

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

Tuesday, 24 January 2017 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 25 October 2016		Tim Dalton	1 - 12	Approve
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	To Follow	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

	7.2	Chief Officer's Key Messages		Trish Anderson	Verbal Report	Information
8.	New Business Items		1.55 pm			
	8.1	Public Sector Equality Duty Annual Report		Julie Southworth	13 - 42	Approve
	8.2	Quality, Safety & Safeguarding Report - Q2 2016-2017		Julie Southworth	43 - 74	Receive
	8.3	GM Any Qualified Provider Contract Status		Mike Tate	75 - 82	Approve
	8.4	Information Governance Management Framework		Julie Southworth	83 - 98	Receive
	8.5	GM Transformation Fund Investment Agreement		Trish Anderson	To Follow	Approve
9.	Current Business Items					
	9.1	Performance Report		Mike Tate	99 - 120	Receive
	9.2	A&E Performance		Mike Tate	121 - 128	Receive
	9.3	GP Practice Closure		Trish Anderson	129 - 132	Receive
	9.4	Greater Manchester Health & Social Care Strategic Partnership Board Minutes		Tim Dalton	133 - 152	Receive
	9.5	Wigan Health & Wellbeing Board Minutes		Tim Dalton	153 - 160	Receive
10.	Governing Body Committee Updates					
	10.1	Healthier Together Joint Committee		Tim Dalton	161 - 172	Approve
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	173 - 176	Approve
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	177 - 186	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis	187 - 190	Approve
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	191 - 198	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	199 - 200	Approve
	10.7	Minutes - Primary Care Commissioning Committee		Gary Cook	201 - 206	Approve
11.	Locality Executive Updates					

	11.1	Atherleigh		Gen Wong	207 - 212	Receive
	11.2	Patient Focus		Mohan Kumar	213 - 218	Receive
	11.3	Tyldesley Atherton Boothstown Astley		Ashok Atrey	219 - 224	Receive
	11.4	Wigan Central and North		Tony Ellis	225 - 228	Receive
	11.5	United League Collaborative		Sanjay Wahie	229 - 234	Receive
12.	Any Other Business - To be accepted at the Chairman's discretion					
13.	Date and time of next meeting					
	Tuesday 28 February 2017 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 25 October 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 Mohan Kumar, Clinical Lead for Unity League Collaborative (SW)
- Dr Gary Cook, Secondary Care Consultant Governing Body member (GC)
- Canon Maurice Smith, Lay Member (MS)
- Mike Tate, Chief Finance Officer (MT)
- Dr Tony Ellis, Clinical Lead for Wigan Central Locality (TE)
- Dr Sanjay Wahie, Clinical Lead for United League Collaborative (SW)

In Attendance:

- Tim Collins, Assistant Director of Governance (TC)
- Jane Clucas, Personal Assistant to Chair – Minute Taker (JC)
- Alexia Mitton, Head of Communications (AM)
- Sahra Kay, Brookmill Medical Centre – item 8.1(SK)
- Dr Rachel Warner, Brookmill Medical Centre – item 8.1(RW)

		ACTION
1.	Chairman’s Welcome	
	The Chairman opened the meeting at 1:30pm formally welcoming all Governing Body members and representatives from Brookmill Medical Centre.	
2.	Apologies for Absence	
	<ul style="list-style-type: none"> Dr Gen Wong, Clinical Lead, Atherleigh Locality Dr Ashok Atrey Catherine Jackson 	
3.	Declarations of Interest	
	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.	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group governing Body Meeting held on the 27 September 2016	
	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	
	<p><u>July 2016</u></p> <p>7.1 – agenda item 8.4 – November 2016</p> <p><u>September 2016</u></p> <p>8.2 –</p> <ul style="list-style-type: none"> • JS gave a verbal update on the StEIS report – the details as reported in the Press have been strongly challenged by WWL and they have complained to the Independent Press Standards Organisation. The 4 deaths in question had been appropriately investigated and reported including through the QSSG process with the CCG. The Trust’s End of Life Care Service has received a ‘good’ rating from the CQC. • JS gave a verbal update on infection rates at Bolton Foundation Trust – Bolton CCG robustly monitors performance at the Trust. We will share our best practice with Bolton CCG and work with them so they can adopt a similar approach to managing individual cases. • Additional action to be added to the log from the September 2016 meeting – National Sepsis Screening CQUIN target for Salford Royal. <p>8.3 – Complete. 9.2 – Complete/Agenda item</p> <ul style="list-style-type: none"> • Workforce Race Equality Standard action to be carried forward to November 2016 	
6.	Questions from Members of the Public	
	There were no members of the public present.	
7	Key Messages	

7.1 Chair's Key Messages

TD gave a verbal update to inform the Governing Body members that work is ongoing around the Recovery Plan and taking forward the Locality Plan. A monthly meeting is taking place between the Clinical Leadership Team and Cluster representatives.

