NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 18th September 2014, at 9.00am in Conference Rooms A & B at the 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and **Open Forum**	-	Dr Huw Charles-Jones *GP Chair*
	9.15	Chairs Opening Remarks	I	Dr Huw Charles-Jones *GP Chair*
A	9.20	Apologies for absence	-	Dr Huw Charles-Jones *GP Chair*
B	9.22	Declarations of interests in agenda items	-	Dr Huw Charles-Jones *GP Chair*
C	9.25	Minutes of last meeting held on 17th July 2014	DR	Dr Huw Charles-Jones *GP Chair*
D	9.35	Matters arising/actions from previous Governing Body Meetings	D	Dr Huw Charles-Jones *GP Chair*
WCCCGGB/14/09/28	9.45	Clinical Senate Report	D	Dr Huw Charles-Jones *GP Chair*
WCCCGGB/14/09/29	10.05	Quality Improvement Committee Report	D	Sheila Dilks *Clinical Lead - Nurse Representative* Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/14/09/30	10.25	Commissioning Delivery Committee Report	DR	Chris Hannah Vice Chair/Lay Member Laura Marsh *Director of Commissioning*
10.45 BREAK				
WCCCGGB/14/09/31	11.00	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*
WCCCGGB/14/09/32	11.20	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James *Chief Finance Officer*

CONSENT ITEMS				
WCCCGGB/14/09/33	11.30	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/14/09/34	11.40	Any Other Business **(to be notified to the Chair in advance)**	D	All
Date and Time of Next Meeting – Thursday 20th November 2014, at 9.00am – Neston Cricket Club, Station Road, Neston, Cheshire CH64 6QJ				

I – Information D – Discussion DR – Decision Required

* A consent agenda means that the items will be noted with no time for debate unless the chair is notified in advance of the meeting.

** Any other items of business should be notified to the Chair at least 48 hours in advance of the meeting.

NHS
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NHS West Cheshire Clinical Commissioning Group

Formal Governing Body Meeting

Thursday 17th July 2014, 9.00a.m., Civic Suite, Civic Hall, Civic Way, Ellesmere Port, CH54 0BE

PRESENT

Voting Members:

Dr Huw Charles-Jones	Chair
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Mr David Gilburt	Lay Member
Mr Mike Zeiderman	Hospital Doctor representative
Ms Pam Smith	Lay member
Ms Sheila Dilks	Nurse representative
Dr Claire Westmoreland	GP Representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality
Caryn Cox	Director of Public Health, Cheshire West and Chester Council

Non-voting Members:

Helen McCairn	Director of Partnerships
Laura Marsh	Director of Commissioning

In attendance:

Brian Green	Head of Quality and Safety
Clare Dooley	Corporate Governance Manager
Sally Pritchard	Public Engagement Manager
Clare Jones	Governing Body and Committees Administrator

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	WELCOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that no questions have been received by members of the public prior to this meeting. An issue was raised from the floor by Mr Roger Parkin, relating to the Quality Improvement Committee report upon the agenda, and it was agreed that Sheila Dilks will discuss this issue with Mr Parkin directly, outside of this meeting.	
	CHAIR'S OPENING REMARKS	
	The Chair advised that the meeting is held in public but is not a public meeting. Hardcopies of the agenda and minutes of the previous formal governing body meeting were made available for members of the public, and a full set of papers can be obtained from the clinical commissioning group's website at www.westcheshireccg.nhs.uk. Two members of the public were in attendance at the meeting.	

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	The Chair made the following opening remarks: • The clinical commissioning group has had its Quarter 4 assurance meeting with NHS England, on the 11th June 2014. This constitutes the annual review of the clinical commissioning group by NHS England in relation to the delivery of its statutory duties and NHS Constitution commitments. The assurance meeting was very positive, and it is felt that the clinical commissioning group showed a maturity and confidence, as an organisation, and was able to demonstrate4 what was considered important, and why. The overall assurance level assigned by NHS England remains at "assured". • The clinical commissioning group has completed its 5 year strategy. The strategy is based on the West Cheshire Way vision, and sets out the direction of travel for the clinical commissioning group over the next five years. The strategy was presented at the Health and Wellbeing Board on the 16th July 2014, as was the strategy created by NHS Vale Royal Clinical Commissioning Group. One of the most significant aspects of the strategy is the use patient's stories, to see services from a patient's viewpoint, and the fragmentation of services that are visible as a result. Patient stories will provide a powerful message as services are developed and taken forward. The 5 year strategy is available upon the clinical commissioning group's website. • Following the last formal governing body meeting, the membership council received and approved the final accounts and draft audit report for 2013/14, on the 21st May 2014. • The format of the papers for governing body meetings has recently changed, and the reasoning behind this decision was provided. Each governing body committee now presents a report to each formal governing body meeting. The new format appeared to work well at the last meeting, although this will be kept under review.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Alison Lee, Chris Hannah, Paula Wedd and Rob Nolan.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest to be noted.	
C	**MINUTES OF LAST MEETING HELD ON 15TH MAY 2014**	
	The minutes of the meeting held on 15th May 2014 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Page 1 – Members present – Voting members to be amended to show Caryn Cox as attending.	

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	• Page 1 – second paragraph – Item is to be amended to reflect that an issue was raised by Mr Gus Cairns, and not Mr Roger Parkin. • Page 3 – third paragraph – Wording to be amended to "It has been confirmed…." **MATTERS ARISING** • North West Ambulance Service – It was noted that an increase in ambulance requests is being monitored to determine whether a trend is developing. This information will be available once a review of North West Ambulance Service data has been completed.	
D	**MINUTES OF EXTRAORDINARY MEETING HELD ON 5TH JUNE 2014**	
	The minutes of the extraordinary meeting held on the 5th June 2014 were agreed as an accurate record of the meeting's proceedings, with the following amendment: • Page 1 – Members present – Voting members to be amended to show Mike Zeiderman did not attend and to be listed as apologies offered. **MATTERS ARISING** There were no matters arising to be discussed.	
E	**MATTETRS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	• Page 7 – D – Adoption and GP Assessments a) *Confirmation to be sought as to whether the local authority has received a response from NHS England Area Team regarding the variance in GP assessment fees and processes, in relation to adoption*. This issue has been addressed by Cheshire West and Chester Council and NHS England, and can now be closed upon the action log. *b) A 'Plan on a Page' is to be created and shared with GPs, for clarity and guidance.* It has been agreed that a 'Plan on a Page' is no longer relevant and an adoption pathway has been circulated. This item can now be closed upon the action log. • Page 3 – C – Health and Wellbeing Strategy 2014-2019 *Helen McCairn to provide feedback to Cheshire West and Chester Council, and to manage this on behalf of the clinical commissioning group.* The strategy has been presented at the Health and Wellbeing Strategy Group meeting, and circulated to managers and GPs, with comments to be returned to Cheshire West and Chester Council. This item can now be closed upon the action log.	

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19	**COMMUNITY SERVICES REVIEW**	

The clinical commissioning group commissioned Sedgwick-Igoe and Associates to undertake a review of adult community services provided by Cheshire and Wirral Partnership NHS Foundation Trust, and a report of the review was received at the governing body meeting on the 18th July 2013.

The report presented today provides an update on the progress of the implementation of the recommendations of the review. It is important that the governing body reflects, and is mindful, that community services have changed significantly over the last 12 months; for example, work being undertaken to implement Accountable Lead Providers for services, and work undertaken in relation to the West Cheshire Way. The following points were noted:

- Ageing Well – plans are in place to implement multi-disciplinary teams around GP practices by September 2014. Metrics are in place to monitor the impact of the teams, and to incentives them through Commissioning for Quality and Innovation schemes. It is important to recognise that the teams are not solely about having people sitting together in one building around a GP practice, but is more concerned with the roles and responsibilities within those teams; for example, Cheshire and Wirral Partnership NHS Foundation Trust is undertaking action learning sets to develop those roles and to look at core competencies, and then generic competencies, within the teams. The rotation of staff across community therapies and the Countess of Chester Hospital NHS Foundation Trust is an important first step, with a future step to have nursing roles working across both sectors to understand the different environments both within acute and community services.
  Further work is being undertaken in relation to:
  - a strategic approach to assistive technology, which forms a part of the package of support around integrated teams, helping people to maintain their health and independence within the community;
  - the development of intermediate care services, and a bid has been submitted for national funding to support this work, linking in to hubs of intermediate care services within the community, to support patients outside of hospital settings;
  - the Single Point of Access service, which has been enhanced by the extension of its opening hours to 8.00am to 8.00pm. Consideration is being given to developing this work across mental health, physical health and social care;
  - an audit of patients attending Accident and Emergency after 6.00pm at the Countess of Chester Hospital NHS Foundation Trust, and understanding what services need to be in place to manage these patients;
  - an integrated shared care record being developed and piloted, which is essential to underpin the integrated work across health and social care. There is also an opportunity to consider this work across a larger footprint than that of only west Cheshire;
  - supported self-care and the joining up services across therapies, with the appointment of an integrated manager across Cheshire and Wirral Partnership NHS Foundation Trust and Countess of Chester Hospital NHS Foundation Trust, to bring the therapeutic services together, and to

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	begin to address some of the issues relating to waiting times that are being experienced within the community; ➢ community equipment and out of hours provision, building on the feedback from therapists, GPs and others, to redesign the service to meet the current needs to address the West Cheshire Way; ➢ primary care, around vanguard practices, to consider how work is linked back in to Ageing Well, and other work programmes; ➢ Ellesmere Port Hospital and Tarporley War Memorial Hospital, in terms of that community's step up/step down facilities • In terms of commissioning and contract management, the key performance indicators within the Cheshire and Wirral Partnership NHS Foundation Trust contract have been reviewed. Consequently, further work has been undertaken to align the contracts and quality incentives across providers to deliver improved outcomes. Consideration will also be given as to translating this in to contracts with providers, including Cheshire and Wirral Partnership NHS Foundation Trust. • The review also recommended the development of service specifications for a number of individual services. Reflecting on the current position of community services, the detailing of individual service specifications is not being undertaken as we move towards outcome based commissioning. • Governance for outcome based commissioning – it is believed that, as work progresses, the quality and performance contract monitoring arrangements will begin to devolve down to the programme boards for ageing well and urgent care, as is the case in relation to mental health. It is intended that this will bring governance closer to the programme areas, in terms of quality and performance. • Significant progress has been made in relation to delivering against the recommendations within the review, and now consideration is to be given to accountable care organisation arrangements, outcome based commissioning, and the most effective way to create a collaborative approach with the provider of community services. Cheshire and Wirral Partnership NHS Foundation Trust is expected to become the accountable lead provider for admission avoidance, predominantly around frail older people. There is a need to build on the work already undertaken, and also to learn from patient stories, to ensure that gaps between services are closed, and any duplication of services is removed. Discussions took place and the following points were highlighted: • The clinical commissioning group attended at a meeting with Cheshire and Wirral Partnership NHS Foundation Trust and Countess of Chester Hospital NHS Foundation Trust, on the 16th July 2014, to consider the rise in emergency admissions. It is important that assurance is obtained, moving forward, that community services are able to deliver services that will work towards avoiding emergency admissions, and will work with the Countess of Chester Hospital NHS Foundation Trust to achieve this. • It is reassuring to note that community services are progressing towards outcome based measures. However, work going forward will require a culture shift and an important aspect to be considered is how providers	

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	integrate as a group to provide the West Cheshire Way. Details were provided on work being undertaken by rotating staff through community and acute services, and it was noted again that primary care staff should also be involved in the work. It was agreed that a query will be raised with Cheshire and Wirral Partnership NHS Foundation as to whether primary care staff are involved with the action learning sets currently being undertaken, and developing their involvement more fully. In response to questions raised by Sheila Dilks, David Gilburt, Pam Smith, Mike Zeiderman, Dr Claire Westmoreland and Gareth James, the following points were noted: • Details were provided on the work being undertaken to include practice nurse and social care teams in to the integrated teams, and intentions to align care for patients. Discussions took place and it was noted that the rotation of staff should also include nursing home nurses, as it is important that they are also involved in understanding community services. During the week commencing 21st July 2014, Public Health will commence a tender process for the Integrated Wellness Service, which incorporates weight management and smoking cessation. Rather than focusing on the services, the focus is on self-care and long term conditions, so it completely re-frames how these services have been considered previously and is a fresh perspective on this issue. Further discussions took place and the importance of including primary, secondary, GP practice and nursing home nurses within community services, to align services and to share outcomes, was noted, and details of work ongoing to address this issue was provided. • Although metrics are not vital, it will be important that they are monitored within performance reports, to ensure that improvement is visible. • There will be a challenge to 'firefight' the pressures currently being experienced by services and to produce a cultural shift within services at the same time, especially considering the demographics of the clinical commissioning group. Cheshire and Wirral Partnership NHS Foundation Trust, as a provider, works across 4 clinical commissioning groups, and it is positive to note that cross-boundary work is taking place. However, the focus must remain on ensuring the delivery of outcomes. • The focus to keep people from entering hospital is not always practical, and the focus should remain with ensuring that, once patients are fit for discharge, there is a placement available within the community, should this be necessary. Details on step down services were provided to the governing body. • There is significant work being undertaken in relation to integrated teams, and further details were provided. It will be necessary to consider outcome measures across all involved organisations, to ensure accountability is monitored appropriately. Evidence will be sought to ensure that services are improving and to understand the funding flows and outcomes required for 2014/15. There is also a need to articulate funding flows for 2014/15, to ensure that all organisations are aware of what funding is available, and the expectations associated with this funding.	

