

**WIGAN BOROUGH CLINICAL COMMISSIONING GROUP
GOVERNING BODY - OPEN MEETING**

Tuesday, 28 October 2014 1.00 pm

Wigan Borough CCG Boardroom - Wigan Life Centre

AGENDA

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	Chairman's Welcome	1.00 pm	Tim Dalton		
2.	Apologies for Absence		Tim Dalton		Record
3.	Equality & Diversity Presentation		Clive Taylor		Information
4.	Declarations of Interest		All		Record
	Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.				
5.	Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on Tuesday 23 September 2014		Tim Dalton	1 - 18	Approve
6.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	19 - 20	Approve
7.	Questions from Members of the Public				

8. Key Messages						
	8.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information
	8.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
9. New Business Items						
	9.1	Wigan Borough Health Profile		Kate Ardern	21 - 32	Receive
	9.2	Wigan Borough Resilience Plan 2014-2015		Mike Tate	33 - 154	Approve
	9.3	Annual Engagement Report 2013/14		Frank Costello	155 - 174	Information
	9.4	Better Care Fund Submission		Trish Anderson	175 - 258	Approve
10. Current Business Items						
	10.1	Association Governing Group meeting Summary Notes for September 2014		Tim Dalton	259 - 276	Receive
	10.2	Performance Report		Mike Tate	277 - 318	Receive
	10.3	Finance Report		Mike Tate	319 - 346	Receive
	10.4	QIPP Report		Mike Tate	347 - 362	Receive
	10.5	Healthier Together Update		Tim Dalton/Trish Anderson	Verbal Report	Receive
11. Governing Body Committee Updates						
	11.1	Healthier Together Committee in Common		Tim Dalton	363 - 372	Approve
	11.2	Chairperson's Report - Audit Committee		Maurice Smith	373 - 376	Approve
	11.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey		No Meeting
	11.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	377 - 386	Approve
	11.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	387 - 390	Approve
	11.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	391 - 394	Approve

12.	Locality Executive Updates					
	12.1	Atherleigh - September 2014		Deepak Trivedi	395 - 398	Receive
	12.2	Patient Focus - September 2014		Mohan Kumar	399 - 402	Receive
	12.3	Tyldesley Atherton Boothstown Astley - September 2014		Ashok Atrey	403 - 406	Receive
	12.4	Wigan Central - September 2014		Tony Ellis		No Meeting
	12.5	North Wigan - September 2014		Peter Marwick		No Meeting
	12.6	United League Collaborative - September 2014		Sanjay Wahie	407 - 410	Receive
13.	Any Other Business - To be accepted at the Chairman's discretion					
14.	Date and time of next meeting					
	Tuesday 25 November at 13.30 in Room 17, Wigan Life Centre					

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OPEN MEETING – UNRATIFIED

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
 Held on Tuesday 23rd September 2014 at 1.30pm in Meeting Room 17, Wigan Life
 Centre**

Present:

Dr Tim Dalton, Chair (TD)

Frank Costello, Lay Member – Deputy Chair (FC)

Trish Anderson, Chief Officer (TA)

Mike Tate, Chief Finance Officer (MT)

Dr Ashok Atrey, Clinical Lead, TABA (AA)

Dr Tony Ellis, Clinical Lead for Wigan Central (TE)

Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)

Canon Maurice Smith – Lay Member (MS)

Helen Meredith – Nurse Governing Body Member

In Attendance:

Linda Scott – Associate Director Clinical Services (LS) – *for Julie Southworth*

Tim Collins, Assistant Director of Governance

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker

Chris Barlow – Graduate Management Trainee

Chloe Holehouse – Communications Apprentice

Viv Smith - Public & Patient Engagement Development Officer

Claire Roberts – Assistant Director Strategy & Collaboration (Localities)

	AGENDA	ACTION
1.	Chairman’s Welcome	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the September meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>Three members of the public were in attendance.</p> <p>Three members of the Patients’ Forum were in attendance.</p>	
2.	Apologies for Absence	
	<ul style="list-style-type: none"> • Julie Southworth, Director of Quality & Safety • Dr Sanjay Wahie, Clinical Lead for United League 	

