

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

**Tuesday, 27 January 2015 1.30 pm**

**Wigan Borough CCG Boardroom - Wigan Life Centre**

**AGENDA**

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	<b>Chairman's Welcome</b>	1.30 pm	Tim Dalton		
2.	<b>Apologies for Absence</b>		Tim Dalton		Record
3.	<b>Declarations of Interest</b>		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.				
4.	<b>Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 16 December 2014</b>		Tim Dalton	1 - 16	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	17 - 18	Approve
6.	<b>Questions from Members of the Public</b>				
7.	<b>Key Messages</b>	1.40 pm			
7.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information

	7.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
<b>8.</b>	<b>New Business Items</b>		1.55 pm			
	8.1	Primary Care Co-Commissioning Submission		John Marshall	19 - 36	Approve
	8.2	Conflicts of Interest Policy		Julie Southworth	37 - 64	Approve
	8.3	Safeguarding Annual Report 13/14		Julie Southworth	65 - 82	Receive
	8.4	Public Sector Equality Duty Report		Julie Southworth	83 - 122	Approve
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Patient Engagement Quarterly Report and Patient Forum Attendance		Frank Costello/Claire Roberts	123 - 138	Receive
	9.2	Urgent Care Pressures		Mike Tate/Kim Godzman	Slides	Receive
	9.3	Association Governing Group meeting Summary Notes January 2015		Tim Dalton	139 - 150	Receive
	9.4	Corporate Report		Mike Tate	151 - 206	Receive
	9.5	Finance Report		Mike Tate	207 - 234	Receive
	9.6	Healthier Together Update		Tim Dalton/Trish Anderson	Verbal Report	Receive
	9.7	Wigan Health & Wellbeing Board Minutes		Tim Dalton	235 - 246	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Committee in Common		Tim Dalton	247 - 258	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	259 - 262	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	263 - 268	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis		No meeting
	10.5	Chairperson's Report - Finance and Performance Committee - November and December 2014		Mohan Kumar	269 - 282	Approve

	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick		No meeting
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh - December 2014		Deepak Trivedi	283 - 286	Receive
	11.2	Patient Focus - December 2014		Mohan Kumar	287 - 290	Receive
	11.3	Tyldesley Atherton Boothstown Astley - December 2014		Ashok Atrey	291 - 294	Receive
	11.4	Wigan Central - December 2014		Tony Ellis	295 - 296	Receive
	11.5	North Wigan - December 2014		Peter Marwick	297 - 298	Receive
	11.6	United League Collaborative - December 2014		Sanjay Wahie	299 - 302	Receive
<b>12.</b>	<b>Any Other Business - To be accepted at the Chairman's discretion</b>					
<b>13.</b>	<b>Date and time of next meeting</b>					
	Tuesday 24 February 2015 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 16<sup>th</sup> December 2014 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

**Dr Tim Dalton, Chair (TD)**

Trish Anderson, Chief Officer (TA)

Frank Costello, Deputy Chair and Lay Member (FC)

Mike Tate, Chief Finance Officer (MT)

Julie Southworth, Director of Quality and Safety (JS)

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

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

Dr Pete Marwick, Clinical Lead for Wigan North (PM)

Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)

Dr Ashok Atrey, Clinical Lead for TABA (AA)

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

Canon Maurice Smith – Lay Member (MS)

