

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

**Tuesday, 25 October 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 27 September 2016</b>		Tim Dalton	1 - 16	Approve
5.	<b>Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting</b>		Tim Dalton	17 - 18	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

	7.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
<b>8.</b>	<b>New Business Items</b>		1.55 pm			
	8.1	Primary Care Innovation Award Winner		Brookmill Medical Centre	Present-ation	Receive
	8.2	EPRR Statement of Compliance		Julie Southworth	19 - 22	Receive
	8.3	Security Management Executive Director		Trish Anderson	23 - 24	Approve
<b>9.</b>	<b>Current Business Items</b>					
	9.1	Performance Report		Mike Tate	25 - 44	Receive
	9.2	Greater Manchester Health & Social Care Strategic Partnership Board Minutes		Tim Dalton	45 - 54	Receive
<b>10.</b>	<b>Governing Body Committee Updates</b>					
	10.1	Healthier Together Joint Committee		Tim Dalton		No Meeting
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	55 - 58	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	59 - 64	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	65 - 68	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	To Follow	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	69 - 74	Approve
	10.7	Minutes - Primary Care Commissioning Committee		Gary Cook	75 - 82	Approve
<b>11.</b>	<b>Locality Executive Updates</b>					
	11.1	Atherleigh		Gen Wong	83 - 88	Receive
	11.2	Patient Focus		Mohan Kumar	89 - 94	Receive
	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey	95 - 98	Receive
	11.4	Wigan Central and North		Tony Ellis	99 - 102	Receive

	11.5	United League Collaborative		Sanjay Wahie	103 - 108	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 22 November 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 27 September 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)  
Trish Anderson, Chief Officer (TA)  
Frank Costello, Lay Member (FC)  
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 Mohan Kumar, Clinical Lead for Patient Focus (MK)  
Dr Gen Wong, Clinical Lead for Atherleigh (GW)  
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)  
Craig Hall, Deputy CFO deputizing for Mike Tate (CH)  
Bill Greenwood, member of Standish PPG (BG)  
Anne Heaton, member of Beech Hill PPG (AH)  
Margaret Hughes, member of Winstanley PPG (MH)

		<b>ACTION</b>
<b>1.</b>	<b>Chairman's Welcome</b>	
	The Chairman opened the meeting at 1:30pm formally welcoming all Governing Body members, Patient Forum representatives and CCG staff to the September meeting of the Wigan Borough Clinical Commissioning Group Governing Body meeting. He also welcomed back Trish Anderson, Chief Officer to the meeting.	
<b>2.</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>• Mike Tate, Chief Finance Officer – Craig Hall Deputy CFO deputising</li> <li>• Dr Tony Ellis, Clinical Lead, Wigan Central Locality</li> </ul>	

<b>3.</b>	<b>Declarations of Interest</b>	
	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 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 26 July 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><u>May 2016</u></p> <p>Item 8.5 – Review at October 2016 Governing Body meeting</p> <p><u>June 2016</u></p> <p>Item 9.3 – Agenda item</p> <p><u>July 2016</u></p> <p>Item 7.1- December 2016  Item 8.1 – Defer to October 2016 Governing Body meeting  Item 8.2 – Agenda item  Item 8.4 – November 2016</p>	
<b>6.</b>	<b>Questions from Members of the Public</b>	
	There were no questions from the members of the public.	
<b>7</b>	<b>Key Messages</b>	
<b>7.1</b>	<p><b>Chair’s Key Messages</b></p> <p>TD opened the meeting by advising that the summer months have remained very busy with high pressures on the NHS generally and particularly for patient services to perform. Work is ongoing with partners around targets. The message from NHS England (NHSE) is that targets have to be met. Also commissioning intentions which were normally issued in October to be completed into contracts by the following March now have to be completed into contracts by the 23 December 2016.</p>	

