

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

**Tuesday, 25 August 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 28 July 2015</b>		Tim Dalton	1 - 14	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	15 - 16	Approve
6.	<b>Questions from Members of the Public</b>				
7.	<b>New Business Items</b>	1.55 pm			
7.1	Quality, Safety and Safeguarding Briefing Paper - Quarter 1 2015/2016		Julie Southworth	17 - 36	Approve

<b>8.</b>	<b>Current Business Items</b>					
	8.1	Corporate Report		Mike Tate	37 - 74	Receive
<b>9.</b>	<b>Any Other Business - To be accepted at the Chairman's discretion</b>					
<b>10.</b>	<b>Date and time of next meeting</b>					
	Tuesday 22 September 2015 at 13.30 in Room 17, Wigan Life Centre					

**OPEN MEETING – UNRATIFIED**

**Meeting of Wigan Borough Clinical Commissioning Group Governing Body  
Held on Tuesday 28 July 2015 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)

Julie Southworth, Director of Quality & Safety (JS)

Dr Ashok Atrey, Clinical Lead, TABA (AA)

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

Dr Andy Sutton, Representing Dr Tony Ellis

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

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

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

Cannon Maurice Smith – Lay Member (MS)

**In Attendance:**

Julie Pemberton - Minute Taker (JP)

	MINUTES	ACTION
<b>1.</b>	<b>Chairman's Welcome</b>	
	The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the July meeting of the Wigan Borough Clinical Commissioning Group Governing Body.	
<b>2.</b>	<b>Apologies for Absence</b>	<b>Record</b>
	<ul style="list-style-type: none"> <li>• Dr Mohan Kumar</li> <li>• Dr Tony Ellis, Dr Andy Sutton deputising.</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>	

	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.	
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 23 June 2015</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>
	Action Log refers. All actions complete.	
<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>
<b>7.1 / 7.2</b>	<p><b>Chair's &amp; Chief Officer's Key Messages</b></p> <p><b><u>Chair Key Messages</u></b>  Healthier Together decision was made on the Wednesday 15 August 2015 to determine the fourth site for emergency high risk surgery, which was Stockport.</p> <p>Wigan Borough Clinical Commissioning Group (WBCCG) Annual General Meeting (AGM) took place on the 1 July 2015. A Primary Care event preceded this AGM with practice members joining together for further discussion around Primary Care Standards.</p> <p>Prime Minister's Challenge Fund. The Borough now has access to a 7 day service, which started on the 8 July 2015.</p> <p><b><u>Chief Officer Key Messages</u></b>  <b><u>National Update:</u></b>  The Health Secretary has published "Vision for the Future of the NHS" and has made announcements on the following over the last few weeks:</p> <ul style="list-style-type: none"> <li>• Government response to the "Freedom to Speak Up" Consultation</li> <li>• Outcome of the Morecambe Bay investigation</li> <li>• Review into clinical incident investigation</li> <li>• Lord Rose report on NHS Leadership.</li> </ul>	

