

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

Tuesday, 29 April 2014 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 March 2014		Tim Dalton	1 - 16	Approve
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting		Tim Dalton	17 - 20	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	Governing Body Committees Terms of Reference		Julie Southworth	21 - 40	Approve
	8.2	Governing Body Forward Plan 2014/15		Julie Southworth	41 - 42	Approve
	8.3	Better Care Fund Proposals		John Marshall	43 - 92	Approve
	8.4	Sustainability Development Management Plan		Julie Southworth	93 - 112	Approve
9.	Current Business Items					
	9.1	GM Association of CCGs Governing Group meeting Summary Notes 1st April, 2014		Trish Anderson	113 - 120	Receive
	9.2	Month 12 Performance Report		Mike Tate	121 - 138	Receive
	9.3	Healthier Together Update		Tim Dalton/Trish Anderson	Verbal Report	Receive
10.	Governing Body Committee Updates					
	10.1	Healthier Together Committee in Common - Briefing Note		Tim Dalton/Trish Anderson	139 - 142	Receive
	10.2	Chairperson's Report - Audit Committee		Maurice Smith	143 - 144	Receive
	10.3	Chairperson's Report - Clinical Governance Committee		Ashok Atrey	145 - 150	Approve
	10.4	Chairperson's Report - Corporate Governance Committee		Tony Ellis		No Meeting
	10.5	Chairperson's Report - Finance and Performance Committee		Mohan Kumar	151 - 156	Approve
	10.6	Chairperson's Report - Service Design and Implementation Committee		Peter Marwick	157 - 160	Approve
11.	Locality Executive Updates					
	11.1	Atherleigh - March 2014		Deepak Trivedi	161 - 164	Receive
	11.2	Patient Focus - March 2014		Mohan Kumar	165 - 168	Receive

	11.3	Tyldesley Atherton Boothstown Astley - March 2014		Ashok Atrey	169 - 172	Receive
	11.4	Wigan Central - March 2014		Tony Ellis	173 - 176	Receive
	11.5	North Wigan - March 2014		Peter Marwick	177 - 180	Receive
	11.6	United League Collaborative - March 2014		Sanjay Wahie	181 - 184	Receive
12.	Any Other Business - To be accepted at the Chairman's discretion					
13.	Date and time of next meeting					
	Tuesday 27 May at 13.30 in Room 17, Wigan Life Centre					

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OPEN MEETING

**Meeting of Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body
Held on Tuesday 25th March 2014 at 1.30pm in Meeting Room 17, Wigan Life Centre**

Present:

Dr Tim Dalton, Chair (TD)

Frank Costello, Lay Member – Deputy Chair (FC)

Trish Anderson, Chief Officer (TA)

Mike Tate, Chief Finance Officer (MT)

Julie Southworth, Director of Quality & Safety (JS)

Dr Ashok Atrey, Clinical Lead, TABA (AA)

Dr Sanjay Wahie, Clinical Lead for United League (SW)

Dr Tony Ellis, Clinical Lead for Wigan Central (TE)

Dr Pete Marwick, Clinical Lead for North Wigan (PM)

Dr Mohan Kumar, Clinical Lead for Patient Focus (MK)

Dr Deepak Trivedi, Clinical Lead for Atherleigh (DT)

Dr Gary Cook, Secondary Care Consultant Governing Body Member (GC)

Cannon Maurice Smith – Lay Member

Helen Meredith – Nurse Board Member

In Attendance:

Tim Collins, Assistant Director of Governance (TC)

Angela Cullen, Executive Assistant to Chief Officer - Minute Taker (AC)

Alexia Mitton, Head of Communications (AM)

Carole Hugall, Bridgewater Community Healthcare

Dave Nunns, Chief Executive, Healthwatch

Chris Brown, Director, Healthwatch

	AGENDA	ACTION
1.	Chairman's Welcome	
	The Chairman opened the meeting at 1.30pm formally welcoming all attendees and members of the public to the March meeting of the Wigan Borough Clinical Commissioning Group Governing Body.	
2.	Apologies for Absence	
	No apologies for absence were received.	
3.	Declarations of Interest	
	Other than the previously recorded declarations of interest there were no additional declarations of interest for any items on this agenda.	

