

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

**Tuesday, 27 September 2016 1.30 pm**

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

**AGENDA**

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1.	<b>Chairman's Welcome</b>	1.30 pm	Tim Dalton		
2.	<b>Apologies for Absence</b>		Tim Dalton		Record
3.	<b>Declarations of Interest</b>		All		Record
	Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.				
4.	<b>Minutes of Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 26 July 2016</b>		Tim Dalton	1 - 18	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	19 - 22	Approve
6.	<b>Questions from Members of the Public</b>				
7.	<b>Key Messages</b>	1.40 pm			
7.1	Chair's Key Messages		Tim Dalton	Verbal Report	Information

8. New Business Items		1.55 pm			
8.1	Patient Engagement and Patient Forum Attendance		Frank Costello/Claire Roberts	23 - 48	Receive
8.2	Quality, Safety & Safeguarding Report Quarter 1		Julie Southworth	49 - 76	Receive
8.3	Mortality Update		Julie Southworth	77 - 80	Update
8.4	Draft Conflict of Interest Policy		Julie Southworth	81 - 114	Approve
8.5	Equality & Diversity Strategy 2016-19		Julie Southworth	115 - 140	Approve
9. Current Business Items					
9.1	Finance Report - Month 05		Mike Tate	141 - 148	Receive
9.2	Performance Report Month 05 and Improvement Assessment Framework.		Mike Tate	149 - 184	Receive
9.3	Healthier Together Joint Committee		Tim Dalton	185 - 198	Approve
9.4	Greater Manchester Health & Social Care Strategic Partnership Board Minutes		Tim Dalton	199 - 208	Receive
9.5	Wigan Health & Wellbeing Board Minutes		Tim Dalton	209 - 216	Receive
10. Governing Body Committee Updates					
10.1	Chairperson's Report - Audit Committee		Maurice Smith		No meeting
10.2	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	217 - 222	Approve
10.3	Chairperson's Report - Corporate Governance Committee		Tony Ellis	223 - 226	Approve
10.4	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	227 - 230	Approve
10.5	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	231 - 236	Approve
10.6	Minutes - Primary Care Commissioning Committee		Gary Cook	237 - 244	Approve
11. Locality Executive Updates					

	11.1	Atherleigh		Gen Wong	245 - 250	Receive
	11.2	Patient Focus		Mohan Kumar	251 - 256	Receive
	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey	257 - 262	Receive
	11.4	Wigan Central and North		Tony Ellis	263 - 266	Receive
	11.5	United League Collaborative		Sanjay Wahie	267 - 270	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 25 October 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 26 July 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 Gen Wong, Clinical Lead for Atherleigh (GW)  
 Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)  
 Dr Tony Ellis, Clinical Lead for Wigan Central (TE)  
 Dr Gary Cook, Secondary Care Consultant Governing Body member (GC)  
 Canon Maurice Smith, Lay Member (MS)  
 Catherine Jackson, Lay Nurse Member (CJ)

**In Attendance:**

Tim Collins, Assistant Director of Governance (TC)  
 Jane Clucas, Personal Assistant to Chair – Minute Taker (JC)  
 Alexia Mitton, Head of Communications (AM)

		ACTION
1.	<b>Chairman's Welcome</b>	
	<p>The Chairman opened the meeting at 1:30pm formally welcoming all attendees to the July meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting. The Chairman introduced Catherine Jackson, the new Lay Nurse Member to the Governing Body members and welcomed her to the meeting.</p> <p>There were no members of the public present.</p>	
2.	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>Trish Anderson, Chief Officer (TA)</li> </ul>	
3.	<b>Declarations of Interest</b>	
	<p>Individuals were asked to declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group, in writing to the</p>	

	governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.	
<b>4.</b>	<b>Minutes from the Previous Wigan Borough Clinical Commissioning Group governing Body Meeting held on the 28 June 2016</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>	
	<p>To be read in conjunction with the action log:</p> <p><u>April 2016</u></p> <p>Item 10:00 – review at October Governing Body.</p> <p><u>May 2016</u></p> <p>Item 7.1 – complete  Item 8.1 – complete  Item 8.2 – on the agenda  Item 8.3 – September  Item 8.5 – September</p> <p><u>June 2016</u></p> <p>Item 8.1 – September  Item 9.1 – on the agenda  Item 9.2 – complete  Item 9.3 - September</p>	
<b>6.</b>	<b>Questions from Members of the Public</b>	
	There were no members of the public present.	
<b>7</b>	<b>Key Messages</b>	
<b>7.1</b>	<b>Chair’s Key Messages</b>	
	TD opened the meeting by highlighting the financial challenges the NHS in general is facing. He highlighted specifically the local financial and performance challenges as described on today’s agenda while emphasising the importance of all local organisations facing the challenges together, unified around a single plan.	

