

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

Tuesday, 26 July 2016 1.30 pm

Wigan Borough CCG Boardroom - Wigan Life Centre

AGENDA

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	Chairman's Welcome	1.30 pm	Tim Dalton		
2.	Apologies for Absence		Tim Dalton		Record
3.	Declarations of Interest		All		Record
	Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.				
4.	Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 28 June 2016		Tim Dalton	1 - 18	Approve
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	19 - 22	Approve
6.	Questions from Members of the Public				
7.	Key Messages	1.40 pm			
7.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information

8.		New Business Items	1.55 pm			
	8.1	Safeguarding Children & Adults at Risk Annual Report		Julie Southworth	23 - 62	Receive
	8.2	Quality & Safety Annual Report		Julie Southworth	63 - 106	Receive
	8.3	Governing Body Assurance Framework Qrt 1 2016-17		Julie Southworth	107 - 128	Received
	8.4	Wigan Borough Clinical Commissioning Group's Procedure in the event of Care Home Closure		Julie Southworth	129 - 138	Receive
9.		Current Business Items				
	9.1	Performance Report		Mike Tate	139 - 158	Receive
	9.2	Finance Report		Mike Tate	159 - 178	Approve
	9.3	Greater Manchester Health & Social Care Strategic Partnership Board Minutes		Tim Dalton	179 - 188	Receive
10.		Governing Body Committee Updates				
	10.1	Healthier Together Shadow Joint Committee		Tim Dalton		No minutes available
	10.2	Chairperson's Report - Audit Committee		Maurice Smith		No Meeting
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	189 - 194	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis		No Meeting
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	195 - 200	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	201 - 204	Approve
	10.7	Minutes - Primary Care Commissioning Committee		Gary Cook		No Meeting
11.		Locality Executive Updates				
	11.1	Atherleigh		Gen Wong	205 - 210	Receive
	11.2	Patient Focus		Mohan Kumar	211 - 216	Receive

	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey	217 - 220	Receive
	11.4	Wigan Central & North		Tony Ellis	221 - 224	Receive
	11.5	United League Collaborative		Sanjay Wahie	225 - 230	Receive
12.	Any Other Business - To be accepted at the Chairman's discretion					
13.	Date and time of next meeting					
	Tuesday 27 September 2016 at 13.30 in Room 17, Wigan Life Centre					

This page is intentionally left blank

OPEN MEETING (*Unratified*)

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
Held on Tuesday 28 June 2016 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)
Julie Southworth, Director of Quality and Safety (JS)
Mike Tate, Chief Finance Officer (MT)
Frank Costello, Lay Member (FC)
Dr Pete Marwick, Clinical Lead for Wigan North (PM)
Dr Ashok Atrey, Clinical Lead for TABA (AA)
Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)
Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)
Dr Gen Wong, Clinical Lead Atherleigh (GW)
Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)
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)
Alexia Mitton, Head of Communications (AM)

	AGENDA	ACTION
1.	Chairman's Welcome	
	<p>The Chairman opened the meeting at 1.30pm formally welcoming all attendees to the June meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting.</p> <p>One member of the public was present.</p>	
2.	Apologies for Absence	Record
	<ul style="list-style-type: none"> • Vacancy for Nurse Governing Body Member (<i>commences July 2016</i>) • Trish Anderson, Chief Officer (TA) • Dr Tony Ellis, Clinical Lead for Wigan Central (TE) 	
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>	ALL
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 24 May 2016	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><u>March 2016</u></p> <p>Item 8.2 – complete.</p> <p><u>April 2016</u></p> <p>Item 8.4 – complete. Item 10.0 – July 2016.</p> <p><u>May 2016</u></p> <p>Item 7.1 – July 2016. Item 8.1 – July 2016. Item 8.2 – July 2016. Item 8.3 – July 2016. Item 8.5 – Sept 2016.</p>	
6.	Questions From Members of the Public	
	There were no questions raised by the member of the public.	
7.	Key Messages	
7.1	<p>Chair’s Key Messages</p> <p>TD opened the meeting with a focus on togetherness and integration.</p>	