		<p>NHS England, Public Health England, Department of Health, NHS Trust Development Authority and Monitor are joining up winter campaigns.</p> <p>The Independent Cancer Taskforce has now published “Achieving World Class Cancer Outcomes: A Strategy for the NHS 2015 – 2020”, which will deliver the vision set out in the 5 Year Forward View.</p> <p>GP Patient Survey data is now available to help inform commissioners about patient experience. This shows good feedback.</p> <p>NHS England has asked for a review of prescribing practices, following the publication of reports related to the over prescribing of psychotropic drugs to people with learning disabilities.</p> <p>NHS England has launched a 3 year initiative with funding of £13m to fund, recruit and employ clinical pharmacists in GP surgeries.</p> <p>NHS England is inviting applications for urgent and emergency care vanguards, who will be expected to take part in developing and using a new, standard approach to modelling demand, capacity and activity.</p> <p>Improving and Sustaining Cancer Performance. Commissioners and providers are being asked to improve and sustain cancer performance following the publication of figures for 2014/15, which show performance against the cancer 62 day referral to treatment, as consistently below the required 85% national level. A national delivery group for improving 62 day performance will work closely with the Cancer Waiting Times Task Force to deliver key priorities.</p> <p>NHS England developments:</p> <ul style="list-style-type: none"> <li>• “Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015”, which updates and replaces previous guidance to reflect the changing context.</li> <li>• NHS England has developed a range of documents to support the implementation of delegated co-commissioning arrangements.</li> <li>• Guidance for commissioners on implementation of the National Tuberculosis Strategy.</li> <li>• Signalled a need for a fundamental redesign of the NHS Urgent Care “Front Door” as part of a broader programme of care transformation.</li> </ul> <p>Healthwatch England has published a report “Safely Home: What Happens when People Leave Hospitals and Care Settings?”</p>	
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7.3		<p><b>Equality Delivery System Event Report</b> WBCCG has adopted the Equality Delivery System (EDS) (Department of Health, 2011) as its performance toolkit to support the CCG in demonstrating its compliance with the 3 aims of the Public Sector General Equality Duty and Equality Act 2010.</p> <p>On the 22 April 2015, WBCCG held a grading event to establish WBCCG EDS outcomes and objectives for 2015/16. To get the most from the session and also to allow the opportunity for delegates to review the evidence properly, ask questions and request information, the event focused on improved patient access and experience and inclusive leadership at all levels.</p> <p>There is clear evidence that the CCG is committed to reviewing its performance in relation to equality through the implementation of the EDS. However, there are areas for development on all outcomes if the organisation wants to continue to progress towards excelling. The EDS project has provided WBCCG with valuable learning opportunities and has improved stakeholder engagement.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the report.</li> </ol>	Receive

8.	New Business Items	
8.1	<b>Healthier Together Decision</b>	<p>TD briefed the meeting.</p> <p>On Wednesday 15 July 2015 the Healthier Together Committee in Common decided in a public meeting that the 4 single hospital sites in Greater Manchester would be:</p> <p>Salford  Central Manchester  Oldham  Stockport</p> <p>The only material difference between the various options was a potential breach of travel standard 2 (45 minutes maximum transfer time by ambulance to a Specialist Centre). A significant minority of around 17,000 patients outside of GM, in the Buxton/High Peak area would be affected by this if Stockport was not chosen as the fourth hub. This was, therefore, a unanimous decision.</p> <p>For the Northwest sector, Wigan, Bolton and Salford hospitals will form a single service for their local resident population and adjoining non GM populations, all of whom will achieve the 45 minute travel standard to Salford.</p> <p>This means that a very small number of Wigan patients, who have a very serious, once in a life time emergency that requires treatment from teams of the most experienced doctors and nurses, will be taken by ambulance to Salford instead of being treated at Wigan Infirmary.</p> <p>The majority of patients will continue to receive their treatment in local hospitals and the A&amp;E at Wigan Infirmary will remain unchanged.</p> <p>An action plan is now being worked up detailing the next tranche of work over the next 6 – 12 months.</p> <p>Implementation criteria have been developed to accompany the decision.</p> <p>FC commented that from the Wigan perspective, once the decision was made regarding 4 sites and it was clear that Stockport was the fourth hospital, part of the implementation must deal with disadvantages to any individual populations.</p> <p>At the Committee In Common (CIC) workshops, the national laparotomy audit showed that none of the GM hospitals fully met the standards in surgery. All 4 sites must be shown to deliver the standard required.</p>

	<p>Debate followed around the standards of the hospital sites visited by the population of this borough. CCG also has an interest in extending beyond the 4 sites cross border.</p> <p>AS asked if providers could Veto? TD confirmed that organisations have committed to support the decision.</p> <p>The CEO of Healthwatch, attending the meeting as a member of the public, commented that there needs to be more understanding of the 3 trusts within the North West Sector. It appeared that fewer patients would be moved around the Borough and that the impact would be less than expected.</p> <p>Some changes would take place within 6 – 12 months, some would take several years. However, the ambition would be sooner rather than later.</p> <p>FC commented on the number of consultants, would there be enough and their availability?</p> <p>SW acknowledged and welcomed the debate and transparency and asked:</p> <ul style="list-style-type: none"> <li>• What is the role of CIC now?</li> <li>• Who is to check that the standards are being achieved and maintained?</li> <li>• Wigan CCG point of view, are there mechanisms being set up to check on the outcomes of the patients?</li> </ul> <p>TD replied that this was early days. However a Conditions paper is in the process of being worked up, together with the Clinical Standards Board which will oversee standards in all 4 sites.</p> <p>Debate and discussion around how do we commission a single service. Also the implementation and quality monitoring. CIC will probably oversee the decisions, but this has not as yet been debated.</p> <p>CCG Constitutions can now be changed at any time during the year, so any changes needed, can be speedily dealt with.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body noted and received the report.</b></li> <li>2. <b>TD to bring back an update on progress, which will include the conditions paper, to the September Governing Body meeting.</b></li> </ol>	TD
8.2	<p><b>Wigan Locality Plan</b> JS presented the item.</p> <p>Greater Manchester (GM) public sector organisations have committed to the production, during 2015/16, of a comprehensive GM Strategic Plan for health and social care as part of the GM Devolution arrangements.</p>	<b>Approve</b>

