MEETING: **Governing Body** **Item Number: 10.1**

DATE: **22 September 2015**

REPORT TITLE:	Shared Minutes of the Healthier Together Committees in Common meeting held in public on 17 June 2015.
CORPORATE OBJECTIVE ADDRESSED:	Supporting our population to stay healthy and live longer in all areas of the Borough
REPORT AUTHOR:	Phil Watson CBE, Chairman
PRESENTED BY:	Dr Tim Dalton
RECOMMENDATIONS/DECISION REQUIRED:	To receive for information

EXECUTIVE SUMMARY

The Governing Body is asked to receive the shared minutes of the Healthier Together Committees in Common meeting held on the 17 June 2015 for information.

FURTHER ACTION REQUIRED:	**None.**

EQUALITY AND DIVERSITY: **Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.**

This page is intentionally left blank

Healthier Together
A review of health & care in Greater Manchester

NHS
Greater Manchester Service Transformation

Shared Minutes of the Healthier Together Committees in Common Meeting held in Public

Agenda Item Number 1.4

Date of meeting: 15th July 2015

Date of paper:	**06.07.2015**
Subject:	**Healthier Together Committees in Common**
Decision / Opinion Required:	**For approval**
Author of paper and contact details:	Judith Bradburn j.bradburn@nhs.net
Purpose of paper: **For record of the Shared Minutes of the Healthier Together Committees in Common meeting held in public on 17th June 2015.**	
The item has been discussed previously at these meetings:	**n/a**

Title	**Minutes taken at the meeting of the Greater Manchester CCG Healthier Together Committees in Committee**
Author	Judith Bradburn
Version	0.3
Target Audience	**Healthier Together Committees in Common**
Date Created	06.07.2015
Date of Issue	08.07.15
To be Agreed	15.07.15
Document Status (Draft/Final)	Draft
Description	Greater Manchester CCG Healthier Together Committees in Common minutes of meeting 17/06/2015

Document History:

Date	Version	Author	Notes
06/07.2015	0.1	J Bradburn	Draft minutes created
08/07/2015	0.2	L Murch	With amendments from Mandy Noble
08/07/2015	0.3	M Noble	With amendments from Alex Heritage
Approved:			
Signature:			..... **Phil Watson CBE, Chairman**

Greater Manchester CCG Healthier Together
Committees in Common (HTCiC)

SHARED MINUTES OF MEETING
Wednesday 17th June 2015 Banquet Hall, Town Hall, Manchester **Chair – Phil Watson CBE**

ATTENDANCE

Confirm meeting of the 12 Committees of :

Bolton CCG
Bury CCG
Central Manchester CCG
Heywood, Middleton & Rochdale CCG
North Manchester CCG
Oldham CCG
Salford CCG
South Manchester CCG
Stockport CCG
Tameside and Glossop CCG
Trafford CCG
Wigan Borough CCG

Other organisations in Attendance:

GM Service Transformation
Hempsons

Members in Attendance:

Phil Watson CBE	Independent Chair
Philip Burn	DEP: NHS South Manchester CCG
Dr Wirin Bhatiani	Chair NHS Bolton CCG
Dr Kiran Patel	Chair NHS Bury CCG
Dr Michael Eecklears	Chair NHS Central Manchester CCG
Fleur Blakeman	Director of Transformation NHS Eastern Cheshire CCG
Dr Martin Whiting	Chief Clinical Officer NHS North Manchester CCG
Dr Paul Bishop	Performance Lead NHS Salford CCG
Dr Alan Dow	Chair NHS Tameside & Glossop CCG
Dr Nigel Guest	Chief Clinical Officer NHS Trafford CCG
Dr Tim Dalton	Chair NHS Wigan Borough CCG
Dr Chris Duffy	Chair Heywood, Middleton and Rochdale CCG
Denis Gizzi	DEP: Managing Director
Dr Ranjit Gill	Chief Clinical Officer Stockport CCG
Chris Brookes	Medical Director
Hamish Steadman	Chair of the AGG

Other Attendees:

Ian Williamson	Senior Responsible Officer Healthier Together Programme
Leila Williams	Director of Service Transformation
Alex Heritage	Deputy Director Service Transformation
Claire Wilson	Chair of the Healthier Together Finance & Investment Group

Christian Dingwall	Hempsons Legal Advisor
Jack Firth	Chair of Healthwatch Bolton
Jonathan Lee	ORS
Ivan Benett	Primary Care Transformation GP Clinical Champion
Andrea Dayson	GM Association of CCG's
Judith Bradburn	Support Officer GM Service Transformation
Mandy Noble	NHS GM ST Assistant Director – Programme Management
Claire Postlewaite	NHS GM ST Deputy Director of Finance
Carol Mosedale	Hempsons Solicitor
Nick Lees	HT General Surgery

Apologies:

Dr Ian Wilkinson	Oldham CCG Chief Clinical Officer
Steven Pleasant	Lead Local Authority Chief Executive for Health AGMA Representative
Caroline Kurzeja	South Manchester CCG Chief Officer
Rob Bellingham	NHS England Director of Commissioning

Members of the Public attendance

Brian Niven	Mott McDonald
V Parr	CMFT
Lauren Collings	Trafford CCG
Ann Barnes	Stockport Foundation Trust
T Benjamin	Bolton News
Sean Hasford	MEN
Ian McCarthy	
Julia Hamer	
E Collins	

Quorate Requirements:

Achieved	For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTCiC are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities (9 out of the 12 voting members).

AGENDA

Item		Paper/ Verbal	Presenter
1.	**Welcome and Introductions**	Verbal	Chair
1.1	**Apologies for Absence**	Verbal	Chair
1.2	**Quorum Confirmation**	Verbal	Chair
1.3	**Declarations of Interests**	Verbal	Chair
1.4	**Confirmation of Minutes**	Paper	Chair

Item		Paper/ Verbal	Presenter
2.	**Decision making Business Case Navigator**	Paper	Alex Heritage
3.	**Healthier Together Decision Making** - **Introduction and purpose** - **Primary Care & Joined Up Care** - **Evaluation Criteria & Supporting Information** - **Decision making** - **Conclusion**	Paper Presentation	Ian Williamson Dr Ivan Benett Dr Chris Brookes Dr Paul Bishop Dr Martin Whiting Claire Wilson Jonathan Lee Mr Nick Lees Dr Martin Smith
4.	**NHS England Assurance Update**	Verbal	Alex Heritage Dr Chris Duffy Dr Ranjit Gill
5.	**Proposed agenda for July Meeting**	Paper	Chair
6.	**Any Other Business**	Verbal	Chair
7.	**Public Questions**	Verbal	Chair
Date, Time & Venue of Next Meeting Wednesday 15th July 2015, Banqueting Hall, Town Hall, Albert Square, Manchester,			

MEETING NARRATIVE & OUTCOMES

1	Welcome and Introductions
	The Chair welcomed all to the meeting and introductions were made.

1.1	Apologies for Absence
	Apologies for absence were received from Ian Wilkinson, Caroline Kurzeja, Steven Pleasant and Rob Bellingham.

1.2	Quorum Confirmation
	It was noted the meeting was quorate.

1.3	Declaration of Interests
	It was established that there were no declarations of interest to be recorded for this meeting but members were advised to indicate any interests arising during the course of the meeting immediately. The presence of a number of GPs was acknowledged.

1.4	Minutes of the previous meeting held on 20th May 2015
	The minutes were agreed as a true record with the addition of the information below. Dr Alan Dow requested that the lengthy conversation he had regarding GP Action Plan of Continuity of Care be added to the previous minutes – he would provide the narrative for this.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

2.	Decision Making Business Case Navigator
	Alex Heritage presented the paper that set out to record all of the information and feedback gathered from the general public during consultation and to feed this into the decision making process. Section 8 of the report had remaining queries which were still open pending responses from the Communications and Engagement Group.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	DMBC Navigator to be included in the management report	A Heritage

