

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 30th May 2014

Time: 12.30pm

Venue: Main Meeting Room, Friends Meeting House

Present:

Joe Leigh	Vice Chair & Lay Member Governance
Ann Benn	Lay Member Public Engagement
Alan Stephenson	Lay Member
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Colin Mercer	Clinical Director, Clinical Governance & Safety
Charlotte Mackinnon	GP Board Member
Charles Hendy	GP Board Member
Shri Kant	GP Board Member
Tarek Bakht	GP Board Member
Annette Walker	Chief Finance Officer
Su Long	Chief Officer
Mary Moore	Chief Nurse

In attendance:

Jackie Bene	Chief Executive, Bolton FT
Simon Worthington	Director of Finance, Bolton FT
Steve Hodgson	Medical Director, Bolton FT
Trish Armstrong-Child	Director of Nursing, Bolton FT
Brian Bradley	Clinical Director, Acute Division, Bolton FT
Clare Todd	Clinical Lead, Community Services Review

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
72/14	<p><u>Apologies for absence</u></p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> Wirin Bhatiani, Chair. Wendy Meredith, Director of Public Health. Barry Silvert, Clinical Director, Commissioning.
73/14	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 8 members of the public recorded on the attendance sheet. Mary Moore, the new Chief Nurse, was welcomed to her first public board meeting.</p>

74/14	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Jack Firth requested an update on Healthier Together. It was agreed that an update would be given when discussing the item on the agenda regarding the Healthier Together Committee in Common Briefing Note.</p> <p>Jim Sherrington commented on number of public present at the last meeting of the Board and requested the CCG look to increase public awareness of board meetings to increase attendance. It was acknowledged that controversial decisions like the mental health redesign and the previous meeting were always likely to attract more attendees.</p>
75/14	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>Charlotte Mackinnon declared an interest in the item on the agenda relating to Bolton FT 2014/15 Cost Improvement Programme Commissioner Assurance Briefing.</p> <p>The Board noted that ongoing declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
76/14	<p><u>Minutes of Meeting previously agreed by the Board and Action Log from 2nd May 2014 meeting</u></p> <p>The Minutes were agreed as an accurate record and the update on the action log noted.</p>
77/14	<p><u>Bolton FT 2014/15 Cost Improvement Programme (CIP) – Commissioner Assurance Briefing</u></p> <p>The Board received a presentation on Bolton FT's cost improvement programme for 2014/15. Jackie Bene, Chief Executive, Bolton FT presented the report. The Board requested assurances that the programme would have no adverse effects on the impact on the quality of patient care.</p> <p>Concern had been raised regarding the Trust's intention to reduce the footprint of the hospital, in terms of bed base and this was discussed in further detail. It was reported that the Trust's CIP target was £73m over the next 5 years. Jackie Bene highlighted that these cost improvements would be delivered in a number of ways through the integration agenda and organisation of community services around general practice. The 5 year plans were also based on internal efficiencies, integration and the reduction in length of stay.</p> <p>In terms of efficiencies within the Trust, Jackie Bene highlighted improvements the Trust had made in C Difficile targets, which had meant no ward closures over the winter periods, reducing overall occupancy rates.</p> <p>The Frailty unit was also highlighted as a ward that had been transformed through changes made to the way teams practised. The FT was now increasing multi-disciplinary teams to have appropriate risk assessments and care managed with an appropriately developed care plan. This unit was an example of another patient group where reduction in length of stay is now happening and working effectively. With these changes happening, the FT was now seeing the ability to reduce beds. It was acknowledged there were further efficiencies to be had around surgical care to safely take out beds in the organisation later on in the year.</p> <p>Jackie Bene reported that the cost improvement plans had been developed by clinicians to ensure all efficiency schemes are clinically led to mitigate risks as much as possible. Robust processes had been undertaken, as outlined in the report, to assure the CCG Board further.</p>

The Executive had previously held discussions and Su Long verbally updated the Board on these discussions. Since being made aware of the Bolton FT plans, the CCG has had an executive discussion and then a meeting including CCGr clinical directors and clinicians from the FT to discuss the plans and the risks the CCG feel the FT had not mitigated. Having just had the opportunity to quickly review the plans with the Executives on the Board, the summary of the discussions held were:

