NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 21st May 2015, at 9.00am in the Civic Suite, Civic Hall, Civic Way, Ellesmere Port, CH65 0AZ

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 19th March 2015 • Notes of the informal meeting held on the 16th April 2015	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/15/05/01	9.45	Clinical Senate Report	DR	Mike Zeiderman *Hospital Doctor Representative*
WCCCGGB/15/05/02	10.00	Quality Improvement Committee Report	DR	Sheila Dilks *Clinical Lead - Nurse Representative* Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/15/05/03	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/15/05/04	10.45	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*
CONSENT ITEMS				
WCCCGGB/15/05/05	11.00	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James *Chief Finance Officer*
WCCCGGB/15/05/06	11.15	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/15/05/07	11.30	Any Other Business **(to be notified to the Chair in advance)**	D	All

Extraordinary Meeting: Thursday 28th May 2015, at 3.30pm in Conference Room D, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH42 2DU

Date and Time of Next Formal Governing Body Meeting –Thursday 16th July 2015, at 9.00am in Conference Rooms A and B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH42 2DU

I – Information D – Discussion DR – Decision Required

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

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

NHS
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Formal Governing Body Meeting

Thursday 19th March 2015, 9.00a.m.
Frodsham Community Centre, Fluin Lane, Frodsham, WA6 7QN

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 David Gilburt	Lay Member
Mr Mike Zeiderman	Hospital Physician Representative
Ms Sheila Dilks	Nurse Representative
Dr Claire Westmoreland	GP Representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality

Non-voting Members:

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

In attendance:

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

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	WELCOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that 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. It was noted that the first 15 minutes of the agenda is set aside for questions from members of the public and five members of the public were in attendance at the meeting. Two questions have been submitted by Mr Gus Cairns, which the Chair read out to the meeting.	

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- Question One

Quality Improvement report - paragraphs 4 and 5 (Serious Incidents – Never Events)

As a Patient Leader for the clinical commissioning group, how can these incidents be justified if patients ask me about them? I wonder if operations are being rushed through to save breaches occurring

Paula Wedd responded that justification cannot be made for these events occurring, and that it is important to note that there is a purpose to such events being classified as Never Events. There is a national list comprising of 25 items considered to be Never Events, of which surgical events are the most significant number reported nationally, and details were provided as to the most common reasons for never events occurring.

The two reported incidents will be investigated by the Trust, and the Trust will be required to provide a Root Cause Analysis report which will detail the reason the event occurred and what action is being undertaken to ensure that a similar event does not recur. The incidents are taken very seriously and the Medical Director and Director of Nursing at the Trust will be attending at the clinical commissioning group's next quality and performance meeting with the Trust, where they have been requested to provide details of immediate steps being undertaken, and longer term plans, to address the issues raised by the recent incidents.

- Question Two

Commissioning Delivery Committee report – Performance - paragraphs 8, 9, 10, 11 and 12: 62 days wait for Cancer

I am an ex Prostate Cancer patient who has survived 11 years after treatment. As an ex patient and a clinical commissioning group patient leader, I find these figures really bad .Do these mean there are suspected Cancer Patients over 62 days waiting who have not even had a diagnoses and any cancer could be metastasising in their body? It is like walking round with a ticking time bomb in their bodies and could be doing bad harm to their Mental Health as well.

Rob Nolan responded that the 62 day standard is the measure of first treatment from the date of referral and, therefore, these patients have already had their cancer diagnosed. Thankfully, the actual number of breaches is small and, for example, the most recent information available has just 13 breaches in the month. However, there is a concern that 7 of the breaches are due to delays in referrals between Trusts.

Intensive work began in October 2014, by the Countess of Chester hospital NHS Foundation Trust, to reduce the number of patients waiting over 62 days. These patients are being actively tracked and are being seen as quickly as possible.

Gus Cairns noted that within one of the paragraphs, the wording suggests that a patient had not been diagnosed within the 62 days, and that the cancer had been identified at a later date. Further discussion took place and it was agreed that Gus Cairns and Rob Nolan would discuss this issue further, outside of this meeting.

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	CHAIR'S OPENING REMARKS	
	The Chair made the following opening remarks: • The clinical commissioning group, as part of a local partnership led by Primary Care Cheshire and including Countess of Chester Hospital and Cheshire and Wirral Partnership NHS Foundation Trusts, has been chosen as a national vanguard site to pilot the development of a multi-speciality community provider, and this will assist the clinical commissioning group in implementing its vision of a transformed health and social care system. This work will follow on from that undertaken through the Clinical Senate and West Cheshire Way and will provide national support and some financial assistance while service changes are undertaken. The Chair thanked all those who have been involved in this significant piece of work and congratulated them on this successful application. West Cheshire has also been selected as one of nine national sites selected to pilot integrated personal commissioning for learning disabilities, for health and social care, and will initially focus on four areas; older people, children with disabilities, mental health and learning disabilities. The pilot will allow people to have control over how their support is managed. The Chair thanked all those involved in this successful bid. • A meeting of the Health and Wellbeing Board took place on the 18th march 2015, where there was continued support for the Better Care Fund and the section 75 agreement that clinical commissioning group governing bodies will be asked to approve. Ideally, this paper would have been presented at the governing body meeting prior to the Health and Wellbeing Board meeting but, unfortunately, the dates of meetings have not allowed this to occur. It has been agreed that the section 75 proposal will be circulated to governing body members for approval, virtually. • At the formal governing body meeting in January 2015, it was noted that the clinical commissioning group has met with NHS England Area Team, due to failure to meet local Accident and Emergency targets. The Chair was pleased to report that this process has now been de-escalated as a result of improved performance and assurances provided through local partnership working. • Work in underway to complete the clinical commissioning group's final accounts and annual report for 2014/15. Both reports will be presented at the membership council and governing body meetings in May 2015, and will be presented at the annual general meeting in September 2015.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Pam Smith and Fiona Reynolds.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest to be noted.	

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C	**MINUTES OF LAST MEETING HELD ON 15TH JANUARY 2015**	
	The minutes of the meeting held on 15th January 2015 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Page 1 –Sheila Dilks' title is to be amended to "Nurse Representative" • Page 2 – opening remarks – first bullet – wording is to be amended to reflect the prioritisation of urgent and non-urgent work • Page 4 – Patient Appointment Letters – "Mrs Park" is to be amended to "Mrs Parkin" • Page 5 – second line – "experience" is to be amended to "experienced" • Page 6 – 2nd bullet - Details of banding levels is to be added to the minutes • Page 8 – 3rd bullet – "committee" is to be amended to "commissioning delivery committee" • Page 8 – Finance – wording is to be amended to reflect that the clinical commissioning group remains on course to deliver the planned year-end control total, although there remain a number of unmitigated risks.	
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	• Page 6 – Quality Improvement Report - The governing body has previously discussed the value of a co-ordinated programme of training for care homes and it was agreed that future updates in relation to this issue will be provided within the quality improvement report, when available. The primary care programme board is also considering this issue and a meeting has been arranged to progress this. Helene Faure, Clinical Commissioning Manager – Ageing Well programme, will be requested to provide an update at a future meeting of the quality improvement committee. Alison Lee noted that this issue is relevant to a number of programmes, although further alignment is required, and it was suggested that this issue is discussed at the commissioning delivery committee, for that committee to request that this is issue monitored through the ageing well programme board. • Stroke – *Active promotion to be encouraged for specialist services being provided in a specific location, at network meetings.* This issue has been discussed with Stroke leads across Cheshire and Merseyside and a meeting has been scheduled for May 2015, to consider this further. • Patient Appointment Letters – A full briefing response has been provided to Mrs Parkin, and issues relating to patient appointment letters will continue to be monitored through the Trust's quality and performance meetings. • Public Health representation at governing body meetings – Alison Lee has met with Mark Palethorpe, Strategic Director at Cheshire West and Chester Council to discuss this issue and a commitment to resolve this issue has been provided. Laura Marsh noted that Public Health representation has been invited for a number of programme boards and work is ongoing with Fiona Reynolds, Director of Public Health, to improve representative attendance at meetings and joint working.	

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	• Multi-agency nursing home tool – work is ongoing to manage the process and risk in relation to this item, and a commitment has been given by partners that the information to be contained within the tool will be available within the public domain, once development has been completed. • A request has been made to the Health and Wellbeing Scrutiny Board that Obesity issues are considered, as an area of priority, to encourage the local population to take more responsibility for their health. • Quarterly assurance meetings with NHS England – the agreed minutes from the Quarters 1 and 2 meetings will be shared, once available from NHS England.	
50	**CLINICAL SENATE REPORT**	
	Mike Zeiderman noted that this report relates to the wider clinical senate meeting that took place in January 2015, where the clinical senate undertook to reaffirm the vision of the West Cheshire Way, to review the purpose of the group, and to plan future work for the group. It was agreed that a future focus should be on information technology and shared clinical records, to support self-care and personal wellbeing, and further details were provided. Two significant items were noted from the clinical senate meeting: • A brief poll was undertaken which underlined that clinical leaders see the next priority for focus to be a shared medical record and more work to support self-care and wellbeing. • Discussions reaffirmed that the majority of attendees feel that the West Cheshire Way is still a recognised and supported vision for future services. In response to questions from Sheila Dilks, Dr Huw Charles-Jones, Chris Hannah, the following points were noted: • A significant challenge being faced is the link between technology and self-care, and work is ongoing to address this issue as a priority. Public Health remains as an important partner in the promotion of self-care. It will also be important to ensure that there is a desire for change with partners, which is linked to vanguard work, and to ensure that partners take responsibility for relaying the issues discussed back to their own organisations and ensuring that work is progressed. • It will be important to ensure that a system wide view is taken, ensuring that changes are delivered on a West Cheshire footprint. The clinical senate's Terms of Reference have been amended to provide more authority to create workstreams, but further consideration will be given to the terms of reference, to ensure that changes are made on a West Cheshire footprint. **RECOMMENDATIONS** The governing body noted the issues discussed by the clinical senate and reflected on the recommendations, and will take these into account when making decisions	**AL**

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51	**QUALITY IMPROVEMENT COMMITTEE REPORT**	

Sheila Dilks noted that, as finances become constrained and demand increases, it will remain important to ensure that there is no lapse in the quality of services provided for patients. It was noted that concern has been expressed due to two Never Events having occurred at the Countess of Chester Hospital NHS Foundation Trust, both of which have been wrong-site surgeries. This had previously been an issue for the Trust two years ago, and Paula Wedd undertook a significant amount of work with the Trust to address this. Recurring issues have also been noted in relation to Stroke and Cancer 62 day waits, and the monitoring of service quality will continue to be monitored.
Paula Wedd noted that it is important to identify what safe and good looks like, regardless of pressures being experienced, and work is being undertaken with both local Trusts to identify metrics that can be used to take this work forward.