		<p>Locally significant pieces of work are underway within Primary Care:</p> <ul style="list-style-type: none"> • The development of clusters within the New Models of Care programme. • The development of the Integrated Care Organisation (ICO), along with Primary Care, to transfer activity out of hospital. • Work is progressing well throughout the Localities. • The development of GP Fellowships within clusters allows a different type of recruitment for General Practitioners (GPs). • The CCG is a major stakeholder in the recruitment of the ICO Project Management Office (PMO) Leader role. <p>Regionally:</p> <ul style="list-style-type: none"> • The quarterly meeting of the Healthier Together Shadow Joint Committee took place on the 15th June 2016. The minutes of the meeting will be available at the next Governing Body meeting. • The current Association Governing Group of Greater Manchester (AGG) CCGs Chair, Hamish Steadman, has stepped down. The newly appointed AGG Chair is Dr Kieran Patel. • Detail of the Locality Plan and the progress being made has been reported to the local Scrutiny Committee, Health and Wellbeing Board, via the Wigan Leaders Executive Board (WLEB) and the Tactical Programme Board (TPB). <p>FC extended his thanks to the Executive Directors for their additional support in the absence of the Chief Officer. The Governing Body echoed his comments.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the item. 	
	7.2	<p>Chief Officer's Key Message</p> <p>Chief Officer was on planned absence therefore no report available.</p>	
	8.	New Business Items	
	8.1	<p>NHS Wigan Borough Clinical Commissioning Group Annual Report and Accounts</p> <p>MT presented the item.</p>	

	<p>The CCG's Audit Committee approved the audited annual report and accounts (ARA) at its meeting on 24th May 2016 but at that time Grant Thornton had not finalised the Independent Auditor's Report to Members of the Governing Body.</p> <p>This report is included at the beginning of Section 3 in the final edition of the ARA shared with members.</p> <p>As required the document was submitted to NHS England before 10th June 2016 and can be accessed on the CCG's website. It will also be presented at the CCG's Annual General Meeting.</p> <p>MT confirmed that this was an unqualified opinion audit with no issues raised. The CCG has met all performance and financial targets evidencing good stewardship.</p> <p>MT explained that the report was assembled in three sections and guided the Governing Body through them.</p> <ol style="list-style-type: none"> 1. Performance Report. 2. Accountability Report. 3. Financial Statements. <p>MT referenced the letter received from Grant Thornton UK LLP (<i>page 89/90 refers</i>):</p> <p><u>Independent Auditor's Report to the members of the WBCCG Governing Body</u></p> <p>Opinion on financial statements: 'Give a true and fair view of the financial position of NHS Wigan Borough Clinical Commissioning Group as at March 2016 and of its expenditure and income for the year then ended; and Have been prepared properly in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in the 2015/16 MfA and the Accounts Direction'.</p> <p>Opinion on regularity: 'In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them'.</p> <p>Opinion on other matters: 'the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the</p>	
--	---	--

	<p>European Union, as interpreted and adapted by the 2015/16 FReM as contained within the 2015/16 MfA and the Accounts Direction;</p> <p>The other information published together with the audited financial statements in the annual report and accounts is consistent with the financial statements’.</p> <p>Matters on which Grant Thornton are required to report by exception:</p> <p>‘We are required to report to you if:</p> <ul style="list-style-type: none"> • In our opinion the governance statement does not comply with the guidance as issued by the NHS Commissioning Board; or • We refer a matter to the Secretary of State under section 30 of the Act because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would invoke the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or • We issue a report in the public interest under section 24 of the Act; or • We make a written recommendation to the CCG under section 24 of the Act; or we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of its resources for the year ended 31 March 2016. <p>We have nothing to report in these respects’.</p> <p>SW asked if this report was shared after the AGM.</p> <p>MT explained that this is a public document and is today available electronically via the CCG website.</p> <p>SW suggested it would be good practice to share this document, by way of a link, with stakeholders to evidence the amount of work being undertaken by the CCG.</p> <p>MT agreed to consider this.</p> <p>TD noted that this was a substantial piece of work and thanked all involved for their collective efforts.</p>	
--	---	--