	<p>TD attended a meeting recently where Simon Stevens, Chief Executive of NHS England agreed there are challenges ahead and is confident that the NHS is capable of meeting the demands but acknowledged there would be problems with this. The CCG's teams remain committed to delivering our Statutory Duties.</p> <p>The NHS is under significant financial pressure which is having a knock on effect locally but this is being managed. The CCG is continuing to focus on the longer term plan through the Locality Plan, with quality at the centre of its work, whilst making difficult decisions on short term cuts.</p> <p>The key part of this work is the Integrated Care Organisation (ICO) which asks partners to come together to work in a more collaborative and effective way. GP Clusters have also been developing new models of care. Discussions are taking place at a Joint Commissioning Executive regarding the role of the CCG within the ICO. This is also being discussed with the CCG's members and will then be taken to patients. TD highlighted the importance of speedily delivering on current programmes of work to make sure the CCG is fit for the future.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members received the report.</b></li> </ul>	
<b>8</b>	<b>New Business Items</b>	
	<p><b>8.1 Patient Engagement and Patient Forum Attendance</b></p> <p>FC presented the paper which is the CCG's annual report on Patient and Public Involvement Activity for 2015/2016 and welcomed the Patients' Forum (PF) members to the meeting who introduced themselves to the Governing Body members:</p> <ul style="list-style-type: none"> <li>• Bill Greenwood, member of Standish PPG (BG)</li> <li>• Anne Heaton, member of Beech Hill PPG (AH)</li> <li>• Margaret Hughes, member of Winstanley PPG (MH)</li> </ul> <p>FC emphasised the importance of engagement with patients and the PPGs are the bedrock of the work they do. However it remains a challenge to grow the PPGs to engage with a whole cross section of a community rather than just the dedicated members, particularly with younger people.</p> <p>Education and development sessions have taken place to ascertain if they are achieving what they set out to do. They wish to strengthen the links between the Governing Body and the PF by</p>	

	<p>demonstrating a better two way dialogue. One of the main achievements of the year has been to develop IT within practices. Secondly the development of Community Link Workers has been achieved with the support of the Patient Forum. The PF has challenged Bridgewater Community Foundation Trust (BCHFT) regarding issues with their hearing service.</p> <p>MH said patient engagement is moving on well with the CCG however there is still a long way to go as far as involvement as they are not completely embedded within the CCG. MH referred to their list of aspirations at the end of report, in particular number 32, "We want to develop volunteers and patient leaders and enable them to be more formally recognised within the organisation." The PF would like the Governing Body to support this by making the most of the skills available from the volunteers.</p> <p>BG acknowledged the amount of work which has been undertaken by the CCG in the last 2 to 3 years which he has been fortunate to be involved with. However he attended a meeting regarding Integrated Community Nursing Therapies last week where some of the staff attending the meeting were not aware of the new service. He asked for awareness across the local NHS to be a priority.</p> <p>BG is not convinced that the evaluation work they are undertaking is part of the CCG agenda. He attended a Medicines Management meeting in March 2016 but no further meeting has been arranged. He further questioned what processes the CCG has in place when the service which is being commissioned is not being delivered.</p> <p>FC explained the background to the PF's concerns with the Hearing Service provided by BCHFT who only had two practitioners who were working weekends to address the 14 week waiting list. The establishment was 2.4fte but had been operating with 1fte which had latterly gone up to 2fte with weekend working which had reduced the waiting list to 4 weeks. The PPG had highlighted that 2.4fte were needed to make the service workable.</p> <p>FC emphasised the importance of Key Performance Indicators (KPIs) to make sure that services are being delivered. He advised a date is to be set for the Medicines Management meeting and agreed there should not be such a large gap between meeting dates. The CCG needs to engage with all interests of the PF on one level rather than picking areas.</p> <p>TD thanked the PF members for the report and asked for any questions.</p>	
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	<p>TA thanked the PF members for the constructive challenge they had given BCHFT around the hearing service. The report is a tribute to work undertaken by the members. TA said the CCG would be very happy to support training and suggested this could be provided using assets that are already available. She agreed that monitoring and evaluations should be combined into an evaluation exercise.</p> <p>TD noted that the Governing Body members welcomed the report and note the significant work which the PF has done. He acknowledged the aspirations for the year ahead.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members received the Annual Report.</b></li> <li>• <b>The Governing Body members agreed to support the principle of providing training to members of the PF and volunteers to enable them to be more formally recognised within the organisation</b></li> </ul>	<p><b>JS</b></p>
<p><b>8.2</b></p>	<p><b>Quality, Safety &amp; Safeguarding Report Quarter 1</b></p> <p>JS presented the report which provides an overview on the quality, safety and safeguarding activities in Quarter 1 2016/17. The report highlights any areas of concern relating to the CCG's Providers and seeks to evidence the actions that are being taken to drive the required improvements in quality and safety.</p> <p>JS highlighted the following areas of interest from the report:</p> <p><u>Wrightington, Wigan and Leigh NHS Foundation Trust (WWL)</u></p> <p>Lowlights:</p> <ul style="list-style-type: none"> <li>• Q1 SHMI was high at 111.5 and is rated as Band 1 of which there are only 18 Trusts in England, however it is reported that WWL has now moved into Band 2. Recommendations have been made to the Trust through the joint executive meeting in June 2016.</li> <li>• Clostridium Difficile Toxin (CDT) Positive Cases: The Trust reported 6 cases from 1 April 2016 to 9 June 2016.</li> </ul> <p><u>Bridgewater Community NHS Foundation Trust (BCHFT)</u></p> <p>Lowlights:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission (CQC) announced inspection visit took place on the 31 May 2016 followed by an unannounced</li> </ul>	

