interest in the item on the agenda regarding the Bolton Quality Contract. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG’s website.</p>
169/15	<p><b><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 23<sup>rd</sup> October 2015 meeting</u></b></p> <p>The action log was discussed and outstanding actions noted. The new CCG website was close to being finalised and published. The Board would be reviewing the final version of the website at the December Board Development meeting.</p>

	<p>It was noted that work was developing to present patient stories differently. The GMW business case for a single point of access was progressing and information on decommissioning of the audio vestibular medicine service would be discussed at the next clinical leads meetings to ensure GPs were clear on the routes to use for this service.</p> <p>Members also discussed the following items in the completed actions section:</p> <p>Minute 154/15 regarding the Community Services Quality Update and the previous discussions held on reviewing the three areas of concern. Work was developing to link the review in these areas with the CCG's procurement strategy. However, the Board agreed this action should remain as an outstanding action for the Board to review the work undertaken at the January board meeting.</p> <p>Minute 156/15 regarding the review of Stroke and TIA performance being delegated to the Contract Review Board. It was reported that TIA had been discussed at the recent Quality and Performance meeting with a way forward to have a TIA clinic that spans more than just Bolton to ensure targets were met. An update was expected the following month on stroke targets. It was agreed that a further update on both areas would be included in the next Board performance report.</p> <p>With regard to the Part 2 Minute 17/15 regarding the endoscopy procurement, it was reported that the decision related to additional investment in this service due to demand and did not relate to tendering of the whole of the service.</p> <p><b>The Minutes were agreed as an accurate record and the updates to the action log noted.</b></p>
170/15	<p><b><u>Patient Story</u></b></p> <p>This month's patient story relates to a 59 year old patient in Bolton who has Ischaemic Heart Disease, three Myocardial Infarcts, Prostate Cancer, Osteoarthritis in his knee and hip joints, depression and has been diagnosed with pre diabetes. This is his story that he felt was important to share.</p> <p>The story showed the changes that can be made in terms of creating lifestyle and behaviour that has an impact on an individual's health. The links with this story and the Locality Plan was highlighted. It was reported that cases such as this one affected around 20% of the local population and these behaviour approaches would help individuals to build capacity to manage their own health and wellbeing.</p> <p>Members were encouraged by the story and discussed the use of this story to publicise this message wider to the local population. The Board agreed that further communications should be developed, including publicising these stories through the GP practices.</p> <p><b>The Board noted the Patient Story and agreed to develop communications on patient stories such as this one and publicise wider.</b></p>
171/15	<p><b><u>Presentation on the Outcome of the Perfect Weeks at Bolton FT</u></b></p> <p>Andy Ennis, the Chief Operating Officer at Bolton FT presented to the Board the outcomes of the perfect weeks undertaken at the FT. The presentation mainly focused on the SAFER perfect week 2 and the achievements that have been sustained by the FT since.</p> <p>It was acknowledged that the FT had not been successful with regard to sustaining early discharges compared with performance from the perfect week. However further monitoring had been undertaken which had resulted in good practice being observed on a daily basis.</p>

It was noted that the FT had reduced the length of stay across the whole of medicine by half a day. However, the challenges in sustaining the SAFER agenda were highlighted. This was mainly due to workforce issues, escalation in particular around A&E and how to support A&E when surges occur, out of area delays and communication issues.

The FT had used a drug runner again during the perfect week which had proved useful and stopped any delays regarding patient discharges etc. Estates had worked well to improve efficiency across all wards and the FT had sustained this efficiency by keeping the one number to ring.

It was noted that bed occupancy has increased. The FT was looking into this area specifically to see why this has increased. More people were arriving by ambulance with a big rise in attendance from the 16 to 54 year old category and a small rise in paediatrics. It was noted that the over 65s attendance has reduced. The FT had investigated the increases and confirmed that five practices account for the total admissions in A&E. There was a need to review this further to see if any further improvements could be made.

Members commented on the discharge targets set and questioned whether these were aspirational or should be set higher. It was noted that the FT had previously started at a lower point that this but acknowledged the need to increase the targets at some point to create the necessary flows required in the system.

