NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 15th January 2015, at 9.00am in Conference Rooms A & B, 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 20th November 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/15/01/42	9.45	Clinical Senate Report	D	Mike Zeiderman *Hospital Doctor Representative*
WCCCGGB/15/01/43	10.00	Quality Improvement Committee Report	D	Sheila Dilks *Clinical Lead - Nurse Representative* Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/15/01/44	10.15	Commissioning Delivery Committee Report	DR	Chris Hannah Vice Chair/Lay Member Laura Marsh *Director of Commissioning* Gareth James *Chief Finance officer* Rob Nolan *Director of Contracts and Performance*
10.30 BREAK				

Item	Time	Agenda Item	Action	Presenter
WCCCGGB/15/01/45	10.45	Audit Committee Report	DR	David Gilburt *Lay Member* Gareth James *Chief Finance Officer*
WCCCGGB/15/01/46	11.00	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*
CONSENT ITEMS				
WCCCGGB/15/01/47	11.15	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James *Chief Finance Officer*
WCCCGGB/15/01/48	11.20	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/15/01/49	11.25	Any Other Business **(to be notified to the Chair in advance)**	D	All
Date and Time of Next Meeting – Thursday 19th March 2015, at 9.00am in Frodsham Community Centre, Fluin Lane, Frodsham, WA6 7QN				

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
West Cheshire
Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

Formal Governing Body Meeting

Thursday 20th November 2014, 9.00a.m., Neston Cricket Club, Station Road, Neston, Cheshire CH64 6QJ

PRESENT

Voting Members:

Dr Huw Charles-Jones	Chair
Ms Alison Lee	Chief Executive Officer
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Ms Chris Hannah	Lay Member
Mr Mike Zeiderman	Hospital Doctor Representative
Ms Pam Smith	Lay Member
Ms Sheila Dilks	Lay Member
Dr Claire Westmoreland	GP Representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality

Non-voting Members:

Laura Marsh	Director of Commissioning
Paula Wedd	Director of Quality and Safeguarding
Rob Nolan	Director of Contracting and Performance

In attendance:

Clare Dooley	Corporate Governance Manager
Kulvinder Hira	Public Engagement Manager
Clare Jones	Governing Body and Committees Administrator

14/11	AGENDA ITEM	Action
	WELCOME AND OPEN FORUM	
	The Chair welcomed two representatives of the Youth Parliament to the meeting, who are attending as a part of the clinical commissioning group's 'Children's Takeover Day', and invited them to ask any questions they may have, as they arise. The Chair also welcomed Kulvinder Hira, the clinical commissioning group's new Public Engagement Manager. It was noted that a hard copy of the agenda is available from Kulvinder Hira. There is no fire alarm drill scheduled for this morning, although emergency exits and routes were identified. The first 15 minutes of the agenda is set aside for questions from members of the public, and a question has been received from Mr Ian Grove, Chair of Hope Farm Medical Practice Patient Participation Group.	

14/11	AGENDA ITEM	Action
	Question from Mr Ian Grove: Serious concern has been raised by one of our patients, attending both the Hope Farm and Great Sutton Clinic, in the treatment of leg ulcers and the change in its methodology over the past two years, principally introduced as a result of Health and Safety Executive influence. Further background detail was provided. Conscious of the modified procedure in the irrigation process of leg ulcers, the Board is invited to investigate and examine the existing process with its risk of contamination, potentially affecting the well-being of Hope Farm patients by ultimately approving a process which will introduce a sluicing facility and upgraded services, etc., within the allocated space. Equally, to consider improving the size and standard of facilities offered in the Great Sutton Clinic. **Response from NHS West Cheshire Clinical Commissioning Group** Paula Wedd, Head of Quality and Safety for the clinical commissioning group, is currently investigating with the provider the current practice within the clinics, and examining more closely the evidence base for best practice for the treatment of leg ulcers in such settings. However, the investigation will not be a quick process and evidence will be gathered as a base of best practice. It is positive to note that the change in service was identified by a patient and, subsequently, that patients can be assured that the patient voice is extremely important to the clinical commissioning group. Alison Lee highlighted that the clinical commissioning group may be unaware of changes to services that a patient experiences and that their feedback is vital. Once the investigation has been concluded, it was agreed that Paula Wedd will attend at the patient participation group, to provide a response to the question raised. **An additional question was raised from the floor by Tessa Parker** A number of older people have raised a concern relating to hospital appointments being received at short notice, receiving appointment letters after appointment dates, or being informed that they failed to attend for an appointment when no appointment letter had been received, and this issue has caused concern and upset for the patients involved. It was noted that Countess of Chester Hospital NHS Foundation Trust is currently under a significant amount of pressure as is Wirral University Teaching Hospital NHS Foundation Trust. However, there are a number of issues highlighted by the question raised that will require further consideration, such as late letters. The issue of the appointment system utilised by the Trust has been raised previously, and the complexity of this issue is currently being addressed. A meeting is scheduled with the Trust for the afternoon of the 20th November 2014, and this issue will be raised at that meeting, by Rob Nolan. It was agreed that further details of these incidents will be provided to Alison Lee.	**PW** **RN**

14/11	AGENDA ITEM	Action
	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. Nine members of the public were in attendance at the meeting. The Chair made the following opening remarks: • Publication of the Five Year Forward View, written by Simon Stevens, Chief Executive Officer NHS England. This is a significant publication, which sets out the future agenda for the NHS and social care. The publication sets out the problems currently facing the NHS, identifies gaps and makes note of work that will be required to address these issues. It is reassuring to note that the work currently being undertaken and planned by the clinical commissioning group in relation to the West Cheshire Way and general practice is progressing in the same direction as that outlined in the forward view. • NHS England is currently restructuring. The clinical commissioning group will be part of an Area Team that covers Cheshire and Merseyside. The clinical commissioning group intends to move towards co-commissioning of primary care services, which are currently the responsibility of NHS England, and discussions are currently taking place to agree how this work will progress. • The Care Quality Commission has published the report on the pilot inspections to eleven West Cheshire GP practices and the Out of Hours service during 2014. All practices met the required standards and the comments on both General Practice and the Out of Hours service were very positive. • Health and Wellbeing Board – The Accident and Emergency Department at Countess of Chester Hospital was discussed at the meeting, at which representatives from the Countess of Chester Hospital and Cheshire and Wirral Partnership Trust were in attendance. The discussions were very positive, and details of the collaborative work being undertaken to address the issues faced by the hospital.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of David Gilburt and Fiona Reynolds.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest to be noted.	

14/11	AGENDA ITEM	Action
C	**MINUTES OF LAST MEETING HELD ON 18TH SEPTEMBER 2014**	
	The minutes of the meeting held on 18th September 2014 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Page 4 – extra 'the' to be removed • Page 12 – the date of the next meeting is to be amended • Page 4 – Ageing Well – the action for Ageing Well is to be included upon the Action Tracker	
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	• Mortality – Discussions have taken place with the Medical Director of Countess of Chester Hospital NHS Foundation Trust in relation the value of GP involvement with the Trust's Mortality Review Group, and this work is ongoing. • Stroke – specialist centres– Discussions have taken place with the Specialist Commissioning Network. A request has also been made to have the issue placed upon the agenda for a future meeting with NHS England. This issue will be raised with Alison Tonge, NHS England, to discuss progression of this issue. The discussions will include the possible locations of the specialist centres, and how these centres could improve outcomes for patients, and to ensure a move effective patient service. It was noted that Countess of Chester Hospital NHS Foundation Trust should ensure a focus remains on securing appropriate outcomes for patients. • 14-09-30 – Cancer 62 day – Countess of Chester Hospital NHS Foundation Trust will be requested to provide a trajectory on progress at the quality and performance meeting on the 20th November 2014. Data relating to cancer figures by tumour group has been requested from the Trust, and is awaited.	**RN**
35	**CLINICAL SENATE REPORT**	
	Mike Zeiderman provided the background to this report and noted that one of the key areas where clarity is required relates to the value of issues discussed at clinical senate and how recommendations are implemented. Representation at clinical senate is very good and discussions are positive and progressive. There have been suggestions made to the senate Terms of Reference, to assist with progression of recommendations to the governing body, and will be discussed at the next clinical senate meeting. Consideration will then be given as to the development and implementation of workstreams to progress this. It is also noted that, the clinical commissioning group should request updates or examples from the local authority and providers as to how they have progressed recommendations made by the clinical senate. A suggestion was made that a specific agenda item is included on the clinical senate agenda to reflect upon previous recommendations made and to receive	

14/11	AGENDA ITEM	Action
	feedback from progress made within programmes. Discussions took place in relation to the most appropriate venue for recommendations from the clinical senate to be presented to and it was agreed that the type of recommendation will determine the most appropriate venue. **RECOMMENDATIONS** The governing body: a) Noted the issues discussed by the clinical senate b) Reflected on the recommendations of the clinical senate	
36	**QUALITY IMPROVEMENT COMMITTEE REPORT**	
	Sheila Dilks noted that the committee paper has been refined, and assured the governing body that extensive discussions take place as to the responsibilities of the sub-committee and the work that will be undertaken to ensure that all responsibilities are met. Future committee papers will highlight areas where further actions are required by the committee, or where there are concerns to be highlighted to the governing body. Paula Wedd provided an update to the meeting and noted that this report highlights issues discussed at quality improvement committee meetings. The following key points were noted: • The committee has recently undertaken a review of the meeting structure and the format of papers presented. • Continuing healthcare / funded nursing care / complex care - the most significant number of complaints received over the last 12 months are related to continuing healthcare, funded nursing care and complex care, and the committee will be considering the impact the issues experienced have had upon those patients. As the governing body is aware continuing healthcare, funded nursing care and complex care is an area where significant work is being undertaken by the clinical commissioning group, and the committee will continue to monitor and review the quality of the service offered to patients. • Cheshire and Wirral Partnership NHS Foundation Trust – it has been noted that, on a number of occasions, the Trust has highlighted that activity levels continue to grow, which has an impact on the quality of services. The committee has discussed 'early warning' signs and what is expected of providers. This issue has been raised with the Trust and funding has been identified for specific services, to assist with this. • C-Difficile – a number of cases have been reported in the community. No trends have been identified, but this will continue to be monitored. • GP Child Case Conference reports – a sustained improvement in the number of reports received has been noted by the committee. Initial reports are important, but ongoing review are equally, if not more, important. Dr Andy McAlavey has been tasked by the committee to	