	<p>Wigan Borough CCG (WBCCG) is assured as good under the NHS England CCG Annual Assurance for 2015/16 and the Chairman thanked all the CCG staff for their hard work.</p> <p>The Chairman wished to stress the importance of quality and referred to the Primary Care Quality Annual Awards ceremony which he recently attended. This celebrated the depth and breadth of quality across primary care. The awards showcased examples of how primary care has improved clinical practice. The Chairman proposed that the award winners are invited to attend a Governing Body meeting to celebrate their achievements and reflecting what the future will be like in an open forum.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body members received this item.</b></li> <li>2. <b>The Governing Body members to invite Primary Care Quality Annual Award winners to a future Governing Body meeting.</b></li> </ol>	TD
<b>8</b>	<b>New Business Items</b>	
	<p><b>8.1 Safeguarding Children and Adults at Risk Annual Report</b></p> <p>JS presented the item.</p> <p>The report provided an overview of WBCCG Safeguarding governance arrangements including the work completed by the WBCCG Safeguarding Team from 1 April 2015 to 31 March 2016 to ensure the CCG meets its statutory Safeguarding responsibilities in respect of adults and children.</p> <p>The success of the Safeguarding Team requires full engagement of the commissioned Acute, Community and Mental Health Foundation Trusts, GP Practices across Wigan Borough and Partner Agencies.</p> <p>There are challenges in relation to training and response to Serious Case Reviews within the Wigan Borough.</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, WSAB, WSCB and key partners to develop robust systems to safeguard adults and children.</p> <p>JS guided the Governing Body through the report.</p>	

	<p>TD thanked JS for the comprehensive report.</p> <p>CJ referred to page 23 section 18.4, and asked whether the Safeguarding Assurance Tool had been signed off by NHS England which JS confirmed. CJ further queried how the vacant post for the Designated Doctor for Looked After Children is covered. JS advised the CCG is currently addressing this with WWL.</p> <p>GC commented that it was a good report and asked what other processes are in place to evaluate that children are being successfully safeguarded.</p> <p>JS advised that it is the CCG's responsibility to seek assurance that providers are following mandatory requirements, with transparency and appropriate people in post. This is evidenced through performance reporting, training and other indicators provided at appropriate levels.</p> <p>MS congratulated the Safeguarding Team on the comprehensive report and the improvements made in the last 18 months. He asked whether it is acceptable for the Designated Paediatrician for Child Deaths role to be a collaborative position across Greater Manchester. JS agreed to make further enquiries and advise the Governing Body.</p> <p>MS raised concerns around the complexity of governance, which could create a risk that work is not being carried out.</p> <p>MS also raised concerns that Serious Case Reviews can take two to three years for completion. Where there is not a police investigation there is a six month gap before appointment of the author. He suggested that within governance we can encourage those responsible to increase the pace of reporting. The Auditors have also commented that this is an improved report.</p> <p>JS replied that the Safeguarding Board has acknowledged their responsibility in improving the pace of the Serious Case Review reporting but she will bring this to their attention again.</p> <p>FC reiterated the improvements in the report. He queried how the challenges in training are being addressed. FC referred to the local health collaborative membership which will undertake a whole system approach and asked why the Local Authority is not a member. FC also queried why the WBCCG Primary Care Committee is not included in the Governance Framework in Appendix 3.</p>	
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	<p>JS agreed to add the WBCCG Primary Care Committee to the Governance Framework.</p> <p>The Governing Body welcomed the report and its refocus over the last 12 to 18 months. It noted the issues around governance, lessons learned and the Governance Structure in Appendix 3. The report was approved for publication.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body members approved the draft report to be published.</b></li> <li>2. <b>JS to ascertain whether it is acceptable for the Designated Paediatric Doctor for Child Deaths to be a collaborative role across Greater Manchester.</b></li> <li>3. <b>JS to add the WBCCG Primary Care Committee to the Governance Framework in Appendix 3.</b></li> </ol>	<p>JS</p> <p>JS</p>
<p>8.2</p>	<p><b>Quality Annual Report 2015 – 2016</b></p> <p>JS presented the item.</p> <p>The WBCCG Quality Annual Report provides a retrospective view of the year 2015 – 2016 detailing an innovative approach which has been adopted to respond to how quality has and is continuing to influence the commissioning of safer healthcare locally. This is undertaken whilst ensuring the best possible use is being made of the available finances.</p> <p>JS guided the Governing Body through the report.</p> <p>TD thanked JS for the report and asked for questions.</p> <p>MS referred to section 29.4 which says that a number of care home providers have been inspected under the new CQC Inspection regime and have ranged from “inadequate” to good” whereas appendix 7 refers to Belong Atherton Care Village as “outstanding”.</p> <p>MS requested two additional columns are added to the table “Wigan Borough, Nursing Homes CQC Inspection Reports 2015-16” to show the number of residents in the establishments and the number of patients commissioned by the NHS as opposed to self-funding or by the Local Authority. JS advised that nearly every nursing home patient in the Borough is funded by the CCG either through Continuing Health Care or “top up” arrangements. MS requested this information is provided to highlight how much inadequate care is being commissioned.</p>	