inspection on 16 June 2016. This identified the lack of a clear End of Life strategy across the Trust.

Intermediate Care and Community Bed Providers:

- Alexandra Court
- Richmond House
- Bedford Care Home
- Westwood Lodge Nursing Centre

The CQC report dated the 15 January 2016 on Alexandra Court rated the home overall as “Requires Improvement”. Service Improvement Plans were put in place to address the areas requiring improvement. The plans continue to be monitored by the CCG Contract Management Group (CMG) on a monthly basis. The home is now rated as “Good” after a review inspection visit.

The CQC report (27.1.16) rated Westwood Lodge overall as “Inadequate” and in light of this finding the Home was placed under “special measures”.

The CQC re-inspected the Home on 9 May 2016. Informal feedback to the provider was reported to be positive. The formal report is currently awaited at the time of reporting.

Primary Care Education Group (PCEG)

The group brings together representatives from both Primary Care and WBCCG to support the development of the General Practice Workforce. Dr Saira Zaman is now the chair of this group.

Wigan Borough Care Homes

There have been 13 CQC inspection reports which are shown in appendix 2 of the report. The following four were rated in adequate.

*Dean Wood Manor*

The CQC undertook an announced inspection in June 2016 on Dean Wood Manor and a further unannounced visit later in the month and reported areas of extreme concern. Wigan Council, WBCCG and Dean Wood Manor have provided the CQC with a “stepped-up” plan of support to address these areas.