3.	Declarations of Interest	
	<p>Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p> <p>The 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 Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days 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 Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 22 July 2014	Approve
	<p>The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.</p>	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings	Approve
	<p><u>May 2014</u></p> <p>Item 8.1 – ongoing, added to the forward plan for the October meeting. Item 8.3 – complete.</p> <p><u>June 2014</u></p> <p>Item 8.2 – ongoing, added to the forward plan for the October meeting.</p> <p><u>July 2014</u></p> <p>Item 8.2 – 2) complete. 3) ongoing, added to forward plan for the October meeting.</p> <p>Item 9.2 – complete, on the agenda for the October Finance and Performance Committee.</p> <p>Item 9.4 – complete, on the agenda for the October Finance and Performance Committee.</p> <p>Item 9.5 – complete.</p>	

6.	Questions From Members of the Public	
	There were no questions raised by members of the public.	
7.	Key Messages	Receive
7.1 / 7.2	<p>Chair’s & Chief Officer’s Key Messages</p> <p><u>Chair’s Report</u></p> <p>TD verbally updated the Governing Body on the key messages regarding Healthier Together, highlighting:</p> <ul style="list-style-type: none"> • The Healthier Together consultation comes to a close in one week, 30 September 2014. • It is important that we reflect upon where we are, we need to ensure that the standard of care provided is of a higher level and is consistent. We must recognise that the status quo is not sustainable in the future. • The views of the Governing Body have been well documented and TD thanked all for their dedicated support and noted the work locally. • To date there have been 10,000 responses received to the consultation with 3,000 being received from the Wigan borough. • There have been various events and local meetings which have been attended by TD and TA. • Ongoing work is being facilitated with local providers in terms of the model of care. <p><u>Chief Officer’s Report</u></p> <p>TA verbally updated the Governing Body members on current key areas of work:</p> <p><u>National</u></p> <p>Policy Documents</p> <ul style="list-style-type: none"> • Publication of the Barker Report: A new settlement for Health and Social Care Act Regulation and Guidance. The report explains the disparity of healthcare budgets and recommends a single budget for Health and Social Care. 	

- **Care Act:** the Act introduces Adult Safeguarding Boards in statute. This is being worked through by the Senior Leadership Team (SLT).
- **A vision for care fit for the 21st century – better definition of housing with care:** the report recommends expanding of the CQC role.

Regional

- **Association of Greater Manchester CCGs Governing Group Away Day:** the focus was predominantly upon exploring opportunities for working together in the future.
- **Greater Manchester North West Sector Event (Wigan, Bolton and Salford):** is supported by the three Trusts and Clinical Commissioning Groups.

Local

- **Commissioning Intentions and business case development:** A detailed report is listed for the 'Closed' part of the September Governing Body due to the report being commercially sensitive until the Governing Body has given approval. A full detailed report will be presented to an 'Open' Governing Body meeting at a later date.
- **CCG 1st Annual General Meeting:** a well-attended event held at the DW Stadium.
- **Healthwatch Event – An Audience with Roy Lilley:** TA thanked Healthwatch for the opportunity to participate in the event as a panel member.
- **Healthier Together Public Debate/Meetings:** to date there have been 62 events held around the borough. TA extended her thanks to Claire Roberts, Alexia Mitton, Viv Smith and the Patient Groups for their participation and efforts in ensuring the smooth delivery.
- **Kings Fund Session:** A facilitated session was held with Professor Chris Ham to develop our Integrated Care Strategy.