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:

- Never Events - As raised previously by Sheila Dilks, attention was drawn to the two never events reported by Countess of Chester Hospital NHS Foundation Trust. The Trust has undertaken a review to identify any themes or trends, and a similar review has also been undertaken by Cheshire and Wirral Partnership NHS Foundation Trust. Any identified themes and trends will be discussed through the quality and performance meetings with the Trusts. It has been suggested at the Quality Surveillance Group that commissioners reach an agreement as to what outcomes are requested from providers, and the format used, to provide consistency for provider organisations.
- One to One Midwifery Service – Details of the desktop review of this service are included within the report. Clear advice is now being received in relation to the maternity pathways, which is extremely clear when the pathways can and cannot be used. A request will be made at the next Quality Surveillance Group meeting, requesting a written update in relation to this item.
- Improving Access to Psychological Therapies – The number of patients waiting longer than 28 days to access psychological therapies continues to increase month on month, and the increasing waiting times constitute a significant concern. The integrated provider hub has requested that Cheshire and Wirral Partnership NHS Foundation Trust provides further analysis of the service activity and details of the actions they are taking to remedy this concerning downward trend.
- Safer staffing – consideration is being given to the information available within the public domain, as the safer staffing figures only provide the numbers of staff and does not consider the sustainability of staff to care for patients and the consistency of the same staff caring for patients.
- Wirral University Teaching Hospital NHS Foundation Trust – the Care Quality Commission inspected the Trust and the subsequent report showed that, of the five standards inspected, four required improvement. NHS England Area Team, in conjunction with Wirral Clinical Commissioning Group, convened an extraordinary quality surveillance group to review the

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	intelligence, risks and improvement plans for this provider, and the director of Quality and Safeguarding represented the clinical commissioning group at this forum and a further follow up meeting has been arranged. Scrutiny of this provider will continue, and any further concerns will be escalated to the governing body. • Cheshire West and Chester Local Safeguarding Children Board have commissioned a Serious Case Review following a serious injury to a child. The governing body will be kept informed of progress and learning from the review. • The Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Cheshire West and Chester report provided an update on completed actions and those actions that had not been completed to timescale. Proposed actions to address exceptions were included in the report and accepted as assurance, and the governing body noted the key areas of work that have exceeded their expected completion date. • Child Sexual Exploitation – The development of the strategies around child sexual exploitation and managing the associated risks have made considerable progress, and a group of senior managers from the Local Authority, health and police have been working together to develop a local response, with the Designated Nurse Safeguarding Children representing health. The Child Sexual Exploitation Team will consist of a social worker, police and two health professionals, Catch 22 and a parent support worker. A number of services have been identified as 'virtual team members' and although will not be located with the team they will have a crucial role in sharing the intelligence that they have on the individuals referred to the teams. In response to questions and comments by Dr Claire Westmoreland, Dr Jeremy Perkins, Dr Andy McAlavey, Alison Lee, Sheila Dilks, Dr Steve Pomfret, Rob Nolan, Dr Huw Charles-Jones and Chris Hannah, the following points were noted: • Improving Access to Psychological Therapies – it has been noted that there is a discrepancy in the data quality between the local data available and the national targets; when the national data are considered, the service is achieving targets. Issues to be addressed include: ensuring that the correct patients are included within the data; all patients are being managed through the Single Point of Access service which can mean that the patient is reported as being in need of access to the service when this is not actually the case, as the patient does not meet the appropriate criteria. There was also an initial miscalculation in relation to the number of therapists that would be required, and this issue is being addressed. There is currently a build-up of patients waiting to access services at Step 3, and proactive case management is being undertaken to progress this issue, and a detailed recovery plan is in place. Assurance has been provided that the data discrepancy is being managed and that this should be reporting accurately in the future. It was noted that, from the perspective of a GP, it seems that waits are getting longer, and further details were provided and examples were given.	

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	However, it is intended, moving forward, that it is a part of the clinical commissioning group's long term ambition to move the mental health component more fully in to the integrated teams. Discussions also reflected on safer staffing levels and it was noted that a piece of work is being undertaken to consider the quality of a patient contact on a ward, and the consistency of care for the patient, rather than simply recording the number of staff on each shift. • One to One Midwifery Service – There are two areas where further details are required, one is in relation to the quality of clinical care offered, and the other is in relation to a provider operating outside of a geographical boundary where there is a lack of a strong relationship with the relevant Trusts, and examples were provided of these issues. Subsequently, a contract query was issued to the provider, and the request for formal feedback relates to what assurance has been provided to the Quality Surveillance Group that these issues have been addressed. • Nursing Homes – Cheshire West and Chester Council and the Designated Nurse Adult Safeguarding have not yet reported evidence of sustained progress by Atherton Lodge in delivering sustained improvements detailed in the action plan developed in response to the Care Quality Commission inspection report. Improvement has been noted but a sustained improvement has not, and this remains as a concern, which partnership working between the Local Authority and the clinical commissioning group is taking forward. Details were provided in relation to the work being undertaken to progress areas of concern, which will continue to be monitored. **RECOMMENDATIONS** The governing body reviewed the issues and concerns highlighted and identified any further actions for the quality improvement committee.	
52	**COMMISSIONING DELIVERY COMMITTEE REPORT**	
	David Gilburt introduced this item and noted that the commissioning delivery committee receives substantial reports, which help to ensure that appropriate commissioning is being undertaken for the local health economy. There are two particular items to be brought to the attention of the governing body: • Countess of Chester Hospital NHS Foundation Trust: Cancer 62 day waits and Stroke patients being treated in specialist Stroke facilities. These issues have been escalated for discussion at the next quality and performance meeting with the Trust, which is scheduled to take place on the 29th March 2015. • Financial Budget for 2015/16 – An in-depth discussion was held in relation to the budget for the new financial year and it has been agreed that a sub-committee of the commissioning delivery committee will be created to consider a number of issues to reduce the identified financial gap.	

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	Delivery Laura Marsh thanked Rob Nolan for undertaking the delivery report on her behalf and provided an update to the governing body. The following points were noted: • Intermediate Eye Health – The service mobilisation process is now complete and the service will begin at the start of March 2015. There has been a slight delay to the start of the service due to queries raised by an unsuccessful bidder during the standstill phase of the tender award. Mediscan will be the new provider, and an encouraging meeting has taken place with Mediscan and the Countess of Chester Hospital NHS Foundation Trust's ophthalmology team and consultants. It has been recognised that communications have deteriorated during the procurement period, and concern has been raised as to how the communication process can be re-built between GPs, ophthalmology, optometrists and the new provider to ensure the quality of care for patients. Consideration has been given as to how the shift of patient care close to home can be achieved, and discussions have been encouraging. In order to progress this, and to bring stakeholders together, it has been agreed that a local Eye Health Network will be created. • Dementia diagnosis – Encouraging feedback is being received from the locality support managers that are working with practices to focusing on correct coding. This is not a main focus of the dementia work being undertaken although, going forward, it is important that the coding is addressed and that GP practices are coding in the same way, which will provide a clearer view on which to base future plans on how to improve care for this cohort of patients. Performance • Cancer 62 day performance - it was agreed that a full report on cancer performance will be brought to a future meeting of the committee, to provide an update on the significant work being undertaken by the clinical commissioning group and Countess of Chester Hospital NHS Foundation Trust. Both the Cancer 62 day and Stoke performance will be raised with the Trust at the next quality and performance meeting, on the 19th March 2015. • Accident and Emergency 4 Hour target – due to the level of scrutiny received for this target, it was noted that the Trust achieved this target for week commencing 9th March 2015. The year-end target is on trajectory to be achieved. This reflects the significant improvement in services achieved, and congratulations are offered to the providers within the system that have contributed to this achievement. In response to questions and comments from Mike Zeiderman, Laura Marsh, Alison Lee, the following points were noted: • Cancer 62 day – As many patients now receive cancer treatment outside of a hospital, many of the breaches that occur are by a tertiary provider. It was agreed that Laura Marsh will raise this issue at the next meeting of the Cancer Network Steering Group, scheduled for week commencing 23rd March 2015.	**LM**

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	• Stroke – After discussion of this issue at commissioning delivery committee, an in-depth report was presented to the Health and Wellbeing Scrutiny Committee, where assurance was received on quality of the service provided by the Countess of Chester Hospital NHS Foundation Trust. It was agreed that a separate update on Stroke will be provided to a future meeting of the commissioning delivery committee.	**RN**
	<u>Finance</u> Gareth James noted that the main areas of discussion to be highlighted are: • Financial year end for 2014/15 –Month 11 financial information has been reported, and a reduced forecast surplus of 1% has been reported to NHS England, as previously discussed during the 2014/15 financial year. • Financial budget 2015/16 – Despite the clinical commissioning group's share of the additional monies available nationally, there is an emerging financial pressure for the clinical commissioning group of approximately £12million. Extensive discussions took place in relation to the financial outlook and possible methods to mitigate this issue, for example, suspending any further investments of non-recurrent funding. The committee agreed to establish a sub-group to develop a robust approach to address this issue. The updated financial plan for 2015/16 is scheduled to be submitted to NHS England during the first week in April 2015 and it is requested that, due to time limitations, the governing body delegates the decision of how the financial gap is reported to NHS England to the senior management team, and this was discussed further and agreed. • Continuing Healthcare – the committee continues to monitor turnaround performance to ensure progression of the service. Significant progress has been made to reduce the backlog of cases with overdue reviews (reduction from 744 to 506 cases), and the number of outstanding reviews is expected to reduce further following the approval of an additional two posts. Partnership working with the four other clinical commissioning groups responsible for the service has been positive and is progressing well. The Terms of Reference for the joint committee managing the service were presented at the February 2015 commissioning delivery committee, and noted, and it is expected that they will be approved formally in the near future. • The terms of reference for the joint committee with South Cheshire Clinical Commissioning Group for the commissioning of Continuing Healthcare/ Funded Nursing Care/ Complex Care was approved within the Chief Executive Officer's Business Report, agenda item WCCCGGB/15/03/56, at the formal governing body meeting on the 19th March 2016. In response to a comment from Chris Hannah, it was noted that any recommendations from the sub-group will be presented at the commissioning delivery committee for a decision to be agreed.	**GJ**

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	RECOMMENDATIONS The governing body noted the key issues discussed and the decisions made at the commissioning delivery committee. The governing body also agreed the delegation of the reporting of the 2015/16 financial plan to the clinical commissioning group's senior management team.	
53	**LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2013/14**	
	The Chair welcomed Geoffrey Appleton and Helen Wormald to the meeting. Geoffrey Appleton provided the background to the report and noted that a new format for the report has been used, which focuses more on patient stories, and that any comments on the format of the paper would be welcomed. The following points were highlighted from the report: • The board is well supported and is well positioned to become a statutory board in the next twelve months. • The board continues to consider arising issues and key challenges faced by vulnerable adults. • Cheshire West and Chester's Adult Safeguarding Awards event took place, which recognised those who work to support some of the borough's most vulnerable residents and recognised the good practice in organisations, teams, individual workers and volunteers in supporting and protecting vulnerable adults from abuse, harm or exploitation. The awards were the first of their kind to be held in the North West. • A number of new policies and procedures have been launched to enable the board to progress its work for vulnerable adults. • Countess of Chester Hospital NHS Foundation Trust has invested in a full time adult safeguarding post and this is seen as very positive. • Closer partnership working is progressing with the Local Safeguarding Children Board • A representative of the Ambulance Service has joined the board and this has provided a positive influence on the how work is undertaken. In response to questions and comments by Dr Claire Westmoreland, Sheila Dilks, Alison Lee, the following points were noted: • The Designated Nurse Adult Safeguarding has been undertaking training across primary and secondary care, in relation to making referrals when a concern noted. The integrated teams and social care have also been included within this training. • Work continues to identify vulnerable people within their own homes, as well as those within care or nursing homes, to identify any areas of neglect that may allow abuse to take place. • The Silver Line is a free confidential helpline that provides information, friendship and advice to older people, and is open 24 hours a day, every day of the year. The Silver Line is aware of where to signpost people within	

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	Cheshire West and Chester that may have a concern in relation to a safeguarding issue. • In relation to supporting staff to better understand safeguarding issues as an individual and as a part of an organisation, a significant amount of work is being undertaken to improve awareness within organisations and to change the culture around safeguarding issues. • A domestic violence advocate is employed with Accident and Emergency at the Countess of Chester Hospital NHS Foundation Trust, and the clinical commissioning group may wish to consider a similar post being employed within primary care. NHS Vale Royal Clinical Commissioning Group has commissioned this post with primary care and a change in the referrals to the safeguarding service has been noted. The Chair thanked Geoffrey Appleton for attending, and for presenting the annual report to the governing body.	
54	**LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2013/14**	
	The Chair welcomed Gill Frame to the meeting, who thanked the governing body for the opportunity to present the annual report. Gill Frame provided the background to the annual report and noted that there are three particulars areas within the report to be noted: • Cheshire West and Chester vulnerable groups • Child exploitation – A Pan Cheshire event was held on the 18th March 2015, which was very well supported, and which saw the launch of the Child Exploitation team created to focus on this issue. • Children that go missing from home or care – The number of children that go missing continues to increase. Catch 22 is a commissioned service that has clear links to Cheshire Constabulary's missing from home co-ordinators to support young people who have been notified as missing and absent from home or care. Children that go missing from home or care are also at an increased risk of child exploitation. The board has 3 key priorities for the reporting year, which are: • Strategic Priority 1: To ensure that children are protected and risk is managed appropriately • Strategic Priority 2 – The LSCB can evidence the effectiveness of single agency and multi-agency safeguarding arrangements • Strategic Priority 3 - The LSCB is committed to ensuring we listen and respond to children, young people, parents and carers and that this feeds into and influences the work of the LSCB. Additional points highlighted from within the report were as follows: • A second serious care review is currently being undertaken in the Cheshire West and Chester area • The board is involved in the creation of a multi-agency report and practice learning reviews are undertaken to ensure that significant concerns are identified.	