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	Timescales for the progression of the integrated teams cannot be clearly defined, as this work is not a 'quick win' but is about a cultural change and encouraging people to work in different ways. However, work is being undertaken to measure, through key metrics, the work of the integrated teams, using patient stories to evaluate how that is impacting on care, and looking at high level outcomes in terms of turning the relevant dials around emergency admissions and readmissions. It was suggested that it would be beneficial to share the patient stories and metrics with partner organisations, to show the impact of the integrated teams. It was reflected that the discussion held today is very different from the discussion held 12 months ago, with the emphasis now on organisations working together for improved patient outcomes, and the significant progress achieved since the original discussion. In relation to 'firefighting', as a part of the Developing Primary Care Programme, NHS Improving Quality team is undertaking six workshops. The workshops are very positive, with the relevant people in attendance, as this work relates to GP practices, vanguard clusters and integrated teams. Cheshire and Wirral Partnership NHS Foundation Trust manager and clinical staff and pharmacists are also involved. Several community staff members have been invited to talk about challenges and issues faced within primary care. Although the work on integrated teams and services may appear disjointed at times, positive results are becoming apparent. **RECOMMENDATIONS** The governing body noted the progress on implementing recommendations from the community services review	
20	**QUALITY IMPROVEMENT COMMITTEE REPORT**	
	The Chair introduced Brian Green, who is deputising at this meeting on behalf of Paula Wedd. Sheila Dilks highlighted the following items from the Quality Improvement report: • Staffing levels for all hospitals are now available to the public, upon the NHS Choices website. • Care homes and the vulnerability of older people – it is positive to have the risk assessment included within the report, as it is important to be aware of the issues that have been raised and to have assurance that work is being undertaken in relation to the issue. • Urology – work is continuing in relation to concerns raised of some patients experiencing delays in follow-up. • Pathology – work is ongoing to ensure that patient results are returned to GPs, and in a timely manner. • One to One Midwives service – there is a degree of interrogation being undertaken in relation to the investigations that this service has undertaken following a number of incidents, and regular updates will be provided to the governing body.	

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	• The Care Quality Commissioning inspection of GP practices has taken place. As this is a pilot for the new inspection process, there will be no formal report provided, although feedback will be given on the inspections and this will be brought to a future meeting of the governing body. The GP Out of Hours Service performed well, nationally, during the inspection, and it is important that the public is made aware that that this is a high quality service available for their use. In response to questions raised by Dr Claire Westmoreland, Pam Smith and Dr Jeremy Perkins, the following points were noted: • In relation to mortality, each hospital death at the Countess of Chester Hospital NHS Foundation Trust is routinely reviewed by consultants and senior nurses and a report, drawing together their findings, is presented regularly to their Board of Directors. It was noted that the Trust's medical director has a great personal belief in the importance of this work, and the belief that palliative care patients should reach the end of their life in the place of their choosing. Further work is being undertaken by the Trust to address issues relating to palliative care and a meeting has been scheduled with palliative care consultants in relation to Do Not Attempt Resuscitation (DNACPR) work. Discussions took place and it was noted that, at present, GPs are not routinely involved in the committees that review patient deaths in hospital, and that this may be a suggestion to be put forward to the Trust and GPs, as the issue of palliative care patients in hospital is an issue for more than acute care to address. The issue of palliative care has also been raised at the Clinical Senate meeting, where it was noted that, should a palliative care patient develop complications, admission to hospital is extremely likely, and this is where a patient often reaches the end of their life regardless of personal choice. GP input in to palliative care could prove very beneficial and would help to ensure that learning is shared with primary care. It was noted that recent changes have been requested by the Serious Review Group in relation to the investigation of Unexpected Deaths, and Serious Incidents, which now ensures that the primary care timeline is also considered, and where appropriate is included within the Root Cause Analysis, so that learning is shared and a full timeline of events is captured. • The Countess of Chester Hospital NHS Foundation Trust has reported that their staffing levels are within the set limits. However, staffing levels will be set on planned staff, and it is expected that work will be ongoing in relation to what number of planned staff is the correct number of staff. It is positive to see that care and nursing homes will also be included, in the future, within this reporting, as staffing ratios are often poor in this sector. However, this is likely to have a cost implication across the system, as care and nursing homes are required to raise their staffing levels. However, to balance this view, the number of emergency admissions and end of life care patient that die in hospital will be coming from nursing homes. Therefore, it should be considered that this may then prove to be beneficial, rather than detrimental, in the management of nursing homes in the future.	

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	Neston Surgery was one of the GP practices to be involved in the Care Quality Commission inspection. While the inspection was challenging, it was also positive and participants gained from their involvement, and further details were provided. A request was made for the accuracy of the following points to be clarified within the report: • Both the Whitby and Great Sutton practices should be more accurately listed by specific practice; • Great Sutton Neston Practice should be amended, as these are two separate practices A formal report will be provided by the Care Quality Commission. However, as this is a pilot of the new inspection procedure, there will be no grading attributed to the practices involved, although the grading of practices will be initiated in October 2014. This has been a beneficial opportunity, with practices able to familiarise themselves with the new inspection process, without the attached grading. The governing body: a) Reviewed the issues and concerns highlighted and identified any further actions for the quality improvement committee. b) Noted the Patient Safety Indicator information published on NHS Choices and the current exception that requires improvement by the Countess of Chester Hospital NHS Foundation Trust. c) Noted the update on the Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Cheshire West and Chester. d) Noted the contents of the Nursing Homes report.	
21	**COMMISSIONING DELIVERY COMMITTEE REPORT**	
	Laura Marsh provided the background to this paper. Details were also provided in relation to the development of the Accountable Lead Providers, and details of a transitional paper which is currently being shared with all providers and partners in the local authority. The following points were highlighted from the report: • Special educational needs – there is concern around the infrastructure needed to develop joint education, health and care plans and the potential financial implications. • Being well – the focus will be on developing commissioning for outcomes approach and provide direction to drive forward integration between specific clinical networks (cancer, heart disease, diabetes and respiratory). Dr Lesley Appleton has been approved as clinical lead and will chair the programme board. Discussions are taking place, with Cheshire and Wirral Partnership NHS Foundation Trust and Countess of Chester Hospital NHS Foundation Trust, to progress work this year, for delivery in 2015/16.	

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	• Patients seen within the 18 Week Standards – the aggregated position has been achieved for all 18 week activity pathways against the respective targets. However, individual specialty breaches are occurring in Admitted Care at the Countess of Chester Hospital NHS Foundation Trust General Surgery, Ophthalmology and Other against the standard of 90%. Work is being undertaken internally at the Trust to consider possible cost implications. • Accident & Emergency 4 Hour Target – the Countess of Chester Hospital NHS Foundation Trust achieved the 4 hour target in April, May and June, and Quarter 1 overall. However, the Trust believes this is masking an underlying issue, and is now on course to fail three consecutive weeks in June. As a consequence, the Trust has escalated to the clinical commissioning group, that if this occurred in winter, this would trigger formal intervention by Monitor. The Trust believes this is due to the high number of medically optimised patients. Currently the number of patients who are medically optimised is running at approximately 75 per day, against a planning figure of 40. • Cancer 62 day target – the waits from GP Referral has exceeded the target of 85% in March, with performance at 87.5%. However, issues in previous months have resulted in the annual target not being achieved, with an annual performance of 83.8%. The Trust is working to identify ways to improve performance, and it was noted that the problems faced by the Trust are similar to other areas, with many trusts struggling to meet the 62 day target. Details were provided of a number of measures taken to improve performance. • Stroke – The contract standard of 80% of stroke patients spending 90% of their stay on a Stroke Unit has failed in March with performance at 78.9%, while performance in April was 76%. A meeting hosted by the Cheshire and Merseyside Strategic Clinical Networks, with invitees from clinical commissioning groups and providers, was held on the 2nd July to discuss 'The Future of Stroke Services in Cheshire and Merseyside'. The challenge is how to adopt the approach undertaken in London to establish Hyper-acute Stroke Units across Cheshire and Merseyside. The clinical commissioning group will remain close to the development of this project, and has invited the Associate Director of the Clinical Network to a future Senior Management Team meeting. • Finance Gareth James provided an update in relation to financial performance and it was noted that, at the end of My 2014, the clinical commissioning group is on track to deliver the agreed surplus. However, the financial outlook has deteriorated and this comes with a significant level of risk. Details of the risks were provided and the following points were noted: ➢ Secondary Care – there is a financial pressure of £2.9 million over and above the funding set aside in the 2014/15 financial plan, and additional details were provided. ➢ Continuing Healthcare - there was an un-planned deterioration in the financial position relating to this budget at the end of 2013/14, with an	

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	overspend of £2.6 million, and this pressure was consolidated into the 2014/15 financial plan. However, by the end of March 2015 the costs of continuing healthcare are expected to have increased by a further £2.5 million. This pressure might be expected to increase further depending on the quantity of new continuing healthcare cases approved. A series of mitigating actions have been identified, and further details were provided. ➢ The 2014/15 financial plan allows for approximately £12.2 million of non-recurrent funding; made up of 2.5% of recurrent funding and the return of the 2013/14 year-end surplus. Plans have been agreed to utilise this funding in full, and further details were provided. The clinical commissioning group is yet to receive the 2013/14 quality premium which is expected to be approximately £750,000. It has been agreed that the funding will be reviewed, as not all intended schemes have commenced. Regular updates on this issue, and associated risks, will be provided to the commissioning delivery committee and governing body. In response to questions raised by Sheila Dilks, Pam Smith, Mike Zeiderman, the following points were noted: • Patients seen within the 18 Week Standards – as a part of the work being undertaken by the Trust, consideration of the increasing number of patients waiting at 26 weeks will be included within the assessment, and how the additional £1.1million of non-recurrent funding that has been made available for system resilience is prioritised. The clinical commissioning group will continue to monitor this issue, to ensure that repercussions to other targets are prevented, as this issue is Trust wide and not limited to west Cheshire. The non-recurrent funding has been provided in relation to a specific target: to reduce referral to treatment wait times down to 16 weeks by September 2014. A plan is in place in relation to how the funding will be utilised, although this is complex and will be challenging to deliver, and further details were provided. Confirmation of the deadline for completion of the reduction in referrals will be sought. The increase in patients waiting is partly due to a backlog from 2013/14, but also an increase in referral to treatment; an update on these figures can be provided for the next meeting of the governing body. • Stroke performance – Performance against this target remains disappointing and there is a need to push for a change of delivery of this service. The opening of the Stroke Unit had seen an improvement against the target, but this has now fallen off. There are a number of contributing challenges to this issue, with a major challenge being the difficulty in patients obtaining a Stroke bed. A visit to Wirral University Teaching Hospital has been scheduled, to consider the processes utilised there, and a meeting with the Stroke Network will be scheduled for after that visit. A detailed report will be provided to the next meeting of the governing body.	**LM** **RN** **RN**

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	RECOMMENDATIONS The governing body noted the key issues discussed, and the decisions made, at the commissioning delivery committee.	
22	**CLINICAL SENATE REPORT**	
	Mike Zeiderman provided an update to the governing body and noted the following points: • May 2014 - The main topic of discussion at the May 2014 meeting was End of Life Care. The group heard perspectives from the clinical commissioning group's end of life care clinical lead, the Medical Director and palliative care team from Countess of Chester Hospital NHS Foundation Trust, the Hospice of the Good Shepherd and the community nursing team. Following discussions of the issues raised, a number of recommendations were made by the Clinical Senate, and details of these were provided. • June 2014 - The two main topics of discussion at the June 2014 meeting was the clinical commissioning group's 5 year strategy and Accountable Lead Providers. The work being undertaken in relation to Accountable Lead Providers, which is a complex undertaking, is specific to the progress of services planned by the clinical commissioning group. It is important that clinicians and managers understand the intended way forward, in order that this can then be explained patients and to the public. The PowerPoint presentation is available upon request. Also discussed was a presentation in relation to an update on integrated early support, and early intervention for troubled families, and further details were provided. It was noted that GPs need to be more aware of issues around a family, for example; domestic abuse, and be able to intervene at a lower level where a concern is first noted. Cheshire Police provided details on the processes they use in relation to domestic violence, and it was noted that additional training for GPs would be beneficial. An educational rolling half-day has been agreed, which will include issues around domestic violence, and it is hoped that Cheshire Police will be able to provide a speaker for this event. A presentation of the Maternity Services Blueprint: New Beginnings was provided by Dr Huw Charles-Jones. This is a result of joint work between the clinical commissioning group and Countess of Chester Hospital NHS Foundation Trust, to consider the best way to de-medicalise and normalise birth. End of life care for patients was discussed and concerns were raised that 2 pathways were being created for this programme, when the pathway should be kept as simple as possible, to avoid arising issues. The issue has been noted and the clinical commissioning group will continue to monitor the development of the pathway. **RECOMMENDATIONS** The governing body: a) Noted the issues discussed by the clinical senate	