		<ul style="list-style-type: none"> • Primary Care Strategy delivery: representatives from three new GP Federations were invited to meet with the CCG to establish a platform for future working. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the reports. 	
8.	New Business Items		
8.1	<p>NHS England Annual Assurance Letter 2013/14</p> <p>The Annual Assurance Letter for Wigan Borough CCG 2013/14 was shared with the Governing Body for information.</p> <p>The letter is a summary of the quarterly assurance meetings that have been held with NHS England over the last year and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains.</p> <p>The letter also contains the agreed actions and support in the quarter 4 meeting for both WBCCG and the Area Teams.</p> <p>TD referenced the importance of publishing such a letter for transparency.</p> <p>The Governing Body welcomed the positive comments received.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 	Information	
8.2	<p>A Strategy for Quality and Patient Safety 2014-16</p> <p>The vision for WBCCG is the commissioning of integrated patient services which are delivered to the highest standard: safe, efficient and sustainable and arranged for the convenience of local people.</p> <p>Whilst WBCCG acknowledges the national work planned for capturing information about key performance indicators, this strategy sets out the proposals for identifying measures and capturing quality assurance data and intelligence at a local level.</p> <p>The Strategy puts into context the WBCCG vision in respect of patient safety, effectiveness and experience and outlines the direction of travel for 2014 - 2016.</p>	Approve	

		<p>The strategy is aimed to put people first, it aims to ensure that we listen to Patients, Service Users, the Public and Staff to provide everyone with the care and compassion they deserve by enabling them to have a voice.</p> <p>AA queried if the strategy was ‘affordable’.</p> <p>TA explained that we can’t afford not to have good quality and welcomed such a comprehensive and detailed strategy.</p> <p>FC noted the commitment of the organisation in developing such a thorough document. As time progresses we will capture greater patient experience/data in order to feed back into the system.</p> <p>GC highlighted the importance of investing in good IT support to underpin this.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body approved the report. 	
8.3		<p>Patient Engagement Briefing and Patient Forum Attendance</p> <p>Claire Roberts provided the Governing Body with an overview of patient engagement activity for the period June – August 2014. In addition to reporting on engagement activity the update included a ‘spotlight’ on some of the most common issues that have been raised through engagement activities and the CCG’s conversations with local patients.</p> <p>Patients’ Forum Update</p> <p>During the reporting period there have been two meetings of the Patients’ Forum, Forum members shared their reflections on the CCG’s approach to patient involvement using the Framework for Excellence in Commissioning. TD and TA attended the August meeting which included a question and answer session with members which was positively received. Positive comments were received following the meeting and requests have been received to invite Governing Body members and members of the Senior Management Team to attend future meetings of the Forum.</p>	Information