Members discussed the increase in bed occupancy numbers linked to the hospital having fewer beds and questioned why the FT was not opening more beds. It was reported that due to the nurse shortage, the FT was unable to open more beds. The FT had previously opened beds but this had resulted in a number of issues which the FT had learned from with the main learning point being that the correct number of staff are required before additional beds were opened.

Members also discussed the delay in the opening of the ambulatory care service. The delay was due to building issues. The aim is to open over Christmas to gradually fully utilise after Christmas. It was further noted that specialists and ambulatory GPs were in place to fully run this service from January 2016. The FT was commencing with a 7 day service for ambulatory care starting from the following weekend. It was noted that the CCG was currently awaiting a report on the ambulatory care service to review how this will fully work.

The Board also questioned at what point on admission was the communication made with patients regarding onward care. The FT has policies in place and undertakes regular education sessions on how to communicate with patients and families. It was noted that there were delays in the system when referring to a home of the patient's choice. The discharge team was working with social care to have extra teams on wards to identify discharge processes. There remained issues and challenges around expected dates of discharge and there was a recognised need for a change in culture. The issues regarding Sunday and Wednesday discharges was also acknowledged.

The Board reflected on the presentation received and noted that patients were coming from other areas not just Bolton. It was also noted that not as many elderly patients were currently coming through the system and that in particular areas in Bolton, patients were coming from certain practice areas. More detail was required to review this further. Attracting staff to Bolton was also a major issue, however it was noted that when comparisons are made, Bolton is doing better than other areas. It was further noted that the FT was developing its own nurse training with the University.

**The Board noted the presentation.**

172/15	<p><b><u>Locality Plan</u></b></p> <p>The Board had previously discussed draft versions of the Locality Plan. The final public facing summary document was presented.</p> <p>Key messages reinforced from the Locality Plan were noted as:</p> <ul style="list-style-type: none"> <li>• Significant financial gap across the health and care economy which will require decisions to be taken regarding future commissioning.</li> <li>• Plans over the next 5 years to significantly improve health outcomes and experience for the whole population.</li> <li>• The need for a major shift from reactive to proactive care, centred around early intervention and prevention.</li> <li>• The need to fully embed integration as a way of working.</li> <li>• A significant shift of care into the community and primary care with a reduction in hospital activity.</li> <li>• To note this is Bolton's local response and there are GM wide initiatives which will also be of major benefit to the local population, which are being quantified.</li> </ul> <p>It was noted that a summary was being formatted into a leaflet style to explain the Locality Plan further to the public and patients. Members agreed that the main messages to publicise were regarding the need for real radical changes to how health care is delivered to ensure this can be afforded in the future. By engaging further, this will help to improve the public's understanding when major changes are made.</p> <p>The development of the Locality Plan would focus on consistency of offer across the NHS, engaging with the public on funding, in particular when difficult decisions have to be made to ensure this is carried out with appropriate processes in place. The Bolton Offer would develop in a planned way with the public as this is key to ensure Bolton has financially stable transformational plans for the future.</p> <p><b>The Board supported the Locality Plan and noted the summary produced. The Board also noted that a full copy of the final Locality Plan will be published on the CCG website.</b></p>
173/15	<p><b><u>Procurement Strategy and Policy</u></b></p> <p>The draft Procurement Strategy and Policy were presented to the Board. The Strategy would act as a key enabler to the implementation of the CCG Locality 5 Year Plan. It was noted that the CCG Executive have seen early drafts of this document and there was discussion on the content of this document with board members in the lead up to its final draft version.</p> <p>It was reported that the CCG had engaged external expert advice in relation to the development of the processes, which had resulted in the document being separated into a strategy and policy. The CCG would view procurement as a key enabler to make the changes required to be able to lead the transformation required in the future. The policy details the rules relating to procurement and sets out transparently the processes to be undertaken when procuring new services. The policy also detailed clear rules regarding reprocurement of existing services to understand what these triggers may be.</p> <p>It was reported that a procurement review would be undertaken on the three community service areas of concern previously discussed at Board (Rheumatology, Neurological Long terms Conditions and Tissue Viability), the results of which would be brought back to the Board for approval.</p>

