

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

Tuesday, 23 June 2015 1.30 pm

Wigan Borough CCG Boardroom - Wigan Life Centre

AGENDA

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	Chairman's Welcome	1.30 pm	Tim Dalton		
2.	Apologies for Absence		Tim Dalton		Record
3.	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.				
4.	Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 26 May 2015		Tim Dalton	1 - 16	Approve
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	17 - 18	Approve
6.	Questions from Members of the Public				
7.	Key Messages	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
8.	New Business Items		1.55 pm			
	8.1	Outline of Safeguarding Responsibilities		Julie Southworth	19 - 24	Receive
	8.2	Constitution - Joint Committees		Julie Southworth	25 - 26	Note
	8.3	CCG Constitution Changes		Julie Southworth	27 - 56	Receive
	8.4	GM Devolution Update		Trish Anderson	57 - 60	Receive
	8.5	Annual Reports a) CCG b) Quality & Safety c) Medicine Optimisation			61 - 300	Receive
9.	Current Business Items		2.20 pm			
	9.1	Corporate Report		Mike Tate	301 - 348	Receive
	9.2	Wigan Health & Wellbeing Board Minutes		Tim Dalton	349 - 358	Receive
	9.3	Association Governing Group meeting Summary Notes		Tim Dalton	359 - 368	Receive
	9.4	Healthier Together Committee in Common Decision		Tim Dalton	369 - 370	Receive
10.	Governing Body Committee Updates		2.50 pm			
	10.1	Healthier Together Committee in Common Minutes		Tim Dalton	To Follow	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	371 - 372	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	373 - 380	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	381 - 384	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	385 - 390	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	391 - 394	Approve
11.	Locality Executive Updates		2.55 pm			

	11.1	Atherleigh - May 2015		Deepak Trivedi	395 - 400	Receive
	11.2	Patient Focus - May 2015		Mohan Kumar	401 - 404	Receive
	11.3	Tyldesley Atherton Boothstown Astley - May 2015		Ashok Atrey	405 - 408	Receive
	11.4	Wigan Central - May 2015		Tony Ellis	409 - 412	Receive
	11.5	North Wigan - May 2015		Peter Marwick	413 - 416	Receive
	11.6	United League Collaborative - May 2015		Sanjay Wahie	417 - 424	Receive
12.	Any Other Business - To be accepted at the Chairman's discretion					
13.	Date and time of next meeting					
	Tuesday 28 July 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 26 May 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)

Frank Costello, Deputy Chair and Lay Member (FC)

Julie Southworth, Director of Quality and Safety (JS)

Mike Tate, Chief Finance Officer (MT)

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)

In Attendance:

Tim Collins, Assistant Director of Governance

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker

Alexia Mitton, Head of Communications

	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 May meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>5 members of the public were present.</p>	
2.	Apologies for Absence	Record
	<ul style="list-style-type: none"> • Trish Anderson, Chief Officer (TA) • Dr Pete Marwick, Clinical Lead for Wigan North (PM) • Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW) • Canon Maurice Smith, Lay Member (MS) <p>The Chair noted that the meeting was inquorate and that any items requiring a decision will be brought back to the June Governing Body meeting.</p>	
3.	Declarations of Interest	Record
	<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>	ALL
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 28 April 2015	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>To be read in conjunction with the action log:</p> <p>24.2.15, item 9.3 – complete. 24.2.15, item 9.5 – complete. 24.3.15, item 8.4 – listed for the June agenda. 24.3.15, item 9.2 – bring forward for the August meeting. 24.3.15, item 10.3 – complete, a report will be brought to the next Corporate Governance Committee. 28.4.15, item 7.2 (2/3) – complete. 28.4.15, item 8.1 – complete. 28.4.15, item 8.3 – complete – listed for the June agenda. 28.4.15, item 9.1 – JS will prepare a schematic and share with Ian McCartney. 28.4.15, item 9.2 (2/3) – complete. 28.4.15, item 10.3 – complete.</p>	
6.	Questions From Members of the Public	
	<p>There were no questions raised by members of the public.</p>	

