

OPEN MEETING (Unratified)

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
Held on Tuesday 22 September 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)

- Frank Costello, Deputy Chair and Lay Member (FC)
- Trish Anderson, Chief Officer (TA)
- Julie Southworth, Director of Quality and Safety (JS)
- Mike Tate, Chief Finance Officer (MT)
- Dr Tony Ellis, Clinical Lead for Wigan Central (TE)
- Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
- Dr Pete Marwick, Clinical Lead for Wigan North (PM)
- Dr Ashok Atrey, Clinical Lead for TABA (AA)
- Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)
- Canon Maurice Smith, Lay Member (MS)

In Attendance:

- Tim Collins, Assistant Director of Governance
- Angela Cullen, Executive Assistant to Chief Officer - Minute Taker
- Alexia Mitton, Head of Communications

	AGENDA	ACTION
1.	Chairman's Welcome	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the September meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>3 members of the public were present.</p>	
2.	Apologies for Absence	Record
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Dr Mohan Kumar, Clinical Lead for Patient Focus (MK) Helen Meredith, Nurse Governing Body Member (HM) 	
3.	Declarations of Interest	Record
	<p>Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p> <p>The Chairman reminded Governing Body members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning</p>	

	<p>Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p> <p>Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.</p>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 25 August 2015	Approve
	The minutes were agreed as a true and accurate account of the meeting and subsequently signed by the Chair.	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings	Approve
	<p>To be read in conjunction with the action log:</p> <p>28.7.15, item 7.2: Chief Officer Update FC updated members. The CCG has met with NHS England and MacMillan to talk about the role of the CCG in a national pilot. A paper will be shared at a future Governing Body meeting.</p> <p>28.7.15, item 8.1: Healthier Together Deferred to October.</p> <p>28.7.15, item 8.2: Locality Plan A first draft has been circulated, slight amendments are being made. The next step is to prepare an implementation plan. A further update to be provided at the October meeting.</p> <p>28.7.15, item 8.4: Hospital Mortality Indicators Deferred to October.</p> <p>25.8.15, item 7.1: Quality, Safety and Safeguarding Briefing Paper – Quarter 1 - 2015/16 Scheduled for the November meeting.</p> <p>25.8.15, item 8.1: Corporate Report To be scheduled for the October meeting.</p>	<p>FC</p> <p>TD</p> <p>TA/JS</p> <p>JS/AA/TA</p> <p>JS</p> <p>MT</p>

6.	Questions From Members of the Public		
	<p>There was one question raised by a member of the public:</p> <ol style="list-style-type: none"> 1. Wigan Joint Health & Wellbeing Strategy (2013 – 2016) is concise (one page) and apart from Trish Anderson being given joint lead for ‘new investment and delivery model for integrated health, wellbeing and social care’ there are no other CCG officers mentioned in delivery of the Strategy. <p>How is the CCG taking forward the Joint Health and Wellbeing Strategy and how does it monitor progress?</p> <p>TA formally responded to the question:</p> <p>The strategy is taken forward through the Health and Wellbeing Board and monitored through the Wigan Leaders Executive Board.</p> <p>From the CCG’s perspective TA confirmed that she was the lead officer, and every other member of the CCG staff and our clinical colleagues contribute to its implementation through our day to day business. It would therefore not be appropriate to list all of the staff and clinical colleagues involved.</p> <p>With regard to the specific section we developed an Integrated Care Strategy that outlines our approach, this strategy is now being incorporated into our Locality Plan which will be submitted as a part of the GM Devolution process.</p> <p>TA confirmed that she was happy to meet further to discuss any particular items of business.</p>		
7.	Key Messages		
	7.1	<p>Chair’s Key Messages</p> <p>TD opened the meeting by holding a moment of reflection for Dr Deepak Trivedi on the sad news of his passing.</p> <p>Dr Trivedi was a graduate of Mahatma Gandhi Medical College Indore, India and had worked in the UK since 1976. He had worked in Wigan and Leigh since 1982 within the Westleigh and Abram districts.</p> <p>Dr Trivedi was involved in WMMS and the Local Medical Council and he was the National President of British International Doctors Association (BIDA) as well as holding numerous other roles including Local Secretary and Divisional Chairman, Chair of AGM</p>	