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	• An annual plan for 2015/16 has been created, focussing on the most vulnerable groups and ensuring that multi-agency groups are working properly and appropriately. • An early intervention model is in place to improve outcomes for children and families. In response to questions and comments from Dr Huw Charles-Jones, Dr Claire Westmoreland, Alison Lee, Dr Andy McAlavey, Sheila Dilks, the following points were noted: • The attendance of GPs at case conferences is a national issue. A significant amount of work has been undertaken locally, and attendance has improved considerably, but it is acknowledged that there is a time constraint for GPs attending case conferences. Possible solutions around Information Technology are being considered as it is expected that technology solutions will help to improve GP input to case conferences. The possibility of video conferencing remains as a viable option. It was also acknowledged that the majority of case conferences are undertaken by a small number of practices, due to location and demographics, and it is important to consider how best to support these practices. Feedback will be provided to the board that the most effective way forward may be to work directly with these practices to progress this issue. • The largest number of children that go missing are those that are in care. There is a small number of children that repeatedly go missing, although the majority of children go missing for a single instance. Catch 22 undertake a follow up with every child, as it is acknowledged that these children have are at an increased risk of further risk taking behaviour. The other most vulnerable group of children at risk are those children that go missing from education. This is where school nurses could be utilised, to ensure that a Catch 22 follow-up is also undertaken with these children, and work is ongoing with schools, particularly in relation to child sexual exploitation and risk taking behaviours, to offer as much support as possible to these children. The Chair thanked Gill Frame for attending, and for presenting the annual report to the governing body	
55	**AUDIT COMMITTEE REPORT**	
	David Gilburt noted that there have been a series of audit committee meetings throughout 2014/15, where the committee continues to receive assurance from internal and external auditors that the clinical commissioning group continues to meet the required standard as a statutory organisation, and that information governance and risks are monitored appropriately. Gareth James provided an update to the governing body and the following points were noted: • Risk Management – The committee has reviewed and approved a new method of monitoring, where the current risk registers and governing body	

15/03	AGENDA ITEM	Action
	assurance framework are realigned by committee 'oversight' rather than by department/function, and arising issues will be reported to the governing body through each committee report. • Internal audit recommendations – The committee received a report detailing progress against all management actions that have resulted from internal audit reviews. A detailed update was provided for each audit review, including the reviews of systems and processes, and all recommendations will be implemented. **RECOMMENDATIONS** The governing body noted the key items of business discussed at the audit committee at its meeting in February 2015.	**GJ**
56	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Alison Lee noted that the business report is provided for information, and that some items within the report have been discussed previously within the agenda. The following points were highlighted from the report: • The clinical commissioning group has been stepped down from the escalation process with NHS England. Management of urgent care issues will return to local working through the System Resilience Group. However, it was noted that weekly reporting by the clinical commissioning group and providers remains significant. • Continuing Healthcare – A joint Terms of Reference for the joint committee with South Cheshire Clinical Commissioning Group is provided at Appendix A, which outlines the governance arrangements for the local commissioning of continuing healthcare/funded nursing care/complex care. The Terms of Reference were discussed, and were approved by the governing body. • Vanguard - In partnership with the Countess of Chester Hospital and Cheshire and Wirral Partnership NHS Foundation Trusts, Cheshire West and Chester Council, and the clinical commissioning group, Primary Care Cheshire submitted a bid to develop a multi-speciality community provider model and have been chosen, along with 13 other sites, to be at the forefront of developing this model. This will build on work already being undertaken and will place a significant focus on out of hospital care, and will focus on a geographical footprint. Although the focus of this work will be on GPs, it is expected that partners and providers will adapt to support this work. Congratulations and thanks were offered to all those involved in this work. • A stakeholder review on the future role of Cheshire West & Chester Council took place on the 22nd January 2015, where discussions took place as to how the council could be redefined in the future. • A North West CSU Transition Board took place on the 13th February 2015 to identify how clinical commissioning groups will procure services after the unsuccessful bid of the North West Commissioning Support Unit to achieve lead provider status, and this work is ongoing.	

15/03	AGENDA ITEM	Action
	In response to a question from Paula Wedd it was noted that although work is being undertaken to engage with these providers, the Joint Residential and Nursing Care Provider Forum was a challenging meeting. Some providers were more focused on patient care than others, but work will be ongoing to improve relationships and a learning and development event is scheduled for June 2015 to progress this. **RECOMMENDATIONS** The governing body noted the contents of this report and approved Terms of Reference of the Joint Committee for Continuing Health Care, Funded Nursing Care and Complex Care.	
57	**FINANCIAL BUDGET 2015/16**	
	Gareth James provided the background to this document and noted that the signing of budget for 2015/16 is a duty of the governing body. It was noted that some issues remain to be finalised, and agreement to the budget is sought on this basis. The budget has been set following the principles discussed previously at the commissioning delivery committee and governing body meetings, and the following points were highlighted: • The budget amounts to £327.651 million • There is a year-end proposed surplus of 1% • The amount of recurrent funding utilised on non-recurrent, or one-off, schemes is reduced to 1% • As proposed and agreed at agenda item WCCCGGB15/03/52, the senior management team will agree how the updated financial plan for 2015/16 will be reported to NHS England. In response to questions and comments by Dr Jeremy Perkins, Chris Hannah, David Gilburt, Alison Lee, Rob Nolan, Dr Huw Charles-Jones, Laura Marsh, the following points were noted: • The proposed transfer of clinical leadership costs from running costs to investment costs does not add any financial risk, as this is not an additional cost but is simply a re-classification of expenditure. • Significant budget adjustments have been made in previous years to the prescribing budget, in respect of new oral anti-coagulants and dementia drug. The horizon scanning undertaken by Medicines Management makes it unlikely that there will be any additional risk of this within the 2015/16 budget, as the impact of these drugs has been included within the £1.4 million allocation. • As discussed previously under agenda item WCCCGGB15/03/52, the sub-group of the commissioning delivery committee will be considering ways to mitigate the potential funding gap, which will include consideration of any further investment to be undertaken. However, it is acknowledged that any invest to save proposals may provide greater efficiencies for the future.	

15/03	AGENDA ITEM	Action
	Consideration will also be given to previous investment of non-recurrent monies awarded to providers that have become recurrent funding. • It is important to acknowledge that the financial challenge may impact upon services, and that the level of services offered may need to be reduced to ensure that the quality of services delivered is not affected. The changes in vanguard services may allow some funding of double running costs, to enable new models of care to be piloted while supporting the existing model of care. **RECOMMENDATIONS** The governing body agreed the 2015/16 financial budget, with the recorded caveat that the clinical commissioning group's senior management team will agree how the updated financial plan for 2015/16 will be reported to NHS England.	
58	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	A governance plan has been created to schedule an annual review of policies and governance documents. As a part of this plan, eighteen policies/governance documents were received for approval ratification. **RECOMMENDATION** The governing body approved/ratified the eighteen policies/governance documents provided.	
59	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	
	The governing body received and noted the significant issues arising from, and the minutes of, the sub-committees to the governing body and there were no issues to be raised.	
60	**ANY OTHER BUSINESS**	
	There were no other items of business to be discussed.	
	DATE AND TIME OF NEXT MEETING	
	Thursday 21st May 2015, at 9.00am in the Civic Suite, Civic Centre, Ellesmere Port, Cheshire, CH65 0AZ	

Minutes received by: _____

(Chair)

Date _____

NHS
West Cheshire
Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

Informal Governing Body Meeting

Thursday 16th April 2015, 9.00a.m., Conference Room A, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ

PRESENT

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 David Gilburt	Lay Member
Ms Pam Smith	Lay Member
Ms Sheila Dilks	Nurse Representative
Mr Mike Zeiderman	Hospital Physician Representative
Dr Steve Pomfret	GP representative – Rural Locality
Ms Laura Marsh	Director of Commissioning
Ms Paula Wedd	Director of Quality and Safeguarding
Mr Rob Nolan	Director of Contracting and Performance

In attendance:

Ms Clare Dooley	Head of Corporate Governance

	AGENDA ITEM	Action
9.00	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Dr Claire Westmoreland, Dr Jeremy Perkins and Fiona Reynolds.	
9.05	**FINANCIAL POSITION**	
	The Chief Finance Officer provided a presentation to the governing body on the current financial position covering the following areas: • A reminder of the broad principles for the 15/16 financial plan. • Growth in the group's allocation. • Impact of 2014/15 out-turn. • Activity growth assumptions and additional investment decisions.	

	AGENDA ITEM	Action
	The current financial plan submitted to NHS England provides for the delivery of a year-end surplus of £3.277 million (1%). To get to this position, efficiencies of approximately £9.5 million will be required. Further details underpinning national business rules and local planning assumptions were provided. The governing body discussed the financial plan/position and the following points were received: • Professional credibility for the organisation in forecasting a 1% surplus delivery position given the Countess of Chester Hospital NHS Foundation Trust have submitted plans forecasting a significant deficit. • Collaboration between clinical commissioning groups across the Cheshire and Merseyside NHS England footprint on a joint approach to challenging the directive on surplus delivery including non-delivery consequences. • Local health economy stability and collaboration across Western Cheshire on the agreement of priorities including high cost pressures (such as continuing healthcare/funded nursing care/complex care and medicines management), and non-delivery of cost improvement plans. It was also considered essential that whilst financial recovery is undertaken, delivering/implementing transformation priorities (Vanguard and Prime Minster's Challenge Fund) and aligning clinical commissioning group staff appropriately across the transformation and stabilisation agendas should take place. • Whether or not it would be more prudent and realistic to re-submit a revised financial position to NHS England at the end of quarter one of "break-even" given our anticipated position. This would include to set out/provide the rationale from discussions at our formal governing body meetings held in public (financial reports and governing body assurance framework). • Assumptions on growth are ambitious and difficult conversations in relation to de-commissioning of services may be anticipated. It was reiterated that the transformation programme must be collaborative and this will mean "delivering differently" alongside some de-commissioning of services. • Opportunities for collaboration across Cheshire and Wirral hospitals should be encouraged (both short and longer term). Whilst this has been somewhat unsuccessful previously, it is essential, given current pressures to facilitate this approach going forward. • Reduction in running cost allocation (by 10%) including the reclassification of programme costs, reduction in consultancy costs and an in-depth review of all non-pay budget.	

	AGENDA ITEM	Action
	The Chief Finance Officer requested all governing body members to give an opinion about how the financial outlook should be reflected in the 2015/16 plan. Specifically, whether the plan should reflect either a surplus, break-even or deficit. Agreement was reached by the governing body to support the current plan for a 1% surplus. However, it was also agreed that this decision would be reviewed at the end of quarter one where, following further governing body discussion, a decision would be taken about whether revised year-end forecast should be reported to NHS England. The governing body also agreed that the following comments should be taken into consideration: • that the decision is underpinned by clear rationale; • that robust and transparent audit trails and governance processes are provided to the governing body at formal meetings (in the public domain); • that a meeting between nominated clinical commissioning group governing body members and trust board members (executives) be convened; • the requirement to clearly set out of our transformation intentions and realignment of our staff towards both the transformation and turnaround programmes; • the need to facilitate collaborative working across hospital trusts (e.g. with Wirral University Teaching Hospital NHS Foundation Trust). • the need to ensure our language is very clear in declaring our intentions and the processes/decisions are completely transparent. • the term strategic intentions for hospital services across Cheshire Wirral. In summary the actions agreed by the Governing Body were: • The Chief Finance Officer will write formally to local health and social care partners to explain the details of the 2015/16 plan and the reasons for the approach agreed by the governing body; **GJ** • The Lay Member for Audit and Governance (Audit Committee Chair) will also write to NHS England; **DG** • The Chief Finance Officer will produce a chronology of information/detail to date in support of our current position and for future decision making by the governing body; **GJ** • The Chair will provide a position/status briefing to the Clinical Commissioning Group's Membership; **HCJ** • The Chief Finance Officer will formally report the financial position and risks to the organisation at the formal governing body meeting in May 2015. **GJ** • The minutes of this informal governing body meeting to be provided to the formal governing body meeting in May 2015. **CD**	

	AGENDA ITEM	Action
11.55	**DATE AND TIME OF NEXT (FORMAL) MEETING**	
	Thursday 21st May 2015, at 9.00am in Civic Suite, Civic Hall, Ellesmere Port, Cheshire,	

Minutes received by: _____

(Chair)

Date _____

NHS
West Cheshire
Clinical Commissioning Group

West Cheshire Clinical Commissioning Group Governing Body

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

Item	Action	Owner	End Date	STATUS
Meeting Held on 15th January 2015				
Page 6 15-01-43	**Quality Improvement Committee Report –** alternatives to the use of fax machines to be considered by the ICT Strategy Committee	Laura March	July 2015	Blue To be put on agenda for next ICT Strategy Group. Update to be provided at July '15 meeting.
Page 11 15-01-46	**Quarterly Assurance meetings with NHS England –** Minutes of Quarter 1 and 2 meetings to be circulated to governing body members, once available.	Alison Lee	May 2015	Amber Update to be provided at May'15 meeting.
Meeting Held on 19th March 2015				
Page 5 15-03-50	Clinical Senate – the senate's Terms of Reference to be considered further, to ensure that changes are made on a West Cheshire footprint.	Alison Lee	May 2015	Amber Update to be provided at May '15 meeting
Page 9 15-03-52	**Commissioning Delivery Committee** **a. Cancer 62 day –** Provider breaches to be raised at the next Cancer Network Steering Group meeting.	Laura Marsh	May 2015	Amber Update to be provided at May '15 meeting
	b. Stroke – A separate update on Stroke will be provided to a future meeting of the commissioning delivery committee.	Rob Nolan	July 2015	Blue Update to be provided at the July '15 meeting.
	c. Finance – A sub-group of the commissioning delivery committee is to be created to consider mitigation of the projected financial gap for 2015/16.	Gareth James	May 2015	Amber Update to be provided at the May '15 meeting.

