

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

**Tuesday, 26 January 2016 2.30 pm**

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

**AGENDA**

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	<b>Chairman's Welcome</b>	2.30 pm	Tim Dalton		
2.	<b>Apologies for Absence</b>		Tim Dalton		Record
3.	<b>Declarations of Interest</b>		All		Record
	Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.				
4.	<b>Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 24 November 2015</b>		Tim Dalton	1 - 14	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	15 - 16	Approve
6.	<b>Questions from Members of the Public</b>				
7.	<b>Key Messages</b>				
7.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information

	7.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
<b>8.</b>	<b>New Business Items</b>					
	8.1	Greater Manchester Strategic Plan		Trish Anderson	17 - 78	Receive and Note
	8.2	Healthier Together Judicial Review - Conditions Paper		Tim Dalton	79 - 90	Receive
	8.3	Constitution Amendments - Joint Committees		Tim Dalton	91 - 106	Approve
	8.4	Governing Body Assurance Framework Qrt. 3		Julie Southworth	107 - 124	Approve
	8.5	Public Sector Equality Duty Annual Report		Julie Southworth	125 - 162	Approve
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Managing the Urgent Care System		Mike Tate	163 - 170	Receive
	9.2	Finance Report Month 9		Mike Tate	171 - 192	Receive
	9.3	Activity Report Month 9		Mike Tate	193 - 218	Receive
	9.4	Wigan Health & Wellbeing Board Minutes		Tim Dalton	219 - 224	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Committee in Common Minutes		Tim Dalton		No Meeting
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	225 - 228	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	229 - 238	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	239 - 242	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	243 - 250	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	251 - 254	Approve
	10.7	Minutes - Primary Care Commissioning Committee		Gary Cook	255 - 264	Approve
<b>11.</b>	<b>Locality Executive Updates</b>					

	11.1	Atherleigh & Patient Focus		Mohan Kumar	265 - 272	Receive
	11.2	Tyldesley Atherton Boothstown Astley		Ashok Atrey	273 - 276	Receive
	11.3	North Wigan and Wigan Central		Pete Marwick	277 - 280	Receive
	11.4	United League Collaborative		Sanjay Wahie	281 - 288	Receive
<b>12.</b>	<b>Any Other Business - To be accepted at the Chairman's discretion</b>					
<b>13.</b>	<b>Date and time of next meeting</b>					
	Tuesday 23 February 2016 at 13.30 in Room 17, Wigan Life Centre					

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**OPEN MEETING (*Unratified*)**

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body  
Held on Tuesday 24 November 2015 at 1.30pm in Meeting Room 17, Wigan Life Centre**

**Present:**

Dr Tim Dalton, Chair (TD)  
Trish Anderson, Chief Officer (TA)  
Julie Southworth, Director of Quality and Safety (JS)  
Mike Tate, Chief Finance Officer (MT)  
Frank Costello, Lay Member (FC)  
Dr Tony Ellis, Clinical Lead for Wigan Central (TE)  
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)  
Dr Gary Cook, Secondary Care Consultant Governing Body Member  
Canon Maurice Smith, Lay Member (MS)

**In Attendance:**

Tim Collins, Assistant Director of Governance (TC)  
Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)

	<b>AGENDA</b>	<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the November meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>6 members of the public were present.</p>	
<b>2.</b>	<b>Apologies for Absence</b>	<b>Record</b>
	<ul style="list-style-type: none"> <li>• Helen Meredith, Nurse Governing Body Member (HM)</li> <li>• Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)</li> </ul>	
<b>3.</b>	<b>Declarations of Interest</b>	<b>Record</b>
	<p>Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.</p> <p>The Chairman reminded Governing Body members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p>	

	Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.	
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 27 October 2015</b>	<b>Approve</b>
	The minutes were agreed as a true and accurate account of the meeting and subsequently signed by the Chair.	
<b>5.</b>	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meetings</b>	<b>Approve</b>
	To be read in conjunction with the action log:  28.7.15, item 8.1 – ongoing, outcome of Judicial Review awaited. 25.8.15, item 7.1 – complete. 25.8.15, item 8.1 – complete. 22.9.15, item 8.3 – TA to email Nuala O'Rourke, Wigan Council. 22.9.15, item 8.5 – complete. 27.10.15, item 7.1 – complete. 27.10.15, item 8.2 – complete. 27.10.15, item 8.4 – complete. 27.10.15, item 9.4 – complete.	
<b>6.</b>	<b>Questions From Members of the Public</b>	
	There were no questions raised by members of the public.	
<b>7.</b>	<b>Key Messages</b>	
<b>7.1</b>	<b>Chair's Key Messages</b>  The Chair began by focusing on the future direction of the CCG in respect of: <ul style="list-style-type: none"><li>• Determination to transform the health of the local population.</li><li>• The use of a public health approach around place and assets.</li><li>• Focus on out of hospital care.</li><li>• Bringing delegated authority to the CCG around primary care.</li></ul> GM devolution started in shadow form on 1 October 2015.  The Locality plan has been developed, agreed and is being further refined building upon the previous experience of health commissioners.	

	<p>There are a series of processes through the joint governance of the Health and Wellbeing Board and Wigan Leaders Executive Group with a clear focus upon collaboration and partnership.</p> <p>A key focus will be to develop out of hospital care and for this to be built and based around a new model of primary care.</p> <p>The key elements of primary care focus have been around:</p> <ul style="list-style-type: none"> <li>• Public health advice and prevention of ill health</li> <li>• Acute illness and management</li> <li>• Management of long term conditions and end of life care</li> </ul> <p>Primary care has changed significantly over the year. From establishment of the NHS in 1948 with little support, the late 1960's saw a new contract with management/admin teams and premises. The 1990's entering into preventative care, employing more nurses and starting Chronic Disease Management (CDM) and more recently use of Information Technology and systemised CDM.</p> <p>Now is the next step in terms of improving quality and primary care standards with increased demand, a changing population, reduced finances and reduced resources - not needing more of the same but a different offer.</p> <p>At the recent Primary Care Summit a Pharmacist keynote speaker addressed how pharmacies can support practices with a new offer of a Pharmacist working within practices.</p> <p>Work in the Clinical and Senior Leadership Teams, informal discussions at the Local Medical Council and clinical reference group, need to come to a proposal to take to localities as commissioners.</p> <p>This CCG is, and has, to be committed to drive forward the transformation locally.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the item.</li> </ol>	
7.2	<p><b>Chief Officer's Key Messages</b></p> <p><u>National</u></p> <p>NHS England (NHSE), Health Education Executive (HEE), British Medical Association (BMA) and the Royal College of GP's have announced 73 applications covering 698 GP Practices and 70 CCG areas who will receive a share of clinical pharmacists in GP funding.</p>	