	<p>and the Chair of Leigh Primary Care Group.</p> <p>Dr Trivedi loved music, dancing, badminton, tennis and travel. He was passionate about patients, quality, colleagues and his family. TD explained that he had worked with Dr Trivedi over many years:</p> <ul style="list-style-type: none"> • As a Junior Doctor in the Out of Hospital facility based from his Abram surgery. • PCG days and leadership. • Practice Based Commissioning to lead and coalesce practices together. • Early days of GPCC and the CCG. • To the present day and resolving current issues with colleagues. <p>TD added that he was going to miss his wisdom on the culture of Wigan GP's and how to influence, his dry wit and ability to prod without causing offence, his friendship, experience and advice, given with tact and integrity.</p> <p>TD was proud to call him a colleague, a friend, an inspiration and will remember the man and focus upon his legacy. His biggest legacy is his family and his practice. It was therefore fitting that his final hours were spent surrounded by his family.</p> <p>There will be an opportunity to formally record our appreciation via a book of condolence.</p> <p>A few moments of quiet reflection were observed to remember our friend and colleague.</p> <p>GC noted the gentle nature of Dr Trivedi.</p> <p>FC remembered his smile and engaging personality, immaculate dress sense and his commitment to serve people.</p> <p>AA said that he had known Dr Trivedi well for 35 years and that he will sadly miss his friendship.</p> <p>TA echoed the comments of members and the very supportive nature of Dr Trivedi in building up the CCG. Many colleagues within the CCG are feeling great sadness at this time.</p> <p>Details of the funeral will follow in line with the family's wishes.</p>	
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7.2	<p>Chief Officer's Key Messages</p> <p><u>National</u></p> <ul style="list-style-type: none"> • Medical Revalidation – Guidance on the Role of the Responsible Officer: Consultation seeks views on the role of the responsible officers appointed by health care organisations. The consultation is aimed at three key audiences: doctors licensed by the GMC to practise medicine, responsible officers and those taking on the role and organisations designated in the legislation. The closing deadline is 22 October 2015. • NHS Right Care have published a casebook from NHS Bradford City CCG outlining an initiative they have introduced to improve diabetes prevention in the local population using evidence based methods and a focus on outcomes. • The DOH is conducting a national review of NHS funded nursing in care homes to ensure it is fit for purpose. The review will aim to understand the full costs of providing an economic and efficient nursing care service and recommend a national rate that would cover the costs. • “Ambitions for Palliative and End of Life Care: A National Framework for Local Action 2015-2020” has been published and is aimed at local health and social care and community leaders and sets out six ambitions for how care for those nearing death should be delivered. • NHS England has published new national safety standards to support NHS Providers to provide safe surgical care. The guidance aims to reduce the number of patient safety incidents related to invasive procedures in which surgical Never Events could occur. • A wheelchair services guidance document for Commissioners is now available. • NHS England and the Health and Social Care Information Centre have published guidance for Commissioners, GP practices and Providers that outline options for Acute Providers to meet the changes in the contract on the move to electronic discharge. 	
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		<ul style="list-style-type: none"> • NHS England is inviting CCGs to attend one of several half day events which focus on refreshing the allocations formula. The North of England event is on the 20 October 2015 in Leeds. • Attended the HSJ National Commissioning Conference, along with the Chair, where a range of current issues facing Commissioners were discussed in detail. <p><u>Regional</u></p> <ul style="list-style-type: none"> • In addition to routine meetings of the Association of Greater Manchester CCGs a half day workshop took place during September to agree the future management plans for the commissioning of specialised services, which will be delegated to us from NHS England as part of the Devolution agreement. Trafford CCG is taking a lead role in the co-ordination of this work. • Following the Healthier Together decision made by the Committee in Common, colleagues from the North West Sector met together to begin to discuss how the single service for Salford, Bolton and Wigan will be planned and commissioned. • Work continues to develop the Greater Manchester Clinical and Financial Sustainability Plan as part of the Devolution agreement. As the Senior Responsible Officer for the Locality Plan in Wigan, I also act as Chair of the SRO Group across Greater Manchester and attend the Greater Manchester Strategic Planning Group in that capacity. A meeting was held on Friday last week to review progress with the Plan which will soon be available in a draft version. <p><u>Local</u></p> <ul style="list-style-type: none"> • Work continues on the Devolution Locality Plan for Wigan. The Plan is virtually complete but some minor additions following comments from Stakeholders and other Partners are to be added so that we can have an updated version by the end of October 2015. As part of that work there is a significant exercise being carried out to align the financial and activity plans with the transformational activity proposed in the Plan. Detailed conversations are taking place with the Central Team across all Localities in order to provide the information necessary for the comprehensive Spending Review Submission. 	
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		<ul style="list-style-type: none"> • Phase one of a significant piece of work to model the bed capacity requirements for the Borough led by Wigan Leaders has now been completed. The focus of this piece of work is to understand the current “bed capacity” across the system and its fitness for purpose and to develop a strategy for the future. A single item meeting of Wigan Leaders considered the early findings and a second phase of the work to understand usage and future requirements will soon commence. • An initial meeting took place with NHS England and MacMillan Cancer Support to launch our input to the NHS England programme “Commissioning Better Patient Experience”. The programme is being led by an organisation called Transforming Health and the CCG met with a lead member from their Team to discuss how we can implement the Programme to improve patient engagement on two key pieces of work namely: the current redesign of community nursing and therapies and the planned redesign of services for frail and older people. • A return engagement with students at Winstanley College, who as always provided youthful insight, great challenge and a different view of the world on how we should be developing our services for the future. A refreshing change in the usual meeting schedule. <p>GC asked to what extent the providers have been involved with the Bed Capacity Review.</p> <p>TA explained that it was an economy wide owned initiative. The review was signed up to by the Wigan Leaders Executive Board Meeting. The data was supplied and verified by each organisation.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the item. 	
8.	New Business Items		
	8.1	<p>Personal Health Budgets (Adults Continuing Healthcare) Policy</p> <p>JS presented the item.</p> <p>From October 2014 all patients in receipt of NHS Continuing Healthcare have had a right to have a personal health budget.</p>	