- The CCG acknowledge the difficult financial situation of Bolton FT and the challenging CIP of £20 million that they are required to deliver.
- There were concerns about achieving a CIP of the scale of £20 million without detrimentally affecting quality. The CCG had only received an overview of the schemes to deliver the full CIP. More assurance was needed to ensure that these schemes will not detrimentally affect quality.
- On the bed reductions, which represent one tenth of the overall CIP, the CCG Board recognises there are efficiencies that can be made in inpatient care and that making these efficiencies can be beneficial to patients
- The CCG note the work the FT has done on risks in this document and support that the FT has listed appropriate indicators to measure whether quality deteriorates as a result.
- The paper seeks whether the CCG Board has sufficient assurance, which the CCG clearly cannot say they have at this point. Further assurance that the closure of beds can be achieved entirely from efficiency and that risks of unmanageable increased demand on community and primary care have been mitigated was needed.

Actions had been identified, to be led by the CCG's Clinical Director, Colin Mercer and were identified as being:

- The CCG to receive Quality Impact Assessments from the FT for the relevant schemes which the CCG wish to review and to discuss them jointly through the quality assurance process as part of our contract governance.
- The FT to produce analysis which shows the bed days reduction achieved from efficiency matches the planned bed reduction.
- The FT to submit monthly to the CCG data against the indicators listed in this report, to ensure the CCG can monitor and seek action as necessary.
- The FT and CCG to work together on specific mitigating actions to the risks to increased demand on community and primary care prior to further bed closures in July.

Members discussed and questioned the presentation received. Mary Moore commented on the need to ensure the plans included patient experience and patient clinical outcomes. Jackie Bene responded by saying that the FT was undertaking work this year to proactively gain public feedback, investing in real time patient feedback per ward/department and post discharge follow up surveys, to wrap around the quality impact assessments and this would be included as part of the performance framework.

Ann Benn asked how far the public and patients have been involved in arriving at the decisions being proposed. Jackie Bene confirmed that the developing strategy and financial planning strategy had been shared with the CCG and Health Watch prior to completion. However, Jackie did acknowledge the need for wider communication by the FT.

Bolton FT representatives confirmed that the plans had been agreed by clinicians with the main focus being on good patient care to ensure same rules and regulations are applied across all wards/departments to ensure patients are assessed as quickly as possible, including best use of the community teams to ensure both areas were working closely together to provide the best care.

Charlotte Mackinnon asked how much the Trust had involved other organisation such as primary care, community services, the Local Authority, in the development of the quality impact assessments. It was noted that the action identified earlier in the discussions, to review and discuss these jointly through the quality assurance process would have representation from these organisations.

Members requested assurance that no further bed closures would happen until this process is taken through the quality assurance committee. The quality impact assessments previously undertaken had not been through this process prior to the bed closures being made and this was acknowledged by Jackie Bene. It was agreed these would be taken to the next meeting of the Quality Assurance Group.

Ann Benn questioned why the update on the sustainability of community teams was addressed in Bolton FT's part 2 meeting. Jackie Bene acknowledged that this should be discussed in the Trust's part 1 meetings and this would be taken back to the FT Board. Ann also commented on the need for the Trust to be more proactive and have effective communications in place across the health economy. This was acknowledged by Jackie Bene.

Charlotte Mackinnon asked Jackie Bene how confident the FT was that data and monitoring of data was accurate and how quickly the FT got a sense if this is successful or needed changing. Jackie Bene responded by saying this was included in the FT's escalation plans. Data quality assurances had been received and the FT was assured with the accuracy of the information being received.

Charles Hendy queried whether there was a commitment from the FT to provide the usual medical and nursing care that patients would expect during admission even if a patient was discharged early, and also requested assurance that this would continue into community services if patients were discharged into the community. Jackie Bene confirmed that the FT would be developing community initiatives to reduce lengths of stay, but acknowledged the need to develop the impact of this on general practice.