14/11	AGENDA ITEM	Action
	highlight this point with GPs. In response to questions raised by Chris Hannah, Alison Lee, Dr Huw Charles-Jones and Dr Steve Pomfret, the following points were noted: • Child protection standards – work is ongoing to progress the GP dashboard, which provides data on the performance level of GP practices. It has been noted that the pressure to attend at case conferences is focussed on a particular number of practices and is centred mainly on those who have practices which support areas of deprivation. GP practices will be encouraged to have robust processes in place to manage reviews. This issue will continue to be highlighted at GP locality network meetings, where it will be a standing item upon the agenda, and the Primary Care Lead for Nurses is undertaking work with GP practices to assist with the improvement of reporting for case conferences. Dr Andy McAlavey and Anne Eccles, Designated Nurse Children's Safeguarding, are currently working to identifying where there may be gaps in the reporting process. • Continuing healthcare / funded nursing care / complex care – as previously noted at this meeting, this is the largest area of concern for the clinical commissioning group and this issue is regularly discussed at a number of meetings. Significant work is being undertaken to resolve the issues associated with this service and a monthly update is provided to the commissioning delivery committee on progress. Improvement within the service has been noted, but further improvement is required and this issue will continue to be monitored. • Multi-agency nursing home tool – this tool is not currently available in the public domain. The committee had an extensive discussion as to how this can be addressed for the future, to provide the public a broader base of information when considering a nursing home placement. The local authority is acting as the lead agency to progress work around the tool and a trial methodology is currently being developed, and collaborative work is being undertaken to ensure that all information is accurate and that the tool is fit for purpose before it is published. **RECOMMENDATIONS** The governing body reviewed the issues and concerns highlighted and identified any further actions for the quality improvement committee.	
37	**COMMISSIONING DELIVERY COMMITTEE REPORT**	
	Chris Hannah noted that work is continuing to consider how sub-committees report to the governing body and a meeting was held recently to ensure consistency of information provided, and this process will continue to be reviewed. The following points from the report were noted:	

14/11	AGENDA ITEM	Action

Delivery

- Palliative care – the committee approved the business case for this service. A patient and carers engagement event had been held recently to support the re-design of the service and to ensure that the patient voice was heard when determining the most appropriate way forward. The patient and carers engagement event 'Dying Matters' was well attended and participants noted a number of positive points, and involving the patient in their care planning was also highlighted as being very positive. There were a number of key areas for improvement identified, with communications being central to ensuring patient wishes are heard and acted upon.

Performance

- Cancer 62 day – this issue was discussed previously under agenda item D.
- Stroke – this issue was discussed previously under agenda item D and continues to be an issue of concern for the clinical commissioning group, although the target for this service has started to improve.
- Accident and Emergency 4 Hour target – the target for this service will not be achieved for Quarter 3. The hospital has failed to meet the target, on a daily basis, for the past three weeks and the clinical commissioning group has instigated daily conference calls with the hospital to monitor this issue. As previously reported to the governing body, there remains an issue with patient flow through the hospital and an agreement is in place as to how work is being progressed to address this and how resilience funding is being utilised. Although some of the work being undertaken has only commenced recently, the decision has been taken to request an update on when a benefit of the work being undertaken will be seen sooner than would normally be expected, to ensure that progress is made as swiftly as possible.

In response to a question raised by Sheila Dilks, it was noted that:

- Accident and Emergency 4 Hour target – Countess of Chester Hospital NHS Foundation Trust recognises that the current system is not suitable. Future consideration will be required in relation to securing recurrent money to ensure that a longer term strategy can be implemented.

Finance

- The clinical commissioning group is on course to deliver the planned year-end control total of £4.725 million surplus (1.5%). However, there is a significant element of risk within the forecast with a potential financial gap of £3.3 million. The biggest financial risk continues to be continuing healthcare, funded nursing care and complex care packages.
- The committee supported the chief finance officer to pursue the delivery of the planned surplus, with the following specific actions:
  - No further investments within the financial year.
  - Continue to report delivery of the control total to NHS England along with a material level of risk.
  - Begin discussions with local colleagues to agree year-end settlements.
  - Use the non-recurrent 'Charge Exempt Oversees Visitors' funding to support

14/11	AGENDA ITEM	Action
	the financial forecast. ➢ Continue the review of all areas of expenditure including non-recurrent investments. In response to a question raised by Alison Lee, it was noted that: • The 'Charge Exempt Oversees Visitors' refers to money returned to the clinical commissioning group that has previously been spent within existing contracts with providers for non-West Cheshire patients. **RECOMMENDATIONS** The governing body noted the key issues discussed and the decisions made at the commissioning delivery committee.	
38	**AUDIT COMMITTEE REPORT**	
	Gareth James provided an update to the governing body and the following points from the report were noted: • The Information Governance Toolkit is on course for delivery by 31 March 2015. • 3 policies were provided for approval by the committee and subsequent ratification by the governing body. • Internal Audit – Mersey Internal Audit Agency provided a progress report and it was noted that there are no serious risks. • External Audit – The committee formally received the Annual Audit letter for 2013/14. In response to a question raised by Alison Lee, it was noted that: • Progress against the internal audit plan for 2014/15 has not proceeded as expected and, therefore, colleagues may be asked to support this work towards the end of the current year. **RECOMMENDATIONS** The governing body noted the key items of business discussed at the audit committee at its meeting in September 2014.	
39	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Alison Lee provided an update to the governing body and the following points were noted: • The clinical commissioning group's quarter one assurance meeting with NHS England Area Team took place on 10th September 2014, where the focus was on NHS Constitution targets. There is significant pressure on the clinical commissioning group to deliver these targets, with an emphasis on the Accident and Emergency 4 Hour target, which was discussed previously under agenda item WCCCGGB/14/11/37.	

14/11	AGENDA ITEM	Action
	An informal feedback letter has been received from NHS England Area Team in relation to the quarter one meeting and a formal response is awaited. The clinical commissioning group's quarter two assurance meeting with NHS England Area Team is scheduled to take place on the 26th November 2014, and it is expected that the Constitution targets will be discussed again. • Dementia Diagnosis – From September 2014, improved reporting of patients identified with dementia is required. The clinical commissioning group has undertaken work to identify why reporting figures are low, and work is being undertaken locally to improve the reporting rates, and GPs have been tasked to identify how they report identified cases, which may account for a part of the shortfall in reporting numbers. An enhanced service is now in place and it is expected that this will help with the improvement of the reporting figures. • Development of a new Sexual Health Service – Cheshire West and Chester Council has recently tendered for a single sexual health service, which had previously been provided by 5 separate organisations, and the contract has been awarded to NHS East Cheshire Hospital Trust. Concern has been raised by a number of GPs and clinicians on the process undertaken for the tender, and the lack of collaboration during the tender process. Dr Huw Charles-Jones has met with Fiona Reynolds, Mark Palethorpe and Brenda Dowding of Cheshire West and Chester Council, to discuss this. Concerns have also been highlighted in relation to the services that have not been included within this tender, for example, HIV services. It has agreed that the sexual health consultant from Countess of Chester Hospital will meet with Mark Palethorpe, Fiona Reynolds, Dr Huw Charles-Jones and a representative from the new provider to address the concerns raised. It was highlighted that the clinical commissioning group's concern related to the process undertaken for the tender process, and the lack of clinical expertise included, and did not relate to the outcome. • The Chair, Chief Executive Officer and Assistant Chief Officer recently visited Jonkoping in Sweden, with colleagues from the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust, to learn from the health system utilised there, and that learning is summarised with the report. The key learning points to be highlighted are: ➢ There is a need to remove the organisational boundaries that are currently in place within our health service, which do not appear as obviously in Jonkoping. ➢ Health systems cannot function as a production line or factory processes, and patients should be encouraged to take more personal responsibility in the management of their conditions. ➢ Healthcare staff in Jonkoping are encouraged to be innovators and to consider ways in which their area of healthcare can be improved. **RECOMMENDATIONS** The governing body noted the contents of this report.	

14/11	AGENDA ITEM	Action
40	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	

	Two factual errors were noted within the minutes of the sub-committee minutes, and these will be identified to the appropriate member of the clinical commissioning group, for correction. The errors were noted, as follows:
	
	• Ellesmere Port and Neston GP Locality Network, 5th September 2014
	  ➢ Justin Madders, a prospective parliamentary candidate, attended at the locality meeting to listen to the views of GPs and did not attend to provide a presentation to the meeting.
	• City CP Locality Network, 11th September 2014
	  ➢ Key Points to Communicate to Your Practice – The successful bidder to provide sexual health services on behalf of Cheshire West and Chester Council is incorrectly listed as Macclesfield; it is East Cheshire.
	  ➢ Key Points to Communicate to Your Practice – There was no GP included upon the sexual health service procurement panel.
	