	<p>Following the Health and Social Care Devolution Memorandum of Understanding, each locality has been required to develop a local care plan within their locality with Local Authority partners to co-ordinate the development of 10 place-based locality plans for each of the 10 Boroughs of Greater Manchester, reporting to the Strategic Plan Leadership Group.</p> <p>This is a reiteration of thinking and clarity of services for this Borough, which includes a finance section outlining the amount of money required for transformational change.</p> <p>TA as Senior Responsible Officer and Chair of the Group confirmed that the Locality Plan had been presented at the Health and Scrutiny Committee on Monday 27 July 2015 and would also be presented at the Health and Wellbeing Board on Wednesday 29 July 2015.</p> <p>At this stage, amendments can still be made to the Locality Plan.</p> <p>The general public Healthwatch representative informed the meeting that he had been invited to a meeting at NHS England, where these were seen as first drafts.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body approved the Locality Plan.</b></li> <li><b>2. Update to the October Governing Body meeting.</b></li> </ol>	<b>TA/JS</b>
<b>8.3</b>	<p><b>Medicine Optimisation Strategy</b></p> <p>JS presented the item highlighting that this was the first strategy of its kind the CCG has had.</p> <p>Medicines optimisation is a person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicine.</p> <p>Good medicines optimisation will support the CCG in achieving its vision, ambitions and objectives, in turn delivering the NHS outcomes.</p> <p>MT Welcomed the report and celebrated the work which will bring significant financial savings drive by a quality agenda.</p> <p>This process work should be taken and expanded into other areas.</p> <p>SW thanked MT for his positive comments.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body approved the strategy noting the quality base.</b></li> </ol>	<b>Approve</b>