		Resolved: <ol style="list-style-type: none"> 1. The Governing Body approved the report. 2. The Annual Report to be shared appropriately with stakeholders. 	MT
9.	Current Business		
	9.1	<p>Month 2 Finance Report for 2016/17</p> <p>MT presented the item.</p> <p>The report was presented to members as at month 2 due to the heightened level of risk facing the CCG. A decision is to be made around future reporting timescales.</p> <p><u>Executive Summary</u></p> <ul style="list-style-type: none"> • Surplus: Year To Date Performance The year to date surplus (£0.76m) is in line with the planned surplus at month 02; • Surplus: Full Year Forecast At month 02 the CCG has total allocations of £500.5m. The CCG is forecasting to achieve its statutory duties in 2016/17 and achieve the planned surplus of £4.51m; • Efficiency: Year To Date Performance CCG main efficiency saving is based on activity and prescribing reductions and as the CCG do not get this data until month 3, year to date performance is being reported as plan; • Efficiency: Year To Date Forecast As noted above the CCG activity and prescribing data is not available at month 2, therefore forecast is being reported as plan. The CCG is working through Right Care opportunities to close the efficiency gap; • Running Costs The running cost target is £7.09m which has seen no reduction from the prior year. The running cost expenditure at month 02 is in line with the budget and the CCG is forecasting to remain within target throughout 2016/17. <p><u>Key Messages 2016/17</u></p> <p>The CCG has seen an unprecedented pressure and risk on its core allocations in 2016/17. The following issues and risks highlight the potential financial consequences facing the CCG.</p>	

		<p>This is the toughest financial environment that commissioners have faced since the formation of CCGs in April 2013. This is also recognised in Ian Currell’s letter to the CCG of 17th June 2016 (<i>Appendix 1 refers</i>) where the CCG plan is rated at level 1b – assured and meets business rules, but with increased or higher financial risk.</p> <p>The CCG will now be subject to closer support and contact from GM Health & Social Care Partnership (GM HSCP) Team. Should the CCG declare that we are not planning to meet the surplus or go into deficit in year then we would be reclassified to Category 2 and placed into a success regime attracting external audit from Price Waterhouse Cooper (PWC).</p> <p>The following are the key national and local risks impacting upon the CCG:</p> <p>National</p> <ul style="list-style-type: none"> • Committed Programme Allocations – From core allocations CCGs are required to contribute to the Better Care Fund, GP IT, Child and Adolescent Mental health Services (CAMHS) and maintain parity of esteem with mental health providers; • Uncommitted Spend – CCGs are mandated to put 1.5% of their allocation aside as a contingency against in-year costs and risk. This is half the CCG’s growth allocation. The 1.0% element is to be held in aggregate for the GM Sustainability Transformation Plan (STP) area and is funding usually earmarked for non-recurrent investment in local transformation schemes; • Provider Deficit – The expected variance between the level of provider debt (£2.8b) and the sustainability funding (£1.8b) in 2015/16 means that approximately £1.0b of deficit funding could be carried over into 2016/17. This means CCGs could have to dedicate more funds to sustaining rather than transforming the current health and social care system; • Primary Care Spend – The additional funding being made available to Primary Care does not have the desired impact in helping support the national new models of care agenda; • Cuts to Social Care and Public Health – Reduced government spending in these areas has the capacity to create further financial pressures on the health system; and • Carter Review – Early indications are that the efficiency savings target identified has not been fully signed up to by providers. Non-delivery of provider Cost Improvement Programmes (CIPs) could impact upon CCGs if activity increases are used to backfill this financial shortfall. 	
--	--	--	--