	<p>MS further queried the timeframe of re-inspection visits by the CQC as noted in appendix 7 and whether this was based on the time of the visit or the time of the publication of the report. He referred to Westwood Lodge nursing home which has been downgraded to inadequate in January 2016 but the CQC has not visited since August 2015.</p> <p>CJ asked whether the staffing levels are at the right levels. JS advised that they have been assured they have the right level now and there should be a commissioner visit next year.</p> <p>TD queried what actions the CCG has undertaken in response to issues raised by the Ulysses reporting system and in feeding the actions taken around arising themes back to practices. GC also asked whether the same practices are reporting the same problems on Ulysses.</p> <p>JS replied that the CCG does feedback the outcomes to practices and the appropriate provider.</p> <p>AA suggested secondary care should be able to view Ulysses so they can be made aware of primary care issues. JS said they expect feedback to cover the whole system, not just primary care, and said she would talk to them about their approach and about informal feedback.</p> <p>FC highlighted that 5 Boroughs Partnership NHS Foundation Trust should be revisited by the CQC in August 2016. JS advised that the CQC visit took place on the 4 July 2016 and they have a 50 day KPI in which to publish the report therefore this should be available by mid-September 2016.</p> <p>SW asked whether the report is shared with the wider health economy. JS advised that it is but will check to whom.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body members received the draft report.</b></li> <li>2. <b>JS to action two additional columns to the “Wigan Borough, Nursing Homes CQC Inspection Reports 2015-16” to show the number of residents in the establishments and the proportion of patients funded by the CCG.</b></li> <li>3. <b>JS to confirm who receives the report in the wider health economy.</b></li> </ol>	<p>JS</p> <p>JS</p>
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<p><b>8.3</b></p>	<p><b>Governing Body Assurance Framework (GBAF) Quarter 1</b></p> <p>JS presented the item.</p> <p>The CCG is required to have a GBAF and along with the Corporate Report constitutes the two primary tools to be used by the Governing Body to scrutinise the CCG's progress against its corporate objectives.</p> <p>The Integrated Care and Nursing Therapies (ICNT) programme is not fully implemented which creates a significant finance and quality risk to the system. This is the only risk rated extreme at the end of Quarter 1.</p> <p>CJ asked whether JS was concerned about Bridgewater Community Healthcare NHS FT (BCHCFT) because of the lack of transparency or whether there are other issues. JS replied that there are concerns about the lack of transparency which they have urged them to improve on.</p> <p>SW queried whether BCHCFT have the capacity to deliver the new ICNT model.</p> <p>MT advised that he had met with the Chief Officer of BCHCFT who had confirmed they will be able to deliver the ICNT proposals by the 1 October 2016 as agreed and he will work to improve transparency.</p> <p>TD queried the risk in not delivering personal health budgets relating to non-Continuing Health Care patients and asked is there more detail which is not reflected in the register.</p> <p>JS advised there is a policy which needs adapting to cover a broader range of services.</p> <p><b>Resolved:</b></p> <p><b>1. The Governing Body members received the report.</b></p>	
<p><b>8.4</b></p>	<p><b>Wigan Borough Clinical Commissioning Group Management of Care Homes in Receipt of Inadequate Care Quality Commission (CQC) Reports</b></p> <p>JS presented the item, WBCCG Management of Care Homes in Receipt of Inadequate CQC Reports, and not WBCCG Procedure in the Event of Care Home Closure as stated on the agenda.</p> <p>The Governing Body requested a briefing on the WBCCG strategy</p>	