<b>8.4</b>	<p><b>Hospital Mortality Indicators Update</b>          JS presented the item.</p> <p>At the Corporate Governance Meeting in July 2015 concerns were raised around the narrative against hospital mortality rates.</p> <p>Mortality rates are one of a number of measures of quality. It is recommended that they should not be considered in isolation, but should be assessed together with a number of other quality measures.</p> <p>However, when a measure stands out as an outlier, it is worthy of a review.</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for the Trust. The observed number of deaths is the total number of finished provider spells for the Trust which resulted in a death either in-hospital or within 30 days (inclusive) of discharge from the Trust.</p> <p>The Trust has an overall SHMI of 108.99, which is the second highest in GM. Weekend SHMI is 121.10, the highest level in GM. This figure is based on a 12 months rolling period January – December 2014.</p> <p>The Hospital Standardised Mortality Ratio (HSMR) is a calculation used to monitor death rates in a Trust. The HSMR is based on a subset of diagnoses which give rise to 80% of in-hospital deaths. HSMRs are based on the routinely collected administrative data often known as Hospital Episode Statistics, Secondary Uses Service Data. (Dr Foster).</p> <p>The Trust has an overall HSMR of 97 and is not an outlier in GM for overall week day or weekend mortality. This figure is based on a 12 month rolling period February 2014 - January 2015.</p> <p><b>WBCCG Actions:</b></p> <ul style="list-style-type: none"> <li>• The CCG meets bi-monthly with the Trust. A quality assurance framework is agreed annually which covers a wide number of areas pertaining to patient safety, clinical effectiveness and patient experience. Mortality is one of the indicators that is monitored.</li> <li>• The CCG Quality Team has proposed a local Mortality CQUIN for 2015/16. The CQUIN aims to support the Trust to achieve its stated ambitions of reducing SHMI to 100 and HSMR to 83 by 2017.</li> </ul> <p><b>Trust Actions:</b></p> <ul style="list-style-type: none"> <li>• The Trust is committed to improving its benchmarked position across GM for SHMI, particularly related to weekend admissions and understanding the data behind this position. The Trust actions have included:             <ul style="list-style-type: none"> <li>• The establishment of a Task and Finish Group.</li> </ul> </li> </ul>	<b>Receive</b>
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		<ul style="list-style-type: none"> <li>• Inviting SHMI experts from NHS England and AQUA for support.</li> <li>• A SHMI Improvement Plan agreed and approved.</li> <li>• Weekly audit, review of deaths.</li> <li>• Annual Audit – Learning from Patients Deaths 2014.</li> </ul> <p>MS asked that, in future reports, projection is included as to when the indicator is going to improve.</p> <p>PM commented that the figures show we need to investigate the problem. However, caution needs to be taken around making too many interpretations of one single figure.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received this report.</b></li> <li>2. <b>Request that the Clinical Governance Committee should review this issue and produce a report for submission to the Governing Body in September 2015.</b></li> <li>3. <b>TA suggested that this should be discussed as an agenda item at the next Trust Board to Board meeting or Exec to Exec Meeting with WWL.</b></li> </ol>	AA/JS  TA
<b>9.</b>	<b>Current Business Items</b>		
	<b>9.1</b>	<p><b>GM Association of CCGs Governing Group meeting summary notes</b> The Governing Body is asked to receive the summary of the meeting of the GM of CCGs (AGG) held on the 30 June 2015 for information.</p> <p><b>The Governing Body received the report.</b></p>	<b>Receive</b>
	<b>9.2</b>	<p><b>Corporate Report</b> MT presented the item.</p> <p>The dashboard is designed to give the Governing Body a regular monthly update on key areas within the CCG and to provide the emerging challenges.</p> <p><b>Emerging Challenges:</b></p> <ul style="list-style-type: none"> <li>• Continuing pressure on the acute sector which may result in significant contract over trading in 2015/16.</li> <li>• Implementing QIPP projects to meet the in-year QIPP gap of £7.1m and developing the programme for 2016/17</li> <li>• Resourcing and managing the co-commissioning of Primary Care with NHS England.</li> <li>• Mitigating any potential financial shortfall in delivering co-commissioning.</li> </ul>	<b>Receive</b>

		<ul style="list-style-type: none"> <li>• Demographic pressures on Continuing Health Care.</li> <li>• Potential future delegation of Specialised Commissioning.</li> <li>• Implementing the 5 year forward view</li> <li>• Community care providers developing enough capacity to receive patients and services deflected from Acute Hospital care.</li> <li>• The emerging GM Devolution agenda.</li> </ul> <p>MT further briefed the meeting on the:</p> <ul style="list-style-type: none"> <li>• Progression of Programmes.</li> <li>• 2015/16 Performance Framework Overview.</li> <li>• Headline Indicators for Outcomes Ambitions, NHS Constitution, Acute Activity and Better Care.</li> </ul> <p>Monthly Performance Tracker highlighted:</p> <ul style="list-style-type: none"> <li>• GP referral rate for cancer 62 days, slipped below target.</li> <li>• IAPT access rate has turned green this month as had the 18 week wait.</li> <li>• MRSA – 3 re-assigned, therefore, currently on target.</li> <li>• Clostridium Difficile – Increase in cases assigned to us.</li> </ul> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the report.</b></li> <li>2. <b>JS to contact GM Infection Control Collaborative regarding improved accountability with neighbouring CCGs.</b></li> </ol>	<b>JS</b>
<b>9.3</b>		<p><b>Finance Report Month 03 (June 2015)</b>  MT presented the item.</p> <p>The Finance Report for Month 03 was circulated highlighting:</p> <ul style="list-style-type: none"> <li>• The CCG is on target to achieve a 1.0% recurrent surplus at the end of 2015/16.</li> <li>• The year to date surplus is in line with the planned surplus at month 03.</li> <li>• The CCG is forecasting to achieve its statutory duties in 2015/16 and achieve the planned surplus of £4.5m.</li> <li>• The running cost expenditure at month 03 is marginally lower than budget, but the CCG is forecasting to remain within target throughout 2015/16.</li> <li>• WWL contract now signed after mediation process.</li> <li>• Money for Primary Care Services is now in the CCG allocation.</li> </ul>	<b>Receive</b>