	<p>The Chairman reminded Governing Body members that apart from the standing declarations of interest individuals must declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of Wigan Borough Clinical Commissioning Group (WBCCG) in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.</p> <p>Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.</p>	
4.	Minutes from the Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 25th February 2014.	
	<p>The minutes of the previous meeting were agreed as a true and accurate record and subsequently approved and signed by the Chair.</p>	
5.	Actions/Decisions Log from Previous Wigan Borough Clinical Commissioning Group Governing Body Meeting held on 25th February 2014.	
	<p><u>February 2014</u></p> <p>10.1 – complete.</p> <p><u>January 2014</u></p> <p>6.5 – complete – included within the performance report.</p> <p><u>December 2014</u></p> <p>9.2 – complete.</p>	
6.	Questions From Members of the Public	
	<p>There were no questions raised by members of the public.</p>	
7.	Key Messages	
	<p>7.1/ 7.2 Chair’s & Chief Officer’s Key Messages</p> <p><u>Chair</u> The chair updated the Governing Body on his priority for the month which has been focussed on the Quality Outcomes Framework (QOF) as it is annual submission and review time in the member practices.</p>	

	<p>TD Highlighted the difficulties for the increasing number of people who have a number of co-morbidities and take multiple medications on a daily basis. He highlighted the contrast in evidence for effectiveness of current care in the individual conditions versus the evidence of potential harm when medications are combined as is required by the various measures used to assess the effectiveness of practices. He called on the CCG to create a process within the current regulations to allow the needs of the patient to be foremost. This must be done by the clinician working with the patient, to ensure best care is delivered and best outcomes for the individual are attained, with no disadvantage to any other party such as the Practices or the CCG.</p> <p>GC stated the importance of linking to secondary care via the Integrated Care Programme. There was broad agreement to this approach.</p> <p>SW confirmed recent changes to QOF in that some medication reviews have been removed. He queried what the impact of not having medication reviews formally conducted would be and asked if we should look to reinstate the medicines reviews.</p> <p><u>Chief Officer Report</u></p> <p>TA updated Governing Body members with current key areas of work:</p> <p><u>National</u></p> <ul style="list-style-type: none"> • NHS England has published an emerging findings report (Call to Action) on a future strategy for commissioning general practice services. Collaboration is a key theme of the findings. • Better Care Fund (BCF) Following the initial submissions of the draft Better Care Fund plans a number of common issues were identified leading to the updating of the following documents: <ul style="list-style-type: none"> → BCF Technical Guidance, clarity around metric Specifications; → BCF Planning Template – revised for 4th April submissions to give more detailed figures; → Spreadsheet of all Council’s spending. • House of Commons has passed clauses 118/119 which will allow the Secretary of State to take decisions in ‘exceptional’ circumstances on reconfiguration issues within localities. 	
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- **NHS Confederation Event**

The Chair and Chief Officer attended a national Confederation event focussing on the political challenges facing the NHS. Key themes are:

- 44% of NHS Trusts will have funding pressures this year.
- Issues about waiting times and service pressures, particularly A+E.
- Need to develop clear vision for the future NHS.
- Focus on Marmot principles, start with where people live and use their assets.
- Integrate services outside hospitals to support people.
- Move away from inputs to outcomes.
- Need honest debate about the investment level.
- All parties will need to tackle the financial challenge.
- Recent polls show NHS still an institution held in high regard by the public but many think quality of care has deteriorated in the last 10 years.
- Access to GP appointments worse.
- 65% think nursing less compassionate.
- Messages and examples given about major change programmes in London and Mid Yorkshire.

Regional

- Local Area Team (LAT) checkpoint meeting on the 26th February 2014.
- Positive feedback from the LAT, high level of support for plans and for the ambition, but queried whether we can deliver.
- Association of GM CCGs meeting.

Local

Wigan Borough Public Sector Reform event, 3rd March 2014.

- A broad range of stakeholders were brought together to focus on the working age population living in the borough who present for support to many agencies.
- The council has adopted and adapted the CCG risk stratification tool and has worked jointly with us to look at the needs of the population in this group.
- Alcohol, Drugs and Mental Health are significant features.