	<p>Healthier Together Consultation</p> <p>There have been 62 events held during the consultation period. The events have also been used to increase local awareness of the CCG and to encourage people to join our community membership scheme. The membership list has increased from 100 to 200 during the course of Healthier Together.</p> <p>Working with Young People</p> <p>The CCG continues to support the Student Health Group which has been established at Winstanley College. The group attracts up to 60 students wishing to study medicine.</p> <p>The latest session focused upon the topic of Mental Health. The CCG will be supporting a smaller group in the running of a campaign to raise awareness of depression among young people.</p> <p>It is proposed that members of the Wigan Youth Cabinet are invited to attend a future Governing Body meeting to share feedback from the event.</p> <p>Patient and Public Involvement in WBCCG Programmes</p> <p>A workshop session was held with patient group members and representatives from the CCG's Medicines Management Team. As a result of this session patients have agreed to come together again in October to support a local awareness raising campaign on antibiotic prescribing which will dovetail with the European wide campaign.</p> <p>Sessions are also planned to cover the Winter Resilience Planning/Choose Well, Community Nursing and Primary Care Quality (led by NHS England).</p> <p>Service User Experience</p> <p>The CCG uses a range of methods to capture and record patient experience which links back to the Quality Strategy. The Locality team supports the inputting of service user experience data to Ulysses from other sources including patient groups and community based engagement activity. The CCG is also starting work with a number of voluntary sector organisations to capture the healthcare experiences of their service users. The CCG will continue to ensure that data captured is joined up and that we triangulate information from various sources to identify patterns and trends.</p>	
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	<p>Forward Plans</p> <p>The Annual Engagement report 2013-14 will be shared with Governing Body members at the October 2014 meeting.</p> <p>A Public and Patient Involvement Delivery Plan for the next 6 months is being developed which will align with the CCG's 5 year Plan.</p> <p>A self-assessment will be undertaken of current activity and plans using the Framework for Excellence in Commissioning. This will be presented to the Governing Body at the December 2014 meeting.</p> <p>TD and TA agreed that the Forums are very well received and asked Governing Body members and the Executive Team to equally support future events.</p> <p>FC referred to the Jean's Story – Transport and Access (<i>page 65 item 1 refers</i>) relaying that patients have requested that travel times be taken into account when being expected to travel across the borough on public transport. FC asked that we endeavor to capture this information on Ulysses.</p> <p>FC added that Wigan are way ahead of other areas in the work conducted to relay the message of the Healthier Together Programme.</p> <p>Mr Nevitt shared his personal experience of Leigh Infirmary, Cardiology in particular and the impressive high level of a culture of care.</p> <p>Mr Blood commented that in his opinion Healthier Together continue to make mistakes and that he feels these are not re-examined in enough depth. Mr Blood stressed the importance of looking at the lessons learned. Mr Blood highlighted 4 examples of poor patient experience, one of which included a 103 year old lady who had allegedly been refused a scan.</p> <p>Mr Glover added that he had personally distributed the Healthier Together Consultation leaflets to friends and family which initiated much debate.</p> <p>FC encouraged Mr Blood, in a different setting, to share these experiences with the CCG.</p> <p>Mr Blood did explain that a meeting had been held with TA and Viv Smith last week to discuss.</p>	
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		<p>TA reinforced the importance of capturing patients' experiences and feeding this into Ulysses to identify any trends in the patterns of service and our quality effort.</p> <p>LS confirmed that the Quality Team and Provider Meetings have 'Patient Experience' as a standing item on the agenda.</p> <p>TA asked that we hold a debate with the Trust in respect of outpatients' appointments linking into the contracting work that Kim Godsman, Associate Director, Commissioned Services is undertaking.</p> <p>DT explained how important it is for patients to make representations to make the necessary changes where they are needed. DT further added that the case of the 103 year old lady will need to be investigated in depth.</p> <p>MS cross referenced the Corporate Report (<i>agenda item 9.1 refers</i>) in terms of individual evidence versus collective evidence and the Friends and Family Test experience in A+E target not being met.</p> <p>MS also highlighted an attitudinal point and the behavior of the NHS towards patients in terms of tone. Compared to other public sector provider's cancellation charges are not applied, for example, if a General Practitioner cancelled an appointment there is no recompense to the individual.</p> <p>MK noted the patient engagement work in terms of the level of work and commitment. MK referenced the QIPP work and the redesign of pathways and suggested that providers become partners in commissioning services rather than reacting to a pathway that has already been designed.</p> <p>TE highlighted that different parts of the NHS generate different experience different experiences.</p> <p>TD welcomed, on behalf of the Governing Body, the invitation to attend future PPG Events.</p> <p>TD welcomed an update at a future meeting from members of the Wigan Youth Cabinet on the findings of the work being conducted around depression among young people.</p> <p>D Nunns asked what the CCG plans are to collate and cascade the information obtained from the Healthier Together Local Events to feed into local intelligence.</p>	
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		<p>CR confirmed that it was always the CCG's intention to collate the information into a composite report and share this with Governing Body members.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the report. 2. The Annual Engagement report 2013-14 will be shared with Governing Body members at the October 2014 meeting. 3. A self-assessment will be undertaken of current activity and plans using the Framework for Excellence in Commissioning. This will be presented to the Governing Body at the December 2014 meeting. 4. A debate to be held with the Trust in respect of out-patients appointments linking into the contracting work that Kim Godsman, Associate Director Commissioned Services is undertaking. 5. The case of the 103 year old lady to be investigated further. 6. The Governing Body and the Executive Team to engage and support future PPG Events. 7. An update to be brought to a future meeting from members of the Wigan Youth Cabinet on the findings of the work being conducted around depression amongst young people. 	<p>FC/CR</p> <p>FC/CR</p> <p>MT</p> <p>FC/CR</p> <p>ALL/EXECS</p> <p>FC/CR</p>
9.	Current Business Items		
	9.1	<p>Corporate Report – August 2014</p> <p>The Corporate Dashboard and Performance Framework Overview were shared to give Governing Body members an update on how the CCG is performing against its local priorities.</p> <p>MT highlighted that the increase of red indicators in respect of Acute Services and the Better Care Fund indicates pressure building on the amount of activity through the Urgent Care System.</p> <p><u>Emerging Issues</u></p> <ul style="list-style-type: none"> • The launch of the Healthier Together Programme, which is concerned with the future delivery of acute services across Greater Manchester. • A health system under pressure with a year on year rise in GP referrals and increased demand for continuing care services. 	Receive