	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, with the caveat that all identified errors are corrected.	

34	**ANY OTHER BUSINESS**	
	There were no other items of business to be discussed.	
	DATE AND TIME OF NEXT MEETING	
	Thursday 15th January 2015, 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
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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 18th September 2014				
Page 5 D	**Stroke** Active promotion to be encouraged, for specialist services being provided in a specific location, at network meetings.	Alison Lee	January 2015	Amber Update to be provided to January 2015 governing body meeting.
Page 8 14-09-30	**Commissioning Delivery Committee Report – Cancer 62 day** a) CoCH to be requested to provide a trajectory on progress	Rob Nolan	January 2015	Amber Update to be provided to January 2015 governing body meeting.
Meeting Held on 20th November 2014				
Open Forum	**Treatment of Leg Ulcers** Upon completion of the joint investigation with provider, of current practice, PW will attend at Hope Farm and Great Sutton patient participation groups to feed back.	Paula Wedd	January 2015	Amber Paula Wedd is attending at PPG on 13th January and will provide a verbal update at January governing body.
Open Forum	**Patient Appointment Letters** The issue of late or short notice appointment letters to be raised with CoCH at the next quality and performance meeting.	Rob Nolan	January 2015	Amber Update to be provided to January 2015 governing body meeting.

Green	Complete/On Agenda
Amber	Ongoing/For update
Red	Outstanding

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GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	15th January 2015
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 27th November 2014.
4.	**Recommendations**	The governing body is asked to: a) Note the issues discussed by the clinical senate b) Reflect on the recommendations of the clinical senate and take these into account when making decisions
5.	**Report Prepared By:**	Jennifer Dodd Assistant Chief Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

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 November 2014.

REVIEW OF TERMS OF REFERNCE

3. The senate agreed a series of changes to the terms of reference of the group. This is intended to strengthen the requirement on the senate to set firm recommendations and hold senate members to account for delivery of these. A set of the new terms of reference are appended to this paper.

PRIMARY AND SECONDARY CARE INTEGRATION IN ELECTIVE CARE – THE EVIDENCE BASE FOR DEMAND MANAGEMENT

4. Dr Philip Milner and Helen Ashcroft led a discussion on primary and secondary care integration in elective care.

5. The NHS National Institute of Health Resource and Sheffield University have compiled a joint study which compares different methods for managing demand and their outcomes internationally.

6. Demand management is any method used to monitor, direct or regulate patient referrals. Overall the evidence suggests that the current focus on referral management is correct. However it is too early to tell if our innovative patient focussed interventions will directly affect demand.

7. The group discussed the use of the electronic referral system and agreed this was useful and should be an open referral system. It was agreed the automatic referral system needs to be looked at as not all patients need a follow up referral. There was interest and enthusiasm for developing greater use of consultants in the community, building primary and secondary care as part of the same team.

8. Philip listed examples of where this kind of closer working has already shown some success, including the pain and muscular skeletal services. A similar model has been started in urology services but it is recognised that there is more work to be done in this area. It was acknowledged that often this closer working needs to be supported by aligning the right inceptives and ensuring a sense of pace.

9. We need to encourage the use of technology and offer more information on self-management.

10. Following discussion it was agreed:
    a. Look at how we roll out clinician to clinician advice at point of referral
    b. Think differently about follow ups, either via a contractual lever or a different approach
    c. Look at how we hand back control to patients and restrict follow up appointments to support behaviour change
    d. There is a need to work together to develop an innovative approach for the care and treatment of people with long term conditions.
    e. Philip was asked to come back to the senate and update in 6 months' time.

DRAFT RECOMMENDATIONS FROM THE OBESITY POLICY FORUM

11. Recent National Institute for Health and Care Excellence guidance has suggested that anyone with recent onset type 2 diabetes and has a BMI of over 30 should be considered for a bariatric surgery assessment

12. Fiona Reynolds, Interim Director of Public Health at Cheshire West and Chester Council, circulated a draft recommendations discussion paper to the group which focuses on how to reshape the environment and covers a wide range of issues.

13. The group were asked to consider if these recommendations were right for Cheshire West and Chester and talk about the role of the council in addressing this agenda and if there is the right mix between strategic and tactical recommendations.

14. Fiona advised Cheshire West and Chester Council want to do more around preventing obesity. The senate suggested putting a levy on fats and sugars and talked about the opportunities for local councils to restrict fast food outlets near schools.

15. It was agreed we need to change the mind-set of people around obesity, this kind of culture change will need a focus on schools and young people.

16. It was agreed the Council should focus on the following:
    a. A tax on sugary drinks
    b. Business rates for unhealthy eating establishments
    c. Schools and education, targeting deprived areas.

d. Social prescribing
e. Encourage breastfeeding

17. Fiona agreed to work on finalising the proposals and bring back to senate in March 2015.

REVIEW OF RECOMMENDATIONS FROM JULY SENATE

18. Alistair Jeffs provided a review of recommendations from the July senate starting with a presentation which talked about health and care integration ongoing work and areas of focus.

19. The key areas of focus are:

- Integrated Teams
- Front of House
- Hospital Discharge

20. All staff should be co-located to the new single point of access offices by March 2015.

21. Winter pressures are being managed now involving daily reviews with the Countess of Chester Hospital but longer term solutions will be in place by March 2015

22. The group discussed the lack of beds for older people with dementia. They were advised that three wards at Ellesmere Port Hospital are being made available for this, and the relevant Care Quality Commission registration is being sought.

23. Alistair will provide an update on this at a future meeting

RECOMMENDATIONS

24. 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
January 2014

NHS
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APPENDIX A

West Cheshire Clinical Senate

TERMS OF REFERENCE

CONSTITUTION

1. The Governing Body of the West Cheshire Clinical Commissioning Group has established a Professional Senate to provide clinical advice and guidance from a range of local partner organisations.

MEMBERSHIP

2. The Senate shall include the following members:

   a) Hospital Doctor representative on the Clinical Commissioning Group Governing Body (chair)
   b) GP Chair of West Cheshire Clinical Commissioning Group
   c) Medical Director of West Cheshire Clinical Commissioning Group
   d) Senior medical representative from the three largest acute care providers (by size of contract: Wirral Hospitals, Countess of Chester and Cheshire and Wirral Partnership Trust)
   e) Senior nursing representative from three largest acute care providers (by size of contract: Wirral Hospitals, Countess of Chester and Cheshire and Wirral Partnership Trust – physical and mental health)
   f) Senior nursing representative from West Cheshire Clinical Commissioning Group Governing Body
   g) Patient representative
   h) Senior representative from Adult Health & Social Care, Cheshire West and Chester Council
   i) Senior representative from Children's Health & Social Care, Cheshire West and Chester Council
   j) Chair of the Health and Wellbeing Board, Cheshire West and Chester Council
   k) Chair of Ellesmere Port and Neston GP Locality Network
   l) Chair of Rural GP Locality Network
   m) Chair of City GP Locality Network
   n) Director of Public Health, Cheshire West and Chester Council
   o) Allied Health Professional Lead

3. If Senate members are not able to attend a meeting they should arrange for a deputy to attend. This deputy should be sufficiently senior to enter into the debate and discussion at senate meetings.

ATTENDANCE

4. The Chief Executive Officer of the Clinical Commissioning Group will attend in an advisory capacity

5. The Assistant Chief Officer of the Clinical Commissioning Group will attend in an advisory capacity

6. The Senate may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Senate members have a responsibility to promote Senate meetings to people from the organisation who may be interested in, or able to contribute to, discussions.

FREQUENCY OF MEETINGS

7. As a minimum, meetings will be held monthly on the fourth Thursday of the month with the dates and times to be determined by the Senate.

AUTHORITY

8. The Senate is authorised by the Clinical Commissioning Group Governing Body:

    a) to investigate any activity within its terms of reference and produce a monthly recommendations to all local health and social care organisations around its discussions.

    b) to be responsible for ensuring compliance with financial and governance and arrangements when undertaking its terms of reference;

    c) to establish and approve the terms of reference of such sub committees, groups or task and finish groups as it believes are necessary to fulfil its terms of reference.

DUTIES

8. In particular the Senate's duties will include:

    a) Developing and delivering the shared vision for local services: "The West Cheshire Way"

    b) Producing recommendations for the attention of all member organisations about the implementation of this vision.

c) Advising the Clinical Commissioning Group on the clinical impact of its strategies and development plans across the whole health and social care community

d) To facilitate the progression of key priority workstreams.

REPORTING

9. The Senate will have the following reporting responsibilities:
   a) to ensure that a report, detailing the discussion and recommendations of its meetings are produced after every meeting submitted to the Clinical Commissioning Group's Governing Body;

   b) any items of specific concern, or which require Clinical Commissioning Group's approval, will be subject to a separate report;

   c) to provide exception reports to the Governing Body highlighting key developments /achievements or potential issues.

REPORTING GROUPS

10. No groups will formally report into the Senate on a regular basis however ad hoc reports may be requested on a case by case basis.