	<p>The next stage is to develop an annual procurement plan which would include a review of services using specific criteria to understand which services may require reprocurement and prioritising these accordingly to ensure the plan is deliverable. It was noted that currently the CCG was reviewing 6 services.</p> <p>The Board recognised there would be a need to review on an ad-hoc basis any services that are highlighted as having performance issues which would then be included in the annual plan.</p> <p>It was noted that the Procurement Strategy and Policy was complimentary to the Locality Plan and partnership working and was being received positively by providers and partners in the health economy.</p> <p>The question raised by members of the public at the beginning of the meeting were discussed. The question asked was whether services across borders were interfacing with CCGs and Local Authorities regarding geographical boundaries. It was reported that the CCG would look at identifying scales of opportunity as part of its commissioning scale and these would be reviewed depending on which service review it related to. The CCG would review geographical boundaries across Bolton, Greater Manchester and sector wide, dependent on the service being reviewed and this would include full engagement with providers.</p> <p>The financial risks relating to procurement and how this fits with the CCG's financial plans was also discussed. It was noted that for each service a careful evaluation would be undertaken to ensure the procurement route was the right way forward and this would include a review of the financial risk plans and mitigations.</p> <p><b>The Board approved the Procurement Strategy and Policy. The findings from the review relating to the 3 community service areas would be brought back to a future board meeting.</b></p>
174/15	<p><b><u>Proposed Changes to the Committee Structure</u></b></p> <p>Following the commencement of Tony Ward as lay member for governance, a series of discussions have been held to consider a number of governance related issues. These were detailed in the report. It was noted that the recommendations made in this paper align with the Constitution of the CCG and are within the remit of the Board to decide.</p> <p><b>The Board approved the direction of travel to:</b></p> <ul style="list-style-type: none"> <li>• <b>Dissolve the Governance and Risk Committee.</b></li> <li>• <b>Map the work of this former committee to ensure that business is being dealt with in other groups.</b></li> <li>• <b>Establish a Conflict of Interests Committee to deal with specific issues and cases that arise, chaired by Tony Ward.</b></li> <li>• <b>The Executive to ensure that conflict of interest issues are systematically flagged to the Chair of the Conflict of Interest Committee.</b></li> <li>• <b>Establish a new Finance and QIPP Committee comprising Annette Walker, Tony Ward, Alan Stephenson and a GP board member to chair.</b></li> <li>• <b>Redesign the BAF documentation to enhance use by board members based on best practice examples and guidance from MIAA.</b></li> <li>• <b>Organise a refresh of the objectives and risk identification process, along with an assurance mapping with MIAA.</b></li> <li>• <b>The formalisation of the terms of reference of the new committees to be presented for Board approval at the next meeting.</b></li> </ul>

175/15	<p><b><u>Bolton Quality Contract Update</u></b></p> <p>In January 2015, Bolton CCG Board agreed the implementation of the Bolton Quality Contract from 1<sup>st</sup> April 2015. This represented investment of over £3million in new standards for General Practice in Bolton, with the intention of improving the quality of care to Bolton people and making financial savings. This decision was made without undue influence from Bolton GPs and support from NHS England.</p> <p>It was agreed that this investment would be recurrent, if delivery of the standards and KPIs is achieved. If the expected benefits are not met in year 1, it was agreed the Board will agree either exit arrangements or changes to the contract (based on a judgement including quality benefits alongside value for money). The Board also agreed that, in future years, the standards would need to be adjusted to ensure continuous improvement and a consistent offer to Bolton people.</p> <p>It was noted that the Bolton Joint Commissioning Committee maintains regular detailed review of the delivery of the Bolton Quality Contract by Bolton Practices. This report provides a summary update in order to provide assurance to the Board that a decision is not being sought to cease the contract and its recurrent nature should continue in commissioning intentions, as approved in January 2015. The Joint Commissioning Committee can advise that there is no indication at this point to give notice to cease the Bolton quality contract.</p> <p><b>Following the CCG Board decision in January 2015 that the Bolton Quality Contract investment would be recurrent if standards were achieved and recognition that the contract may need alteration to respond to current performance and to ensure continuous improvement, the CCG Board agreed to:</b></p> <ul style="list-style-type: none"> <li>• <b>Delegate responsibility to the Joint Commissioning Committee to review (in December) quarter 2 data and practice access audit and workforce data in detail and suggest amendments to the Bolton Quality Contract for 2016/17, to reflect the need for continuous quality improvement and value for money.</b></li> <li>• <b>Receive regular in-year assurance from the Joint Commissioning Committee that delivery and value for money is not deteriorating from the current projected level.</b></li> </ul> <p><b>The design of the Bolton Quality Contract for 2016/17 will be subject to Board approval in early 2016, subject to oversight and approval by the CCG conflicts of interest committee.</b></p>
176/15	<p><b><u>Winterbourne View Project Update</u></b></p> <p>Due to exceptional circumstances, Tim Bryant was unable to attend the meeting to verbally update the Board on the developments with the Winterbourne View Project.</p> <p>Further to concerns raised by the Board in September regarding estates issues, a request had been made for a further update in 2 months. Su Long had received a written update on the current position for each individual case. The Executive continued to be updated on the detail on progress on each individual's placement and regular reporting and monitoring was part of this review. It was noted that difficulties remain regarding obtaining appropriate tenancies for this small number of patients.</p> <p><b>The Board noted the update.</b></p>