Brian Bradley reiterated that this was about the timely discharge of patients not early discharge, which implied a premature discharge of patients, which was not the aim.

Jack Firth was invited to comment on the discussions held and he raised the issue regarding effective communication from the FT. He said the plans had not been communicated effectively through organisations and forums prior to being publicised in the media and engagement didn't happen on the scale that it should have happened.

Members also asked if the correct links were in place with the community services review. It was acknowledged that the pace of improvements needed in the general practice and the community were not keeping pace with the current round of bed changes. However, it was clear the initial changes were in relation to efficiency.

The Board noted the update and agreed that further assurance was needed from Bolton FT on the cost improvement plans. The Board delegated responsibility to the Chief Officer to formally respond on behalf of the Board to Bolton FT's cost improvement programme, to include the actions agreed and importance of the pace required regarding community and primary care service development and communication issues.

78/14	<p><u>Prevention of Diabetes Project Update</u></p> <p>Stephen Liversedge presented an update to the Board on the work undertaken on the prevention of diabetes project. The project had focused on early identification of conditions and this had been undertaken with the support from the health trainers commissioned by Public Health.</p> <p>The project had commenced by undertaking a small scale study in 2010 with the introduction of glucose tolerance testing. Due to the effectiveness of the testing, the number of patients identified as being at risk of diabetes had increased. Following a further evaluation in 2013, 82% of patients had reduced their risk or had no risk at all of having diabetes. This had been achieved by patients losing weight and reducing their waist circumference, which had also helped reduce blood pressure levels.</p> <p>Members discussed the merits in further discussions being held with Wendy Meredith, Director of Public Health, and the Health & Wellbeing Board with regard to future investment in similar prevention and the option to explore generating non-NHS funding streams for developing other projects. It was agreed that the CCG would explore further the use of AHSN membership to develop promoting best practice and the possibility of putting forward bids through the Health Foundation. It was noted that the diabetes project information would be published once comparative data was received from other CCGs.</p> <p>The Board noted the good news story on one of the CCG's health outcome indicators and agreed to progress further opportunities to make the case for investment in prevention of diabetes and other long term conditions.</p>
79/14	<p><u>Interim Report on the Community Services Review</u></p> <p>Clare Todd presented an update to the Board on progress made to date on the Community Services Review and the work to be undertaken over the forthcoming months to redesign the services and move to a payment by results financial arrangement.</p> <p>The key points noted from the service review which commenced in January 2014 were the long waiting times for many services, high rates of patients not turning up for their appointments in some services, high staff sickness rates in some services, high follow up rates in some services, lack of single point of entry leading to confusion for referrers, higher than expected number of higher banded posts in some services, lack of robust data and performance measurement for most services, lack of senior/strategic leadership for community services with a sense of isolation felt by staff and frustration from staff at the limited development in community services post Transforming Community Services.</p> <p>It was reported that the redesign of community services is taking place within the wider strategic context of integration. The model being developed was outlined to members and included categorising current services into four main areas to allow the development of robust services specifications to base improved quality outcomes, patient experiences and firmer measurable outcomes.</p> <p>The next steps of the process were highlighted which had been agreed between the CCG and Bolton FT. This included participation in the benchmarking exercise across Greater Manchester in terms of cost and activity, delivery of a clinically-led series of engagement events with clinicians from primary, community and secondary care to design the new overarching framework for community services and service specifications, engagement with Bolton residents about the changes to community services and agreeing a process for converting the relevant elements of community services to payment by results. Formal notice will be given to Bolton FT at the appropriate stage and outcome based service specifications for all community services will be agreed by October 2014.</p>