	<p>There was further discussion around the key messages and key risks for 2015/16. MT advised the Governing Body that this was the most challenging financial year for many years.</p> <p><b>Resolved:</b></p> <p style="padding-left: 40px;"><b>1. The Governing Body received the report.</b></p>	
<p><b>9.4</b></p>	<p><b>Activity Report</b> MT presented the item.</p> <p>The report is designed to give the Governing Body a regular monthly update on the trends in activity at Wrightington, Wigan and Leigh NHS Foundation Trust relating to non-elective activity, elective inpatients and day cases and outpatient and A&amp;E attendances.</p> <p>The Activity Report for Month 03 was circulated highlighting:</p> <ul style="list-style-type: none"> <li>• Non-elective admissions have fallen over the period (May 2014 to May 2015). The number of non-elective admissions in May 2015 show a decrease when compared to the previous month and compared to May 2014.</li> <li>• The data for the Ambulatory Assessment Area (AAA) is provided by WWL. March is the latest data received. The figures show that the numbers of attendances within AAA increased from 356 in April 2014 to 428 in March 2015.</li> <li>• The average length of stay in May 2015 was 4.4 days, which is slightly lower than April 2015. Spells with a length of stay over 2 days has continued to fall since March 2015.</li> <li>• Delayed Transfers of Care have remained level overall across the period May 2014 to May 2015. However, there has been a continued rise since February 2015.</li> <li>• Elective admissions have fallen over the period May 2014 to May 2015.</li> <li>• Elective admissions for Trauma &amp; Orthopaedics have remained fairly level over the period May 2014 to May 2015.</li> <li>• Day cases show a marginal increase in activity compared to April 2015, however it is still lower than the May 2014 figure.</li> <li>• Day case admissions for Trauma &amp; Orthopaedic have fallen over the period May 2014 to May 2015.</li> </ul>	<p><b>Receive</b></p>



<b>10.</b>	<b>Governing Body Committee Updates</b>		<b>Approve</b>
	<b>10.1/ 10.7</b>	<p>Healthier Together Committee in Common briefing note was shared.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received and approved the briefing note.</b></p> <p>Chairpersons reports were circulated for June 2015 as below:            10.3 Chairperson’s Report: Clinical Governance Committee            10.5 Chairperson’s Report: Finance and Performance Committee            10.6 Chairperson’s Report: Design and Implementation Committee</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received and approved the above listed reports.</b></p> <p>10.7 Ratified Minutes from the April 2015 Public Meeting of the Primary Care Commissioning Committee were circulated for information.</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received and approved the minutes.</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 May/June 2015:</p> <p>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</p> <p><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received the above listed reports.</b></p>	
<b>12.</b>	<b>Any Other Business – accepted at the Chairman’s discretion</b>		
	<b>12.1</b>	There were no items of any other business raised.	
<b>13.</b>	<b>Date and time of next meeting</b>		
	The meeting closed at 3.45pm. The next meeting is Tuesday 25 August at 1.30pm.		

Signed ..... Date: .....  
 Dr Tim Dalton, Chair

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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
28.7.15	7.2	<b>Chief Officer Update:</b> FC to provide feedback within the Engagement Report on the work being done with MacMillan Cancer Charity, NHS England and WBCCG.	<b>FC/CR</b>	<b>August</b>	
28.7.15	8.1	<b>Healthier Together:</b> TD to provide progress report, including the conditions paper, to September Governing Body Meeting.	<b>TD</b>	<b>September</b>	
28.7.15	8.2	<b>Locality Plan:</b> Update to September Governing Body Meeting.	<b>TA/JS</b>	<b>September</b>	
28.7.15	8.4	<b>Hospital Mortality Indicators:</b> <ul style="list-style-type: none"> <li>• Clinical Governance to produce a specific plan for submission to the Governing Body September Meeting.</li> <li>• Suggested agenda item at next Trust Board to Board Meeting or Exec to Exec Meeting with WWL.</li> </ul>	<b>JS/AA</b>  <b>TA</b>	<b>September</b>	

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