7.	Key Messages	Receive
7.1	<p><u>Chairs Key Messages</u></p> <p>TD opened the meeting by referencing the recent General Election and the defined future Parliament of the next five years. Key areas to note are:</p> <ul style="list-style-type: none"> • A direction of collaboration and togetherness across Greater Manchester. • The drive, pace and desire to make changes at a strategic level. • The Association of Greater Manchester CCGs (AGG) has resumed weekly meetings. • The Healthier Together Committee in Common (HT CiC) key decisions are due in June/July. • There has been a lot of energy around the agenda of the North West Sector Programme Board. • Business as normal continues to be implemented. • Accident and Emergency safe deflections now has more impetus. • MSK Cats decision underway. <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the update. 	
8.	New Business Items	Receive
8.1	<p>Patient Engagement Briefing and Patient Forum Attendance</p> <p>FC welcomed and introduced members of the Wigan & Leigh Youth Cabinet (Health) to the meeting. FC stressed the importance of having the input of younger people to assist the CCG as a commissioning organisation to deliver the correct services.</p> <p>The paper provided members of the Governing Body with an overview of patient engagement activity for the period January- May 2015.</p> <p>A large proportion of the report specifically highlights the work that has been undertaken to gain insights and views from young people, and presents some of the key findings to emerge from this work.</p> <p>Two members of the Cabinet delivered a presentation on the work of the Wigan & Leigh Youth Cabinet to date in gathering the opinions of different subsets of people in local society.</p>	

		<p>Key themes for areas to improve include:</p> <ul style="list-style-type: none"> • Bullying. • Stresses of the day and support to manage this. • Transition phase from children's to adult's services. • Feeling safe in the community. • Mental Health was identified as a priority for 2015 – 2020 at the last UK Youth Parliament national sitting. <p>The paper includes a series of recommendations to promote a sustained and integrated approach to engaging young people and children in commissioning decisions about local healthcare services.</p> <p>FC stressed the importance of the CCG's systems capturing the stories / issues and acting upon them to demonstrate positive action.</p> <p>DT expressed his concern around the bullying issue and agreed that the transition from young people's services to adult services should be a focus.</p> <p>MT noted Mental Health as a major priority for the CCG and confirmed that this area is listed in the CCG's plans for the coming year. MT agreed that transition from young people's to adult services could be improved and this needs to be taken into account when commissioning new clinical pathways.</p> <p>A member of the Youth Cabinet shared his personal experience of bullying and accessing the CAMHS service.</p> <p>DT highlighted the importance of the intervention of school teachers.</p> <p>GC referenced the powerful messages received and asked if the issues around bullying and the educational services had been presented to the Local Authority.</p> <p>It was confirmed that at present there are 2 youth positions on the Scrutiny Panel.</p> <p>Governing Body members were asked to support the proposals for joint working with Wigan Council on engagement activity with young people.</p> <p>TD thanked the Youth Cabinet Members for their presentation and taking the time to attend the meeting.</p>	
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		<p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the item. 2. The Governing Body supported the proposals for joint working with Wigan Council on engagement activity with young people (<i>page 24, item 5.1 – 5.4 refers</i>). 3. It was agreed that Wigan & Leigh Youth Cabinet be invited to a Governing Body meeting in 6 – 12 month's time. 	<p style="text-align: center;">FC</p> <p style="text-align: center;">FC</p>
	<p>8.2</p>	<p>Governing Body Assurance Framework (GBAF)</p> <p>The CCG is required to have a GBAF. It is referred to in the CCG's published Risk Management Strategy & Policy and follows the Department of Health template. This document, together with the Corporate Report, makes the two primary tools to be used by the Governing Body to scrutinise the CCG's performance and risks.</p> <p>The CCG has drawn on the content of NHS England's performance management framework to populate the GBAF and we are assessed on our delivery against the framework through a series of quarterly assurance meetings with NHS England.</p> <p>This iteration of the GBAF became effective at the end of 2014/15 but also contains, in Appendix 2, a forward view of risks to be considered at the beginning of the current year.</p> <p>The Quarter 1 GBAF for 2015/16 will be populated with these together with controls, assurances and mitigating actions.</p> <p>There is a commentary on page 5 detailing the CCG's achievement of its corporate objectives and the document has been amended to account for comments offered at May's Corporate Governance Committee.</p> <p>JS drew attention to the risks currently rated between 8 and 10 being monitored at committees (<i>page 13, appx 1 refers</i>).</p> <p>GC referenced the Public Health England's health profile for Wigan Borough stating that there needs to be positive action to close the health and inequalities act. GC asked if the CCG ought to compare the health needs assessment against current spend.</p> <p>MT highlighted that the health and inequalities gap does not just relate to health spend and suggested a joint session be conducted with Public Health in order to target spends of both the CCG and local partners.</p>	<p style="text-align: center;">Receive</p>