*High Peake Lodge*

	<p>The CQC report dated the 19 April 2016 rated the home as “Inadequate”. A service improvement plan has since been launched. The Police are presently investigating reports of neglect.</p> <p><i>The Acorns</i></p> <p>The CQC report dated the 27 May 2016 rated the home as “Inadequate”. A service improvement plan has since been launched.</p> <p><i>The Acorns</i></p> <p>The CQC report dated the 21 June 2016 rated the home as “Inadequate” and the home is in “Special Measures”. There has been increased monitoring by Wigan Council and a service improvement plan has been launched.</p> <p><u>Serious Incidents and Never Events</u></p> <p>There has been one never event during quarter 1 relating to a child becoming trapped in bed rails at WWLFT. The child did not suffer significant harm. The Trust has since reviewed all bed rails.</p> <p>JS also referred to news in the national press at the weekend regarding four deaths which occurred a few years ago at WWLFT which did not give cause for concern at the time. They have now raised a StEIS report due to Press interest and the CCG has asked the Trust to report what actions they have taken and how they are going to deal with the outcomes. JS agreed to keep the Governing Body informed.</p> <p><u>New Initiatives</u></p> <p>A Quality Enablement Group has been established which will report directly to the Wigan Tactical Programme Board (TPB). This will lead to the development of a Wigan Borough Health and Care Strategy for Quality.</p> <p>TD thanked JS for the comprehensive report and asked for questions.</p> <p>SW raised concerns about Salford Royal NHS Foundation Trust (SRFT) who only achieved 51.1% in the National Sepsis Screening CQUIN target and asked whether we will have future sight of figures to track improvement.</p> <p>JS replied that they are seeking an explanation.</p>	
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	<p>SW also raised concerns whether Bolton NHS Foundation Trust (BFT) are following infection control policies as there has been an increase of 10 cases of C.difficile.</p> <p>JS agreed to seek an explanation from BFT.</p> <p>CJ referred to paragraph 6.11 and asked how the CCG assures itself that mandatory training is being undertaken by Primary Care if they do not access it through the CCG. JS suggested that the figure should be higher next quarter as they have 12 months to complete it.</p> <p>FC highlighted two errors in the report:</p> <ul style="list-style-type: none"> <li>• 17.1, JI/08 incident date of 30.10.16 is incorrect.</li> <li>• Appendix 2, The Oaks should be RAG rated red.</li> </ul> <p>TD noted that the Governing Body members welcome the report. He noted a slight improvement in Safeguarding timescales but noted it is still taking 10 months for conclusion of the cases. JS advised that the Safeguarding Board accepted that investigations had to be more timely.</p> <p>It was agreed to receive the next report in November.</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 members agreed to receive an update on the StEIS report regarding Press speculation over the deaths at WWLFT.</b></li> <li>• <b>JS to seek an explanation from Bolton Foundation Trust regarding the increase in infection cases.</b></li> <li>• <b>The Governing Body members requested an updated Quality, Safety &amp; Safeguarding Report in November</b></li> </ul>	<p>JS</p> <p>JS</p> <p>JS</p>
<p>8.3</p>	<p><b>Mortality Update</b></p> <p>JS presented the report.</p> <p>Following discussions around Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT) raised Summary Hospital Level Mortality Indicator (SHMI) levels at the July 2016 Governing Body meeting, Governing Body members requested:</p> <ul style="list-style-type: none"> <li>• A detailed 30 day post discharge deaths audit be conducted;</li> </ul>	