		<p>MPs Briefing</p> <ul style="list-style-type: none"> • TA attended the MPs briefing hosted by Wigan Council to share and discuss CCG plans and progress. <p>Finally TA relayed her personal thanks to the Chair, all Governing Body Members, Partners, the Executive Management Team and all CCG staff for their efforts in achieving an excellent first year of delivery.</p> <p>FC highlighted that access to a GP appointment can be a challenge and raised the need for us to establish how this is in reality in order for us to take forward our commissioning plans.</p> <p>DT highlighted that approximately one third of patients registered with practices are taking all the appointments which then makes it difficult for the remaining two thirds of patients to get an appointment.</p> <p>TD confirmed that there was now a Q Risk attendance data set which is an evidence-based validated tool used to accurately predict patient numbers.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 	
8.	New Business Items		
	8.1	<p>Financial Plan 2014/15 and 2015/16</p> <p>A paper was shared to set out the requirements of the two year operational financial plan for the years 2014/15 (years 1 and 2) for WBCCG. It detailed at a high level the medium term financial planning assumptions for the financial years 2016/17 to 2018/19 (years 3, 4 and 5).</p> <p>This ensures that everything is in place to assure member practices (via the Governing Body) of the organisations ongoing capability and capacity to meet its duties and responsibilities including arrangements for good financial governance which includes:</p> <ul style="list-style-type: none"> • Robust financial procedures and controls; • Effective financial management and financial planning arrangements; and • Comprehensive financial systems operated by well-managed, adequately resourced and trained staff. 	