Red	Outstanding
Amber	Ongoing/For update
Green	Complete/On Agenda
Blue	Update to future meeting

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	
2.	**Title of Report:**	Clinical Senate Report
3.	**Key Messages:**	This report provides an overview of the business discussed and decisions made at the clinical senate committee meeting held on 23 April 2015
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 April 2015. This meeting was led by Andy Lavender, the senate patient champion and focussed on how patients can take more control of their care.

CONTENT

3. Andy Lavender provided an introduction the topic "Patients in Control" followed by presentations from Di Dominico on Patient in Control in National Policy context and Alex Silverstein on Hello Our Aim Is. After the break there was a presentation on Puffell from Paul Williams, an update from Phil Greenham and Chris Lamb on the work of Self-Management UK in West Cheshire and a presentation from Richard Wyatt-Haines on "The Power of Video".

DISCUSSION

4. Di Domenico provided a presentation to the group on where putting patients in control sits in the national policy context. Di talked about the participation guidance published by NHS England, which the commissioning support unit Field Force Programme was a key part of. This encourages the effective participation of the public in the commissioning process itself.

5. Alex Silverstein, who has diabetes, introduced a simple care plan he has developed and has started using to manage his own care. "Hello my aim is" emphasises the patient's own priorities in their life and lists the support needed from family and health professionals to meet them. This reverses traditional care planning tools, which take a clinically designed care pathway as the starting point.

6. The senate also heard from organisations which have started to work in west Cheshire to support patients to take a more empowered approach; Puffell is a web based social networking tool and Self Management UK is a face to face, group coaching approach.

CONCLUSIONS

7. In the final call to action, Andy Lavender challenged clinical leaders in the room to be part of the start of a social movement, to role model the changes needed to empower patients in a range of services.

8. As part of the multi-speciality community provider vanguard programme, the clinical commissioning group is exploring the social movement approach.

Jenny Dodd
Assistant Chief Officer
May 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 21st May 2015

2. Title of Report: Quality Improvement Report

3. Key Messages:

In 2014-15 NHS West Cheshire Clinical Commissioning Group received 345 Patient Advice and Liaison Service enquiries. Most contacts are from the public asking for help to resolve concerns they have with primary or secondary care or to ask for advice on how to access health services. There has been a reduction in the number of enquiries relating to Patient Transport Services from 121 in 2013-14 to 64 in the last 12 months. In 2013-14 there was a change made by commissioners across the North West to the criteria for accessing Patient Transport Services.

The Countess of Chester Hospital NHS Foundation Trust has reported three Never Events in the period January to May 2015 all classified as Wrong Site Surgery. The Trust have provided formal assurance to the quality and performance contract meeting on the immediate steps they have taken and their longer term plans to eliminate these serious incidents.

NHS England has issued guidance to One to One Midwifery and commissioners about the need to ensure mechanisms are in place to manage referrals and assure quality of care for women where no formal contract exists with commissioners. Our clinical commissioning group is an associate to a contract that Wirral Clinical Commissioning Group have with this service so this is not a concern locally.

There is national requirement for 2015-16 for commissioners to agree service development and improvement plans with providers of

mental health services for the introduction of new waiting time targets for both Improving Access to Psychological Therapies and First Episode Psychosis. These plans have been agreed and include timescales for actions to be completed in year that will ensure that the provider will be able to achieve the new access and waiting time targets for the deadline of 1st April 2016.

In May 2015 the Care Quality Commission published their findings into the quality of care provided at Crawfords Walk and Thornton Manor. Both reports identified the need for some improvements. The providers have submitted action plans to the regulator to demonstrate how the improvements required will be achieved. The regulator has issued clear timescales for completion of the required actions for improvement.

There have been 43 cases of community Clostridium Difficile against a target of 31 for 2014-15, The Director of Infection and Prevention and Control has systems in place to review every case and is working with community providers and GPs to reduce the incidence.

4. Recommendations

The governing body is asked to review the issues and concerns highlighted 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 22nd April 2015.

PATIENT EXPERIENCE

4. The committee received a detailed report about the Patient Advice and Liaison Service enquiries and complaints received in the 12 month period to 28th February 2015. The committee are assured that the queries and complaints are directed to the appropriate team for response and are shared with service managers and clinical leads as part of the Insight and Intelligence Report. Evidence of the impact of feedback is visible in the "you said we did" section of our public facing newsletter.

Patient Advice and Liaison Service

5. In the 12 month period to 28th February 2015, NHS West Cheshire Clinical Commissioning Group received 345 Patient Advice and Liaison Service enquiries. This is an increase from the 317 enquiries in 2013-14. There has been a reduction in the number of enquiries relating to Patient Transport Services from 121 in 2013-14 to 64 in the last 12 months. In 2013-14 there was a change made by commissioners across the North West to the criteria for accessing Patient Transport Services.

6. The number of calls about GP practices has increased from 69 in 2013-14 to 84 in the last 12 months. All Patient Advice and Liaison Service queries relating to primary care medical services are shared with both our Primary Care Quality team and NHS England.

7. The Patient Advice and Liaison Service received calls about 18 providers. 7 of these services only received one enquiry, a further 3 services received less than 5 enquiries each. Figure 1 shows all the services that had enquiries received about them.

8. All 44 of the Patient Advice and Liaison Service enquiries received in relation to the clinical commissioning group were in relation to requests for information about the organisation. This included requests for information about policies, leaflets and contact details.

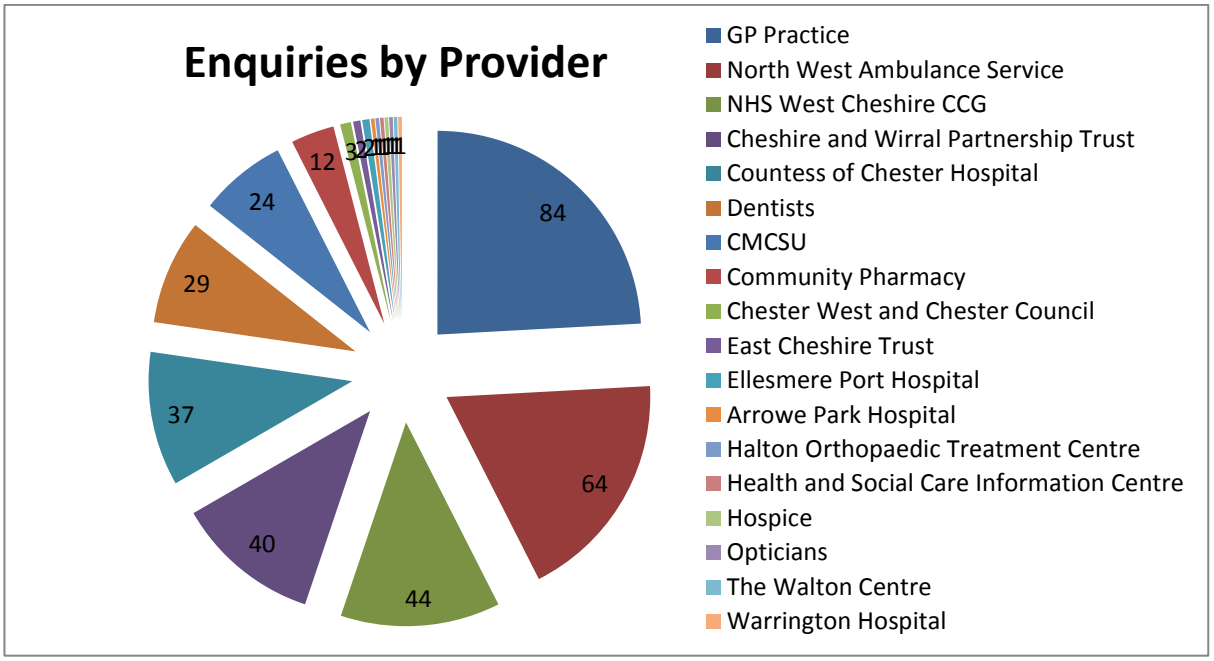

Figure 1 – PALS enquires by Provider (Mar 14 to Feb 15)

Complaints

9. In the 12 month period to 28th February 2015, NHS West Cheshire Clinical Commissioning Group received 51 complaints. This is an increase from the 25 complaints in 2013-14. The highest number of complaints for the last 2 years has been in relation to continuing healthcare. The governing body have been briefed previously on actions to date to improve processes in the continuing healthcare service.

10. The two main providers, Cheshire and Wirral Partnership NHS Foundation Trust and Countess of Chester Hospital NHS Foundation Trust, provide regular patient experience reports which highlight any themes within the complaints they have received and responded to directly through the quality and performance meetings.

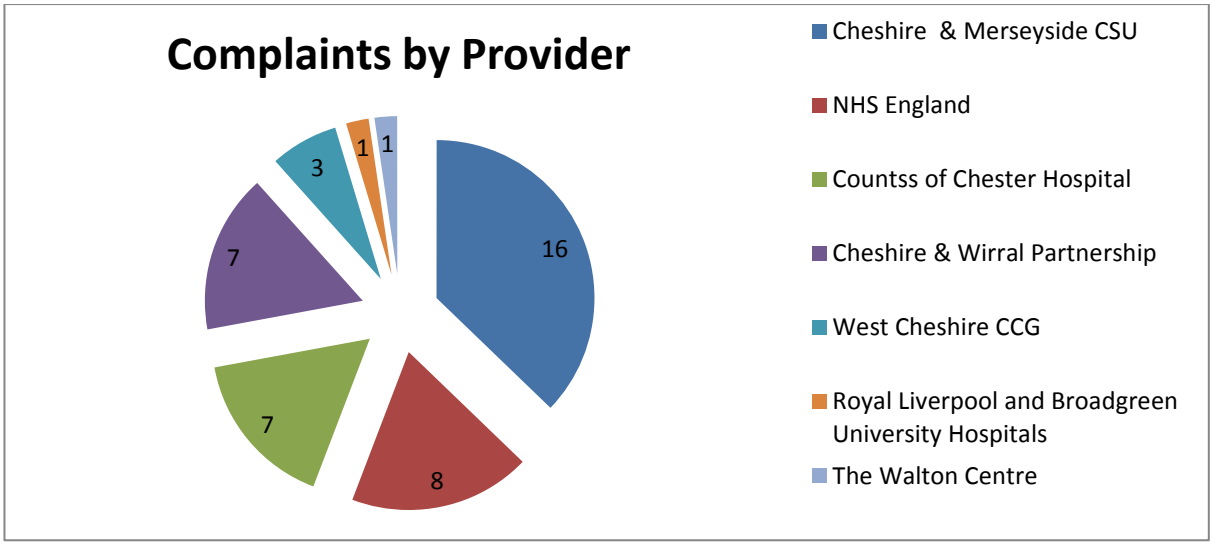

Figure 4 – Complaints by Provider (Mar 14 to Feb 15)

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

11. The Director of Quality and Safeguarding raised concerns formally with the Trust in relation to a number of serious incidents, two of which were Never Events. The Trust Medical Director and Nursing Director were requested to provide a report accounting for plans to address concerns to the March 2015 quality and performance meeting. The report and action plan were received and a verbal update was subsequently provided to the April 2015 quality and performance meeting, and it was agreed that an update will be provided to that group every two months. The full report and action plan to improve were shared with the committee. The committee were assured by the Trusts plan but noted concerns about the capacity of clinical leaders to deliver sustained changes in practice by all staff.