	<p>for the management of local Care Homes that have received an inadequate CQC report.</p> <p>The report recommends focus is given to provide support to the Wigan Council Quality Oversight Team to help drive sustained improvements in the quality and safety of the services.</p> <p>A sustained approach is required to embed initiatives and a widened approach will ultimately lead to improvements in person-centred, safer, clinically effective care across the Care Homes and Domiciliary Care providers. Services must be united around the individual and deliver against all elements of fair, person-centred, safe and effective care.</p> <p>This work is viewed as a long term commitment to attain the required cultural and behavioural shifts to ensure the delivery of realistic and sustainable improvements in the delivery of safe compassionate care.</p> <p>JS guided the Governing Body through the report. She added that the Local Authority has increased their funding to nursing homes as has the CCG. The CCG recognises that nursing home costs have increased, by investing more money we should see improvements.</p> <p>GC asked whether there are common themes coming through from CQC. JS advised that generally they related to Medicines Management, poor management, turnover of staff and training.</p> <p>GC said that given the important position of nursing homes in the ICNT model is there the right level of input into nursing homes or should there be other providers engaging? JS advised that the CCG has previously invested in Advanced Care Practitioners and Community Matrons but is not sure they are delivering to the level we would want. The work around ICNT should clarify this.</p> <p>TD asked what investment could the CCG make to solve this major problem.</p> <p>JS replied that the CCG wishes to be more involved in education, support and advice to drive up quality in nursing homes and suggested engaging the Acute Trust.</p> <p>MK said there is a high financial impact of poor quality nursing homes as patients get escalated into hospital. Systems need to be in place to measure the impact on admission to A&amp;E.</p>	
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	<p>CJ said there does not appear to be a clear strategy of how to deal with the problem.</p> <p>FC asked what is the Borough's requirements from nursing home providers in the future and how do we ensure as a collective economy that it is providing the right type of service.</p> <p>SW asked what is the CQC measuring and was the Local Authority surprised by the identification of the care homes that were inadequate. Also at what point do we say there is potential harm for the patients and at what point do we start to move patients to other providers.</p> <p>AA agreed with SW's point but highlighted that nursing homes do not have the capacity to take extra patients.</p> <p>MS said it is the CCG's corporate objective to commission good service and therefore not appropriate for a public funded body to spend money on inadequate services. The report does not say how the CCG staff is working to improve nursing home services.</p> <p>MT advised the CCG has successful diversion schemes to keep patients out of the Acute system but MS stated that CQC reports indicate they are being diverted into inadequate care.</p> <p>JS said part of the problem is we commission on an individual basis through Continuing Health Care. Patients do not always have a choice as all facilities are full and they stay in hospital waiting for their preferred choice which creates problems for the acute trust.</p> <p>TD said the Governing Body welcomed the report and the issues raised and asked how they can be taken forward. JS said a group is working on a strategy to develop an approach to improving nursing home quality, capacity and need which will come back to the Governing Body at the end of the year. The Governing Body agreed for this to come back in the Autumn.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>The Governing Body members approved the briefing paper and support the current partnership approach.</b></li> <li>2. <b>Strategy outlining an approach to improving nursing home quality, capacity and need to be brought to the November Governing Body meeting.</b></li> </ol>	<p>JS</p>
9.	Current Business Items	