	<p>This draft policy has 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.</p> <p>As the use of personal health budgets is a new concept, it is envisaged that systems and processes may require some changes to further enhance local practice. The Personal Health Budget Project Board will continue to monitor the policy and recommend any changes as required.</p> <p>The policy has been reviewed by Mersey Internal Audit and the recommendations from their report are included within the draft policy document.</p> <p>JS provided members with a couple of examples of where funding requests had been approved and declined and explained the importance of how such requests are considered against strict eligibility criteria and must demonstrate improved health outcomes.</p> <p>AA referenced the current payment system whereby Wigan Council offer payroll services to individuals managing a personal budget or individuals can commission this service via a reputable organisation in agreement with WBCCG.</p> <p>MT confirmed that at present this arrangement offers better value for money, if the numbers increase then it will require review. MT added that the WBCCG auditors do check the value for money element of such arrangements.</p> <p>FC informed members of Lancashire County Council utilising a third sector organisation to secure packages on behalf of the individual and that it may be worth making some enquiries to ensure the value for money element.</p> <p>MS said that this was an interesting paper and supported it in principle raising two strategic issues:</p> <ol style="list-style-type: none"> 1. Due to the financial side of the arrangement being complex is there a need to involve the MIAA Counter Fraud Team. 2. If money is awarded to individuals and they chose to spend this in areas which the CCG would not spend it would a transaction (reduction) on the opposite side of the balance sheet take place. <p>MT explained that this was an add on and that as a result there will be increased costs around Continuing Health Care.</p>	
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	<p>MS appraised members of his experience of ‘uncapped’ budgets within a special needs school. Due to the needs being ‘care led’ there were effectively no financial constraints.</p> <p>MT confirmed that while at a low level (appx. 500) this would not cause a problem however there would be financial problems if the numbers increase.</p> <p>JS assured the Governing Body that the CCG has a very secure stable team managing requests via strict eligibility criteria.</p> <p>AA added that any such requests come from patients who have very complex needs and that a single review can take up to eight or nine hours to complete.</p> <p>MT confirmed that this would be built into the work of the MIAA Counter Fraud Team from 1 April 2016.</p> <p>TD summarised noting the risk of potential growth, welcomed the internal and external scrutiny and to be mindful that this is a national process.</p> <p>Resolved:</p> <p>1. The Governing Body approved the report.</p>	
<p>8.2</p>	<p>Petition regarding Alexandra Court (AC) Intermediate Care Home</p> <p>JS presented the item.</p> <p>The CCG’s Constitution includes a requirement that if a petition is received the Governing Body should include it as an agenda item.</p> <p>The report summarised the petition and the subsequent actions that the CCG is implementing as part of its ongoing duty to promote continuous quality improvement. These have been brought into focus and revisited as a result of receiving the petition.</p> <p>JS explained the process and events undertaken as a result of receiving this petition (<i>page 1,2 refers</i>).</p> <p>The Care Quality Commission carried out an unannounced focused inspection of this service on 28 January 2015. The subsequent report was published on 31 May 2015. This inspection was to follow up on whether action had been taken to address previous non-compliance with Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints.</p>	