		<p>The specific thirteen assurance framework indicators are contained within Appendix 10 of the report.</p> <p>The detailed plans were presented to the Finance and Performance Committee meetings in November 2013 and January 2014.</p> <p>In summary the 2014/15 and 2015/16 financial plan detail the following:</p> <ul style="list-style-type: none"> • WBCCG has a detailed two year operational financial plan that delivers financial balance and all its financial duties; • The two year plan is underpinned by a longer five year strategic financial plan; • Quality Innovation Productivity and Prevention (QIPP) is integrated within the plan; • The delivery of 'In Hospital' and 'Out of Hospital' reconfiguration is key to the delivery of the QIPP plans; • Non-recurrent funds are managed for future investment in service transformation; • A Better Care Fund with the Local Authority; • Risk around the CHC budgets, CSU re-pricing and GP IT transfers are managed; • How the CCG will manage within its management allowance; and • Any known requirements of NHS England. <p>Clarity was sought on the rounding of figures.</p> <p>FC commended the Finance Team on the production of such a comprehensive document and sought assurance that this fitted with the Strategic 5 year plan.</p> <p>MT confirmed that the finances are based upon the Strategic 5 year plan.</p> <p>MK extended his congratulations to the Finance and Performance Team despite the multitude of variables received from the Area Team.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the Financial Plan. 	
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8.2	<p>QIPP Plan 2014-19</p> <p>A detailed QIPP plan on how the CCG intends to meet its QIPP requirement over the medium term, giving brief descriptions on individual projects, in addition to future potential opportunities available to the CCG was shared with Governing Body members. In summary the paper identified:</p> <ol style="list-style-type: none"> 1. The clear QIPP gap. 2. A brief description of the schemes currently identified to meet the QIPP challenge over the next three years, and; 3. Shows the potential opportunities that may be available to the CCG. <p>MT has set a target of £26m QIPP schemes for delivery in 2014/15. Currently the CCG has identified £20m worth of schemes for delivery in 2014/15. In previous financial years QIPP schemes have encountered significant slippage, putting in-year savings 'out of reach'. To mitigate this, the additional £6m of schemes are being identified.</p> <p>MT sought support from both practices and localities in achieving the QIPP targets.</p> <p>Further debate ensued highlighting the need for medicines management, secondary care and other prescribers and clinicians to be involved.</p> <p>SW gave the example of the wound forum. There is GM guidance due imminently and Bridgewater and the CCG are looking at a joint forum. Mechanisms will be utilised to provide feedback to providers.</p> <p>MK confirmed the two mechanisms to ensure QIPP plans are focusing on all areas:</p> <ol style="list-style-type: none"> 1. Feedback 2. Monitoring <p>SW stated that the Peer Reviews and Medicines Management Reviews have been successful. Clinical domains are currently brought up at locality level already.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 	
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<p>8.3</p>	<p>Commissioning Plan</p> <p>NHS England asked each CCG to develop ambitious plans for the next five years (commencing April 2014), with the first two years mapped out in the form of detailed operating plans. The five year planning process needs to address health and social care integration, highlighting the need for CCGs to work closely with social care partners to “develop bold ambitious plans”.</p> <p>The draft Strategic Plan for 2014-19 was shared for consideration of the Governing Body.</p> <p>This plan sets out the CCG’s establishment and ambition for the forthcoming years which will enable the commissioning of high quality health care services for the population of Wigan. It reflects the aspirations and intentions of a committed collaboration between our partners and like-minded clinicians to learn, understand and take responsibility for the commissioning of health services on behalf of its registered patient population.</p> <p>The draft plan demonstrates confidence in our ability to secure healthcare safely and to discharge responsibly our stewardship of most of the local NHS budget.</p> <p>The first draft was submitted to NHS England on the 4th February 2014. The final document will be shared with Governing Body members at the May meeting in advance of the 20th June final deadline.</p> <p>JS summarised each section of the document:</p> <p>Section 1 – Describes a vision of a smaller acute sector locally and targets the community and primary care sector. It also contains networking, centralised specialist services and the size of the monetary pressure with ambition to shift funding.</p> <p>Section 2 – Patients and citizens have been included.</p> <p>Section 3-6 – Primary Care, central to ensure national change.</p> <p>Section 7 – Relates to integrated care.</p> <p>Section 8 – Highlighted what the difference to our residents will be.</p> <p>Section 9-10 – Urgent care and resilience when there are urgent care pressures.</p>	
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		<p>Section 11 – Elective Care, turnaround and productivity.</p> <p>Section 12 – Specialised care in centres of excellence (as relevant to the locality).</p> <p>Section 13 – Paramedic Emergency Service (PES) Commissioning Intentions for 2014/15.</p> <p>Section 14 – Delivering a sustainable system. The CCG’s ambitions mapped against the ambitions of NHS England and the expected outcomes.</p> <p>Section 15 – Reducing health inequalities as a major outcome.</p> <p>Section 16 – How we have devised the plan, the current position, review, opportunities and threats. This section outlines the schemes and projects to be undertaken over the next five years.</p> <p>Section 17 – Improving quality and outcomes applied to the CCG’s ambitions, what data we have looked at, have clinicians views been considered and the Health & Wellbeing Board involved.</p> <p>Section 18 – Sustainability.</p> <p>Section 19 – Which improvement interventions are required.</p> <p>Section 20 – Governance processes.</p> <p>Section 21 – Values.</p> <p>The document demonstrates a summary of all the strands of work that the Governing Body and Clinical Leads have been undertaking for the last six months when we embarked upon reviewing the line by line contractual activity.</p> <p>JS sought approval of the Governing Body that the document reflects the discussions to date and agreement to submit to NHS England on the 4th April.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body fundamentally agreed the direction of travel and agreed to submission on the 4th April. 2. The final document is to be brought to the Governing Body meeting in May prior to the final submission deadline of 20th June. 	<p>JS</p>
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		<p>3. The document, now approved by the Governing Body, to be shared with Partners whilst final amendments are being made.</p>	<p>JS</p>
9.	Current Business Items		
9.1	<p>GM Association of CCGs: Association Governing Group (AGG) Summary Notes</p> <p>The minutes of the GM Association of CCGs Association Governing Group 4th March 2014 meeting were circulated for the information of the Governing Body.</p> <p>MS referenced the governance arrangements (<i>page 3, para 2 refers</i>) and questioned how rigorous the governance of this meeting is.</p> <p>TA confirmed that since WBCCG raised the issue regarding scope and clarity, the arrangements have been re-written to reflect our concerns and circulated for all CCGs to take via their respective Governing Bodies.</p> <p>MS further referenced the timing and the launch of the consultation (<i>page 3, para 4 refers</i>) asking if the CCG is comfortable with the decision to launch the consultation in 17 weeks – over the summer period.</p> <p>TD confirmed that the decision not to consult over the Christmas period was previously reached. Consultation will be launched formally on 6th June, after purdah, to run for a period of 13 weeks.</p> <p>MS made reference to Commissioning Support Unit (CSU) Information Management & Technology (IM&T) (<i>page 9, para 2 refers</i>) in that the CCG needs to be clear what the CSU IM&T will offer in the future in order to make an informed decision.</p> <p>TA confirmed that there is a potential merger planned for Cheshire and Greater Manchester CSU.</p> <p>Resolved:</p> <p style="padding-left: 20px;">1. The Governing Body received the minutes.</p>		
9.2	<p>Month 11 Corporate Dashboard</p> <p>The Corporate Dashboard was shared with Governing Body members to provide an update on how the CCG is performing against its corporate objectives and the NHS England CCG</p>		