<p>9.1</p>	<p><b>Month 03 Performance Report</b></p> <p>MT presented the item.</p> <p>Following consultation with a number of Governing Body members, a number of changes have been made to the Exceptions section of the Performance Report as follows:</p> <ol style="list-style-type: none"> <li>1. An expanded comments section that provides a much greater emphasis on the actions implemented to improve performance.</li> <li>2. Where available, the expanded section will also include details of any outcomes that have been generated by these actions.</li> <li>3. A single Exception Report will be produced in instances where there is more than one indicator covering a particular issue.</li> </ol> <p>MT guided the Governing Body through the report.</p> <p><u>Favourable Trends</u></p> <p><b>18 Weeks RTT Incomplete pathways:</b> Performance continues to be above the national standard of 92%, currently achieving 95.54% during May.</p> <p><b>18 Weeks RTT Incomplete Patients Waiting&gt;52 Weeks:</b> There are no 52+ week waiters reported as waiting during May.</p> <p><b>Diagnostics 6+ week waiters:</b> Performance continues to be below (better than) the national standard of 1.00%, currently achieving 0.60% during May.</p> <p><b>Healthcare Associated Infections MRSA:</b> There have been no reported cases of MRSA during May.</p> <p><b>Healthcare Associated Infections Clostridium Difficile:</b> The number of reported cases during May (9) was equal to plan.</p> <p><b>IAPT Access Rate:</b> Performance is above standard in March and has also achieved standard for the full 2015/16 financial year.</p> <p><b>Mixed Sex Accommodation:</b> there were no mixed sex accommodation breaches reported in May for Wigan Borough CCG patients.</p> <p><u>Adverse Trends</u></p>	
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	<p><b>A&amp;E Waits: Total Time Within 4 Hours At WWL FT:</b> May performance at WWL FT is below the 95% target, at 90.31%. A total of 8,249 patients attended A&amp;E in the month, of which 799 did not leave the department within 4 hours.</p> <p><b>Ambulance Response Times: Total NWS Activity:</b>  Red 1 Calls 8 Minute Response Rate: May performance of 74.28% is below the national standard of 75%. However, responses to calls within Wigan only exceeded the standard, at 78.1%.</p> <p>Red 2 Calls 8 Minute Response Rate: May performance of 66.26% is below the national standard of 75%.</p> <p>All Red Calls 19 Minute Response Rate: May performance of 91.47% is below the national standard of 95%.</p> <p><b>Ambulance: Handover Delays At WWL FT:</b>  WWL FT performance for May is above (worse than) plan for both Handover delays &gt;30 minutes and &gt;60 minutes, at 12.88% and 3.41% respectively; 261 handover delays of longer than 30 minutes and 69 delays of longer than 60 minutes.</p> <p><b>Ambulance: Crew Clear Delays At WWL FT:</b>  WWL FT performance for May is above (worse than) plan for both Crew Clear delays &gt;30 minutes and &gt;60 minutes, at 1.06% and 0.05% respectively; 22 Crew Clear delays of longer than 30 minutes and 1 delay of longer than 60 minutes.</p> <p><b>Mental Health: IAPT Recovery Rate:</b>  WB CCG March performance was below the standard of 50.00%, at 48.62%. This is the seventh consecutive month where the national standard has not been achieved.</p> <p>MT added that the Acute Trust has concerns that the ICNT model will not deliver. There are issues with ambulance response times and handovers which he suggested is discussed in more detail in the closed section of the meeting.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members received the report and recognised the themes and issues within it.</b></li> </ul>	
9.2	<p><b>Finance Report Month 03 (June 2016)</b></p> <p>MT presented the item.</p>	

## Executive Summary

- Surplus: Year to Date Performance  
The year to date surplus (£1.4m) is in line with the planned surplus at month three.
- Surplus: Full Year Forecast  
At month 3 the CCG has total allocations of £501.8m. The CCG is forecasting to achieve its statutory duties in 2016/17 and achieve the planned surplus of £4.55m.
- Efficiency: Year to Date Performance  
CCG main efficiency saving is based on activity and prescribing reductions. As the CCG has limited information on key budget areas, year to date performance is being reported as plan.
- Efficiency: Year to Date Forecast  
As noted above the CCG activity and prescribing data is limited at this stage in the year, 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 as month 03 is in line with the budget and the CCG is forecasting to remain within target throughout 2016/17.

## Key Messages 2016/17

The CCG has seen an unprecedented pressure and risk on its core allocations in 2016/17. The biggest risk facing the CCG is the performance of its main acute contract with WWL FT. Acute contract data has been received to month 02 which has identified a number of data quality issues that will need correcting in future months.

The CCG financial plans for 2016/17 have been assessed as level 1b and we have been informed that it must self-certificate its likely financial outturn and delivery of its statutory financial duties by the end of July 2016.