	<ul style="list-style-type: none"> <li>○ The Trust has completed all the actions in its SHMI improvement plan and an update will be provided to the CCG following the WWLFT Quality and Safety Committee meeting in September 2016.</li> <li>• A joint exercise be undertaken with a view to improving the performance in respect of weekend SHMI/HSMR (Hospital Standardised Mortality Ratio); <ul style="list-style-type: none"> <li>○ Recommendations were shared with the WWLFT via the Quality, Safety and Safeguarding Group (QSSG) meeting and the Trust agreed to consider revising the mortality review process to incorporate the suggestions.</li> </ul> </li> <li>• Explore with WWLFT the issue of junior doctor rotation and ensuring that training consistently covers areas such as intravenous (IV) fluid recording also referring to Health Education Northwest (HENW) work. <ul style="list-style-type: none"> <li>○ The WWLFT Junior Doctor training programme schedules have been shared with the CCG.</li> </ul> </li> </ul> <p>SHMI remains high at 111.5, however in the June 2016 Health and Social Care Information Centre (HSCIC) SHMI release, WWL received a rating of Band 2 “as expected” which was an improvement on the previous rating of Band 1 “higher than expected”.</p> <p>GW asked what the eleven recommendations are referred to in paragraph 3.2. JS agreed to find out from Dr Andy Sutton and will circulate to the Clinical Leads.</p> <p>AA suggested these figures should be analysed by an outside body or buddy up with another organisation. JS agreed.</p> <p>GC questioned whether all admissions to hospital were appropriate in the first place. With regard to IV fluids, the training should be aimed at all appropriate health workers and not just doctors. He requested sight of the AQUA quarterly report for WWL. TD asked for the document to be shared.</p> <p>Further discussion took place around the eleven recommendations and it was agreed for these to be discussed at a Clinical Leadership Team.</p> <p>TD summarised that the Governing Body noted the work undertaken to move from Level 1 to Level 2 but there are still concerns. It was agreed that the Clinical Governance Committee</p>	
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	<p>will take the detail of the SHMI position forward and only report back to the Governing Body meeting in October by exception.</p> <p>The Governing Body is asked to note the update.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the report.</b></li> <li>• <b>JS to advise the Clinical Leads what the 11 recommendations are referred to in paragraph 3.2.</b></li> <li>• <b>JS to share the AQUA August 2016 WWL mortality report with Governing Body Members</b></li> <li>• <b>Clinical Governance Committee to take forward the current SHMI figures and report back to October Governing Body meeting by exception.</b></li> </ul>	<p>JS</p> <p>JS</p> <p>TC</p>
<p><b>8.4</b></p>	<p><b>Draft Conflicts of Interest Policy</b></p> <p>JS presented the report.</p> <p>The draft policy was approved by the Corporate Governance Committee on 13 September 2016 for onward routing to the Audit Committee and Governing Body meetings in September. It includes one amendment in section 4.4 referring to the Conflicts of Interest Guardian.</p> <p>MS advised that the draft policy has been received by the Corporate Governance Committee and the Audit Committee.</p> <p>TC asked for the Governing Body members' agreement to add a sentence to paragraph 10.5 that some breaches of the policy may be a criminal offence. This was agreed.</p> <p>Discussion took place and it was agreed that the Governing Body members would like to have localised mandatory training in addition to the national training. There was also a request for "cue" cards to assist with the training and an internal audit guide. The policy was approved with a request for publication within the week.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members approved the policy and agreed to publication.</b></li> <li>• <b>The Governing Body members requested localised training.</b></li> <li>• <b>The Governing Body members formally noted the amendment in section 4.4, Conflicts of Interest Guardian.</b></li> </ul>	<p>TC</p> <p>TC</p> <p>TC</p>

	8.5	<p><b>Equality and Diversity Strategy 2016-19</b></p> <p>JS presented the report.</p> <p>The Equality and Diversity Strategy 2016-19 demonstrates the CCG's vision and continued commitment to achieving equality in health and care and aims to improve the way we commission services.</p> <p>It supersedes the previous Equality and Diversity Strategy dated April 2013.</p> <p>The strategy had been approved without amendment at the September Corporate Governance Committee.</p> <p>JS wished to formally thank Tracie Smith, Quality Improvement manager for the comprehensive strategy.</p> <p>TD noted the breadth and depth of the document and asked the Governing Body members to approve. The Strategy was approved.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body members approved the strategy.</b></li> </ul>	
9.	<b>Current Business Items</b>		
	9.1	<p><b>Finance Report – Month 05</b></p> <p>CH guided the Governing Body through the report and highlighted the following areas:</p> <p><b>Surplus: Full Year Forecast</b> At month 05 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. The Governing Body is asked to note that the CCG has reported to Greater Manchester Health and Social Care Partnership (GMHSCP) a risk adjusted surplus of £1.1m which has resulted in a formal request for a recovery plan due by 31 October 2016.</p> <p><b>Efficiency: Full Year Forecast</b> Performance is being reported as plan but the CCG has reported significant risks in achieving the plan to NHS England as part of the self-certification process.</p>	