RESPONSIBILITY OF COMMITTEE MEMBERS AND ATTENDEES

13. Members of the Senate have a responsibility to:

   a) attend meetings, having read all papers beforehand;

   b) act not solely as representatives of their employing organisation but attend as independent specialists bringing their own expertise and perspective. There is a responsibility on individuals to maintain and develop lines of communication with their professional peers.

   c) senate members will be expected to champion the senate's recommendations within their own organisation and to champion the changes in service prioritised by the senate.

   d) senate members will be required to provide progress updates on the delivery of senate recommendations or reasons why delivery has been delayed.

   d) identify future agenda items to the chair

ADMINISTRATIVE ARRANGEMENTS

14. The responsible manger will ensure the:

    a) that an accurate report of each meeting is produced and circulated;

    b) agenda is agreed with the Chair prior to sending papers to members no later than five working days before the meeting;

    c) the papers of the Senate are filed in accordance with NHS policies and procedures

REVIEW

15. Terms of Reference will normally be reviewed six-monthly

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 15th January 2015

2. Title of Report: Quality Improvement Report

3. Key Messages:

The mortality ratios to June 2014 at the Countess of Chester NHS Foundation Trust (used nationally as an indicator for quality) are at the upper end of the expected range. Senior clinicians at the Trust are working with GPs in the CCG to reviews deaths that occur within 30 days of discharge.

One to One Midwifery Service was asked by the lead commissioners, Wirral Clinical Commissioning Group, to provide evidence that progress was being made to improve aspects of service delivery. The action plan is being monitored through the regular contract meeting between commissioners and the service leaders.

Cheshire and Wirral Partnership NHS Foundation Trust is being asked for evidence of the impact their Zero Harm Programme is having on the incidence of self-harm and unexpected deaths.

The Medicines Management Team has identified a number of themes from medication audits in care homes. They have advised that targeted education sessions for care staff on topical medicines and laxatives could improve standards of care. Providers would benefit from accessing this training through a single point and this is not currently readily available.

An analysis of the themes identified from incidents reported by GPs and providers in the period from October 2013 to September 2014 highlighted risks in the use of faxes in communicating information. This would indicate that future changes to information

technology should minimise the use of faxes as a method of communication.

4. Recommendations

The governing body is asked to review the issues and concerns highlighted, respond to the questions asked (see item x) and identify any further actions for the quality improvement committee.

5. Report Prepared By:

Paula Wedd
Director of Quality and Safeguarding

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 10th December 2014.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

4. The Trust Summary Hospital Mortality Indicator for May 2013 to June 2014 is 106.02 which is within expected range, though it is at the higher end of the range of expected numbers of deaths.

5. The Hospital Standardised Mortality ratio for the period from August 2013 to July 2014 is 97.14, which is within accepted range. The fact that the Summary Hospital Mortality Indicator is at the upper end of the range of expected deaths indicates that more patients may be dying within 30 days of leaving hospital as the Summary Hospital Mortality Indicator takes this into account, whereas Hospital Standardised Mortality ratio only calculates deaths in hospital.

6. These issues will be explored at the next Trust Mortality Review Group, which the Medical Director of the clinical commissioning group is attending to identify how primary care can contribute to reviewing deaths that occur after discharge from hospital.

7. Hospital Intelligent Monitoring is the tool being used by the Care Quality Commission to monitor compliance with the essential standards of quality and safety of Foundation Trusts. Each acute NHS Foundation Trust organisation has a profile which contains information from a number of sources. The Care Quality Commission has categorised acute 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 November 2014 the Countess of Chester Hospital NHS Foundation Trust was graded as a Band 6 and Wirral University Teaching Hospital NHS Foundation Trust was graded as a Band 6.

ONE TO ONE MIDWIFERY SERVICE

9. Wirral Clinical Commissioning Group has now advised that, following a commissioner site visit and scrutiny of the assurance provided by the service, the contract query has been adequately addressed and has been closed. The action plan to improve services is being monitored through the regular contract meeting between commissioners and the service leaders.

10. NHS England Cheshire Warrington and Wirral Area team have advised that following a regional Quality Surveillance group there are a number of issues outstanding issues that have not been satisfactorily resolved. Wirral Clinical Commissioning Group, as the lead commissioner, is representing us in this forum.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

11. From November 2014 the Care Quality Commission has categorised trusts that provide mental health services into one of 4 bands. They placed each trust into a band from one (highest perceived concern) to four (lowest perceived concern). The bands help the Care Quality Commission decide which trusts to inspect first, they don't represent a judgement or a ranking of care quality. Cheshire and Wirral Partnership NHS Foundation Trust has been graded as a four.

12. The committee reviewed the number of serious incidents of self-harm and unexpected deaths reported by the Trust in the 12 months to October 2014 and asked for further information about the number of self-harm incidents that do not meet the criteria for being reported as a serious incident but that provide opportunities for learning. The committee will receive an update on this as part of the Trusts Zero Harm Programme.

NURSING HOMES

13. The Medicines Management Team completed annual medication audits in 6 care homes in October and November 2014, and identified a number of themes. They have advised the committee that targeted education sessions for care staff on topical medicines and laxatives could improve standards of care. The report identified that providers would benefit from accessing this training through a single point and that this is not currently readily available.

14. The governing body have previously had discussions about the value of a co-ordinated programme of training for care homes on a number of subjects and the committee is keen to pursue this option and would welcome further direction and views from the governing body.

15. The committee want to highlight that, due to long term sickness in the Commissioning Support Service, there has been limited nursing input to quality

surveillance visits and to support Nursing Home matrons with investigations into any pressure ulcers they are reporting. The clinical commissioning group is supporting this with limited capacity from our Designated Nurse for Adult Safeguarding.

GP QUALITY SURVEY

16. The clinical commissioning group has reviewed the results of the July 2014 GP survey .and noted that there are some areas of variation. To support Practices with assessing their results, and where necessary, implementing action plans, a small team of governing body GPs and managers are visiting each practice before the end of March 2015 to share this data and discuss appropriate next steps. This will also feed into the wider primary care programme board metrics, assessing whether the overall objectives of the programme are being achieved. These metrics are based on questions taken from the GP Survey and are used to help to prioritise the rest of the work of the programme.

INCIDENT THEMATIC REVIEW

17. The committee received an analysis of the themes identified from incidents reported by GPs and providers in the period from October 2013 to September 2014. This analysis reviewed 536 incidents and of note is that of the 153 incidents categorised as “communication” 49 of these incidents related to the use of faxes in communicating information. This would indicate that future changes to Information Technology should minimise the use of faxes as a method of communication.

PATIENT INSIGHT AND INTELLIGENCE

18. The annual Insight and Intelligence report, available here, is now in its third year of development. The report highlights the patient experience intelligence gathered from a diverse range of patient and public engagement activities undertaken in the twelve months, September 2013 to September 2014. We have continued to develop a single repository for patient information so that themes and trends can be collated and analysed.

19. Its primary purpose is to inform our commissioning plans for 2015-2016. This process ensures that we embed the patient voice into the commissioning of NHS care. Governing body members will have the opportunity to discuss the impact of this intelligence with our patient leaders, clinical leaders and programme managers at a forthcoming informal meeting of the governing body.

TRANSFORMING CARE

20. Transforming Care (DH, 2013) is the alternative title of the Winterbourne View work programme going forward. The programme requires a fundamental change in the commissioning and provision of services to people with learning

disabilities, so as to ensure they receive safe and appropriate care. One of the early goals from the programme was that health and social care commissioners completed reviews of all patients in current hospital placements and supported everyone inappropriately placed in hospital to move to community-based support as quickly as possible as and no later than 1 June 2014.

21. In light of the challenges experienced nationally in delivering this promise, NHS England has implemented a process requiring commissioners to complete Care and Treatment Reviews for all those people still in hospital. The expectation is that the review panel is independent and includes clinical commissioning group and local authority commissioner's, alongside clinical reviews and experts by experience. This process is underway in West Cheshire and the table below shows the position to date.

Current position NHS West Cheshire Clinical Commissioning Group

Number Inpatients in clinical commissioning group commissioned placements as of 31/3/14	How many since discharged/transferred (review therefore not required)	How many have given consent to review and dates are planned	How many have declined to consent to review (review therefore not required)	How many have a concrete discharge date before 28/2/15 (review therefore not required)
9	3	3	2	1

COST IMPROVEMENT PROGRAMME - QUALITY AND SAFETY ASSURANCE

22. Across NHS England Cheshire Warrington and Wirral Area Team a consensus has been reached on the process clinical commissioning groups will adopt when quality assuring the impact assessments of provider's Cost Improvement Programmes. This is particularly helpful for providers who are accountable to multiple commissioners.

23. Providers will remain statutorily responsible for having their own process which requires them to:

    a. undertake Quality Impact Assessments on all their Cost Improvement Programmes

    b. ensure Cost Improvement Programmes are signed off by the Medical and Nursing Director to assure that any risk to quality has been assessed

24. Commissioners will then receive in quarter 1 of each financial year the provider's Quality Impact Assessments and will be responsible for:

    a. Utilising their health economy knowledge in identifying other impacts and sharing these with the provider

b. Challenging approaches to risk mitigation to ensure these are robust

25. Providers are then required in subsequent quarters to submit an exception report to their commissioners for discussion at routine quality and performance meetings.

RECOMMENDATIONS

26. The governing body is asked to:

Review the issues and concerns highlighted and identify any further actions for the quality improvement committee.