A Borough Wide Event had been held to discuss New Models of Primary Care and focused on solutions rather than problems.

Members of the Senior Leadership Team and representatives from Wigan Council and the ICO Board recently had a teleconference with Northumbria CCG which is moving towards an Accountable Care system. They were able to feed back on lessons learned and legislation.

Discussions have taken place with Wigan Council around alignment of commissioning functions and clarity of purpose. The outline agreement is to have joint posts between the CCG and the Council for more integration.

The CCG Governing Body members recently met with the Board members of Wrightington Wigan and Leigh NHS Foundation Trust (WWL) to discuss the challenges ahead.

Meetings have been taking place with the local MPs to clearly align what the ambitions of the CCG are as we start to engage the public and make sure democratic relationships are aligned.

A joint meeting has taken place between the CCG and the Council with Jon Rouse, Chief Executive of Greater Manchester Health and Social Care Partnership to discuss joint plans and challenges. Jon Rouse believes Wigan is aligned, driven and speaking as one voice.

TD has recently attended a Greater Manchester Primary Care Workshop which showed that Wigan Borough is more advanced in making the required changes.

TD wished to acknowledge the hard work of staff within the CCG which he was made aware of recently when he presented the internal staff awards.

Resolved:

- **The Governing Body members received the report.**

	<p>7.2 Chief Officer's Key Messages</p> <p>TA thanked the Chair for summarising recent activity and added that in the previous month she had a telephone conversation with Jon Rouse, Chief Officer for GM Health & Social Care Partnership and he had stated that Wigan Borough was not causing him any concerns.</p> <p>TA echoed the Chair's comments about the hard work of CCG staff and suggested that a briefing be planned as soon as possible to update on developments.</p> <p>FC asked whether Jon Rouse is happy with the pace of change in Wigan. TD said that Jon Rouse believes Wigan is moving at the right pace. JS added that Wigan is seen as a trusted system to that will deliver.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members received the report. 	
8	New Business Items	
	<p>8.1 Primary Care Innovation Award Winner</p> <p>This item taken before 7.1.</p> <p>TD advised that Sahra Kay, Practice Manager and Dr Rachel Warner, Senior GP at Brookmill Medical Centre had been invited to attend the Governing Body meeting to update on their award winning Outreach Programme.</p> <p>SK gave a presentation which explained how the practice invites representatives from the Voluntary Sector to have a stand in the waiting room one day a month, or one day a week for the Citizens Advice Bureau. A room is also made available for private interviews. This service is open to the whole community and not just their patients.</p> <p>Case study examples were distributed which highlighted how much benefit patients have received from this system.</p> <p>Going forward they are looking at inviting more voluntary organisations to take part.</p> <p>GC asked whether there were any indicators to show how this is reducing the time patients are spending with their GP and how they could advise the CCG on rolling out what they have done so that it can happen in other areas in Wigan. RW commented that they are</p>	

	<p>aware that patients have found the programme useful but are not able to work out the GP time saved.</p> <p>Discussion took place around the involvement of the Leigh Cluster taking this work forward and taking it to the Practice Managers' forum.</p> <p>TD summarised that this is an innovative service for the people of Leigh. They have utilised both space and new models of care. The CCG is happy to help spread the scheme to other practices. TD thanked them for taking the time to attend the meeting and congratulated them on receiving the award.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members received the report. 	
8.2	<p>EPRR Statement of Compliance</p> <p>JS presented the Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance.</p> <p>The CCG has undertaken a self-assessment against the NHS England Core Stands for EPRR. In line with the definitions of compliance noted in the report, the CCG declared itself as demonstrating full compliance against the EPRR Standards.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members received the Statement of Compliance. 	
8.3	<p>Security Management Executive Director</p> <p>TA presented the paper.</p> <p>It is the responsibility of the Chair/Chief Executive of all NHS health bodies to designate an Executive Director to the role of Security Management Director (SMD). The SMD must be a voting member of the governing body and ensure that adequate security management provision is made in their NHS Health body, as specified particularly in paragraphs 2 and 7 of the Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006).</p> <p>Details of the person designated to the role of SMD must be provided to the NHS Protect. The SMD must emphasise the security management needs of the NHS health body at Executive Board level. This ensures that responsibilities are taken seriously at the highest level, enabling compliance with Secretary of State Directions and NHS Protect guidance.</p>	