		<p>Local</p> <ul style="list-style-type: none"> • Transformation Schemes – The financial plan requires GM transformational funding to be available to the CCG. Until this is received, Wigan Council have underwritten the support required for the expansion of Ambulatory Assessment Area (AAA) and the Integrated Community Nursing and Therapy (ICNT) activity within the Wrightington, Wigan & Leigh FT (WWL) contract. The CCG is expecting but has not yet received this funding from the council. The risk is that identified schemes: AAA, ICNT and various pathway redesigns don't deliver within the currently envisaged timescale. These transformational efficiency schemes are a key cornerstone of the CCG's financial strategy; • Provider Growth – whilst recognising that the Locality plan achieves financial balance across the Health and Care economy, this is dependent on keeping activity within contracted levels. If activity is not contained at these levels this affects the ability of the CCG to achieve financial balance. The risk is that rather than focus on reducing expenditure or fully delivering the Carter Review requirements, WWL instead seek to deliver financial sustainability by increasing income through increased activity. First analysis of WWL activity would suggest such an increase; • Clearing of Back Log Activity in Secondary Care – Following the junior doctors industrial action the clearance of back logged elective activity increases the level of over performance in the acute sector, placing additional financial pressure on the CCG; • Continuing Health Care – After a year's stability in this area the risk remains that an increased number of applicants meet the criteria for NHS Funded care above those identified in the financial plan; • Prescribing – the budgets have been set at 15/16 outturn but a stretched efficiency target has been set. If this is not met or demand grows or costs increase, this puts the ability of the CCG to meet this budget at risk; • Devolution and North West Sector – Work on delivering the Wigan locality plan stalls and the CCG cannot gain access to the GM Transformation Fund; • Right Care Opportunities – The CCG are aiming to meet its financial challenge by developing opportunities identified by Right Care. If these fail to deliver the required £3.9m shortfall or they are implemented too late in the financial year to contribute meaningfully to the 2016/17 financial position then the CCG will not be able to deliver its statutory financial duty; and 	
--	--	---	--

		<ul style="list-style-type: none"> • Unaffordable Local Health Economy Support – Due to the financial constraints placed on the CCG, it is not in a position to support further Ad Hoc financial support to other organisations in the local health economy. <p>Main Acute Contract with Wrightington, Wigan & Leigh FT (WWLFT):</p> <ul style="list-style-type: none"> • Raw contract data relating to month 01 flex provided by WWLFT suggested a contract under performance of £260k. Initial analysis of this data identified a number of data quality and reporting issues and after amending for these internally the initial view of the financial position is a £400k over performance. Further analysis is being undertaken to firm up this analysis, understand the cost drivers behind it, and to work up a range of contractual challenges to help mitigate this potential over performance; • Whilst there are no confirmed trends at this stage a straight-line extrapolation of this initial month 01 position would give a full year over performance figure of a minimum £4.8m; • Soft intelligence received from the trust indicates that they have seen a significant increase in non-elective activity at month 02. The CCG will not receive month 02 data until the end of June so is currently unable to verify the impact; and • The trust has highlighted backlog growth for Outpatient reviews in a number of specialities. The CCG has requested that the trust produce a plan to show how backlogs can be reduced without exceeding agreed full year activity thresholds set within the contract. The CCG has made it clear that any backlog clearance that takes place without agreement from the CCG will not be recognised for payment. <p>Efficiency Savings (QIPP):</p> <ul style="list-style-type: none"> • As part of the 2016/17 planning process, the Governing Body, Finance and Performance Committee, Senior Leadership team and Clinical Leadership Team have been made aware of the efficiency savings required by the CCG and the schemes that will deliver these (See Appendix 2); • The CCG has a target of generating £20.8m in system wide efficiency saving in the current financial year; • Unlike previous financial years the CCG does not have the reserves available to underwrite the non-delivery of schemes; • As at M02 the value yet to be formally identified is £3.9m. The CCG has identified significant opportunities through Right Care data to deliver these savings; • The CCG is currently reviewing these Right Care opportunities to prioritise which of these schemes to pursue; 	
--	--	---	--