Helen Meredith – Nurse Governing Body Member

**In Attendance:**

Tim Collins, Assistant Director of Governance

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker

Alexia Mitton – Head of Communications

	<b>AGENDA</b>	<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the December meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>1 member of the public was in attendance, Dave Nunns Healthwatch (DN).</p>	
<b>2.</b>	<b>Apologies for Absence</b>	<b>Record</b>
	<ul style="list-style-type: none"> <li>• Dr Gary Cook, Secondary Care Consultant Governing Body Member</li> </ul>	
<b>3.</b>	<b>Declarations of Interest</b>	<b>Record</b>
	<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>	
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 25 November 2014</b>	<b>Approve</b>
	The minutes of the previous meeting were agreed as a true and accurate record, subsequently approved and signed by the Chair.	
<b>5.</b>	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings</b>	<b>Approve</b>
	<p>To be read in conjunction with the December 2014 action log:</p> <p><u>25 November 2014</u></p> <p>Item 8.4 – CCG Constitution Amendments: item closed. Listed as an item on the December 2014 agenda.</p>	
<b>6.</b>	<b>Questions From Members of the Public</b>	
	There were no questions raised by members of the public.	
<b>7.</b>	<b>Key Messages</b>	<b>Receive</b>
7.1 / 7.2	<p><b>Chair's &amp; Chief Officer's Key Messages</b></p> <p><b><u>Chair's Report</u></b></p> <p>TD opened the meeting by asking all present how the CCG could encourage more members of the public to attend the Governing Body meetings.</p> <p>Initial thoughts included:</p> <ul style="list-style-type: none"> <li>• To attract people by targeting through specific agenda items.</li> <li>• To conduct themed meetings.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Developing a rolling programme around the patch to include impending service changes which are of interest to people.</li> </ul> <p>TD further reflected upon the progress of the CCG to date and the progress made through the forming, storming, norming and performing stages. The developing of clear norms include clinical leadership, focus on quality, leadership and the power of the patient voice. The CCG has also majored on patient engagement from the bottom up with interaction at practice level and the intelligence reporting system Ulysses Safeguard coming to reality.</p> <p>TD added that as an organisation we are much smaller than our predecessors and have embraced a new way of working which is much more matrix style.</p> <p>TD recognised that we are now seeing plans come to fruition and gave the example of CDifficile, which had been historically recognised as a big issue. With the focus on patient engagement, clinical leadership, localities and practices together we are able to influence behaviour to make transformational shifts.</p> <p>TD relayed his thanks to Governing Body members for the success over the last 12 months. TD further extended his thanks of support to the practices, GPs, Practice Managers, patients, partner organisations and the CCG staff who have greatly assisted with the success of the CCG to date.</p> <p>FC asked for the thanks to be relayed via the CCG website and the local media.</p> <p>FC confirmed that there had been a question raised at the last Patients' Forum around Ulysses Safeguard and if there is something more that the CCG can do to gather soft intelligence going forward. Feedback received from patients is that the CCG is good at involving patients to work with us but the patients don't always receive feedback from their engagement which can leave them feeling only partially engaged.</p> <p>AA added that Ulysses Safeguard can be advertised in practices to assist in raising public awareness.</p> <p>The Governing Body members thanked the Chair, the Chief Officer, Executives and the teams which support the committees of the Governing Body for their continued effort and support.</p>	