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	b) Reflected on the recommendations of the clinical senate and took these into account when making decisions.	
23	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Gareth James provided an update to the governing body, and the following points were noted: • Quarter 4 Assurance meeting undertaken with NHS England Area Team – the assurance meeting was opened with a very positive and passionate address by Dr Huw Charles-Jones, which set the tone of the clinical commissioning group's relationship with NHS England. Issues that were discussed during the meeting included: ➢ The clinical commissioning group's passion for improving services, as was evident in the 2014 360° stakeholder survey which evidenced that health economy partners are on board. It was agreed that it is important to keep providing the reassurance that the clinical commissioning group wants a sustainable health system that includes different types of providers. ➢ Although the West Cheshire Way clearly has a primary focus on patients, it will be important to describe clearly the 'how will the patient understand the system?' This will be particularly important as the clinical commissioning group programmes are developing. The clinical commissioning group is encouraged to ensure that there are processes to enable patients to navigate the system. ➢ The clinical commissioning group has performed well against NHS Constitutional Standards. However, some issues emerged in quarter 4. Specifically; 6 week diagnostic testing, 62 day cancer waiting times and Accident and Emergency 4 hour waits. ➢ One of the complicating factors for the clinical commissioning group is the relationship with NHS Wales, and it was recognised that there are currently some issues with the Countess of Chester Hospital NHS Foundation Trust and Betsi Cadwaladr University Health Board. The Area Team will support the clinical commissioning group with any discussion regarding any repatriation issues with planned and urgent care. ➢ Positive feedback has been received from the Care Quality Commission Inspection action plan for Countess of Chester Hospital NHS Foundation Trust. The clinical commissioning group needs to hold the Trust to account to deliver on the action plan. ➢ Previous discussions have taken place in relation to mortality issues at the Countess of Chester Hospital NHS Foundation Trust. Although the clinical commissioning group had informed the Area Team that there were a number of coding issues (undifferentiated codes) that impacted on the Summary Hospital-level Mortality Indicator (SHMI), the clinical commissioning group should keep a focus on this and ensure the Trust embeds systems that ensure it maintains control of this work. ➢ The clinical commissioning group has a plan for the delivery of the dementia target and offering choice through providers, with GP practices supporting each other. ➢ The Area Team recognised that the clinical commissioning group has a solid financial position but the increase in Continuing Health Care costs is significant. The Area Team noted the intention to tackle this as part of the pioneer bid, with fellow clinical commissioning group partners. ➢ In summary the Area Team recognised the overall performance of the clinical	

14/07	AGENDA ITEM	Action
	commissioning group across the year has been generally sound, and it has been a largely successful year. In response to a concern raised by Caryn Cox, it was noted that, in relation to cross-borders patients, there are a number of issues which have been highlighted with the move of funding from health to social care. Discussions are taking place with colleagues within Wales, to attempt to address these issues. For example, in relation to issues pertaining to sexual health, there are challenges associated with re-charging for Welsh patients. While Public Health can re-charge for patients that reside elsewhere in England, they are unable to re-charge for patients that reside in Wales. As 23% of the activity of this service is attributed to Welsh patients, this has a significant impact upon the services budget. This is an issue also faced by GP practices, with some rural practices having a high percentage of patients living in Wales. This issue has been raised nationally, and the Welsh Government will be hosting a Health Select Committee, to examine border issues and have issued a public call for evidence in relation to cross-border issues. **RECOMMENDATION** The governing body noted the contents of this report.	
24	**2014/15 GOVERNING BODY ASSURANCE FRAMEWORK**	
	Gareth James provided an update to the meeting, noting that the governing body has previously agreed a strategy to manage risk. The governing body assurance framework is an integral part of this, as it is the vehicle for reporting significant risks to the governing body. At the governing body development session on the 3rd July 2014, governing body members scored the 2014/15 assurance framework following the normal scoring impact and likelihood. Post mitigation, there are currently 3 risks that are rated as RED. These relate to: • Delivery of financial duties, • Arrangements of safeguarding of adults, and • Commissioning of continuing healthcare It is expected that these areas would have the greatest risk, and these issues are frequently discussed at governing body meetings. **RECOMMENDATION** The governing body ratified the 2014/15 governing body assurance framework.	

14/07	AGENDA ITEM	Action
25	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	It was noted that, as a part of the clinical commissioning group's governance process, a governance plan was created to schedule an annual review of policies and governance documents. The two policies/documents presented at this meeting are included as a part of this process. **RECOMMENDATION** The governing body approved/ratified the two policies/governance documents provided.	
26	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	
	The governing body noted the decisions made on their behalf by the sub-committees and endorsed them. All sets of minutes were approved as an accurate record.	
27	**ANY OTHER BUSINESS**	
	It was noted that the clinical commissioning group's Annual General Meeting will be held on the 24th September 2014, at 1.00pm at Chester Racecourse, before the commencement of the Membership Council meeting. No other items of business were received and the formal governing body meeting was brought to a close.	
	DATE AND TIME OF NEXT MEETING	
	Thursday 18th September 2014, at 9.00am in Conference Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ	

Minutes received by: _____

(Chair)

Date _____

NHS
West Cheshire
Clinical Commissioning Group

West Cheshire Clinical Commissioning Group Governing Body

Action Log from the minutes of Clinical Commissioning Group Governing Body Meetings

Item	Action	Owner	End Date	STATUS
Meeting Held on 15th May 2014				
Page 8 14-05-03	**Quality Improvement Report** NHS Wirral CCG to be requested to provide information re. downgraded banding of WUTH.	Rob Nolan	September 2014	Rob to provide an update to the September Governing Body Meeting
Meeting Held on 17th July 2014				
Page 11 14-07-21	**Commissioning Delivery Committee Report** 18 week standards – confirmation of deadline for completion of the reduction in referrals to be sought.	Laura Marsh	September 2014	Laura to provide an update to the September Governing Body Meeting
Page 11 14-07-21	**Commissioning Delivery Committee Report** 18 week standards – update of figures (re 2013/14 backlog and increase in referral to treatment issues)	Rob Nolan	September 2014	Rob to provide an update to the September Governing Body Meeting
Page 12 14-07-21	**Commissioning Delivery Committee Report** Stroke performance – update on feedback from the Stroke Network meeting	Rob Nolan	September 2014	Rob to provide an update to the September Governing Body Meeting

	Complete/On Agenda
	Ongoing/For Future Meeting
	Outstanding

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	18th September 2014
2.	**Title of Report:**	Clinical Senate Committee Report
3.	**Key Messages:**	This report provides an overview of the business discussed and decisions made at the clinical senate committee meeting held on 26th June 2014, the key items for the governing body to debate/note are:
4.	**Recommendations**	The governing body is asked to: a) Note the issues discussed by the clinical senate b) Reflect on the recommendations of the senate and take these into account when making decisions
5.	**Report Prepared By:**	Jennifer Dodd Assistant Chief Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Clinical Senate

PURPOSE

1. The clinical senate has been established by the governing body to provide clinical leadership and advice on the development of the clinical commissioning group's commissioning strategy. It is a multi-disciplinary group of clinical and non-clinical leaders from across the health and care community, bringing together commissioners and providers to discuss complex issues of policy and service redesign.

2. This paper provides an overview of the discussions of the clinical senate in June 2014.

JUNE 2014: DELIVERY OF THE STARTEGY AND UPDATE ON INTEGRATED EARLY SUPPORT

3. The clinical senate met on 26 June with Huw Charles-Jones as chair to discuss the clinical commissioning group's 5 year strategy and the evolution of accountable lead providers to deliver this. This was followed by an update from Cheshire Police and Cheshire West and Chester Council on domestic violence. Representatives from the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust attended to listen to the presentation and participate in the discussions.

Dr Huw Charles-Jones: delivering the West Cheshire Way – Clinical Commissioning Group 5 Year Strategy

4. Dr Huw Charles-Jones, GP Chair of NHS West Cheshire Clinical Commissioning Group presented the clinical commissioning group's 5 year strategy, which is based on the West Cheshire Way, a vision which was originally born at the clinical senate. The strategy sets out how the clinical commissioning group looks to transform health and social care locally. It will be clinically led and managerially supported and it demands that we do things differently locally to find a way forward, ensuring a seamless service to patients. The West Cheshire Way is how our local healthcare system will work in Chester, Ellesmere Port and the rural areas; with the clinical commissioning group in partnership with the Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and Cheshire West and Chester Council.

5. The West Cheshire Way will improve self-care, giving people responsibility of their own care and assist them with management of long-term conditions. It will support people in the community and work across boundaries. There are 4 overall goals, based on a holistic approach where services are designed

around the needs of the whole person, rather than around individual diagnoses or procedures. This lens can be applied to any service or function to understand what needs to change in order to achieve our vision.

6. Huw talked to the senate about the plan on a page, an overview of the programmes that will deliver the main objectives of the West Cheshire Way:

- The Starting Well programme, where projects include the development of a Children's Ambulatory Care Service and the introduction of a caseload model of midwifery care;
- the development of primary care, where projects include development of the Vanguard practices and the delivery of the Primary Care Quality and Innovation Scheme;
- the Being Well programme, with projects that include moving services into community settings and the management of long term conditions;
- Mental Health and Learning Disabilities programme, which includes increasing access to mental health services and the integration of physical and mental health care;
- the Ageing Well and End of Life Care programme, where projects including the roll out of integrated teams, implementation of the Frailty Pathway and the provision of 24/7 Community Palliative Care Nursing.

7. Huw talked about the importance of the clinical commissioning group values and principles; ensuring that we are always compassionate about patients, accountable for all decisions, always involving partners and working collaboratively, ensuring that patients are at the heart of the West Cheshire Way and to ensure that we are innovative and creative in our models of care.

8. Steps taken so far include a significant amount of work into the integrated clinical communication and shared care records to enable the identification of risk. The integrated teams are also now in place. The development of training and education is underway to ensure that we train and learn together and research together in partnership.

9. The next steps towards the West Cheshire Way is to engage in significant public, patient and carer engagement and to develop patient stories to describe the changes needed to deliver this vision.

10. It is important that every member of staff across all organisations understands the West Cheshire Way, to ensure that there is a genuine engagement and a body of champions is established.

Alison Lee: Contracting for the West Cheshire Way – the concept of Accountable Lead Providers

11. Alison Lee, Chief Executive Officer of the clinical commissioning group, talked to the clinical senate about how the commissioners are trying to change the way we contract for the West Cheshire Way. Alison outlined what she meant by the term accountable lead providers; explaining that it is group of providers

who are held jointly accountable for achieving a set of outcomes for an agreed cost. This model currently works in international healthcare organisations as well as other industries.

12. Alison talked to the senate about the plans for longer term, whereby all providers of health and social care such as the Countess of Chester NHS Foundation Trust, GPs, local authority, Cheshire and Wirral Partnership NHS Foundation Trust, the voluntary sector and other organisations pull together to provide for our 257,000 patients in West Cheshire.

13. The mental health programme has already implemented an integrated provider hub that works in a similar way to an accountable lead provider model. Lessons can be learnt from the challenges faced by this programme, and it is important to be flexible and open minded and to build strong relationships for future programmes.

14. Alison explained that this approach will be introduced into other programmes during 2014/15, starting with the Urgent Care programme – led by the Countess of Chester Hospital NHS Foundation Trust as the accountable lead provider, and Programme 2 (name to be decided) – aiming to improve care to reduce avoidable unscheduled admissions, focusing on scaling up community services to support older people, which will be led by Cheshire and Wirral Partnership NHS Foundation Trust in collaboration with local GP practices.

15. It has been agreed which services will be included under each programme and metrics have been agreed to measure the overall improvement in outcomes required. Each programme has had an initial workshop and work has begun to determine the commissioning budgets each programme will be accountable for. Governance structures are emerging but still need to be worked through.

16. Lead providers will be held to account individually by the commissioner (NHS West Cheshire Clinical Commissioning Group and possibly Cheshire West and Chester Council) for service delivery across providers against agreed outcomes. The lead providers will not provide all services themselves, but will act as co-ordinators between the different organisations and services to improve outcomes for patients.

17. There was a discussion about the importance of increasing the pace of the project and engaging with patients to understand what they need and how this can be provided.

18. Frank Joseph, Clinical Director of Urgent Care at the Countess of Chester Hospital NHS Foundation Trust, talked to the senate about his meetings with the urgent care provider board, explaining that he has attended some productive meetings with local authority/social care and is building strong relationships. Frank explained that as accountable lead providers the Countess of Chester Hospital NHS Foundation Trust are happy to change their approach if necessary to achieve the required end result.