	<p><b>Key Messages 2016/17</b></p> <ul style="list-style-type: none"> <li>• Main pressures to the forecast position amount to £8.1m.</li> <li>• The CCG may require external support of around £3.5m.</li> <li>• Since self-certification on the 28 July 2016 further pressures are developing as below: <ul style="list-style-type: none"> <li>○ Projected over performance of WWL £4.0m.</li> <li>○ Increasing over performance within the Independent Sector of up to £1.6m forecast outturn; and</li> <li>○ Over performance on Emergency Ambulance Services of £0.3m.</li> <li>○ Right Care Schemes yet to be identified £3.9m.</li> </ul> </li> </ul> <p><b>Other Key Issues</b></p> <ul style="list-style-type: none"> <li>• Due to financial situation highlighted in this report, the CFO is recommending that the CCG cannot invest in further schemes unless supported by Greater Manchester Transformational Fund or have been subject to a formal decision making process, such as Cost Benefit Analysis (CBA).</li> <li>• The Better Care Fund (BCF) plans have been approved by NHS England on the 28 July 2016.</li> <li>• Due to the cost pressures the CCG is undertaking analytical work to increase the value of Right Care Schemes to £8.6m from £3.9m.</li> </ul> <p>TD agreed the Governing Body noted and understood the significance of all highlighted areas and agreed for a further report to be brought to the October Governing Body meeting.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the report.</b></li> </ul>	
9.2	<p><b>Performance Report Month 05 and Improvement Assessment Framework</b></p> <p>CH presented the report.</p> <p>The 2016/17 performance report includes all the CCG performance measures contained within the Delivering the Forward View planning guidance. In addition this month's report includes a supplementary report detailing the first release of CCG performance against the indicators included in the new CCG</p>	

	<p>Improvement and Assessment Framework (IAF) as at 5 September 2016.</p> <p><u>Favourable Trends</u></p> <ul style="list-style-type: none"> <li>• 18 weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 94.73% during July.</li> <li>• Diagnostics 6+ week waiters: Performance was below the national standard of 1.00%, currently achieving 0.86% during July.</li> <li>• Healthcare Associated Infections MRSA: There have been no reported cases of MRSA during July.</li> <li>• Cancer: All of the cancer indicators achieved standard during July.</li> <li>• IAPT Access Rate: Performance continues to be above the monthly standard (1.25%) achieving 1.30% during May.</li> <li>• IAPT Waiting Times: May performance is above standard for both 6 and 18 week waiting times. IAPT 6 week waits is reported as 96.63% (standard 75%) and 18 week waits is reported as 100% (standard 95%).</li> </ul> <p><u>Adverse Trends</u></p> <ul style="list-style-type: none"> <li>• A&amp;E waits total time within 4 hours at WWL: July performance is below the 95% target at 89.67%.</li> <li>• Ambulance Response Times across NWAS area are worse than the national standards in July.</li> <li>• Ambulance Handover at WWL for July is above (worse than) plan for both of the ambulance handover indicators.</li> <li>• Ambulance crew clear performance for July is above (worse than) plan for both of the ambulance crew clear indicators.</li> <li>• IAPT recovery rate performance has failed to achieve standard (50%) for nine consecutive months.</li> <li>• Mixed sex accommodation: One breach reported in July for a Wigan patient at Royal Bolton Hospital.</li> </ul>	
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	<p>CJ queried the ambulance response time standard of 8 minutes and asked how long do patients have to wait for a response. She also queried whether there is a Greater Manchester Strategy for the North West Ambulance Service. CH advised that this is difficult to track but would ask the question.</p> <p>TA said it has been suggested that there should be a Greater Manchester strategy, but was not sure if this would help.</p> <p>MS said Greater Manchester should be using its commissioning powers to enforce the service.</p> <p>TA suggested this issue is taken through AGG for combined action.</p> <p>GC queried the increase in Inpatient Acute non-elective admissions, when we should be reducing in-hospital activity. CH agreed to find out.</p> <p>Discussion took place around the CCG Improvement and Assessment Framework which is contained within the report which will be used as a basis for quarterly performance meetings.</p> <p>It was agreed that the Performance Report is a more timely and accurate document and to include trends in future.</p> <p>FC referred to Wigan Borough CCG being in the bottom of the bottom quartile for Progress against Workforce Race Equality Standard. CH agreed to make enquiries.</p> <p>TD note and look forward to updates.</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>CH to ascertain the reason for the increase in Inpatient Acute non-elective admissions.</b></li> <li>• <b>CH to enquire why Wigan Borough CCG is in the bottom quartile for progress against Workforce Race Equality Standard.</b></li> <li>• <b>NWAS under performance to be escalated through the Association Governing Group of GMCCGs.</b></li> </ul>	<p>CH</p> <p>CH</p> <p>TA</p>
<p><b>9.3</b></p>	<p><b>Healthier Together Joint Committee</b></p> <p>TD presented the minutes of the Healthier Together Joint Committee meeting held on the 15 June 2016.</p>	