		<p>Assurance Framework.</p> <p>As at month eleven, one objective/domain is self-assessed as GREEN, two are GREEN/AMBER and one is RED.</p> <p>Objective 1: RED Helping our population stay healthy and live longer in all areas of the borough.</p> <p>Objective 2: GREEN/AMBER Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within available resources.</p> <p>Objective 3: GREEN/AMBER Developing an effective commissioning organisation that puts the patient first.</p> <p>Objective 4: GREEN Being an organisation that consistently delivers its statutory duties.</p> <p>Healthcare Acquired Infections – WWLs target is 25 against a borough wide target of 90.</p> <p>JS referred to the performance report (<i>page 14 refers</i>) ‘Is the provider flagged as a “Quality Compliance Risk” by Monitor, or are there requirements in place around breaches of provider licence conditions’ and reported that the red flag against Bolton has now been removed.</p> <p>Areas where performance trend has lowered:</p> <ul style="list-style-type: none"> • Referral to treatment waiting times – 18Week Referral To Treatment (RTT): Patients waiting greater than 52 weeks. • Diagnostics – Diagnostic waits within 6 weeks. • Accident & Emergency (A&E) – A&E waits: Total time in department within 4 hours. • Domain 2 - Enhancing quality of life for people with long term conditions – Admissions: Asthma, Diabetes & Epilepsy (children & young people). • Helping people to recover from episodes of ill health – Admissions: Lower respiratory tract infections. • Patient Experience – Friends & Family Test: A&E response rate. • Treating in a safe environment – Healthcare Associated Infections: MRSA & C-Diff. • Other indicators – Admissions: Hip fracture (age 65+). 	
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		<p>GC asked what we are doing locally in terms of asthma and diabetes in children and young people.</p> <p>JS confirmed that there has been a children’s business case prepared regarding asthma as the majority of year to date admissions relate to asthma with the highest proportion occurring in males aged between 1-10 years. The children’s team can report back to the Governing Body on the work conducted to date if required.</p> <p>MT added that performance issues can be written into targets contained within the contract and can be monitored via the Contract Monitoring & Performance Meetings.</p> <p>SW referenced the diagnostic waits within 6 weeks (<i>page 19 refers</i>) stating that he would have expected more delivery locally.</p> <p>MT confirmed that he would make enquiries and report back.</p> <p>FC referenced The Friends & Family Test (<i>page 23 refers</i>) and noted the positive performance against Salford asking if there are any pointers to assist WWL.</p> <p>TD confirmed that this could be raised as an item at the next Exec to Exec meeting with WWL.</p> <p>MS sought clarity around the number of Serious Untoward Incidents (SUIs) and the 45 day closure, asking how many there currently are and how many remain unclosed. MS added that the narrative could also be made clearer to mitigate any risk of misinterpretation.</p> <p>FC asked if the report is fully representative of the patient experience being received. He further added that yesterday across the North West WWL was an outlier in terms of re-admissions (11%). FC further highlighted the need to get to the range of other indicators to test how it really is for service users.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the contents of the report. 	
	<p>9.3</p>	<p>Healthier Together Committees in Common Revised Terms of Reference (version 1.1)</p> <p>The Healthier Together Committees in Common revised terms of</p>	

	<p>reference (version 1.1) were circulated for the Governing Body to approve.</p> <p>This version has been reviewed by Hempsons Solicitors and includes the amendment on page 3 <i>'to the extent of their dependency'</i> as requested by TD on behalf of the WBCCG Governing Body members at the last Committee in Common meeting on 26th February 2014.</p> <p>TA confirmed that two CCGs have not yet amended their constitution to join the Committee in Common (CiC), this will not be completed until June 2014.</p> <p>TA advised that there is currently an Act going through Parliament which will allow CCGs to work together without this mechanism.</p> <p>Dave Nunns (Healthwatch) confirmed that if the Legal Reform Order goes through then CCGs should have the power by October 2014. It was noted that the voting is due to take place in June prior to this date.</p> <p>SW indicated possible quoracy issues with the two CCGs who have not yet amended their constitution, should they be classed as voting members at the committee until this process is complete?</p> <p>TD confirmed that he would raise this with the HT Team.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body approved the revised version of the Terms of Reference (version 1.1). 2. TD to seek clarity on the potential issue regarding non-voting members and concerns of quoracy with the HT Team. 	<p>TD</p>
<p>9.4</p>	<p>Minutes of Wigan Council Health & Wellbeing Board held on 22nd January 2014</p> <p>The minutes of the Wigan council Health and wellbeing Board held on 22nd January 2014 were shared with the Governing Body for information.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. The Governing Body received and noted the report. 	