19. Alistair Jeffs, Cheshire West and Chester Council, talked to the senate about the importance of sharing information, and ensuring representation from all areas at provider network meetings. Alistair also explained that other organisations, such as, housing associations may also be interested in becoming part of this transformation. He agreed to share a directory of third sector providers with the accountable lead providers.

Alison Stathers-Tracy & David Griffiths: Domestic Violence

20. Alison Stathers-Tracy, Head of Early Integrated Support Service – Cheshire West and Chester Council and David Griffiths from Cheshire Police, talked to the clinical senate about the launch of the Integrated Early Support Service, which went live in October 2013. This service is a multi-agency service assisting troubled families with issues surrounding domestic violence, mental health issues, drugs and alcohol. As part of community budget reform, the services for troubled families have been incorporated into a new integrated delivery system and are now engaging with 90% of target families, over 2000 people in total. With over 40 different services on board they can assist families with housing needs, education and training needs, debt problems, fire safety, benefits advice, childcare and issues with drugs and alcohol. More services are also due to come on board shortly.

21. The service has seen a demonstrable improvement in outcomes for families:

- a reduction in drug and alcohol offending by 56% in 9 months.
- 69% of young offenders demonstrating a significant reduction in their offending 25% of children in families now have fewer unauthorised absences compared to when the team first intervened.
- a reduction of 60% of family members demonstrating anti-social behaviour in the past six months, with
- 24% of the most troubled families going in to education, training or employment

22. This has been achieved by ensuring that there is a multi-agency front door, with over 20 agencies directly working together in the same place, sharing the same records and working together to triage the complex cases. There are eight multi-agency teams involving over 180 workers in community settings arranging and coordinating family-led service plans directly empowering family independence. There is now also a single family assessment tool (Team Around the Family - TAF) and IT solution across over 40 services including all schools, GPs, NHS providers and criminal justice agencies.

23. Dave Griffiths, Cheshire Police talked to the senate about the significant agency investment into the domestic violence model. He explained that they have seen a 300% increase in professionals such as teachers, seeking support with complex families and Cheshire Police contact all schools in the area regularly to liaise with the safeguarding leads. More input is required from primary care, to signpost and support victims. The charity Medics Against Violence provide training to medical staff, dentists and vets on how to deal with domestic violence cases.

24. There has been a reduction in referrals of children into social care.

25. Cheshire Police have made a bid for transformation challenge funding and if they are successful can upscale their current work to cover the whole of the Cheshire area.

Huw Charles-Jones: New Beginnings Blueprint

26. Huw Charles-Jones presented the blueprint and asked the group to review the document. The senate agreed the blueprint. It was also agreed that the blueprints should be used to demonstrate how the West Cheshire Way is improving services

RECOMMENDATIONS

27. The governing body is asked to:

    a. Note the issues discussed by the clinical senate.

    b. Reflect on the recommendations of the senate and take these into account when making decisions.

Jenny Dodd
Assistant Chief Officer
September 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 18th September 2014

2. Title of Report: Quality Improvement Report

3. Key Messages:

Local GPs have raised concerns about the hospital systems used to track patients through the urology specialty. The Countess of Chester Hospital NHS Foundation Trust have implemented a number of changes in response to this to ensure that patients aren't delayed in receiving follow up appointments for procedures.

Cheshire and Wirral Partnership NHS Foundation Trust have made progress in reducing the number of avoidable pressure ulcers in community patients in the last 6 months.

Overall achievement in the National GP Patient Survey is high. Variation in practice achievement continues to be evident. Action has been taken to highlight the practice variation and this will be monitored via the GP Quality Dashboard. The Primary Care Development Programme is to use a number of the patient survey questions to monitor the achievement of the programme.

A significant degree of work has been undertaken to develop contractual arrangements with care homes, in collaboration with Cheshire West and Chester Council and NHS Vale Royal Clinical Commissioning Group. This will strengthen quality monitoring arrangements and support a proactive approach for managing the quality of care.

The Cheshire and Merseyside Commissioning Support Unit has identified that a number of continuing healthcare

placements outside of the local area are within nursing homes that have not signed up to the Northwest Framework for Continuing Healthcare. Work is underway to review contractual and quality monitoring arrangements with these homes.

4. Recommendations

The governing body is asked to:

a) Review the issues and concerns highlighted and identify any further actions for the Quality Improvement Committee.
b) Note the update provided on End of Life documentation.
c) Note the update provided on Transforming Care: A National Response To Winterbourne
d) Note the action taken in response to the July 2014 National GP Patient Survey results.
e) Note the contents of the Nursing Homes report.

5. Report Prepared By:

Paula Wedd
Director of Quality and Safeguarding

Dr Andy McAlavey
Medical Director

Helen McCairn
Director of Partnerships

QUALITY IMPROVEMENT REPORT

PURPOSE

1. To provide information to the governing body on the quality of services commissioned by NHS West Cheshire Clinical Commissioning Group by identifying areas where performance falls below expected standards.

2. To seek scrutiny of the assurance provided by the Quality Improvement Committee in relation to the risks and concerns managed by the committee that may impact on patient safety, experience and outcomes in this health economy.

3. The Quality Improvement Committee identified the following issues to be brought to the attention of the governing body from its meeting on 13th August 2014.

NEVER EVENTS

4. In our standard contracts with local NHS care providers there is a requirement to eliminate Never Events. There is a financial consequence for providers if they fail to comply with this requirement.

5. There were no Never Events reported within the previous 12 month period to July 2014 for our two largest providers of NHS care - the Countess of Chester Hospital NHS Foundation Trust and the Cheshire and Wirral Partnership NHS Foundation Trust.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Hospital Intelligent Monitoring

6. Hospital Intelligent Monitoring is the tool used by the Care Quality Commission to monitor compliance with the essential standards of quality and safety of Foundations Trusts. Each NHS Foundation Trust organisation has a profile which contains information from a number of sources. The data looked at includes information from staff, patient surveys, mortality rates and hospital performance information such as waiting times and infection rates. The information is analysed to identify areas where the organisation may not be meeting standards.

7. The Care Quality Commission has categorised trusts into one of six summary bands, with band 1 representing highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ or if there are known serious concerns (e.g. trusts in special measures) trusts are categorised as band 1.

8. The indicators are published quarterly on the Care Quality Commission’s website. In March the Countess of Chester Hospital NHS Foundation Trust was

graded as a Band 5 and Wirral University Hospital NHS Foundation Trust was graded as a Band 4.

9. The Care Quality Commission reports were updated in July 2014. This latest report has now graded the Countess of Chester Hospital NHS Foundation Trust a Band 6 and Wirral University Hospital NHS Foundation Trust also as a Band 6.

Mortality

10. The Trust Summary Hospital Mortality Indicator in the period December 2013 to January 2014 remained at a similar level to the previous months which is just within expected range.

11. The Trust has been asked by the North of England Medical Director to address a concern about the number of deaths not coded against a diagnostic group but falling into a category recorded as signs and symptoms. If a set of notes does not identify a diagnosis but records signs and symptoms this can have impact on the mortality indicators. The Trust has provided evidence that they have improved performance against this over a sustained 3 month period.

12. Since the Quality Improvement Committee met new information has been published. For the period to January 2013 to February 2014 the Summary Hospital Mortality Indicator has deteriorated and increased to 108.61 and is now rated as "above the number of deaths expected." The Hospital Standardised Mortality Ratio to March 2014 continues to improve in a downward trend to 98 and is rated as "within expected range." The Trust will be reporting on this information in their next mortality report to their public meeting of the Board of Directors and this will be shared with the next meeting of the Quality Improvement Committee.

Urology

13. The Quality Improvement Committee has previously been informed that in response to a number of Incidents reported by GPs about the efficacy of the hospital systems used to track patients through the urology specialty that significant changes in practice have been implemented.

14. The Trust Medical Director noted that there may be some historical, legacy, cases which arise of patients being delayed in receiving follow up appointments and these should be reported as incidents.

15. An incident has just been reported by a GP and the investigation has shown that the delay in follow up happened prior to the implementation of changes. As a consequence of this legacy incident being reported the Trust is now reviewing all existing patients in the urology care pathway who have had diagnostic investigations (over 1200 patients) to identify if there are any who have not received a follow up appointment.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Zero Harm programme

16. The Trust's response to an observed rise in 2012-13 in unexpected patient/service user deaths and also observations from our Serious Incident Review group regarding concerns in relating to clinical and environmental risk assessments, care planning and carer involvement, has been the implementation of a programme of work to reduce patient harm. The Zero Harm programme focuses on organisational culture and managing the 'human factors' in everyday practice that can affect efficiency and patient safety.

17. The Trust has reported 3 unexpected deaths during the reporting period June/July 2014. These serious incidents were discussed at the last Quality and Performance group in July, the Trust have been requested to provide bi-monthly reports to commissioners detailing progress against their implementation plan for Zero Harm Programme, and provide evidence of the difference being made in practice and the impact on patient harm.

18. The Quality Improvement Committee continues to monitor the delivery of the action plan drawn up in response to the external unexpected deaths review. It reviewed a detailed progress report at its August meeting and will escalate any concerns/exceptions to the governing body.

Pressure Ulcers

19. There has been a concern that the Trust did not have adequate systems in place to review all avoidable pressure ulcers. The impact of this is that opportunities to learn are not consistently cascaded to staff delivering front line care. Over a 12 month period sustained effort has gone into being clear about what we wanted reporting and how we wanted these incidents of avoidable harm to be reported and investigated.

20. A pressure ulcer is defined as avoidable when the individual receiving care developed a pressure ulcer and the provider of care did not do one of the following:
    - evaluate the person's clinical condition and pressure ulcer risk factors;
    - plan and implement interventions that are consistent with the person's needs and goals and recognised standards of practice;
    - monitor and evaluate the impact of the interventions;
    - revise the interventions as appropriate.

21. The Trust can now demonstrate that they have a robust system in place to monitor the quality of care provided in the community in relation to pressure ulcer management. There has been a significant reduction in the number of avoidable pressure ulcers. The Countess of Chester Hospital NHS Foundation Trust is now reviewing the progress made in the community to understand what they can learn from this reduction in patient safety incidents.

ONE TO ONE MIDWIFERY SERVICE

22. Open and honest reporting of incidents when care does not follow the planned pathway is recognised as good practice. A number of incidents involving One to One Midwifery Service had been reported to the Director of Quality and Safeguarding and as a consequence Wirral Clinical Commissioning Group as the lead commissioner of this service issued a contract query seeking assurance on how the service manages particular areas of practice.

23. The response to the contract query was received within the time frame stipulated but did not provide all of the assurance required to close the Contract Query. The Wirral and West Cheshire commissioners met with the service on 6th August to discuss what assurance was required and agreement was reached that the Commissioners would undertake a clinical quality site visit to seek further information from staff members and the service were asked to supply written evidence of remedial actions taken following receipt of the contract query.

24. The service has had a recent unannounced Care Quality Commission visit and this will be published by the Care Quality Commission shortly. The published report will be reviewed by the Quality Improvement Committee and will inform the governing body of any exceptions and concerns.

25. Given that we currently do not have all the assurance we need to close the contract query we have shared information about a number of incidents with Cheshire, Warrington and Wirral NHS England Area Team through the Quality Surveillance Group.

PARTNERS FOR HEALTH

26. We hold an Alternative Provider Medical Services Contract with Partners For Health, for the provision of the Urgent Care Unit within Countess of Chester Hospital NHS Foundation Trust and for the Hospital at Home service. The Clinical Commissioning Group was formally approached with a number of concerns in relation to this service. In response to these concerns the Clinical Commissioning Group commissioned a report by Mersey Internal Audit Agency. Partners For Health have been fully engaged with this process.

27. The Mersey Internal Audit Agency Review Team recommended that an independent clinical view be sought for a number of contentions found during the review. This external consultant review was completed in May 2014.

28. An action plan has been compiled with responsible officers to address a number of issues identified in the review along with timescales for delivery. The review identified that the Clinical Commissioning Group needed to have greater oversight of the development of care pathways to manage patients across agencies.

29. Clinically led working groups are being convened to review each of the pathways, leadership is being provided through commissioning clinical leads along with input from Partners For Health, the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust.

COMMISSIONING FOR QUALITY AND INNOVATION SCHEMES 2014-15

30. Planning and negotiating the content of the Commissioning for Quality and Innovation Schemes for 2014/15 started in January 2014. Regular fortnightly joint meetings with representatives from both Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust have been held since this time and will continue for the rest of 2014/15.

31. The goals within the Schemes for this year have been aligned to the clinical commissioning group's 7 deliverable outcome areas of: Care closer to home; Reducing unplanned admissions; improving the patient experience; integrated care; self-care/patient empowerment; continuity of care/risk sharing and safer services.

32. A number of the goals and targets for both Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust have been matched to create a focus on partnership working and to support a health economy view on pathway and patient experience improvements.

33. This health economy approach to using this contract lever has been challenging to implement and both providers have identified risks to agreeing a number of these goals. Negotiations across all partners have taken place to explore these risks and action has been taken to mitigate some of these concerns.