- The potential impact of co-commissioning of Primary Care with NHS England (NHSE) and uncertainties around specialised commissioning.
- Delivering the 2014/15 QIPP requirements and developing the programme for future years remains a significant challenge.
- The reduction in NHS staffing.
- The new commissioning of health and social care, including the extended use of personal health budgets and integrated personal budgets. The integrated personal commissioning programme will start in April 2015.

Headline outcomes as at August 2014:

Outcomes Ambitions: Headline Indicators

6 Indicators: white.

Performance cannot yet be assessed.

3 Indicators: green.

IAPT Access Rates, Avoidable Admissions and Friends and Family Inpatient score.

1 Indicator: red.

Friends and Family A&E, 3.39 points lower than plan at 67.08 with a year to date figure of 65.83.

NHS Constitution

Virtually all of the headline indicators used to measure performance against the NHS Constitution are performing better than standard.

12 Indicators: Green.

4 Indicators: Amber.

Diagnostic waits with 0.5% of patients waiting longer than six weeks at the end of July, quarterly performance remains above the 1% standard.

Quarterly performance remains below the standard of 95%.

Ambulance response times for red incidents remain below the standard of 75%.

The July year-to-date position for Red 1 calls is 72.19%, while Red 2 calls is slightly higher at 73.07%.

	<p><u>Acute Activity</u></p> <p>Of the eleven activity indicators that can be assessed only two achieved plan in July these being Day Cases and Total Elective Admissions.</p> <p>4 indicators: amber. Non-Elective Admissions, All First Outpatient Attendances, First Outpatient Attendances Following a GP Referral and Elective Ordinary Admissions.</p> <p>5 indicators: red. GP Referrals, Other Referrals, Total Referrals, A&E Attendances at WWL and subsequent Outpatient Attendances.</p> <p><u>Better Care</u></p> <p>The headline metrics used to measure performance against the Better Care Fund Initiative are comprised of both health and social care indicators. With the exception of the local pink metric (Readmissions) all indicators measure performance at a local authority (LA) level.</p> <p>It is not yet possible to assess performance against the Care Home Admissions, Re-ablement and Avoidable Admissions indicators.</p> <p>MT reported that WBCCG is a significant outlier nationally against targets.</p> <p>2 indicators: red. Delayed Transfer Days were significantly above plan in July, resulting in a similar impact on the year to date figure.</p> <p>The readmissions indicator is worse than plan in June and also year to date.</p> <p><u>Finance</u></p> <p>Significant Pressures:</p> <ul style="list-style-type: none"> • Successful achievement of the £20m QIPP target is critical to the delivery of the organisation's financial position and statutory duties. There are a number of agreed QIPP schemes that are not performing to the expected level required to meet the full year target of £20m. The CCG has brought in financial mitigation through reserves at month 05 of £1.65m to underpin the non-achievement of these QIPP schemes. 	
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- The CCG has now received 4 months' performance data for the majority of its contracts and there are two areas that are over plan – Acute Secondary Care and Continuing Healthcare with a combined forecast over spend of approximately £1.9m. This represents an increased overspend of £0.5m in acute services compared to the month 04. This is a significant area of risk for the CCG in future months, and should be read in conjunction with referral target issues in the performance report.
- Contract performance data from Wrightington, Wigan & Leigh Foundation Trust (WWL) indicates a potential full year over performance of the contract estimated at £13.3m based upon contractually unchallenged reported demand. This compares adversely with the £10.2m reported position last month. Challenges to WWL will bring this sum down.
- The main variances in other acute services are at Bolton Hospital NHS FT and at St Helens & Knowsley NHS Trust with over performances of £236k and £106k respectively. In addition there is growth in activity reported in the independent sector, particularly in the Trauma & Orthopaedic speciality. The CCG is reviewing overall demand in Trauma & Orthopaedics which will be reported further at month 06.
- Continuing Healthcare (CHC) is still forecasting an overspend for the reasons reported in in the previous month.
- Key financial risk areas have been outlined to the Finance and Performance Committee at month 5 in the detailed finance report that will come to the Governing Body next month.