		<ul style="list-style-type: none"> • At present the £20.8m target is split - £16.9m is fully identified and the CCG are aiming for Right Care schemes to deliver the balance of £3.9m; • Failure to deliver these savings will impact on the CCG's investment plans and potentially its ability to deliver the planned financial surplus; and • The SLT will on a monthly basis review the PMO's RAG rated list of efficiency schemes. This is to ensure timely monitoring and to keep delivery high on the CCG's agenda. <p>Better Care Fund (BCF):</p> <ul style="list-style-type: none"> • The CCG and Local Authority have agreed the breakdown of schemes for the current financial year totalling £22.5m (see Appendix 3); and • The BCF plan has been approved by the Wigan Health and Wellbeing Board and will be subject to a quarterly update through the Joint Commissioning Group/Executive, Health and Wellbeing Board, Finance and Performance Committee and Governing Body in line with recommendations made by CCG auditors. <p>Forward View:</p> <p>The M03 report will present the first set of financial indicators from the acute sector and prescribing, which in turn will give an early indication regarding the delivery of the efficiency schemes. This in turn will help shape the narrative to the GM Health and Social Care Partnership via the monthly non-ISFE report.</p> <p>Key Conclusion:</p> <p>If the risks identified above continue to increase as opposed to decline the CCG may not hit its target surplus, and so remedial action would have to be taken in future months.</p> <p>Attached to the Financial Plan for the information of members was:</p> <ul style="list-style-type: none"> • Appendix 1 - Letter from Ian Currell regarding the 2016/17 Financial Plan Assessment. • Appendix 2 - 2016/17 QIPP Service Transformation List. • Appendix 3 – 2016/17 Better Care Fund (BCF) scheme breakdown. <p>GC asked what contingency plans were in place to alert the Governing Body to risks early.</p>	
--	--	---	--

		<p>MT explained that an Activity Report has been developed which will be available at month 2. The report has already highlighted an issue around ambulatory care. MT has asked that the activity report clearly identifies activity change from an acute to a community setting.</p> <p>MK highlighted the importance of expending our resources at the right end of the health economy. The Right Care pack provides an outline of performance, where we have invested and how we compare with others nationally. MK added that using this data correctly gives us the power to decommission and this message needs to be relayed to stakeholders.</p> <p>FC confirmed that this had been discussed at length at the Finance and Performance Committee yesterday and that there is some contrast with the previous item which evidences excellent stewardship. FC added that we appear to have become victim to activity levels.</p> <p>MT confirmed that the main issues historically have been our acute provider overtrades and QIPP underachieves. In past years the CCG has been able to utilise its resources to plug the gap but these resources no longer exist. MT added that now, more than ever, we need to be looking for efficiency gains, behavioural changes and be watchful over expenditure.</p> <p>MT confirmed that Wrightington Wigan and Leigh (WWL) were contracted at £168m. Initial assumption was showing £175m. Upon working with WWL the initial assumption has now reduced to £172m which will result in an overtrade of £4m at the end of the year.</p> <p>TD referred to the Activity Report and asked how the CCG are engaging with Clinicians for input and members of the public to explain the 'Wigan Pound'.</p> <p>MT explained that Craig Hall, Deputy Chief Finance Officer, and Wayne Sanders, Assistant Chief Finance Officer – Financial Sustainability and Performance, were looking at pioneering this piece of work to work with Clinicians and Localities to trigger rich debate expanding the report to include to the transformational schemes running as an early warning system if they are not delivering.</p> <p>MT added that the Activity Report is shared each month with localities. The Medicines Management department are assisting localities, through activity analysis, to identify any issues in Primary Care.</p>	
--	--	--	--

		<p>MT and FC to have a discussion around wider engagement with the public.</p> <p>AA referenced social issues resulting in high morbidity and suggested that work with the third sector could be conducted to improve this.</p> <p>GC referred back to the WWL £4m gap and asked if this related to a particular area.</p> <p>MT confirmed that this related largely to elective procedures – growth/repatriation. To cover the acute level of cost a level of income is required from each organisation.</p> <p>GC related this back to previous conversations around bed closures.</p> <p>MT confirmed that the CCG have placed a commissioner into WWL to review beds and the discharge process. At the beginning of last weekend there had been 44 beds available.</p> <p>MT reminded members that the Locality Plan will only work if acute services are delivered on a smaller footprint and the funding flows are placed into the community.</p> <p>SW made reference to an earlier briefing, delivered by Silas Nicholls, Director of Strategy and Planning, around future estates and plans to expand Wrightington and to import patients from other boroughs and asked if this was happening.</p> <p>MT confirmed that there was no formal report to support this and that it appears unlikely that WWL will achieve their Trauma and Orthopaedic targets. MT confirmed that WWL’s trajectory is significantly still off-line and that they are facing a significant financial challenge. WWL last year were £7m in arrears, upon receipt of money from the Sustainability Fund arrears amounting to £2m remained.</p> <p>The Governing Body received the report, noted the financial risks contained within it and welcomed the increased early warning around activity levels to allow early escalation to front line discussions. A decision is to be made next month on the frequency of the report to the Governing Body given the heightened financial risks.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. MT to receive assurance that the ICNT and Ambulatory 	MT
--	--	---	-----------