12. Since the committee met the Trust have reported a further Never Event in May. The investigation into this incident will be managed by the Serious Incident Review Group and attention will be given to reviewing all 3 Never Events collectively to understand if there are any themes in the root causes and contributory factors identified in the investigation reports.

ONE TO ONE MIDWIFERY SERVICE

13. The committee received details on the process being led by NHS England to manage concerns about how this service managed referrals for women where no formal contract exists with commissioners. Our clinical commissioning group is an associate to a contract that Wirral Clinical Commissioning Group have with this service so this is not a concern locally.

14. The Chief Nurse for NHS England North has written to the service to report that the Risk Summit process is being stepped back to return scrutiny and assurance of service quality to the Care Quality Commission and clinical commissioning groups with contracts.

15. Clinical commissioning groups have been asked to ensure that their activity is contracted for correctly and that there are robust quality assurances processes in place and commissioners will be expected to evidence this at local Quality Surveillance Group meetings. Clinical commissioning groups have also been asked to consider and decide what level of activity is being contracted for - a service for all women or a service for low risk women only. Our clinical lead for maternity services, and Head of Quality and Safety along with our lead commissioner for maternity services are progressing this as part of our procurement process.

16. NHS West Cheshire Clinical Commissioning Group is currently in the process of procuring a service for all women to provide a local choice case loading model option in maternity care to compliment the currently commissioned core service provided by the Countess of Chester Hospital NHS Foundation Trust.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Improvements in mental health service waiting time standards

17. The planning guidance for 15/16, *Forward view into action 2015/16* requires that commissioners agree service development and improvement plans with providers of mental health services for the introduction of new waiting time targets for both Improving Access to Psychological Therapies and First Episode Psychosis. These plans have been agreed and include timescales for actions to be completed in year that will ensure that the provider will be able to achieve the new access and waiting time targets for the deadline of 1st April 2016. There is a focus on timely access to evidence-based care which is of particular importance in improving long term mental health, physical health and recover-focused outcomes in reducing the distress experienced by individuals and their families.

Liaison Psychiatry

18. The planning guidance for 15/16, *Forward view into action 2015/16* requires that commissioners agree service development and improvement plans with acute providers, setting out how providers will ensure there are adequate and effective levels of liaison psychiatry services across acute settings. The supplementary planning guidance made clear the expectation that all acute trusts should, by 2020, have in place effective models of liaison psychiatry (all ages, appropriate to the size, acuity and specialty of the hospital). The committee were advised that these plans are yet to be agreed and there is a need for both of our secondary care providers to have provision for this requirement within their contracts. The committee has asked for an update on how this important requirement is progressing.

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

19. NHS England Area Team in conjunction with Wirral Clinical Commissioning Group convened a Quality Surveillance Group in February 2015 to review a number of concerns highlighted by the Care Quality Commission. Subsequent to this meeting further concerns regarding infection prevention control and organisational culture were escalated to NHS England, who convened a further extraordinary Quality Surveillance Group meeting in March 2015. The Director of Quality and Safeguarding represented this clinical commissioning group at these forums. The detailed findings from these meetings were shared with the committee and in summary the outcome from these meetings is an agreed set of actions that Wirral Clinical Commissioning Group supported by the Director of Commissioning Operations from Cheshire and Merseyside Area Team NHS England will oversee.

MORECAMBE BAY INVESTIGATION REPORT

20. The committee reviewed the findings following an independent investigation by Dr Bill Kirkup into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust between January 2004 and June 2013 were published in March 2015 Morecambe Bay Investigation Report

21. Although there are no specific recommendations for clinical commissioning groups within the report, there are a number of recommendations for the Morecambe Bay NHS Foundation Trust and the wider NHS which will have implications for our provider organisations. Both One to One Midwifery and the Countess of Chester Hospital NHS Foundation Trust have provided assurance that they will review their services in line with recommendations and provide a response to NHS West Cheshire Clinical Commissioning Group. We have also considered the findings of the report in respect of our specifications for maternity services locally and will make appropriate adjustments to our service specifications and standard contracts to mitigate against any future risk.

NURSING HOMES

Willows Nursing Home

22. In December 2014 the Care Quality Commission published an inspection report on Willows Care Home that identified the need for improvements. The Designated Nurse Adult Safeguarding has contributed to the increased scrutiny of this home by Cheshire West and Chester Council and has reported evidence of progress in delivering improvements detailed in the action plan developed in response to the Care Quality Commission inspection report. In March 2015 the Care Quality Commission carried out a further unannounced follow up visit. The findings from this visit have not yet been published but information was shared with the local authority about a number of concerns observed during the visit. In response to this Cheshire West and Chester Strategic Commissioning Manager

and the Designated Nurse undertook an unannounced visit to the Willows to review the sustainability of the improvements previously observed that led to the decision to lift the voluntary suspension and allow a phased approach to accepting new admissions. Findings during this visit led the local authority to seek agreement with the registered manager and owner to reintroduce a voluntary suspension to admissions. Plans are being developed to secure additional support for the staff, including access to learning and development to ensure that they can consistently deliver high quality care. The Care Quality Commission report will make clear recommendations about what actions have to be taken following their visit and timescales for delivery.

Atherton Lodge Nursing Home

23. In September 2014 the Care Quality Commission published an inspection report on Atherton Lodge that identified the need for improvements. The local authority have been monitoring the home to establish if the improvements required are being delivered in a consistent way that is sustainable. The voluntary suspension of admissions remains in place at the time of this report. The newly appointed manager is proactively working with the local authority and regulator to make the required improvements. The Care Quality Commission will undertake a further unannounced visit and will report their findings. If improvements are still required clear actions and timescales will be issued by the regulator.

Thornton Manor Nursing Home

24. The Care Quality Commission published the findings from their inspection visit 10th February 2015 on the 7th May 2015. The report identifies the need for some improvements. One area identified was the complaints procedure to ensure people and their families know how to raise formal concerns. The provider has submitted an action plan to the regulator to demonstrate how the improvements required will be achieved. The regulator has issued clear timescales for completion of the required actions for improvement.

Crawfords Walk Nursing Home

25. The Care Quality Commission published the findings of their inspection visit on 2nd & 3rd March 2015 on the 5th May 2015. The report identifies the need for improvements they include effectiveness of the service and ensuring people are given choices. The provider has submitted an action plan to the regulator to demonstrate how the improvements required will be achieved. The regulator has issued clear timescales for completion of the required actions for improvement.

Sutton Beeches

26. The Quality Team are currently supporting the local authority to provide health advice to ensure the appropriate engagement of the health staff in the integrated team in resolving some medicines management concerns. A meeting is scheduled in June 2015 to review the progress and improvements achieved.

INFECTION CONTROL UPDATE

Methicillin-resistant Staphylococcus aureus

27. The committee received information about the incidence of a Methicillin-resistant Staphylococcus aureus reported in January 2015 at the Countess of Chester Hospital. This is the first hospital case reported in the contract year 2014-2015. The committee wants to highlight to the governing body that the Trust have identified important learning that they have shared across the hospital. Their investigation identified there were missed opportunities to identify that the patient had a previous history of Methicillin-resistant Staphylococcus aureus in the early stages of admission, which would have enabled more informed decision-making in relation to antibiotic selection.

Clostridium Difficile

28. The total number of Clostridium Difficile breaches to date (1st April 2014 – 28th February 2015) is 64 cases against a plan of 61.

29. The post-48 hour cases has a total of 21 breaches against a target of 30, but performance has breached for the pre-48 hour cases, with a total of 43 breaches year to date against a cumulative target of 31 which means that the overall target set will not now be met.

2014/15	Pre 48 Hour	Post 48 Hour	YTD	Target
MRSA	1	1	2	0
C.Diff	43	21	64	61

30. For 2015/16 the overall Clostridium Difficile breaches target for NHS West Cheshire Clinical Commissioning Group has been increased to a total of 78 with a decrease in post 48 hour breaches from 30 to 24 and an increase in pre 48 hour breaches from 31 to 54 to reflect the changing profile.

SAFER STAFFING UPDATE

31. NHS providers of inpatient care have been required since May 2014 to publish on NHS Choices and their own websites safer staffing information. The committee reviews detailed ward level information published each month by both local providers along with the bi-annual staffing review reports presented to the boards of our 2 local NHS providers of inpatient care. The committee wants to highlight the assurance and issues from these reports.

32. The Countess of Chester Hospital NHS Foundation Trust Nursing Establishment Safer Staffing review in December 2014 highlighted 24 whole time equivalent Registered Nurse vacancies but minimal Nursing Assistant vacancies. Since the review was published the Trust has continued to recruit on a monthly basis for both experienced and newly qualified staff. The review concluded that although assurance can be given that staffing levels during the day are correct more detailed work is required regarding evening and night shifts to provide full assurance. Their Trust Board is waiting an update on this work.

33. Cheshire and Wirral Partnership NHS Foundation Trust Safer Staffing review of in November 2014 identified that although a significant number of nurses and non-registered nursing staff have been recruited during the past 12 months, staff turnover has impacted on the ability to increase the overall nurse staffing numbers to the levels required. As a consequence of these findings the Trust Board has approved the over recruitment of nurses to reflect turnover rates and this has now been disseminated to the localities for action. There are also plans to engage with jobs fairs to promote working within Cheshire and Wirral Partnership NHS Foundation Trust and further promotion of 'return to practice' opportunities for nurses who have left the profession.

PRIMARY CARE QUALITY

34. The Commissioning for Quality and Innovation Scheme for 2014-15 has now been launched after consultation and negotiation with member practices, the Local Medical Committee, NHS England, Cheshire and Wirral Partnership NHS Foundation Trust, the Countess of Chester Hospital NHS Foundation Trust and the Primary Care Patient Leader. A presentation in relation to the scheme was provided to the Patient Participation Group Chairs meeting in April 2015.

35. The GP leads for education and quality have been undertaking a piece of work to re-establish the system of GP led Clinical Governance Alerts. The purpose of the alerts will be to ensure that pertinent issues informed by the Medical Press, learning from incident reporting and clinical commissioning group intelligence are summarised and highlighted to all our GP staff. . The first of the new series of updates has been drafted and is due to be circulated to Practices in the near future.

36. NHS West Cheshire Clinical Commissioning Group has been successful in bidding for two amounts of funding, though Cheshire West and Chester Council, which will enable the roll-out of a programme of education sessions for practice and community nurses. There will be five sessions in total held across 2015-16, and the sessions are organised around the following topics:

- The House of Care
- Holistic Long-Term Condition Assessment Template development
- Front-line leadership, nurse empowerment and cultural change
- Feedback on Holistic Assessments and planning for integrated working over winter
- Feedback on Holistic Assessments and gap analysis for future training requirements.

RECOMMENDATIONS

37. 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

May 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	21st May 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 14th May 2015. The key items for the governing body to note are:

- Primary Care Cheshire in conjunction with the clinical commissioning group has been successful in its bid for funding under the Prime Ministers Challenge Fund for £3.7million
- Primary Care Cheshire supported by the clinical commissioning group and partner organisations is a vanguard site for testing the Multispecialty Community Provider new model of care.
- The Senior Management Team has identified the need for a director lead for turnaround/ stabilisation and for transformation. Staff and work will then be aligned in this way.
- The Community Ophthalmology service will go live early July. An Eye Health Network has been formed to build relationships across providers
- Cost avoidance has been reported into the Mental Health Programme Assurance Board amounting to £1.9 million
- The Countess of Chester Hospital NHS Foundation Trust has contracted Mersey Internal Audit Agency to complete a due diligence review of the assumptions within the proposed discharge to assess model.
- Improving access – referral to treatment times – targets achieved. There is a risk of a cost pressure in 2015/16 unless referrals to hospitals are managed more appropriately.
- Accident and emergency targets - the Accident and Emergency 4 hour waiting time has not been met this month with 90.5% of patients being seen against the 95% standard. Recent performance

has shown a significant improvement to above the 95% level.