Paula Wedd
Director of Quality and Safeguarding

January 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	15th January 2015
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 4th December 2014. The key items for the governing body to note are: • The clinical commissioning group should undertake a rigorous review of capacity to deliver the operational plan • The Cancer 62 days target has not been achieved • It is expected that the Accident and Emergency 4 Hour target will not be achieved for quarter 3 • The clinical commissioning group is reporting that it is on course to deliver the planned year-end control total of £4.725 million. However, there is a significant level of financial risk with the current year-end forecast. • At the end of October 2014 it is reported that the clinical commissioning group is on course to deliver the planned year-end control total of £4.725 million surplus (1.5%). • However, despite mitigations that have previously been agreed by the governing body, there remains a significant level of risk that this will not be delivered with a potential year-end surplus closer to £3.1 million (1%). • A formal recovery plan has been agreed with North West Commissioning Support Unit to address the backlog in complex care reviews
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:

Jenny Dodd
Assistant Chief Officer

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer
November 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 4th December 2014.

COMMISSIONING DELIVERY COMMITTEE MEETING 4TH DECEMBER 2014

2. Details of the key issues discussed are provided in the following paragraphs.

DELIVERY AND PERFORMANCE REPORT

DELIVERY

3. The clinical commissioning group continues to work to ensure our programmes are developed into partnerships between commissioners and providers.

4. The specific updates received from the mental health and primary care programme also emphasised this partnership approach; through the continuing work of the mental health integrated provider hub, and the role of the clinical commissioning group in developing primary care as a key provider. The work to introduce an accountable lead provider for the ageing well work stream is explained in more detail below.

5. It has been agreed that the clinical commissioning group should undertake a rigorous review of capacity to deliver of the operational plan. The gateway review process established to address this has suspended a number of projects but identified that a strain on capacity to deliver still exists. The project delivery group will undertake a more detailed piece of work to review this.

PERFORMANCE

Cancer – 62 day waits

6. Performance on the 62-day waits target was 78.3% against the 85% standard. The Countess of Chester Hospital NHS Foundation Trust has undertaken a significant amount of work to improve performance, which has included increasing all clinical capacity, improving validation and tracking of patients and review of patient pathways to improve timeliness from GP referral to treatment. Comparing the previous performance of the last two quarters highlights that a distinct improvement has been made over recent

months and it is anticipated that the target will be achieved from but expect to achieve from January 2015 onwards.

Accident and Emergency Waiting Times

7. Performance for the Accident and Emergency 4 hour waiting time target at the Countess of Chester Hospital NHS Foundation Trust was achieved for September with 95.3% of patients being seen within the 95% standard. Whilst we achieved the standard in quarter 1 (April to June), performance for quarter 2 (July to September) was 94.38%, and it is expected that we will not achieve the 95% standard in quarter 3 (October to December).

Accountable Lead Provider

8. The committee discussed the vision for the integration of the services that support urgent care, avoidable admissions and supported discharge.

9. It was recognised that it is important to the success of the West Cheshire Way that we expand and strengthen primary and 'out of hospital' care over the next five years and that we need to identify those services that are inter – dependant (i.e. 'sit in the middle') to each other, whether they are provided by the acute, community, primary care or social care provider, and agree a commissioning model that supports its development.

10. The Five Year Forward View supports the creation of a number of major new care models that can be deployed in different combinations locally across England.

11. Whilst the answer is not one-size-fits-all, this does not mean there are an infinite number of new care models. The approach will be to identify the characteristics of the health community and consider the new options signalled by this Forward View which will make the important changes of expand and strengthen primary and 'out of hospital' care over the next five years. The options identified in the Five Year Forward View are Multispecialty Community Providers (MCPs) or Primary and Acute Care Systems (PACS).

Emergency Paramedic Service Deep Dive

12. The purpose of the review was to review current performance and identify what can be done locally to use the Emergency Paramedic Service crews more appropriately.

13. The review period covered 6 months, and has proved to be a positive piece of work which will now be picked up through the Ageing Well/Urgent Care Programme Board.

14. The next stage is to provide more data to support the conclusions reached by the review. There is a view that the contract management of the Emergency Paramedic Service is too distant from the clinical commissioning group. The

clinical commissioning group is keep to explore alternative models of provision.

FINANCE REPORT

Financial Performance as at 31st October 2014

15. The Chief Finance Officer provided an update on financial performance at the end of October 2014 and the likely year-end forecast.

16. The key points for the governing body to note are as follows:

- At the end of October 2014 it is reported that the clinical commissioning group is on course to deliver the planned year-end control total of £4.725 million surplus (1.5%). However, despite mitigations that have previously been agreed by the governing body, there remains a significant level of risk that this will not be delivered with a potential year-end surplus closer to £3.1 million (1%).

- There have been several movements within the forecast position with an overall improvement from the previous months of approximately £100,000. However, there is a low level of resilience within the financial forecast with the following factors potentially moving the group further away from plan:

- Potential deterioration in the position reported against secondary care contracts.

- There remains a possibility that the current underspend forecast against the prescribing budget is over ambitious.

- Further work is required to calculate the probable cost associated with the backlog of continuing healthcare and funded nursing care.

- The financial position at the end of December 2014 (month 9) will be reported to NHS England on 13 January 2015. It is likely that deterioration in the financial forecast will be reported for the first time. The Chief Finance Officer is meeting with the newly appointed Director of Finance of the North West sub-region of NHS England. A verbal update will be provided to the governing body.

CONTINUING HEALTHCARE

17. It was agreed at the informal commissioning delivery committee in September 2014 that there would be monthly reports on the continuing healthcare, funded nursing care and complex care turnaround programme. The committee received a monthly update at its meeting on 4 December 2014.

18. The key points for the governing body to note are as follows:

- A comprehensive governance framework has been established to oversee the improvement with weekly, bi-weekly and monthly meetings taking place.

- Phase 2 of work with Integral Health Solutions is now well underway and NHS West Cheshire Clinical Commissioning Group is playing an active part in the task and finish groups that underpin the delivery of these work streams, which are:

  - Supporting the Human Resource TUPE process, exit and entry management plan
  - Developing the clinical commissioning group's Operating Model, Commercial Framework and Financial Arrangements
  - Workforce re-design
  - Service stabilisation and initial service re-design

- North West Commissioning Support Unit has implemented a formal recovery plan to address the case review backlog including the implementation of weekly reporting. As part of the process of implementing the recovery plan, North West Commissioning Support Unit was asked to stratify the cases and to deal with the greatest clinical risk cases as a priority.

- The recovery plan and the risk stratification process have been reviewed within the clinical commissioning group and challenge has been put back to North West Commissioning Support Unit, which has now altered the priority with which they are dealing with the backlog cases. This is with particular reference to continuing healthcare cases in out of area nursing homes where we do not have the same level of information about potential safeguarding issues as we have about the nursing homes in our area.

- NHS West Cheshire Clinical Commissioning Group has provided non-recurrent funding for additional posts and has negotiated additional support within the system.

- North West Commissioning Support Unit has been asked, as part of the backlog recovery plan, to provide information and trajectories about

how the additional capacity will impact on the backlog and when it will be cleared. As discussed above, this work will enable NHS West Cheshire Clinical Commissioning Group to explore any additional options that may be required.

RECOMMENDATIONS

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

Jenny Dodd
Assistant Chief Officer

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer

January 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 15th January 2015

2. Title of Report: Audit Committee Report

3. Key Messages: This report provides an overview of the key items of business discussed at the audit committee meeting held on 4 December 2014. The key items for the governing body to note are:

- The clinical commissioning group is on course to remain compliant with the information governance toolkit as at 31 March 2015
- Internal audit have provided significant assurance relating to arrangements in place for the provision of clinical leadership and the production and approval of strategic and operational plans.
- The audit committee has proposed a timetable for the approval of the 2014/15 annual accounts and report prior to submission on 28 May 2015.
- The committee received a report on the updated corporate risk registers with details of all high level risks.

4. Recommendations The governing body is asked to note the key items of business discussed at the audit committee at its meeting in December 2014.

5. Report Prepared By: Gareth James
Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

AUDIT COMMITTEE REPORT

PURPOSE

1. The purpose of this report is to provide the governing body with an overview of the key items of business discussed at the audit committee meeting held on 4 December 2014.

BACKGROUND

2. As a formal committee of the governing body, the purpose of the audit committee is to:

   a) Provide assurance to the governing body that its systems of governance, risk management and internal control are effective and are being maintained across the organisation;

   b) Monitor compliance with the clinical commissioning group's constitution and other principal policies, including the group's policies on conflicts of interest, whistle blowing and counter fraud arrangements;

   c) Advise the governing body on internal and external audit services;

   d) Make recommendations to the governing body in respect of:

      - The schedules of losses and compensations;
      - The annual financial statements;
      - Suspension of standing orders;
      - The Scheme of Reservation and Delegation.

3. The following paragraphs provide a summary of the key issues discussed at the December 2014 audit committee.

INFORMATION GOVERNANCE

4. The North West Commissioning Support Unit presented an information governance report. The clinical commissioning group is on course to remain level 2 compliant with the information governance toolkit as at 31 March 2015.

5. The committee also approved the following policies and proposed that they should be ratified by the governing body:

   a) IT security Policy.
   b) Registration Authority Policy.
   c) IT Network and Infrastructure File Server Policy.

INTERNAL AUDIT

6. Mersey Internal Audit Agency provided a progress report to the committee. The report provided significant assurance relating to the arrangements in place for the provision of clinical leadership and the production and approval of strategic and operational plans.

7. The report also provided a timetable to fully deliver against the annual internal audit plan before the end of March 2015.

APPROVAL OF ANNUAL REPORT AND ACCOUNTS

8. The membership council agreed to delegate the approval of the annual report and accounts to the governing body. It is intended that the membership will also consider the key issues raised by the audit of the accounts without the need for formal approval.