177/15

**CCG Corporate Performance Report**

An update on performance for month 6 was presented to the Board. The exceptions reported related to the failure of the A&E target which had reached 94% in September and was currently failing for the year. It was noted that this remained an issue across Greater Manchester and regular conference calls were taking place with NHS England.

A report on activity regarding the 111 service would be presented to the next Board meeting. There were some issues still to be resolved regarding the A&E deflection scheme due to commence on 1<sup>st</sup> December. It was also reported that non-elective admissions had reduced to 1.17% compared to last year's figures, which was well below target. The reduction in non-elective length of stay was within target. The CCG was keen to work with Bolton FT to embed the discharge processes and SAFER bundle further to assist with expediting patient flow. It was noted that emergency readmissions have increased year to date by 3%. There was more work to be done to try to understand why this is happening.

With regard to ambulance performance, all targets have been achieved. The 6 week diagnostic target has also been met. However, there remained some issues at Central Manchester due to capacity. Cancer targets remained an issue with three targets not being met. The CCG was to undertake further work to review why these targets are not being met, including a review of processes in other countries. Ambulance handovers were problematic, in particular the handover target between 30 minutes to an hour, with a 100 patient handovers being reported last month.

The update on the three service areas of concern previously discussed at Board (Rheumatology, Neurological Long terms Conditions and Tissue Viability) are subject to a separate Board discussion under the procurement item. Community services continue to see some improvements in all areas, particularly waiting times, staff sickness and staff turnover. A significant improvement has been shown in the Falls service for waiting times with 88% of patients seen within 4 weeks during October compared with only 50% in September.

Members discussed the difference in reporting timescales between commissioners and providers. It was acknowledged that the CCG did have knowledge of more up to date information in certain areas and could look to provide this in future reports to the Board. Also highlighted was the data shown relating to serious incidents and the mismatch in the number of incidents being reported. A further review of this data would be undertaken.

Members also reviewed whether there had been an increase in A&E attendance since the 111 service had been rolled out. It was reported that there was currently no increase being shown. Any risks in the out of hours service were also being monitored. The Board also raised issues with regard to the onward referrals regarding the 62 day wait cancer target and the issues impacting on achievement of this target.

Also highlighted was the Royal College of Surgeon's review of theatres at Bolton FT. The review had been undertaken in response to a number of surgical never events that had occurred since April 2014. The aim was to assess the culture, processes, procedures and behaviours across themes. The review team had made 15 recommendations and Bolton FT has produced an initial action plan which will be further reviewed at the FT's December Quality Assurance Committee. The CCG's Quality and Safety Committee has also invited Bolton FT to the next meeting to discuss the action plan developed to address the issues raised in the report.