2014/15 Performance Framework Overview

MT highlighted the areas contained within the report where performance has dropped since the last reporting period:

Outcomes Ambitions: Headline Indicators

- Friends & Family: A&E Overall Score

	<p>Outcomes: Supporting Indicators</p> <ul style="list-style-type: none"> • Admissions: Asthma, Diabetes and Epilepsy (CY&P) • Admissions: Acute ACS Conditions • Admissions: Lower Respiratory Tract Infections (CY&P) • Friends & Family: A&E Response Rate <p>Constitution: Headline Indicators</p> <ul style="list-style-type: none"> • Diagnostics: 6+ week waiters • A&E Waits: Total Time Within 4 Hours • Ambulance: Category A (Red 1) 8 Minute Response Time • Ambulance: Category A (Red 2) 8 Minute Response Time • Ambulance: Category A, 19 Minute Response Time <p>Constitution: Supporting Indicators</p> <ul style="list-style-type: none"> • Mixed Sex Accommodation: Breaches • 18W RTT: Admitted Patients Waiting > 52 weeks • 18W RTT: Incomplete Patients Waiting > 52 weeks • Ambulance: Handover > 30 minutes • Ambulance: Handover > 60 minutes <p>Activity Indicators</p> <ul style="list-style-type: none"> • Inpatient Admissions: Elective Ordinary • Inpatient Admissions: Elective Daycase • Inpatient Admissions: Non-Elective • First Outpatient Attendances: All Referrals • Subsequent Outpatient Attendances: All Referrals • Accident & Emergency: Attendances at WWL • Referrals: GP • Referrals: Other • Referrals: Total • First Outpatient Attendances: GP Referrals <p>Better Care Fund</p> <ul style="list-style-type: none"> • Delayed Transfer Days: Rate Per 100k Population • Emergency Readmissions: Within 30 Days of Discharge <p>There is a recurring theme of re-admissions, TA asked if we have any in depth audits planned.</p>	
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		<p>MT explained that this issue was highlighted and discussed in detail at the Finance and Performance Committee held on 22 September. KG delivered a presentation at this meeting confirming that the issue appears to be an over coding issue and not an over attendance issue.</p> <p>MT confirmed that discharge letters remain an issue.</p> <p>LS confirmed that this has been raised at the last WWL Executive to Executive meeting and a report will be brought back to the next meeting.</p> <p>DT stated that discharge should include multi-disciplinary teams.</p> <p>FC asked if we could get to the bottom of the Trauma & Orthopaedics issue being mindful of the fact that the CCG devoted considerable additional resources to support WWL approximately 12 months ago.</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. The Governing Body received the report.</p>	
	<p>9.2</p>	<p>Governing Body Assurance Framework</p> <p>The CCG is required to have a GBAF. It is referred to in our published Risk Management Strategy & Policy and the CCG's document follows the Department of Health template.</p> <p>This, together with the Corporate Report, are the two primary tools to be used by the Governing Body to scrutinise our performance and risks.</p> <p>This iteration of the GBAF is effective as at the end of quarter 1, 2014/15. It has been presented to the Corporate Governance and Audit Committees who perform a role in overseeing management's response to risks and assurance reports.</p> <p>The GBAF shall be presented to Committees throughout the year and at interim and year-end to the Governing Body.</p> <p>FC referred to Corporate Objective 3 (page 5 refers), only 86.3% of patients referred with breast cancer symptoms were seen within 14 days against a target of 93% and recalled challenging WWL on this figure.</p>	<p>Receive</p>