	<p>Members acknowledged the need to support Bolton FT in improving delivery on areas such as IT systems and a single point of access. The significant amount of work that was required within the community services review to catch up with the integration agenda and the link to the plans discussed earlier on the agenda regarding Bolton FT's cost improvement programme for 2014/15 was highlighted. Further discussions would be held with Bolton FT regarding Executive level strategic leadership for community services.</p> <p>Discussions took place on looking at the scope of obtaining progress updates prior to October 2014, in particular developing processes now regarding monitoring quality and capacity within community services prior to the participation in the benchmarking exercise to be undertaken across Greater Manchester.</p> <p>Members requested that mitigations be put in place until the Board was fully assured that the proposed plans were being developed appropriately. Resource implications and clinical links with primary care to develop this work further was also discussed. It was acknowledged that a model for delivery was required to be developed and may identify further resources were required.</p> <p>The Board noted the update and agreed that this report be circulated to Bolton FT Board members prior to the Board to Board meeting being held on 6th June and that measures of quality improvement be requested from Bolton FT over the coming months.</p> <p>The Board also requested that Bolton FT Board discuss the performance of community services in the public part of their Board meetings and look at the option to identify a Trust Board champion to develop the community service review actions further with the CCG.</p>
80/14	<p><u>Feedback from the Public Engagement Event held on 12/4/14</u></p> <p>The report summarised the findings from the innovative engagement event which was held to gather views of Bolton people to influence future CCG commissioning, focusing on GP services, integrated care and Healthier Together. Comments were sought from members on the content of the report, and whether it represents the engagement event appropriately.</p> <p>It was noted that the outcomes would be used to survey further reviews through the CCG's website and by presentations to wider public groups to test the key findings. Members discussed the possibility of feeding back the findings to the public via the Bolton News.</p> <p>Members also discussed the benefits of strengthening links across organisations to develop specific pieces of work and skills sets, such as the use of University students to carry out project work on behalf of the CCG and it was agreed that education be included in the "Next Steps" part of the report.</p> <p>The Board noted the update and agreed that the innovations highlighted on strengthening links across organisations be developed further.</p>
81/14	<p><u>Quality and Safety Report</u></p> <p>An update was received on quality and safety. The key points highlighted were regarding the ongoing concerns on C Difficile targets, performance of Bolton FT's rheumatology department and the serious incident reporting processes by GMW.</p> <p>The patient story related to a patient's experience during an outpatient appointment and during a subsequent hospital admission.</p>

	<p>A good news story highlighted was regarding the number of patients who receive a venous thrombo-embolism (VTE) risk assessment upon admission to Bolton FT, which is consistently high at over 95%. It was also noted that Bolton FT had announced that it had been awarded VTE exemplar status and was the first VTE exemplar centre in the Greater Manchester area and the third centre in the North West to attain the status. The Board wished to congratulate Bolton FT on consistently maintaining performance and attaining exemplar status in this area.</p> <p>The Board noted the update.</p>
82/14	<p><u>Performance Report</u></p> <p>The report detailed the data received for March 2014 as the formal end of year reporting on performance. Key exceptions were highlighted namely on a mixed sex accommodation breach in March bringing the year to date total to 5 and the friends and family test response rate target at 13.9% for March with a 12.3% total for the year. This was due to poor response rates in A&E.</p> <p>Members discussed the poor response rates on the friends and family test for A&E and discussed supporting Bolton FT in improving this target. It was noted that Bolton FT would need to make cultural changes to improve this further, ensuring that staff saw it as a priority to promote response from patients.</p> <p>The Board noted the update. It was agreed that Mary Moore would discuss further ways of improving the Friends and Family test rates in A&E with the Director of Nursing at Bolton FT.</p>
83/14	<p><u>Report of the Chief Finance Officer</u></p> <p>Highlighted in this month's report were the amendments to the financial plans to take account of confirmed contract values and changes to expenditure commitments. It was noted that further budget changes will take place during the year once certainty is known regarding the amounts currently held in reserves and potential pressures.</p> <p>It was also reported that a separate paper will be presented to the CCG Board in June which will detail the plans to deliver the QIPP target of £4.7m and provide the progress being made against the individual identified schemes. The Board was also notified of the signing off of outstanding contracts.</p> <p>The reduction in reserves as detailed in table 3 of the report was also brought to the Board's attention. The primary reason for the reduction was due to the CCG not achieving a full contract sign off position. Also highlighted was the evaluation of the financial risks detailed in table 5 which the Executive would continue to review the level of financial risk every month and review the full range of financial scenarios to ensure mitigations are in place and keep the Board fully apprised of the forecast outturn.</p> <p>It was also reported that the review of the draft audited annual accounts, annual report and annual governance statement was to take place in part 2 of the board meeting due to the requirement by NHS England to deal with the process this way prior to publishing of these reports by the 13th June and at the Annual General meeting of the CCG Board before September.</p>