	<p>FC noted that £220m of the £420m available is spent within the acute sector.</p> <p>MT added that the CCG would only be able to invest more in primary care and the community by spending less in the acute sector.</p> <p>MK referenced the current media activity relating to financial pressures of a number of trusts and questioned how their strategy links to the CCG's plans.</p> <p>MT confirmed that the commissioning intentions will be brought to the September Governing Body meeting where they can be compared and contrasted.</p> <p>Resolved:</p> <p>1. The Governing Body received the item.</p>	
8.3	<p>Quality Safety & Safeguarding Briefing Paper, Quarter 4: 2014-15</p> <p>A report was shared to provide members with an overview on the Quality, Safety and Safeguarding activities in the Quarter 4 2014/2015 reporting period.</p> <p>The report is structured to highlight any areas of concern relating to our Providers and seeks to evidence the actions that are being taken to drive any required improvements in quality and safety.</p> <p>JS highlighted the below points to Governing Body members:</p> <ul style="list-style-type: none"> • Mental Health Services NHS Provider (5BPFT) Serious Incidents and Never Events (SINE) and confirmed that the 9 unexpected deaths/suspected suicide was not necessarily high as some related to elderly patients and natural causes. • Clostridium <i>difficile</i> Infection Objectives for NHS Organisations 2015/16 were published in March 2015 and the cases per organisation were listed as: <ul style="list-style-type: none"> - Acute Trust Provider – 19 - Non-Acute Provider - 81 <p>Resolved:</p> <p>1. The Governing Body received the item.</p>	Receive
8.4	<p>CCG Constitution Changes</p> <p>Six of the CCG Governing Body Committees have reviewed and made changes to their terms of reference.</p>	Approve

		<p>The Governing Body was asked to approve these changes in order for them to take effect. The amended constitution shall then be submitted to NHS England.</p> <p>TC explained that the exercise had largely been around the tidying up of membership and including Primary Care Co-commissioning.</p> <p>GC asked if there was a schematic of the CCGs committee structure.</p> <p>TC confirmed that this was contained within the Annual Governance report.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the item. 2. TC to forward the CCG Committee schematic excerpt from the Annual Governance report to GC. 	TC
	8.5	<p>Themes and lessons learnt from the NHS Investigations into matters relating to Jimmy Savile</p> <p>An independent review into Jimmy Savile found his conduct on NHS premises "truly awful". In a joint statement in July 2014, NHS England, NHS Trust Development Authority (TDA) and Care Quality Commission (CQC) called for all organisations to ensure they checked the recommendations of these reports against current practice and take any necessary action.</p> <p>The two main reports related to Jimmy Savile's long association with Broadmoor Hospital in Berkshire and the Leeds Royal Infirmary, spanning approximately 50 years with victims ranging from 5 – 75 years old. This resulted in 28 other NHS Trusts conducting internal investigations in England and Wales, as they had, over time, been associated with Jimmy Savile. Not all found evidence of abuse having taken place. Reports of the investigations by 28 NHS organisations were published with Kate Lampard's oversight and assurance report on the 26th June 2014.</p> <p>David Flory, Chief Executive of the NHS TDA, on the 6th August 2014 has written to all NHS Chief Executives requesting they reflect on the safeguarding arrangements they have in place.</p> <p>A paper was submitted to the Governing Body in August 2014 which provided a summary of key findings and recommendations from the published reports around Jimmy Savile's access and abuse of vulnerable patients.</p> <p>To assist providers, the Wigan Borough CCG Safeguarding Team devised a Savile audit tool (<i>Appendix 1 refers</i>). Completed audit tools, along with evidence, was submitted and assured via QSSG, once signed off by the Board lead for safeguarding within each provider organisation.</p>	Receive