3.	Healthier Together Decision Making
	Ian Williamson gave an introduction of Healthier Together and explained that this is a clinically-led programme with a vision for Greater Manchester to have the best health care in the country, and explained that there are three elements to the programme which include: - Transforming Primary Care; - Joined up care, with the NHS and councils working together to provide a better service; - Hospitals working together as part of a single service where patients will be seen quicker by a senior doctor; increasing the quality of care Ian Williamson explained that we were currently in the decision making phase which had been running from November 2014 refining and agreeing change including an announcement last week for seven day primary care in the Greater Manchester area. Dr Ivan Benett on behalf of Rob Bellingham presented an update on the Primary and Joined Up Care work. In January 2014 all 12 CCG's approved a strategy for primary care to improve standards. In the Summer of 2014 funding was secured for Bury, Manchester and Wigan to test out and provide 7 day access for the population of Greater Manchester as part of the Prime Ministers Challenge Fund.The demonstration sites showed improvement especially in A & E and a reduction from nursing homes to A & E. Dr Chris Brookes informed the room that it was a privilege to speak to the meeting as a frontline Doctor. There is an issue with patients being constantly examined by junior doctors and as a result this may affect the quality of care, it is about saving more patient lives. In a Single Shared Service patients most seriously injured would get access to reliable Consultant delivered care right from the moment they are presented which will transform outcomes. In Greater Manchester currently no hospital meets all the Healthier Together Quality and Safety Standards. Nick Lees explained that as a General Surgeon he has for some time had concerns over the level of care and so in 2010 with colleagues who also had concerns about the variations in the outcomes after surgery reported their findings to the Royal College of Surgeons. Nick Lees then went on to give an example of a patient's story; Linda, attending hospital for stomach surgery. The story of Linda gives a good description of what a lot of people experience with junior members of the team when no Registrar or Consultant is available. Patients are sometimes moved to a ward after four hours and then to a side ward where they remain for some time. Nick Lees explains the breakdown of communication and lack of specialist immediate care, he then went on to describe how this would be improved by implementing Single Shared Services. The impact on people is quality of life, up to 300 lives could be saved every year. Patients were

affected due to planned operation cancellations making way for emergencies. He explained how we need to look at the pathway which should take no more than four hours with the patient having immediate access to a Consultant surgeon, and a Consultant Anesthetist. The report from the public consultation showed that the public agreed and wanted to see a Single Shared Service with specialist care easily available and accessible.

Chris Duffy informed everyone that we could save 300 lives a year and asked the question do we want to challenge ourselves and have the best health care in the Country with all of Greater Manchester having access to the best care 7 days a week 24 hours a day? Single Shared Service would make this possible with single clinical leadership, single IT with every patient receiving the same reliable high quality care.

Martin Smith explained this is not just about pathways within the hospitals, it is about pathways outside the hospital. Martin explained that in order to achieve these standards we had to develop a new model of care to improve the standard of quality care. The pathways needed to be in place between one Consultant to another which would be much more beneficial for the patient and better outcomes.

Alex Heritage advised that the rest of today's meeting will be looking at the key decision for the 12 CCG Commissioners to consider. This journey started three years ago and after the public consultation there has been a significant amount of work but today we will be looking at the number of Single Services. The Report that we have issued talks through the governance, who has been involved and what information has been gathered. The information gathered from the general public and the various groups and input will all come together to help commissioners support their decision regarding 4 or 5 single services. Alex Heritage stressed how much work has gone in to collating all the information received which will ultimately be all drawn together in the July CiC meeting.

Jonathan Lee from ORS explained that his job was to independently capture all of the public opinion and information and that this was captured accurately looking at the criteria of quality and safety, travel and access, affordability and value for money and transition. He explained that it was very important to understand the information, and that the household survey was very important as it is based on Greater Manchester and surrounding areas. There was overwhelming support with over half of respondents strongly agreeing with the need for Single Shared Service and fewer than one in ten strongly disagreeing. The number of responses differed from different areas but overall in all areas there was strong agreement.

It was noted that quality and safety and travel and access were considered to be the most important and scored highly, although Bolton, Stockport and Wigan Borough all had strong support of being treated within their local area.

The household survey showed that when given the choice of 4 or 5 specialist hospitals the majority would prefer 5, although if they had a choice of using their own hospital then they would prefer 4. The most important issue was saving lives and so the 4 specialist hospitals would be preferred.

5 Specialist sites would produce more care but are not so cost effective.

It is not possible to bring this a single view, but the public preference was for 5 single services, the work from providers differs but fundamentally there are a number of organisations that favour 4 single services and others favouring 5.

Dr Wirin Bhatiani presented on the impact that the proposals would have on identified groups such as people with learning disabilities, the elderly and the mentally ill. These vulnerable groups need support for access, travel and in a language that is appropriate and essential. Out of hours care needed to be considered.

All the members need to understand that there will be some significant negative impacts from certain groups across all the criteria, and we must consider the consequences and need to find effective ways of mitigating the negative impact.

Implementation plans need to be tested out before essential mitigating actions are put in place.

Dr Nick Lees stated that workforce issues were absolutely critical and key to a good outcome. It takes many years to train a Consultant. At present a lot of junior doctors are performing critical operations which increases risk to patients. Consultant surgeons are key and intensive beds whenever they are needed. Public opinion is that Consultants should work more flexible hours including weekends and be prepared to travel to other hospitals. Commissioners have a crucial decision to make on how many Single Shared Services we supply.

To meet all of the standards across the board we would need to find 99 more Consultants, Surgeons and A & E doctors which could take 18 years to train. However, the standards can be delivered across 4 or 5 sites, this would require 35 more Consultants at 4 Single Services and 48 at 5 Single Services- this is achievable.

Alex Heritage recognised that training takes a long time, but he added that 90% of Doctors trained in the North West stay in the North West.

Dr Martin Whiting confirmed that most of the patients consulted are happy to travel to other areas for the right treatment and even with the extra travel time and expenses only a limited number are affected. 45 minutes travelling in an ambulance has been previously agreed and so does not affect the outcome.

For 4 Single Services, public transport will increase from 30-42 minutes and for 5 Single Services from 30 to 39 minutes.

The Chair then invited each of the 12 voting members to make individual comments and would then ask all 12 as a group to vote following the comments:

N.B: Minutes from this section of the meeting have largely been transcribed verbatim, in order to capture member's comments and the rationale behind decision making.

Dr Paul Bishop stated that we've consulted on a model of care. I think the consultation has returned some interesting findings that we need to be cognisant of, especially around the protected groups, and the equality impact assessment. My thoughts at the moment are that there's no difference between the four and five single-site options. Listening to the transition presentations around transport, travel and access, when you look at the maximum travel times there is only seven minutes difference between a four and a five single-service option, so I don't feel there is a material difference between the two. Equally there is no material difference between ambulance times, so it really boils down to the two other factors, the transition factor and, in particular, the workforce. For the workforce to deliver, senior decision makers are fundamental to the achievement of standards. Therefore, it's which of the four or five single sites will allow us to deliver that workforce and consultant body, both in recruitment and retention - and I think there is a clear steer from the evidence that option 4 will deliver this. And then finally, the affordability, given the current climate that we're in financially, there is a material difference, financially, between the four- and five-site options. Whichever decision we arrive at today, there is clear mitigation for any of the potential negative impacts on any patient, not only the protected characteristic groups that were mentioned- we need to work through implementation to ensure this works for every member of the public in Greater Manchester.

Dr Wirin Bhatiani stated that he had been delegated, by his CCG, to make this decision on the CCG's behalf. They clearly asked me to consider all of the criteria very carefully, and I've had the opportunity to discuss the criteria, with my board, and my patients. The patient story is particularly important for me, as GP - that story was not isolated, I have heard that story many times, and it happens frequently. So it's clearly important that we need to change from that. The quality is changed, the healthcare that we're seeking is, critical - I've heard the public consultation feedback – and people are going to travel to get the best care, and I have tried to triangulate that with what I hear back at the CCG, because we do consultations all the time, their message is clear there too, that they also want to travel to get the best care. It is important to understand the local response,

i.e. people from Stockport, Wigan and Bolton, they would prefer to have the five-site option, they would prefer to have their specialty hospital at their doorstep. Being a chair and leading the Equality Advisory Group, and I'm very close to what they think, there are mitigating factors which are important, as decision-makers, it's our duty to make sure that they do happen. The key part for me is that people have already delivered on this change, and that is the workforce. We need to listen to them carefully. Without the workforce it will not happen. And looking at the challenges for the workforce, there's really a big ask moving forward to work in a different way, it's a massive ask. And the more sites that we have, the big ask gets bigger.

So taking all that into consideration and particularly the travel times, the patient story clearly illustrates, travelling to the hospital is only part of the jigsaw. The critical part of the jigsaw is what happens to that patient when they're in hospital. If we can shrink those 12 hours or 20 hours down to four hours, that is the thing that really matters for me. So I see clear and persuasive answers in that. Focusing on recruiting a workforce, and delivering the outcome that we want leads me to four sites.

Dr Martin Whiting stated - just to go back to one of the very first slides we saw, and that is the avoiding deaths in our health and social care conurbation- 300 deaths per year. I agree entirely that no change is not an option, so we have to consider how best to have and how most cost-effectively we can deliver that change, and achieve it on a reasonable timescale, and for me, it was surprisingly, working in the travel and access work-stream, that there was so relatively little difference between four and five site options. For me, the material differences are in the workforce, and I really worry about recruiting 35 more consultant surgeons, let alone 48, which is the difference between four and five sites - and also in the affordability, and the net present value that was in the presentation, for me was also a deal-breaker. So both of those reasons are pressing me towards four single services.