9. The audited 2014/15 annual accounts and report are due to be submitted to NHS England on/or before Friday 28 May 2015. To facilitate this the audit committee has proposed the following approval timetable:

Who	What	When
Membership council	Consideration of draft key audit findings, performance against financial duties and prime financial statements	Wednesday 20/05/2015
Audit committee	Detailed consideration of annual accounts and audit finding report with recommendation to governing body	Wednesday 27/05/2015
Governing body	Formal approval of annual accounts and annual report	Thursday 28/05/2015

RISK MANAGEMENT

10. The committee received a report on the updated risk registers with details of all high level risks (risks with a score of 15 and above). In particular, the committee considered the risks relating to delivery of financial duties and continuing healthcare.

11. An updated report covering high level risks will be considered by the committee in March 2015 with the Governing Body Assurance Framework being scored and signed off by the governing body early in the new financial year.

RECOMMENDATIONS

12. The governing body is asked to note the key items of business discussed at the audit committee on 4 December 2014.

Gareth James
Chief Finance Officer
January 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 15th January 2015

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:

- A summary of the quarter one and quarter two assurance meetings with NHS England Area Team;
- A summary of the local tripartite escalation meeting with NHS England and Monitor on 10th December 2014;
- A summary of the system resilience group meeting held on 8th January 2015;
- An update on the transfer of continuing health care/funded nursing care/ complex care staff from Cheshire and Merseyside Commissioning Support Unit;
- Equality and diversity update;
- High level meetings and events attended by the Chief Executive Officer.

4. Recommendations The governing body is asked to:

a) Note the contents of this report

5. Report Prepared By: Clare Dooley
Corporate Governance Manager
January 2015

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.

QUARTER 1 ASSURANCE MEETING WITH NHS ENGLAND

2. The clinical commissioning group's quarter one assurance meeting with NHS England Area Team took place on 10th September 2014. The reporting of this to the governing body was delayed as the minutes had not been confirmed by NHS England. The meeting covered the following areas:

a) Domain Review

- ***Are patients receiving clinically commissioned, high quality services?*** The clinical commissioning group outlined how its strategy is being operationalised, through programme structures and work being progressed on developing integrated community based teams. NHS England recognised that the approach is to focus less on organisational structure and more on the concept of the team. It is acknowledged that the culture of teams does need to be developed. It was noted that there is a Lead Provider model for mental health services.

- ***Are patients and the public actively engaged and involved?*** The clinical commissioning group is working with HealthWatch, to progress involvement. In addition to this, the clinical commissioning group is recruiting five patient leaders.

- ***Are Clinical Commissioning Group plans delivering better outcomes for patients?***

  i. **A&E:** The main focus is clearly on the urgent care system, with the Countess of Chester Hospital NHS Foundation Trust having achieved the 4hr Standard for Quarter one, although there was some concern over the quarter two position. The breaches are caused by the lack of patient flow causing people to stay longer in hospital than necessary. The clinical commissioning group is aware that the overall numbers of attendances are not increasing and that patient experience is not at the level we

would expect. The clinical commissioning group is expecting that quarter three will be challenging.

ii. **Referral to Treatment Waiting Time:** The Countess of Chester Hospital NHS Foundation Trust did not have any referral to treatment waiting time issues. The clinical commissioning group is confident that the plans will be delivered but recognises that the Trust may need to subcontract work.

iii. **Cancer 62 day target:** The Countess of Chester Hospital NHS Foundation Trust has commissioned a review and has an action plan to improve performance. The Trust is confident that performance will be improved by quarter 4.

iv. **Mortality:** It was noted that the mortality ratios had shown a worsening position at the Countess of Chester Hospital NHS Foundation Trust but were still within the expected range.

v. **Potential Years of Life Lost:** There were no major issues with the published data other than with respiratory disease. The clinical commissioning group has been working with the Health & Wellbeing Board and undertaken some work with an academic third party to focus on reducing inequalities.

- ***Does the Clinical Commissioning Group have robust governance arrangements?*** It was noted that the clinical commissioning group is intending to submit an application to amend the Constitution following the November Membership Council meeting.

- ***Is the Clinical Commissioning Group working in partnership with others?*** The clinical commissioning group has strong links with the local authority and local NHS organisations. In addition, one of the GPs in Ellesmere Port is working with the Department of Works and Pensions in relation to a project on mental health and time off work. The clinical commissioning group confirmed that its working relationship with Vale Royal clinical commissioning group is good.

- ***Does the Clinical Commissioning Group have strong and robust leadership?*** There is an organisational development plan in which external support is used as and when required. The clinical commissioning group is finding clinical leadership succession planning more challenging but it is not a major issue.

b) Cross Cutting Themes

- **Mental Health Parity of Esteem:**

i. **Improving Access to Psychological Therapies -** the clinical commissioning group gave an assurance of being on track to achieve the plan.

ii. **Dementia -** the clinical commissioning group gave an assurance of being on track to achieve the plan.

- **Better Care Fund -** the planning has been made easier as there is a shared vision in relation to community care. The clinical commissioning group is also working with Vale Royal Clinical Commissioning Group and Cheshire West & Chester Council. The clinical commissioning group confirmed it put the minimum funding into the Better Care Fund. In terms of the planned 3.5% reduction in non-elective admissions, the clinical commissioning group confirmed it would undertake a review of how deliverable this target is.

- **Independent Representation in the Clinical Commissioning Group Assurance Process -** It was agreed that the clinical commissioning group would make a proposal in relation to Independent Representation at the Assurance Meetings.

c) Other Issues

- **Commissioning Support Unit -** The clinical commissioning group has given notice to Cheshire and Merseyside Commissioning Support Unit in relation to the Continuing Healthcare function. It is to be a shared model across Cheshire and Wirral from January 2015. A joint letter of significant service failure is to be issued. The clinical commissioning group also has issues with qualities and outcomes from the current provider. The clinical commissioning group is also looking to transfer some services from the Customer Solutions Centre and some Business Intelligence functions.

- **Finance -** A comment was made that the clinical commissioning group had requested a reduction in the financial target from the revised 1.5% back to the original 1%. There is a risk that the clinical commissioning group may not achieve the additional 0.5% mainly due to the increasing cost of continuing healthcare. It was noted that the original revision to 1.5% was at the request of NHS England. NHS England will discuss this further with the clinical commissioning group's Chief Finance Officer.

QUARTER 2 ASSURANCE MEETING WITH NHS ENGLAND

3. The clinical commissioning group's quarter 2 assurance meeting with NHS England Area Team took place on 26th November 2014. The meeting covered the following areas:

a) Integration of Better Care Fund Plans and Clinical Commissioning Group Plans:

- Discussion took place on the different options available for a Section 75 agreement across the pioneer footprint. It is planned to take a draft proposal to the Health and Well Being Board in January 2015;

b) Quality:

- ***Stroke services update (specifically out of hours)*** – It was noted the Countess of Chester Hospital NHS Foundation Trust has now brought Stroke Coordinators into the Accident and Emergency Department and the performance on stroke has improved. The clinical commissioning group has also been working with the Strategic Clinical Network on the hyper acute stroke pathway. As this needs this to be assisted by NHS England, it would be discussed at an upcoming Cheshire, Warrington and Wirral Leaders meeting.

- ***Healthcare Associated Infections*** - There were underlying levels of C.Difficile reported and following some querying of the high number it has highlighted that there are some issues around testing. An example found was that where patients have two tests and this is classed as two patients. This will be taken forward by the Nursing & Quality Teams. The significant progress on MRSA was noted as cases have decreased significantly. There were no major issues from the inspections reported and the Countess of Chester Hospital NHS Foundation Trust has now been assessed as low risk.

- ***Referral to Treatment –*** The clinical commissioning group's current performance on referral to treatment waiting times had been reviewed and it was confirmed that two members of staff are reviewing the data on a daily basis. The Countess of Chester Hospital NHS Trust does have capacity issues but the clinical commissioning group was confident this will not be an issue. Unify data was discussed and fact that this is published by NHS England, agreement was reached that it should signed off by the clinical commissioning group. The Area Team agreed to share a summary analysis on the published figures. The clinical commissioning group agreed to compile a briefing by Friday 28th November 2014.

c) Urgent Care and System Resilience Group (SRG) Plans

- The clinical commissioning group agreed with the Area Team forecast that the Countess of Chester Hospital NHS Foundation Trust would not achieve the standard for quarter 3, despite recent improvement. All escalation capacity funded by tranche 1 system resilience group funding is open. Tranche 2 of the funding has been used to open additional bed capacity. The position has improved however the clinical commissioning group stressed that it will pull money back if progress is not being made.

- The high numbers of delayed transfers of care (DToC) were discussed. The clinical commissioning group considered that the extra bed capacity is required to reduce them. However, it has been apparent that some nursing homes are refusing to take patients with dementia, so they have had to

remain within hospital setting. The clinical commissioning group has noted that there is a lack of capacity in the care home setting, especially around dementia. It was noted that significant changes are required in care homes to look after dementia patients who have challenging behaviour. The Area Team suggested that the clinical commissioning group share its delayed transfers of care action plan with the leaders of the other health economy partners.

- 7-day working was discussed although it was reported that this is hampered by staffing shortages; a lack of weekend discharges and a lack of social care assessments at weekends.