END OF LIFE DOCUMENTATION

34. An End of Life Guidance and Documentation Working Party was established early in 2014 to develop documentation and guidance to replace the use of the Liverpool Care Pathway following the findings of the Neuberger Review of the Liverpool Care Pathway for Dying Patients. The Working Party includes representation from the Countess of Chester Hospital NHS Foundation Trust, the Hospice of the Good Shepherd, Cheshire and Wirral Partnership Palliative Care Team and primary care.

35. The Working Party has focused on developing guidance and documentation based on the Five Priorities of Care identified by the Leadership Alliance for Care of Dying People including the final guidance 'One Chance to Get it Right' which was published at the end of June 2014. One document is being developed for use across all care settings and will be accompanied by an aide memoire and key priorities and guidance for care in the last few days and hours of life to support the care plan.

36. The documentation will be piloted during the month of September in three wards in the Countess of Chester Hospital NHS Foundation Trust, the Hospice of the Good Shepherd and in one of the integrated teams in the community and primary care. The pilot of the care plan for end of life will enable feedback from professionals, carers and staff in relation to user accessibility in each of the care settings prior to full implementation. Following the pilot, the final documentation will be rolled out across all care settings in mid-October / early November.

37. The Countess of Chester Hospital NHS Foundation Trust last used the Liverpool Care Pathway in September 2013. The use of the Final Days Care Pathway in the community was phased out from July 2014 and in the interim the existing documentation will continue with an additional medical assessment sheet to be completed prior to the patient commencing on an individual end of life care plan.

TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE

38. There has been a commitment nationally to move away from describing this programme of work as Winterbourne and renaming it as Transforming Care. Nobody will ever forget the horrific events of Winterbourne and changing the name is not about trying to forget, it is about widening the commitment. It is agreed that we are collectively responsible for meeting the health and wellbeing needs of all people with learning disabilities and/or autism and therefore the scope of the work should not be narrowed to those people who were in hospital at the time of Winterbourne.

39. To meet the challenges that exist NHS England have set out six priority actions that Clinical Commissioning Groups need to demonstrate progress towards:

- Holding an accurate patient register
- Identifying patients recorded as not having a care coordinator
- Having estimated transfer dates and care plan reviews
- Identifying patients who have not been reviewed for 26+ weeks
- Identifying patients without estimated transfer dates
- Identifying patients (non-secure) held in hospital settings for 2+ years

40. In our latest national submission to June 2014 we reported that against these 6 priorities all 9 patients who are on our register: have a care coordinator; all have transfer dates and up to date care plan reviews; all have been reviewed within 26 weeks and all have recorded transfer dates.

41. The challenges we need to resolve locally relate to 3 people who are in non-secure hospitals and have been there for over 2 years. All 3 are subject to Ministry of Justice restrictions (section 37/41 of the Mental Health Act). This is an issue nationally and is being worked through at a national level.

PRIMARY CARE

National GP Patient Survey Results

42. The National GP Patient Survey has been designed to give patients the opportunity to comment on their experience of their GP practice. It includes questions about a range of issues from making an appointment, satisfaction with opening hours and quality of care.

43. The survey is sent out twice a year, in January and July, to a random sample of patients.

44. The results of the survey are a useful tool in understanding the local populations experience in accessing primary health care in West Cheshire and support the following corporate objectives:

- To place patients in the centre of our commissioning decisions;
- To commission safe, effective care that continues to improve patient experience

Results

45. The July 2014 GP Patient Survey results illustrate that overall West Cheshire continues to score highly, for example 81% of patients would recommend their GP Surgery to someone who has moved to the local area. Achievement is also above the national average for many questions.

46. Variations between practice achievements continue to be evident. For example the range of patients who reported booking their appointments on-line ranged from 0% to 15%. However it is also important to recognise that the response rate also varies across practices.

47. The survey results at a practice level may be accessed here.

Actions

48. Following the publication of the results practices were provided with graphical presentations illustrating the variation between practices. Variation between practices will continue to be monitored via the GP Quality Dashboard with the inclusion of a number of the questions and practice level data.

49. The Primary Care Development Programme Board has selected ten survey questions to monitor the achievement of the Primary Care Development Programme. The Programme Board is considering setting targets for improvement.

50. A review of the messages provided on General Practice answer-machines will be reviewed with best practice identified and shared out to other practices.

51. The use of the on-line system for booking appointments will increase as practices implement the patient and information elements of their national contract. This requires all practices to offer and promote patient on-line access

for the booking and cancellation of appointments and ordering of repeat prescriptions. One group of practices is planning to promote on-line access at their self-care event in November, which is being led by their Patient Participation Group.

NURSING HOMES

52. Throughout West Cheshire, there are currently twenty nursing homes contracted on to the North West Framework for Continuing Health Care and four nursing homes not contracted on to the North West Framework. As at 5th June 2014, the North West Framework has opened up a new wave of procurement. Providers not currently on the North West Framework will be contacted and requested to join. If they do not wish to join, they will be asked to sign up to a bilateral contract as an alternative. Under the current contract agreement it is mandated that homes on the North West Framework should provide information regarding quality of care. To date fourteen North West Framework homes and one non-Framework home have provided this data. Work is on-going to improve the response rate and provide further transparency in service provision.

53. Commissioning for Quality and Innovation data is collected monthly from nursing homes on the Northwest Provider Framework. Nursing homes previously reported all pressure ulcers grade 2 and above. Homes are now asked to report how many pressure ulcers are grade 2, 3 and 4 separately. From June 2014, there will be a process established for nursing home managers to investigate all pressure ulcers at grade 3 and above. The home will be required to undertake a root cause analysis to identify if any aspects of care delivery needed to be improved and this report will be sent to the Head of Quality and Safety, Cheshire and Merseyside Commissioning Support Unit. This was discussed at the recent Nursing Home Matrons/Managers Meeting.

54. The Quality Co-ordinator, Cheshire and Merseyside Commissioning Support Unit and the Quality Management Team at Cheshire West and Chester Council are conducting joint reviews of nursing homes. Throughout June and July 2014 four nursing homes have had an annual quality review. There has also been on-going joint quality monitoring visits to three homes to monitor progress and sustainability in these homes. Following the reviews, a joint report is produced documenting the findings and any recommendations for the nursing homes to complete.

55. As at July 2014, four homes were identified as having a higher number of risk indicators that may impact on the quality of care delivered:

    a) Vale Court - The voluntary suspension of admissions remains lifted and the care home is taking admissions of new residents on a phased basis to ensure that improvements are sustained. The Clinical Quality and Performance Team, Cheshire and Merseyside Commissioning Support Unit and the local authority will continue to work with the home.

b) Kings Court – The voluntary suspension of admissions remains lifted and the home is taking admissions of new residents on a phased basis. The Clinical Quality and Performance Team, Cheshire and Merseyside Commissioning Support Unit and the local authority will continue to work with the home.

c) The Designated Nurse Adult Safeguarding is working with the Public Protection Unit and Cheshire West and Chester Council on two serious safeguarding investigations.

56. The current contract for Cheshire West and Chester Council's domiciliary care ends on 27th March 2015. This presents an opportunity for West Cheshire Clinical Commissioning Group to work in collaboration with the local authority to commission services for people with complex needs at home.

RECOMMENDATIONS

58. The governing body is asked to:
    a) Review the issues and concerns highlighted and identify any further actions for the Quality Improvement Committee.
    b) Note the update provided on End of Life documentation.
    c) Note the update provided on Transforming Care: A National Response To Winterbourne
    d) Note the action taken in response to the July 2014 National GP Patient Survey results.
    e) Note the contents of the Nursing Homes report.

Paula Wedd
Director of Quality and Safeguarding

Dr Andy McAlavey
Medical Director

Helen McCairn
Director of Partnerships

September 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 18th September 2014

2. Title of Report: Commissioning Delivery Committee Report

3. Key Messages: This report provides an overview of the business discussed and decisions made at the commissioning delivery committee meeting held on 7th August 2014. The key items for the governing body to note are:

- The multi-agency Maternity Network agreed that the clinical commissioning group would write to the key maternity service providers to gauge their appetite to move to a commissioning for outcomes approach in the future.
- Following further discussion with the Countess of Chester Hospital NHS Foundation Trust, agreement has been reached on the development of a Being Well Programme Board by late autumn.
- Pulmonary Rehabilitation - Progress towards the delivery of the new service remains slow. The initial business case was agreed by the commissioning delivery committee in February 2014, a draft revised specification is currently being discussed with the provider but no service start date has been set.
- At the June 2014 meeting, the commissioning delivery committee received a paper on the proposal to co-commission an Integrated Wellness Service with Cheshire West and Chester Council.
- Vanguard - Each cluster of practices has agreed their priority areas and commenced work against project plans.
- The Mental Health Programme Assurance

Board has had its first formal restructured meeting where revised functions and membership have been agreed.

- The development of the Accountable Lead Providers is continuing with discussions between the Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and Cheshire West and Chester Council.
- The clinical commissioning group has been allocated £1,100,000 to support the continued delivery of Referral to Treatment target. Plans for the reduction of patients in excess of 18 weeks have been agreed with the Countess of Chester Hospital NHS Foundation Trust.
- The 62 day target remains the main challenge for the delivery of the overall cancer performance for the Countess of Chester Hospital NHS Foundation Trust. In order to address this, the Trust has sought the support of the Intensive Support Team and now has an ongoing action plan in place.
- The key issue for the delivery of the Accident and Emergency target is the flow of patients through the hospital and not necessarily the number of Accident and Emergency attendances.
  The following key enablers are designed to provide resilience:
  - the Care Category Framework - includes understanding the demand for 'out of hospital' capacity and focus the work of integrated teams;
  - expand Hospital at Home and Single Point of Access (health and social care);
  - co-locate services (i.e. Urgent Care Unit and Out of Hours).
- The clinical commissioning group has been allocated £1.6 million in 2014/15 to support the delivery of the Accident and Emergency 4 hour target.
- At the end of June 2014, the clinical commissioning group is on course to deliver a year-end surplus of £4.725 million. However, there is a significant level of risk.
- The key areas of financial risk relate to

growth in secondary care and continuing healthcare activity.

4. Recommendations

The governing body is asked to note the key issues discussed and the decisions made at the commissioning delivery committee.

5. Report Prepared By:

Laura Marsh
Director of Commissioning

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer
September 2014

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

COMMISSIONING DELIVERY COMMITTEE REPORT

PURPOSE

1. This report provides an overview of the business discussed and decisions made at the commissioning delivery committee meeting held on 7th August 2014

COMMISSIONING DELIVERY COMMITTEE MEETING 7th AUGUST

2. The business items covered on 7th August included:

- Delivery and Performance report
- Finance report
- Area Prescribing Committee
- Dementia
- Domestic Abuse: Implementation of IRIS programme
- NHS 111 re-procurement in the North West
- North West Ambulance Service 'deep dive' progress report
- Podiatry update and move to consultation
- Primary Care 0ver 75's funding proposal
- Special Educational Needs and Disability reforms

3. Further details of the key issues raised are provided in the following paragraphs.

DELIVERY AND PERFORMANCE REPORT

Delivery – Programme Updates

4. **Starting Well**: Maternity: The multi-agency Maternity Network agreed that the clinical commissioning group would write to the key maternity service providers to gauge their appetite to move to a commissioning for outcomes approach in the future. Responses to the letter were sought by 30th July and will be reported to the next commissioning delivery committee.
The committee received a separate report regarding Special Educational Needs and Disability reforms

5. **Being Well:** Following further discussion with the Countess of Chester NHS Foundation Trust, agreement has been reached on the development of a Being Well Programme Board by late autumn, to bring together the Strategic Planned Care Network and the Long Term Conditions Programme Board.

6. Pulmonary Rehabilitation - progress towards the delivery of the new service remains slow. The initial business case was agreed by the commissioning delivery committee in February 2014, a draft revised specification is currently being discussed with the provider but no service start date has been set. In addition, the provider (Cheshire and Wirral Partnership NHS Foundation Trust) has indicated they have lengthy waits for their current Pulmonary Rehabilitation service which needs to be addressed.

7. At the June 2014 meeting the commissioning delivery committee received a paper on the proposal to co-commission an Integrated Wellness Service with Cheshire West and Chester Council. This service will provide much of the self-care and prevention aspects of the Being Well programme, as well as meeting a service gap caused by the de-commissioning of the "Why Weight" service which currently provides tier three weight management services (tier three weight management services are a clinical commissioning group commissioning responsibility).

8. The commissioning delivery committee agreed in principle to the recommendations made in the paper and requested that final agreements around the investment required are made outside of the meeting. Through email correspondence, the Director of Commissioning and Chief Finance Officer confirmed the final investment proposed (outlined in the table below).

Time period	Clinical commissioning group contribution	Comments
Dec 2014 – March 2015	£16,264	Part year effect
April 2015 – March 2016	£48,792	
April 2016 – March 2017	£48,792	
April 2017 – Dec 2017	£32,528	There is the opportunity to end or amend the contract after 3 years
Dec 2017 – March 2018	£16,264	Part year effect
April 2018 – March 2019	£48,792	
April 2019 – Dec 2020	£32,528[1]	Contract end

NOTE: the proposed contract timescale will be 3 years with the option to break before years 4 and 5. This table only provides figures for the first 3 year period

9. The final service specification has been agreed at the Public Health Governance Group and a legal agreement is being drawn up between the clinical commissioning group and Cheshire West and Chester Council to underpin the joint procurement process.