		<p>A further report was published in February 2015 “Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Independent report for the Secretary of State for Health: February 2015”. https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned.</p> <p>This report stands alongside 16 independent investigations undertaken by the NHS trusts involved, including the delayed report on Stoke Mandeville (<i>copy of summary of this report prepared by NHS England attached for ease of reference</i>).</p> <p>Common themes and issues emerging include:</p> <ul style="list-style-type: none"> • Security and access arrangements, including celebrity and VIP access. • The role and management of volunteers. • Safeguarding assurance, capability, governance and training. • Raising complaints and concerns by staff and patients. • Fundraising and charity governance. • Observance of due process and good Governance. <p>Following publication of the report, the Secretary of State for Health announced in his speech to the House of Commons that he will be accepting 13 of the 14 recommendations made in the report with a view to further consultation being undertaken to consider how these actions will be implemented.</p> <p>The WBCCG Safeguarding Team is currently revising the Savile audit tool to incorporate all additional recommendations.</p> <p>JS confirmed that the Quality, Safety and Safeguarding Group (QSSG) manage the recommendations and this is fed into the Clinical Governance Committee on an ongoing basis.</p> <p>FC noted the conspiracy of silence due to the significant amount of fundraising that Savile generated.</p> <p>GC confirmed that there were now circa 1400 people under scrutiny connected to current national abuse enquiries.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the item. 2. A further update report to be brought to a future Governing Body meeting. 	<p>JS</p>
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9.	Current Business Items		
9.1	Association Governing Group (AGG) Summary Notes	<p>The summary notes of the meeting held on the 7th April 2015 were shared for the Governing Body to receive.</p> <p>IMC suggested that a table of the current committees and groups would be helpful to for information.</p> <p>Resolved:</p> <p style="padding-left: 20px;">1. The Governing Body received the summary notes.</p>	Receive
9.2	Ambulance Contract Performance Update	<p>The purpose of the paper was to brief the Governing Body on the performance of the North West Ambulance Service (NWAS) against national and local targets regarding response and handover times, outline the governance structure for commissioning the ambulance contract, and the actions taken by Wigan Borough CCG.</p> <p>Key items to note:</p> <ul style="list-style-type: none"> • The ambulance targets have not been met all year. • The CCG has commissioned pathways to both assist demand and improve performance of services associated to ambulance performance i.e. A&E pathways, communication campaigns to the public, A& E deflection schemes, A&E ambulance liaison officer and pathfinder. • Ambulance performance issues have been raised in all relevant forums. • There is a defined commissioning governance structure for the commissioning of ambulance services that CCGs can influence. Although commissioning levers are limited, Wigan Borough CCG engages with the service operationally to ensure local pathways are safe and efficient. • The CCG engages with the governance structure and has requested through this arrangement plans for improvement in meeting the nationally set targets. • Once we have received the outcome from this request it will be reported back to the Governing Body. 	Receive

		<p>MT highlighted the importance of streamlining the governance and confirmed that the next stage will be how to improve the performance of 999 calls.</p> <p>FC referenced the concept of penalty deductions on the contract for delayed turnaround and the need to ensure we get a better service for any increased investment.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. A specific ambulance assurance report to be taken to the Finance and Performance Committee on a quarterly basis (performance only meeting). North West Ambulance Service to be invited to attend the meeting to provide reassurances. 	<p>MT</p>
	<p>9.3</p>	<p>Improving Access to Psychological Therapies (IAPT) Provider Performance</p> <p>The report provided an update on the performance against national Improving Access to Psychological Therapies (IAPT) targets.</p> <p>The Governing Body was requested to note the following:</p> <ol style="list-style-type: none"> 1. The performance reported by the Health and Social Care Information Centre. 2. The performance reported locally by the providers. 3. The actions taken by the CCG and by the providers. 4. Plans for managing the 2015/16 indicators. <p>Clinical Commissioning Groups (CCGs) have been set two national indicators related to the successful implementation of the IAPT programme. These targets are:</p> <ol style="list-style-type: none"> i. Access Rates - CCGs should commission enough capacity in services to achieve an access rate equivalent to 15% of the estimated prevalence of CMHD per annum. For Wigan Borough Clinical Commissioning Group (WBCCG) this means that 6,809 people should enter treatment per annum. The Quarter 4 (Q4) performance will be the quarter that NHS England will be using to assess achievement. The target for the final quarter is 1,703. ii. Recovery rates - NHS England expect that 50% of people who complete a course of treatment and have attended two or more sessions should be moving to recovery. 	<p>Receive</p>