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		<p><b><u>Chief Officer's Report</u></b></p> <p>TA verbally updated the Governing Body members on current key areas of interest since the November meeting:</p> <p><b><u>National</u></b></p> <p><b>Chancellor's Autumn Statement</b></p> <ul style="list-style-type: none"> <li>• The Chancellor's Autumn Statement was delivered to Parliament on the 3<sup>rd</sup> December and made a number of announcements relating to the NHS.</li> <li>• £2 billion of additional funding will be provided for front line NHS services in England in 2015/16. There are no specific details provided yet as to how this will be allocated, however in general terms:</li> <li>• £1 billion will fund 'advanced care' in GP practices over the next 4 years in England;</li> <li>• In England at least £15 million will go to research in dementia, £150 million over five years will be invested to support young people with eating disorders, £200 million will go to develop new ways of caring for patients and £1.5 billion will go to local NHS services;</li> <li>• The pay restraint will continue.</li> </ul> <p>MT confirmed the following points:</p> <ul style="list-style-type: none"> <li>• £0.5 billion will be used for system change, to pump prime new care models.</li> <li>• Simon Stevens's speech majored on the success regime.</li> <li>• £1.5 billion will be given to CCGs and Specialised Commissioning (Spec Comm).</li> <li>• Monitor and NHS England's planning assumption is a £400 million deficit in Spec Comm and there is a chance that £0.5 billion will go towards this area.</li> <li>• WBCCG is working on the planning assumption of planning for inflation only.</li> </ul>	
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		<p><b>HFMA National Conference and Dinner</b></p> <ul style="list-style-type: none"> <li>The HFMA National Conference and Dinner took place w/c 1 December. Wigan Borough CCG was one of only four CCGs represented at the awards, which is testament to the work undertaken by staff.</li> </ul> <p><u>Regional</u></p> <p><b>Association of Greater Manchester CCGs</b></p> <ul style="list-style-type: none"> <li>The December meeting of the Association was organised as a workshop to explore and consider the opportunities afforded by the recent Greater Manchester Devolution announcement.</li> <li>Chairs, Chief Officers, Chief Finance Officers and the Heads of Commissioning from all 12 CCGs attended.</li> <li>The workshop looked at the opportunities, threats and strengths that could enable a successful bid for potential funding of circa £350 million which may be made available as a 'Transformational Fund'.</li> </ul> <p><u>Local</u></p> <p><b>Visit to the new Christie Cancer Centre at Wigan Infirmary.</b></p> <ul style="list-style-type: none"> <li>This is a new facility which will ultimately reduce the amount of patient travel to the Christie Hospital.</li> </ul> <p><b>Adult Safeguarding Board Conference.</b></p> <ul style="list-style-type: none"> <li>A full day conference on Adult Safeguarding took place on the 28<sup>th</sup> November attended by all economy partners.</li> <li>The conference focused on the impact of the Care Act and had a range of inputs from carers, professionals and individuals.</li> </ul> <p><b>Presentation to Students at Winstanley College.</b></p> <ul style="list-style-type: none"> <li>This was an active session with many astute questions raised.</li> </ul>	
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		<p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received and noted the reports.</li> <li>2. TA to circulate the papers from the Association of Greater Manchester CCGs to Governing Body members.</li> <li>3. Thanks to be relayed via the CCG website and the local media.</li> </ol>	<p>TA</p> <p>JS</p>
<b>8.</b>	<b>New Business Items</b>		
	<b>8.1</b>	<p><b>CCG Constitution Changes</b></p> <p>TC presented a paper that explained and described the CCG's constitution amendments which are to be submitted for approval by NHS England in January 2015 in addition to those approved by the Governing Body in November 2014. They cover:</p> <ol style="list-style-type: none"> <li>1. The Governing Body Composition.</li> <li>2. Establishment of a Primary Care Commissioning Committee and its Terms of Reference (<i>reference should also be made to the separate agenda paper on primary care co-commissioning</i>).</li> <li>3. Changing the Greater Manchester Healthier Together Committee in Common to a Joint Committee.</li> </ol> <p>The deadline for submission is 9<sup>th</sup> January 2015 with the next opportunity to amend the constitution in June 2015.</p> <p>TD confirmed that a decision to form a Primary Care Commissioning Committee will be taken at the closed meeting later this afternoon.</p> <p><u>The Governing Body Composition</u></p> <p>MS referenced the extract from the constitution (<i>appx c, item d &amp; e refers</i>). It was agreed that statement 'd' was correct and that statement 'e' should be excluded for the posts of Director of Quality &amp; Safety along with the Chief Officer and Chief Finance Officer.</p> <p><u>The Establishment of a Primary Care Commissioning Committee</u></p> <p>FC sought clarity on the membership (<i>page 22, item 18 refers</i>) and the terminology of GP members(s).</p>	<b>Approve</b>