	<p>The pilot funding has been doubled from £15m to £31m due to significant response from GP surgeries.</p> <p>NHSE is reviewing the statutory guidance on managing conflicts of interest for CCGs as part of a wider governance project to strengthen conflicts of interest management across the NHS. Updated guidance will be published on 1.4.16 and feedback on the current guidance is invited up until 4 December 2015.</p> <p>Updated guidance is now available to help GP practices implement their GMS/PMS contractual requirements for 2015-16 to implement the patient online programme. This includes a range of materials and queries can be made to <a href="mailto:england.patient-online@nhs.net">england.patient-online@nhs.net</a>.</p> <p>On the 30.10.15 NHSE, the LGA and the ADASS published Building the Right Support – a national plan to develop community services and close in-patient facilities.</p> <p>The documents ask LAs, CCGs and NHSE specialised commissioners to form ‘Transforming Care Partnerships’ to build up community services and close inpatient facilities (Calderstones) by March 2019.</p> <p>A joint transformation plan must be in place by 8.2.16. It is likely that this will be either at GM or a sector level given the numbers involved.</p> <p>NHSE has issued a new ‘NHS England Emergency Preparedness, Resilience and Response Framework which updates and replaces on previous NHS Commissioning Board framework of 2013. Local areas are encouraged to review and update local plans and procedures to reflect the new framework.</p> <p><u>Regional</u></p> <p>The key focus across GM has been progressing work on the GM Clinical and Financial Sustainability Plans, reaching a further iteration of Locality Plans with more detailed analysis of financial and activity modelling and bringing groups together to start to align the work in various work streams.</p> <p><u>Local</u></p> <p>A jointly chaired meeting was held between all key statutory stakeholders to confirm support for the sign off of the Wigan Locality Plan.</p>	
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		<p><u>Current Pressures in the System</u></p> <ul style="list-style-type: none"> <li>• Moving into the winter with the whole of Greater Manchester, last week, being under significant pressure.</li> <li>• The cap on agency spending is now in operation.</li> <li>• The impending Junior Doctors Industrial Action.</li> <li>• The financial position of many Trusts has deteriorated.</li> </ul> <p>TA advised the Governing Body that Simon Stevens has secured £3.8bn into the system from next year. There are no current indications on the direction of this spend.</p> <p>FC informed the Governing Body that in other areas digital road signs are being used to advertise that children of pre-school age are eligible for the nasal flu vaccination but was not aware of any such advertising within this borough.</p> <p>It was agreed that advertising could improve. TA agreed to make enquiries as to the availability of a similar campaign for this borough.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the item.</b></li> <li>2. <b>TA to make enquiries as to the availability of pre-school age children for this borough and an advertising campaign.</b></li> </ol>	TA
<b>8.</b>	<b>New Business Items</b>		
	<b>8.1</b>	<p><b>Locality Report</b></p> <p>TA presented the item.</p> <p>The Wigan Locality Plan for Health and Care describes our local transformation programme over the next five years and how the opportunity of Greater Manchester Devolution can act as a catalyst to this reform programme.</p> <p>The document presented was the updated draft of the plan shared with Greater Manchester at the end of October. The updated draft was informed by comments from stakeholders and from the analysis carried out within the Greater Manchester team. The draft was accompanied by an Executive Summary that captures the key elements of the plan.</p> <p>The document was submitted to the Health and Wellbeing Board on 18<sup>th</sup> November 2015 for endorsement by leaders across the system in the Borough.</p>	

	<p>The process of confirming the financial detail is ongoing.</p> <p>The next version of the plan will be available during December for presenting to the January Governing Body meeting.</p> <p>GC welcomed the comprehensive plan and suggested that the final iteration reinforces success criteria against outcomes.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Governing Body received the report.</b></li> <li><b>2. The next iteration of the plan to be brought to the January 2016 Governing Body meeting with the changes clearly tracked.</b></li> </ol>	TA
<b>8.2</b>	<p><b>Quality, Safety and Safeguarding Briefing Paper – Quarter 2</b></p> <p>JS presented the item.</p> <p>The purpose of the report was to provide the Governing Body with an overview on the Quality, Safety and Safeguarding activities undertaken in the Quarter 2, 2015/2016 period.</p> <p>The report is structured to highlight any areas of concern relating to our Providers during this period and seeks to evidence the actions that are being taken to drive the required improvements in quality and safety.</p> <p>JS drew particular attention to the below areas:</p> <ul style="list-style-type: none"> <li>• Section 4, updates on the key areas NHS Foundation Trust providers.</li> <li>• Section 5, Intermediate Care and Community Bed Providers.</li> <li>• Section 6, Primary Care and the CCG agreeing that the Single Commissioning Engagement and Outcome Scheme (SCEOS) will provide funding for practices to attend an Annual Quality Peer Review meeting this year 2015/16 to drive improvements in the quality of primary care provision.</li> </ul> <p>MS highlighted his desire to see a sharper focus on the outcomes as opposed to the process.</p> <p>MS noted that the report focusses on the second quarter and there remains no evidence of the Care Quality Commission (CQC) report for Alexandra Court Intermediate Care Centre which is disappointing.</p> <p>MS added that while individual points in the report were not serious enough in themselves there is enough collective concern to ask as commissioners what is being done.</p> <p>JS confirmed that this was a pertinent point and in response to this a change to the emphasis of future reports will be made.</p>	