10. **Developing Primary Care:** Vanguard - Each cluster of practices has agreed their priority areas and commenced work against project plans.

City Cluster: Optimising care to those in residential homes. Targets go live 1st November 2014.

[1] This figure reflects part year effect

M56 Cluster - Finalising business case for early visiting service. Go live (phase 1) for 8 week pilot (to provide assurance model is scaleable and robust processes in place) target date early/mid-September.
Mid Rural Cluster - Focusing on self-care and working practices across cluster including skill mix; arranging a community self-care event to align with national self-care week.
Broxton Cluster - Focusing on end of life. A retrospective audit of deaths in hospital is underway with target date for completion being end of September.
Ellesmere Port Cluster - Focusing on alternatives to seeing a GP including; extending minor ailment scheme, a 'sign-posting' qualification for receptionists, liaising with the Local Authority regarding the on-line database of voluntary agencies (go live Oct 2014), a locality-wide care navigator proposal and a direct access to physiotherapy Business case.
Neston & Willaston Cluster - Developing a business case for early visiting service.

11. A revised specification for the Primary Care Commissioning for Quality and Innovation Scheme has been developed. Each practice will be expected to undertake the following five mandatory goals (aligned to Programmes), which have the stated funding attached:

CQUIN goal	**Programme**	**Funding per registered patient**
National cancer awareness and early diagnosis project	Being Well	£1
Improving respiratory care (including expanding care planning)	Being Well	£1
Proactive care planning for patients with a Personality Disorder	Mental Health	£1
Dementia Friends	Ageing Well	10 pence
Risk management	Primary Care (quality improvement)	£1.50

12. **Mental Health and Learning Disabilities**: The Mental Health Programme Assurance Board has had its first formal restructured meeting where revised functions and membership have been agreed.

13. Mental Health Local Enhanced Service - A review of the Mental Health Local Enhanced Service included; the need to evidence delivery of service improvements for patients/carers and demonstrate value for money. The Mental Health Local Enhanced Service encompasses the ongoing two way communication and interface between primary care and mental health services. A revised Terms of Reference for the group has been developed. Under the revised arrangement it is proposed these meetings will continue. However, the Mental Health Local Enhanced Service will be renamed as the Primary Care Mental Health Clinical Leads Group. It will also include

virtual/online contributions between quarterly meetings and some pre-meeting reading and audit and post-meeting actions in order to contribute to the development of mental health care within the locality. It is proposed that the Primary Care Mental Health Clinical Leads Group will report into, and be monitored by, the Mental Health Integrated Provider Hub, which is turn reports to the Mental Health Programme Assurance Board.

14. Dementia - The Dementia strategy is to be refreshed by October 2014. The Programme Assurance Board agreed to financially support local stakeholder engagement with this work

15. **Ageing Well/End of Life -** Following a useful working group with Cheshire & Wirral Partnership NHS Foundation Trust and representation from the Primary Care Community Interest Company it has been agreed that the next stage is for these providers to work together to form an 'Integrated Provider Hub'. The scope is being determined by looking at patient case studies rather than focusing on the current patterns of service provision. A working title of 'Home Treatment' has been agreed; to reflect that this Accountable Lead Provider is focusing on 'care' provided within the home/community.

16. Integrated teams - The implementation of integrated teams across West Cheshire is continuing and we remain on target to have all 9 integrated teams in place by 1st September 2014. It is important to note that 2 of the teams will be required to work on a virtual basis rather than co-located basis due to Northgate build. As part of the frailty pathway, work is progressing in identifying alternatives to acute beds and discussions are taking place with Tarporley Hospital in terms of using the existing resources differently within this facility.

17. Single Point of Access - A key enabler to deliver the programme will be a revised Single Point of Access service (to be known as the West Cheshire Gateway). This will be an integrated health (both physical and mental health) and social care response which will act as the control of available resources across the system. Ultimately it is anticipated that there will also be a third sector presence within the service. Working with colleagues in the Local Authority, we have identified suitable premises in Ellesmere Port (Civic Way) to host the service and plans are currently being pulled together for this.

18. Keeping Well - Funding for the Keeping Well Campaign, which originally focussed on reduced excess winter deaths, will end in September 2014 and a proposal for continuation of this funding until March 2015 has been supported. This campaign is based on self-care/management and implementation of contingency plans and Snow Angels. This is a tri-partite initiative with the Local Authority and Vale Royal Clinical Commissioning Group.

19. Since the committee meeting in August, it has been agreed that from October onwards, for each committee meeting two programmes will present a more in-depth report on progress, in addition to the overarching Delivery report, to provide a greater degree of scrutiny. Programmes have also been asked to identify deliverables with timescales at project level.

PERFORMANCE

Referral to Treatment – Patients seen within the 18 Week Standards

20. The clinical commissioning group has been allocated £1,100,000 to support the continued delivery of Referral to Treatment target. Plans for the reduction of patients in excess of 18 weeks have been agreed with the Countess of Chester NHS Foundation Trust.

21. An initial submission to NHS England has been made as part of the Operational Resilience and Capacity Planning submission. The final submission date is the 19th September 2014.

22. Key risks to the achievement of the target are the impact on capacity of urgent care growth and hospital infections. Discussions are underway on what sub-contracting options are available

Cancer 62 Day

23. The 62 day target remains the main challenge for the delivery of the overall cancer performance for the Countess of Chester NHS Foundation Trust. In order to address this, the Trust has sought the support of the Intensive Support Team and now has an ongoing action plan in place.

24. Common reasons for the delay relate to inter Trust transfers and patients on holiday. In addition some patients are not aware that they are on the cancer pathway.
Actions to improve performance include:

- new patient leaflets
- review of the 2 week wait forms to include consideration of diagnostic processes
- work on a regional basis to address breach allocation issues
- discuss with the Clinical Reference Group and primary care to agree consensus on how a referral should be managed when a patient goes on holiday

Accident & Emergency Waiting Times

25. The key issue for the delivery of the Accident and Emergency target is the flow of patients through the hospital and not necessarily the number of Accident and Emergency attendances.

26. The following key enablers are designed to provide resilience as part of the Ageing Well programme:
    - the Care Category Framework - includes understanding the demand for 'out of hospital' capacity and focus the work of integrated teams
    - expand Hospital at Home and Single Point of Access (health and social care)
    - co-locate services (i.e. Urgent Care Unit and Out of Hours)

27. The clinical commissioning group has been allocated £1.6m in 2014/15. The draft plans are to invest this as follows:

Countess of Chester FT escalation resilience	£750,000
Care Category Framework (CWP and CWAC)	£846,000
North West Ambulance Service CARD 35	£28,000
	£1,624,000

28. An initial submission to NHS England has been made as part of the Operational Resilience and Capacity Planning submission. The final submission date is the 19th September 2014.

29. Performance data reported to the committee is included as Appendix 1.

NHS 111 re-procurement in the North West

30. A presentation was provided on the pre-procurement programme issues for the re-procurement of NHS 111 in the North West. It was noted that there is no realistic option to remain apart from this process, and the issues for acceptance and agreement, are as follows:

- The re-procurement programme and timeline require endorsement - September 2014 to phased mobilisation from September 2015.
- NHS 111 Programme Board recommendation is for a single North West footprint that will provide optimum economies of scale for NHS West Cheshire Clinical Commissioning Group.
- Representatives of West Cheshire health economy are asked to continue to endorse the channelling of urgent care calls through NHS 111.
- NHS 111 Programme Board provides the necessary governance arrangement with the full time management team hosted by NHS Blackpool Clinical Commissioning Group. Re-Procurement will be project managed by NHS Shared Business Services (SBS).

31. Discussions took place and it was noted that there has been no consultation on this process and there is no option to vary from the re-procurement process. However, Jim Britt represents West Cheshire on the NHS 111 Programme Board and is a member of the re-procurement sub-group. It was also noted that not all clinical commissioning groups that obtain their service through North West Ambulance Service are happy with the service provided, and may not appreciate the lack of options to consider alternative services. It was noted that there will be opportunities to discuss and influence final service specification for NHS 111 prior to going to the procurement process being opened to the market. A Service Specification review is scheduled for 28 August 2014 open to North West GPs.

32. NHS West Cheshire Clinical Commissioning Group would receive their information through the Urgent Care Accountable Provider Board meeting, where NHS 111 updates are noted. It was noted that this recommendation to the commissioning delivery committee should have been proposed from the

Urgent Care Accountable Provider Board, as well as any other available options for consideration.

33. Dr Huw Charles-Jones noted that he attends the network meetings and, although he does not have the view of the network in relation to this issue, it does feel as though there has been no involvement sought from clinical commissioning groups, and there is no way to influence this proposal. Jim Britt explained that this proposal is in place due to the legacy of failure of NHS Direct, and it is a key element of the Urgent Care Strategy. Dr Catherine Wall is local clinical lead for NHS 111 and will attend the service specification review on 28 August.

34. Discussions took place in relation to the complications that may be caused to the local Out of Hours service, and the need to retain the current local call handling/triage service, and it was agreed this caveat will be included within the committee's response to the NHS 111 North West Programme Board. Jim Britt indicated that should West Cheshire retain local telephone triage while channelling all urgent care calls through NHS 111 there will be duplicate cost implications.

35. It was agreed that this proposal will be presented to the Urgent Care Accountable Provider Board meeting.

36. The commissioning delivery committee agreed the NHS 111 pre-procurement criteria, with the caveat that NHS West Cheshire Clinical Commissioning Group reserves the right to determine local telephone triage arrangements.

North West Ambulance 'deep dive' progress report

37. It was noted that a 'task and finish' group has been established to create much closer collaboration between North West Ambulance Service Paramedic Emergency Crews (PES) and other local clinical services. This team is termed as the 'Deep Dive' group, which is scheduled to report its findings and recommendations in September/October 2014. The team was initially created due to the increasing inability of North West Ambulance Service to meet its R1 and R2 targets locally. These are nationally set targets.

38. The objectives of closer cooperation are to free up Paramedic Emergency Crews to help North West Ambulance Service achieve their statutory 999 obligations, while providing an improved patient experience. In addition, proposed 'Deep Dive' initiatives are about minimising inappropriate visits to general practice and reducing unnecessary attendances at accident and emergency departments while minimising hospital admissions.

39. The 'Deep Dive' team is well supported by each local provider and it will conclude with clear recommendations and a report to the committee in October 2014, once the work is complete.

40. The progress report was discussed and the following points noted:

- Consideration is being given to options that may allow paramedic emergency crews to be utilised more efficiently
- A number of competing ingredients have been identified, and an agreement has been reached to look at initiatives to address these
- NHS West Cheshire Clinical Commissioning Group is funding a paramedic 'green car' out of non-recurrent funding
- There is frustration at the inability of North West Ambulance Service to cooperate with the local services available, and this issue will be referenced within the final report, and identified to North West Ambulance Service, for their call handlers to be aware of these services. It was requested that the 'Deep Dive' team re-introduce GP Advance Visiting Scheme (AVS) as a part of the 'Deep Dive' recommendations.
- North West Ambulance Service R1 performance is increasingly poor for the clinical commissioning group

41. The Chair noted that the committee will be interested in the local performance information available within the final report, and the opportunity to benchmark that information against clinical commissioning groups with similar demographics.

42. The commissioning delivery committee agreed to accept this short interim report and acknowledged the work of the 'Deep Dive' task and finish group, and that the list of potential new initiatives provides a positive and constructive way forward to meet the important objectives of compliance with RED 1 (8 minute response, 75% of the time) and RED 2 (19 minute response, 95% of the time).

FINANCE UPDATE AS AT 30 JUNE 2014

43. A report outlining financial performance to the end of June 2014 (Quarter 1) was provided to commissioning delivery committee in August 2014. The key messages reported to the committee were as follows:

- After three months of the financial year there is a significant risk that the agreed year-end control total of £4.725 million will not be delivered.
- Despite the mitigating actions agreed at the June committee meeting the potential risk remains at a similar level due to the increased financial pressures against secondary and continuing healthcare.
- Approximately £17.5 million has been invested during 2014/15 to the support the transformation of the local health and social care economy.

Summary Financial Performance

44. At the end of June 2014 an there is an underspend of £1.181 million meaning that the clinical commissioning group is on trajectory to deliver the agreed year-end surplus. However, as described above, there is a significant amount of risk associated with this forecast. Appendix 2 provides further analysis across recognised budget headings with further details of key budget variances as follows:

- ***Secondary healthcare***; following the agreement of 2014/15 contracts, there is a financial pressure of £2.9 million. Also, as discussed at the June committee meeting, this pressure was likely to increase as provision was made for only a limited amount of activity growth. This has started to materialise with a pressure of £813,000 at the end of June 2014; meaning a likely year-end forecast of £3.2 million overspend.