	<p>MK asked whether there also has to be a Conflict of Interest Guardian. TD advised that they are in the process of recruiting to this post.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members approved the designation of the Director of Quality and Safety as the designated Security Management Executive Director. 	
9.	Current Business Items	
9.1	<p>Performance Report</p> <p>MT presented the report.</p> <p><u>Favourable Trends</u></p> <p>18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 95.27% during August.</p> <p>Diagnostics 6+ Week Waiters: Performance was below (better than) the national standard of 1.00%, currently achieving 0.94% during August.</p> <p>Healthcare Associated Infections MRSA: There have been no reported cases of MRSA during August.</p> <p>Healthcare Associated Infections Clostridium Difficile: The number of reported cases during August (6) was equal to plan.</p> <p>Cancer: All of the cancer indicators achieved standard during August.</p> <p>IAPT Access Rate: Performance continues to be above the monthly standard (1.25%) achieving 1.41% during June.</p> <p>IAPT Recovery Rate: June performance was above the standard (50%) achieving 57.14%. This is the first time since August 2015 that the standard has been achieved.</p> <p>IAPT Waiting Times: June 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%).</p> <p><u>Adverse Trends</u></p>	

A&E Waits Total Time Within 4 Hours At WWL FT: August performance at Wrightington, Wigan & Leigh FT (WWL FT) is below the 95% target, at 92.04%. A total of 7,353 patients attended A&E in the month, of which 585 did not leave the department within 4 hours.

Ambulance Response Times Across NWAS Area: Performance against all three response times across the North West Ambulance Service (NWAS) area are worse than the national standards in August. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 72.60% and 65.25%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 91.09%.

Ambulance Handover At WWL FT: August performance is above (worse than) plan for both of the ambulance handover indicators. Ambulance Handover >30 minutes is reported as 12.61% (plan 4.10%) and Ambulance Handover >60 minutes is reported as 3.32% (plan 0.40%).

Ambulance Crew Clear At WWL FT: August performance is above (worse than) plan for one of the ambulance crew clear indicators. Ambulance Crew Clear >30 minutes is reported as 0.81% (plan 0.67%).

Early Intervention in Psychosis (EIP) First Treated <2wks: Performance has failed to achieve standard (50%) during August achieving 25.00%. This is the first time in the current financial year where performance has fallen below standard.

Mixed Sex Accommodation: There were two MSA breaches reported in August for Wigan Borough CCG patients. Both breaches occurred at the Royal Bolton Hospital.

18 Weeks RTT 52+ Week Waits: Five patients were reported as waiting in excess of 52 weeks during August; 4 at UHSM and 1 at Euxton Hall Hospital.

Discussion took place around the increase in non-Wigan patients attending A&E in Wigan which is possibly due to the closure of Chorley. This will be discussed with the North West Ambulance Service to ascertain whether patients are being taken to A&E by ambulance or self-referrals. It was also agreed to see if the 111 system is sending ambulances unnecessarily.