		<p>TA confirmed that Sally Forshaw, Associate Director for Quality, Safety and Safeguarding, had been invited by Wrightington, Wigan and Leigh NHS Foundation Trust to attend their Quality and Safety Committee.</p> <p>FC questioned the timescales of the Serious Case Reviews (SCRs) (<i>page 16, item 16.6 refers</i>) and the need for appropriate expediency without compromise of the reviews.</p> <p>TA confirmed that she would write formally to the Safeguarding Board and the Director of Children’s Services to relay the concerns.</p> <p>FC added that in advance of the CQC visit to WWL a Listening Event had been arranged at Leigh Sports Village. FC questioned if this was perhaps the best venue to use in terms of location and access within the borough.</p> <p>AA asked who the lead for Care Homes was and asked if the CCG has an appointed lead.</p> <p>MS referred to the current spending review and the news of two national care home providers reporting financial deficits. MS asked who the beds were owned by and if these were risk assessed.</p> <p>JS confirmed that the CCG place around 400 patients in care homes. The CCG do have a current baseline as a result of the recent bed capacity review.</p> <p>MS asked for confirmation on how much risk the CCG is facing with the financial position of Care Home Providers.</p> <p>TA explained that Local Authority colleagues may be able to assist with this query.</p> <p>MT suggested that officers liaise with Local Authority leads and bring a financial report to the January 2016 Governing Body meeting.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the item.</b></li> <li>2. <b>TA to write formally to the Safeguarding Board and the Director of Children’s Services to relay the concerns around the timescales of the Serious Case Reviews.</b></li> <li>3. <b>TC to revisit the minutes of previous meetings to check if safeguarding review delays had been raised with the Safeguarding Board.</b></li> </ol>	<p>TA</p> <p>TC</p>
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		4. A financial report explaining the financial position of the Care Home Providers to be brought to the January 2016 Governing Body.	MT
	8.3	<p><b>Healthier Together Judicial Review</b></p> <p>Correspondence was shared with Governing Body members to update them on the position with regard to the challenge to Healthier Together and to share the legal advice which has been provided to all CCGs.</p> <p>The court has granted the application for permission and given directions for a full hearing that has been fixed for 9-10 December 2015.</p> <p>TD confirmed that the CCG are one of the co-defendants named and that a decision prior to Christmas is expected.</p> <p>A report of the outcomes will be brought to the January 2016 Governing Body.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the item.</li> <li>2. A report of the outcomes of the Healthier Together Judicial Review to be brought to the January 2016 Governing Body meeting.</li> </ol>	TD
9.	<b>Current Business</b>		
	9.1	<p><b>GM Association of CCGs: Association Governing Group Meeting – Summary Notes</b></p> <p>The Governing Body was asked to receive the summary notes of the GM Association of CCGS (AGG) held on the 3 November 2015 for information.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. The Governing Body received the notes.</li> </ol>	

