

**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	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	Draft presented to Clinical Governance Committee in December, amendments suggested to return to Clinical Governance Committee and Governing Body in February
27.09.16	8.2	<p><b>Quality Report Quarter 1 2016/17</b></p> <ul style="list-style-type: none"> <li>• Salford Royal FT only achieved 51% in the National Sepsis Screening CQUIN target – the reasons for this failure and assurance for future improvement to be brought back to Governing Body</li> </ul>	JS	November 2016	A response has been received from Salford Royal: <i>"When negotiating the National CQUINs for Sepsis and Antimicrobial last year we were very keen to steer away from a blanket approach. When a patient flags for Sepsis they are seen by a senior and a more experienced review is undertaken at a very early stage of the pathway. The senior is able to make a time critical judgement and the patient is administered with the most appropriate antibiotics. Where the senior review cannot be undertaken, then the guidelines are adhered to by the junior doctors."</i>
27.09.16	9.2	<p><b>Performance Report</b></p> <ul style="list-style-type: none"> <li>• Investigate why Wigan Borough CCG is in the bottom quartile for progress against Workforce Race Equality Standard.</li> </ul>	MT	November 2016	The race equality progress indicator is created as a composite score, looking at the difference between the BME and White response to four questions on the NHS staff survey for providers in the CCG footprint. Wigan's was the highest score in GM which indicates a perception of inequality. The CCG's Head of Equality & Diversity will explore the providers' response to address these issues.



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		<ul style="list-style-type: none"> <li>Review figure for Early Intervention in Psychosis (EIP) First Treated &lt; 2 weeks</li> </ul>	MT	<b>November 2016</b>	<p>The national standard (50.00%) has been achieved each month with the exception of August 2016.</p> <p>August performance was below the 50.00% standard in August, at 25.00%. This performance is assessed on the basis of just 4 patients, with only a single patient meeting the 2 week standard. Data submitted by 5BP.</p> <p>Further discussion with 5BP was held and it was established that there was actually 2 out of 5 seen, assessed and allocated care co-ordinator within 2 weeks. Submission to Unify couldn't be amended. 5BP has confirmed that this was a one-off error and process has now been put in place to prevent this in future.</p> <p>Of the 3 that did not meet the timescale: Patient 1 was an inpatient but current system doesn't allow care co-ordinator to be allocated by a second team - going forward, this should be resolved with the implementation of RIO.</p> <p>Patient 2 was a complex case and had been seen twice in the 2 week window with a third appointment cancelled.</p> <p>Patient 3 cancelled appointments and was seen 1 week after referral, did not score on Positive and Negative Syndrome Scale (PANSS) but met criteria around persecutory ideas and therefore accepted as First Episode Psychosis (FEP) and then resulted in breach of target.</p>
		<ul style="list-style-type: none"> <li>Confirm accuracy of IAPT figures reported by 5 Boroughs Partnership FT</li> </ul>	MT	<b>November 2016</b>	<p>WBCCG IAPT Access Rate has achieved standard in each month. YTD (April to September) performance is currently 8.52% which is above the YTD standard of 7.50%.</p> <p>WBCCG IAPT Recovery Rate achieved standard (50.00%) in June, August and September. However, failed standard</p>

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		<ul style="list-style-type: none"> <li>Reasons for increase in inpatient non-elective activity at WWL to be circulated to Governing Body members</li> </ul>	MT	November 2016	<p>in April, May and July. YTD (April to September) performance is currently above standard at 50.67%.</p> <p>5BP had implemented IAPTUS in 2015 and since the implementation, 5BP has confirmed that the data reported to NHS Digital is accurate and adheres to national reporting requirement. This has been seen in the comparison between the locally reported data and the nationally reported data.</p> <p>Commissioned Services Team has been working closely with 5BP regarding the performance against Recovery Target. There is an action plan in place and it is being monitored via monthly meetings with the Clinical Team. Improvements have been seen in the monthly performance. Local data shows performance to be above 50% from September to December. Sept 51.5% Oct 55.9% Nov 51.4% Dec 59.4%</p> <p>The number of Non-Elective spells is lower than last year, but higher than plan. Virtually all of the variance is attributable to the Ambulatory Care initiative, with the remainder attributed to underlying growth in demand. The CCG continues to pursue increased activity through the Ambulatory Care initiative and is regularly monitoring the uptake of the initiative. A number of demand management and deflection schemes are also in place.</p>