- Dementia Diagnosis Rate - There was an improvement in the February performance to 55.9% against the 67% target.
- Subject to external audit, NHS West Cheshire Clinical Commissioning Group ended 2014/15 with a surplus of £3.143 million (1%).
- A 2015/16 financial plan has been submitted to NHS England reflecting a planned surplus of £3.277 million. There is a significant amount of risk within this plan.

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:

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer

May 2015

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 14th May 2015.

COMMISSIONING DELIVERY COMMITTEE MEETING 14th MAY 2015

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

DELIVERY AND PERFORMANCE REPORT

DELIVERY

Transformation and Stabilisation

3. Primary Care Cheshire supported by the clinical commissioning group has received confirmation that it has been successful in its bid for funding under the Prime Ministers Challenge Fund for £3.7million. This will enable and support the transformation of general practice in West Cheshire through investment in the ICT infrastructure, implementation of alternatives to seeing the GP through broadening the primary care team, extended access over seven days and exploring new ways of caring for those with long term conditions/frail elderly. The clinical commissioning group will utilise the existing primary care programme infrastructure with additional project management capacity to maintain statutory duties.

4. Primary Care Cheshire, supported by the clinical commissioning group and provider partners have also been successful in achieving 'vanguard' status under the NHS England new models of care programme to develop a Multispecialty Community Provider. This will be achieved by accelerating elements of our existing commissioning plan, particularly focusing on the themes of starting well, long term conditions and ageing well, and building on the transformed model of general practice described under the Prime Ministers Challenge Fund and supported by a number of key enablers.

5. The Director of Commissioning will act as programme director for the transformation programme developed from the Prime Ministers Challenge Fund and 'vanguard', with the support of the relevant programme managers. The Chief Executive of Cheshire and Wirral NHS Partnership Trust has agreed to sponsor this transformation programme.

6. Running parallel to transformation, the local health system has also agreed to undertake a programme of stabilisation due to the significant financial challenges across the commissioners and providers. Examples of areas stabilisation will focus on will include the Referral Management Gateway for planned care and Discharge to Assess for urgent care.

7. The senior management team has had several discussions regarding the need to ensure stabilisation of the system at the same time as implementing transformation. It is proposed that the Director of Contracts and Performance takes on a lead for 'stabilisation', sponsored by the Chief Executive of the Countess of Chester Hospital NHS Foundation Trust. Further work is required to align staff against 'stabilisation' and 'transformation', as well as to align other work areas.

Being Well

8. The community ophthalmology service will go live early July. An Eye health Network has been formed to build relationships across providers and the new provider is attending at GP locality network meetings as part of the mobilisation phase.

Mental Health and Learning Disabilities

9. Cost avoidance has been reported into the programme assurance board amounting to £1.9 million. Further work across older people's mental health is being planned and also the efficiencies generated by the police street triage service are being evaluated.

Ageing Well and End of Life

10. Work is processing on the management of the intermediate care system. The Countess of Chester Hospital NHS Foundation Trust has contracted Mersey Internal Audit Agency to complete a due diligence review of the assumptions within the proposed discharge to assess model. A draft Memorandum of Understanding has been circulated to partners for comment.

PERFORMANCE

Improving access – referral to treatment times

11. Performance has been achieved against the maximum 18 week targets for all of the Admitted, Non Admitted and Incomplete pathways. There remains a high level of confidence that the clinical commissioning group and the Countess of Chester Hospital NHS Foundation Trust will continue to achieve all standards for the year.

12. There is concern that capacity has been increased to reduce the number of patients waiting more than 26 weeks, and that whilst this was funded

nationally in 2014/15, it is not the case in 2015/16, and could result in a significant cost pressure.

13. Part of the solution to this is the need for commissioners to develop alternative pathways through the introduction of a referral management gateway service which is being piloted in Warrington. The service benefits both primary care and secondary care by reducing the administrative burden from making referrals, whilst also ensuring only appropriate referrals end up in secondary care, which is better for the patients and more efficient for the hospital. This project will be a key part of stabilisation for the health system.

Accident and emergency targets

14. The Accident and Emergency 4 hour waiting time has not been met this month with 90.5% of patients being seen against the 95% standard. Performance for the year was also not achieved with an annual performance of 92.78%.

15. Recently the 95% target has started to be consistently achieved, primarily due to the reduced number of patients whose discharge has been delayed. This provides further evidence that the Discharge to Assess model is having a positive effect.

16. However, this capacity was funded through the winter of 2014715 from the annual Winter Monies Allocation. Commissioners will have to reserve this funding in the summer months to provide the escalated capacity again from November 2015 through to March 2016.

17. The impact of this reduced capacity on accident and emergency performance will have to be monitored and discussed with the Countess of Chester Hospital NHS Foundation Trust as the nominated accountable lead provider for urgent care.

Dementia Diagnosis Rate

18. This is a significant focus area currently and the clinical commissioning group and Cheshire and Wirral Partnership NHS Foundation Trust are working with practices to assist them in identifying patients. This resulted in an improvement in the February performance to 55.9% against the 67% target. Performance for the year was also not achieved with an annual performance of 59.6%.

FINANCE REPORT

19. The committee considered the clinical commissioning group's financial outlook in two parts; both looking back to 2014/15 year-end financial position and forward to the 2015/16 plan. The key elements of the discussion are captured in the following paragraphs.

2014/15

20. NHS West Cheshire Clinical Commissioning Group 2014/15 annual accounts have been submitted and are currently subject to external audit. At the end of March 2015, there was a surplus of £3.143 million, representing 1% of the group's allocation. The key components underpinning the reported financial position are consistent with in-year reports to the committee.

21. The accounts also include an additional disclosure made to reflect the various non-recurrent measures that were taken towards the end of the year to ensure delivery.

22. The key audit findings and prime financial statements will be considered by the group's membership before audit committee scrutiny and governing body approval.

2015/16

23. The 2015/16 financial plan has been submitted to NHS England reflecting a planned surplus of £3.277 million (1%). The governing body unanimously agreed to this approach at its informal meeting in April after detailed consideration of all of the key risks. NHS West Cheshire Clinical Commissioning Group is, therefore, currently compliant with NHS England 'business rules'.

24. However, the governing body have asked for a detailed review of the likely financial position at the end of quarter 1 (June 2015). A decision will then be taken about a possible revision of the planned 2015/16 financial forecast.

25. After the application of national planning guidance and local planning assumptions, the group will begin 2015/16 with an efficiency savings target (QIPP gap) of £9.5 million. Other than the intention to mitigate growth in hospital activity, there are currently no robust plans to mitigate this gap. In addition, this is not considered to be a worst case scenario.

26. The governing body also asked for a more detailed narrative underpinning the decision to comply with NHS England 'business rules' to be drafted and shared with local health economy partner organisations and NHS England. This will be shared with governing body members before the end of May 2015.

CONTINUING HEALTHCARE, FUNDED NURSING CARE AND COMPLEX CARE TURNAROUND PROGRAMME UPDATE

27. The service successfully transferred to South Cheshire Clinical Commissioning Group on the 1st February supported by an interim Target Operating Model and governed by a Joint Committee of Clinical Commissioning Groups. The Joint Committee and Operational Group is being supported by additional programme management resource until end July 2015. A comprehensive programme plan across the areas of people, processes, finance and contracting, technology and facilities and strategic leadership has been developed with task and finish groups supporting the implementation.

28. Work is underway to design a new service model which will form part of a business case to be presented to clinical commissioning groups in July 2015. Integral Health Solutions have been commissioned to facilitate the development of the business case working alongside clinical commissioning groups. The new service model is being clinically led and designed using best practice from other areas and feedback from patient, staff, family and wider stakeholder involvement. Helen Sanderson Associates have been commissioned to support this work with a series of visioning events in April and May.

29. The latest information that has been received about the backlog shows that the number of cases stood at 491 on 28th April. The reduction of the backlog has been markedly slower over the last month due to pressure within the system caused by staff sickness and reduced capacity due to a couple of serious professional issues.

RECOMMENDATIONS

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

Rob Nolan
Director of Contracts and Performance

Gareth James
Chief Finance Officer

May 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 21st May 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:

- An overview of the issues discussed at the quarter 3 assurance meeting with NHS England on 15th April 2015.
- A summary of the NHS England 2015/16 assurance process.
- NHS England's Vanguard bid site visit on 11th and 12th May 2015.
- The West Cheshire Strategic Leadership Group.
- The outcome of a procurement process for Westminster Surgery.
- The Director of Contracts and Performance post.
- 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
Head of Corporate Governance
May 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 3 ASSURANCE MEETING WITH NHS ENGLAND

2. The quarter 3 assurance meeting with NHS England took place on 15h April 2015. A formal letter to confirm a record of the meeting is awaited from NHS England and will be provided to the governing body in July 2015, provided below is an overview of the issues discussed:

    a) The clinical commissioning group was congratulated on the successful Vanguard and Prime Minister's Challenge Fund bids;
    b) An update on performance actions from the quarter 2 meeting including stroke services targets, healthcare acquired infection targets, referral to treatment time targets, cancer service targets, dementia diagnosis rates and improving access to psychological therapies;
    c) Five Year Forward View – and update on planning for 2015/16;
    d) A review of serious incidents and transforming care action plans;
    e) The clinical commissioning group financial position including planning and assurance across the local health economy;
    f) An update on contract negotiations with the Countess of Chester Hospital NHS Foundation NHS Trust;
    g) Parity of esteem investment with Cheshire and Wirral Partnership NHS Foundation Trust;
    h) System resilience group planning and stabilisation for urgent care services and planning for 2015/16 winter pressures;
    i) Continuing Healthcare pressures in relation to previously unplanned periods of care;
    j) An update on the Better Care Fund;
    k) An update on arrangements for co-commissioning of primary care with NHS England.

NHS ENGLAND ASSURANCE FRAMEWORK FOR 2015/16

3. The Health and Social Care Act 2012 created clinical commissioning groups as membership organisations of GP practices, to promote clinical leadership and local ownership of the way health services are delivered and NHS England has a statutory duty to conduct a performance assessment of each clinical commissioning group through an assurance process.

4. NHS England's first assurance framework was based on the clinical commissioning group authorisation process. However, much has changed since the authorisation process was undertaken, giving rise to the need for a refreshed approach to assurance. The NHS has had to respond to more challenging performance and financial positions, as well as changes within the commissioning landscape. The publication of the *NHS Five Year Forward View* in October 2014 set out a new strategic direction, describing how the health service needs to change and, linked to that, NHS England has worked with Monitor and the NHS Trust Development Authority to develop a more joined up approach to planning and supporting local health economies.

5. NHS England has now issued guidance to clinical commissioning groups on the assurance process for 2015/16. It provides an overview of:

   - the principles and behaviours which underpin assurance;
   - the contents of the assurance framework;
   - how the assurance process will operate;
   - NHS England's potential responses to the assurance process.

6. The National Information Board framework for action *Personalised Health and Care 2020*, published alongside the *Forward View*, outlined the increasing importance of technology and information in the delivery of safe, efficient and effective care. As commissioners of secondary care, and with responsibility for the GP IT budget, clinical commissioning groups are uniquely placed to achieve safe, digital record keeping and the digital transfer of patient information across care settings within their health economies. They will need to understand and can fulfil their obligations for digital interoperability.

7. Clinical commissioning groups are already responsible for commissioning out-of-hours Primary Medical Care Services in accordance with the direction from NHS England to do so on its behalf. Another change in the scope of commissioning responsibilities is that NHS England has determined that clinical commissioning groups should have a much greater role in commissioning some of the services for which NHS England has statutory responsibility. Specific additional assurance will be required for such delegated functions which, from April 2015, will include primary care.