Dr Kiran Patel stated – I too like Wirin am empowered to make the decision of our CCG. I'll go back to the beginning as well - we started off on this to raise clinical standards. I'm absolutely reassured that the decision we make today will do that. I then need to make a decision based on what model will give us the biggest advantage, and having listened to the story, the presentations from the various people and also looking at the evidence over the last two years that we've been doing this, I am convinced that the decision we make today, based on the evidence presented, that the workforce, for me, is a critical issue, and how quickly we get to the position that we want to get to is another key decision-point that I think needs to be made. So for me, the four-site solution offers the best in terms of the workforce and our ability to get to that decision in time.

Denis Gizzi stated – I have got a few points to make and I will be relatively quick as the first non-clinical person who's going to make a comment this afternoon. I am representing Oldham CCG, and that carries the weight of the clinical membership. A quick point I want to make is how well-served we are by the clinical community in Greater Manchester, and how impressive it's been to go through this journey and listen to other clinical opinions that have been brought to bear on the decisions we need to make today. The due diligence that has taken place, through this whole process, at forensic levels, I would have to say, again, gives me the authority to guide them to a decision. However, that decision has to be based on the combination of preference and evidence. We can't just go for a preference-based decision, and we can't just go for an evidence based one - we've got to combine the two together. The other thing, in terms of how we can make a decision in Oldham is based on what is the best probability to get the best time-to-value outcome and that's really important for us. How you derive the greatest possible safety-effectiveness, quality-effectiveness and value for money - and is it doable. Based on all those factors, we believe in Oldham that the four-site option would enable us to do that. I've used the term 'value', I think it stands to reason I should explain what I mean by value in this context - what I mean is, health benefit has to be a given. That's a real value for patients and the public. The experience of the care they receive has to be there, and also we need to balance that with the best probability to get the best value from the public purse so the answer is four for us.

Dr Chris Duffy stated - I'll reiterate as well what some of the others have said, I am empowered by our governing body to make a decision on behalf of the HMR CCG. We started this off with clinical standards, with saving lives - being in a CCG that has a hospital that has been excluded from the

hospital element of it, it was about patients and equality of the service they receive wherever they may go across Greater Manchester, and I am reassured that that will happen going forward. My views at the start of the consultation have changed slightly, because some of the information I've got has been more reassuring, and some has given me answers that I wasn't particularly expecting. However, the two things that really made a change to me are the workforce figures, and the significant difference you note, and the unexpected lack of difference in the transport times, which was a surprise for me. So, I'm happy in my mind that the decision that I will make in the vote will be the right one.

Dr Alan Dow stated - I am here on behalf of NHS Tameside & Glossop. No change isn't helping our disadvantaged, or indeed any part of our population now, we've looked at it, we've analysed it, we've asked the experts, and it needs to change. For a couple of years now with the workshops and the evidence, I think the case for the four has become ever-more compelling. Most latterly on workforce - and that's not just at the centre of surgery - when you extend beyond that, and you think of the support network, the support involved in getting to some of these people, the retaining of them, and the recruiting, and at the same time, as they're very much leaving this profession, as well, not just in Greater Manchester, but the north-west and the whole of the UK. So that balance, the sheer scale of the supporting services is quite compelling - as is the time to achieve it, with that flux in that the longer it goes on and we know we're not in an optimal state, that must come into the equation. And I agree with one of the videos, I think we must look at the long-term, but bearing in mind this flux, the sustainability is a part of that answer that we must give now. There is no point in making a decision that isn't sustainable, and again, four would look to be the most sustainable, if it is achievable, and it would be achievable the fastest. Transport is a concern to us and my particular patient list is one of the very hardest lists, and the families that then depend on getting there to give the support - and like I said, I think that was one of the surprises for us, as well, that really, given the geography, comparing the four and the five, it does become less of an issue. Less of an issue, but not no issue at all. We delivered feedback that we had in [our area], as in most of the CCG areas, and I think in the Tameside and Glossop area, it was very clear that people were putting a premium on quality, and being able to get to the right place at the right time, rather than on transport, and I think on those grounds, we would support four.

Dr Tim Dalton stated - I'm pleased that this is not just a discussion about hospitals. Over the last two or three years we've brought that into a discussion around how we treat the health and care of our whole population - I'm pleased that we've talked about primary care and integrated care, as attempts to make hospitals better, and I'm very pleased for this group – that the public agree with us. What I've heard, from today, and in the feedback of the last six months is the need for change, and the support for our standards - picking the right standards, and also the models to do it. I had hoped that all of the consultation feedback would make our decision very easy. Sadly, that isn't the case, which makes it more difficult for us. I would almost have hoped that there would be a difference in care and outcomes between options. But whatever the decision, every option is much better than the status quo, so there's an absolute win for our population here, no matter what we decide.

So how do we move on between four or five which, it's very finely balanced, to my mind I think there are some clear factors towards five. We've heard about the transportation, and I think there are potential issues on what we've taken through, but those will also affect the four-service model, by and large, the common-sense bit of size does suggest that transport is easier for five rather than four. I've heard equally that there's some very strong public perceptions of support for what we're doing, but also a real strong desire for having strong services close to where people are living. So far - and there are others who have equally explained, there are significant differences around staffing, not only the consultants but also the support staff. Around five, and I believe is materially difficult, if not impossible, to attain those standards, which we have to take into account- the practicability in delivering these services. It is marginally cheaper to do four rather than five, but that shouldn't to my mind be a major issue. But my statutory duties, I do have to take account of it. I'm struck by the way our trust appears to suggest four would be better than five. So I think it's very clearly balanced, but we absolutely have to make a decision today, and whilst it's not a point for today, that final decision in four weeks' time, we do need to be very clear what mitigating action we're going to take, which I'm sure the committee would to make recommendations on.

Dr Ranjit Gill stated - I think my view is that our decision needs to be based on the needs of patients and the public and in the interests of patient - the patients and the public of Greater Manchester, not any particular sector of Greater Manchester, including Manchester itself. And it must not be based on the organisational interests of our hospital provider colleagues. I think we also need to be mindful of the comments from Dr Wasson on the video that this is a decision for generations, and we need to recognise within that, we are also, as Ivan eloquently described, in the foothills of developing a completely new fit for the 21st Century model of care, built around primary care, and there are really some significant consequences that flow from both that, and also the decision about four or five single services. I've heard no convincing reason that we should have five services rather than four, from all the work we've done, I think it's going to be very important that we get a decision right in July about which four, and that decision must be informed by, again, the interests of the public and patients of Greater Manchester, and not the organisational interests of anyone else. So for that reason, I think I'm convinced by the four argument.

Dr Nigel Guest stated - [on behalf of Trafford CCG], I am reassured by the fact that we've had a robust consultation. I think it's been valuable to have clear evidence presented, not only today, but over a period of time - and I think that that's an appropriate process that we've gone through. I have been greatly reassured by the evidence that we've had, particularly around transport, and in terms of the lack of material difference, really, in terms of transport times - I'm particularly swayed by the economic and the transition arguments, and in particular, the issues that we have around the group. But all that has been said by my colleagues, so I also agree on the basis and taking into account our experience in Trafford, I [rescind] my [issue] of the past, that the four-site option is the most appropriate.

Dr Mike Eecklears stated - I like the others, have been mandated by my CCG to make the decision today, and future decisions on the Healthier Together programme. It was helpful just earlier, when Christian reminded us of our legal responsibilities, and we all have important work to do in our own areas, as leaders of our CCGs - but what we can achieve together here for the population of Greater Manchester, is a fantastic opportunity, it has already been said, it's a once-in-a-generation opportunity, and I do believe the process that we've gone through is a very good one, it's a very rigorous one, and I personally, got a lot of benefit today from getting that whole narrative in one place, so that I can reinforce the decision that I need to make for our CCG, and that we need to make collectively.

I think the moral imperative about the standards that underpin the single-service model that's being discussed today is really important, the lives saved, and that's what's driven us forward right from the beginning. Like everyone here, I've heard all of the evidence in the workshops, and again today, but for me, the deliverability of this, and the issues around the workforce and the affordability, have for me come to the fore, because in the end, it's the opportunity to have a highly-trained and well-organised workforce that will make this possible. So, I am minded, that if the choice was between four and five single-service options, that the four option is the one that I would support.

Dr Philip Burn stated - for myself and others that are new to this process, I've seen some of the evidence, from the workshop [prior to this], and then today. I'm impressed by how robust the evidence is, and how clear. What I've really found very powerful today was, Linda's story, which really brings all of the evidence to life, based around a real case, and the areas that we're looking at are on the slides in front of you, high-quality, safe, accessible and sustainable. What concerns me is the sustainability of five services, particularly in relation to the workforce, as many of us have said, and if it's not sustainable, you've affected safety, as well. If we can't staff it, then, how is it safe? So, I think the case becomes clear that four is preferred over five.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Category 2 Decision	Following these comments from each of the 12 voting members, a public vote was taken by a show of hands on the Category 1 decision: should there be 4 or 5 single services? The Committees in Common voted unanimously in favour of 4 single services.	