- ***Continuing healthcare***; it was reported last month that there was a likely forecast financial pressure against this group of budgets of approximately £2.5 million, in the main, resulting from the unexpected rise in costs at the end of the previous financial year. It was also reported that this figure might be expected to rise. At the end of month 3 the likely year-end forecast has risen to £3.5 million as a result of the approval of new high cost cases. This increase has been factored into the financial position at the end of June 2014.

- ***Prescribing***; at the end of June 2014 it is anticipated that there will be an underspend against the prescribing budget of £0.5 million. At this stage of the financial year a robust forecast of prescribing expenditure is not available. The assumption of an underspend is, therefore, subject to risk. However, based on 2 months of prescribing data this would appear to be a prudent approach.

- ***Other budgets*** – National programme for IT; the clinical commissioning group set a budget of £865,000 to honour commitments from previous commissioning decisions. Following review of this budget it is likely that this will not be required with a likely saving of up to £0.5 million.

Mitigating Actions Taken To Support The Delivery Of Financial Duties

45. At the June 2014 commissioning delivery committee several mitigating actions were agreed. The following table details progress made against these

actions. The table also includes a further mitigating action that was agreed at the August 2014 committee meeting:

Agreed action	Progress made
Contact NHS England and request a 0.5% reduction in the year-end surplus control total.	The Chief Finance Officer has made a formal request to NHS England, via the Area Team, to request the surplus reduction. Although a formal response is yet to be received, there remains level of risk that the request will not be supported.
Do not invest the non-recurrent quality premium allocation during the financial year 2014/15.	The funding relating to the 2013/14 quality premium is yet to be received (expected to be in the region of £750,000). Once received, this funding will be held in reserve to offset reported financial pressures. This has been built into the current financial forecast.
Review existing non-recurrent commitments to understand if any can be postponed or withheld.	Work to understand the likely level of slippage on planned non-recurrent commitments continues. This exercise is further complicated by ongoing commitments from the previous financial year. At the end of June 2014, £1.2m is factored into the financial position.
Investment of slippage against the over 75s funding.	At its meeting in August, the committee agreed to provide funding for the agreed schemes with effect from when the service begins. Any slippage will be used, on a non-recurrent basis, to support the delivery of financial duties.

46. In summary, despite the mitigating actions taken, there remains a significant risk that the clinical commissioning group will not deliver the agreed year-end control total.

Updated Financial Performance to the end of August 2014

47. Early indications are that the financial outlook has stabilised somewhat 5 months into the financial year. Despite a continued level of risk, the level of reserves required to support in-year delivery of financial duties remains broadly in line with the previous month. This is, in part, due to a greater level of confidence in the assumption that there will be an underspend against the prescribing budget and a slowing down of the increase in continuing healthcare spend.

48. These issues will be closely monitored with further details provided to the next formal commissioning delivery committee in October 2014.

RECOMMENDATIONS

49. The governing body is asked to note the key issues discussed and the decisions made at the commissioning delivery committee.

Laura Marsh
Director of Commissioning

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer

September 2014

NHS West Cheshire Clinical Commissioning Group

Financial Performance for the period ended 30th June 2014

Budget Description	Annual Budget	Budget to June '14	Actual to June '14	Over/(under) spend to June '14
Primary Care:				
Enhanced Services	2,368	592	593	1
Primary Care CQUINs	418	104	105	0
Primary Care Over 75's	1,250	313	313	0
Prescribing	40,301	10,200	10,075	-125
Prescribing - Innovation Fund	200	50	50	0
Prescribing - medicines management	952	238	238	0
Home Oxygen	408	102	64	-38
Sub-total - Primary Care	**45,897**	**11,599**	**11,437**	**-162**
Secondary Care:				
NHS contracts	166,514	41,136	41,932	796
Ambulance Services	7,351	1,838	1,838	0
Mental Health and Community Services	45,960	11,490	11,516	26
Private Providers and NCA's	1,892	473	385	-88
Orthopaedic budget (ISTC)	4,232	1,058	1,138	80
GP led Urgent Care Unit	1,869	467	467	0
111	264	66	66	0
Winter Pressures	0	0	0	0
Sub-total - Secondary Care	**228,083**	**56,528**	**57,341**	**813**
Strategic Commissioning:				
Care in the Community	19,588	4,897	5,775	878
Looked after Children	98	24	24	0
Re-ablement	1,441	360	360	0
Grants to Voluntary Organisations	1,753	1,380	1,386	6
Community Equipment	411	103	102	0
Sub-total - Strategic Commissioning	**23,291**	**6,765**	**7,928**	**1,163**
Running Costs	**6,033**	**1,508**	**1,508**	**0**
Other investments	**1,814**	**548**	**481**	**-66**
Contingencies:				
Non-recurrent reserve	3,575	1,259	0	-1,259
General Contingency (0.5%)	1,521	380	0	-380
QIPP 14/15	-4,525	-1,131	0	1,131
Demographic Growth14/15	4,466	1,117	0	-1,117
Other reserves	493	123	0	-123
Sub-total - Contingencies	**5,530**	**1,748**	**0**	**-1,748**
Planned Surplus	4,725	1,181	0	-1,181
Total Operating Cost	**315,373**	**79,877**	**78,696**	**-1,181**
Resource Limit	315,373	79,877	79,877	0
Total CCG (-)Surplus/Deficit	**0**	**0**	**-1,181**	**-1,181**

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 18th September 2014

2. Title of Report: Chief Executive Officer's Business Report

3. Key Messages: This report provides an overview of important clinical commissioning group business which has not been provided in other papers to the governing body. Key issues raised are as follows:

- An overview of progress on the review for continuing healthcare/funded nursing care and complex care services.
- A review of commissioning policies.
- The clinical commissioning group's responsibility for the Public Sector Equality Duty.
- Confirmation of the clinical commissioning groups' contracts for 2014/15.
- Confirmation of the annual audit letter for 2013/14.
- High level meetings and events attended by the Chief Executive Officer and Chief Finance Officer.

4. Recommendations The governing body is asked to:

a) Note the contents of this report

b) Note the robust process undertaken to review the Procedures of Limited Clinical Value and Infertility Policies, ratify the revised policy and agree to receive annual updates of the policy.

5. Report Prepared By: Clare Dooley
Corporate Governance Manager
September 2014

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT

INTRODUCTION

1. This report provides an overview of important clinical commissioning group business which has not been provided in other papers to the governing body.

CONTINUING HEALTHCARE / FUNDED NURSING CARE / COMPLEX CARE

2. In May 2014, it was reported that the clinical commissioning group had taken the decision to transfer the Continuing Health Care (CHC), Funded Nursing Care (FNC) and Complex Care service from Cheshire and Merseyside Commissioning Support Unit into the clinical commissioning group, on a shared basis with Cheshire and Wirral clinical commissioning groups.

3. Discussions have taken place regarding the host arrangements for employment of the Continuing Health Care, Funded Nursing Care and Complex Care nurses and administrative teams, and it is proposed that South Cheshire Clinical Commissioning Group will host the shared service on behalf of West Cheshire Clinical Commissioning Group, Wirral Clinical Commissioning Group, Vale Royal Clinical Commissioning Group, and Eastern Cheshire Clinical Commissioning Group.

4. In June 2014, clinical commissioning groups across Cheshire and Wirral commissioned Integral Health Solutions to undertake a Due Diligence Review of services prior to the transfer of the services to the clinical commissioning groups.

5. A draft report has been shared with Cheshire and Wirral Clinical Commissioning Groups. This report has confirmed that there is an urgent need to re-commission the Continuing Health Care service due to clinical quality, safety and governance concerns.

6. Whilst it is recognised that the Commissioning Support Unit has inherited a significant number of legacy issues from Primary Care Trusts and has endeavoured to address these during the last 2 years, the service has experienced substantial challenges that have impacted on the operational performance of the Continuing Health Care service. The Due Diligence Review identified the following issues:

- Continuing Health Care Service Performance – the Commissioning Support Unit is failing to deliver a comprehensive Continuing Health Care service as outlined in the Service Level Agreement for 2014/15.
- Levels of performance in key areas do not meet the national key performance indicator targets and prioritisation of resources means that there are delays in 3 month and 12 month reviews being undertaken. Not only does this pose a potential financial risk to the clinical commissioning group, but there is also a potential clinical risk, particularly to patients who have not had a review in the last 12 months.

- The table below outlines the current backlog of reviews for both Continuing Health Care and Funded Nursing Care patients in West Cheshire. If it is felt that a patient has an urgent need for a review because their health needs have changed significantly, then the Continuing Health Care team will prioritise this review. However, as can be seen from the table below, there is a significant number of patients requiring review.

Stage	CCG	Up to 3 Months Overdue	3 to 6 Months Overdue	6 to 9 Months Overdue	9 to 12 Months Overdue	More Than 12 Months Overdue	No Review Date	Total
CHC	NHS West Cheshire CCG	40	38	32	16	17	57	200
FNC	NHS West Cheshire CCG	135	82	64	23	64	67	435

- Clinical Leadership and Direction – There is a need for stronger clinical strategic leadership and transformational operating style which is essential in order to develop a continuous quality improving service. There is little evidence of strategic direction or of a strategic development plan to improve the service going forward.

- Capability and Capacity Issues – Workforce issues have had a major impact on the ability of the Commissioning Support Unit to deliver a comprehensive Continuing Health Care, Funded Nursing Care and Complex care service. These issues have been widely acknowledged and recognised as a critical issue. In three out of five Clinical Commissioning Groups across Wirral and Cheshire the service is failing to meet statutory targets and key performance indicators. The services are under significant pressure despite the Continuing Health Care Teams carrying a high workload and working significantly long hours to maintain service delivery. Additional resources have been requested by the Commissioning Support Unit to manage operational pressures in the service; however, these requests have not been supported with a case for further investment from Clinical Commissioning Groups.

- Additional non-recurrent funding has been agreed with Cheshire and Merseyside Commissioning Support Unit to reduce the backlog reviews. We have requested an urgent action plan and trajectories to reduce this

backlog to an acceptable level that minimises the clinical risk to patients. This trajectory, once agreed, will be monitored monthly by the clinical commissioning group lead.

- Quality Assurance and Governance - There are concerns raised by all five Clinical Commissioning Groups regarding quality assurance, in terms of delivering the service to the required quality standard, and in accordance with the National Framework for Continuing Health Care and Funded Nursing Care. These concerns have been acknowledged by the Commissioning Support Unit.

- The Due Diligence Review concludes that fundamental full-scale change is therefore required at a strategic, tactical and operational level. Also, that investing additional resources into operational services alone will not address the issues raised within the review. To deliver sustainable change, focus must be given across all areas.

7. The findings from the draft Due Diligence Review were presented to an informal meeting of the Commissioning Delivery Committee, held on 4th September 2014. It was agreed that the clinical commissioning group would write formally to the Commissioning Support Unit, highlighting concerns arising from the findings of this review, and that the Commissioning Support Unit puts in place urgent measures to ensure the stability of the Continuing Health Care service, prior to transition to the Clinical Commissioning Groups at the end of January 2015. Also, that the Commissioning Support Unit provides ongoing assurance that a stabilised state has been established, that reduces any clinical risk to patients. This approach has also been adopted by the other four Clinical Commissioning Groups across the Cheshire and Wirral footprint.

8. NHS West Cheshire Clinical Commissioning Group has also written to the Commissioning Support Unit to request the support of their staff to undertake work with Cheshire and Wirral Partnership Foundation Trust and the Countess of Chester NHS Foundation Trust to work in partnership to support the review process.

CHESHIRE AND MERSEY COMMISSIONING POLICIES REVIEW

9. The Clinical Commissioning Group inherited the previous Primary Care Trust's Commissioning Policy for procedures which sit outside of the main contracts and a policy on Infertility treatments.

10. The Cheshire and Mersey Commissioning Support Unit was tasked with reviewing the policy on behalf of the Clinical Commissioning Groups across Cheshire and Merseyside. They have undertaken a thorough review of the Procedures of Limited Clinical Value and Infertility Policies which has included:

    - A full evidence review considering National Institute for Health and Clinical Excellence guidance and the most up to date clinical evidence base. This has been supported by Public Health who have undertaken

independent reviews of continuous glucose monitoring, Lycra suits, penile prosthesis and varicose veins.

- Development of draft policies for consultation including clarification of wording in the old documentation;

- A full public consultation across the Cheshire and Merseyside Clinical Commissioning Group area including public events, telephone and on line consultation. During the consultation 5,827 people across Cheshire and Mersey people visited the Commissioning Support Unit website, 535 people completed the survey and 72 public events took place. Of those feeding back; 90 came from West Cheshire and 56% from West Cheshire agreed with the overall proposed changes (this was lower than the 66% average across Cheshire and Mersey). Many of the respondents stated they were commenting generally, although there were also a number of comments pertaining to Infertility and Mental Health but no overall themes.