		<p>TC explained that membership numbers are not prescriptive in the guidance. Lay Members together with Executive Officers must form the majority, GPs will be the minority and Healthwatch and the Local Authority will be non-voting members.</p> <p>MS referenced the voting arrangements (<i>page 22, item 18/19 refers</i>) seeking clarification on interpretation of the word 'member' adding that one or two GP members as voting members could upset the majority.</p> <p>MS added that he was surprised to see this paper and referenced the significant increased commitment for lay members.</p> <p>TA explained that a lot of work will be involved and an early response is required in January. The CCG prefers the full delegated model. It may raise the question of does the Governing Body require a third lay member but this would then increase the cost of governance.</p> <p>MT referenced the Role of the Committee (<i>page 22, item d refers</i>) stating that he was unclear of the exact arrangements for the management of the budget for commissioning of primary medical care services in Wigan Borough. MT added that we need to be explicit around the risk share arrangements of the finance.</p> <p>AA raised a query around 'locally practising clinicians' as any reports will be brought to the Governing Body.</p> <p>TA explained that this committee will not be responsible for implementing the strategic direction of Primary Care in the borough.</p> <p>TC added that NHS England have been flexible in retrospectively amending the terms of reference, where required.</p> <p>MS asked that today's request of the Governing Body be clear in, terms of the decision to be made in approving the option to establish a Primary Care Commissioning Committee.</p> <p>TD noted the Governing Body's concerns relating to membership, voting and management of the budget.</p> <p><u>Changing the Greater Manchester Healthier Together Committee in Common to a Joint Committee</u></p> <p>TD reminded members of the 2012 Act whereby CCGs were mandated to work together with no specific legal mechanism for the arrangements.</p>	
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		<p>A Committee in Common was then formed to include all 12 CCGs, this was complex in description but straightforward in the sense of there being one meeting. The CCG has received assurance that the Committee in Common approach is legal and valid, the concern is around should we use this mechanism. Another mechanism, which is undisputedly legal, is the joint committee option.</p> <p>TD confirmed that he had sought the advice of Hempsons Solicitors and tabled a document outlining the legal advice for the governance arrangements. The document is legally privileged and confidential.</p> <p>PM made reference to the joint committee structure contained within the appendix and the decision making powers of this committee in conjunction with the existing Governing Body. If a parallel Governing Body committee is established there will be the potential for conflicts of interest.</p> <p>FC added that the advantage of a joint committee gives Healthwatch a seat at the table in a non-voting capacity, adding that if we are not involved would we be fulfilling our duty to members of the public.</p> <p>TA questioned the accuracy of paragraph 27 'In any event, if CCG Governing Bodies wished to establish a Joint Governing Body Committee, then they would have to establish a CIC' (Committee in Common).</p> <p>MS stated his disapproval of adding an additional layer into the CCG governance structure, not wishing to vote through a parallel committee of the Governing Body.</p> <p>MS referenced paragraph 14 and felt that the wording contained within the paragraph did not reflect the diagram listed at appendix A.</p> <p>Further queries were raised in respect of the committee membership and if it would ultimately report to the Governing Body.</p> <p>There was a clear consensus that the work should report through this Governing Body.</p> <p>FC questioned what governance structures we require to be defensible.</p> <p>JS asked that if the CCG is delegating to a joint committee is it appropriate for the CCG to consult with members as it is not a decision of this committee.</p>	