	<p>AC had submitted an action plan to describe what they would do to meet legal requirements. The CQC found that the provider had reviewed their complaints policy and procedure and this was on display, however systems were not in place to ensure an appropriate and timely response to complaints and the inspector saw no audits of compliance to the revised policy. This means legal requirements had not been met.</p> <p>The CCG has been advised that an inspection visit to AC was carried out by the CQC on 9th & 11th September 2015 but the written report has yet to be drafted. The CCG will seek to obtain oral feedback before publication to allow prompt, responsive action to be taken in respect of any recommendations.</p> <p>GC referenced the Bed Capacity Review and asked from a strategic perspective the progress to date at looking at the demand for beds.</p> <p>TA explained that work was ongoing to link this up economy wide.</p> <p>MS referenced the two visits during July 2015 of the Primary Care Quality Lead to assess whether patients had been appropriately placed into Alexandra Court following a number of readmissions to Acute Hospitals. The reviews supported the clinical decision making process and rationale regarding the readmissions (<i>section 4.4 page 3 refers</i>). MS asked if the discharge/placement had been considered.</p> <p>JS confirmed that some patients had been inappropriately discharged to the wrong facility.</p> <p>FC referenced the five formal complaints about treatment received by patients at AC in 2014, four of which had been investigated by the Local Authority given their statutory responsibility with regard to safeguarding. Outcomes had been reported via the Adult Safeguarding Board (<i>section 4.6, page 4 refers</i>). FC asked how the WBCCG Governing Body is closing these actions and questioned the rigor of the overall process.</p> <p>TA assured FC that lengthy discussions had been held at previous closed sessions of the Governing Body.</p> <p>MS referenced the three complaints received in the year to date, one of which did not proceed and the other two remain as ongoing investigations asking why complaints appear to be taking a long time to investigate. MS further asked if the CCG is aware of the outcome of the CQC findings at AC.</p> <p>JS confirmed that the detail around complaints is presented at the Corporate and Clinical Governance Committees and could be obtained.</p>	
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	<p>TA explained that the level of pace partly depends upon the complexity of the investigations; however exploration can be conducted and provided to members.</p> <p>MT confirmed that whenever the CQC conduct a standard visit the provider will receive immediate feedback.</p> <p>Dave Nunns, Healthwatch confirmed that the CQC do provide feedback on social care inspections to the Local Authority.</p> <p>PM asked if the issue was around how AC was initially set up and what it had developed into over the years. Initially AC was set up as a rehabilitation centre but is now being used for patients with more acute conditions and not its originally intended purpose of rehabilitation.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. The Governing Body welcomed an update on outcomes of complaints and the CQC visit to AC. 	<p>JS</p>
<p>8.3</p>	<p>Safeguarding Adults and Children Annual Report 2014/15</p> <p>JS presented the item.</p> <p>The purpose of the report is to provide members with an overview of WBCCG Safeguarding governance arrangements and the work completed by the WBCCG Safeguarding Team from 1 April 2014 to 31 March 2015 to ensure the CCG meets its statutory safeguarding responsibilities in respect of adults and children.</p> <p>The report focuses on the work of the WBCCG Safeguarding Team. The success of this team requires the full engagement of the commissioned Acute, Community and Mental Health Foundation Trusts, GP Practices across the CCG and Partner Agencies.</p> <p>Safeguarding systems are in place across the Wigan Borough health economy. There are challenges in relation to training and response to Serious Case Reviews within the Wigan Borough. It is essential that a high level of priority is given to safeguarding adults and children.</p> <p>The WBCCG Safeguarding Team is committed to meeting the challenges of safeguarding the population of Wigan Borough and will continue to work collaboratively with the Local Authority, Wigan Safeguarding Adult and Children’s Boards and key partners to develop robust systems to safeguard adults and children.</p>	