Main Acute Contract with Wroughtington, Wigan & Leigh FT (WWLFT)

	<ul style="list-style-type: none"> <li>• Raw data received for the period April 2016 to May 2016 in respect of the contract with our main provider Wrightington, Wigan &amp; Leigh Foundation Trust (WWLFT) indicates a substantial over-performance up to month 02 of £1.6m. After adjusting for the data issues noted above this takes the position to a year to date £2.2m over performance at month 02.</li> <li>• The CCG has analysed this data in detail and has produced a range of contractual challenges that will significantly reduce this level of over-performance. The challenges have formally been raised with the trust and in addition to this the CCG has raised a contractual Activity Query Notice (AQN) in order to better understand the drivers behind some of the key over-performances seen to date. The AQN covers: <ul style="list-style-type: none"> <li>○ a continued high level of Trauma &amp; Orthopaedics admissions despite reduced overall referrals into the service;</li> <li>○ a substantial increase in outpatient related diagnostic activity; and</li> <li>○ a significant change to the activity casemix in Accident and Emergency (A&amp;E).</li> </ul> </li> <li>• Given the issues noted above there remains uncertainty around the WWLFT position, however it is currently anticipated that the impact of the identified transformational schemes should help to offset the performance seen in the month 02 data. Therefore, the WWLFT position has been reported as breakeven in month 03, while these schemes are assessed and contractual challenges continued; and</li> <li>• This assessment for month 04 will directly influence the response the CCG gives to GMHSCP as outlined above.</li> <li>• As reported last month, a straight line extrapolation of the month 01 position would give a full year over-performance of £4.8m. An additional month's data still suggests a similar potential full year over-performance when taking account of the challenges raised;</li> <li>• The CCG and WWLFT have arranged a series of bi-weekly meetings to discuss the performance and contractual challenges and it is intended that this will culminate in a formally agreed position at the end of each quarter. It is</li> </ul>	
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envisaged that the quarter one position will be agreed by the 30th September 2016. Further details of the WWLFT position can be seen in the contract update section below;

- Given the issues noted above there remains uncertainty around the WWLFT position, however it is currently anticipated that the impact of the identified transformational schemes should help to offset the performance seen in the month 02 data. Therefore, the WWLFT position has been reported as breakeven in month 03, while these schemes are assessed and contractual challenges continued; and
- This assessment for month 04 will directly influence the response the CCG gives to GMHSCP as outlined above.

**Other key issues**

• **Right Care Opportunities** – The CCG is 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. The CCG is currently reviewing the Cardio Vascular Disease (CVD) Right Care pack as this is an area where the most significant opportunities are identified. CCG officers and clinicians have reviewed the pack in detail and are currently undertaking further analysis to understand whether the potential opportunities are valid. Regular meetings will be held on this and other Right Care Opportunities and an action plan developed;

• **Provider Growth** – whilst recognising that the Locality plan achieves financial balance across the Health and Social Care economy, this is dependent on keeping activity within contracted levels. If activity is not contained 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, WWLFT instead seek to deliver financial sustainability by increasing income through increased activity;

• **Clearing of Back Log Activity in Secondary Care** – As reported at month 02, the clearance of back logged elective activity could increase the level of over performance in the acute sector following the junior doctors industrial action, still placing additional financial pressure on the CCG;

• **Other Acute budgets** – Month 02 data acute contracts has seen an over performance in the first two months of the year of