4.	NHS England Assurance Update
	Alex Heritage explained that to ensure an accurate account of the meeting he wanted to update members as to the NHS England assurance process. Following the Regional Management Team meeting 1 June, the programme was recommended to the Service Reconfiguration Oversight Group. The Service Reconfiguration Oversight Group met 9 June and recommended the programme for assurance to the Investment Committee who will meet 7 July. Importantly, that meant that the obligations of NHS England discharging their assurance function will be completed in advance of the HT Decision Meeting on the 15 July. Chris Duffy said he thought it was quite a useful and supportive meeting, and a general feeling that NHS England were supportive Ranjit Giill added that the clinical panel appeared to be very supportive, and were impressed by the work done so far, and particularly the work around finances and the updates of data ensuring that we base our decision on the very latest information available.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Outcome	Alex Heritage explained that an independent clinical review panel had successfully been convened to provide clinical assurance of codependent services.	

5.	Proposed agenda for 15th July meeting
	The proposed agenda was discussed and it was agreed to add an item on National Overview Committee and to extend the running time of the next meeting.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	Agenda to be updated with agreed items above.	A Heritage

6.	Any Other Business
	There was no further business raised.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
		Nil	

7.	Public Questions
	Questions from members of the public: The Chair asked if any members of the public would like to ask questions. One member Elizabeth Collins asked the following question:-

	"With reference to the patient story how many number of critical beds are available and how many are needed? Where was this information sourced from and what clinician changes are in place to prevent deaths"? Nick Lees explained that there were 120 patients in the audit last year up until the end of April. Greater Manchester critical beds need to be increased and this will be published later this year with the evidence. Sir Ian McCartney commented on the "fascinating and sometimes exhilarating discussion," noting that the need for change is long overdue. He also noted the importance of staffing issues and the requirement for staff development, which will be critical in delivering the five year view. And further to this, requested an imminent discussion relating to how the programme moves forward following the decision making phase. The Chair thanked everyone for attending and closed the meeting.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
	Action	Implementation to be discussed at the August CiC.	A Heritage

This page is intentionally left blank

NHS
Wigan Borough
Clinical Commissioning Group

MEETING: GOVERNING BODY **Item Number: 10.3**

DATE: 22 September 2015

REPORT TITLE:	Chairperson's Reports - Clinical Governance Committee (30 June 2015 and 5 August 2015)
CORPORATE OBJECTIVE ADDRESSED:	CO 2: Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available. CO 3: Function as an effective commissioning organisation that puts patients first. CO 4: Function as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.
REPORT AUTHOR:	Dr A Atrey
PRESENTED BY:	Dr A Atrey
RECOMMENDATIONS/DECISION REQUIRED:	The Governing Body is asked to receive and note the report

EXECUTIVE SUMMARY

Clinical Governance reporting is how the organisation will provide assurances on the safety and quality of services commissioned on behalf of the population of the Wigan Borough and in doing so will also seek to drive improvements in quality.

The aim of this report is to provide the Wigan Borough Clinical Commissioning Group Governing Body with an overview of progress in the areas of:

- **Quality and Safety;**
- **Clinical Effectiveness; and**
- **Patient Experience and Public Involvement**

FURTHER ACTION REQUIRED:	Any specific actions are noted within the report

EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.

This page is intentionally left blank

NHS
Wigan Borough
Clinical Commissioning Group

CHAIRPERSON'S REPORT

Chairperson's Name	Dr A Atrey
Committee Name	Clinical Governance Committee
Date of Meeting	30 June 2015
Name of Receiving Committee	Clinical Governance Committee
Date of Receiving Committee Meeting	5 August 2015 (Clinical Governance Committee) 25 August 2015 (Governing Body) 16 September 2015 (Audit Committee)
Officer Lead	J Southworth, Director of Quality and Safety

The top 3 issues identified during the meeting & initials of lead with designated responsibility		
1.	**Winterbourne View:** Discussion took place regarding the Care and Treatment Reviews (CTRs) and the CCG requiring a new infrastructure to progress this. This could potentially result in cost pressures to the CCG. It was acknowledged that area would require further discussion.	**KG**
2.	**BCHFT - Safeguarding Training Provision - Compliance:** BCHFT advise that they are experiencing difficulty in reporting compliance data specifically for the staff working with the Wigan Area Services. Monitoring is being undertaken through the CCG QSSG**.**	**SF**
3.	**5BPFT Safer Staffing:** Following; a review of Serious Incidents and a Commissioner Quality Visit, the CCG has raised concerns regarding staffing and capacity issues with the Trust. Monitoring is being undertaken through the CCG QSSG and the Commissioner Wide CQPG. The Trust has provided the QSSG with an action plan, absence rates have reduced from 6.6% to 5.43% over a three month period.	**SF**

Attendance at the meeting:	Acceptable

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative Report Outlining the Key Issues of the Meeting

SAFETY

Serious Incidents and Never Events (SINE) Dashboard (Position at 30 June 2015):

The Committee reviewed the dashboard and the following was noted:

- WBCCG: 3 new reports received; 1 report closed.
- WWLFT: 2 new reports received; 10 reports closed.
- BCHFT: 2 new reports received; 3 reports closed.
- 5BPFT: 4 new reports received; 4 reports closed.

It was noted that 5BPFT now do not have any legacy serious incidents open in respect of Wigan Borough patients; and work is continuing with support from NHS Knowsley CCG to progress the number of open reports that are beyond the RCA deadlines with the Trust.

Winterbourne Update Report: The Committee was informed of progress against the Winterbourne View programme of action. Concerns relating to delayed discharges of patients on the register (due to a lack of priority apparently given to this activity by the Social Work Team) had been raised with the Council. The Council has now identified a lead to oversee the programme and progress will be reviewed on a weekly basis between senior management of the CCG and the Council.

CLINICAL EFFECTIVENESS

BCHFT QSSG Chairperson's Report (21 May 2015): The top issues arising from the meeting related to:

- Safeguarding Training Provision Compliance BCHFT: The Quality Team has raised concerns with the Trust regarding the level of training compliance. The Trust has advised that they are experiencing difficulty in reporting compliance data specifically for the staff working with the Wigan Area Services. The Trust has been advised that there must be an improvement seen by the next QSSG meeting (July 2015).

- District Nursing (DN) Service – Staffing: The committee was provided with an update on the vacancy position which had improved; however; there are some posts still to fill and there are issues specifically relating to long-term sickness/absence. This is being monitored by the QSSG and Contract Monitoring Team.

- Medicines Management: LS advised that the Trust Medical Director and Senior Clinical Pharmacist would be attending future QSSG meetings. Reference was made to the limited Medicines Management structure within BCHFT. LS will be meeting with the Acting Medical Director to discuss areas of concern.

BCHFT QSSG - Terms of Reference (ToR): The Committee reviewed the revised Terms of Reference; these related mainly to changes to the Core and Co-opted membership. Further comments were received regarding the inclusion of additional members to the Core membership. It was agreed that the document would be amended and resubmitted to the next meeting.

5BPFT QSSG Chairperson's Report (14 May 2015): The top issues arising from the meeting related to:

- Serious Incidents (SIs) - Delays with Reports: The committee were advised that the Quality

Team had met with NHS Knowsley CCG (2 June 2015) to discuss the management of the SI process to improve the system to reduce delays. There are currently 12 reports open beyond deadline for receipt of RCAs. It was also reported that it appeared that there had been insufficient RCA investigators within the Trust, however, actions have been taken to address the capacity issue and comprehensive training sessions have since been provided to 50 staff. Following the meeting, a process flowchart was drafted as agreed and feedback is currently awaited from NHS Knowsley CCG

- Home Treatment Team – Staffing: Following a review of SIs the Quality Team have raised concerns regarding the Team. These related to staffing cover; capacity issues; allocation of caseload and issues regarding clinical supervision. An update on progress has been requested for the next QSSG meeting at July 2015.

- Triangulation of Data – Staffing: The Quality Team highlighted that staff sickness and cover arrangements, Clinical Supervision and CPA compliance were recurrent themes across the Trust that had been discussed with the Trust at QSSG meetings. Reference was also made to issues with Mental Health IAPT data. It was noted that 5BPFT are currently on enhanced surveillance by NHS England (NHSE). Monitoring is also continuing via the CCG QSSG and CMG; in addition to via the Joint Commissioner Clinical Quality and Performance Group chaired by NHS Knowsley CCG at which the CCG is represented by the Quality Team. It was agreed that AW would prepare a safer staffing briefing paper for JS to take to the next Exec to Exec meeting.