		<p>MT confirmed that this issue has now been resolved, as reported at the last WWL Executive to Executive meeting.</p> <p>Resolved:</p> <p>1. The Governing Body received the report.</p>	
	9.3	<p>Association Governing Group Meeting Summary Notes for August 2014</p> <p>Summary notes of the meeting of the Association of Governing Group held on the 1 August 2014 were shared for the Governing Body to receive for information.</p> <p>Resolved:</p> <p>1. The Governing Body received the summary notes.</p>	Receive
	9.4	<p>Healthier Together Update</p> <p>Minutes of the Public Healthier Together Committee in Common Meetings held on the 16 July 2014 and 20 August 2014 were shared for the Governing Body to receive for information.</p> <p>Consultation and events conclude on the 30 September 2014. There is an agreed period of up to the 24 October 2014 for people to submit any observations they may have.</p> <p>FC confirmed that there has been a transport meeting held in Hindley where real issues were debated. If the specialist hospitals become Bolton and Salford there are 2 important aspects to consider – quality and access. The west side of the borough would face a real issue.</p> <p>D Nunns confirmed that Health Watch commissioned a consultant to look at the transport survey. There appears to be an assumption that 60% of patients will travel to Warrington. By going to a non Greater Manchester hospital this is the only way the transport evaluation stands.</p> <p>TA commented that if the majority of people are travelling out of the area then it may compromise the Healthier Together Programme assumptions and projections.</p> <p>Resolved:</p> <p>1. The Governing Body received the minutes.</p>	Receive

9.5	<p>Wigan Health & Wellbeing Board Minutes</p> <p>Minutes of the Health and Wellbeing Board meeting held on the 27 August 2014 were shared with the Governing Body to receive for information.</p> <p>TA highlighted that the Better Care Fund (item 18, page 8 refers) was formally signed off at last week's Health and Wellbeing Board meeting and will be brought to the Governing Body for ratification.</p> <p>Resolved:</p> <p style="padding-left: 20px;">1. The Governing Body received the minutes.</p>	Receive
10.	Governing Body Committee Updates	
10.1/ 10.5	<p>Chairpersons' reports for July/August 2014 were circulated as below:</p> <p>10.1 Healthier Together Committee in Common 2014.</p> <p>10.2 Chairperson's Report: Audit Committee, no minutes available.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee, July 2014 and August 2014.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee, July 2014.</p> <p>10.5 Chairperson's Report: Finance and Performance Committee, July and August 2014.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee, July and August 2014.</p> <p>Resolved:</p> <p style="padding-left: 20px;">1. The Governing Body approved the above listed reports.</p>	Approve
11.	Locality Executive Updates	
11.1- 11.6	<p>Locality Executive updates were circulated for July 2014:</p> <p>11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central</p>	Receive

		11.5 North Wigan 11.6 United League Collaborative Resolved: 1. The Governing Body approved the above listed reports.	
12.	Any Other Business – accepted at the Chairman’s discretion		
	12.1	There were no items of any other business raised. The Chair closed the meeting at 15.15pm.	
13.	Date and time of next meeting		
	Tuesday 28 October at 13.30pm in Room 17, Wigan Life Centre		

Signed
Dr Tim Dalton, Chair

Date:28.10.14.....

**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2014**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
23.9.14	8.3	<p><u>Patient Engagement Briefing and Patient Forum Attendance</u></p> <p>2. The Annual Engagement report 2013-14 will be shared with Governing Body members at the October 2014 meeting.</p> <p>3. A self-assessment will be undertaken of current activity and plans using the Framework for Excellence in Commissioning. This will be presented to the Governing Body at the December 2014 meeting.</p> <p>4. A debate with the Trust in respect of out-patients appointments linking into the contracting work that Kim Godsman, Associate Director Commissioned Services is undertaking.</p> <p>5. The case of the 103 year old lady to be investigated further.</p> <p>6. The Governing Body and the Executive Team to engage and support future PPG Events.</p>	<p>FC/CR</p> <p>FC/CR</p> <p>MT</p> <p>FC/CR</p> <p>ALL/EXECS</p>	<p>October 14</p> <p>December 14</p> <p>Ongoing</p> <p>ASAP</p> <p>Ongoing</p>	<p>Added to the forward plan.</p> <p>Added to the forward plan.</p>

**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2014**

		7. An update, at a future meeting, from members of the Wigan Youth Cabinet on the findings of the work being conducted around depression among young people.	FC/CR	Ongoing	Added to the forward plan.
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