		<p>projects have been underwritten by the Local Authority.</p> <p>3. Activity Report - MT and FC to discuss wider engagement with the public.</p> <p>4. A decision is to be made next month on the frequency of the report to the Governing Body given the heightened financial risks.</p> <p>5. Finance report to be shared with GP Practices.</p>	<p>MT/FC</p> <p>ALL</p> <p>MT</p>
	<p>9.2</p>	<p>Performance Report</p> <p>MT presented the item.</p> <p>The 2016/17 performance report includes all CCG performance measures contained within the Delivering The Forward View planning guidance.</p> <p>MT confirmed that there has been a suite of indicators introduced for urgent care with a commentary to improve understanding which states clearly the difficulty and any counteractive action being undertaken.</p> <p><u>Favourable Trends</u></p> <p>Ambulance: Red 1 Calls 8 Minute Response: After failing the 75% standard for five consecutive months, performance in April is now above standard at 76.47%.</p> <p>18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 95.71% during April.</p> <p>18 Weeks RTT Incomplete Patients Waiting > 52 Weeks: The one patient who was previously reported as waiting in excess of 52 weeks at Lancashire Teaching Hospital has now been treated. There are no 52+ week waiters reported as waiting during April.</p> <p>Diagnostics 6+ Week Waiters: Performance continues to be below (better than) the national standard of 1.00%, currently achieving 0.59% during April.</p> <p>Healthcare Associated Infections MRSA: There have been no reported cases of MRSA during April.</p> <p>Healthcare Associated Infections Clostridium Difficile: The number of reported cases during April (7) was below plan.</p>	

	<p>Cancer: All indicators have achieved standard during April.</p> <p>IAPT Access Rate: Performance is currently above standard in February and also on line to achieve at the end of the year.</p> <p><u>Adverse Trends</u></p> <p>A&E Waits: Total Time Within 4 Hours At WWL FT: April performance is below the 95% target achieving 92.97%. A total of 7,368 patients attended A&E of which 518 were not seen within 4 hours. However, although WWL failed target they are the highest performing provider across the Greater Manchester area.</p> <p>Ambulance Handover >30 & >60 Minutes at WWL FT: April performance is above (worse than) plan for both of the ambulance handover indicators. Ambulance Handover >30 minutes achieved 8.15% (plan 4.10%) and Ambulance Handover >60 minutes achieved 1.60% (plan 0.40%).</p> <p>Mixed Sex Accommodation: There was one Mixed Sex Accommodation breach reported in April for Wigan Borough CCG. This breach was reported by Royal Bolton Hospital who advised the reason for breach was: "<i>Specified a side ward for palliation, none available at time of request</i>".</p> <p>IAPT Recovery Rate: Performance has failed to achieve standard in the last six months and is also currently below standard at year-to-date (April to February). Patients completing at Bridgewater (37.93%) were below the 50% standard which resulted in the overall CCG figure missing standard. However, 5 Boroughs Partnership and Making Space were above/equal to standard achieving 53.62% and 50.00% respectively.</p> <p>Diagnostic Endoscopy & Non-Endoscopy Tests: The number of diagnostic tests for both endoscopy and non-endoscopy, carried out during April are above the activity plan. They are also higher than the number of tests carried out in April 2015.</p> <p>FC noted that the content within the documentation captures a major part of the activity and suggested the inclusion of community services and primary care.</p> <p>MT explained that in future the Corporate Report will be aligned with the NHS England Improvement and Assessment Framework, which is a suite containing 57 indicators. First drafts of this report may be available for the July Closed Governing Body meeting.</p>	
--	--	--