Mersey Internal Audit Agency (MIAA) – Clinical Governance Committee Effectiveness Workshop (4 February 2015): The Committee discussed the report and it was agreed that a development plan would be prepared relating to the two areas identified for action. This will be submitted to the Clinical Governance Committee.

Effective Use of Resources (EUR) – Previously Circulated on 16 June 2015): The policies listed below were adopted by the Committee:

- Hair Electrolysis and Laser Hair Removal
- Hair Replacement Technologies for Alopecia
- Tattoo Removal
- Rhinoplasty/Septoplasty/Septorhinoplasty
- Invasive Treatment for Snoring
- Surgical Revision of Scarring

EUR Benchmarking Data: The EUR funding request data received by GM CSU's EUR Team during 2014/15 was presented. The data provided details of the different types of funding requested, and was broken down by General Practice and by procedure.

Locality Practice Nurse Champions Annual Update Report: The report detailed the work undertaken by the Practice Nurse Champions during 2014- 2015 and was well received by the Committee. The training events highlighted within the report had been well attended by Practice Nurses.

Continuing Healthcare Update Report: The Committee was updated on progress relating to the Closedown of Previously Unassessed Periods of Care - Retrospective Review Closures, Continuing Healthcare Disputes, Continuing Healthcare/Funded Nursing Care Data and Personal Health Budgets.

Continuing Healthcare Placement Activity Report (May 2015): The Committee reviewed the paper which provided an overview of the In Borough Residential and Nursing Home bed capacity and placement activity.

Personal Health Budgets (Adults Continuing Healthcare) Policy: The Policy had been written to provide guidance around the process for effective delivery of Personal Health Budgets within NHS Continuing Healthcare. This policy and local processes have been developed to reflect national guidance. It was noted that the Policy included personal stories from patients. The Policy was approved by the Committee.

Commissioner Visit – Cavendish Unit (1 June 2015): The Committee reviewed the report. This was a reactive visit; during which the visiting team spoke with both staff and service users. Some concerns were raised by staff and service users regarding the use of agency staff which appeared to have had a negative impact on quality and safety. This was fed back to the Unit Manager at the time of the visit and the report has been shared with the Trust Head of Nursing who is leading on the response from her Team. Progress will be monitored through the QSSG meeting and an action plan will be submitted by the Trust. This will also be discussed at Exec to Exec.

HCAIs Dashboard Report: It was reported that there had been 15 C.diff cases to date recorded on the dashboard. Learning from the RCA case reviews is shared on a quarterly basis; this is circulated to individual Practices who have had cases of C.diff and shared on a quarterly basis to all General Practices/Providers.

Medicines Optimisation Strategy: The Committee reviewed and approved the Medicines Optimisation Strategy.

PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE:

BCHFT Patient Story: The patient story was received and noted.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
As noted within the DRAFT minutes of the meeting and actions log	*As noted within the DRAFT minutes of the meeting and actions log*

Chairperson's Additional Comments

Top 3 risk issues as mentioned on page 1 of this report.
Slight increase in Clostridium Difficille cases in last couple of months.
Staff Safeguarding training issues, long term sickness level and coverage and unfilled posts at BCHCT and similar issues at 5 BP.

NHS
Wigan Borough
Clinical Commissioning Group

CHAIRPERSON'S REPORT

Chairperson's Name	Dr A Atrey
Committee Name	Clinical Governance Committee
Date of Meeting	5 August 2015
Name of Receiving Committee	Clinical Governance Committee
Date of Receiving Committee Meeting	2 September 2015 (Clinical Governance Committee) 22 September 2015 (Governing Body) 2 December 2015 (Audit Committee)
Officer Lead	J Southworth, Director of Quality and Safety

The top 3 issues identified during the meeting & initials of lead with designated responsibility		
1.	**Winterbourne Update Report:** WBCCG continues to oversee the resettlement of patients on the Winterbourne View register. The Local Authority has identified a lead to oversee the programme and progress will be reviewed on a weekly basis between senior managers of the CCG and Local Authority. It was reported that Greater Manchester and Lancashire are one of the five national fast track sites to receive extra support in their transforming care programme in areas that have high numbers of people with a learning disability in-patient beds.	**KG**
2.	**Primary Care Quality Assurance**: The Quality Team currently review high level datasets and QoF data to ascertain any outliers. Where potential concerns are noted, individual Practices are targeted. Further consideration is to be given to the most appropriate governance routes for Primary Care information in relation to Clinical Governance Committee or Primary Care Committee.	**JM/SF**
3.	**Safeguarding Children Training Compliance Level 1 (BCHFT):** Since September last year, BCHFT had not met the target figure of 95% training compliance (Level 1) which forms part of the mandatory training package. BCHFT provided an update report, however, a detailed action plan including timescales is to be requested.	**SF**

Attendance at the meeting:	Acceptable

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative Report Outlining the Key Issues of the Meeting

SAFETY

Presentation – 2014/2015 Acute Kidney Injury (AKI) CQUIN: Stephen Gulliford, Consultant Acute Medicine and Suzanne Wilson, Acute Kidney Injury Specialist Nurse from WWLFT attended the meeting and delivered a presentation on AKI. The presentation highlighted the improved quality of care for these patients and the impact the service is having on AKI mortality and also length of stay. A business case has been submitted internally to expand the Specialist Nurse function.

Serious Incidents and Never Events (SINE) Dashboard (Position as at 31 July 2015: The Committee reviewed the dashboard and the following was noted:

- WBCCG: 1 new report received, 1 closure, 6 reports remain open (0 beyond deadline for receipt of RCA).
- WWLFT: 1 new report received, 1 closure, 12 reports remain open (0 beyond deadline for receipt of RCA).
- BCHFT: 0 new reports received, 0 closures, 9 reports remain open (0 beyond deadline for receipt of RCA).
- 5BPFT: 3 new reports received, 1 closure, 30 reports remain open (12 beyond deadline for receipt of RCA).

Whilst 30 5BPFT reports remain open, this is an improving position and 5BPFT is committed to working with WBCCG and Knowsley CCG, as the lead Commissioner, to improve the RCA process.

Serious Incidents are fully discussed and considered at SINE Panel meetings. The purpose of the dashboard report is to inform the Clinical Governance Committee that the incidents are being progressed via the agreed process and within the required timescales. It was agreed that a more concise document should be developed, providing an indicator of the incidents.

Winterbourne Update Report: WBCCG continues to oversee the resettlement of patients on the Winterbourne View register. The Local Authority has identified a lead to oversee the programme and progress will be reviewed on a weekly basis between senior managers of the CCG and Local Authority. It was reported that Greater Manchester and Lancashire are one of the five national fast track sites to receive extra support in their transforming care programme in areas that have high numbers of people with a learning disability in-patient beds.

Paediatric Diabetes Service: The Committee reviewed HbA1c benchmarking data, taken from the National Paediatric Diabetes Audit 2013/2014 which compares mean and median HbA1c levels for all North West Trusts. This data refers to the period prior to the implementation of the Trust's Paediatric action plan. The Committee requested more specific date in in relation to:

- Mean and Median HbA1c levels
- The percentage of children with a HbA1c <58 mmol/mol, between 58-80mmol/mol and >80mmol/mol

and how this compares to the 2013/2014 National Paediatric Diabetes audit figures.

Quality, Safety and Safeguarding Report (Q1): The Q1 report was reviewed by the Committee. The following was highlighted:

Quality and Safety:

- Key discussions/significant issues raised from the WWLFT, BCHFT and 5BP QSSG meetings.
- WBCCG Care Homes Quality Assurance (CHQA) Lead commenced in post on 22 June 2015.
- 17 reports have been closed on StEIS.
- Shared Learning: WWLFT Corporate Trust-wide Action plan for Pressure Ulcer Management was presented to the Trust's SIRI Panel in May 2015. All Ward Managers attended and reported on the work their wards had undertaken regarding pressure ulcer management. During 2015 – 2015, there was a 10% reduction in hospital acquired Grade 3 and 4 pressure ulcers.
- HCAI: CDI case objective for this year for the Acute Trust is 19 cases and WBCCG is 81 cases.
- HCAI: MRSA – WBCCG was assigned 3 cases by PHE. These were taken through the arbitration process, the outcome being that they were re-assigned elsewhere. Following the PIR and arbitration process, WBCCG now has zero cases relating to MRSA
- Service User Experience of Care: 669 reports have been submitted on to the Safeguard Ulysses system. The top 3 themes recorded relate to: Appointments/Referrals, Communication and Discharge Procedure/Letter and Care Received.
- Commissioner Quality Visits: Cavendish Unit: Concerns were identified regarding use of agency staff and the environment. These concerns have been discussed with the Chief Nurse and Executive Director of Operational Clinical Services at 5BP.