- An Equality Impact Assessment of the proposed draft policies was undertaken. This assessment highlighted that the processes of the review and the consultation had been conducted appropriately, responses had been received across the demographic spectrum and no appreciable discrimination has been discerned, although some risks have been identified that may have equality/ Human Rights implication. The assessment also highlights a number of process improvements for the future which would mitigate any Equality and Human Rights risk, ensuring that potential negative impacts of decisions made in line with the policy are mitigated in order to satisfy the Public Sector Equality Duty.

- Financial review of the impact of changes to the Infertility policy was undertaken by the Cheshire and Merseyside Commissioning Support Unit, further financial assessments of the wider policy have also been undertaken internally within the Clinical Commissioning Group which show a potential for limited additional spend through the implementation of the policy.

11. Following this review process a pan Cheshire and Merseyside Clinical Commissioning group meeting took place to determine a common position across the Clinical Commissioning Group.

12. Within the proposed new policies a majority of the original clinical areas remain unchanged in terms of clinical priority or decision making. There are, however, a number of key proposed areas of change from the old policy:

    - *Infertility* - A move to implement National Institute for Health and Clinical Excellence guidance for infertility treatment. This includes moving from 2 cycles of In-vitro Fertilisation to 3 and increasing the upper age limit for referral from 40 to 42.

- *Continuous Glucose Monitoring* – This will be commissioned by the Clinical Commissioning Group but with strict criteria and from within a Centre of Excellence.

- *Penile Implants* **–** To be commissioned but only in clearly defined criteria i.e. for men who have failed to respond to the British Society for Sexual Medicine guidelines first and second line recommended treatments and who have one of the following conditions; Peyronie's disease, post – priapism or malformation of the penis.

- *Hip & Knee Joint Replacement* **–** Clinical feedback advised of concern around the use of Oxford Hip and Knee scores as a key criterion within the current policy. The concerns expressed include:

  - That the scores were not ever designed to be used in this way,

  - That the scoring system is open to manipulation.

  It has been recommended that Cheshire and Merseyside adopt the North West London criteria to replace the Oxford hip and knee score.

13. In addition to these proposed changes there are number of other treatments and procedures which have not been agreed either due to lack of evidence, value for money concerns or feedback from the Consultation process these include:

    - *Lycra suits* – During the consultation a number of patients supported the use of Lycra suits for children with Cerebral palsy. However, there is little clinical evidence supporting their use. As such it is proposed these be considered a low funding priority by the Clinical Commissioning Groups.

    - *Varicose Veins* **–** New National Institute for Health and Clinical Excellence guidance recommends lower thresholds for varicose vein surgery than currently in place across Cheshire and Merseyside. However, implementing the National Institute for Health and Clinical Excellence guidance for varicose veins would require a large amount of additional resources. Discussions with providers have also indicated that there is some anxiety about capacity to deliver the potential increase in varicose vein activity.

      Based on these findings the Public Health team have recommended that the current policy remains whilst further research is undertaken.

    - *Botox* – The clinical evidence surrounding the use of Botox remains unclear. It was agreed that further review was required which should be led by the medicines management teams.

14. The final draft policies, Equality Impact Assessment and Consultation Outcomes have now been received by the Clinical Commissioning Group.

15. Once ratified by the governing body the Commissioning Support Unit will produce a single interactive version of the Policy and integrate contractual changes as appropriate. The Clinical Commissioning Group will launch the policy with providers and use this as a platform to reaffirm the Individual Funding Request processes. The Clinical Commissioning Group will also provide feedback on the public consultation via its website.

16. It has been proposed that updates to the policy be carried out annually based on new guidance and evidence. This will be carried out on a pan Cheshire and Mersey basis by the Commissioning Support Unit.

PUBLIC SECTOR EQUALITY DUTY

17. Under the Equality Act 2012 the Clinical Commissioning Group has a responsibility to promote equality and diversity and ensure that our business is delivered in line with the Public Sector Equality Duty. The Governing Body has devolved responsibility for this duty to the Quality Improvement Committee.

18. At its meeting in June 2014 the Quality Improvement Committee received an update on the progress of the Clinical Commissioning Group to meeting the requirements of the Equality Act and the Public Sector Equality Duty. Our chosen equality objectives are:

    - To improve how we make fair and transparent decisions
    - Improve outcomes and access for people who face inequality and disadvantage
    - Improve the equality performance of our main providers
    - To empower and engage our workforce

19. The Clinical Commissioning Group will consider our progress against our Equality Objectives through the use of Equality Delivery System 2, a self and peer assessment tool. Training has taken place with Healthwatch Cheshire to enable them to support us to carry out this assessment, it is expected that this will start in January 2015.

CONFIRMATION OF CONTRACTS FOR 2014/15

20. Provided below is a summary of the clinical commissioning group's contracts for 2014/15:

Organisation	Contract Value £
Clinical Commissioning Group lead contracts	
Countess of Chester Hospital NHS Foundation Trust	131,072,000
Cheshire & Wirral Partnership NHS Foundation Trust – Mental Health	24,521,728
Cheshire & Wirral Partnership NHS Foundation Trust– Community	19,355,568
Nuffield Health	2,168,940
Betsi Cadwalader University Health Board	1,915,000
Multiple Sclerosis Support	88,378
Partners For Health Contract	
Urgent Care unit contract - Partners4Health	1,679,864
Contracts where Clinical Commissioning Group is an Associate	
Wirral University Teaching Hospital NHS Foundation Trust	16,155,613
Warrington and Halton Hospital NHS Foundation Trust	4,661,838
Royal Liverpool & Broadgreen University Hospitals NHS Trust	3,639,941
Mid Cheshire Foundation Trust	2,668,000
Robert Jones & Agnes Hunt NHS Trust	2,537,508
Aintree University Hospitals NHS Foundation Trust	1,228,246
Liverpool Heart and Chest NHS Foundation Trust	1,052,383
Alder Hey Children's Hospital NHS Foundation Trust	987,249
Spire Healthcare Wirral Hospital	866,836
Liverpool Women's Hospital NHS Foundation Trust	575,326
Spire Healthcare Cheshire Hospital	520,754
St Helens & Knowsley Hospitals NHS Foundation Trust	509,122
Central Manchester Hospitals NHS Foundation Trust	328,493
South Manchester University Hospitals NHS Foundation Trust	294,008
North Staffordshire University Hospital	215,142
Salford Royal Hospital NHS Foundation Trust	171,663
Wrightington, Wigan & Leigh Hospitals NHS Foundation Trust	153,107
Spire Healthcare Liverpool Hospital	

Organisation	Contract Value £
	123,440
Shrewsbury & Telford Hospitals NHS Trust	120,655
Ambulance Contract	
North West Ambulance Service NHS Trust	7,351,140
111 Contract	
111 North West Ambulance Service NHS Trust contract	263,906
Community Contracts	
Wirral Community NHS Trust	1,054,725
One to One Midwifery Services	196,906
East Cheshire Community Trust	184,700
BMI Healthcare	181,542
Bridgewater Community Healthcare NHS Trust	143,795
British Pregnancy Advisory Service	133,746
Shropshire Community Health NHS Trust	121,393
Liverpool Community Health NHS Trust	35,532
Other Budgets	
Commissioning Reserves	-2,247,880
Non Contracted Activity Foundation Trusts	1,891,865
Individual Funding Request	840,027
Other Budgets	321,802
Total Budget	**228,084,000**

ANNUAL AUDIT LETTER 2013/14

21. Further to the extraordinary governing body meeting held on 5th June 2014 to receive the clinical commissioning group's accounts and annual report, the final annual audit letter has now been received from our external auditors, Grant Thornton (click link to full document). To confirm, the clinical commissioning group received an unqualified opinion for all aspects of the 2013/14 audit.

MEETINGS AND EVENTS ATTENDED BY CHIEF EXECUTIVE OFFICER

22. Provided below is a list of high level meetings and events attended by the Chief Executive Officer:

- 22nd July 2014, Puffel workshop, Cheshire and Merseyside Commissioning Support Unit. This workshop/demonstration was provided on an on-line self-care management support tool used to support patients with chronic obstructive pulmonary disease and other longterm conditions.

- 29th July 2014, child and adolescent mental health community consultant visit. This was a "back to the floor" day with the community mental health team attending an allocation team meeting and joining a psychologist and community psychiatric nurse on home visits.

- 6th August 2014, monthly Cheshire, Warrington and Wirral Clinical Commissioning Group Leaders meeting with NHS England Area Team. Items discussed included referral to treatment and accident and emergency targets, the Better Care Fund, specialised commissioning and co-commissioning.

- 12th August 2014, Chester Voluntary Action Centenary, Chester Town Hall. This was a celebration of 100 years of voluntary work in Cheshire.

- 13th August 2014, West Cheshire Leaders Meeting, Countess of Chester Hospital NHS Foundation Trust. This is part of a regular series of meetings with the Chief Executives/Officers from Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and Cheshire West and Chester Council to discuss current issues facing the health and social care economy.

- 14th August 2014, Dying Matters Workshop, Ellesmere Port Civic Hall. This engagement event focussed on end of life care. Attendees included carers, carer organisations and service users.

- 15th August 2014, National Impact Group, National Audit Office, London. An NHS Leadership Academy development/support session part of Top Leaders Programme. This was an opportunity to work in partnership to make leadership in the health system more inclusive and representative of the communities it serves, aiming to develop leaders who are innovative and able to create a climate where innovation can flourish.

- 20th August 2014, Health and Wellbeing Partnership Network, Cheshire West and Chester Council. This meeting received the Health and Wellbeing Strategy update and presentations on the West Cheshire Way from an NHS provider perspective.

- 3rd September 2014, Clinical Commissioning Group Leaders Webex with NHS England Area Team. This monthly webex included items on NHS England restructuring, co-commissioning, mortality data for the area and referral to treatment targets.

- 8th September 2014, Patient Participation Group Workshop, Cheshire View. The afternoon included a talk on "Reflections of Year One" of the clinical commissioning group and a questions and answers session. Presentations were also provided on how to run a patient participation event and on self-management.

- 11th and 12th September 2014, Top Leaders Programme, Leeds. This was a further session of the ongoing development/support programme provided by NHS Leadership Academy.

MEETINGS AND EVENTS ATTENDED BY CHIEF FINANCE OFFICER

23. Provided below is a list of high level meetings and events attended by the Chief Finance Officer:

- 23rd July 2014, Building NHS England approaches to prioritisation in commissioning decisions, Birmingham. This conference focussed on fair allocation of resources and how to make decisions around allocating commissioning resources fairly and transparently.

- 8th August 2014, Public Services Board Service Transformation, Cheshire West and Chester Council. This visit from the Public Services Transformation Network looked at our work on integration followed by a working lunch and discussion on transformation locally.

- 13th August 2014, Cross border health arrangements meeting. This meeting with local providers and NHS England was arranged to agree a consistent response between local stakeholders to the parliamentary enquiry on cross border health arrangements.

- 12th September 2014, North West Director of Finance Engagement Event, Manchester. This one day event was organised by NHS England which included presentations/discussions on public service reform, running acquisition through to delivery and managing difficult conversations.

RECOMMENDATION

24. The governing body is asked to:

c) Note the contents of this report

d) Note the robust process undertaken to review the Procedures of Limited Clinical Value and Infertility Policies, ratify the revised policy and agree to receive annual updates of the policy.

Alison Lee
Chief Executive Officer
September 2014

AGENDA ITEM NO: WCCCGGB/14/09/32

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	18th September 2014
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides 6 clinical commissioning group policies/governance documents for governing body ratification.
REPORT PREPARED BY:	Clare Dooley Corporate Governance Manager

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. Six clinical commissioning group policies/governance documents are provided to the governing body for approval/ratification.

POLCIES AND GOVERNANCE DOCUMENTS

2. Provided below is a list of the policies/governance documents for ratification. A hyperlink to each document is provided and the table summarises the oversight (i.e. which sub-committee has scrutinised the reports) for each, along with details of when each document has been previously considered by the governing body. Also included are the name and contact details for the lead officer from the clinical commissioning group for each policy.

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer
1.	Information Governance Strategy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
2.	Information Governance Policy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
3.	Confidentiality and Data Protection Policy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
4.	Subject Access Request Policy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
5.	Freedom of Information Act Policy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net

No	Document	Oversight	Previous Governing Board Ratification Date	Lead Officer
6.	Corporate Records Management and Retention Policy	Audit Committee	January 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net

RECOMMENDATION

3. The governing body is asked to approve/ratify the 6 policies/governance documents provided.

Gareth James
Chief Finance Officer
September 2014

AGENDA ITEM NO: WCCCGGB/14/09/33

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	18th September 2014
TITLE OF REPORT:	Governing Body Sub Committees Minutes
KEY MESSAGES:	This report provides the minutes from the sub-committees which are not included within any other report to the governing body. Provided below is a list of those meetings, and a hyperlink to each document is provided. • City GP Network 10th July 2014 • Ellesmere Port and Neston GP Network 3rd July 2014 • Rural GP Network 8th July 2014 • IT strategy Group 9th July 2014
RECOMMENDATIONS:	The governing body is requested to receive and note the minutes of the sub-committees provided.
PREPARED BY:	Clare Jones Governing Body and Committees Administrator