	<p>£283k. The vast majority of the over performance is in areas that are expected to be one off, so this level of over spend has not been forecast to occur again in future months;</p> <ul style="list-style-type: none"> <li>• <b>Transformation Schemes</b> – The financial plan requires GM Transformational funding to be available to the CCG. The CCG is expecting to submit its bid for funding in August 2016. Until this is received, Wigan Council has 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 &amp; Leigh FT (WWLFT) contract. The CCG has recognised this in its financial position but has not yet received this funding from the council;</li> <li>• 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 and access to the £4m to support this is critical to deliver this strategy and its assessment to GMHSCP;</li> <li>• <b>Prescribing</b> – the budgets have been set at 2015/16 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. Actual data has been received for April and this was c£100k above plan, however, as noted earlier, forecast outturn information will not be available until August;</li> <li>• <b>Unaffordable Local Health Economy Support</b> – Due to the financial constraints placed on the CCG, the CFO is recommending that the CCG is not in a position to give further Ad Hoc financial support to other organisations in the local health economy;</li> <li>• <b>Internal Business Cases</b> – Due to the financial situation highlighted in this report, the CFO is recommending that the CCG cannot invest in further schemes unless supported by Greater Manchester Transformational funding or have been subject to a formal decision making process, such as Cost Benefit Analysis (CBA); and</li> <li>• <b>Funded Nursing Care</b> – The Department of Health published on the 13 July 2016 that there would be an interim price increase for Funded Nursing Care of 40%. The CCG had factored in a price increase to the budget for 2016/17, however this increase is higher than expected. It has been confirmed that there will be no financial support from the centre and this is to be treated as an in-</li> </ul>	
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	<p>year cost pressure to be mitigated.</p> <p><b>Efficiency Savings</b></p> <ul style="list-style-type: none"> <li>• As previously reported, as part of the 2016/17 planning process, the Governing Body, Finance and Performance Committee, Senior Leadership Team (SLT) and Clinical Leadership Team (CLT) have been made aware of the £20.8m efficiency savings required by the CCG and the schemes that will deliver these (See Appendix 1). Unlike previous financial years the CCG does not have the reserves available to underwrite the non-delivery of these schemes;</li> <li>• The £3.9m yet to be formally identified depends on the remaining £16.9m efficiency saving schemes fully delivering; any non-delivery would increase the non-identified element. Currently, data is limited at this stage of the financial year therefore the CCG has assumed full delivery, however reported delays on start dates to schemes from the original planned data puts this at risk, as does any budgetary overspends;</li> <li>• Failure to deliver these savings will impact on the CCG's investment plans and potentially its ability to deliver the planned financial surplus and would have to be reported to GMHSCP; and</li> <li>• The SLT will on a monthly basis review the Project Management Office's RAG rated list of efficiency schemes. This is to ensure timely monitoring and to keep delivery high on the CCGs agenda.</li> </ul> <p><b>Better Care Fund (BCF)</b></p> <ul style="list-style-type: none"> <li>• As reported at M02, the CCG and Local Authority have agreed the breakdown of schemes for the current financial year totalling £22.5m and;</li> <li>• The BCF plan has been approved by the Wigan Health and Wellbeing Board and will be subject to a quarterly update at the next meeting of the Joint Commissioning Group/Executive, which will be reported up to the Health and Wellbeing Board, Finance and Performance Committee and Governing Body in line with recommendations made by CCG auditors.</li> </ul> <p><b>Forward View</b></p> <p>It is clear that the CCG will not be financially sustainable in the long term under existing ways of working and contracting, therefore the CCG along with other CCGs and providers are looking at different ways of contracting in the future, changing the landscape of how services are commissioned. Without such a step-change approach it is difficult to see how the local health and</p>	
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		<p>social care economy can be returned to financial balance.</p> <p><b>Key Conclusion</b>          If the risks identified above continue to increase as opposed to decline the CCG may not hit its target surplus, and the CFO is advising the Governing Body that remedial action will have to be taken in future months. The suggested remedial action will be set out in the self-certification by the CFO to the GMHSCP. The self-certification will be brought back to the next Governing Body and Finance Committee.</p> <p>The Governing Body members noted the significance of the messages in the report and agreed to discuss further in the closed section.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members received the report.</b></li> <li>• <b>The Governing Body to discuss further in the closed section of today’s Governing Body meeting.</b></li> </ul>	
	9.3	<p><b>Greater Manchester Strategic Partnership Board Minutes</b></p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members received the minutes.</b></li> </ul>	
<b>10</b>	<b>Governing Body Committee Updates</b>		
	10.1	<p><b>Healthier Together Shadow Joint Committee</b></p> <p>No minutes are available from the last meeting held on the 15 June 2016.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members noted the minutes will be available for the next meeting.</b></li> </ul>	
	10.2/ 10.7	<p>Chairpersons’ reports were circulated as below:</p> <p>10.2 Audit Committee – no meeting.          10.3 Clinical Governance Committee. – FC asked for a list of issues highlighted in the BCHCFT Executive to Executive summary report. JS to action.          10.4 Corporate Governance Committee – no meeting.          10.5 Finance and Performance Committee.          10.6 Service Design and Implementation Committee          10.7 Primary Care Commissioning Committee – no meeting</p> <p><b>Resolved:</b></p>	