Safeguarding

- The Serious Case Review in respect of Child C has been published and Child D will be published within the next couple of weeks. A Serious Case Review update paper will be submitted to the Clinical Governance Committee.
- MIAA report on the 'Clinical Governance Committee Effectiveness Workshop': The Committee is required to identify the safeguarding information it needs to receive and the format of the information to meet their requirements.

Safeguarding Adults and Children Annual Report 2014/2015 (Draft): The Committee reviewed the draft Annual Report. The report provides an overview of WBCCG's safeguarding governance arrangements and the work completed by the WBCCG Safeguarding Team from 1 April 2014 – 31 March 2015 to ensure the CCG meets it statutory safeguarding responsibilities in respect of adults and children.

Safeguarding Children Training Compliance Level 1 (BCHFT): Since September last year, BCHFT had not met the target figure of 95% training compliance (Level 1) which forms part of the mandatory training package. BCHFT provided an update report, however, a detailed action plan including timescales is to be requested.

CLINICAL EFFECTIVENESS

WWLFT QSSG Chairperson's Report (2 June 2015): The following issues were highlighted:

- Mortality - SHMI Improvement Plan (April 2015): An improvement plan has been developed by WWLFT. Discussion took place regarding timescales and whether they were achievable? Timescales were noted as May 2015. An update on progress will be provided to the August

2015 QSSG meeting.

- Safeguarding Children lead leaving the organisation and the interim gap in the vacancy being filled: Reference was made to progress made to date with regard to taking the safeguarding agenda forward, however, there was a concern regarding potential gaps in the interim period between the WWLFT Named Nurse for Child Protection leaving the organisation and her replacement commencing in post. WWLFT provided an update on the measures that are being put in place during the interim period.
- CQUIN - Hospital Information System (HIS): The CCG Quality Team had become aware that the Trust is considering requesting that 95% of local CQUIN monies are attached to HIS. The CCG Quality Team strongly resisted this suggestion. It would be disappointing if WWLFT did not adopt the local schemes that had been agreed between clinicians from both organisations and it was felt that this would have a negative impact on quality and safety.

The following was also discussed:

- Kirkup Report – WWLFT Position Statement and Action Plan: WWLFT had provided a Midwifery Report and an action plan relating to the Kirkup Report to the QSSG meeting held on 4 August 2015. This information will be submitted to the September 2015 Clinical Governance Committee meeting.
- External Review of Never Events – Professor Brian Toft Report: WWLFT decided not to make a request for de-escalation of 3 of the 5 reports, and have decided to retain them as Never Events.

Assurance Processes for Quality and Safety within Primary Care: The Quality Team currently review high level datasets and QoF data to ascertain any outliers. Where potential concerns are noted, individual Practices are targeted. Further consideration is to be given to the most appropriate governance routes for Primary Care information in relation to the Clinical Governance Committee or Primary Care Committee

Clinical Governance Committee Effectiveness Workshop – Action Plan: The Committee reviewed the action plan, detailing the proposed actions to address the recommendations within the Clinical Governance Effectiveness Workshop Report. It was agreed that any known risks that fall within the remit of the Clinical Governance Committee would be included in the Governing Body Assurance Framework.

Effective Use of Resources (EUR): The Committee noted the funding requests that GM CSU had managed on behalf of WBCCG during 2015/2016.

GM Medicines Management Group – Recommendations made by New Therapies Sub-Group: The Committee adopted the Greater Manchester Medicines Management Group New Therapies recommendations.

Medicines Management Group Chairperson's Report (24 June 2015): The top 3 areas discussed were highlighted:

- QIPP Delivery: At month 2 of the delivery, achievement of 93% is forecast. Of the 14 QIPP areas under review, 5 areas were over the pre-set targets, 4 were close to achieving the pre-set targets and 5 were not close to achieving pre-set target.
- Blood Glucose Testing Strips (BGTS): GMMMG has produced a Blood Glucose Testing Strips report which shows that as of January 2015, there are 58 varieties of BGTS funded within the NHS with prices ranging from £6.99 - £16.30 for 50 strips. BGTS and meters have an international standard which was updated in 2013, and the manufacturers have 3 years from the date of the new standard to meet the new requirements, before compliance

becomes mandatory from June 2016. WBCCG are currently using about 25 different test strips. WBCCG needs to decide which ones to use. This would also have to be discussed with WWLFT and Bridgewater.

- Medicines Optimisation Strategy: At the April meeting, all Clinical Champions were asked to take this strategy to their locality meetings for their information. All members reported that the localities are happy with this document. The strategy was approved by MMG. The Medicines Optimisation Strategy was also approved by the Clinical Governance Committee on 30 June 2015 and will now be submitted to Governing Body for approval and ratification.

PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE:

Patient Experience Report: The Committee was updated on work that is being undertaken to involve patients, carers and members of the public in commissioning activity led by WBCCG. The following was highlighted:

- There had been a successful Patient Participation Group (PPG) conference held on 9 June 2015 and this event had been well-received.
- The 'Aiming High for Health' project collated children and young people's views of good healthcare and what they felt was important in healthcare.
- Consultation Institute: A workshop had been held in May 2015 to test out a methodology for assessing potential risks that would impact on the need for public consultation
- The frail and elderly programme will go out to public consultation in October 2015.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
As noted within the DRAFT minutes of the meeting and actions log	*As noted within the DRAFT minutes of the meeting and actions log*

Chairperson's Additional Comments

An interesting presentation made by Dr Gulliford and Ms Wilson on Acute Kidney injury (AKI) with evidence of saving bed days and better outcomes for their patients. Clinical Governance Committee felt Primary Care should consider how to influence minimising the incidence of AKI in the community.

Progress in resettlement of Winterbourne View patients hampered by issues mostly outside CCG's control however will continue to work collaboratively with partners.

Safeguarding training figures for BCHFT remain low for various reasons and the CCG Safeguarding Team will continue to work with the Provider to improving training compliance.

This page is intentionally left blank

NHS
Wigan Borough
Clinical Commissioning Group

MEETING: Governing Body **Item Number:** 10.4

DATE: 22 September 2015

REPORT TITLE:	**Chairperson's Report from the Corporate Governance Committee.**
CORPORATE OBJECTIVE ADDRESSED:	**Corporate Objective 4:** **Function as an organisation that consistently delivers its statutory duties**
REPORT AUTHOR:	**Julie Pemberton**
PRESENTED BY:	**Tony Ellis**
RECOMMENDATIONS/DECISION REQUIRED:	**For Information**

EXECUTIVE SUMMARY

Chairman's report from the Corporate Governance Committee Meeting held on Tuesday 14 July 2015.

FURTHER ACTION REQUIRED:	**None**

EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.

NHS
Wigan Borough
Clinical Commissioning Group

CHAIRPERSON'S REPORT

Chairperson's Name	Tony Ellis
Committee Name	Corporate Governance Committee
Date of Meeting	14 July 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	25 August 2015
Officer Lead	Julie Southworth

The top 3 risks identified during the meeting & initials of lead with designated responsibility		
	WWL Hospital Mortality indicators outlier	**JS**
	Delivery of technology objectives of Prime Minister's Challenge Fund	**JK**
	Reporting of Complaint's outcomes	**TC**

Attendance at the meeting[#]:	Acceptable

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting

The minutes were agreed as true and accurate.

No additional declarations of interest.

HR Progress Update
The report provides an update on the key HR/OD related issues, activities and performance since the last Corporate Governance report. The report highlighted:

- Staff turnover and appointments
- Staff sickness
- Apprenticeship posts commencing in September 2015
- Mandatory Training
- Cost analysis in relation to the transfer of Business Intelligence to the CCG from Greater Manchester Commissioning Support Unit, showing projected significant savings form 2015/16 and 2016/17.

The Committee received the report.

Communications Update
The meeting was briefed on the communications and engagement activities from the last 2 months highlighting:

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

- CCG website under review and being updated.
- Choose Well Winter Pressures Campaign to be rolled out again this year.
- Medicines Management Campaign to tackle wastage.
- Health and Wellbeing Group continues to work with staff.
- Workplace Wellbeing Charter currently submitted. The CCG previously attained Achievement Level.
- Silver Event was successful.
- WBCCG Annual General Meeting took place on 1 July 2015.
- Patient Forum continues to work well with good attendance.
- PPG Annual Conference was held on 9 June 2015.
- Report on the street based survey to be made available through the CCG website and SharePoint.
- CCG attended the Third Sector Assembly meeting on the 27 May 2015.
- Half-day Risk Assessment Workshop was held on the 18 May 2015 facilitated by the Consultation Institute.
- The CCG has also been selected to work with Macmillan Cancer Support on better patient experience. The CCG was chosen because of the successful work already undertaken on patient engagement.