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		<p>Dave Nunns confirmed that Healthwatch have not requested the change but have been pushing for a seat at the table.</p> <p>MT asked why we have to change and questioned if Healthwatch could be invited to take a seat at the existing Committee in Common.</p> <p>TD confirmed that he had raised this at the last Healthier Together Committee in Common.</p> <p>FC added that Wigan Borough could participate by setting down clear amendments from the outset.</p> <p>MS asked if the CCG could choose where to fit this into our constitution and proposed that the CCG vote yes on the basis of following 'Constitution Amendments - Option 2' (<i>page 7 refers</i>).</p> <p>TD brought the item to a close by summarising the discussions and the clear caveat (<i>below</i>) to be stated in alignment with approving item 3:</p> <ul style="list-style-type: none"> <li>• The collective working would have to reflect back to the Governing Body of the CCG, with a clear mandate for patient voice;</li> <li>• The Governing Body would welcome Healthwatch into the process;</li> <li>• There being no appetite, at present, to setting up a parallel committee within the CCG.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body approved the composition with the amendments to the specific roles highlighted.</b></li> <li>2. <b>The Governing Body approved the option to establish a Primary Care Commissioning Committee and its Terms of Reference, with retrospective amendments to be confirmed in June 2015, providing that co-commissioning was approved in the closed section of this meeting.</b></li> <li>3. <b>The Governing Body approved Changing the Greater Manchester Healthier Together Committee in Common to a Joint Committee in line with the above caveats.</b></li> </ol>	<p>TC</p> <p>TC</p> <p>TC</p>
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<b>8.2</b>	<p><b>NHS England Quarter 2 Checkpoint Report</b></p> <p>JS gave a verbal update of the meeting which took place on 4<sup>th</sup> December 2014. Agenda items discussed included:</p> <p><u>Governance</u></p> <ul style="list-style-type: none"> <li>• The format of a typical Governing Body meeting, identifying which reports are received routinely, quarterly and annually.</li> <li>• The committee structure, and how informal Governing Body meetings link in, the type of reports received and key decisions delegated by the Governing Body.</li> <li>• Any issue which provoked a challenging discussion(s) at one or more Governing Body meeting(s) in the last year and its current status.</li> <li>• Areas of Good Practice, as evidenced by external auditors, around process, reporting, engagement.</li> <li>• Any proposals to amend the current Constitution.</li> </ul> <p><u>Winterbourne View</u></p> <p><u>Continuing Healthcare Spend</u></p> <p><u>Nursing</u></p> <ul style="list-style-type: none"> <li>• Tuberculosis.</li> <li>• Patient Safety Indicators (August 2014).</li> </ul> <p><u>Ops and Delivery</u></p> <ul style="list-style-type: none"> <li>• Activity performance (14/15) and planning (15/16).</li> <li>• Emergency-Preparedness, Resilience and Response (EPRR).</li> <li>• System resilience update.</li> </ul> <p><u>Key Actions and Next Steps</u></p> <ul style="list-style-type: none"> <li>• Q2 Summary Report Card.</li> <li>• Q3 Key Discussion Areas.</li> </ul> <p>JS confirmed that Graham Irwin is to take up the post of Director of Operations, to replace Dr Mike Burrows.</p>	<b>Receive</b>
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		<p><b>Resolved:</b></p> <p>1. The Governing Body received the report.</p>	
<b>9.</b>	<b>Current Business Items</b>		
	<b>9.1</b>	<p><b>Greater Manchester Association of CCGs Governing Group (AGG) Meeting Summary Notes December 2014</b></p> <p>Summary notes of the meeting of the AGG held on the 4<sup>th</sup> November 2014 were shared with the Governing Body members for information.</p> <p><b>Resolved:</b></p> <p>1. The Governing Body received the summary notes.</p>	<b>Receive</b>
	<b>9.2</b>	<p><b>Quality Briefing Paper</b></p> <p>JS introduced the Quality Briefing Paper. The paper is to assure the WBCCG Governing Body of the structures, systems and processes in place to ensure the management of the quality agenda at local and system level, through effective monitoring, management and improvement activity where required. Key areas highlighted were:</p> <p><b><u>Acute Services NHS Foundation Trust (WWLFT) – QSSG</u></b></p> <p>The Quality Team held one Quality Safety and Safeguarding Group (QSSG) meeting with the Provider during this period (<i>5 August 2014</i>). The key discussions were the <b>Rheumatology Service</b> - following concerns around alleged incorrect diagnosis and prescribing within the Service the Trust reported the incident on the Strategic Executive Information System (StEIS) and an independent review by the Royal College of Physicians was scheduled (September 2014). This review has now taken place and the Trust is awaiting the review report. The report was discussed at the October QSSG and any areas for improvement will be monitored by the Quality Team through this Group.</p> <p><b>CQC Intelligent Monitoring Report</b> - The report (<i>July 2014</i>) identified the Trust's risk level had increased to Band 4. This was noted to be in response to a slight increase in the number of elevated risks including the under reporting of Patient Safety Incidents. The Trust advised the implementation of a new Datix system would help address this but acknowledged it would take considerable time for the increased reporting to be reflected in the National Reporting Learning Service (NRLS) benchmarking report.</p>	<b>Receive</b>