<p>9.2</p>	<p><b>Corporate Report</b></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"> <li>1) The emerging Greater Manchester (GM) Devolution agenda and potential fund transfers to the devolution budget.</li> <li>2) Identify additional opportunities to address the CCGs cumulative shortfall in funding identified in the Locality Plan submitted as part of GM devolution (October 2015).</li> <li>3) Fully meeting the requirements of Winterbourne.</li> <li>4) Closing the in-year QIPP gap of £6.7m.</li> <li>5) Managing demand in the acute sector, particularly over performance at WWL.</li> <li>6) Community care providers developing sufficient capacity to receive patients and services deflected from Acute Hospital care.</li> <li>7) Managing and resourcing the co-commissioning of Primary Care with NHS England.</li> <li>8) Patient Transport Services contract will not be finalised until 2016/17.</li> </ol> <p>Challenges for 2016/17 which include:</p> <ol style="list-style-type: none"> <li>1) The resources (Commissioner and Provider) necessary to support the service transformation in 2016/17 detailed in the strategic plan. Delivery will require major commitment from all stakeholders.</li> <li>2) Further developing the QIPP programme to meet 2016/17 requirements and beyond.</li> <li>3) Increasing cost pressures on the CCG.</li> <li>4) Future Mental Health tariff.</li> <li>5) Potential cuts to local authority budgets as a result of the new Comprehensive Spending Review (CSR) for the five years following 2016/17.</li> </ol>	
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		<p><u>Performance Theme of the Month</u> <u>Improving Access to Psychological Therapies (IAPT)</u></p> <p>Chris Melling, Associate Chief Finance Officer – Financial Sustainability and Performance and Alice Forkgen, Assistant Director of Commissioning Non Acute attended to present the item.</p> <p>IAPT is an NHS programme for treating people with depression and anxiety disorders.</p> <p>The access rate indicator measures the proportion of people that enter treatment against the level of need in the general population, whilst the recovery rate indicator focuses on recovery of patients completing a course of treatment.</p> <p>The primary purpose of the waiting times indicators is to measure waiting times from referral to treatment.</p> <p>AF confirmed that the underachievement of IAPT targets is due to a coding error and therefore a delay with the data will be applicable. More accurate data should be presented during October/November.</p> <p>TE noted that the CCG is rated as fourth best and asked if a gap with access to treatment is a concern.</p> <p>AF confirmed that the IAPT Waiting Time indicator measures the proportion of people that wait 6 &amp; 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.</p> <p>Wigan Borough CCG July performance (&lt;6wks) was above the standard of 75.00% achieving 92.11%. Performance (&lt;18wks) was also above the standard of 95% achieving 98.68%.</p> <p>AF explained that calculations are based upon the completion of treatment.</p> <p>GC said that a missing element was the success of outcomes of the treatment and recovery rates.</p> <p>TA suggested that IAPT be invited to attend the Clinical Governance Group to discuss in more detail after further discussion it was agreed that the Clinical Leadership Team (CLT) may be more appropriate.</p> <p>Wigan Borough CCG Dementia Diagnosis rate was above plan (66.70%) for the month of September 2015 achieving 71.15%.</p>	
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		<p><b>Dementia Diagnosis Rate</b></p> <p>Wigan Borough CCG Dementia Diagnosis rate was above plan (66.70%) for the month of September 2015 achieving 71.15%.</p> <p><b>Dementia Prevalence</b></p> <p>Of the 6 Wigan localities, Atherleigh has the highest dementia prevalence rate per thousand patients (42.77) and ULC has the lowest prevalence rate of 36.13.</p> <p><b>Care Programme Approach (CPA) Within 7 Days</b></p> <p>Wigan Borough CCG performance in Quarter 1 and Quarter 2 of 2015/16 was above the target of 95.00% achieving 96.89% and 97.35% respectively. Performance has been above target in 7 of the 10 quarters since Quarter 1 of 2013/14.</p> <p><b>Early Intervention In Psychosis</b></p> <p>Data reported shows the number of all new cases taken on the caseload of an Early Intervention team from 1 April to the end of the latest quarter, building cumulatively.</p> <p>In 2013/14 the total number of cases recorded was 52 and in 2014/15 the total number of cases recorded was 54. 2015/16 year-to-date (Quarter 1 &amp; Quarter 2) cases currently total 14.</p> <p>MS asked if the labelling of indicators is nationally instructed.</p> <p>CM confirmed that performance indicators were prescribed nationally.</p> <p>CM shared a timetable of monthly performance topics for the Governing Body to consider.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body received the report.</b></li> <li>2. <b>Consideration to be given to the monthly performance topics suggested and the governance route to be adopted.</b></li> <li>3. <b>IAPT to be taken to a future Clinical Leadership Team (CLT) meeting.</b></li> </ol>	
			<p><b>ALL</b></p> <p><b>MT</b></p>