The Committee received the report.

Information Management and Technology (IM&T) Update
The meeting was briefed on the current situation with Primary Care IT as well as performance updates of the North West Commissioning Support Unit across IM&T and IT Projects highlighting:

- IT Migration progressing.
- Wigan Borough Data Sharing progressing and the Borough now has an integrated digital care record system called “SharetoCare”.
- Primary Care IT.
- Lead Provider Framework.
- Project Delivery.
- Data quality.
- GP Federations.

The Committee received the report.

Information Governance Update
The meeting was briefed on the progress to-date. The Information Governance Work plan for 2015/16 was circulated for information.

The Committee received the report.

Governing Body Assurance Framework (GBAF)
The GBAF was circulated for information and discussion.

- At the end of Quarter 1, no risks were rated as extreme.
- Devolution has been added as a high risk to the GBAF.

- The WWL contract still remains unsigned. Mediation has taken place with Monitor and NHS England.

The Committee received the report.

Governance Team Activity Report
Circulated for assurance. This report provides an update for the Committee on activity at the CCG, highlighting:

- Risk Management.
- Health and Safety developments nationally.
- Equality and Diversity Report on the Equality Delivery System.
- Emergency Preparedness, Resilience and Response NHS England Core Standards for the CCG.
- Outbreak Planning.
- Patient Response
- Patient Advice
- On-line petition
- HM Coroner/Ombudsman reports.
- Security Management.

The Committee received the report.

Health and Safety Policy and Manual
This was presented to the Committee with some slight amendments.

The Committee approved the amendments.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Training Group to look into Mandatory Training for Governing Body Members who are not resident at Wigan Life Centre. Further investigation into compliance and need.	**CH** **TC**
Prime Minister's Challenge Fund report to be submitted to the September 2015 Governing Body Meeting.	**JM**
Complaint letter information as to whether the complaint was upheld, to be added to future Governance Team Activity Reporting.	**TC**
Report to be prepared on Mortality Rates for presentation to the Open Part of the Governing Body in July 2015.	**JS**

Chairperson's Additional Comments
N/A

MEETING: Governing Body **Item Number: 10.5**

DATE: 22 September 2015

REPORT TITLE:	**Chairperson's Report – Finance and Performance Committee**
CORPORATE OBJECTIVE ADDRESSED:	**Function as an organisation that consistently delivers its statutory duties**
REPORT AUTHOR:	**Frank Costello**
PRESENTED BY:	**Frank Costello**
RECOMMENDATIONS/DECISION REQUIRED:	**Governing Body to note comments**

EXECUTIVE SUMMARY

The principal issues arising from the meeting were:

The importance of securing assurance in September that the collaborative work being undertaken between Bridgewater and WWL in relation to Community Nursing and Physiotherapy, has the realistic potential to deliver enhanced services within a reduced budget of circa £3.7m. This remains an area of concern, given its significance and impact upon the Commissioning Intentions and their publication in October.

Redesign of the Outpatient Service progresses satisfactorily.

The QIPP programme requires identification of additional schemes of £ 7.1m.

Finally, whilst welcoming the outcome of the Mediation, concern remains about potential activity levels within the Acute Sector, and the inability of the CCG to fund any "unauthorised' growth.

FURTHER ACTION REQUIRED:	**None.**

EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.

CHAIRPERSON'S REPORT

Chairperson's Name	Frank Costello **(Deputy Chair)**
Committee Name	Finance and Performance Committee
Date of Meeting	Monday 27 July 2015
Name of Receiving Committee	Governing Body Meeting
Date of Receiving Committee Meeting	Tuesday 22 September 2015
Officer Lead	Mike Tate

The top 3 risks identified during the meeting & initials of lead with designated responsibility	
1. Community Nursing and Therapy(see above)	
2. Failure to identify and delver QIPP shortfall (see above)	
3. 'unauthorised ' and calculated growth in Acute activity (see above)	

Attendance at the meeting:	Quorate.

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes

Narrative report outlining the key issues of the meeting
As detailed in Executive Summary.

Agreed actions from the Meeting	**Name of lead with designated responsibility for the action/s**
Community Nursing and Therapies progress report MT to liaise with KG to discuss the quality of the evaluation criteria as this needs to be transparent and robust. MT suggests getting legal advice on how we take the contract forward given WWL lack of response.	MT MT
Outpatients Project progress update Business Case and financial modelling to be brought to the September F&P for sign off by KG.	KG
Month 03 Commissioned Services report ***Mental Health and Learning Disability Services Performance - Winterbourne View***	

KG to provide a detailed report and bring to the September meeting.	KG

Chairperson's Additional Comments

This page is intentionally left blank

NHS
Wigan Borough
Clinical Commissioning Group

MEETING: Governing Body **Item Number: 10.6**

DATE: 22 September 2015

REPORT TITLE:	**Chairperson's Report from the Service Design and Implementation Committee held on the 19 May 2015.**
CORPORATE OBJECTIVE ADDRESSED:	**All objectives are met.**
REPORT AUTHOR:	**Dr Pete Marwick**
PRESENTED BY:	**Dr Pete Marwick**
RECOMMENDATIONS/DECISION REQUIRED:	**Receive for information**

EXECUTIVE SUMMARY

The Governing Body is requested to receive the Chairperson's report of the Service Design and Implementation Committee meeting held on the 21 July 2015 for information.

FURTHER ACTION REQUIRED:	

EQUALITY AND DIVERSITY: **Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.**

This page is intentionally left blank

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Pete Marwick
Committee Name	Service Design & Implementation Committee
Date of Meeting	Tuesday 21 July 2015
Name of Receiving Committee	
Date of Receiving Committee Meeting	
Officer Lead	

The top 3 risks identified during the meeting & initials of lead with designated responsibility		
1.	Not applied during this meeting	

Attendance at the meeting[#]:	**Acceptable**

Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes.

Narrative report outlining the key issues of the meeting

1. The challenges faced by the Federations implementing the Prime Ministers Challenge Fund were discussed at length, including the emergent need for CQC inspections. In light of these difficult circumstances and an appreciation of broader demands on GP practices, the achievements of the Federation and their teams should be commended.

2. It was useful to consider a highlight report of the Community Nursing and Therapies Project in order to appreciate the effect that this large scale project will have on the whole system. In order for the system transformation to be efficient and coherent it is essential for these pivotal pieces of work to be communicated continually throughout development. The contribution of the Provider Partnership and the Wigan Leaders System provide some reassurance but ultimately the CCG must draw the system together.

3. Similarly an update on the Outpatient and Diagnostic Project was welcome. Another major tranche of the overall system transformation, this work will be available in Business Case format for the September meeting.

4. A non-confidential overview of the current procurements was considered with a request for a change to the intentions for one Procurement Lot (Dermatology). The procurements were directed by the Governing Body without any delegation of authority for change and so the request was declined and redirected to the Governing Body.

Risk	**Name of lead with designated responsibility for the action/s**

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

Chairperson's Additional Comments
As the requirements of the Prime Ministers Challenge Fund test the opportunities for Primary Care to increase capacity, we must be mindful of the unprecedented 2016 demands from GM Standards implementation, the Outpatient Project, the Community Nursing and Therapy Project and countless other supporting projects. **This Committee will seek to maintain a strategic view of the whole system, informed by the operational detail of the projects. In 2016 this is certain to require some intelligent planning and phasing of work if strategic objectives are to be met.**

MEETING: Governing Body **Item Number:** 10.7

DATE: 22 September 2015

REPORT TITLE:	**Minutes from the Primary Care Commissioning Committee.**
CORPORATE OBJECTIVE ADDRESSED:	**Function as an organisation that consistently delivers its statutory duties.**
REPORT AUTHOR:	**Julie Pemberton**
PRESENTED BY:	**Gary Cook**
RECOMMENDATIONS/DECISION REQUIRED:	**Information**

EXECUTIVE SUMMARY

Ratified Minutes from the Public Meeting of the Primary Care Commissioning Committee held on Monday 22 June 2015.