		<p>1. <b>The Governing Body approved the above listed reports/minutes.</b></p> <p>2. <b>JS to provide a list of issues highlighted in the BCHCFT Executive to Executive summary report.</b></p>	<b>JS</b>
<b>11</b>	<b>Locality Executive Updates</b>		
	<b>11.1/ 11.6</b>	<p>Locality Executive updates were circulated for June 2016:</p> <p>11.1 Atherleigh – joint report  11.2 Patient Focus – joint report  11.3 Tyldesley Atherton Boothstown Astley  11.4 Wigan Central  11.5 North Wigan  11.6 United League Collaborative</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the above listed reports.</b></li> </ul>	
<b>12</b>	<b>Any Other Business – to be accepted at the Chairman’s discretion</b>		
	There was no other business. The meeting closed at 3:20		
<b>13.</b>	<b>Date and time of next meeting</b>		
	Tuesday 27 September 2016, 1:30pm in room 17, Wigan Life Centre		

Signed .....  
Dr Tim Dalton, Chair

Date ...27.9.16.....

**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
24.05.16	8.5	<p><b>Care Homes – Financial Viability</b></p> <ul style="list-style-type: none"> <li>The Council’s monitoring data and the CQC sustainability data to be reported to a future Governing Body meeting.</li> <li>The CCG procedure in the event of a Care Home closure to be reported to a future Governing Body Meeting.</li> </ul>	<p><b>MT/JS</b></p> <p><b>JS</b></p>	<p><b>September 2016</b></p> <p><b>September 2016</b></p>	
28.06.16	9.3	<p><b>WWLFT Mortality Update</b></p> <ul style="list-style-type: none"> <li>A detailed 30 day post discharge audit to be conducted</li> <li>Discussion to take place at ‘exec to exec’ meeting CCG/WWL in respect of recent comment from HM Coroner at an inquest referring to weekend staffing levels</li> <li>Joint exercise to be undertaken with a view to improving the performance in respect of weekend SHMI/HSMR</li> <li>Explore with WWL the issue of junior doctor rotation and ensuring that training consistently covers areas such as IV fluid recording also referring to Health Education England work</li> </ul>	<p><b>JS</b></p> <p><b>JS</b></p> <p><b>JS</b></p> <p><b>JS</b></p>	<p><b>September 2016</b></p> <p><b>24 August 2016</b></p> <p><b>September 2016</b></p> <p><b>September 2016</b></p>	

**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
26.07.16	7.1	<p><b>Chair's Key Messages</b></p> <ul style="list-style-type: none"> <li>The Governing Body members to invite Primary Care Award winners to a future Governing Body meeting.</li> </ul>	TD	December 2016	
26.07.16	8.1	<p><b>Safeguarding Annual Report</b></p> <ul style="list-style-type: none"> <li>Ascertain whether it is acceptable for the Designated Paediatric Doctor to be a collaborative role across Greater Manchester.</li> <li>Make amendments to the Governance Framework in Appendix 3.</li> <li>Ascertain whether the roles of the Collaborative will be reviewed each year.</li> </ul>	<p>JS</p> <p>JS</p> <p>JS</p>	<p>September 2016</p> <p>September 2016</p> <p>September 2016</p>	
26.07.16	8.2	<p><b>Quality &amp; Safety Annual Report</b></p> <ul style="list-style-type: none"> <li>Add two columns to the "Wigan Borough, Nursing Homes CQC Inspection Reports 2015-16" to show the number of residents in the establishments and what proportion are funded by the CCG.</li> </ul>	JS	2016/17	

**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
		<ul style="list-style-type: none"> <li>• Confirm date for CQC visit to 5 Boroughs Partnership NHS FT.</li> <li>• Confirm who receives the report in the wider health economy.</li> </ul>	<p align="center"><b>JS</b></p> <p align="center"><b>JS</b></p>	<p><b>September 2016</b></p> <p><b>September 2016</b></p>	
26.07.16	8.4	<p><b>Management of Care Homes with 'Inadequate' CQC Ratings</b></p> <ul style="list-style-type: none"> <li>• Strategy for improving nursing home quality and capacity in response to need to be brought to the November Governing Body meeting.</li> </ul>	<p><b>JS</b></p>	<p><b>November 2016</b></p>	

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