		<p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report. 2. The Improvement and Assessment Framework to be brought to a closed Governing Body meeting as part of the new corporate report. 	<p>MT</p>
	<p>9.3</p>	<p>Wrightington Wigan and Leigh NHS Foundation Trust (WWL) Mortality Update</p> <p>JS presented the item.</p> <p>At the April 2016 Governing Body meeting Board members requested information be provided to explain the increased death rate at weekends as previously reported by WWL.</p> <p>The update contained:</p> <ol style="list-style-type: none"> 1. An updated response to themes identified in the WWL Deaths Audit 2015. 2. WWLs response to the Governing Body query about weekend death rates. 3. The latest SHMI and HSMR mortality data provided by Greater Manchester Health and Social Care Partnership Quality Team. <p>The report was shared to inform members of actions taken to address areas of concern highlighted in the Deaths Audit Annual Review 2015. The report includes actions being taken to improve the treatment of common conditions identified by regional mortality data.</p> <p>JS noted that the number of deaths reviewed against a number of standards of care relating to Acute Kidney Injury (AKI) and Sepsis were concerning.</p> <p>The Deaths Audit Annual Review identified a number of themes, action taken by the Trust to address the concerns are detailed within the report. These actions are monitored by the bi-monthly Quality Safety and Safeguarding Group (QSSG).</p> <p>JS confirmed that the Summary Hospital-level Mortality Indicator (SHMI) was still attracting some concern. The Trust does not have the tools to be able to break down deaths by admission or discharge. The Trust believes the SHMI is attributable to deaths after discharge rather than a 'weekend effect'.</p>	

	<p>JS suggested that a 30 day post discharge audit is conducted.</p> <p>Compromised patient care due to staffing levels was discussed. It was agreed that weekend staffing levels would be discussed in more depth at an Exec to Exec meeting.</p> <p>FC referenced Intravenous Fluids (IV) and asked how the CCG are proactively seeking answers.</p> <p>The issue of appropriate induction flows and consistency of training was raised.</p> <p>SW asked how much input was required from each stakeholder in order to see an improvement with SHMI and asked if the CCG had researched practice in other areas.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the report and noted the concerns that remain. 2. A detailed 30 day post discharge audit to be conducted. 3. Lessons around the Coroners Case to be discussed at an Exec to Exec meeting. 4. Specific feedback to be obtained to clarify how the induction of new Doctors aligns with Health Education England (HEE). 5. Joint exercise CCG/WWL to improve performance in respect of weekend SHMI/HSMR. 	<p>JS</p> <p>JS</p> <p>JS</p> <p>JS</p>
9.4	<p>Wigan Health & Wellbeing Board</p> <p>The Minutes of the Health and Wellbeing Board which took place on 1 June 2016 were shared with members to receive.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received the minutes. 	
10.	Governing Body Committee Updates	
10.1/ 10.7	<p>Chairpersons' reports were circulated as below:</p> <p>10.1 Healthier Together Shadow Joint Committee meeting.</p> <p>10.2 Chairperson's Report: Audit Committee.</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 Minutes Primary Care Commissioning Committee.</p> <p>Resolved:</p> <p>1. The Governing Body approved the above listed reports/minutes.</p>	
11.	Locality Executive Updates		
	<p>11.1/ 11.6</p>	<p>Locality Executive updates were circulated for May 2016:</p> <p>11.1 Atherleigh – joint report</p> <p>11.2 Patient Focus – joint report</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>CCG Award – All-Party Parliamentary Group on Cancer</p> <p>JS presented the item.</p> <p>The All-Party Parliamentary Group on Cancer (APPGC) has invited Wigan Borough Clinical Commissioning Group to receive an award recognising the progress made in one-year cancer survival rates. The presentation will take place at the APPGC’s annual Summer Reception on Wednesday 6th July.</p> <p>Following a long campaign by the APPGC to promote earlier diagnosis, each CCG is now being held accountable by NHS England for its individual one-year cancer survival rates. The campaign this year continues by recognising those top 20 CCGs who have most improved their figures and Wigan Borough CCG has been identified as such.</p>	

		<p>Jane Ellison MP, Minister for Public Health, will join to make a keynote speech. Also invited will be MPs and Peers, including the local MPs for the Borough.</p> <p><i>There were no further items of any other business for discussion.</i></p> <p>The meeting closed at 3.04pm.</p>	
13.	Date and Time of Next Meeting		
	Tuesday 26 July 2016 at 1.30pm in Room 17, Wigan Life Centre		

Signed
Dr Tim Dalton, Chair

Date:26.7.16.....