	<p>JS confirmed that WBCCG has all the below statutory safeguarding posts in place:</p> <ul style="list-style-type: none"> • Designated Adult Safeguarding Manager (DASM) and identified Mental Capacity Act Lead. • Designated Nurse for Safeguarding Children and Looked After Children (LAC). • Designated Doctor for Safeguarding Children. • Designated Doctor for LAC. • Designated Paediatrician for Unexpected Deaths in Childhood. • Named General Practitioner (GP) Safeguarding. <p>GC said that this was an interesting and important report. GC made reference to section 17.4 noting that maternity statistics are indicating that smoking cessation during pregnancy is not particularly working and how this was being addressed by Public Health and the Health and Wellbeing Board.</p> <p>TA confirmed that the meeting of the Health and Wellbeing Board tomorrow is focusing upon children and that this can be addressed at this meeting to ensure a joint approach with Public Health.</p> <p>MS referenced section 8.1 and asked if we have some responsibility of the providers we commission.</p> <p>MS asked if there are any risks with conflicts of interest in respect of the Designated Doctor and LAC posts that are commissioned from Wrightington, Wigan and Leigh NHS Foundation Trust (WWL NHS FT).</p> <p>JS confirmed that the post had recently changed to a Paediatrician and that they will sit within the CCG. JS assured the Governing Body that the CCG now has the right level of capacity to respond.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the report. 2. Smoking cessation during pregnancy to be raised at the next Health and Wellbeing Board. 	<p style="text-align: center;">TA</p>
<p>8.4</p>	<p>Emergency Preparedness, Resilience and Response (EPRR) Assurance 2015/16 – Statement of Compliance</p> <p>JS presented the item.</p> <p>Wigan Borough CCG has undertaken a self-assessment against the NHS England Core Standards for EPRR.</p>	

	<p>Following self-assessment and in line with the definitions of compliance WBCCG declared itself as demonstrating full compliance against the EPRR Core Standards. This has been assessed by Shared Services.</p> <p>This paper was received and approved by the Corporate Governance Committee at its meeting on 8 September 2015.</p> <p>Resolved:</p> <p>1. The Governing Body approved the report.</p>	
<p>8.5</p>	<p>Financial Control Environment Assessment</p> <p>The CCG has completed a self-assessment of its financial control environment. This has been submitted as a draft to NHSE on 24th August.</p> <p>The CCG has rated itself on questions in the following areas:</p> <ul style="list-style-type: none"> • Financial Management - 7 questions – Good/Excellent • Financial Controls and Processes – 7 questions – Good/Excellent • Finance team capability and capacity – 1 question – Excellent • Audit and other finance committees – 2 questions – Good <p>Key actions have been identified as part of the process.</p> <p>The Audit Committee was asked to review the assessment.</p> <p>As a result it is suggested that slight amendments are made to the decision of the March Audit Committee on the proposal to increase membership of the Audit Committee as a result of the Local Audit and Accountability Act.</p> <p>The Financial Control Environment Assessment requires the CCG to have an independent member, but to ensure that the Audit Committee are able to assess themselves as Good or Excellent, that member must be an independent qualified accountant. This was detailed in an accompanying report.</p> <p>There was a recommendation to change the membership in line with NHS Compliance Process to appoint a fully qualified external accountant to support the Audit Committee during 2016/17.</p> <p>Resolved:</p> <p>1. The Governing Body approved the report.</p> <p>2. The recommendation to change the membership in line with NHS compliance for 2016/17 was approved.</p>	<p style="text-align: right;">MT</p>