		<p>The Health and Social Care Information Centre (HSCIC) manage the data collection and routine reporting.</p> <p>At the present time WBCCG has commissioned three IAPT compliant services which contribute to the targets, these are:</p> <ol style="list-style-type: none"> 1. Psychological Therapies Service provided by 5 Borough Partnership NHS Foundation Trust (5BP). 2. Counselling Service provided by Bridgewater Community Healthcare Foundation Trust (BCHT). 3. Computerised Cognitive Behavioural Therapy (CCBT) provided by Making Space. <p>WBCCG has raised concerns regarding data quality early in the year through Contract Monitoring Meetings and received assurances from providers. This was further supported by the local weekly results provided by the providers as requested by WBCCG after the Q2 results were published by the HSCIC.</p> <p>In 2014-15 the Department of Health (DOH) chose Q4 as the quarter to assess performance against the prevalence rate, confirming that cumulative performance will not be considered.</p> <p>The rationale behind this method is to allow low performing CCGs to improve in year towards a year-end target.</p> <p>Once the Q3 results were published, WBCCG formally wrote to both 5BP and BCHT on 30th April 2015 to understand the reasons for the data discrepancies and to establish what actions are being taken by the providers to address any issue identified.</p> <p>5BP has reviewed the returns and has identified that some of the data was missing from the submission to HSCIC due to the wrong data query being run. They have received feedback from HSCIC that the window for amending January and February data has now closed. The error is being investigated internally by 5BP and they are also reviewing the process and controls and they are putting actions in place to ensure that the error will not be repeated. 5BP has also accepted an offer by NHS England to review the processes that they are putting in place.</p>	
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		<p>BCHT has reviewed the returns and has identified a coding issue. Patients receiving assessment and treatments were being coded as assessment only and therefore not counted by HSCIC. They have also received confirmation from HSCIC that the window for amending January and February data has closed. BCHT are currently working with HSCIC to ensure that future data sets are submitted correctly.</p> <p>Both 5BP and Bridgewater report that over 90% of people referred to services access treatment within 28 days of referral. Feedback from General Practitioners (GPs) suggests that although the first appointment is achieved within 28 days, patients are then placed on internal waiting lists to commence their course of treatment. Both organisations have been asked to supply data regarding the timescales between first and second appointments to substantiate their performance.</p> <p>The IAPT dataset will be used to measure the new 6 weeks and 18 weeks waiting times standards of 75% and 95%, respectively, from the start of 2015/16. All CCGs will be required to deliver these waiting times standards during Q4 of 2015/16 (January to March 2016). This has been included in the Service Development and Improvement Plan (SDIP) within the contract with each provider.</p> <p>To ensure that any possible data quality issues are identified and resolved prior to the Q4 2015/16 assessment period, WBCCG and its providers must ensure that performance management throughout the year is undertaken from the national HSCIC reports, rather than local provider reports.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. WBCCG will continue to require both 5BP and BCHT via the monthly provider contract monitoring meetings to deliver the standards via the SDIP. 3. Results published by HSCIC will be closely monitored by both WBCCG and the providers to ensure that the results reflect and meet national and local expectations. 4. MT to clarify if there is a financial penalty in respect of the quality premium. 	
			<p>MT</p> <p>MT</p> <p>MT</p>

10.	Governing Body Committee Updates		Approve
	10.1	<p>Healthier Together Committee in Common:</p> <p>The shared minutes of the Healthier Together Committee in Common held on the 15 April 2015 were circulated to Governing Body members for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the minutes. 	Receive
	10.1a	<p>Healthier Together Decision Making and Timeline Update</p> <p>The Governing Body were asked to receive and note the information presented at a Healthier Together Familiarisation Workshop which outlines the up to date position on the decision making process and timelines for future decisions around how many sites there may be and where these would be located.</p> <p>In January 2015 the Healthier Together Committee in Common (HT CiC) made a number of decisions confirming the case for change supporting the Model of Care and that there were no alternative options. In February the HT CiC agreed to use the existing Pre Consultation Business Case (PCBC) criteria alongside the relevant inputs.</p> <p>Two decisions remain:</p> <ol style="list-style-type: none"> How many single services should there be? Which option of the 4 or 5 possible single services should be implemented? <p>The criteria to be used to judge the 4 versus 5 services and which specific option will be:</p> <ul style="list-style-type: none"> Quality & Safety Travel & Access Transition Affordability & Value for Money <p>The proposed timeline of workshops to understand more of the detail and then subsequent decision making is:</p> <ul style="list-style-type: none"> W/C 11 May: workshop to discuss context setting, integrated impact assessment and quality and safety. W/C 18 May: workshop to discuss travel and access, transition workforce and transition – time to deliver. 	Receive