10.	Governing Body Committee Updates		
10.1	<p>Healthier Together Committees in Common – Public Meeting 26 February 2014</p> <p>Summary notes of the Healthier Together Committees in Common Public Meeting held on 26th February 2014 were shared with the Governing Body for information.</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. The Governing Body received and noted the summary notes of the meeting.</p>		
10.2 – 10.6	<p>Chairpersons reports for February 2014 were circulated as below:</p> <p>10.2 Chairperson’s Report: Clinical Governance Committee. 10.3 Chairperson’s Report: Corporate Governance Committee. 10.4 Chairperson’s Report: Finance & Performance Committee. 10.5 Chairperson’s Report: Service Design & Implementation Committee.</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. The Governing Body received and approved the above listed reports.</p>		
11.	Locality Executive Updates		
11.1- 11.6	<p>Locality Executive updates were circulated for February 2014:</p> <p>11.1 Atherleigh 11.2 Patient Focus 11.3 Tyldesley Atherton Boothstown Astley 11.4 Wigan Central 11.5 North Wigan 11.6 United League Collaborative</p> <p>Resolved:</p> <p style="padding-left: 40px;">1. The Governing Body approved the above listed reports.</p>		

12.	Any Other Business – accepted at the Chairman’s discretion		
	12.1	<p><u>Chairman’s Thanks</u></p> <p>TD conveyed his personal thanks to all Governing Body Members, CCG Staff, Member Practices and Partner Organisations across the Borough for their ambition, efforts and support during the first year and looks forward to driving this ambition into next year.</p> <p>The Governing Body responded by conveying their thanks to the Chair and Chief Officer for their Leadership over the last year.</p>	
		<p>The Chair closed the meeting at 15.35pm.</p>	
13.	Date and time of next meeting		
	Tuesday 29th April 2014 at 13.30pm in Room 17, Wigan Life Centre		

Signed Date:29.4.14.....
 Dr Tim Dalton, Chair

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**ACTIONS FROM WIGAN BOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY – OPEN MEETING
HELD ON TUESDAY 25 MARCH 2014**

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From Agenda Item	Agreed actions from the Meeting	Action By	Deadline	Update/Agenda Item- Date & No
8.3/2	Commissioning Plan: The final document is to be brought to the Governing Body meeting in May prior to the final submission deadline of 20 June.	JS	May 2014	Added to forward plan
8.3/3	Commissioning Plan: The document, now approved by the Governing body, to be shared with Partners whilst final amendments are being made.	JS	May 2014	
9.3/2	Healthier Together Committees in Common Revised Terms of Reference (Version 1.1): Tim Dalton to seek clarity on the potential issue regarding non-voting members and concerns of quoracy with the HT Team	TD	May 2014	

KEY
INCOMPLETE
IN PROGRESS
COMPLETE

February 2014

From Agenda Item	Agreed actions from the Meeting	Action By	Deadline	Update/Agenda Item- Date & No
8.2/2	Patient Engagement Briefing: A further update from the Patient's Forum to be brought to the May 2014 meeting	CR	May 2014	Added to forward plan.
9.3 /2	Corporate dashboard: The CCG Performance Report will be brought to the Governing body on a quarterly basis	MT	On going	Added to forward plan.
9.4 /2	Month 10 Finance Report: The full finance report will be brought to the meeting on a quarterly basis.	MT	On going	Added to forward plan.

GOVERNING BODY DECISION LOG (OPEN MEETING) FEBRUARY 2014

Date of Decision	Authorised Person/ Committee	Minute Ref/ID No	Title	Decision	Governing Body Notified	Agenda Item at Governing body
25/03/2014	Governing Body	8.1/48	Financial Plan 2014/15 and 2015/16	The Governing Body approved the Financial Plan	Decision Maker	8.1/1
25/03/2014	Governing Body	8.3/49	Commissioning Plan	The Governing Body fundamentally agreed the direction of travel and agreed to submission on 4 April	Decision Maker	8.3/1
25/03/2014	Governing Body	9.3/50	Healthier Together Committees in Common Revised Terms of Reference (version 1.1)	The Governing Body approved the revised version of the Terms of Reference (version 1.1)	Decision Maker	9.3/1

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