9.	Current Business		
	9.1	<p>GM Association of CCGs: Association Governing Group Meeting – Summary Notes</p> <p>The Governing Body is asked to receive the minutes of the meetings of the GM Association of CCGS (AGG) held on the 28 July and 4 August 2015 for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> The Governing Body received the notes. 	
	9.2	<p>Corporate Report</p> <p>MT presented the item.</p> <p>The report was provided to give the Governing Body a regular monthly update on how the CCG is performing against its local priorities. Furthermore, the report details CCG performance against the Everyone Counts Planning Guidance Indicators and the CCG Outcomes Indicator Set.</p> <p><u>Emerging Issues</u></p> <ol style="list-style-type: none"> The emerging Greater Manchester (GM) Devolution agenda and potential funds transfers to the devolution budget. Healthier Together implementation and funding requirements. Fully meeting the requirements of Winterbourne. Funding exit costs for GM Shared Services. Closing the in-year QIPP gap of £7.3m. Managing demand in the acute sector - WWL expectation of £15m increase in their income and demographic pressure on continuing health care. Community care providers developing enough capacity to receive patients and services deflected from Acute Hospital care. Managing and resourcing the co-commissioning of Primary Care with NHS England. Potential cuts to local authority budgets as a result of the new Comprehensive Spending Review (CSR) for the five years following 2016/17. Patient Transport Services contract will not be finalised until 2016/17. 	