		<p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the minutes.</b></li> </ul>	
	9.4	<p><b>Greater Manchester Health and Social Care Strategic Partnership Board Minutes</b></p> <p>TD presented the minutes of the Greater Manchester Health and Social Care Strategic Partnership Board meeting held on the 29 July 2016.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the minutes.</b></li> </ul>	
	9.5	<p><b>Wigan Health and Wellbeing Board Minutes</b></p> <p>TD presented the minutes of the Wigan Health and Wellbeing Board meeting held on the 27 July 2016.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the minutes.</b></li> </ul>	
<b>10</b>	<b>Governing Body Committee Updates</b>		
	10.1/ 10.6	<p>Chairpersons' reports were circulated as below:</p> <ul style="list-style-type: none"> <li>• Audit Committee – no meeting</li> <li>• Clinical Governance Committee</li> <li>• Corporate Governance Committee</li> <li>• Finance and Performance Committee</li> <li>• Service Design and Implementation Committee</li> <li>• Primary Care Commissioning Committee</li> </ul> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the Chairpersons' reports.</b></li> </ul>	
<b>11</b>	<b>Locality Executive Updates</b>		
	11.1/ 11.6	<p>Locality Executive updates were circulated:</p> <p>11.1 Atherleigh – joint report for July and August 2016  11.2 Patient Focus – joint report for July and August 2016  11.3 Tyldesley Atherton Boothstown Astley for July and August 2016.  11.4 Wigan Central and North for August 2016  11.5 United League Collaborative for July and August 2016.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• <b>The Governing Body received the above listed</b></li> </ul>	

		<b>reports.</b>	
<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 15:30		
<b>13.</b>	<b>Date and time of next meeting</b>		
	Tuesday 25 October 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
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	October 2016	Agenda item
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>	JS	November 2016	
27.09.16	8.2	<p><b>Quality Report Quarter 1 2016/17</b></p> <ul style="list-style-type: none"> <li>The Governing Body members agreed to receive an update on the StEIS report regarding the Press coverage of the investigation of 4 deaths at WWLFT.</li> <li>JS to seek an explanation from Bolton Foundation Trust regarding the increase in infection cases.</li> </ul>	<p>JS</p> <p>JS</p>	<p>October 2016</p> <p>October 2016</p>	<p>Verbal report to October meeting</p> <p>Verbal report to October meeting</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
27.09.16	8.3	<b>Mortality Update</b> <ul style="list-style-type: none"> <li>• Outcome from WWLFT Quality &amp; Safety Committee meeting in September 2016 to be by exception only having firstly been reported to CCG Clinical Governance Committee</li> <li>• The detail of the 11 recommendations made by the CCG GP to the WWLFT mortality review meetings be circulated to CCG clinical leads.</li> <li>• The AQUA report referred to in the update to be circulated to Governing Body members</li> </ul>	JS	October 2016	Completed
			JS	October 2016	Completed
			JS	October 2016	Completed
27.09.16	9.2	<b>Performance Report</b> <ul style="list-style-type: none"> <li>• The under-performance of North West Ambulance Services is to be escalated through the Association Governing Group of GM CCGs</li> <li>• CH to report back on why inpatient acute elective admissions were above plan when we are shifting activity out of the acute sector</li> <li>• CH to enquire why Wigan Borough CCG is in the bottom quartile for progress against Workforce Race Equality Standard.</li> </ul>	TA	October 2016	Completed
			CH	October 2016	Agenda item/ Verbal report
			CH	October 2016	Agenda item/ Verbal report