		<p>It was agreed therefore that the Trust would, as an interim measure, provide the Quality Team with information detailing the number/type /level of harm/themes and trends relating to patient safety incidents that had been uploaded to the NRLS to the QSSG for monitoring on a bi-monthly basis.</p> <p><b><u>Community Healthcare NHS Trust (BCHCT)</u></b></p> <p>The Quality Team held two QSSG meetings with the Provider during this period (<i>3 July and 4 September 2014</i>). The key discussions were Serious Incidents (SIs), concerns were raised regarding the quality of information uploaded to StEIS. In addition reports for review at the WBCCG Serious Incidents &amp; Never Events (SINE) panel had not been submitted in a timely manner and delayed the review/closure process. The internal monitoring of Root Cause Analysis (RCA) action plans was also discussed and a request was made for a member of the Quality Team to attend the panel. It was agreed that a further meeting would be arranged to specifically discuss the concerns about the Trust's SI process.</p> <p><b>Safeguarding</b> - the Safeguarding proforma was discussed in relation to the Mental Capacity Act (MCA) 2005 and current levels of training compliance. All Clinical Staff are required to access e-learning within the clinical skills module on a 3 yearly update. The Trust advised that cascade training is being developed to tailor the MCA e-learning and its applicability to services. The training commenced during September 2014. Discussion also took place around a finding from a local Serious Case Review (SCR) where it had been identified that the Children's Ward (WWLFT) discharge information is not able to be shared electronically with BCHCT. WWLFT IT and BCHT IT Project Manager are liaising to resolve the issues as part of the Serious Case Review action plans.</p> <p><b><u>Intermediate Care Provision</u></b></p> <p><b>Alexandra Court Intermediate Care (ACIC)</b> - The Quality Team has participated in two Contract and Performance Group meetings (<i>29 August and 23 September 2014</i>). At the meetings the focus was on the criteria for discharging patients from WWLFT to ACIC and also the number of safeguarding alerts that had been made by ACIC to Wigan Council. A Care Quality Commission (CQC) inspection was undertaken in July with no serious concerns identified. A CCG quality inspection visit was conducted on 18 November 2014 the visiting team comprised of members of the WBCCG Quality, Contracts and Safeguarding Teams.</p>	
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	<p><b><u>Primary Care - General Practice</u></b></p> <p>Practice Nurse Champions (PNCs)</p> <p>In line with the integration of care, out of hospital work and the planned service redesigns the Practice Nurse workforce have an integral part to play in supporting this agenda. Locally each PNC continues to represent the Practice workforce and communicates with the General Practice teams within their locality to actively drive improvements in the quality and safety of patient services. The PNCs are currently represented and engaged with both the Diabetes and the Respiratory Redesign Groups.</p> <p><b><u>General Practice - Preventing Infection Together (GP PIT)</u></b></p> <p>The Infection Prevention Programme ‘GP PIT’ continues within Member Practices across the six localities. Practice engagement is currently at 95% with the aim being to continue to encourage the remaining 5% of Practices to become involved. All engaging Practices have received audit tools and resources to support self-audit, risk assessment, action planning and implementation of the programme. Practice visits by the WBCCG Infection Prevention Control Surveillance and Audit Lead continue on request from Practices.</p> <p><b><u>Serious Incidents and Never Events (SINE)</u></b></p> <p>WBCCG holds the responsibility for the performance management of Serious Incidents and Never Events reported by the local Acute and Community NHS Providers. The Quality Team liaises with the Lead Commissioner for Mental Health (NHS Knowsley) in respect of any 5BP Serious Incidents and Never Events involving Wigan Patients. A total of <b>24</b> reports have been reported on StEIS in this reporting period.</p> <p>JS confirmed that the RCAs are submitted to the SINE Panel for review and that the lead on unexpected death and suicide from 5BP has been invited to talk through action being taken in this area.</p> <p>FC asked if the Aspergillus issue was resolved (<i>page 62, item 3.6 refers</i>).</p> <p>JS confirmed that the final report is awaited to confirm if this was a contamination issue.</p>	
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		<p>TD made reference to the rheumatology service (<i>page 61, item 3.4 refers</i>) following the concerns around alleged incorrect diagnosis and prescribing.</p> <p>AA confirmed that this was not a huge concern explaining that there are differing views of criteria being used and an external party has been invited to investigate. AA further added that there is no evidence at this stage of anyone coming to any harm.</p> <p>JS confirmed that QSSG are checking reviews and receiving regular reports.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received the update.</b></p>	
<b>10.</b>	<b>Governing Body Committee Updates</b>		<b>Approve</b>
	<p><b>10.1/ 10.6</b></p>	<p>Chairpersons' reports for November 2014 were circulated as below:</p> <p>10.1 Shared Minutes of the Healthier Together Committee in Common meeting held in public on 4<sup>th</sup> November 2014.</p> <p>10.2 Chairperson's Report: Audit Committee – papers January 2015.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee – papers January 2015.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee.</p> <p>TE (Committee Chair) pointed out that the Committee had received the interim report on sustainable development and that improvements had been noted.</p> <p>10.5 Chairperson's Report: Finance and Performance Committee – papers January 2015.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body approved the above listed reports.</b></p>	