**The Board noted the update and agreed to reference knowledge of more up to date information in future reports. A report on the mismatch in numbers relating to serious untoward incidents would be provided to Tony Ward. A report on activity regarding the 111 service would be presented to the next meeting of the Board.**



178/15	<p><b><u>Report of the Chief Finance Officer</u></b></p> <p>The Board received an update on the current financial position as at month 7. The CCG is planning to deliver against all key financial duties but with significant risks around the revenue and efficiency requirements with mitigation plans required to cover the forecast shortfall against the QIPP target. It was noted that the mitigation plans are non-recurrent solutions to deliver the control total this year.</p> <p>The reported financial position to month 7 is a surplus of £2,116k which is £130k below the CCG's financial plan.</p> <p>The key financial pressures were reported as mental health out of area placements with a £1.3m overspend, prescribing at £0.6m and other commissioning at £0.4m. There were significant underspends in relation to continuing healthcare at £0.5m, community including better care fund at £0.4m, learning disabilities at £0.2m and running costs at £0.2m. Detailed work was being carried out regarding systems and processes to see further improvements in these areas. It was further noted that prescribing was saving £2.3m in relation to the QIPP target. The emerging risk regarding continuing healthcare had developed over the last week and this related to a price change. This will be added to the financial risk table as the issues emerged.</p> <p>Overall the CCG will achieve the control total surplus. It was reported that the risk position has improved, however the emerging risks around CHC were now coming to light.</p> <p>The Board was referred to the financial dashboard detailed in the report which gave a snapshot of the current position across all areas. Members noted the positive position regarding prescribing. Mental Health and CHC issues would be kept under review. It was noted that the integrated neighbourhood teams underspend was due to delays in recruitment, and the CCG was working closely with Bolton FT to understand the plans for recruitment.</p> <p><b>The Board noted the Month 7 year to date and forecast outturn position and supported mitigation plans to achieve the required surplus. The Board recognised the significant level of risk identified and support the process in place by the Executive to review scenarios on a monthly basis.</b></p>
179/15	<p><b><u>QIPP Programme Update</u></b></p> <p>An update on the delivery of the QIPP programme was received. It was reported that year to date QIPP delivery against the revised plan for schemes in delivery at month 7 stands at £3,436k against a month 7 plan of £3,578k. This shows a shortfall of £142k against the YTD plan.</p> <p>The exception areas noted were regarding prescribing, integration and EuR compliance, and whilst these schemes were off, they were currently delivering savings. It was also noted that contract management and running costs were over performing.</p> <p><b>The Board noted the current gap in delivery against the revised QIPP plan for schemes in delivery as at month 6 and the schemes in development to support the achievement of the increased target of £10.9m.</b></p>
180/15	<p><b><u>GM Association of CCGs Minutes 20/10/15 and 3/11/15</u></b></p> <p>The minutes were noted.</p> <p><b><u>CCG Executive Update</u></b></p> <p>The update was noted.</p>

	<p><b><u>Minutes from the Quality and Safety Committee Meeting 14/10/15</u></b> The minutes were approved.</p> <p><b><u>Minutes from the Health &amp; Wellbeing Board 21/10/15</u></b> It was noted that the minute regarding the update on the Integrated Neighbourhood Teams reported that the programme continues to achieve key outcomes. However, it was reported that the discussions held had confirmed achievement was not increasing at the expected rate. Also noted was the minute relating to the integrated wellness service discussion, where it was noted that the person discussing the report was not present. Further scrutiny at future meetings was requested.</p> <p><b><u>Minutes from the Joint Commissioning Committee 16/11/15</u></b> The minutes were noted.</p>
181/15	<p><b><u>Any Other Business</u></b> The dates of future board meetings for 2016 were noted.</p>
182/15	<p><b><u>Date of Next Meeting</u></b> It was noted that there was <b><u>no public board meeting in December</u></b>. The next meeting was agreed as Friday 22<sup>nd</sup> January 2016 at 12.30pm in the Bevan Room, 2<sup>nd</sup> Floor, St Peters House.</p>
<b>Part 2 Board Meeting (if required):</b>	
183/15	<p><b><u>Exclusion of the Public</u></b> The public part of the meeting was closed and the public were requested to withdraw. The Chairman proposed that “members of the public be excluded from the remainder of this meeting under Section 1(2) Public Bodies (Admissions to Meetings) Act 1960”. This being agreed.</p>