FURTHER ACTION REQUIRED:	**None**

EQUALITY AND DIVERSITY: **Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.**

NHS
Wigan Borough
Clinical Commissioning Group

OPEN MEETING

Minutes of the Meeting of the Primary Care Commissioning Committee
Held on Monday 22 June 2015 at 11.00am in Meeting Room 17, Wigan Life Centre

Present:
(Chair) Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
(Deputy Chair) Frank Costello, Lay Member (FC)
Trish Anderson, Chief Officer (TA)
Mike Tate, Chief Finance Officer (MT)
Julie Southworth, Director of Quality & Safety (JS)
John Marshall, Associate Director for Strategy and Collaboration (JM)
Martyn Kent, Assistant Director Strategy and Collaboration, Localities (MK)
Jane Pilkington, NHS England (JPilk)
Tim Collins, Assistant Director of Governance (TC)
Gayle Wells, Assistant Chief Finance Officer (GW)
Paul Lynch, Assistant Director, Strategy and Collaboration (PL)

Julie Pemberton - Minute Taker (JP)

	AGENDA	ACTION
1.	**Chairman's Welcome**	
	The Chairman opened the meeting at 11.00am formally welcoming all attendees to the meeting of the Primary Care Commissioning Committee. No members of the public were present.	
2.	**Apologies for Absence**	
	Laura Browse – Jane Pilkington representative. Gen Wong – omitted from distribution list, did not receive invitation. Ruth Walkden – omitted from distribution list, did not receive invitation.	
3.	**Declarations of Interest**	
	Individuals were asked to 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 Chair, as soon as they are aware of it and in any event no later than 28 days after becoming aware. FC declared that he was a Governor at Wigan and Leigh College. This declaration relates to agenda item 11, 5.2 of the Primary Care Workforce Strategy as below: • Support for Practice Managers to access the Institute for Leadership and Management (ILM) Course at Wigan and Leigh College.	
4.	**Minutes and Actions**	
	Minutes agreed as true and accurate record of the meeting.	

	Actions: **Voting rights. Recommendation to be brought back to the September meeting for further discussion.** Stuart Cowley was confirmed as the representative for the Local Authority at this Committee. All other actions on the log were completed.	**TC**
5.	**Primary Care Committee Workplan**	
	PL presented the Primary Care Committee Workplan for 2015/16. This workplan includes items that the Committee will consider as standing items and those items that it will review and approve at specific points throughout the year. **TA's title to be changed from Chief Operating Office to Chief Officer. PL to amend and recirculate updated workplan.** **The Committee received the programme.**	**PL**
6.	**Overview of Primary Care Plans**	
	PL presented the Primary Care Plan on a Page for 2015/16. This plan summarises the key initiatives in primary care for 2015/16. PL confirmed that this was a high level overview and beneath this would lie the project plans, together with time lines. **TA recognised that there was a huge amount of work to be done and requested that individual items be included in the agenda throughout the year for more detailed discussion.** **Update on the Prime Minister's Challenge Fund to the November meeting as the CCG will need to make decisions as to the financing going forward.** **FC requested further clarification as to what sits where within the structure.** **Feedback from Perfect Week. JM to provide the feedback for circulation.** **GC requested that progress be monitored on the plan with coloured markers.** **The Committee received the Plan.**	**PL** **PL** **PL** **JM** **PL**
7.	**APMS/PMS Update**	
	MK provided the Committee with an update on the progress made on the APMS and PMS GP contract reviews, currently taking place within Wigan. APMS contracts are being reviewed as they are time limited and following a recent extension are due to expire in September 2016.	

	The PMS review is to support a national planning guidance instruction to NHS England Area Teams to review all their PMS contracts by April 2016. APMS update is now at the health needs assessment phase. Highlights are listed: • Two Joint Service Review (JSR) meetings with provider contract holders scheduled for week commencing 15 June were postponed by NHS England. One desktop review will be undertaken for one contract holder and the other will have a JSR on 8 July 2015. • Informal meetings have been set up to brief the GP Practices on the APMS review process. • Contract Workshop is taking place on the 8 July to review the health needs assessment information provided. • Paper will be produced outlining the next steps. TA enquired if there was a formal written process that was understood by the practices. She further enquired as to what exactly was the purpose of the workshop, who attends and where is the final decision made. FC asked as to how contentious these discussions were. PMS update: • A total of 5 practice meetings have now taken place with further meetings scheduled for 25 June 2015. • To date, only one PMS GP practice has returned a proforma to the CCG. • Following completion of the individual unit GP practice meetings the CCG will produce an update paper for consideration at this Committee on the 1 September 2015. • This should be involved within the commissioning intensions discussion at the September Governing Body. **After much discussion, it was decided that 2 separate papers would be presented to the Governing Body, one outlining the APMS Contract and the other the PMS Contract for ease of decision making and to avoid any confusion.** **It was agreed that the 2 papers would be presented firstly to the Primary Care Commissioning Committee on the 1 September for onward submission to the September Governing Body meeting.** **The Committee received the report.**	**MK** **MK**
8.	**Finance Update**	
	GW presented the finance update for information. Wigan Borough CCG, under delegated commissioning arrangements, has full responsibility for contractual GP performance management, budget management and the design and implementation of local incentive schemes from 1 April 2015.	

	The delegation agreement, signed by the CCG, required the submission of a business plan, including budget setting and co-commissioning budgets by 12 June 2015. CCG would show increased allocation and increased expenditure on primary care of £42.1m and NHS England would show reduced allocation and reduced expenditure on primary care of £42.1m. This ensured that the national NHS position remained in overall balance. A copy of the submission made to NHS England was circulated and discussed. At Month 2, the financial position on Primary Care delegated budgets is as follows: Budget/Total Resource **£6.7m** NHS England Central Recharge £5.5m NHS England Regional Accrual £1.2m TOTAL EXPENDITURE **£6.7m** Key issues as listed below will be raised as part of the GM Primary Care Co-Commissioning Finance Group to take place on Monday 29 June 2015: • CCG requires assurance over the financial data which is transferred to the CCG ledger from central and regional teams of NHS England. • The funding associated with the subsidy/void of NHS Property Services and Community Health Partnership estate is still not within the £42.1m allocation. **The Committee received the report.**	
9.	**Estates Update**	
	JS briefed the meeting on the current processes in place to deal with capital for developments and the criteria by which support is given to capital bids by the CCG. Accessing capital funding for estates development has become increasingly more complex. The funding sources are as listed below: • Primary Care Infrastructure Fund • Capital Pipeline • NHS Property Services Capital Pipeline • Community Health Partnerships Capital Pipeline • Other options. Developments can be funded through Third Party Developments (3PD), LIFT and Private Financial Initiative. It is important to take into account when considering all capital developments in primary care that any revenue consequences due for reimbursement as a result of expansion will be the responsibility of the CCG. It is essential, therefore, that all schemes are reviewed by the CCG for approval and the affordability is addressed. A policy paper will be drafted for Governing Body approval, together with a set of	

	criteria for the approval process, which will be submitted alongside the policy. A detailed flow chart to progress bids and proposals through the internal CCG governance was circulated for information. **Further update on progress to this Committee when appropriate.** **The Committee received the report.**	**JS**
10.	**NHS England Update**	
	JPilk briefed the meeting highlighting: • NHS England is in the process of developing a quarterly performance report. This report will be taken initially through the Operational Group and then circulated for discussion at the September meeting of the Primary Care Commissioning Committee. • **New guidance around Public Health Services. JP to scan and circulate to the Committee.** **NHS Public Health functions update for September meeting.**	**JP** **LB NHSE**
11.	**Primary Care Workforce Strategy Proposal**	
	PL presented a proposal to develop a workforce strategy for Primary Care. It is being submitted at GP Locality Meetings in June 2015 to invite member practices to support the development of such a strategy. The CCG's commissioning and primary care strategies, together with the NHS 5 Year Forward View see primary care playing the lead role in the delivery of an integrated, out of hospital system of care. It is also recognised that the local primary care workforce is facing considerable pressure. The overarching aim of the strategy will be to make Wigan Borough a nationally recognised 'Good Place to Work' in general practice. There will be some early measures and other measures that will be longer term in nature. Next steps will be to: • Gain the support and commitment of our member practices. • If member practices are supportive, work will commence over the summer of 2015 with a view to completing the strategy in autumn. • Consideration needs to be given to the respective roles of the CCG, practices, GP Federations and national and regional organisations as part of the process. • Consideration also as to how any commitments made in the strategy will be resourced. **The Committee received this report and supported the principle of the development of a Primary Care Workforce Strategy** **Further updates to future meetings when appropriate.**	**PL**

12.	Any Other Business	
	Training: MK advised the meeting of the Primary Care Development session for 1 whole day. The session is aimed at members of the CCG's Primary Care Committee/Operational Group and other CCG staff members who will be required to support our Level 3 Co-Commissioning functions. **Locality Plan**: TA advised the meeting that Locality Plans are now being developed in relation to the GM Devolution Plan that needs to be prepared by the end of the year. First draft is due by 30 June 2015, with a further opportunity to edit before final submission. TA is the Senior Responsible Officer (SRO) and JS is the penholder and Wigan is going first across GM as the Wigan 5 Year Plan is held up as exemplar.	
13.	**Date and Time of next meetings for discussion**	
	1 September 2015, at 10.30am in Meeting Room 17, Wigan Life Centre.	

This page is intentionally left blank