<b>10.</b>	<b>Governing Body Committee Updates</b>	
	<b>10.1/ 10.7</b>	<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 (<i>no meeting</i>).</p> <p>10.3 Chairperson's Report: Clinical Governance Committee.</p> <p>10.4 Chairperson's Report: Corporate Governance Committee (<i>no meeting</i>).</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><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body approved the above listed reports.</b></p>
<b>11.</b>	<b>Locality Executive Updates</b>	
	<b>11.1/ 11.6</b>	<p>Locality Executive updates were circulated for October 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><b>Resolved:</b></p> <p style="padding-left: 20px;"><b>1. The Governing Body received the above listed reports.</b></p>
<b>12.</b>	<b>Any Other Business – to be accepted at the Chairman's discretion</b>	
	<b>12.1</b>	<p><b>The Provision of North West Non-Emergency Patient Transport Services – Final Evaluation report for Lot 5 – Greater Manchester</b></p> <p>TA presented the item.</p>

	<p>A press release was issued by NHS Blackpool CCG on the 2 November 2015 advising that they had found a level of management and process failures with the reporting of performance standards from Arriva Transport Solutions Limited (ATSL) in their provision of North West Non-Emergency Patient Transport Services.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body received the item.</b></p> <p><i>The meeting closed at 15.10pm with the Chair wishing Governing Body members and members of the public a Merry Christmas.</i></p>	
<b>13.</b>	<b>Date and Time of Next Meeting</b>	
	<b>Tuesday 26 January 2016 at 1.30pm in Room 17, Wigan Life Centre</b>	

Signed .....  
Dr Tim Dalton, Chair

Date: .....26.1.16.....

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

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
28.7.15	8.1	<b>Healthier Together:</b>  TD to provide progress report, including the conditions paper, to September Governing Body Meeting.	<b>TD</b>	<b>November</b>	Deferred due to Judicial Review. Hearing scheduled for 9/10 December.
24.11.15	7.2	<b>Chief Officer's Key Messages</b>  2. Flu Vaccinations: TA to make enquiries as to the availability of pre-school age children for this borough and an advertising campaign.	<b>TA</b>	<b>Ongoing</b>	
24.11.15	8.1	<b>Locality Report</b>  2. The next iteration of the plan to be brought to the January 2016 Governing Body meeting with the changes clearly tracked.	<b>TA</b>	<b>January 2016</b>	
24.11.15	8.2	<b>Quality, Safety and Safeguarding Briefing Paper – Quarter 2</b>  2. TA to write formally to the Safeguarding Board and the Director of Children's Services to relay the concerns around the timescales of the Serious Case Reviews.	<b>TA</b>	<b>Ongoing</b>	

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

		3. TC to revisit the minutes of previous meetings to check if safeguarding review delays had been raised with the Safeguarding Board.	TC	Ongoing	
24.11.15	8.3	<b>Healthier Together Judicial Review</b>  2. A report of the outcomes of the Healthier Together Judicial Review to be brought to the January 2016 Governing Body meeting.	TD	January 2016	
24.11.15	9.2	<b>Corporate Report</b>  2. Consideration to be given to the monthly performance topics suggested and the governance route to be adopted.  3. IAPT performance to be taken to a future Clinical Leadership Team (CLT) meeting.	ALL  MT	Ongoing  Ongoing	