		<ul style="list-style-type: none"> • W/C 1 June: workshop to discuss affordability and value for money, Greater Manchester coherence and consultation feedback. • 17 June: HT CiC decision regarding 4 or 5 single services category 2 decision. • W/C 22 June – 6 July: workshops 4 and 5, dates to be confirmed. • 15 July: HT CiC preferred option category 1 decision. <p>TD confirmed that any critical decisions around HT are likely to be made by the CiC as not all CCGs had approved the establishment of a joint committee.</p> <p>Assurance has been received from Hempsons Solicitors that the CiC is legally constituted. Hempsons are working with the CCGs to clarify the way forward.</p> <p>TC added that Hempsons Solicitors are still raising the issue of the joint committee being of the CCG or the Governing Body. The Governing Body did previously confirm that they were opposed to the introduction of a parallel governance framework and wished the committee to report to the Governing Body. Hempsons advice is that this should be a committee of the CCG.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the minutes. 	
	<p>10.2/ 10.6</p>	<p>Chairpersons' reports for April 2015 were circulated as below:</p> <p>10.2 Chairperson's Report: Audit Committee – no meeting.</p> <p>10.3 Chairperson's Report: Clinical Governance Committee.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee – no meeting.</p> <p>10.5 Chairperson's Report: Finance and Performance Committee.</p> <p>10.6 Chairperson's Report: Service Design and Implementation Committee.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the above listed reports. 	<p>Approve</p>

11.	Locality Executive Updates		Receive
	11.1- 11.6	Locality Executive updates were circulated for April 2015: 11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central 11.5 North Wigan 11.6 United League Collaborative Resolved: 1. The Governing Body received the above listed reports.	
12. Any Other Business – accepted at the Chairman’s discretion			
		There were no items of any other business raised. The meeting closed at 15:30pm.	
14. Date and time of next meeting			
	Tuesday 23 June 2015, 13.30pm in Room 17, Wigan Life Centre.		

Signed
Dr Tim Dalton, Chair

Date:23.6.15.....

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**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2015**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
28.4.15	9.1	<p>Association Governing Group (AGG) Summary Notes</p> <p>2. A table of the current committees/groups and how they interlink to be drawn up and shared with IMC.</p>	JS	Ongoing	JS preparing a schematic to be shared with Ian McCartney.
26.5.15	8.1	<p>Patient Engagement Briefing and Patient Forum Attendance</p> <p>3. It was agreed that Wigan & Leigh Youth Cabinet be invited to a Governing Body meeting in 6 – 12 months' time.</p>	FC	Ongoing	Added to the forward plan.
26.5.15	8.4	<p>CCG Constitution Changes</p> <p>2. TC to forward the CCG Committee schematic excerpt from the Annual Governance report to GC.</p>	TC	ASAP	
26.5.15	8.5	<p>Themes and lessons learnt from the NHS Investigations into matters relating to Jimmy Savile</p> <p>2. A further update report to be brought to a future Governing Body meeting.</p>	JS	Ongoing	Added to the forward plan.

**ACTIONS FROM THE WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2015**

26.5.15	9.2	<p>Ambulance Contract Performance Update</p> <p>2. A specific ambulance assurance report to be taken to the Finance and Performance Committee on a quarterly basis (performance only meeting). North West Ambulance Service to be invited to attend the meeting to provide reassurances.</p>	MT	Ongoing	
26.5.15	9.3	<p>Improving Access to Psychological Therapies (IAPT) Provider Performance</p> <p>2. WBCCG will continue to require both 5BP and BCHT via the monthly provider contract monitoring meetings to deliver the standards via the SDIP.</p> <p>3. Results published by HSCIC will be closely monitored by both WBCCG and the providers to ensure that the results reflect and meet national and local expectations.</p> <p>4. MT to clarify if there is a financial penalty in respect of the quality premium.</p>	<p>MT</p> <p>MT</p> <p>MT</p>		