<b>11.</b>	<b>Locality Executive Updates</b>		<b>Receive</b>
	<b>11.1-11.6</b>	<p>Locality Executive updates were circulated for November 2014:</p> <ul style="list-style-type: none"> <li>11.1 Atherleigh</li> <li>11.2 Patient Focus</li> <li>11.3 Tyldesley Atherton Boothstown Astley</li> <li>11.4 Wigan Central</li> <li>11.5 North Wigan</li> <li>11.6 United League Collaborative</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the above listed reports.</b></li> </ol>	
<b>12.</b>	<b>Any Other Business – accepted at the Chairman’s discretion</b>		
	<b>12.1</b>	<p>There were no items of any other business raised.</p> <p>The Chair closed the meeting at 15:45pm wishing all attendees a Merry Christmas and Happy New Year.</p>	
<b>14.</b>	<b>Date and time of next meeting</b>		
	<b>Tuesday 27 January 2015, 13.30pm in Room 17, Wigan Life Centre</b>		

Signed .....  
Dr Tim Dalton, Chair

Date: .....27.1.14.....

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**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. 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>5. The case of the 103 year old lady to be investigated further.</p> <p>6. 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>FC/CR</p> <p>FC/CR</p> <p>FC/CR</p>	<p><b>January 2015</b></p> <p><b>January 2015</b></p> <p><b>January 2015</b></p>	<p>Added to forward plan.</p> <p>Ongoing.</p> <p>Added to the forward plan.</p>
16.12.14	7.1 / 7.2	<p><u>Chair/Chief Officer Update</u></p> <p>2. TA to circulate the papers from the Association of Greater Manchester CCGs to Governing Body members.</p> <p>3. Thanks to be relayed via the CCG website and the local media.</p>	<p>TA</p> <p>JS</p>	<p><b>ASAP</b></p> <p><b>ASAP</b></p>	

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

16.12.14	8.1	<p><u>CCG Constitution Changes</u></p> <ol style="list-style-type: none"> <li>1. The Governing Body approved the composition with the amendments to the specific roles highlighted.</li> <li>2. The Governing Body approved the option to establish a Primary Care Commissioning Committee and its Terms of Reference, with retrospective amendments to be confirmed in June 2015, providing that co-commissioning was approved in the closed section of this meeting.</li> <li>3. The Governing Body approved Changing the Greater Manchester Healthier Together Committee in Common to a Joint Committee in line with the above caveats.</li> </ol>	TC	<b>Ongoing</b>		
			TC		<b>June 2015</b>	
			TC		<b>Ongoing</b>	