- It was agreed that the local health economy would undertake a local tripartite escalation meeting.

d) Cancer

- It was reported that referrals from primary care have increased and are continuing to do so. The clinical commissioning group will share a briefing note with the Area Team, which outlines what actions the Countess of Chester Hospital NHS Foundation Trust are taking to improve performance against the constitution standards. The clinical commissioning group has been assured by the Trust that it is managing capacity. The clinical commissioning group confirmed that there is currently a review in place, will obtain a date when the review will be complete and provided a summary report of the progress on longer term actions. The plan from the Countess of Chester Hospital NHS Foundation Trust is to deliver from January and quarter 4. The Area Team recommended that the clinical commissioning group include Cancer Services on the next 1-2-1 agenda with the Chief Executive, to ensure it is sighted on this issue.

e) Mental Health Parity of Esteem:

- ***Dementia: Monthly trajectory to year end to demonstrate the delivery of the ambition*** - The clinical commissioning group will provide a briefing and a trajectory, but confirmed it is on track to deliver the ambition. The Area Team highlighted that although performance is at the lower end, the next key measure is the diagnosis rate for November.

- ***Improving Access to Psychological Therapies:*** - The clinical commissioning group will provide a briefing and trajectory, but confirmed it is on track to deliver the ambition. The Area Team stressed the importance of focussing on this area and reiterated that it is keen to only request information once, to avoid duplication of work. The clinical commissioning group is targeting performance so there will be an improvement. The Area Team reiterated there will be increasing pressure within the system to deliver the ambition.

f) Finance and Activity:

- The clinical commissioning group is currently on track to deliver the planned surplus however, risks have been identified. There have been some non-recurrent investment reviews which have taken place to manage risks. The clinical commissioning group pointed out that there would have no further funding to support the Countess of Chester Hospital NHS Foundation Trust this year. The Area Team noted the clinical commissioning group frustrations regarding staff being pulled away on a regular basis to complete regional returns and we will need to work together to ensure we avoid duplication.

LOCAL TRIPARTITE ESCALATION MEETING

4. It was confirmed that the Local Tripartite Escalation Meetings with NHS England Area Team and Monitor would be used to avoid, where possible, the escalation to a Regional Tripartite Meeting. The key discussed points were:

- Countess of Chester Hospital NHS Foundation Trust had achieved the A&E 4hr Standard in 2014/15 quarter 1, but not quarter 2 and would not in quarter 3;

- Primary focus for the local health economy is hospital flow. This was discussed in November with the Cheshire Warrington & Wirral Area Team and there was an expectation that the schemes would deliver without having to resort to more traditional methods, such as increasing system capacity;

- The Care Quality Commission has inspected a number pf practices in primary care and although good, there are some issues with access;

- There are problems with medically optimised patients and delayed transfers of care that is causing problems with patient flow through the system;

- For West Cheshire the issue is not rising demand in A&E but increasing numbers of frail older people requiring health care. This is leading to more challenges discharging people from hospital.

- There are also issues with NHS Wales and the difficulty in repatriation.

5. Issues for the Countess of Chester Hospital NHS Foundation Trust:

a) The biggest growth in attendances is in the over 70 age group. The breach numbers are looked at daily. The largest of the numbers of these patients are in those waiting between 4 and 6 hours;

b) Two recognised issues are flow through the Accident and Emergency Department and that there is a new clinical director for A&E and the department has been reorganised and the rapid assessment is now done at

60 minutes. However, the building is not really fit for purpose in that it was designed for fewer patients. Flow through the system:

- Main discharge times are between 15:00 and 18:00;
- The Trust is now looking to discharge patients before 12:00pm. To do this the strap line is "Green to Go, Home for Lunch";

c) The Ambulatory Care Unit is seeing 400 patients per week. 60% of these are discharged home. But this has led to a new bottleneck, in that patients converting more quickly to discharge, delay and increasing numbers of medically optimised delays. There is an early supported discharge team which supports approximately 100 patients in the community. Last year the Trust closed 30 beds, however due to the pressures there now there are 47 beds open.

d) The Trust is keen to focus on 3 things:

a) Rapid accident and emergency assessment and diagnosis;
b) Strong communications with patents to facility early discharge;
c) To improve weekend discharges.

e) The focus of the winter monies is on short stay wards and rapid discharging;

f) The expectation from the Trust is that the standard for December will be better than November and the quarter 3 position will be around approximately 91% to 92%. The standard is expected to be delivered from January 2015.

g) Over the Christmas break there will a manager on Trust site and there will be senior clinical reviews and a planned reduction in Elective patients.

h) There are challenges in the system in relation to patients from Wales. One of the Countess of Chester Hospital NHS Foundation Trust directors was seconded into Betsi Cadwalladr Health Board to work on urgent care. The Chief Executive and Chair of both the Trust and Betsi Cadwalladr Health Board have met on a number of occasions. This is expected to lead to an expected change in the contractual relationship in 2015/16. There will be beds to be opened in Deeside Hospital. In the past the Trust has offered to provide staff to the Deeside Hospital to assist the repatriation of patients, this has not been accepted.

6. Issues for Cheshire and Wirral Partnership NHS Foundation Trust:

- The Trust provides both mental health and community health services. It was reported that the number of daily referrals into community health services has increased from 42 to 62 and the number of daily contacts from 500 to 600;

- The Trust has put three key members of staff into the hospital and extra nursing resources into care homes for the patients with dementia;

- The winter schemes fully commenced on 1 December;

- There is a single point of access to both prevent admission and get people home earlier in the day.

7. Issues for Cheshire West and Chester Council:

- It was commented that the Council was of the opinion that the issue of the potential merger between South Cheshire and Vale Royal clinical commissioning groups was an unwelcome distraction at this time and the Council was not in support of this.

Actions and Next Steps

8. It was evident that there was a good cohesion between partners with clear alignment of the issues and a shared strategic view of integration. All partners recognised that the key to improvement were rapid patient assessment and facilitated weekend discharge. The commissioners committed to increase the flow to both the intermediate bed based and non-bed based services. There is a Remedial Action Plan. The key elements of which are:

- Hospital at Home, working to avoid admissions;
- Managing residential homes admissions;
- Ensuring increased support to dementia patients to live at home;
- Managing Nursing homes that are not assessing at weekends;
- Communication of the "Good to Go and Home for Lunch" Scheme to the public;
- The remedial action plan and this will be subject to minor changes to ensure it has quantified actions at a granular level.

Next Meeting

9. It was agreed that the next meeting would be in the week of the 11th January 2015 to review the progress. This meeting has now been confirmed for 15th January 2015.

SYSTEM RESILIENCE GROUP MEETING

10. West Cheshire System Resilience met on 8th January 2015. The items discussed were:

- Current urgent care position:

a) Accident and Emergency target has consistently failed over recent weeks. A major incident had not been declared. Attendances at accident and emergency had not increased above the seasonal norm, however admissions have increased by approximately 10% and out of hours activity had increased by up to 25%. The main issue for the system is patient flow. Additional social care and transitional care capacity has been provided and should show improvements within the system. Whilst the position of the Countess of Chester Hospital NHS Foundation Trust has been difficult its accident and emergency performance is the best reported across Cheshire and Wirral area.

b) Current actions to provide an improved/sustained position includes asking primary care to enact their business continuity plans as required for flu pandemic scenarios. GP Network chairs confirmed this approach had been well received overall with practices.

c) A four Leaders teleconference took place on 6th January 2015 and confirmation was received that system resources to address the issues will be led by the clinical commissioning group (the Director of Contracts and Performance). Essentially this focusses on discharge capacity planning systems. Confidence was noted that we can collate the information required from 4 organisations across the system as we are clearer now on the exact actions required, led by the clinical commissioning group.

d) Comment was made that ensuring stability within the current system should not be at detriment to the medium and longer term system changes required. The Director of Contracts and Performance confirmed operational managers would be managing both the current challenges and the longer term planning/strategy for the system. A paper on the longer term planning for the system will be provided to the next Commissioning Delivery Committee.

- Local tripartite escalation meetings:

a) The next level one meeting is planned for 15th January 2015 and level two meeting is planned for 28 January 2015. A data pack to support the level one meeting is expected by 12th January 2015 from NHS England Area Team.

- Formal escalation of issues to the System Resilience Group:

a) It was noted that the CCG have been notified of potential 12 hour trolley waits at the Countess of Chester Hospital NHS Foundation Trust. At time of writing we are awaiting confirmation of these.

CONTINUING HEALTHCARE/FUNDED NURSING CARE/COMPLEX CARE

11. As previously discussed at the governing body, on 1st February 2015 the majority of the continuing healthcare, funded nursing care and complex care service will transfer from North West Commissioning Support Unit to the Cheshire and Wirral clinical commissioning group who currently buy in this service. The service will be hosted by South Cheshire Clinical Commission Group.

12. A new target operating model will be agreed before the end of January 2015 clearly setting out the roles and responsibilities of the host clinical commissioning group and the locality teams. Significant management and clinical support from West Cheshire Clinical Commissioning Group has been allocated to this process.

13. The service will be governed by a joint committee in common covering the clinical commissioning groups involved. The NHS West Cheshire Clinical Commissioning Group constitution has been amended to reflect this new governance arrangement, approved by the membership council in November 2014.

EQUALITY AND DIVERSITY

14. Following recent judicial reviews and high court judgements, the case law in relation to the Public Sector Equality Duty is evolving. It is becoming clear that the courts are setting the bar fairly high in their application of the law, with an expectation that public bodies fully understand and robustly implement the duties under the Equality Act 2010.