	<p>Challenges for 2016/17 which include:</p> <ol style="list-style-type: none"> 1) The resources (Commissioner and Provider) necessary to support the service transformation in the financial year 2016/17 tranche of the strategic plan are unprecedented. The delivery will require major commitment from all stakeholders. 2) Further developing the QIPP programme. 3) Increasing cost pressures on CCG. 4) Future Mental Health tariff – currently out for discussion. <p>MT highlighted the contract performance data from WWL which shows a year to date over performance of £3.7m based on month 04 activity, which forecast for the year would be a potential full year over performance on the contract at £11.1m. This is based upon contractually unchallenged reported activity.</p> <p>The Continuing Healthcare Budgets are forecast to break even.</p> <p>GP Prescribing shows an increase in costs from April to June 2015 and is forecasting an overspend of £2.3m due to increasing costs per item, this is being reflected within other CCGs within GM and nationally.</p> <p><u>Outcomes Ambitions: Headline Indicators</u></p> <p>Many of the indicators used to measure Outcomes Ambitions are only published on an annual basis; often with a time-lag. As such, it is not yet possible to assess performance against five of the ten indicators; these are shown as white (None).</p> <p>Of the remaining five indicators, all five are rated Green:</p> <ul style="list-style-type: none"> • IAPT Access Rate for May 2015 is above the target of 1.25% achieving 1.58%. • Emergency Admissions: Composite Measure for the period April to June 2015 is 23 below (better) than target. • The Friends & Family A&E, Inpatient and Maternity scores are all above target for the year to date (April to July). <p><u>NHS Constitution: Headline Indicators</u></p> <p>For the year to date (April to July) all of the NHS Constitution indicators performed better than standard.</p> <p>All of the sixteen indicators with a national standard are currently rated as Green.</p>	
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	<p>Two indicators have failed to achieve target in month (July), these are;</p> <ul style="list-style-type: none"> • Cancer Subsequent surgery treatment in 31 days and the 19 Minute Ambulance Response times performance for all Red calls. <p><u>Acute Activity: Headline Indicators</u></p> <p>The CCG reported significant reductions in acute activity during 2014/15. The CCG has now developed further stretching activity plans, which reflect initiatives to prevent or divert activity from acute trusts, on top of the reductions seen last year.</p> <ul style="list-style-type: none"> • Five of the indicators are currently rated as Green. • Two of the indicators are rated as Amber (within 5% of plan). These are GP Referrals and Other Referrals. • The two remaining indicators are rated as Red: Elective Day cases (All Specialities) and First Outpatient Appointments Following a GP Referral (All Specialities). <p><u>Better Care: Headline Indicators</u></p> <p>The headline metrics used to measure performance against the Better Care Fund initiative are comprised of both health and social care indicators. With the exception of Readmissions all indicators measure performance at local authority (LA) level.</p> <p>It is not yet possible to assess performance against the Care Home Admissions and Reablement indicators.</p> <p>Of the remaining three indicators, two are rated Green based on year-to-date performance:</p> <ul style="list-style-type: none"> • Delayed Transfer Days is above plan for the year to date (April to July). However, performance for the month of July was again below (better than) plan, and as a consequence its year to date status has changed from red to amber. <p>MT highlighted the remaining £7m QIPP gap and informed members that the only way the CCG will reach the level of surplus required of NHS England will be to manage the contract overtrade with WWL, which at the end of quarter 1 is £2.5m. Failure to reach an agreed position by both parties will result in arbitration/mediation with NHS England and Monitor.</p>	
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		<p>GC referenced the unusual decline in A+E performance in August.</p> <p>MT confirmed that acute activity and beds were reducing but costs were increasing.</p> <p>GC suggested that elective work and coding changes be explored further.</p> <p>Issues in performance were noticed with increased admissions, increased inpatient activity and GP referrals.</p> <p>The decline in Healthcare Infections, Clostridium Difficile (CDiff) was noted. July performance of 8 CDiff infections is above plan by 1 (April to July) infections are also above plan by 9.</p> <p>During July 6 of the infections were assigned to community sources and 2 assigned to hospital. The majority of year to date infections were reported by Wrightington, Wigan and Leigh with the remaining 11 shared between Central Manchester, North Cumbria, Bolton, Salford and Christie Hospitals.</p> <p>AA explained that the out of area cases were being disputed.</p> <p>JS confirmed that a detailed report will be prepared for a future meeting.</p> <p>SW highlighted that upon attending the Root Cause Analysis (RCA) Review Meeting the problem appears to be coming from a group of people who have become re-infected or had a relapse and due to the retesting of this group this amounts to a double count.</p> <p>SW confirmed that a briefing paper had been circulated to Locality Clinicians to remind them of re-testing as this does not appear in the guidance.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. A detailed report on Healthcare Associated Infections to be prepared for a future meeting. 	<p>JS</p>
10.	Governing Body Committee Updates		
	<p>10.1/ 10.7</p>	<p>Chairpersons' reports were circulated as below:</p> <p>10.1 Healthier Together Committee in Common Minutes.</p> <p>10.2 Chairperson's Report: Audit Committee, no meeting.</p>	

		<p>10.3 Chairperson’s Report: Clinical Governance Committee.</p> <p>10.4 Chairperson’s Report: Corporate Governance Committee.</p> <p>10.5 Chairperson’s Report: Finance and Performance Committee.</p> <p>10.6 Chairperson’s Report: Service Design and Implementation Committee.</p> <p>10.7 Chairperson’s Report: Primary Care Commissioning Committee.</p> <p>Resolved:</p> <p>1. The Governing Body approved the above listed reports.</p>	
11.	Locality Executive Updates		
	11.1/ 11.6	<p>Locality Executive updates were circulated for July/August 2015:</p> <p>11.1 Atherleigh</p> <p>11.2 Patient Focus</p> <p>11.3 Tyldesley Atherton Boothstown Astley</p> <p>11.4 Wigan Central</p> <p>11.5 North Wigan</p> <p>11.6 United League Collaborative</p> <p>Resolved:</p> <p>1. The Governing Body received the above listed reports.</p>	
12.	Any Other Business – to be accepted at the Chairman’s discretion		
		<p>There were no items of any other business raised.</p> <p>The meeting closed at 3.20pm.</p>	
13.	Date and Time of Next Meeting		
	Tuesday 27 October 2015 at 1.30pm in Room 17, Wigan Life Centre		

Signed
 Dr Tim Dalton, Chair

Date:22.9.15.....