MT advised that WWL made an organisational decision that all

	<p>admissions come through A&E. TD asked whether there is a contractual way of challenging this. PM added his concerns about the Red 2 Call (8 minute response) where patients are waiting unnecessarily for an urban region. PM stated the delay in A&E handover is a WWL problem.</p> <p>MK expressed concern that they are being advised not to send patients to A&E unnecessarily yet WWL are routing all patients through A&E which is a difficult message to pass to patients.</p> <p>GC suggested that there might be an administrative reason for patients having to be booked in through A&E. TD agreed that a centralised booking system is sensible but it should not be based in A&E and consideration should be given to the patients' dignity and the area being fit for purpose.</p> <p>JS suggested that the cohort of patients aged between 16 and 44 who are turned around within 4 hours are taken out of A&E as this would relieve pressure.</p> <p>MS referred to the local NWS tripartite meetings where all activity will be reviewed to identify causes. He suggested analysis of one or two cases is undertaken to allow more focus on patient experience.</p> <p>MS also requested that the graph on page 37 is rotated as it looks as though NWS is performing well.</p> <p>It was agreed that a member of the Clinical Services team carry out an audit on the NHS 111 algorithm to reduce the number of ambulance call outs.</p> <p>JS agreed to find out if a StEIS report has been undertaken on the RTT 52+ week waits.</p> <p>GC pointed out that patient non-elective activity is above expectation by 14%. MT agreed to respond to GC separately with an explanation and copy other Governing Body members in.</p> <p>SW queried the Early Intervention in Psychosis (EIP) performance which has fallen below standard. MT advised that this is a fault of the data and he will bring back a revised figure.</p> <p>TE added that he has asked 5 Boroughs Partnership NHS Foundation Trust (5BP) for sight of the Improved Access to Psychological Therapies figures in detail as his experience as a GP did not correlate with the figures being reported. MT agreed to</p>	
--	---	--

	<p>look into this with 5BP.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body Members received the report. • NWAS to be asked whether non-Wigan patients are being taken to Wigan A&E by ambulance. • Clinical Services team to undertake an audit on the NHS 111 algorithm to ascertain whether ambulances are being called out unnecessarily. • JS to find out if StEIS report has been submitted by SMUHFT on the RTT 52+ week waits. • MT to bring back a revised figure for the Early Intervention in Psychosis (EIP) First Treated <2 weeks. • MT to enquire with 5BP the IAPT performance figures. • MT to respond to GC and copy other Governing Body members in on the rise in non-elective inpatient activity 	<p>MT</p> <p>MT</p> <p>JS</p> <p>MT</p> <p>MT</p> <p>MT</p>
9.3	<p>Greater Manchester Health and Social Care Strategic Partnership Board Minutes</p> <p>TD presented the minutes of the Greater Manchester Health and Social Care Strategic Partnership Board meeting held on the 26 August 2016 to the Governing Body.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members received the minutes. 	
10	Governing Body Committee Updates	
10.1	<p>Healthier Together Joint Committee</p> <p>TD advised the Governing Body members that there has not been a Healthier Together Joint Committee meeting last month. The Joint Committee will only be reconfigured if a decision needs to be made. Monitoring will take place through the Greater Manchester Health and Social Care Strategic Partnership Board.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body members received the update. 	
10.1/ 10.6	<p>Chairpersons' reports were circulated as below:</p> <ul style="list-style-type: none"> • Audit Committee • Clinical Governance Committee <p>MS asked what the outcome of the CQC's visit to Richmond House was. JS agreed to enquire and advise.</p>	

		<p>MS suggested the visits should be in line with the CQC reporting and to be mindful of the CQC's judgements when making placement decisions.</p> <ul style="list-style-type: none"> • Corporate Governance Committee • Finance and Performance Committee • Service Design and Implementation Committee <p>PM advised of an addendum from the October SDI Committee meeting around concerns of ownership of Integrated Community Nursing Therapies and Outpatient Redesign and suggested they should be looked at in Locality meetings. MK echoed the same view from the Finance and Performance Committee.</p> <p>TD welcomed ownership of the schemes by the Localities and suggested more discussion takes place in the closed section of the meeting.</p> <ul style="list-style-type: none"> • Primary Care Commissioning Committee <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body received the Chairpersons' reports. • JS to advise of the outcome of the CQC visit to Richmond House. 	
11	Locality Executive Updates		
	11.1/ 11.6	<p>Locality Executive updates were circulated:</p> <p>11.1 Atherleigh – joint report for September 2016 11.2 Patient Focus – joint report for September 2016 11.3 Tyldesley Atherton Boothstown Astley for September 2016. 11.4 Wigan Central and North for September 2016 11.5 United League Collaborative for September 2016.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Governing Body received the above listed reports. 	
12	Any Other Business – to be accepted at the Chairman's discretion		
	There was no other business. The meeting closed at 15:12		
13.	Date and time of next meeting		
	Tuesday 22 November 2016, 1:30pm (venue to be advised)		

Signed

Dr Tim Dalton, Chair

Date ...25.10.16.....

This page is intentionally left blank