15. This includes a higher level of awareness needed by decision makers when making funding allocation decisions – particularly those that decommission or limit access to services. In light of this we are putting processes in place to ensure our commissioning and decision making systems can meet these legal requirements. This work is being overseen by the Quality Improvement Committee and is supported by expertise from the North West Commissioning Support Unit.

MEETINGS AND EVENTS ATTENDED BY CHIEF EXECUTIVE OFFICER

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

- 24 November 2014 – Cheshire West and Chester Council Executive Team Conference, to chair/facilitate a session to introduce the new senior leadership team to the Council workforce.

- 8 December 2014 – West Cheshire Public Services Board, the agenda focussed on complex families and the successful bid across Cheshire

and Warrington which will bring £5m into the region and also the future development of Ellesmere Port town centre.

- 11 December 2014 – Integrated Early Support Shadowing at Lache and Blacon Children's Centres, to be given a tour followed by a supervision session at Lache and observing a weekly case management meeting where cases are referred to the multi-agency team and allocated accordingly at Blacon.

- 6 January 2015 – Health & Wellbeing Scrutiny Committee, the main focus on discussion was on the re-tendering of the sexual health service to East Cheshire Hospital Trust.

- 7 January 2015 – Cheshire and Merseyside Area Network Meeting, the main focus of discussion included an introduction to the new Director, Clare Duggan, and her team, discussion about co-commissioning arrangements and specialised commissioning.

RECOMMENDATION

17. The governing body is asked to note the contents of this report

Alison Lee
Chief Executive Officer
January 2014

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	15th January 2015
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides four clinical commissioning group policies / governance documents for governing body ratification.
RECOMMENDATIONS:	The governing body is asked to approve / ratify the policies/governance documents.
REPORT PREPARED BY:	Clare Jones Governing Body and Committees Administrator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. Four 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.	IT Security Policy	Audit Committee	July 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
2.	Registration Authority Policy	Audit Committee	July 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
3.	IT Network and Infrastructure File Server Policy	Audit Committee	July 2014	Gareth James Chief Finance Officer 01244 650365 garethjames@nhs.net
4.	NHS West Cheshire Clinical Commissioning Group Constitution	Membership Council	March 2014	Alison Lee Chief Executive Officer 01244 385105 Alisonlee2@nhs.net

RECOMMENDATION

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

Gareth James
Chief Finance Officer
January 2015

NHS
West Cheshire
Clinical Commissioning Group

1.	**Date of Governing Body Meeting:**	15th January 2015
2.	**Title of Report:**	Minutes of Governing Body Sub-Committees
3.	**Key Messages:**	To provide an overview of business and actions/decisions made by the sub-committees of the governing body.
4.	**Recommendations:**	The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees.
5.	**Report Prepared By:**	Clare Jones Governing Body and Committees Administrator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

MINUTES OF GOVERNING BODY COMMITTEES

PURPOSE

1. To provide the governing body with the minutes which record the decisions of sub-committees established by the governing body, which have an influence on the governing body business.

BACKGROUND

2. This report provides a format for the governing body to consider the work of all the various sub-committees that work on its behalf. The intention of this report is to highlight some of the key issues raised and actions undertaken by the different sub-committees. Where available, approved meeting minutes are available via the hyperlink beside each meeting title.

GP LOCALITY NETWORKS

Chester City Locality GP Network – minutes

3. Major issues and actions from the October meeting included:

- The Continuing Healthcare Service is being moved back to the Clinical Commissioning Groups. Practices will be told about their patients who receive Continuing Health Care. The group expressed their support for Alison Lee about this decision.
- Care Plans for End of Life: There will be a single care plan for all care settings.
- Vanguard: The group agreed to proceed with piloting all 3 projects proposed (early visiting service, residential home service and chimp management).
- Datix has been improved and can be accessed through the following link: https://nww.datix.cheshiremerseysidecsu.nhs.uk/datix/datixnew/index.php?form_id=10&module=INC. Practices should now receive feedback on all incidents reported.

4. Major issues and actions from the November meeting included:

- The Continuing Healthcare Service has made positive progress and Bright Life is setting up 3 pilot sites.
- Prime Ministers Challenge Fund 2: Deadline for submitting applications is January 2015.

- Innovation Fund project: EMIS Mobile - there is interest from the group to get this technology funded, and up and running.
- Practice answerphone machine messages - practices are asked to use the answerphone message detailed in the minutes, diverting calls would be the ideal solution.
- Deep Vein Thrombosis Local Enhanced Service - the network decided to use the hub and spoke model.

5. Major issues and actions from the December meeting included:

- Co-commissioning - all 12 practices voted in favour of level 2 co-commissioning.
- Funding streams – The new CQUIN scheme will commence April 2015. The scheme will minimise the tick boxes and be a more outcomes based offer.
- Vanguard - Chimp Management 8 week course is to start on 14 January.
- Curzon House – Looking at a temporary care plan for quarter 1 of 2015 and then a longer term plan.
- Data Sharing – Claire Westmoreland to feedback to Sue Owens that when a patient is referred for an urgent or emergency assessment, a direct response to the referring GP is necessary.

Rural Locality GP Network – minutes

6. Major issues and actions from the October meeting included:

- Local authority planning decisions should consider any impact on Primary Care, and additional support should be built in to the plans based on a maximum of 1800 patients per GP.
- Practices can also make applications for a Section 106 agreement which is a legal agreement between a planning authority and a developer, which ensure that certain extra works related to a development are undertaken. This could include building work to extend practices, or financial support to recruit additional GP capacity
- Dr Lesley Appleton (Clinical Lead for Long Term Conditions) updated the group on the Deep Vein Thrombosis – Local Enhanced Service. It was agreed that local solutions could be found to managing the risk attached to some patients from the spoke practices.
- The Group expressed concern that the Care Category Framework had been introduced without consulting the Networks or the LMC. As a result, the option to include access to Tarporley War Memorial Hospital had been missed off the framework. It was felt that this message should be fed back to the local authority, and social care representatives.

7. Major issues and actions from the November meeting included:

- Hospital at Home will soon be available in the rural locality, and this service will add capacity to support early discharge for some patients. There will be up to 18 beds, plus some IV support available.

Ellesmere Port and Neston Locality GP Network – minutes

8. Major issues and actions from the November meeting included:

- **Med 3 Forms** – the CCG is aware of the frustration felt by many practices that secondary care clinicians often refer patients back to GPs to get a Med 3 form. Andy McAlavey and Rob Nolan are looking at how to address this with NHS trusts and trusts in the private sector.
- **Cross-Referral between hospital colleagues and follow up of hospital generated investigations** – the group asked for clarification with regard to consultants at the Countess of Chester cross-referring patients. There is also concern regarding requests for GPs to follow up investigations instigated by the hospital.
- **Vanguard Projects** – progress is being made on the Ellesmere Port Vanguard projects. (Improving access to physiotherapy, community connectors and Pharmacy First.)
- **Over 75s** – the network was informed that money for the over 75s projects is recurrent, but there will be consultation with practices over the use of the money for future years.
- **Child Protection** – the CCG is aware of the amount of time GPs spend at, and preparing for, child protection conferences. This issue will be discussed with Anne Eccles, the CCG's Designated Nurse, Safeguarding Children.
- **Out of Hours Service** – the CCG is recommending to all practices that more consistent telephone answer-machine messages are provided to patients, with clear information about the Out of Hours Service. Andy McAlavey has drafted a script to be used.

9. Major issues and actions from the December meeting included:

- **Child Protection conferences** – a series of specific issues and questions concerning GPs' involvement in this process were identified by the meeting. These will form the basis of a conversation between the CCG and Cheshire West and Chester Council about how the process can be improved.
- **Provision of Med 3 Notes by secondary clinicians** – new contracts, from April onwards, will contain a requirement, probably in the quality

schedule, for Med 3 notes to be provided by secondary clinicians for appropriate timescales.

- **Cancer referral forms** – a number of changes are being made to the two-week cancer referral forms, with the aim of increasing the likelihood of patients attending their secondary care appointment
- **The Prime Minister's Challenge Fund** - the CCG is planning to apply for funding across the whole CCG area. Part of this will be aimed at improving the extended hours service. Other Challenge Fund bids should be about what clusters can do in areas other than extended hours.
- **Co-commissioning** – the CCG's preferred option is "joint-commissioning". This was endorsed by the network.
- **Primary Care CQUIN** – a new CQUIN is being developed for implementation from April 2015.

ICT STRATEGY GROUP – minutes

10. Major issues and actions from the October meeting included:

- Shared Wi-Fi is now available at 58 sites across West Cheshire.
- The draft ICT strategy was presented at this meeting this will now need to go through each organisations' governance for sign off.
- The date for the pilot of the west Cheshire care record is still to be decided. Cheshire West and Chester Council are publishing advice that should be received in all households within West Cheshire.

CLINICAL SENATE – minutes

11. An update of the November 2014 meeting is contained within the Clinical Senate report. The minutes from this meeting will be ratified at the February meeting. The next meeting (22 January 2015) is a wider, extra-ordinary meeting to discuss progress towards the West Cheshire Way vision.

QUALITY IMPROVEMENT COMMITTEE – minutes

12. An update of the December 2014 meeting is contained within the Quality Improvement Report. The minutes from this meeting will be ratified at the February 2015 meeting of the committee.

COMMISSIONING DELIVERY COMMITTEE - minutes

13. An update of the December 2014 meeting is contained within the Commissioning Delivery Committee report. The minutes from this meeting will be ratified at the February 2015 meeting of the committee.