	<p>Members discussed the potential benefits of reviewing potential risks before sign off of any further commitments. It was agreed that the Board would undertake a review of the financial scenarios through the Board Development sessions and would review the impact on timescales with regard to any future investments.</p> <p>The Board noted the update and agreed to receive a further update on financial scenarios and QIPP financial planning at the June Board Development session.</p>
84/14	<p><u>QIPP Programme Update</u></p> <p>The Board received an update on the QIPP programme. This was month 1 update and highlighted schemes that are in place and projected delivery of QIPP.</p> <p>The report detailed the planning in place to deliver activity and finance to assure QIPP was delivered. The report also highlighted the outcomes from the previous year. It was noted that the information would be shared with Bolton FT to ensure alignment of financial plans.</p> <p>Activity in A&E last year had been well managed and led to a continuous reduction. Non-elective admissions saw a stepped change and a detailed audit was planned in this area to see if the changes related to actual admissions. However, day case and elective admissions had increased and it was acknowledged this pattern could not continue if there was to be a true investment in the community. The CCG would keep tracking these areas in more detail through the Executive and have this at the forefront of discussions with Bolton FT at all its meetings.</p> <p>The Board noted the update.</p>
85/14	<p><u>Board Assurance Framework</u></p> <p>An update was received on the quarter 4 position regarding the high level risks included in the Board Assurance Framework. This had been received by the appropriate committees to review the current risk scores. It was noted that the high level risks reported also included the QIPP risks.</p> <p>The Board noted the update.</p>
86/14	<p><u>Healthier Together Committee in Common Briefing Note April</u></p> <p>The Chief Officer updated members on the development and publication of the pre-consultation business case. This was now available on line and from the Healthier Together team.</p> <p>The timetable was also highlighted. This included a technical analysis being undertaken that would support the options to be shortlisted from the process to determine which areas and Trusts may be the delivery points in the model. Included in this analysis would be the review of financial plans, transport times and required workforce to present options at the next Committee in Common public meeting. If these plans were agreed, the following Committee in Common meeting would gain approval on taking forward the necessary consultation process with the public.</p> <p>Members queried the membership on the Committee in Common. Clarification was given that each of the 12 CCGs had a voting member on the committee and for Bolton this was Wirin Bhatiani. It was also noted that the independent chair did not have voting rights.</p> <p>The update was noted.</p>

	<p><u>CCG Executive Update:</u> The update was noted.</p> <p><u>GM Association of CCGs Summary from May meeting:</u> A query was raised with regard to item 4.1 of the summary regarding resilience. It was noted that there was no change to statutory functions but there was no longer a strong local leader organisation held to account for emergency resilience. CCGs now ensured local plans are aligned with regional plans and this was achieved through the local emergency resilience group. The Board was assured that the CCG was carrying out what was required of it and was playing a lead role in emergency resilience. It was noted that Barry Silvert was the lead officer for the CCG. Any potential risks identified would be reported back to the Board as and when these arose.</p> <p><u>Minutes from</u> <u>Audit Committee 23/4/14</u> The minutes were noted.</p> <p><u>Quality & Safety Committee 9/4/14</u> The minutes were noted.</p> <p><u>Governance and Risk Committee 11/4/14</u> The minutes were noted.</p>
87/14	<p><u>Any Other Business</u> There was no further business discussed.</p>
88/14	<p><u>Date of Next Meeting</u> Agreed as Friday 27th June 2014 at 12.30pm in the Main Meeting room, Friends Meeting House.</p>
Part 2 Board Meeting (if required):	
89/14	<p><u>Exclusion of the Public</u> 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>