8. A new assurance framework is therefore required to address these changes. This will strengthen the focus on a clinical commissioning group's track record and ongoing performance in delivering improvements for patients. It will continue to assess a clinical commissioning group's capability as well as ensuring its fitness to take on additional roles and responsibilities. This new framework also acknowledges that clinical commissioning groups have different starting positions, with different populations and challenges, requiring different leadership responses. Some are operating in an extremely difficult environment, within challenged health economies or with legacy financial issues. Assurance covers the overall delivery of the clinical commissioning group, and will take place continuously throughout the year, rather than as a one-off inspection.

9. The new framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that clinical commissioning groups are operating effectively to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. A set of broad principles has been identified, which should underpin how clinical commissioning group assurance is undertaken:

- Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- Assurance is primarily about providing confidence.
- Assurance should build on what clinical commissioning groups are already doing to hold themselves accountable locally to their communities, members and stakeholders, for both statutory requirements and for national and local priorities.
- Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- Assurance should be proportionate and respect the time and priorities of clinical commissioning groups and NHS England teams.
- Assurance should be summative and take place over the year as on-going conversations.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development between clinical commissioning groups and NHS England will be integral to the process.
- The framework will be based on a nationally consistent methodology and format whilst allowing room for local context and variation.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, NHS England will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions which the clinical commissioning group and NHS England will need to take.

10. The new assurance framework recognises that assurance is a continuous process that considers the breadth of a clinical commissioning group's responsibilities. It will consist of the following components.

11. A Well-led organisation:

- Leadership;
- Governance and decision making processes;
- Patient and public engagement;
- Working in partnership;
- Securing a range of skills and capabilities it requires to deliver all of its commissioning functions, including via commissioning support services;
- Getting the best value for money;

- Effective systems in place to ensure compliance with its statutory functions including reducing health inequalities and in-line with Public Sector Equality Duty Act 2010.

12. Performance - delivery of commitments and improved outcomes:

- How well clinical commissioning groups deliver improved services;
- Maintaining and improving quality including safeguarding, digital record keeping and transfers of care;
- Ensuring better outcomes for patients;
- Delivering key mandate requirements and NHS Constitution standards;
- Delivery metrics which will constitute the clinical commissioning group scorecard.

13. Financial management:

- The monitoring of the clinical commissioning group's financial management capability and performance;
- An assessment of data quality and contractual enforcement;
- Immediate remedial action required for financial problems – which could include the use of special measures and NHS England's statutory powers of direction.

14. Planning:

- The assurance of clinical commissioning group operational plans, system resilience group plans and the Better Care Fund;
- Longer term strategic plans and implementation of the *Forward View,*
- Progress towards moving secondary care providers from paper-based to digital processes.

15. Delegated functions:

- Primary care;
- Out-of-hours Primary Medical Services;
- Safeguarding of vulnerable patients;
- NHS Continuing Healthcare.

The assurance process

16. Clinical commissioning groups are statutory organisations responsible to their governing body for the delivery of both their statutory and constitutional duties, and improvements in the health outcomes of their population. NHS England will therefore approach assurance from the assumption that clinical commissioning groups will deliver against these requirements. This will underpin the approach to assurance, and the agreed improvement plan and support that is made available.

17. The information and metrics used as the basis for the assurance process will be subject to discussion between the clinical commissioning group and NHS England. It will be important to take into account the variety of circumstances which may explain the reasons for variation between clinical commissioning groups.

18. The new assurance process introduces a more risk-based approach which differentiates high performing clinical commissioning groups, those whose performance gives cause for concern, and those in between. It will provide a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers. A continuous assurance approach will help to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process will use information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings, will be agreed between NHS England and individual clinical commissioning groups, depending on their circumstances, the range of risks identified, and on the leadership response.

19. NHS England will work with clinical commissioning groups to identify how peer review can be incorporated into this process.

20. Clinical commissioning groups operating within a distressed health economy, in challenged circumstances, or with performance issues, will have more frequent assessments including of those areas described above that will be continuously reviewed.

21. At the end of the year all information will be consolidated into a statutory assurance report by NHS England.

22. For co-commissioning functions and for out-of-hours services, clinical commissioning groups will be required to prepare a quarterly self-certification of compliance against five key areas: governance and the management of potential conflicts of interest, procurement, expiry of contracts, availability of services, and outcomes. For delegated arrangements and out-of-hours services, the self-certification will be required to be signed off by the clinical commissioning group governing body. For joint commissioning arrangements the self–certification will be signed off by the joint committee of the clinical commissioning group and NHS England. The process will reflect the flexibility of NHS England to respond differently in different circumstances.

23. A national moderation process will take place to provide confidence that the framework has been applied consistently across all clinical commissioning groups, and that issues are being handled and escalated using the same approach. At the end of the year all this information will be consolidated into a statutory assurance report to be published by NHS England. Clinical commissioning groups will also be expected to publish their individual assurance reports.

24. NHS England will continue to conduct the nationally commissioned 360 degree stakeholder survey on an annual basis to enable clinical commissioning groups to continue to improve quality and outcomes for patients, while building stronger relationships with their stakeholders. The scope and content of the survey is shaped to track year-on- year progress. Clinical commissioning groups will publish the results of their survey to share with their local health economy to aid decision making and support public and patient engagement. NHS England is committed to publishing an overall summary of the results.

25. Areas for discussion' will also be agreed based on performance against the areas of assurance. They can also be generated from the information which clinical commissioning groups produce and make available locally to patients and the public such as board papers and the constitution - including internal and external audits and financial and strategic plans. Each of these documents demonstrates clinical commissioning group accountability and contains additional supporting information which provides insight into governance.

26. Another key source of insight will be intelligence received from local partners and other organisations, such as the Care Quality Commission, the NHS Trust Development Authority and Monitor reviews and reports, plus relevant local Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and insights from quality surveillance groups. Local HealthWatch organisations also play a crucial role in highlighting issues of local concern and opportunities for improving services. In addition, clinical commissioning groups can also demonstrate how they have worked in partnership with neighbouring clinical commissioning groups, including inviting a peer assessment of their ways of working.

27. Clinical commissioning groups have a statutory duty to prepare an annual report for each financial year on how they have discharged their functions which is an important source of local insight to inform the annual assessment of clinical commissioning group. Clinical commissioning groups are expected to include a section on statutory compliance within their annual report, which makes a self-certification about continued delivery of statutory duties.

Outputs on Assurance

28. Clinical commissioning groups will be assessed as being in one of four assurance categories, which have been named to make them consistent with those used elsewhere in the NHS, such as the Care Quality Commission, and in other sectors, and to make them more meaningful to patients and the public. The categories are:

- assured as outstanding;
- assured as good;
- limited assurance, requires improvement; and,
- not assured.

29. Clear principles have been developed to underpin these assurance categories, providing consistent ‘rules’ to be followed by NHS England’s teams when making assessments. They will be clear on the trigger points for each category, but will allow for judgements to be made on the basis of local intelligence. NHS England will ensure that clinical commissioning groups are clear about the consequences of the different levels of assurance and the subsequent actions. A summary explanation of the categories is attached at annex A.

30. Where NHS England is fully assured by a clinical commissioning group’s performance across all five of the individual areas, the assessment will be ‘assured as outstanding’. For clinical commissioning groups that are 'assured as outstanding', the ongoing assurance process will be relatively light touch. Provided key performance indicators are maintained, NHS England's support would only be at the request of the clinical commissioning group.

31. Where there are minor concerns with the performance of the clinical commissioning group but overall the clinical commissioning group is well led and demonstrates good organisational capability, or if the clinical commissioning group has a higher level of risk but it is managing it effectively, the headline assessment will be ‘assured as good’. NHS England would expect these clinical commissioning groups to produce their own improvement plan, and to report to NHS England on their progress.

32. A clinical commissioning group that has more serious performance or financial challenges and a high level of risk will be assessed as ‘limited assurance, requires improvement. These clinical commissioning groups would be required to develop an improvement plan which will be approved and monitored by NHS England. This plan would also include a clear indication from NHS England as to the consequences at each step if the plan fails to deliver, and NHS England may take action to intervene if delivery is below plan at any point. The improvement plan would also include the additional help and support clinical commissioning group should access to ensure delivery, for example support from well-performing clinical commissioning groups in a ‘buddying’ arrangement.

33. In some circumstances, as laid out in s.14Z21 of the NHS Act 2006 (as amended), NHS England has the ability to exercise statutory powers of direction where it is satisfied that a clinical commissioning group is failing or is at risk of failing to discharge its functions. In these circumstances, the assessment should be that the clinical commissioning group is ‘not assured’.

34. For clinical commissioning groups that are assessed as 'not assured', NHS England will conduct a thorough assessment, to identify the underlying causes. NHS England will then specify the remedial actions required in the improvement plan. Where a clinical commissioning group is ‘not assured’ due to a lack of confidence in the leadership, NHS England will work to identify how new leadership can be put in place. Where there is confidence in the leadership, NHS England will define a prescriptive set of parameters within which the clinical commissioning group will operate, and will maintain direct oversight of the organisation until the 'not assured' status is lifted.

35. NHS England could, of course, take action to intervene with a clinical commissioning group which has been assessed as being in any of the four assurance categories at any time, should an urgent problem arise, including issuing formal directions. However, it is most likely to take such action in relation to those clinical commissioning groups in the 'limited assurance' and 'not assured' categories. Interventions will be tailored to individual circumstances, but could include:

- requirement to have plans signed off by NHS England;
- NHS England attendance at meetings and joint decision-making;
- placement of an improvement director in the clinical commissioning group;
- direction over how a clinical commissioning group conducts its functions;
- removal of functions to NHS England or another clinical commissioning group;
- removal of the Accountable Officer; and, in extreme cases,
- dissolution of the clinical commissioning group.

36. At the end of the year the outputs of the assurance process will be consolidated into a statutory assurance report to be published by NHS England. Clinical commissioning groups will also be expected to publish their individual assurance reports.

Special Measures

37. Alongside the four assurance categories NHS England may apply a new special measures regime designed to address persistent and chronic performance challenges, financial challenges and / or governance difficulties due to the clinical commissioning group's lack of capability and capacity to provide leadership to deliver sustained improvement. The application of special measures will usually result from issues that have persisted over a period of two quarters, unless action is required sooner, such as when financial problems are identified. It is most likely to be applied to those clinical commissioning groups in the 'limited assurance' and 'not assured' categories.

38. A clinical commissioning group placed in special measures will be required to agree with NHS England, and to deliver, a sustainable improvement plan, with the assistance of a range of intensive support options. This could include, for example, support from a well- performing clinical commissioning group, which could act as a 'buddy'. The clinical commissioning group should have made significant progress in its recovery plan in a maximum of 12 months and, following a review, should exit special measures at this point, if not sooner, even though there may be ongoing deliverables to be achieved as part of the improvement plan.

39. Not all clinical commissioning groups with the same set of issues are likely to be in special measures, as the trigger is the clinical commissioning group's grip of its situation. If the clinical commissioning group has not clearly identified, and is not managing the risks arising from its challenges, a decision will be made on whether special measures should be applied.

40. In exceptional circumstances NHS England may need to exercise its statutory powers of direction immediately, without a clinical commissioning group having previously been placed in special measures, or during the special measures process, if the clinical commissioning group's situation deteriorates.

41. For any clinical commissioning group that is in special measures or under direction, the self-certification process for delegated functions will only be of limited reliance and therefore the discharge of any delegated functions by the clinical commissioning group in this category will be subject to continuous assurance. For these clinical commissioning groups, NHS England will also consider reversing the delegation of functions.

42. *The Forward View into Action: Planning for 2015/16* described how NHS England, Monitor and the NHS Trust Development Authority will, together, develop a new success regime to support challenged local health economies. NHS England is working with Monitor and the NHS Trust Development Authority to ensure this regime is complementary with 'special measures'.

Governance of the Clinical Commissioning Group Assurance Process

43. NHS England's Commissioning Committee will oversee this assurance on behalf of the Board. The committee will need to be assured that the process for clinical commissioning group assurance is robust, fair and consistent, and will receive the annual report for 2015/16 at the end of the year. This report will outline headline assurance ratings for all clinical commissioning groups and any areas of interest or concern. The committee will be underpinned by management's Clinical Commissioning Group Assurance Oversight Group. This group will undertake an active role in the assurance process throughout the year, taking responsibility for:

- operational oversight of the assurance process, ensuring that it is robustly and consistently delivered;
- approving any changes to the status of any clinical commissioning group including interventions, taking powers of direction, lifting existing conditions and placing a clinical commissioning group into special measures;
- identifying emerging risks or issues.