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2016**

Meeting Date	Agenda Item	Agreed actions from meeting	Action By	Deadline	Update
26.04.16	10.0	Governing Body Committee Updates <ul style="list-style-type: none"> GC to review the clinical representation on the Primary Care Commissioning Committee. 	GC	July 2016	
24.5.16	7.1	Chair's Key Messages <ul style="list-style-type: none"> North West Sector and GM AGG Minutes to be agenda item on closed section of July Governing Body. 	TC	July 2016	
	8.1	Governing Body Assurance Framework (GBAF) – Quarter 4, 2015/16 <ul style="list-style-type: none"> MT to ask Associate Director Commissioned Services to liaise with Heads of commissioning of Greater to agree action on ambulance response times GBAF to include appropriate risk assessment. 	MT TC	July 2016 July 2016	
	8.2	Quality, Safety and Safeguarding – Quarter 4 Report <ul style="list-style-type: none"> A report to be brought back showing the 			

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2016**

		<p>CCG's strategy for dealing with nursing homes which receive inadequate CQC reports.</p> <ul style="list-style-type: none"> The Quality Team would prepare a table outlining date of CQC inspection, date of report, outcome and date of re-visit. 	<p>JS</p> <p>JS</p>	<p>July 2016</p> <p>July 2016</p>	
	8.3	<p>Nursing Home Quality Support</p> <ul style="list-style-type: none"> The Care Home Group to create a self-evaluation tool for nursing homes. 	<p>JS</p>	<p>July 2016</p>	
	8.5	<p>Care Homes – Financial Viability</p> <ul style="list-style-type: none"> The Council's monitoring data and the CQC sustainability data to be reported to a future Governing Body meeting. The CCG procedure in the event of a Care Home closure to be reported to a future Governing Body Meeting. 	<p>MT/JS</p> <p>JS</p>	<p>September 2016</p> <p>September 2016</p>	
28.6.16	8.1	<p>NHS Wigan Borough Clinical Commissioning Group Annual Report and Accounts</p> <ul style="list-style-type: none"> The Annual Report to be shared appropriately with stakeholders. 	<p>MT</p>	<p>September 2016</p>	

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2016**

28.6.16	9.1	<p>Month 2 Finance Report for 2016/17</p> <ul style="list-style-type: none"> • MT to receive assurance that the ICNT and Ambulatory projects have been underwritten by the Local Authority. • Activity Report - MT and FC to discuss wider engagement with the public. • A decision is to be made next month on the frequency of the report to the Governing Body given the heightened financial risks. • Finance report to be shared with GP Practices. 	<p align="center">MT</p> <p align="center">MT/FC</p> <p align="center">ALL</p> <p align="center">MT</p>	<p align="center">July 2016</p> <p align="center">September 2016 July 2016</p> <p align="center">July 2016</p>	
28.6.16	9.2	<p>Performance Report</p> <ul style="list-style-type: none"> • The Improvement and Assessment Framework to be brought to a closed Governing Body meeting as part of the new corporate report. 	<p align="center">MT</p>	<p align="center">July 2016</p>	
28.6.16	9.3	<p>Wrightington Wigan and Leigh NHS Foundation Trust (WWL) Mortality Update</p> <ul style="list-style-type: none"> • A detailed 30 day post discharge audit to be conducted. • Lessons around the Coroners Case to be discussed at an Exec to Exec 	<p align="center">JS</p> <p align="center">JS</p>	<p align="center">September 2016</p> <p align="center">24 August 2016</p>	

**DRAFT ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY
OPEN MEETINGS 2016**

		<p>meeting.</p> <ul style="list-style-type: none"> • Specific feedback to be obtained to clarify how the induction of new Doctors aligns with Health Education England (HEE). • Joint exercise CCG/WWL to improve performance in respect of weekend SHMI/HSMR. 	<p align="center">JS</p>	<p>September 2016</p>	
			<p align="center">JS</p>		