VANGUARD BID ASSESSMENT PANEL VISIT BY NHS ENGLAND

44. An assessment panel from NHS England visited the clinical commissioning group on Monday 11th and Tuesday 12th May to further understand the details of the Vanguard bid on Multispecialty Community Provider working. The bid was submitted by Primary Care Cheshire, the clinical commissioning group and our partners and the panel visit was arranged to confirm the details of our funding and support requirements.

45. During the visit representatives from the assessment panel visited Princeway Medical Centre in Frodsham, where they spent time with Dr Steve Pomfret and learned about the development and progress of the integrated teams. The panel also visited Ellesmere Port Hospital where they received an overview of the frailty pathway.

46. The panel attended a year of care training event, bringing together community and practice nurses to think about long term condition care.

47. A stakeholder event took place with third sector partners and patient representatives to explore how we involve our whole local community in a 'community conversation' about the future model of health care with patients as partners. The panel spent time with senior representatives from all partner organisations to discuss the evolving care model, what we plan to achieve over the next three years and what support we will need to achieve this.

48. NHS England will follow the site visit with a summary letter setting out the strengths of our approach, where they feel further work is required and to begin to set out the support offered, including an initial £150,000 to establish the programme approach.

49. Key next steps are to engage clinicians, particularly primary care, in the proposed care model to establish the programme infrastructure, governance and take forward the enthusiasm and feedback from our patient representatives in starting the 'community conversation'

WEST CHESHIRE STRATEGIC LEADERSHIP GROUP

50. In order to progress the transformation and stabilisation agendas across the local health economy, as described in the commissioning delivery report to the governing body, the previously titled Four Leaders Group has been further developed into the West Cheshire Strategic Leadership Group.

51. The membership of this group now includes the Chairs, Chief Executives, Chief Finance Officers and Medical Directors of the clinical commissioning group and the Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire West and Chester Council are also represented by Strategic Director and Chair of the Health and Wellbeing Board.

52. The first meeting of the group took place on Wednesday 13th May 2015 and the discussions focussed on the feedback reflection from the two day Vanguard bid site visit, governance arrangements for the group and future meeting structures. The next meeting will take place on 10th June 2015.

WESTMINSTER SURGERY

53. A procurement process for Westminster Surgery has been undertaken by NHS England.

54. The successful bidder/provider is Cheshire and Wirral Partnership NHS Foundation Trust. The first mobilisation meeting with Cheshire and Wirral Partnership NHS Foundation Trust and NHS England took place on 17th April 2015 and the contract awarded will commence on 1st July 2015.

REGULATION 28 – REPORT TO PREVENT FUTURE DEATHS

55. The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a 'report under regulation 28' because the power comes from regulation 28 of the Coroners (Inquests) Regulations 2013. It is also known as Report to Prevent Future Deaths. The Coroner will write to the people or organisations who are in a position to take action to reduce this risk. They then must reply within 56 days to say what action they plan to take.

One to One Midwives / Primary Care

56. Following the inquest into the death of a 4 day old child at the Countess of Chester Hospital NHS Foundation Trust in March 2014 the coroner issued a Regulation 28 Report in February 2015 to Upton Village Surgery and One to One Midwives requesting that they formally respond to him with their action plans to prevent future deaths after concerns were raised at the inquest. The concerns related to the need for the GP practice and midwife service to review its practices and procedures in the use of hypertensives and referral to secondary care for shared care with a consultant obstetrician.

57. Both Upton Village Surgery and One to One Midwives have formally responded to the concerns raised by the coroner.

Cheshire and Wirral Partnership NHS / Primary Care

58. The second Regulation 28 Report to prevent future deaths was received following a Coroner's Inquest into the suicide of a 44 year old male. Her Majesty's Coroner of Blackpool & The Fylde who issued two regulation 28 reports; to Cheshire & Wirral Partnership NHS Foundation Trust and Lancashire Care NHS Foundation Trust.

59. The Coroner concluded that action should be taken by both Cheshire & Wirral Partnership NHS Foundation Trust and Lancashire Care NHS Foundation Trust because:

a) He was concerned that there was a limited exchange of information between the mental health professionals in Cheshire and their counterparts in Blackpool.

b) The professionals in Blackpool did not have a detailed picture of how this gentleman had presented during recent weeks in relation to his mental health from colleagues in West Cheshire.

c) When individuals with a similar mental health history as this gentleman move from one area of the country to another there is the potential for a mental health team to find themselves with less detailed relevant information than may be the case for a similar individual who has recently been residing within the immediate area. The quality of exchange of information needs to be such that when mental health professionals find themselves dealing with such an individual they need to have as much relevant information as possible to be able to assess the risk such a patient poses and to respond accordingly.

60. Cheshire & Wirral Partnership NHS Foundation Trust has formally submitted a response to the coroner.

DIRECTOR OF CONTRACTING AND PERFORMANCE

61. Rob Nolan, Director Contracting and Performance has resigned from his position with the clinical commissioning group to take up a new post as Director of Finance with Betsi Cadwaladr University Health Board. Discussions are underway with the senior management team to identify interim cover arrangements for this post until a robust recruitment process is undertaken to appoint Rob's successor. On behalf of the governing body Rob is thanked for his invaluable contribution and service to the clinical commissioning group for the past three and a half years and he is wished every success with Betsi Cadwaladr University Health Board.

HIGH LEVEL MEETINGS AND EVENTS ATTENDED BY CHIEF EXECUTIVE OFFICER

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

- Cheshire West and Chester Health and Wellbeing Board on 18th March 2015.
- Cheshire and Merseyside Clinical Commissioning Group Chief Officers Meeting with NHS England on 20th March and 24th April.
- Future of Commissioning with Simon Stevens, NHS England in London on 23rd March 2015.

- Cheshire, Wirral and Warrington Chief Officers and Chairs meeting in Warrington on 1st April 2015. The discussions focussed on working collectively across the NHS England footprint including on primary care and specialised commissioning and on the continuing relationship with the commissioning support unit.

- The Joint Public Services Board/Health and Wellbeing Board Away Session on 2nd April 2015. The aims of the event were to discuss and agree priorities of Public Services Board and Health and Wellbeing Board for next two years, to identify opportunities for joint working between Public Services Board and Health & Wellbeing Board and to discuss and agree short, medium and long term work programme for Public Services Board and Health & Wellbeing Board and to discuss and agree lead partner to drive delivery of agreed priorities.

- Making Patient Safety Visible event on 6th May in Bury which focussed on measuring and monitoring safety in healthcare including to hear patient stories and collaborative approaches between organisations.

RECOMMENDATION

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

Alison Lee
Chief Executive Officer
May 2015

Appendix A

NHS England Assurance Categories

	Assured as outstanding	Assured as good	Limited assurance, requires improvement	Not assured
Explanation of assurance category	CCG can demonstrate that it is continuing to perform well across the five components of assurance. It may have some identified challenges but is proactively managing them.	There are minor concerns with the performance of the CCG, but overall the CCG is well led and in good organisational health, or if a CCG has a higher level of risk but it is managing it effectively.	CCG has serious / persistent / chronic performance or Finance challenges and it may not Demonstrate the capability or capacity to manage the Associated risks to make Sustained Improvement on its own.	NHS England is satisfied that a CCG is failing or is at risk of failing to discharge its functions
Support level	None	Some support may be required for specific issues	Extensive, from a range of Provider Options	Formal direction by NHS England
Number / level of issues and Unmitigated Risks	LOW	MEDIUM	HIGH	VERY HIGH
Action plan – time to Recover	None	3-6 months	Up to 12 Months	As appropriate
Funding for support and ownership of Improvement	n/a	CCG	CCG	CCG / NHS England

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	21st May 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. Three clinical commissioning group policies/governance documents are provided to the governing body for approval/ratification.

POLCIES AND GOVERNANCE DOCUMENTS

2. As a part of the clinical commissioning group's governance process, a governance plan was created to schedule an annual review of policies and governance documents. 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.	Anti Fraud Bribery and Corruption Policy	Audit Committee	January 2014	Gareth James Chief finance Officer 01244 650365 garethjames@nhs.net
2.	Business Continuity Planning	Senior Management Team	July 2014	Clare Dooley Head of Corporate Governance 01244 650318 claredooley@nhs.net
3.	Corporate House-Style Standard Operating Procedure	Senior management Team	May 2013	Clare Dooley Head of Corporate Governance 01244 650318 claredooley@nhs.net
4.	Laptop and Portable Devises and Remote Access Policy (Cheshire ICT Service)	Audit Committee	July 2014	Gareth James Chief finance Officer 01244 650365 garethjames@nhs.net

RECOMMENDATION

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

Gareth James
Chief Finance Officer
May 2015

NHS
West Cheshire
Clinical Commissioning Group

1.	**Date of Governing Body Meeting:**	21st May 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

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 March 2015 meeting included:

- NHS Vanguard Bid – An update on the successful NHS England Vanguard bid. West Cheshire has been chosen as one of the 14 sites trialling the Multi-Speciality Community Model (MSCP). A transformation fund of £200 million, we are exploring how to access these funds. A teleconference will take place which will be followed by a 2 day site visit to meet all partners; this will take place end of April/early May.
- Commissioning for Primary Care Quality and Innovation update - This scheme is not intended to destabilise individual practices as the clinical commissioning group recognises that positive outcomes and increased satisfaction is gained from patients and their individual GP practices.

  As cluster working is at different stages of development and the Commissioning for Quality and Innovation scheme is not exclusively new funding, for the first two quarters of the year, individual practices will continue to receive their funding at the same levels as the previous year.

  Due to the risk of destabilisation, those practices currently signed up to the Nursing Homes Local Enhanced Service will continue to receive funding at the same level as last year throughout the next twelve months.

Rural Locality GP Network – minutes

4. Major issues and actions from the March 2015 meeting included:

- EMIS Referral Templates - There is a project to improve referral forms across the clinical commissioning group. The project is looking to standardise the referral templates for practices. There will be communication sent to all practices to inform them when the new templates will be launched.
- Pulmonary Rehab Service – The clinical commissioning group is gathering evidence for Cheshire and Wirral Partnership NHS Foundation Trust to introduce a pulmonary rehab service in the Rural Locality. The aim is to equalise the service across the three localities.
- Primary Care Commissioning for Quality and Innovation scheme- Milestones are being developed which will start to give practices an idea of what will be expected from the scheme. The new scheme will be launched on 1 April 2015
- The clinical commissioning group is in discussion with the Countess of Chester Hospital NHS Foundation Trust regarding the possible transfer of Tarporley and Bunbury patients to its community paediatrics service, and with Cheshire and Wirral Partnership NHS Foundation Trust colleagues regarding the autism spectrum disorder\attention deficit hyperactivity disorder provision for young people aged 11 years +.

Ellesmere Port and Neston Locality GP Network – minutes

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

- Election of Network Chair and Vice-Chair positions: Jeremy Perkins was re-elected as Chair and Chris Ritchieson was elected Vice-Chair of the locality network.
- Primary Care Commissioning for Quality and Innovation scheme: Details of the specification report for 2015/16 were presented to the meeting. Comments raised have been returned to the clinical commissioning group.
- Direct Access to Physiotherapy: Cathryn Woodall, Advanced Physiotherapy Practitioner at the Adult Musculoskeletal Assessment and Management Service (AMAMs) delivered a presentation which summarised the aims, outcomes and future direction of the Vanguard Physiotherapy Service project.
- Do Not Attempt CPR (DNACPR): The roll out of forms is scheduled to take place on the 23rd March 2015. Each GP Practice will receive 25 sets of forms before that date and details were provided of where additional forms could be obtained.

CLINICAL SENATE – minutes

6. An update of the April 2015 meeting is contained within the Clinical Senate report. The minutes from this meeting will be ratified at the next meeting.

QUALITY IMPROVEMENT COMMITTEE

7. An update of the April 2015 meeting is contained within the quality improvement report. The minutes from this meeting will be available for the July 2015 meeting.

COMMISSIONING DELIVERY COMMITTEE

8. An update of the May 2015 committee meeting is contained within the commissioning delivery committee report. The minutes from this meeting will be available for the July 2015 meeting.

RECOMMENDATION

9. The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees.