NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 19th November 2015, at 9.00am in Neston Cricket Club, Station Road, Neston, Cheshire CH64 6QJ

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and **Open Forum**	-	Dr Huw Charles-Jones *GP Chair*
	9.15	Chairs Opening Remarks	I	Dr Huw Charles-Jones *GP Chair*
A	9.20	Apologies for absence	-	Dr Huw Charles-Jones *GP Chair*
B	9.22	Declarations of interests in agenda items	-	Dr Huw Charles-Jones *GP Chair*
C	9.25	Minutes of last meeting held on 17th September 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/15/11/24	9.45	Senate Report	D	Dr Peter Williams *Hospital Doctor Member*
WCCCGGB/15/11/25	10.00	Quality Improvement Committee Report	D	Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/15/11/26	10.15	Finance Performance and Commissioning Committee Report	D	Chris Hannah Vice Chair/Lay Member Philippa Robinson *Interim Director of Operations* Laura Marsh *Director of Commissioning* Gareth James *Chief Finance officer*
10.40 BREAK				
WCCCGGB/15/11/27	10.50	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*

WCCCGGB/15/11/28	11.00	Governing Body Assurance Framework – Risk Register	D	Gareth James *Chief Finance officer*
CONSENT ITEMS				
WCCCGGB/15/11/29	11.10	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James *Chief Finance Officer*
WCCCGGB/15/11/30	11.20	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/15/11/31	11.25	Any Other Business **(to be notified to the Chair in advance)**	D	All

Date and time of next formal Governing Body meeting – Thursday 21st January 2016, at 9.00am in Conference Rooms A and B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ

I – Information D – Discussion DR – Decision Required

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

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

NHS
West Cheshire
Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

Formal Governing Body Meeting

Thursday 17th September 2015, 9.00a.m.
Tarvin Community Centre, Meadow Close, Off Crossfields, Tarvin, Chester, CH3 8LY

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 / Vice Chair
Mr David Gilburt	Lay Member
Ms Pam Smith	Lay Member
Ms Sarah Faulkner	Nurse Representative
Dr Annabel Jones	GP representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality
Ms Fiona Reynolds	Interim Director of Public Health, Cheshire West and Chester Council
Ms Laura Marsh	Director of Commissioning
Ms Paula Wedd	Director of Quality and Safeguarding
Ms Philippa Robinson	Interim Director of Operations

In attendance:

Ms Clare Dooley	Head of Governance
Ms Jeanette Bate	Interim Engagement Manager
Ms Clare Jones	Governing Body and Committees Coordinator

15/09	AGENDA ITEM	Action
	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. The Chair also welcomed Sarah Faulkner, Nurse Representative, and Dr Annabel Jones, GP Representative for City Locality, to their first meeting as members of the governing body. It was noted that hard copies 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, to make best use of this time, it may be necessary to respond outside of this meeting to any individual points of detail that cannot be dealt with within the allotted time. There were six members of the public in attendance at the meeting.	

15/09	AGENDA ITEM	Action
	No questions from members of the public were received prior to the meeting and no questions were raised from the floor.	
	CHAIR'S OPENING REMARKS	
	The Chair provided a personal example of a patient story, where the patient was known to the Chair, and the patient had no obvious diagnosis but faced uncertainty about their future after having symptoms since Christmas 2014. The patient (a frail older person) has had several admissions to different hospital, for a variety of reasons, over the last 12 months. Some of the care was not good, some of the care was acceptable and some of the care was excellent. It is often the small things that are important, such as a smile or a kind word and can make all the difference. When 'My name is…' is done with a smile, and is not simply a management tick box exercise, this can significantly improve the patient's experience. Given the opportunity to reflect on the overall experience, the Chair shared the following thoughts: • Acute hospitals are not the appropriate setting for frail older people, who would benefit from the calmness available in a community setting, and how can we change this? • How do we support staff in an acute setting to provide caring and understanding in a natural way? • How do we support the patient to get the support they need once they have returned to their home? Changing the way frail older people are supported by the health service will take time and the challenge will be to create the time required to do this.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Peter Williams.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no additional declarations of interest noted.	
C	**MINUTES OF PREVIOUS MEETINGS**	
	Minutes of Formal Meeting Held on 16th July 2015	

15/09	AGENDA ITEM	Action
	The minutes of the meeting held on 16th July 2015 were agreed as an accurate record of the meeting's proceedings, with the following amendments: • Page 3 – 8th line – 'It Chester…' to be amended to 'If Chester…' • Page 5 – 1st bullet, 6th line – '… may be wish…' to be amended to '… may wish…' • Page 7 – 3rd bullet, line 3 – '… reviews child protection…' to be amended to '… reviews of child protection…' • Page 8 – 1st bullet, line 4 – 'that' to be amended to 'than' 1st bullet, line 5 – 'viruses' to be changed to 'bacteria' • Page 9 – Finance, second bullet point – wording to be amended to '…spend is not as high as anticipated…' • Page 11 – "Health and Wellbeing Board" to be amended to "Health and Wellbeing Scrutiny Committee" <u>Matters arising not covered under the action log</u> There were no matters arising to be discussed. **Minutes of Informal Meeting Held on 13th August 2015** The minutes of the meeting held on 13th August 2015 were agreed as an accurate record of the meeting's proceedings. The following points were noted: • A concern had been raised in relation to the lack of Public Health involvement in meetings and it was agreed that further discussion about this issue will take place outside of this meeting. • Future versions of the high level plan of future work will include additional details of percentage shifts and will present savings for the clinical commissioning group and partners, to ensure there is clarity in relation to how clinical commissioning group decisions may impact on partners. <u>Matters arising not covered under the action log</u> There were no matters arising to be discussed. **Minutes of Informal Meeting Held on 26th August 2015** The minutes of the meeting held on 26th August 2015 were agreed as an accurate record of the meeting's proceedings. <u>Matters arising not covered under the action log</u> There were no matters arising to be discussed. It was noted that the meetings on the 13th and 26th August 2015 were informal meetings and, in future, items discussed at informal meetings will be updated through the Chief Officer's Business Report.	**LM**
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	

15/09	AGENDA ITEM	Action
	• 15/07/08.c – Clinical Senate Report – In relation to the work to be undertaken to request that members of the Youth Senate become involved in visits to GP practices, Paula Wedd has discussed this issue widely and consideration is being given to utilising wider resources than only the youth senate. In addition, patient participation groups could be requested to consider issues for young people at their GP practice and to encourage young people to become involved in patient participation groups. It was agreed that this suggestion will be presented to the patient participation group Chairs' meeting. It was noted that the clinical commissioning group's annual 'children's takeover day' will be taking place shortly and consideration will also be given to seeking the participants views on primary care during that event. • 15/07/09 c.ii – Wirral University Teaching Hospital – Discussions have taken place with Dr Jeremy Perkins in relation to the inclusion of a clinical commissioning group GP representative at future NHS England Quality Surveillance Group meetings. It has been agreed that, when issues relate to primary care, Dr Andy McAlavey will attend. When issues relate to a specific Trust, an appropriate GP representative would attend. • 15/07/09.e – Clostridium Difficile - A review of GP prescribing of antibiotics against GP practices has been mapped, and no correlation has been identified. This issue will continue to be monitored by Public Health. • 15/07/12 – Conflicts of Interest Policy – Off-line testing will be undertaken and an update on the robustness of the policy, following the testing of a number of scenarios, will be presented at the next audit committee meeting in December 2015. 26th August 2015 • 3 - *It was agreed that further work is required to understand entry point pathways at the Trust. W*ork is currently being undertaken to progress this issue and is being led by Mark Brandreth, Executive Director, Operations & Planning and Deputy Chief Executive, Countess of Chester Hospital NHS Foundation Trust. • 5 - *Assurance is to be provided to governing body from clinicians and managers that Quality, Innovation, Productivity and Prevention schemes are being progressed/delivered and reported to governing body with benefit timelines*. This is an ongoing process which will be continually reviewed. A decision has been taken to review data initially at the commissioning delivery committee, before escalation to governing body meetings. • 7.c - *Quality, Innovation, Productivity and Prevention schemes for procedures of limited clinical priority and diagnostics undertaken with no further treatment need further data/development*. This issue will be removed from the action tracker and will be monitored through the commissioning delivery committee.	**PS** **GJ**
15	**CLINICAL SENATE REPORT**	
	The Chair provided details of the June 2015 clinical senate meeting, which was	

15/09	AGENDA ITEM	Action
	a workshop session that focused on Working Together to Improve Dementia Care and Support for People with Dementia and Family Carers, facilitated by Life Story Network. Life Story Network has been requested to produce a report on the information obtained from the session and this will be provided to the governing body once it is available. The workshop provided a unique opportunity to bring together family, carers, clinicians and commissioners to discuss the planning and delivery of support and services and to work together to identify any areas for improvement within the West Cheshire Dementia Strategy. Members of the governing body that attended at the workshop provided details of their experience of the day and the following points were noted: • At the point of diagnosis, there is no specialist nurse to provide support, as there is, for example, with a cancer diagnosis. • A significant amount of work has taken place during the last 12 months, including the raising of awareness around Dementia, and it will be important to ensure that this is used as a basis for further work. • Consideration should be given to how children and young people feel and are affected by dementia. • The Countess of Chester Hospital NHS Foundation Trust has amended its visiting times to help families and carers. • The commissioning delivery committee will be asked to scrutinise the proposed changes to the delivery of dementia across the local health economy. • Significant work has taken place on a new strategy with Cheshire West and Chester Council and other partners, and the focus will now be on implementing the strategy and ensuring it works appropriately for patients, families and carers. **RECOMMENDATION** The governing body noted and reflected on the issues discussed by the clinical senate, and will take these into account when making decisions.	**GJ**
16	**QUALITY IMPROVEMENT COMMITTEE REPORT**	
	Paula Wedd noted that this report highlights issues of importance to be brought to the attention of the governing body. Although this report highlights areas of concern to the governing body, the quality improvement committee members feel that it is important that positive items are also highlighted. The report was discussed and the following points were highlighted:	

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	• Adult and Elderly Mental Health Outpatient Clinic Letters – Cheshire and Wirral Partnership NHS Foundation Trust is currently undertaking an audit of the turnaround times of clinical letters, following a number of delays reported by GPs following patients visits. Once the audit is complete, the Trust has been requested to provide an improvement action plan. It was noted that the reporting of this issue by GPs on to the clinical commissioning group's reporting system is very positive • Misidentification – As a result of a number of incidents where misidentification was identified as a recurring theme, the Countess of Chester Hospital NHS Foundation Trust has developed an improvement action plan and the Trust's Medical Director has identified additional clinical leadership capacity to support the implementation of the action plan. A number of visits have been undertaken to various wards within the Trust to ensure that staff were confident that the action plan is progressing, and assurance has been received that this is the case. During the visits, the amount of compassion staff have for patients and their families was visible, and staff were keen to discuss the work that is being undertaken, in new and different ways, to offer support to patients and families. • Countess of Chester Hospital NHS Foundation Trust was issued with a Regulation 28 Preventing Future Deaths Notice by the Coroner following an inquest in May 2015, with the Coroner requiring additional assurance around the robustness of processes for communicating information between departments and the checking of clinical suitability for the referred intervention. There is evidence that work on the action plan is underway, and the dates for delivery of the action plan have not yet passed, but assurance is yet to be received that all actions upon the plan are delivering as intended. • One to One Midwifery Service – The service received an unannounced visit from the Care Quality Commission in June 2014 and did not meet Standard 17 regarding governance. One to One responded to this with an action plan and received a further unannounced visit on 13th April 2015. Publication of the report following this visit has been deferred by the Care Quality Commission and it has been confirmed that the service will receive a comprehensive inspection on 1st and 2nd December 2015, following which a report will be published. • Wirral University Teaching Hospital NHS Foundation Trust – NHS England Area Team and Wirral Clinical Commissioning Group convened a follow up Quality Surveillance Group in August 2015 to review progress and it was noted that sufficient evidence and assurance was provided against the agreed actions to enable NHS England to close the enhanced surveillance process. Wirral Clinical Commissioning Group will continue to hold the Trust to account for delivery through their routine contract mechanisms. The Trust has also received a full Care Quality Commission inspection and the inspection report will be reviewed, once available. • Nursing Homes - Willows Care Home – The Care Quality Commission published an inspection report in December 2014 on the Willows Care Home that identified the need for improvements and the home developed an action plan in response to the findings. Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation	

15/09	AGENDA ITEM	Action
	Trust have also provided support for the nursing home, as it has been recognised that nursing homes are an extension of patient care. The home has recently appointed a new deputy manager, who has a lead role in quality improvement, and feedback from visits by the clinical commissioning group's quality manager notes evidence of sustained improvement in the care provided. Training is also being undertaken by the deputy manager to the staff in relation to person centred care and care planning, which has been positively received by the staff. • Safer Staffing – The next steps in developing the National Safe Staffing guidance will be led by NHS Improvement, working with the Chief Nursing Officer, to identify leads for a number of programmes: mental health, learning disability, urgent and emergency care, primary and community services and maternity, to ensure the NHS is safely staffed. NHS England has set out additional detail of the next steps for delivering this programme of work and, once the work is complete, the staffing guidance will be published by the National Quality Board. • Safeguarding Adults – Mersey Internal Audit Agency undertook a review of the arrangements in place for safeguarding adults during February and March 2015, to ensure that the clinical commissioning group has the appropriate systems in place to discharge its responsibilities in respect of safeguarding. The audit report concluded there was Significant Assurance and identified a small number of recommendations that have now been developed into an action plan, which will be monitored by the audit committee. In response to questions raised by Alison Lee, Dr Huw Charles-Jones, Dr Andy McAlavey, and Dr Steve Pomfret, the following points were noted: • Misidentification – The Countess of Chester Hospital NHS Foundation Trust's action plan addresses the root causes of incidents, a number of which relate to undertaking identity checks and the processes around wrist bands. Work is currently being undertaken in relation to human factors, to determine why staff do not follow the processes in place in relation to utilising wrist bands as the first point of identity checking. It has also been identified that, subsequent to a ward round taking place, staff require time to process the information received before tasking staff for subsequent actions, and the Trust's Medical Director has undertaken work with the Trust's consultants to request that they consider this issue moving forward. • Adult and Elderly Mental Health Outpatient Clinic Letters – The delay in receipt of letters following patient appointments will formally be raised at the next quality and performance meeting with Cheshire and Wirral Partnership NHS Foundation Trust, and a request will be made that a copy of the audit will be provided, once available. The clinic letters are used for several different purposes and care will be taken to ensure that a request for a reduction in timescales does not affect the quality of patient care. • Safer Staffing – All providers are now required to publish staffing levels of wards and all exceptions are reported to the governing body. The challenge around this data is only quantitative and does not provide any qualitative	

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	information. **RECOMMENDATION** The governing body reviewed the issues and concerns highlighted and notified any further actions for the quality improvement committee.	
17	**COMMISSIONING DELIVERY COMMITTEE REPORT**	
	Chris Hannah introduced the report and highlighted the following points: • There are incredibly complex governance and accountability requirements to be met in relation to the transformation and stabilisation process, and there is a need for organisations to share staff and resources to achieve targets and outcomes, while ensuring that duplication of work within programmes is minimised. • In relation to the clinical commissioning group's financial recovery, some progress has been made in providing efficiency savings, although assurance has not yet been provided that financial recovery will be achieved as planned. • The commissioning delivery committee continues to receive details of a number of targets that consistently fail on a regular basis. Consideration is to be given as to which targets are the most significant for patient care and achieving the delivery of services, to ensure that the limited resources available are focussed on the most important areas. <u>Stabilisation</u> Philippa Robinson provided an update in relation to stabilisation work currently being undertaken and the following points were highlighted: • Three stabilisation committee meetings have now taken place and the rigour this has brought to the stabilisation process is very encouraging. Work is continuing in relation to the terms of reference, risk register and dashboard, with care being taken to ensure that duplication of work does not take place. • The system resilience group has been de-merged from the commissioning delivery committee and is now reconstituted within the acute hub of the stabilisation delivery committee. • The clinical commissioning group has a key initiative in the development and use of project initiation documents, which provide a system wide overview of the progress of all of these work- streams and will build a long term financial model for West Cheshire. <u>Transformation</u>	

15/09	AGENDA ITEM	Action
	Laura Marsh provided an update in relation to transformation work currently being undertaken and the following points were highlighted: • Work is being undertaken to streamline the layers of reporting to ensure the release of clinical time to focus on delivery by merging the transformation committee and multispecialty community provider programme board. • Significant work has been undertaken on the value proposition and this has now been re-submitted to NHS England to approve the requested investment. Initial feedback has been positive and a final decision regarding the funding is expected imminently. Gareth James provided an update in relation to the current position of the financial plan and performance, and the following points were highlighted: <u>Finance</u> • 2015/16 financial plan anticipated a £3.277 million (or 1%) surplus – Following a detailed review at the end of quarter 1, the governing body has agreed to change this forecast to break-even (financial balance as at 31st March 2016). This has triggered a financial recovery process with NHS England and a financial recovery plan has been submitted, which demonstrates a trajectory to deliver NHS England 'business rules' by the end of financial year 2016/17. • The most significant risk currently to the clinical commissioning group is the over performance against NHS contracts, with the most significant pressure being in relation to un-planned admissions at the Countess of Chester Hospital NHS Foundation Trust, at more than £600,000 over plan. The increases are in relation to the number of patients being admitted with pneumonia, urinary tract infections, and broken hips, and the number of neo-natal cases. Work is being undertaken with the Trust to understand the increase in activity. <u>Performance</u> The report highlights performance targets that are currently of concern and, in particular, mental health targets. A detailed action plan for improvement of the mental health targets is to be provided from the mental health programme assurance board to the commissioning delivery committee, as there is a level of frustration that the same targets are continually discussed. In response to questions raised by Alison Lee and Dr Huw Charles-Jones, the following points were noted: • Transformation – As a part of the launch of Vanguard, the communication and engagement team will ensure that clear key messages are circulated in relation to what Vanguard is, that it is patient centred, and the patient's role in their own care. A variety of formats will be used to get the message out to members of the public and staff. Discussions are also now being held through the patient participation group chairs' meeting, to raise awareness	

15/09	AGENDA ITEM	Action
	of the launch. • Finance – The increase in admissions, particularly in relation to broken hips and neo-natal cases, is concerning and unexpected. Benchmarking will be undertaken over the coming weeks to determine the clinical commissioning group's position on a broader scale and to identify whether these are local, regional or national issues. Discussions on this issue will take place at the quality and performance meeting with the Trust on the 17th September 2015 and, if necessary, a joint investigation review can be requested. • Performance – Within the report to governing body, a link to each performance report in full will be provided, along with any available benchmarking to identify whether an issue is on a local or national basis. **RECOMMENDATION** The governing body noted the key issues discussed and the decisions made at the commissioning delivery committee.	**PR**
18	**AUDIT COMMITTEE REPORT**	
	David Gilburt provided details of the report on the discussions and decisions undertaken by the audit committee, which continues to progress the audit workplan. It was noted that the committee has received the formal annual audit letter from the external auditors, Grant Thornton UK LLP, for the year ended 31 March 2015, and details were provided of the unqualified opinions issued. Gareth James highlighted the following points from the report: • Financial control environment assessment – the clinical commissioning group has recently undertaken a self-assessment of its financial governance arrangements as part of the NHS England financial control environment assessment and the committee reviewed the initial assessment submitted to NHS England. West Cheshire Clinical Commissioning Group has been rated as requiring improvement in two areas and work is being undertaken to address these areas, which are: credibility of longer term financial planning and in-year financial performance. Agreement has been reached with local partners to consider this issue further, to align all long term financial plans to achieve the maximum benefit across the local health economy. • Internal audit progress report – the committee received updates on four internal audit reviews and significant assurance was received in respect of: commissioning support contract management, provider contract arrangements, and safeguarding adults. • As expected, the review of arrangements in place for personal health budgets was given limited assurance. Mersey Internal Audit Agency has been retained on behalf of a number of local clinical commissioning groups to undertake work to review current processes and support the design of robust governance arrangements. • It was noted there has recently been negative press in relation to personal	

15/09	AGENDA ITEM	Action
	health budgets, but it is important to ensure that those patients that receive a personal health budget have a choice on where that money is used. **RECOMMENDATION** The governing body noted the key items of business discussed at the audit committee meeting on 10th September 2015.	
19	**REMUNERATION COMMITTEE REPORT**	
	Chris Hannah provided details of the report, which outlines recent discussions and decision of the remuneration committee. **RECOMMENDATION** The governing body noted the contents of this report.	
20	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Alison Lee noted that the business report is provided for information and the following points were highlighted: • A revised assurance framework will be issued by NHS England for clinical commissioning groups, where more attention will be given to those clinical commissioning groups that are not performing as well as others. The assurance framework will be detailed, and will alter the way NHS England interacts with clinical commissioning groups. • The clinical commissioning group has received informal communication from the three local authorities that make up the Cheshire/Warrington sub-region that they have submitted a devolution proposal to government that includes both economic and health and social care devolution. The intention to include a health and social care proposal was undertaken more recently and clinical commissioning groups had limited input in to the proposal. Clinical commissioning groups will be represented on the sub-regional management board where the devolution work will be progressed, although it will be challenging to ensure that the clinical commissioning group is represented at the most appropriate meetings. • As the local commissioning support service was not successful in securing a place on the NHS England Lead Provider Framework, the clinical commissioning group is currently undertaking a procurement process with the other North West clinical commissioning groups through the NHS England Lead Provider Framework. Clinical commissioning groups have also made decisions in relation to services they would like to bring back in-house and business cases have been submitted and approved by NHS England. • A Health and Innovation Expo event took place in Manchester on 2nd and 3rd September 2015, organised by NHS England, and thanks have been	

15/09	AGENDA ITEM	Action
	offered to staff of the clinical commissioning group, partners and patient leads that contributed to sessions and provided presentations. In response to questions and comments by Dr Huw Charles-Jones, Dr Andy McAlavey, Chris Hannah, Pam Smith and Alison Lee, it was noted that the devolution proposal is in a very early stage, especially in relation to the health and social care budget devolution proposal. The opportunity will be taken to consider the way in which Greater Manchester has progressed its health and social care budget devolution, while acknowledging that there will be variations between the two regions. There will be business decisions to be made that will have financial implications, but the focus should continue to ensure that any work undertaken achieves the maximum benefit for patients of the clinical commissioning group. Consideration will also be required to ensure that devolution takes place across the most appropriate footprint, and the systems and processes required to ensure work is undertaken effectively and appropriately, and that clinical commissioning groups and NHS are fully involved. **RECOMMENDATION** The governing body noted the contents of this report.	
21	**GOVERNING BODY ASSURANCE FRAMEWORK**	
	Alison Lee provided the background to the governing body assurance framework and thanked Clare Dooley, Head of Governance, for the work she has undertaken in the production of the framework. The governing body assurance framework will be presented at each audit committee meeting and it is proposed that the assurance framework is also presented at each governing body meeting for high level risks to be discussed. The high risk scores and high residual risk scores were discussed and it was noted that there remains a risk in relation to funded nursing care, continuing health care and complex care. **RECOMMENDATIONS** The governing body: a) Approved the 2015/16 governing body assurance framework, as proposed by the audit committee at the meeting held on 10th September 2015. **b)** Agreed that all high level risks on the assurance framework are provided at each formal governing body meeting.	
22	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	

15/09	AGENDA ITEM	Action
	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.	
23	**ANY OTHER BUSINESS**	
	There were no other items of business to be discussed.	
	DATE AND TIME OF NEXT FORMAL MEETING	
	Thursday 19th November 2015, at 9.00am, in Neston Cricket Club, Station Road, Neston, Cheshire CH64 6QJ	

Minutes received by: _____

(Chair)

Date _____

NHS
West Cheshire
Clinical Commissioning Group

West Cheshire Clinical Commissioning Group Governing Body

Action Log from the minutes of formal 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	Complete	**Green** This issue is being progressed through the ICT Operational Group. Local providers are moving to a system that does not involve faxing; CoCH now send discharge summaries electronically and this is also the case for CWP mental health; some providers are also considering how information can be provided directly into practice systems.
Meeting held on 16th July 2015				
Page 4 15/07/08	**Clinical Senate Report – Dementia event** a. The Life Story Network report from the June meeting will be presented at the November 2015 governing body meeting.	Jenny Dodd	November 2015	**Red** Report not yet available.
	b. The Life Story Network report from the June meeting will be shared with the membership council at the November 2015 meeting.	Dr Huw Charles-Jones	November 2015	**Red** Report not yet available.
Page 10 15/07/10	**Commissioning Delivery Committee Report – Finance - Discharge to Assess model** a. An update on progress will be provided to the commissioning delivery committee in October 2015	Philippa Robinson	November 2015	**Green** Complete - An update is contained within the finance performance and commissioning committee report.
Meeting held on 17th September 2015				
Page 3 15/09/C	**Minutes of Informal meeting held 13 August 2015** – A concern was raised on the lack of Public Health involvement in meetings and discussions on this issue will be shared outside of the meeting.	Laura Marsh	November 2015	**Green** Complete
Page 3 15/09/D	**Patient Participation Groups Chairs meeting** – suggestion to be presented at Chairs meeting to request that patient participation groups consider issues for young people at their practices and that the groups encourage young people to participate in meetings.	Pam Smith	November 2015	**Amber** A verbal update will be provided to the November 2015 meeting.

Item	Action	Owner	End Date	STATUS
Page 3 15/09/D	**Conflicts of Interest Policy** – Off-line testing will be undertaken and an update on the robustness of the policy, following the testing of a number of scenarios, will be presented at the next audit committee meeting in December 2015. Update to January 2016 meeting.	Gareth James	January 2015	**Blue** For update at January 2016 governing body meeting
Page 5 15/09/15	**Clinical Senate Report** – Commissioning Delivery Committee will be requested to scrutinise proposed changes to delivery of dementia across health economy.	Gareth James	November 2015	**Amber** A verbal update will be provided to the November 2015 meeting.
Page 9 15/09/17	**Commissioning Delivery Committee Report** – Performance – Future reports to contain links to each performance report in full, along with available benchmarking to identify whether issues are local or national.	Philippa Robinson	November 2015	**Green** Complete – this is included within the finance performance and commissioning committee report.

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

NHS
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GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	19th November 2015
2.	**Title of Report:**	Senate Report
3.	**Key Messages:**	This report provides an overview of the Senate meeting, which was a development session, facilitated by the Chief of Service Transformation from the NHS Institute for Innovation and Improvement, held on 24th September 2015.
4.	**Recommendations**	The governing body is asked to note the issues discussed by the Senate.
5.	**Report Prepared By:**	Clare Dooley Head of Governance

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

SENATE REPORT

PURPOSE

1. The 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 from the Senate in September 2015.

CONTENT

3. The Senate met on 24th September 2015 to reflect on current pressures, priorities and future development of the Senate.

4. Dr Peter Williams, Medical Director of the Royal Liverpool and Broadgreen Hospital NHS Trust, and newly appointed Hospital Doctor member of NHS West Cheshire Clinical Commissioning Group governing body, was introduced as the new Chair of the Senate.

REFLECTIVE REVIEW

5. From this development session the Senate members agreed their collective ambitions are to:

    - Ensure that they have the best, safest and most effective care for local people through personal and local services.
    - Reduce health inequalities and become a unified health and social care system through the delivery of the West Cheshire Way.
    - Ensure they sustain the local services.

6. The Senate members reflected that the way forward for change is to bring research and innovation to Cheshire through working together with mutual respect without bias. The Senate forum is to share thinking/agree shared outcomes and develop plans for delivering achievable change.

7. The discussions also focussed on sustaining a single system wide approach to change with clear trajectories and by monitoring progress. Members expressed the need to support each other with honesty and transparency through a collaborative approach, without competition.

8. The Senate agreed to offer:

- External expertise and personal commitment and leadership
- Keeping services running safely, fixing problems within their control
- Promoting the potential of Allied Health Professionals
- Bringing staff together and reducing variation
- Having a political influence
- Maintaining patient focus
- Developing intelligence and analysis
- Inspiration to get the public activated and motivated
- A neutral space to plan and work

9. The Senate reflected on their contribution and success in supporting the transformation and stabilisation work streams. The members agreed that the financial challenge for the health economy is considerable for all organisations and there is a need to ensure that leaders to not retreat to their own boundaries.

10. There is a significant change programme facing the local health economy and there is a need to review how this is communicated to staff and the public. The Senate members proposed a time for pause to consider how to make the most collectively of being a Vanguard site.

FUTURE DEVELOPMENT

11. The next part of the session was facilitated by Helen Bevan, Chief of Service Transformation from the NHS Institute for Innovation and Improvement. Helen provided a presentation to the group on a systematic approach to the day via the SCAN, FOCUS and ACT process.

12. The session started with a focus on “SCAN”. This time was spent creating a level starting point for change and imagining a different future by asking “what is the future we are seeking to create”.

13. They members were all given a task to focus forward to 2018 and consider that the Senate had done an outstanding job in supporting the transformation and stabilisation work streams to successful delivery. Four groups were formed and asked to create a picture of the future by describing:

- what it looked like?
- what is different for people?
- what is the Senate doing?

14. The groups provided illustrations on the vision of a future, well established and successfully functioning Senate. Some of the themes presented included:

- The Senate “at the centre” and networking through technology and IT.

- Greater public input dictating the focus for public servants.
- The Senate as a collaborative guiding group utilising one single plan/focus.
- The Senate "conducting" the local health economy by creating the right environment to enable people to get the services they need, when they need them and where they need them.
- The Senate making a difference for people by providing and making choices for care closer to home.

15. Helen then asked the four groups to use five words to describe the role of the Senate, they used.

- Vision, education, consensus, facilitation and delivery.
- Cohesive, inclusive, visionary, listening, and shaping.
- Collaborative, leadership, innovative, influential and challenging.
- Listening, consultative, challenging, representative and empowered.

16. The Senate then moved to the "FOCUS" phase of the session and discussed how the Senate needs to be different? The groups were asked identify and test ideas, narrow down options, find creative solutions, make choices and uncover barriers.

17. Eight continuum charts describing different characteristics of the Senate were presented. A task of identifying where the Senate is now and where they want to be in the future, through a series of statements, to achieve the vision described earlier was undertaken.

18. The final section was to discuss the "ACT" process, i.e. to build a shared purpose for action, make decisions, agree action plans, agree immediate steps and agree a review process.

19. A process of "ABC" was presented to facilitate this discussion:

- A = Accelerate (do more of)
- B = Brake (stop doing)
- C = Create (start doing)

20. The outcomes of the discussion included:

<u>Accelerate</u>

- Within the next week confirm a shift to bi-monthly meetings and recirculate the terms of reference for review.

- Within the next quarter review the plan for Senate made from this session to evaluate progress.

Brake

- Within the next week the need to stop meeting monthly.

Create

- Within the next month plan Senate discussions twelve months in advance to ensure a proactive agenda, invite all Senate members to request items for future discussion. Agree a reference group selected from the membership.

- Within the next quarter develop a communications strategy for the Senate to increase community engagement, and involve Healthwatch.

TOPICS FOR NEXT MEETING

21. The topics for November Senate meeting, which will take place on 26th November 2015 (Rooms A & B at the 1829 Building) are:

- A review of progress and actions from the Senate development session in September 2015.
- System resilience and winter planning.
- Launch of the Vanguard programme.

RECOMMENDATION

22. The governing body is asked to note the issues discussed by the Senate.

Dr Peter Williams
Hospital Doctor Member
November 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 19th November 2015

2. Title of Report: Quality Improvement Report

3. Key Messages:

Public Health are working with NHS England and our GPs and care homes to ensure we have strong plans in place to manage any outbreaks of flu this winter.

The Countess of Chester NHS Foundation Trust participates in a scheme called Advancing Quality that requires them to deliver care against a clearly defined set of best practice standards. Based on performance information April to July 2015 they are not meeting the required standard and they have been asked to take steps to rectify this.

Cheshire and Wirral Partnership NHS Foundation Trust are taking steps to reduce the time it takes to provide outpatient letters to GPs.

A number of local nursing homes have received unannounced visits from the Care Quality Commission. The reports give a rating and provide a commentary on what they found. The reports can be found on the Care Quality Commission website.

The Prime Ministers Challenge Fund is being used to deliver improvements in primary care to our local population through a number of projects, such as direct access physiotherapy and the use of wellbeing coordinators in GP practices.

We have 2 Serious Case Reviews open in West Cheshire that are examining the practice of services involved in the care of children. The findings from these reviews will be published.

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 8th October 2015.

INFECTION PREVENTION AND CONTROL

Influenza

4. Cheshire West and Chester Public Health Services have been leading a sub-regional flu outbreak planning group. The outputs from this group provides assurance to the weekly system resilience working group chaired by the clinical commissioning group. Progress to date includes:

    a. Ensuring antiviral supply – NHS England have established 2 pharmacy locations where stocks of antivirals can be held in the case of an outbreak being declared during a weekend or a bank holiday. Further locations are being identified.

    b. Antiviral prescribing – NHS England have sought assurance from clinical commissioning groups that a process is in place for each locality to prescribe antivirals during an outbreak. A local service will be delivered through Primary Care Cheshire.

    c. Guidance for Care Homes – Public Health England have developed a care home pack of all relevant guidance and key contacts for care homes to use during an outbreak. This resource pack with local information has been distributed this week to all our care homes.

    d. Staff Vaccination – Cheshire West and Chester Public Health have extended their staff vaccination voucher scheme (allowing staff to take their voucher to any participating community pharmacy) to 200 care homes across the borough – this will allow participating care homes to issue vouchers to their staff and to receive a single invoice to pay for all the vaccinations – it is hoped that this simplified mechanism will increase uptake. A leaflet has been developed on the importance of staff vaccination and employers responsibilities. Public Health is also working with Cheshire and Wirral Partnership NHS Foundation Trust to improve their staff uptake.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Serious Incidents

5. The Trust has reported a surgical Never Event that occurred outside a theatre environment. The incident is being investigated and the root cause analysis report will be submitted to our Serious Incident Review group. The committee will be briefed on the findings of the investigation and any gaps in assurance will be escalated to the governing body. There has been no harm to the patient.

Advancing Quality

6. At the end of 2014-15 the Trust achieved the targets in 3 of the 5 pathways and an appropriate financial adjustment was made to the Trusts income for failing to achieve the required standard in 2 of the pathways.

PATHWAY	ACHIEVED YES / NO
Acute Myocardial Infarct	**Yes**
Heart Failure	**Yes**
Hip and Knee replacement	**No**
Pneumonia	**No**
Stroke	**Yes**

7. In 2015-16 the quarter 1 report shows that the Trust is performing poorly against peers in 4 pathways.

PATHWAY	Ranking (lower is worse)
Acute Myocardial Infarct	15/15
Heart failure	10/15
Hip and Knee replacement	19/20
Pneumonia	10/14

8. The stroke pathway is not being managed through Advancing Quality this year and new pathways for this year have been agreed as part of the 2015-16 contract. Performance information against these new pathways will be reported on later in the year.

9. At the September Quality and Performance meeting the Trust were formally asked to provide assurance that they had robust plans to make sustained improvements in performance across all of these pathways and failure to do so would result in a contract query. The committee will be given an update at our next meeting on quarter 2 performance.

Family and Friends Test

10. The committee is concerned about the Trust's performance in the national Family and Friends Test. The Trust has been asked formally through the Quality and Performance meeting for an improvement plan to address these issues. The plan includes the need for the Trust to consider investment in a text system to supplement paper and website options as a means of improving response rates.

11. The response rate for outpatient data to August 2015 is significantly below the national average along with a lower than average percentage of those who would recommend the service to family and friends.

12. The response rates to the test and the percentage of patients attending Accident and Emergency who would not recommend the Trust is below national average to August 2015.

13. The maternity service is working with both NHS England and the clinical commissioning group to improve their response rates.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Adult and Elderly Mental Health Outpatient Clinic Letters

14. The Trust have undertaken an audit of current turnaround times of clinic letters after GP Practices reported delays of up to 12 weeks in receiving letters following attendance of their patients at Adult and Elderly Mental Health outpatient clinics. Initial findings from the audit have identified some areas for improvement and an action plan is now being developed. Progress will be reviewed at our next Quality and Performance meeting with the Trust.

Care Quality Commission Quality Summit

15. Following the planned visit by the Care Quality Commission to the Trust earlier this year a Quality Summit to feedback findings to stakeholders will now take place on 26th November 2015. The committee will be updated on the outcome of the inspection and any subsequent plans for improvement.

ONE TO ONE MIDWIFERY SERVICE

16. One to One Midwifery Service received an unannounced visit from the Care Quality Commission in June 2014 and did not meet Standard 17 regarding governance. One to One responded to this with an action plan. One to One believed that they were compliant against the action plan within a number of weeks of the inspection report being published and requested a re-inspection from the Care Quality Commission on a number of occasions but this did not take place.

17. One to One Midwifery Service did however receive a further unannounced visit from the Care Quality Commission on 13th April 2015. This report has now been published and it identifies that there have been some improvements in governance but it also identifies a number of areas for action and attention. Progress against these requirements is being managed through our Quality and Performance meeting with the provider. It has been confirmed that One to One Midwifery Service will receive a comprehensive Care Quality Commission inspection in December 2015 following which a report will be published.

SUTTON BEECHES

18. The committee received information about a number of medication related incidents that local GPs who provide medical services in Sutton Beeches have reported. The committee asked the medicines management team and the quality improvement team to take further actions to support the local authority with the development of best practice in the administration of medication.

NURSING HOMES

Willows Care Home

19. In December 2014 the Care Quality Commission published an inspection report on the Willows Care Home that identified the need for improvements. The home developed an action plan in response to the findings of the Care Quality Commission inspection report. Following this report the Designated Nurse for Adult Safeguarding and Cheshire West and Chester Council increased their scrutiny of this home and reported progress in the delivery of improvements. In March 2015 the Care Quality Commission carried out an unannounced follow up visit and published a report which found evidence of some improvements but noted the overall rating for this provider was 'Inadequate'. This meant that it was placed into 'special measures' by the Care Quality Commission. Services placed in special measures are inspected again within six months.

20. The governing body were advised at their last meeting that in response to this report the home had appointed a new deputy manager, with a lead role in quality improvement. Feedback from visits by our quality manager noted evidence of sustained improvements in the care provided. Training by the deputy manager to the staff in relation to person centred care and care planning had been positively received by the staff. Cheshire West and Chester Council established a learning and development programme and our two main secondary care providers contributed to this.

21. The Care Quality Commission has now undertaken a further unannounced inspection.

22. During this inspection they saw that improvements had been made within the service in relation to: planning and recording people's care needs; staff training and support; the environment; the monitoring of the service delivered to people and to the overall management of the service. In addition they found that the registered provider had taken action to address the concerns raised within the warning notices. They have now published their report and changed the rating from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' the Care Quality Commission requires a longer term track record of consistent good practice.

23. Following this inspection Cheshire West and Chester Council have lifted the suspension on placements with the caveat of only admitting two new residents per week. Visits from Cheshire West and Chester Council and our clinical commissioning group continue to monitor improvements and sustainability.

Atherton Lodge Nursing Home

24. In September 2014 the Care Quality Commission published an inspection report on Atherton Lodge that identified the need for improvements. Following this report the Designated Nurse for Adult Safeguarding and Cheshire West and Chester Council increased their scrutiny of care to monitor if sustainable improvements were being delivered and provided feedback to the Care Quality Commission. In August 2015 the Care Quality Commission published its findings from a further unannounced visit and noted the overall rating for this provider was 'Inadequate'. This meant that it was placed into 'special measures' by the Care Quality Commission. Services placed in special measures are inspected again within six months.

25. Cheshire West and Chester Council agreed a voluntary suspension of admissions with the owner/provider. This voluntary suspension remains in place whilst there is limited assurance of the homes ability to sustain the initial improvements. The Care Quality Commission has not yet undertaken its follow up visit since the last report and the home is awaiting a re-inspection in the near future.

26. Cheshire West and Chester Council and our clinical commissioning group continue to support and monitor the quality of care in the home, this has included seeking the views of residents and their families. A further meeting with the provider is scheduled on the findings of the monitoring visits.

Crawfords Walk Nursing Home

27. The Care Quality Commission published the findings of their inspection visit in May 2015. The report identified the need for improvements. The provider submitted an action plan to the regulator to demonstrate how the required improvements will be achieved. The regulator issued clear timescales for completion of the required actions for improvement. Cheshire West and Chester Council and our quality manager both report evidence of sustained delivery against the improvement plan.

Orchard Manor Nursing Home

28. Following an investigation in to a referral, the Cheshire West and Chester safeguarding team have identified the need for changes in practice. The provider has been responsive and is currently working through an action plan in response to the safeguarding and quality concerns raised. Quality monitoring visits between Cheshire West and Chester Council and our clinical commissioning group continue to monitor improvements and sustainability

PRIMARY CARE QUALITY

29. The GP Quality Group met in September 2015 and highlighted to the committee a number of issues that they are taking further action on:

    a. Medicines Management staff have identified that further work is needed with mental health consultants from Cheshire and Wirral Partnership NHS Foundation Trust to agree protocols for prescribing specialist drugs.

    b. Following an incident relating to a cervical smear the learning from the investigation will be shared with all practices at a planned education event in December for all practices on maternity and women's health.

    c. All GP clusters have achieved the quarter 1 milestones set as part of this year's primary care Commissioning for Quality and Innovation Scheme with exception of Ellesmere Port North. This cluster has been asked to continue to deliver against the original goals set out in the scheme and to seek additional support from the clinical commissioning group if required.

Research

30. Research and ethics approval has been gained for two studies in primary care. One of these relates to a semi-structured interview project with GPs discussing the effects, including the emotional aspects of reporting and analysing incidents. The second is a study looking at anonymised free-text data from GP reported incidents, again investigating emotional themes.

31. Our research partners are the University of Leeds Department of Psychology and the Bradford Health Institute. The committee will be briefed on progress arising from these studies.

Primary Care Programme Developments

32. The committee were briefed on progress in delivering projects that have a positive impact on improving quality as part of the Prime Minsters Challenge Fund:

    a. GP appointments in extended hours are now available in more sites with additional numbers of appointments available. Work is progressing to ensure the ICT elements of this service relating to data sharing are

resolved. This service should increase access to GP appointments and result in positive GP survey results.

b. Wellbeing co-ordinators who are working closely with practices to respond to patient's non-medical problems, have been rolled out to all clusters. Work is ongoing to ensure there is enough capacity in this service to deliver and to successfully measure improvement in patient outcomes.

c. Physiotherapy First, a service enabling access to timely physiotherapy assessment of patients is being developed in all clusters.

d. Work is ongoing to identify relevant software to enable access to GP appointments via e-consultations. This will be piloted in a number of practices.

GPs and Child Protection Case Conferences

33. The Cheshire West and Chester Local Safeguarding Children Board continue to monitor the initial and review child protection case conference information via the quarterly multi-agency dataset that is reported to the Board.

34. Table 1 demonstrates activity over the last four quarters in West Cheshire. Attendance at initial child protection case conferences continues to consistently meet the expected standard of 25%. Submission of reports for initial child protection case conferences is not yet consistently meeting the expected standard of 75%. However, quarter 1 2015–16 has seen reports completed for all initial child protection case conferences. Submission of reports for review child protection case conferences has not met the required standard of 75% at any time during the last 4 quarters.

Table 1: GP attendance at initial child protection case conferences and submission of reports to initial and review child protection case conferences

	% of Initial Child Protection Case Conferences with GP attending	% of Initial Child Protection Case Conferences with report submitted	% of Review Child Protection Case Conferences with report submitted
Quarter 2 2014 / 15	48% (10 out of 21 conferences)	62% (13 out of 21 conferences)	58% (29 out of 50 c0nferences)
Quarter 3 2014 / 15	48% (10 out of 21 conferences)	86% (18 out of 21 conferences)	46% (16 out of 35 conferences)
Quarter 4 2014 / 15	67% (12 out of 18 conferences)	67% (12 out of 18 conferences)	54% (28 out of 52 conferences)
Quarter 1 2015 / 16	41% (11 out of 27 conferences)	100% (27 out of 27 conferences)	57% (21 out of 37 conferences)

35. Following agreement at the quality improvement committee the primary care team carried out a piece of work to identify the reasons for the low returns of reports. This work has been completed recently and the returns are being analysed by the Designated Nurse Safeguarding Children and an update will be provided to the committee.

36. A meeting took place with a representative of the Cheshire West and Chester Local Authority Safeguarding Unit to discuss the request made by GPs to use IT facilities (teleconferencing / SKYPE / videoconferencing) to assist their attendance at initial child protection case conferences. While the technology does exist and can be sourced there are other considerations that the Safeguarding Unit have asked to be taken into account. These include the impact on the families and other practitioners involved. A full consultation with families and partners will need to take place before taking this proposal forward. In the interim an alternative proposal was put forward to offer those practices with the highest number of case conferences the option to hold the initial case conferences in the practice. This proposal would include practices in the West Cheshire and Vale Royal Clinical Commissioning Group areas. Practices are being sought and followed up. This option will be piloted for 3 months and the findings considered.

SAFEGUARDING CHILDREN

37. The committee received the Safeguarding Children, Children in Care and Adults at Risk Annual Report 2014 – 2015, and this is provided to the governing body for information, here,

38. We have 2 Serious Case Reviews open and the committee will be kept informed of the progress and learning from the reviews.

Serious Case Review 01 / 2014 Child A

39. In December 2014 the Cheshire West and Chester Local Safeguarding Children Board agreed the need for a Serious Case Review. The incident involved Child A sustaining an injury that later required hospitalisation and surgical interventions. The incident leading to this Serious Case Review occurred in October 2014. At this time the family was subject to Child Protection planning with the children being registered under the category of neglect. Child A is the second oldest sibling amongst a large sibling group.

40. Cheshire West and Chester Local Safeguarding Children Board received and accepted the final report and action plan relating to Child A. The report and action plan have been submitted to the National Panel. To date the Local Safeguarding Children Board has not been able to agree a publication date due to an ongoing police investigation. The social workers working with the family will be engaged in the communication strategy once a publication date is agreed.

41. Local Safeguarding Children Board members have received the report and the action plan. The action plan has been shared with key professionals, including the provider Trusts Named Professionals. Partner agencies have been asked to ensure that staff engage with any requests to complete the work required.

Serious Case Review 01 / 2015 Child B

42. This review was commissioned following the death of a young person in care. Cheshire West and Chester Local Safeguarding Children Board received an interim update on the findings to date. The timescale for submission of a final report is the end of November 2015.

Female Genital Mutilation

43. Female Genital Mutilation is a key focus for the government. A consultation on new statutory guidance is underway and will help to increase awareness and improve compliance with good practice to increase referrals and reports to the police and to increase protection for victims. The guidelines make it clear that Female Genital Mutilation is child abuse and a form of violence against women and girls that should be dealt with as part of existing child and adult safeguarding structures, policies and procedures.

44. Training is an important focus of the guidance and aims to assist staff to have the expertise to identify and report identified cases. From autumn 2015 a mandatory reporting duty will require regulated health and social care professionals (including GPs) to report 'known' cases of Female Genital Mutilation in under 18year olds to the police. The Named GP for Safeguarding Children is acting as the coordinator for this task for all of our GPs.

Child Sexual Exploitation

45. Child Sexual Exploitation remains a focus of the Cheshire West and Chester Local Safeguarding Children Board. The Child Sexual Exploitation Team pilot has been in place since February 2015 and continues until November 2015. The team includes two health professionals. An evaluation of the pilot is underway and is being completed by the Local Authority Public Health team. The future of the team will be dependent on the findings of the pilot.

Children in Care Health Assessments

46. The timeliness and quality of all health assessments for children in care are monitored by our Designated Nurse in line with our statutory duties for children in care.

47. The committee were advised that we commission Review Health Assessments for Children in Care from Nurse Specialists employed Cheshire and Wirral Partnership NHS Foundation Trust. The report identified non-compliance with the timescales in place for the completion of Review Health Assessments. There has been a downward trend in the timeliness of Review Health Assessments during the last quarter of 2014-15. The Trust was requested to

develop an action plan and they provided assurance that the issues identified in the action plan were also placed on the Trust risk register.
Performance for the first part of quarter 1 2015-16 has shown a minimal improvement and the committee will receive an update on performance to July 2015 at the next meeting.

PATIENT EXPERIENCE UPDATE

48. The clinical commissioning group has been working with the North West Commissioning Support Unit to transfer the Patient Advice and Liaison Service (PALS) and complaints function to our direct employment. Our newly formed patient experience team has been operational from the beginning of October 2015 and we have already seen a reduction in the time taken to resolve concerns for our patients and their families/carers.

RECOMMENDATIONS

49. 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
November 2015

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 19th November 2015

2. Title of Report: Finance Performance and Commissioning 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 1st October 2015. The key items for the governing body to note are:

- NHS England has reassessed the clinical commissioning group's system resilience plans and is fully assured in 2 categories and partially assured in the other 6. This is a significant improvement from the beginning of October 2015.

- NHS 111 the national urgent care advice service has been live in the North West since 1st October 2015. While NHS West Cheshire Clinical Commissioning Group has only recently approved the use of the definitive clinical assessment, West Cheshire residents, on average, are calling the service 1,500 a month. NHS West Cheshire Clinical Commissioning Group will be moving to fully adopt NHS 111 from 1st April 2016.

- The clinical commissioning group has received the first half of the £4.997 million vanguard funding. The funding is allocated against the three clinical programme areas as well as the 'enablers'; communications and engagement, ICT, people and organizational development.

- After 6 months of the financial year, despite deterioration in the financial positon, it is still forecast that financial balance will be delivered at 31 March 2016.

- There is significant over-performance against secondary healthcare contracts. The main areas of financial pressure continue to be un-planned admissions and critical care activity.

- The clinical commissioning group is currently rated as red (not delivering the targets) for diagnostic tests, emergency ambulances and national mental health performance targets. The committee reviewed the actions that are currently being undertaken to address performance in these areas.

- The committee reviewed and supported a continuing healthcare commissioning policy. The policy sets out how the clinical commissioning group will meet its obligations in a manner which appropriately balances the choice offered to individuals with the duty to make best use of NHS resources.

4. Recommendations The governing body is asked to note the key issues discussed and the decisions made at the finance performance and commissioning committee.

5. Report Prepared By: Philippa Robinson
Interim Director of Operations

Laura Marsh
Director of Commissioning

Gareth James
Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

FINANCE PERFORMANCE AND COMMISSIONING COMMITTEE REPORT

PURPOSE

1. This report provides an overview of the business discussed and decisions made at the finance performance and commissioning committee meeting held on 1st October 2015.

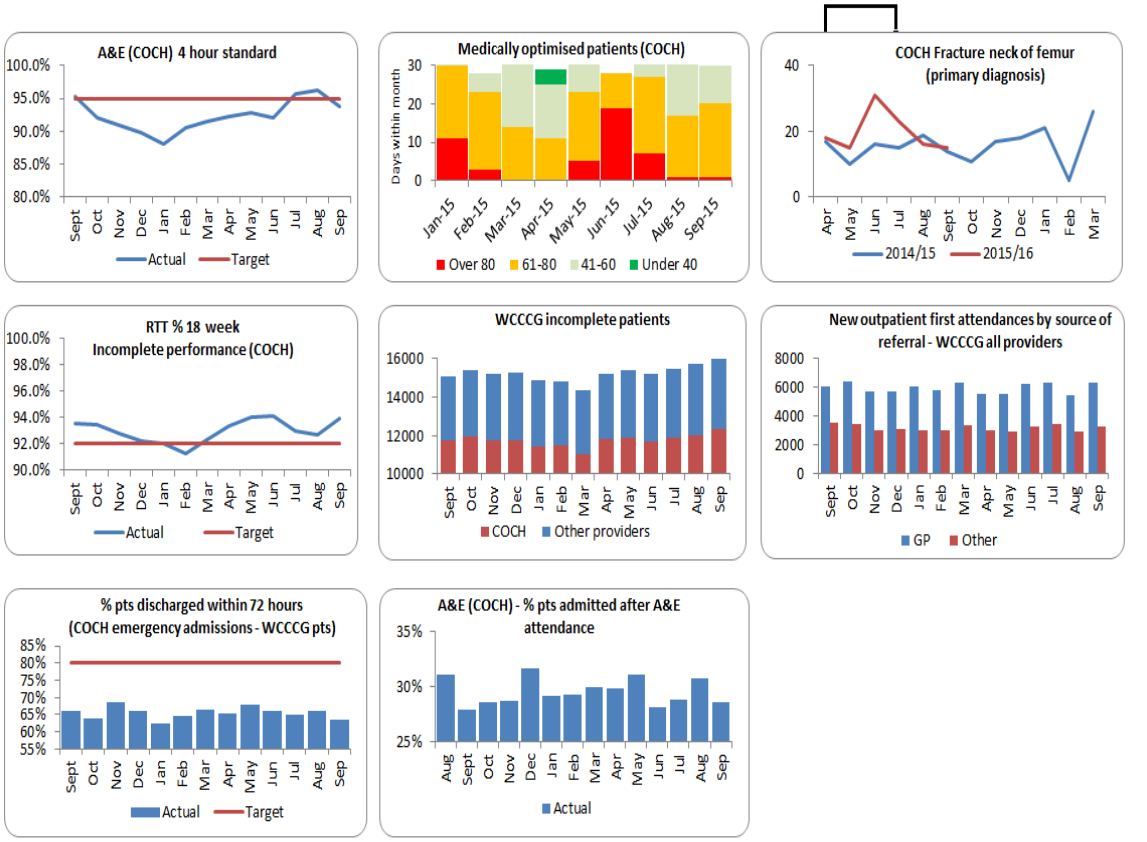
2. Details of the key issues discussed are provided in the following paragraphs.

STABILISATION AND TRANSFORMATION DELIVERY REPORT

3. The stabilisation delivery committee met on 9thNovember 2015. The performance dashboard below was reviewed for its second iteration and is based on the Board Assurance Framework for Countess of Chester Hospital NHS Foundation Trust. This document will mature over time and will be the baseline for assessing performance and delivery of the stabilisation work-streams. We shall be looking at these metrics and financial consequences of the implied risk across the whole health economy. The update papers containing the full performance reports for the stabilisation delivery committee are available, here.

Performance Dashboard - DRAFT
September 2015

Western Cheshire
Stabilisation Delivery Committee



4. The Better Care, Better Value national benchmarking indicators are available here, for reference.

5. NHS 111, the national urgent care advice service, has been live in the North West since 1st October 2015. While NHS West Cheshire Clinical Commissioning Group has only recently approved the use of the definitive clinical assessment, West Cheshire residents, on average, are calling the service 1,500 a month. NHS West Cheshire Clinical Commissioning Group will be moving to fully adopt NHS 111 from 1st April 2016.

6. NHS England has reassessed the clinical commissioning group's system resilience group assurance response and has duly given the clinical commissioning group a 'partially assured' status across 6 of the lines of enquiry, with 2 fully assured.

7. There has been a very positive response from NHS England with regards to the system resilience group and all of the work-plans, as we have come a long way in a very short space of time, hence the partial assurance. However, NHS England has stated that it is unlikely that any clinical commissioning group across the area will have full assurance. An updated submission has been made to NHS England on 29th October and the results of that are shown below.

8. One of our greatest challenges is to ensure patient flow throughout the system and we are very pleased to say that Cheshire West and Chester Council have agreed to a stretch target of 17 complex discharges on a daily basis. The weekly meetings of the system resilience group sub-group to determine forthcoming actions for the winter plans and hold to account missed targets within those plans, is progressing well.

9. The Emergency Care Intensive Support Team (ECIST) action plan is being incorporated into the pre-existing winter plan to provide a cohesive and collaborative approach to working through those winter challenges. Coupled with this level of scrutiny, the Better Care Fund is in the process of finalising a substantial review of all schemes within it.

DCO Team	SRG	SRG Chair	CCG(s)	Acute Provider(s)	Assurance request	Overall Assessment	Winter readiness	Governance & Leadership	Capacity, Demand & Data	Non Acute Demand (Out of	Resilience High Impact	Mental Health Assurance	Ambulance High Impact	A&E	Key Risks and issue identified	Key Actions	Expected timescale for moving to "Assured"
Cheshire and Merseyside	Eastern Cheshire SRG	Jacki Wilkes	Eastern Cheshire	East Cheshire NHS Trust		Partially Assured	Partially Assured	Assured	Assured	Assured	In plan for implementation	Assured	Partially Assured	Partially Assured	Implementation of the key STAIRRS initiative has been delayed. The UM review has identified the issue within the system. Work has/ have taken place to identify key actions resulting from the review/ recommendations that are being implemented.	To implement recommended approaches on assessing urgent care patients and an community approaches to discharging patients	When the preparatory are fully implemented and performance is maintained
	Halton SRG	Sue Wallace-Banner	Halton	Warrington & Halton Hospitals/ St Helens & Knowsley Hospitals		Assured	Assured	Assured	Assured	Assured	Implementation underway	Assured	Partially Assured	Not applicable	Work plans are in place to address any gaps in assurance Performance in the acute hospitals used by the Halton population is below the required standard but it is recognised that the impact Halton SRG can have on this is limited	The SRG should work with other SRGs to improve performance in the hospitals used by the Halton population	Not Applicable
	Mid Mersey SRG	Steve Cox	St Helens/ Knowsley/ Halton	St Helens & Knowsley Hospitals		Partially Assured	Partially Assured	Partially Assured	Partially Assured	Partially Assured	In plan for implementation	Assured	Partially Assured	Partially Assured	Discharges are currently not timely enough and this can result in pressure being experienced in A&E, which can be severe. Flow through the hospital is not as efficient as necessary to free up beds for patients to be admitted into at peak times/ Hospital has experienced increased attendances, particularly from specific postcodes	Schemes have been prioritised to improve patient flow An scheme is already due to be implemented to place a senior GP at the front of A&E to free up clinical time in the dept	This will depend on implementation and impact of the schemes from 1 November
	North Mersey SRG	Fiona Lommers	Liverpool/ South Sefton/ Knowsley	Aintree University/ Royal Liverpool University/ Alder Hey/ Liverpool Women's		Not Assured	Partially Assured	Partially Assured	Partially Assured	Assured	Implementation underway	Partially Assured	Partially Assured	Not Assured	North Mersey is a particularly complex system. There are issues with social care engagement and specifically the 7 day turnaround for assessments, which affects patient flow initiatives and, in turn, causes pressure on the hospital system, resulting in A&E performance deteriorating. There have been considerable waiting times for mental health beds - an action plan has been approved to address this issue	Changes to intermediate care and discharge pathways are being considered. Review underway of social care assessment & delivery process. Implement mental health liaison action plan	This will depend on performance and an improved social care input.
	Central Cheshire SRG	Jonathan Griffiths	South Cheshire/ Vale Royal	Mid Cheshire Hospitals		Partially Assured	Assured	Assured	Partially Assured	Assured	In plan for implementation	Assured	Partially Assured	Partially Assured	There is a plan to increase community bed capacity and this will make a significant difference to performance. The risk is that this takes time to implement. In addition, the hospital has requested more additional escalation beds from January that are not yet funded.	Monitor the SRG's delivery of additional capacity.	Once the additional capacity is implemented and provided performance is satisfactory.
	Southport Care Closer to Home SRG	Fiona Taylor	Southport & Formby	Southport & Ormskirk		Not Assured	Partially Assured	Assured	Not Assured	Partially Assured	In plan for implementation	Partially Assured	Partially Assured	Not Assured	There are a range of inefficient processes within the acute provider that need to be addressed including discharges and workforce availability that are being reviewed by the interim management team There is a risk that the Frailty Unit will be removed due to funding issues The SRG intends to produce an enhanced demand & capacity analysis, although there is no timescale given for this.	Work with SRG and TDA to address significant risk to frailty unit Interim management to produce action plan for improving working practices	Unlikely to move to Assured in the short term.
	Warrington SRG	Andrew Davies	Warrington/ Halton	Warrington & Halton Hospitals		Partially Assured	Partially Assured	Assured	Assured	Assured	In plan for implementation	Assured	Partially Assured	Partially Assured	Following the Utilisation Management Team review, schemes are being put in place to improve assessment and discharges. It will take time to see whether these have sufficient impact to improve performance.	Continue engagement with the SRG and health system via the local tripartite escalation system and monitor impact of schemes	Unlikely to move to Assured in the short term.
	West Cheshire SRG	Frank Jarosh	Western Cheshire	Countess of Chester		Partially Assured	Partially Assured	Assured	Partially Assured	Partially Assured	In plan for implementation	Assured	Partially Assured	Partially Assured	Work is underway to address system issues but will take time to develop and implement. Recent performance has been better than last year.	The DCO will continue to work with the SRG to monitor actions and performance.	Not in short term, will require implementation of actions and sustained performance.
	Wirral SRG	Jan Dowding	Wirral	Wirral University		Not Assured	Partially Assured	Assured	Not Assured	Assured	In plan for implementation	Partially Assured	Partially Assured	Not Assured	Inconsistent financial assumptions within health system could lead to instability EOIST Breaking the cycle plan yet to be implemented. Initial ECIP meeting has taken place, the programme is yet to commence BCF schemes are intended to reduce admissions and appear to be having an effect but A&E performance has not improved	The health system is part of the ECIP Programme, which will identify additional methods to improve performance. The impact will be monitored via the local escalation process.	The DCO Team does not currently foresee moving the Wirral system into "Assured" in the near future

Assured	Already in place. There may be some elements still to be implemented but the majority are in place to provide assurance.
Partially	Some elements of the plans still to be implemented.
Not Assured	Not yet agreed. Concern that plans will not be in place before October.

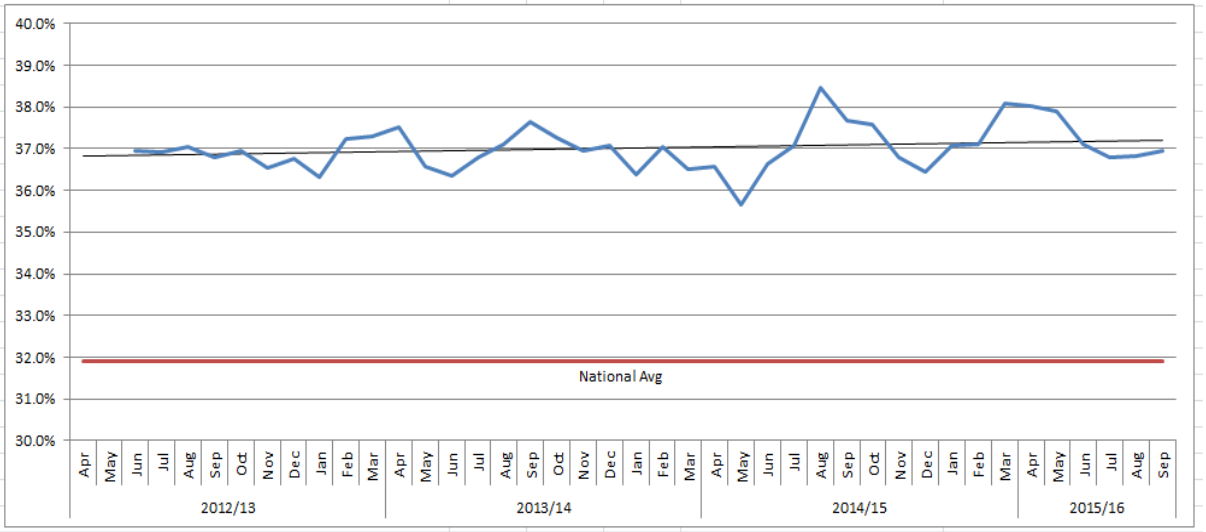
10. Within the recovery plan and therefore the basis for the turnaround plan, we have explored the recent national benchmarking to show where we are outliers in certain areas:

Outpatient referral rates

11. Referral rates are increasing and the clinical commissioning group is a significant outlier compared to national average. Discharge rates after first appointments are also significantly higher than average and there is an important correlation between practice referral rates and their discharge after first rates. Practices with higher referral rates have higher discharge rates, with a correlation value of 0.93. Work is underway to assess the appropriateness of these referrals.

Outpatient Referral Rates

Measure	Period	Value	Mean	Chart	Trend
Outpatient first attendances following GP referral (Directly Standardised Rate per 100,000 population)	Q3 14/15	6475	5551		
Proportion of first out-patient appointments which result in discharge	Q3 14/15	39%	31.90%		

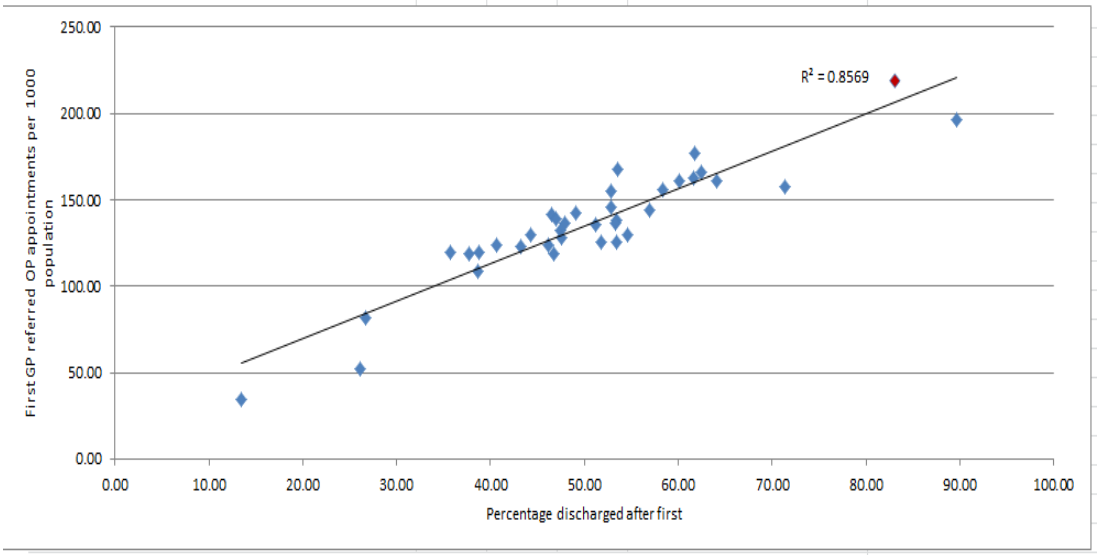


Practice referral rates per 1000 population

Practice referral rate per 1000 population vs. % of patients discharged after first appointment

Spearman's rank correlation coefficient	**0.93**

A coefficient of 1 means there is a greater correlation between the values

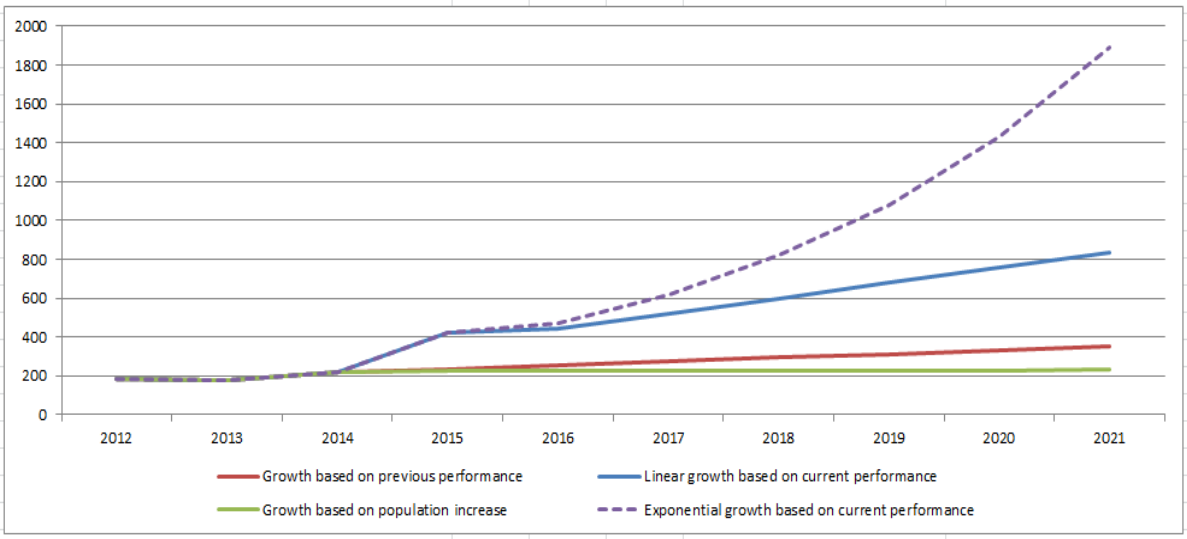


Lower respiratory tract infections in children

12. For this measure, we have applied predictive modelling based on both previous growth and expected population increases. The purple dotted line is representative of the exponential growth that has been seen to date. This represents the “do nothing” position going forward.

Lower respiratory tract infections in children

Measure	Period	Value	Mean	Chart	Trend
Emergency admissions for children with lower respiratory tract infections (Directly Standardised Rate per 100,000 population)	Q3 14/15	61	38.5		



13. The committee discussed the updated financial ask to NHS England for delivery of the West Cheshire Way under the New Care Model programme. It was noted that having been approved, the first half of the £4.997million payment has been received. The funding is allocated against the three clinical programme areas as well as the enablers; Communications and Engagement, ICT, People and Organisational Development.

14. Work will continue with the main providers on the process for agreeing what assurance the clinical commissioning group require before the money is spent including specific metrics and milestones to be achieved. This was linked to a discussion about what assurance providers are seeking from the clinical commissioning group in return, in relation to funding beyond this financial year if they are recruiting to new posts. It was recognised that this needs to be seen as a system risk.

15. A Partnership Agreement has been drawn up between NHS England and the clinical commissioning group as a New Care Model site. This incorporates NHS England's assurance process for the above funding as well as the support/expertise required in West Cheshire over and above the funding allocation to facilitate implementation.

16. Starting Well themed report

    a. The risks to the milestones for the paediatric acute to community redesign were recognised in relation to the delays to recruitment which should be resolved through the process detailed above.
    b. It was noted that going forward the Paediatric Hospital @Home will integrate into the Paediatric Acute to Community redesign.
    c. The consultation on Ofsted and the Care Quality Commission's proposals for inspecting how effectively local areas fulfil their responsibilities towards children and young people who are disabled and/or have special

educational needs has been launched. The closing date for this consultation is 4th January 2016.

d. NHS England is continuing with its review of maternity services, including perinatal mental health, and the recommendations are awaited.
e. The Future Models of Acute Care collaborative expression of interest has been successful and is now a confirmed Vanguard site.

17. Primary Care themed report

a. The IT infrastructure work is currently underway. There have been significant delays and increased costs associated with implementing a key element of the IT project (the Multiprotocol Label Switching (MPLS)). The committee agreed in principle the alternative options developed to implementation of the Virtual Desktop Infrastructure part of the project as part of this paper.
b. The Wellbeing Co-ordinator service is now live across all localities.
c. The Physiotherapy First service is now live in Neston and Willaston. The service in the Mid Rural cluster will be going live in November 2015.
d. The 'Chimp Management' positive psychology structured programme of workshops has now commenced a second wave of sessions for 70 frontline staff and clinical commissioning group employees.
e. As part of the personal medical service review locally, 6 of the 7 practices have chosen to have their personal medical service premium funding withdrawn in 1/48th instalments over 4 years. The seventh practice has lodged an appeal regarding the process undertaken by NHS England.
f. West Cheshire Clinical Commissioning Group will be taking on level 2: joint-commissioning responsibilities for co-commissioning primary care from 1 January 2016. It is not anticipated that we will move to fully delegated responsibilities before April 2017.

FINANCE, CONTRACTING AND PERFORMANCE TO 30 SEPTEMBER 2015

18. The Chief Finance Officer provided an update on financial and contracting performance to the end of September 2015 and performance against other agreed performance targets as at August 2015.

Finance and Contracting Performance as at 30 September 2015

19. Following the change to the year-end forecast and submission of a financial recovery plan, NHS West Cheshire Clinical Commissioning Group has been placed in local turnaround by NHS England. A plan is being developed to deliver break-even (or financial balance) as at 31 March 2016 and return to surplus during the following financial year. However, there is a significant element of risk with the current forecast.

20. After 6 months of the financial year, despite a deterioration in the financial position, it is still forecast that financial balance will be delivered at 31 March 2016. In the main, the deterioration is as a result of increased over performance against the NHS contract with the Countess of Chester Hospital Foundation Trust and deterioration in forecast performance against the primary care

prescribing budget. Continued growth of complex care package expenditure also continues to be a concern.

21. A detailed breakdown of performance against secondary care contracts was provided. The main areas of over performance continue to be the increase in cost of un-planned admissions and critical care activity. The report detailed the series of actions that are being taken to mitigate this over performance including invoking contractual levers where appropriate.

22. There is, therefore, a potential financial gap of approximately £3 million before the delivery of in-year efficiency savings (described as QIPP savings). The committee discussed the various QIPP options currently being considered. Despite the process that has been put in place there is a substantial level of work that is needed to provide assurance that the financial gap will be bridged. The committee charged the Senior Management Team to develop a more robust QIPP plan to support delivery of financial duties as at 31 March 2016 and demonstrate progress towards financial sustainability from 2016/17.

23. A further financial recovery plan is required to be submitted to NHS England week ended 13 November 2015. This plan will build on the work being undertaken by the Senior Team and will be shared with committee members. In addition, a turnaround director has been appointed to support this process and to lead on the production of a turnaround plan.

Performance Against Agreed Performance Measures as at 31 August 2015

24. The committee considered the performance report and, in particular, the areas that are currently rated as red:

    a. Diagnostic tests; despite an improvement in performance in august 2015 this target has failed to be delivered for 7 consecutive months. A formal contract query will be issued in accordance with NHS standard contract general condition 9.4.
    b. Emergency ambulances; the committee received an update on the actions that are currently being undertaken to improve performance against the target for responding to category A calls. The committee will be updated each month on this issue.
    c. Mental health; performance against both the improving access to psychological therapies (IAPT) and dementia diagnosis targets continue to fall short of the national targets. Despite a detailed analysis of work currently being undertaken, the committee have asked for a further summary update as part of the mental health themed paper at the next committee meeting.

25. The committee also received a verbal update on a potentially significant issue relating to performance against the 18-week referral to treatment measure which came to light on the morning of the committee meeting. Following the issuing of refreshed guidance it would appear that performance against the 18-week target at the countess of Chester Hospital will not be delivered this year. In addition, a significant number of patients waiting in excess of 52 weeks for their care will be reported. The committee requested that a formal contract query be issued

requesting further information and an action plan to deliver contractual obligations in this area.

CONTINUING HEALTH CARE SERVICE UPDATE

26. The committee received the regular report covering continuing healthcare, funded nursing care and complex care. This area of work has been treated as a turnaround programme since a governing body report in November 2014 raising ongoing concerns about the stability of the service provision.

27. The service continues to pose both financial and reputational risks due to the backlog reviews of health assessments that may meet the criteria for Continuing Health Care funding and Previously Unassessed Periods of Care (PUPOCs). These areas continue to be tightly monitored within the clinical commissioning group, as part of the collaborate arrangements with Cheshire and Wirral commissioning group colleagues.

28. External scrutiny from NHS England in relation to the performance against the agreed Previously Unassessed Periods of Care trajectory continues. During October 2015 there was an extraordinary NHS England Quality Surveillance Group to seek assurance in this area. The minutes from this meeting will be shared with the committee in December 2015. There is currently an acceptance that, although the trajectory has not met the target to date, this is due to difficulties in April and May 2015. Since this date the trajectories have been met or exceeded.

29. The Continuing Health Care Commissioning Policy has been finalised and reviewed by Hill Dickinson (the clinical commissioning group legal advisors). The changes and significant implications relating to third party top-ups will require the service to deliver training to all current staff. This Policy sets out how the commissioner will meet this obligation in a manner which appropriately balances the choices that may be offered to eligible individuals and the preferences expressed by such individuals with the duties of the Commissioner to make best use of NHS resources.

30. The governing body is asked to ratify this policy (see agenda item WCCCGGB/15/11/29). An update on the implementation of the policy will be provided in January 2016.

RECOMMENDATIONS

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

Philippa Robinson
Interim Director of Operations

Laura Marsh
Director of Commissioning

Gareth James
Chief Finance Officer
September 2015

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NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 19th November 2015

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

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

- A summary of the 2014/15 quarter 4 assurance meeting with NHS England and the overall annual assurance position for 2014/15.
- The announcement of the successful bidder/supplier procured to provide future commissioning support services.
- The outcome of the consultation process undertaken for future provision of podiatry services for West Cheshire.
- The final evaluation report for the provision of North West non-emergency patient transport services undertaken by NHS Blackpool Clinical Commissioning Group on behalf of the 33 North West Clinical Commissioning Groups.
- The process for securing a termination of pregnancy service for West Cheshire.
- The Cheshire West and Chester Council consultation on a new proposed plan and financial challenge.
- A summary of the discussions at the informal governing body meeting held on 15th October 2015.
- A summary of the 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, and the decision the governing body made on 26th October 2015 to approve the procurement recommendation (preferred bidder) for the future provision of commissioning support services;

b) endorse the recommendation (preferred bidder), proposed in the consultation evaluation report for the provision of North West non-emergency transport services.

5. Report Prepared By:

Clare Dooley
Head of Governance
November 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.

ASSURANCE MEETING WITH NHS ENGLAND

2. Governing body members met with the leadership team from the NHS England area team for the 2014/15 quarter 4 assurance meeting on 25th June 2015. This meeting took place to discuss the annual assessment of NHS West Cheshire Clinical Commissioning Group, and to establish the main actions and development priorities for the coming year.

3. A summary letter of this meeting has now been provided to the clinical commissioning group, **the detail of which has been extracted, and is provided in full below.**

4. The letter is a summary of the assurance meetings that were held during 2014/15 and provides a synopsis of the improvements and ambitions for future development set out against the assurance domains. Receipt of this letter was somewhat delayed as it is the Annual Assurance Assessment for the clinical commissioning group and NHS England are required to follow a formal governance process prior to providing confirmation to the clinical commissioning group.

5. The final 2014/15 assurance meeting followed the format of reviewing the six domains contained within the 2014/15 Clnical Commissioning Group Assurance process. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components of:

   - well led organisation
   - delegated functions
   - performance & outcomes
   - financial management
   - planning.

6. The Quarter 4 clinical commissioning group assurance is important due to it being the annual review.

7. There is a requirement for NHS England to carry out an annual assessment of each clinical commissioning group and to publish the results. In so doing it fulfils its obligations in delivering the two mandatory elements of the annual process:

   - feedback on NHS Constitution Standards;
   - the clinical commissioning group statutory duties.

8. The moderated quarter 4 assessment is summarised at the end of the letter. This assurance assessment has been subject to both a regional and national moderation processes, before being presented to the NHS England Clinical Commissioning Group Commissioning Committee prior to the publication nationally of the annual assessment, which are now provided on the NHS England website.

Key Areas of Strength / Areas of Good Practice

9. In summary, NHS England Cheshire & Merseyside recognised the overall performance of West Cheshire Clinical Commissioning Group across the year has largely been successful. The clinical commissioning group has continued to build upon its strengths in clinical engagement and is a clinically led membership organisation.

10. Despite the financial and delivery issues of constitutional challenges within the health economy the clinical commissioning group continues to progress to be a reliable and resilient commissioning organisation.

11. NHS England Nursing and Quality Team noted that the Quality Surveillance Group meeting with West Cheshire was productive, and expressed gratitude to Paula Wedd, Director of Quality and Safeguarding, for her contribution.

12. The clinical commissioning group 360 stakeholder survey had a high response rate and feedback was positive overall. The feedback from Healthwatch suggested that there was a strong working relationship with NHS West Cheshire Clinical Commissioning Group. However, improvements could be made in assuring the public to feel more involved in decision making.

13. The Ambulatory Emergency Care scheme at the Countess of Chester Hospital NHS Foundation Trust is working well and is directing referrals to outpatient appointments rather than admissions. NHS West Cheshire Clinical Commissioning Group is working collaboratively with Countess of Chester Hospital NHS Foundation Trust on a consultant led referral management process, to assist with the delivery of activity plans and to create capacity.

14. The Primary Care Incentive scheme has been developed to improve patient flow outside of the hospital to support discharges and prevent emergency admissions. The response to the scheme has so far, has been positive and

West Cheshire Clinical Commissioning Group will be reviewing the outcomes to evidence this.

NHS Constitution standards

15. During the past year the areas of challenge in terms of delivery have been:

- **A&E Performance**

NHS West Cheshire Clinical Commissioning Group confirmed that Accident and Emergency performance at Countess of Chester Hospital NHS Foundation Trust is expected to deliver by the end of quarter 2 in 2015/16. The key issues delaying the recovery has been a high number of delayed transfers of care and medically optimised patients. NHS West Cheshire Clinical Commissioning Group gave an assurance that there is a "discharge to assess" model now in place.

- **Cancer**

NHS West Cheshire Clinical Commissioning Group delivered nine months out of the year for the 62 day cancer standard. Some of the performance issues are due to data validation but NHS West Cheshire Clinical Commissioning Group has raised the delivery issues at the quality and performance (contract) meeting with the Trust. The breach allocation policy was discussed and there is evidence that the application of this will improve performance. However, there is some work needed across Cheshire and Merseyside to standardise the application of the policy.

- **Mental Health**

NHS West Cheshire Clinical Commissioning Group is focused on parity of esteem and is improving data validation processes, and although targets have not yet been achieved the clinical commissioning group are confident this will improve during 2015/16.

Five Year Forward View

16. It was evident that NHS West Cheshire Clinical Commissioning Group continues to address the ambitions set out in the Five Year Forward View which builds upon *Everyone Counts: Planning for Patients 2014-2019*. NHS West Cheshire Clinical Commissioning Group is focused on delivering the West Cheshire Way transformation project.

17. The clinical commissioning group provided assurance on managing the elective and medical specialties and are making revisions to current pathways, clinics and services to improve efficiencies.

18. The clinical commissioning group were congratulated on the successful bid for the Prime Ministers Challenge Fund during the phase two intake. NHS England offered full support during the programme.

19. In addition to the transformation projects NHS West Cheshire Clinical Commissioning Group noted that focus is on stabilising the following key areas: accident and emergency performance, urgent care, complex care, system resilience, medicines management, infection control and the elective pathways.

NHS Statutory Duties

20. During the past year NHS West Cheshire Clinical Commissioning Group has delivered their functions as laid out in the 14Z16 or 14Z8 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). Including sections:

- 14T - Each clinical commissioning group whilst carrying out its functions must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them.
- 14R - Duty as to continuous improvement in quality of services.
- 14W - Try to obtain appropriate advice in order to deliver functions.
- 14Z2 - Public involvement and consultation by clinical commissioning groups.
- 223H to 223J – Expenditure, finance and controls.
- Consultation and engagement with health and wellbeing boards with regards to the development of joint health and wellbeing strategy.
- 14Z15 Publication of a clinical commissioning group annual report.
- Clinical commissioning groups had a statutory obligation as Category 2 responders under the Civil Contingencies Act 2004 to be in a position to have planned for, and effectively respond to, major incidents. This includes supporting NHS England.

Key Areas of Challenge

21. Although NHS West Cheshire Clinical Commissioning Group achieved a 1% surplus this year it was recognised that the health economy has challenges for 2015/16 and beyond. Other challenges identified where:

- **C-Difficile**

This was significantly over plan, with many of the cases being community acquired. NHS West Cheshire Clinical Commissioning Group gave an assurance that a root cause analysis was undertaken for each case. NHS West Cheshire Clinical Commissioning Group is challenged with reducing the number of cases throughout 2015/16 and as a result is reviewing community prescribing. The local infection control team have a heightened focus on this area.

- **Never Events**

There has been an increase in incidents at Countess of Chester Hospital NHS Foundation Trust. There were two incidents with dental cases occurring on separate occasions with two separate root causes. Misidentification has also been an issue and NHS West Cheshire Clinical Commissioning Group has requested an action plan from Countess of Chester Hospital NHS Foundation Trust to address this. There is now a consultant volunteer, reporting to the Medical Director, who has been assigned to investigating misidentification to prevent future occurrences.

- **Planning**

NHS West Cheshire Clinical Commissioning Group has planned a 2% growth in elective activity for 2015/16. However, this follows a 7% increase from the previous year. NHS West Cheshire Clinical Commissioning Group is confident that it can deliver the plan but recognised that this will be challenging with the capacity concerns at Countess of Chester Hospital NHS Foundation Trust.

- **Finance**

NHS West Cheshire Clinical Commissioning Group faces a £9.5m Quality, Innovation, Productivity and Prevention (QIPP) target which will be challenging but is working closely across the health economy with partners to identify efficiencies.

- **Primary Care Commissioning**

NHS West Cheshire Clinical Commissioning Group has opted for co-commissioning and with member practices fully engaged, and governance in place, they have made good progress. NHS West Cheshire Clinical Commissioning Group does however recognise the challenge of implementing this along with the Prime Minister's Challenge Fund and Vanguard.

Development Needs and Agreed Actions

- **A&E Performance**

The Emergency Care Intensive Support Team (ECIST) has supported West Cheshire Clinical Commissioning Group and has provided an interim action plan for accident and emergency services. The full report and an additional review of intermediate care are awaited. The main recommendation, from the draft report, was that there should be early senior clinical decision making. West Cheshire Clinical Commissioning Group will support Countess of Chester Hospital NHS Foundation Trust in the implementation of this. The clinical commissioning group is committed to supporting the system resilience group process and engaging in the future urgent emergency care networks when they are established.

- **Continuing Health Care**

Continuing Health Care, specifically Previously Unassessed Periods of Care), is an issue across Cheshire and Merseyside. NHS West Cheshire Clinical Commissioning Group has developed a plan which outlines that it will achieve the target by September 2016. This is being managed through a service level agreement with a commissioning support unit stability partner that has successfully delivered the service in the Midlands.

- **Finance**

NHS West Cheshire Clinical Commissioning Group plans are extremely challenging with the 2% increase in elective activity. NHS West Cheshire Clinical Commissioning Group is aiming to reduce the elective activity growth to 1.5%, which will need support from NHS England Finance Team. This is complicated by the data quality and validation at the Countess of Chester Hospital NHS Foundation Trust being limited, due to the use of an old Patient Administration System, making it difficult to effectively monitor elective activity. NHS West Cheshire Clinical Commissioning Group is having to micro-manage the backlog to ensure that patients are still seen within a timely manner.

Summary

22. Overall the clinical commissioning group was congratulated on the progress made over the last year particularly in relation to integration and public engagement. The economic challenges that the clinical commissioning group faces was recognised but NHS England were confident in the clinical commissioning group's ability to commission effectively for the local population.

23. NHS England thanked the senior team for the meeting and for the open and constructive dialogue. A summary of the quarter 4 position and annual domain assessments is provided in the table below:

Domain		Provisional Assurance Assessment
1	Are patients receiving clinically commissioned, high quality services?	Assured
2	Are patients and the public actively engaged and involved?	Assured
3	Are clinical commissioning group plans delivering better outcomes for	Assured with Support
4	Does the clinical commissioning group have robust governance arrangements?	Assured
5	Is the clinical commissioning group working in partnership with others?	Assured
6	Does the clinical commissioning group have strong and robust leadership?	Assured

24. The headline assessment for 2014/15 quarter 4 was that NHS West Cheshire Clinical Commissioning Group is **assured with support.**

Response to NHS England

25. Any issues or inconsistencies that NHS West Cheshire Clinical Commissioning Group identify within the contents of this summary letter, will be provided to the next assurance meeting with NHS England.

PROCUREMENT OF COMMISSIONING SUPPORT SERVICES

26. In January 2015, North West Commissioning Support Unit did not secure a place on the Lead Provider Framework, which was designed to allow clinical commissioning groups to procure services from a range of quality assured providers. In light of this all 12 Cheshire and Merseyside clinical commissioning groups and three Cheshire NHS Trusts were required to source a new provider of commissioning support services.

27. Some services that were previously provided by North West Commissioning Support Unit have been brought in house or established as shared services. Over the last few months clinical commissioning groups and NHS Trusts have been working collaboratively with NHS England on the re-procurement process for those services required from an alternative commissioning support provider.

28. In terms of the outcome of the procurement process, the announcement has been received that **Midlands and Lancashire Commissioning Support Unit** has been selected as the preferred commissioning support provider and are now entering final discussions to enable contract award. The following services will be provided across Cheshire and Merseyside though the requirements vary for each clinical commissioning group:

- Business intelligence and analytics
- Governance and risk

- Communication services
- Human resources
- Medicines management
- Individual funding requests case management services
- Urgent care management
- Procurement Services

29. All six Cheshire clinical commissioning groups and three Cheshire NHS Trusts were also required to source a new provider of ICT services. Some ICT services that were previously provided by North West Commissioning Support Unit have been brought in-house. Therefore the clinical commissioning groups and Trusts concerned have also been working collaboratively with NHS England on the re-procurement process for ICT services required from an alternative commissioning support provider. **Midlands and Lancashire Commissioning Support Unit** has also been selected as the preferred provider for ICT services and are now entering final discussions to enable contract award.

30. Next steps, in line with due diligence, are to agree the contracts and plans for mobilisation with a view to official final transfer by March 1st 2016.

31. The governing body of NHS West Cheshire Clinical Commissioning Group approved the recommendations proposed in the evaluation reports of the procurement processes (which were anonymised / provided commercially in confidence) virtually on 26th October 2015. The clinical commissioning group confirmed to NHS England ratification of the decision to award the contract to the preferred provider on 29th October 2015.

PODIATRY CONSULTATION OUTCOME

32. In December 2014 the clinical commissioning group received proposals regarding changes to the Podiatry Service in West Cheshire, subject to a three month consultation (1 December 2014 to 15th March 2015.) The consultation has now closed and the outcome and associated changes are provided in this report.

Engagement summary

33. Between 8 December 2014 and 15 March 2015, Cheshire and Wirral Partnership NHS Foundation Trust and NHS West Cheshire Clinical Commissioning Group conducted a full, three month, joint public consultation.

34. In total, over 1,700 hard copies of the consultation document were distributed. Information on the consultation was sent to local GP Patient Participation Groups, voluntary and community sector organisations, 2,066 Foundation Trust members and a personal letter sent to all service users currently on the podiatry caseload.

35. 80 people attended public meetings, 229 people contacted Cheshire and Wirral Partnership NHS Foundation Trust to discuss the proposals or to request more information, including copies of the consultation document. 41 online responses and 135 paper copies of the questionnaire within the document were completed and returned, making a total of 176 direct responses.

36. Six public meetings were scheduled to take place during the consultation period. There was a delay in issuing a letter to patients notifying them of the public meetings, due to IT problems, and so the project team decided to add an additional public meeting and extend the consultation period for a further two weeks, to ensure people had ample opportunity to make their views known.

37. Assistance with transport to public meetings was offered in addition to the freephone helpline, freepost envelope for returning the survey, and online documents.

38. In order to provide an independent analysis of the results of this survey, the project team engaged the services of the University of Liverpool to collate the results and produce a summary of the key findings.

39. The independent analysis showed support for option 2 as follows:

- ***From November 2015 the eligibility criteria will be changing to better support people with high level medical and complex podiatric needs. Every patient on the current caseload will have an assessment appointment. People assessed as having low level needs will be discharged and provided with self-help information, details of alternative non-NHS providers and contact details for how to get help with benefits. If medical circumstances change, people can be referred back to the service for another assessment. From November 2015 it is likely to take 12 months before full implementation or changes are completed.***

40. The decision was supported by detailed implementation and evaluation plans and assurance that feedback from the public and staff consultation exercises were incorporated into these plans. Of those who commented, a number of concerns were raised and this information was provided to Cheshire and Wirral Partnership NHS Foundation Trust's Board at their September 2015 meeting as well as Cheshire West and Chester's Health and Well-being Subcommittee on 22nd September 2015.

41. Following due consideration Cheshire and Wirral Partnership NHS Foundation Trust Board agreed progression to implementation of the preferred option for the redesign of the Podiatry Service in West Cheshire.

THE PROVISION OF NORTH WEST NON-EMERGENCY PATIENT TRANSPORT SERVICES

42. NHS Blackpool Clinical Commissioning Group, on behalf of the 33 North West clinical commissioning groups have provided the final evaluation report for provision of non-emergency patient transport services. This report was approved by the Patient Transport Services Programme Board on 5th November 2015.

43. The report presents a recommendation of the preferred bidder for clinical commissioning group endorsement, based on the recommendation from the Patient Transport Services Programme Board and Blackpool Ambulance Procurement Team. The report contains information that is Commercial in Confidence and is therefore not provided in the public domain. The contents the document must not be disclosed or discussed with any third party.

44. The evaluation report has been provided to NHS West Cheshire Clinical Commissioning Group governing body members under separate cover, due to being provided Commercial in Confidence. The governing body members are asked to read the evaluation report in advance of the governing body meeting to be held in public, and provide endorsement of the recommendation for the preferred bidder at the meeting of the governing body on 19th November 2015.

SECURING TERMINATION OF PREGNANCY SERVICES FOR WEST CHESHIRE

Background

45. Termination of pregnancy (abortion) is one of the most common gynaecological procedures in Great Britain. It is estimated that one-third of British women will have had a termination of pregnancy by the time they reach the age of 45.

46. The National Sexual Health and Human Immunodeficiency Virus (HIV) Strategy, published in 2001, set national standards for termination of pregnancy services and ensured that women who meet the legal requirements should have access to a termination of pregnancy service within three weeks of referral. The Abortion Act 1967 (amended 1991) sets out the legal framework for the provision of safe termination of pregnancy services as a public health measure.

47. In West Cheshire patients have historically been able to access Termination of Pregnancy services from either the Countess of Chester Hospital NHS Foundation Trust or the British Pregnancy advisory Service (BPAS).

48. The Countess of Chester Hospital NHS Foundation Trust has served notice on their Termination of Pregnancy service, which will see their service provision end on the 31st of March 2016.

49. As the responsible commissioning organisation, NHS West Cheshire Clinical Commissioning Group is working with other local providers to deliver suitable

interim services to cover the potential gap in service, whilst a wider regional procurement, takes place to secure a longer term sustainable solution.

50. The clinical commissioning group brought this issue, alongside its initial plans, to maintain service provision to the September 2015 Scrutiny Committee meeting.

51. An update of progress against that plan alongside details on how the clinical commissioning group is consulting with its population to ensure the final commissioned service meets their needs is provided below.

Summary of progress

52. A number of key themes emerged during discussion with the Scrutiny Committee in September, including:

- Ensuring robust consultation with our population to shape the longer term solution;
- Securing appropriate local capacity in the short term whilst the wider Cheshire and Mersey procurement concludes;
- Ensuring services are accessible to all patients;
- Enabling the transition between services is seamless.

53. NHS West Cheshire Clinical Commissioning Group has two distinct intentions moving forward:-

a) To ensure a single point of access and appropriate elective services are maintained, and;
b) To ensure any future procured service meets the needs of the local population.

54. To ensure the views of the local population are considered, whilst acknowledging the need to move rapidly towards a sustainable solution, the clinical commissioning group has commissioned the North West Commissioning Support Unit to undertake a four week consultation process. This commenced on the on the 2nd of November 2015 and will run until the 29th of November 2015.

55. Stakeholders have been identified and due to the sensitive nature of the services being discussed the mechanisms for engaging our population during this consultation have been tailored to enable individual feedback and feedback in small group sessions. The outcomes of the consultation will be analysed by the North West Commissioning Support Unit before being incorporated by the Clinical Commissioning Group into the final service specification for the longer term service procurement.

Securing short term service capacity

56. Since the September Scrutiny Committee meeting the clinical commissioning group has been able to secure appropriate service capacity for local patients through the existing British Pregnancy Advisory Service contract. This will see the British Pregnancy Advisory Service:

- Link the current Countess of Chester Hospital NHS Foundation Trust single point of access phone line through to their systems, thus ensuring no visible change for the patient's first point of contact with the services;

- Increase capacity in their Chester site to accommodate the 400 patients attending per annum who would have previously attended the Countess of Chester Hospital NHS Foundation Trust for an initial consultation and the 300 who would go on to have a termination. They will do this though 6 day a week and evening clinics;

- Ensure special arrangements are in place for the small number of surgical termination patients who require hospital care.

57. In considering how to increase their capacity the British Pregnancy Advisory Service and the Countess of Chester Hospital have met and discussed the numbers of patients coming to clinics each week along with the demographics of these patients.

58. It was asked by the Scrutiny Committee in September whether there was difference in the demographics between the two services currently. Having considered the figures the two providers believe there to be no significant variation in the demographics of their patients.

Accessibility

59. The accessibility of services was highlighted as a concern for both the clinical commissioning group and the Scrutiny Committee in September's meeting. In securing capacity in Chester with The British Pregnancy Advisory Service the clinical commissioning group are assured that a choice of local or more distant services (as are appropriate for some patients) can be maintained.

60. For patients requiring a surgical termination the British Pregnancy Advisory service will offer patients the choice of having either a local anaesthetic Manual Vacuum Aspiration (MVA) procedure at their Chester Clinic or a General Anaesthetic procedure at the Merseyside Treatment Centre in Liverpool. The provider is in the process of enhancing their current Local Anaesthetic service in Chester to include a conscious sedation surgical service to accommodate clients with pregnancies up to approx. 18 weeks reducing the number of patients who would need to travel to the Merseyside Treatment Centre.

61. In addition, surgical services within a hospital setting are available to the British Pregnancy Advisory Service within the North West for the small cohort of ladies

requiring more specialised care. The British Pregnancy Advisory Service is in negotiations with a more local provider to deliver this element of the service going forwards.

62. For patients who may be unable to fund travel arrangements the British Pregnancy Advisory Service already has agreements in place with commissioners for additional funding assistance for the very few clients that may need it.

Service transition

63. The transfer of services will be jointly managed by the Countess of Chester Hospital NHS Foundation Trust and the British Pregnancy Advisory Service. It is planned that the single point of access phone line will transfer across to the British Pregnancy Advisory Service in December.

64. Whilst patients will still be able to book an appointment with the Countess of Chester Hospital NHS Foundation Trust until mid-March 2016 the transfer of the phone line will enable the new service to clearly map when patients wish to be seen and to iron out any last minute service transfer issues.

Longer term procurement

65. The wider Cheshire and Mersey procurement will not proceed until after the public consultation in West Cheshire has been completed. The outcomes of the consultation inform the final specification and ensure it meets the needs of the West Cheshire population.

66. It is expected that the procurement will commence in January 2016 with services mobilised by September 2016. Further details will be brought to the Scrutiny Committee as appropriate.

Conclusion

67. NHS West Cheshire Clinical Commissioning Group is actively working to ensure the views of its population are taken into account when developing a new termination of pregnancy service specification.

68. The clinical commissioning group has secured appropriate local capacity for patients who would have historically chosen to have their care delivered by the Countess of Chester.

69. Where patients may need to travel, appropriate arrangements will be in place alongside support, as appropriate, to assist with travel costs.

70. The British Pregnancy Advisory Service are working to develop more local hospital capacity for the small cohort who require hospital level care and have in place a number of existing arrangements in the North West.

71. Plans have now been agreed between the Countess of Chester Hospital NHS Foundation Trust and the British Pregnancy Advisory Service to ensure a smooth transfer of service prior to the 31st of March 2016.

72. Further updates on this issue will be provided to the governing body once available.

CHESHIRE WEST AND CHESTER COUNCIL CONSULTATION ON NEW PROPOSED PLAN AND FINANCIAL CHALLENGE

73. Cheshire West and Chester Council are consulting with the public on its future priorities and budget proposals for the next four years (2016 – 2020). The consultation period for this plan takes place between 14 October 2015 to 6 January 2016.

74. The plan will set out what the council wants to achieve, what success will look like and how priorities will be funded. This includes information on how the council is proposing to meet the financial challenges of reduced central government grants, and the need to save approximately £47 million over the next four years.

75. The plan identifies changes required to make a difference and how the ambitions will be achieved in relation to:

- Families, children and young people are supported to get the best start in life.
- Vulnerable adults and children feeling safe and protected.
- Compassionate and joined up care that supports the independence of older people and vulnerable adults
- Cleanest, safest and most sustainable neighbourhoods.
- Good quality and affordable housing for diverse communities
- Vibrant and healthy communities with inclusive leisure, heritage and culture.
- Resources are well managed and reflect priorities for residents.
- People are well educated, skilled and earn a decent living.
- A great place to do business.
- Well connected and accessible.

76. A comprehensive programme of consultation on proposals will take place to consider the views of residents, partners, businesses and community representatives. The consultation programme is known as ‘Let’s Talk’. Efforts will be made to ensure the consultation process will be:

- meaningful;
- accessible;
- inclusive;
- transparent;
- thorough; and
- Fair.

77. To ensure the results are robust and represent the views of as wide a cross section of our residents and stakeholders as possible, a variety of approaches will be used to consult, rather than relying on just one method. Key approaches will include:

- A summary document providing a flavour of the priorities and budget proposals with a 'quick questionnaire' to capture views. An 'Easy Read' version will also be available;
- A full consultation document setting out further detail on the priorities and the related budget proposals. This will include a more extensive questionnaire;
- Ten focus groups will be held across the borough with residents to capture in-depth views on the proposals;
- An online budget tool that allows residents to set a virtual budget and to view the consequences of their decisions;
- A business event to capture the views of local businesses;
- Attendance at existing meetings in localities to discuss the proposals;
- Engagement with partners on the priorities and proposals;
- Social media activity including specific questions on the proposals being considered
- Engagement with staff through the Trade Unions, People Panel and internal communication channels.

78. The full consultation programme, key documents and the toolkit can be viewed on www.cheshirewestandchester.gov.uk/letstalk. Printed copies of the documents can be obtained on request and will be made available in public buildings and circulated to key partners, community groups and within council buildings for staff.

INFORMAL GOVERNING BODY MEETING FOCUSSING ON TURNAROUBD HELD ON 15TH OCTOBER 2015

79. The informal governing body meeting held on 15th October 2015 focussed on the current financial position.

80. NHS England had written to the clinical commissioning group to advise the organisation has been placed in financial "turnaround". A financial recovery plan had been submitted to NHS England and a further, more robust plan, is to be provided to NHS England by 10th November 2015.

81. The governing body agreed to formally respond to NHS England on a number of issues of concern set out within their letter, and to also write to the clinical commissioning group's membership to set out the position and action required.

82. It is anticipated there will be a number of clinical commissioning groups within Cheshire and Merseyside in a similar financial position and NHS England have agreed to ensure Chief Finance Officers are supported collectively during this period.

83. NHS West Cheshire Clinical Commissioning Group have now appointed a Turnaround Director, Philippa Robinson (previously interim Director of Operations) from 1st November 2015. The governing body provided the Director of Turnaround a mandate to undertake a thorough exploratory review of the organisation finances, strategic and commissioning plans/intentions, governance arrangements and decision making processes.

84. Discussion took place on the need to ensure the organisation is able to progress from turnaround to transformation by connecting the work of the Vanguard programme.

85. Other issues discussed by the governing body focussed on:

- Working with partners, via the Strategic Leaders Group, on a shared long term financial plan for the health economy;
- Utilising core business planning mechanisms/intelligence more effectively;
- Implementing and monitoring a variety of Quality, Innovation, Productivity and Prevention (QIPP) schemes for delivery of efficiencies in 2015/16 and beyond.

HIGH LEVEL MEETINGS AND EVENTS ATTENDED BY THE CHIEF EXECUTIVE OFFICER

86. The following high level meetings and events have been attended by the Chief Executive Officer since the September formal governing body meeting:

- Health and Wellbeing Scrutiny Sub Committee, at Cheshire West and Cheshire Council on 22nd September 2015.
- Collaborative Summit for Commissioning Leaders across the North, at The Royal Armouries, Leeds on 16 October 2015
- The Neuro Muscular Centre Social Audit Day, at Winsford on 20th October 2015.

- NHS England Multispecialty Community Provider Leadership Support Meeting, at The Wesley, Euston House, London on 12th November 2015.

RECOMMENDATIONS

87. The governing body is asked to:

a) note the contents of this report, and the decision the governing body made on 26th October 2015 to approve the procurement recommendation (preferred bidder) for the future provision of commissioning support services;

b) endorse the recommendation (preferred bidder), proposed in the consultation evaluation report for the provision of North West non-emergency transport services.

Alison Lee
Chief Executive Officer
November 2015

WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY ASSURANCE FRAMEWORK 2015/16

Risk No	Sponsor	Objective Description & Risk Type	Risk Description	Impact Rating	Positive Assurance on Key Controls to the Governing Body	Likelihood Rating	Risk Score	Changes/ comparison to 2014/15 Framework	Gaps in Control and Assurance	Residual Impact	Residual likelihood	Residual Risk Score	Partnership Issues
		Corporate Objective	What are the principle risks that could prevent the Clinical Commissioning Group from achieving this objective *(Types of Risk include clinical, financial, reputation, statutory, target)*	1 to 5	Evidence to the Governing Body that the organisation is reasonably managing its risks and that objectives / projects are being delivered by describing what controls / systems the Clinical Commissioning Group has in place to assist in securing delivery	1 to 5	sum		Where the controls / systems / assurances have either not yet been put in place or are yet to be fully effective. What needs to be done				Where the management of risk and delivery of objectives is dependent upon other organisations
5	2	4	6	7	8	10	11		15				16
FINANCE AND GOVERNANCE													
1	Chief Finance Officer	To ensure financial sustainability for the health economy	Failure of the CCG to deliver financial duties; This risk is underpinned by several more detailed risks on the finance and governance risk register. ***(Statutory & Financial)***	5	The development of a financial recovery proposition. Development of stabilisation committee and workplan. Reprioritising of delivery plan with a bias on patient experience and efficiency. Discussion at commissioning delivery committee, formal and informal governing body meetings.	4	HIGH 20	↑ Increased score and updated narrative	Lack of detailed Quality, Innovation, Productivity and Prevention (QIPP) plan. Confusion and cross-over between stabilisation and transformation . In-year financial pressures (e.g. unplanned admissions).	5	4	HIGH 20	Collaborative work with local health partners is key to the delivery of financial duties for 2015/16 and subsequent years. The joint work under stabilisation is crucial.
2	Chief Finance Officer	To continue to develop the effectiveness of the organisation	Failure to embed systems and processes of good governance. ***(Statutory, Reputational & Clinical)***	5	Internal and external audit opinions. Risk management is embedded throughout the organisation. Membership agreement to constitution and conflicts of interest policy. Robust mechanism for declaring and publishing declarations of interest.	2	HIGH 10	NEW RISK	Aligning CCG governance to wider strategic leadership with partners. Ongoing engagement from membership. Uncertainty of arrangements for co-commissioning of primary care.	5	2	MED 10	Strategic leadership and primary care.
3	Chief Finance Officer	To continue to develop the effectiveness of the organisation	Failure to secure appropriate and cost effective commissioning support services from the NHS England Leader Provider Framework. ***(Statutory, Reputational & Financial)***	3	Significant amount of time invested by the CCG management team. Secondment of project managers to support the transition. Agreement of full business cases for in-housing of specific service lines.	3	MED 9	NEW RISK	Uncertainty of suitability of providers from the Lead Provider Framework. Timeframes for transition and the ability of new providers to deliver within agreed financial envelope.	3	2	MED 6	Joint approach with Cheshire and Merseyside CCGs to the procurement process. Close working with NHS England.
4	Chief Finance Officer	To continue to develop the effectiveness of the organisation	Failure to embed sound systems of information governance; including the compliance with the national IG toolkit and management of patient confidential data. ***(Statutory, Reputational & Clinical)***	5	CCG is fully compliant with Information Governance Toolkit and systems and processes have been agreed to manage and process patient confidential data. Working closely with North West Commissioning Support Unit to ensure all actions to comply with Information Governance toolkit are being implemented across the CCG. Commissioning support services, and successor organisation will continue to be reviewed on a quarterly basis. Data sharing agreements signed by all local partners.	3	HIGH 15	- Gaps in controls updated	Commissioning from the lead provider framework. Potential implications of a new model of care. IPC for learning disabilities. The ability to demonstrate the effectiveness of the delivery plan.	5	3	MED 15	Collaborative work with local health and social care economy via the strategic leadership group.
QUALITY AND SAFEGUARDING													
5	Director of Quality and Safeguarding	To commission safe, effective care that continues to improve patient experience	Failure of commission safe, effective and harm free care from Providers. ***(Statutory, Clinical and Targets)***	5	Quality requirements in contract. Commissioning for Quality and Innovation Schemes. Quality and performance meetings. Advancing Quality. Serious incident performance monitoring. Clinical engagement meetings. Insights and intelligence from user surveys. Insights and intelligence from Patient Advice and Liaison Service (PALS), incidents, claims and complaints. Insights and intelligence from patients and public engagement. Quality Improvement Committee. CCG Governing Body quality improvement/ performance report. National Institute for Clinical Excellence (NICE) quality standards. Quality Surveillance Group.	3	HIGH 15	- Controls and gaps in control updated.	Closer integration with performance reporting. Sharing of incident information across commissioners. Fragmented commissioner roles. Increase focus on no/low harm incident reporting. Limited capacity to monitor quality of care in smaller provider contracts such as nursing homes and hospices.	5	2	MED 10	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Partners4Health. Nuffield Health. Cheshire West and Chester Council 1:1 midwifery
6	Director of Quality and Safeguarding	To commission safe, effective care that continues to improve patient experience	Failure to ensure robust arrangements are in place for the safeguarding of vulnerable children ***(Statutory, Clinical and Targets)***	5	Local Children Safeguarding Board and Business Plan, Safeguarding Children Policy, Quality and performance meetings with Providers. Safeguarding Assurance Framework received from Providers identifying levels of compliance with these standards. Exceptions in assurance against these standards are escalated to Quality and Performance meetings Routine reporting to Quality Improvement Committee and Governing Body. Annual report to Quality Improvement Committee. Designated nurse and doctor in post including looked after children function. Early intervention services developed to progress outcome from previous Ofsted inspection. GP attendance and reporting to case conferences. Staff training levels. Unannounced Care Quality Commission inspection into children safeguarding and looked after children January 2014 identified areas of good practice. Care Quality Commission report received February 2014 and action plan now complete.	3	HIGH 15	- Unchanged	Publication of action plans in response to two recently commissioned serious case reviews.	5	2	MED 10	Working with new commissioners of children's services to adopt shared safeguarding assurance framework methodology

WEST CHESHIRE CLINICAL COMMISSIONING GROUP

Risk No	Sponsor	Objective Description & Risk Type	Risk Description	Impact Rating	Positive Assurance on Key Controls to the Governing Body	Likelihood Rating	Risk Score	Changes/ comparison to 2014/15 Framework	Gaps in Control and Assurance	Residual Impact	Residual likelihood	Residual Risk Score	Partnership Issues
7	Director of Quality and Safeguarding	To commission safe, effective care that continues to improve patient experience	Failure to ensure robust arrangements are in place for the safeguarding of adults at risk ***(Statutory, Clinical and Targets)***	5	Executive representation at Local Adult's Safeguarding Board. Clinical Commissioning Group led contracts contain commissioning standards for Safeguarding. Safeguarding Assurance Framework received from Providers identifying levels of compliance with these standards. Exceptions in assurance against these standards are escalated to Quality and Performance meetings. Routine reporting to Quality Improvement Committee and Governing Body. Collaborative working e.g. Care Quality Commission inspections. Annual report to Quality Improvement Committee. Designated nurse in post working in partnership with providers and local authority. Investigation and monitoring of safeguarding concerns in care homes in collaboration with local authority safeguarding adults team. System in place to report concerns about care homes to GPs. Adult safeguarding training in primary care.	3	HIGH 15	▬ Unchanged	Limited capacity to monitor quality of care in smaller provider contracts such as nursing homes and hospices.	5	2	MED 10	
COMMISSIONING AND OPERATIONS (STABILISATION AND TRANSFORMATION)													
8	Director of Commissioning/ Director of Operations	To lead the development of a shared vision for the health and social care economy	Failure of partner organisations to align their plans with the clinical commissioning group commissioning intentions 2016/17. Failure of the clinical commissioning group to deliver its intended efficiency gains. ***(Statutory & Clinical)***	5	Robust quality and performance (contractual) meetings in order for effective engagement with stakeholders. Other high level engagement includes the Clinical Senate, Health and Wellbeing Board, West Cheshire Strategic Leadership Group, Stabilisation Committee and Transformation Committee.	3	HIGH 15	▬ Refreshed controls and gaps in controls narrative.	Establishment of robust and approved governance arrangements by all local health economy partners to deliver detailed programme and project plans with pre-determined qualifiable outcomes.	5	2	MED 10	Supporting the formal mechanisms (Strategic Leaders Group) and seek external critical friend support.
9	Director of Commissioning/ Director of Operations	To lead the delivery of the stabilisation and transformation plans using the knowledge and experience of patients, clinicians and managers to improve care.	Failure to deliver the transformation and stabilisation programmes with special emphasis on the Vanguard New Model of Care (MCP) aligned to the commissioning intentions. ***(Statutory, Reputational, Financial & Clinical)***	5	We will use local evidence and national benchmarking to inform any assumptions to underpin delivery of strategic objectives. Implementation of approved and detailed programme and project plans with owners of each key workstream identified, agreed milestones, monitoring arrangements in place to ensure accountability of these workstream owners. Approved governance structure and systems to support the delivery of these programme/project processes.	3	HIGH 15	▬ Refreshed controls and gaps in controls.	Development of a sophisticated impact model that will also track the achievement against programmes. Develop improved mechanisms for sharing learning across with neighbouring localities as well as Vanguard peers. Understanding the impact of failure to deliver programmes against other workstreams already being undertaken.	5	2	MED 10	Agree system wide deliverables against system wide outcome measures.
10	Director of Operations	To commission safe, effective care that continues to improve patient experience	Failure to provide high quality funded nursing care, continuing health care and complex care within agreed timeframes and against criteria the CCG has determined within its financial envelope. ***(Clinical & Reputational)***	4	Adult safeguarding lead. Care Quality Commission registration. Development of joint care home contract with local authority. Robust quality monitoring and performance and intelligence from patient advice and liaison service (PALS), incidents, claims and complaints. Insights and intelligence from patients and public engagement. Continuing Healthcare Service transfer from North West Commissioning Support Unit to South Cheshire Clinical Commissioning Group took place on 1st February 2015. CCG Joint Committee and Operational Groups now established to manage risks and provide assurance. Reports (as a programme) provided to Stabilisation Committee, Commissioning Delivery Committee and Governing Body.	4	HIGH 16	▬ Refreshed controls and gaps in controls narrative.	lack of agreed criteria for eligibility. Adequate provision for additional costs in CCG balance sheet. Progressing outstanding assessments and claims in residual backlog.	4	4	HIGH 16	Service hosted by South Cheshire CCG for Cheshire and Wirral CCGs.
11	Director of Commissioning	To lead the development of a shared vision for the health and social care economy To ensure financial sustainability for the health economy	Failure to maximise opportunities for co-commissioning, in particular with NHS England on Specialised Services and Primary Care and with other neighbouring Clinical Commissioning Groups ***(Statutory, Reputational & Clinical)***	4	We have developed, agreed and ratified the infrastructure for co-commissioning with NHS England for primary care services.	3	MED 12	▬ Unchanged	Need to ensure we have sufficient resources, financial and staffing capacity, to maximise the opportunity to deliver co-commissioning.	4	3	MED 12	Working with NHS England on the implications of full delegation.
PRIMARY CARE													
12	Medical Director	To work effectively with our members To commission safe, effective care that continues to improve patient experience	Failure to improve primary medical services/GP quality by transforming services with health economy partners. ***(Clinical, Reputational & Targets)***	4	Monitor progress through established GP Quality Group. System-wide primary care commissioning quality and innovation scheme implemented. Prime Minister's Challenge Fund workstreams. Engagement with members via Membership Council and GP Network meetings. Annual practice visits with GP Chair and Medical Director. Development of co-commissioning arrangements with NHS England.	3	MED 12	▬ Updated controls and gaps in controls.	Contractual mechanisms and financial incentives to enforce transformation agenda (currently with NHS England).	4	2	MED 8	-
CONTRACTING & PERFORMANCE													
13	Chief Finance Officer	To lead the development of a shared vision for the health and social care economy. To commission safe, effective care that continues to improve patient experience.	Failure to agree contracting mechanisms to support delivery of the west Cheshire way. ***(Statutory, Reputational, Clinical and Financial)***	4	Shared strategic vision (the West Cheshire Way). Agreed contracts for 2015/16. Agreement of commissioning intentions by end of September 2015. Future contracting models support via Vanguard programme.	3	MED 12	NEW RISK	Lack of commissioning intentions. Lack of evidence why certain activities have been undertaken (local and national benchmarking). Financial position needs alignment to the local health needs.	4	3	MED 12	Vanguard programme (MCP) and strategic leadership group.
14	Chief Finance Officer / Director of Operations / Director of Quality and Safeguarding	To commission safe, effective care that continues to improve patient experience.	Failure of to deliver against agreed performance and quality indicators ***(Reputational, Clinical, Financial and Targets)***	4	Reports to commissioning delivery committee. Scrutiny at quality and performance meetings. Governance arrangements to support stabilisation agenda.	3	12 MED	↑ Increased score and updated controls, gaps in controls and partnership issues.	Monitoring current performance effectively against specific targets for diagnostic tests, A&E, mixed sex accommodation, e-discharge, dementia and improving access to psychological services. Integration of performance management across the CCG.	4	3	12 MED	Strategic leadership group.

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	19th November 2015
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides three 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 Coordinator

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 Body Ratification Date	Lead Officer
1.	Safeguarding Children Policy	Quality Improvement Committee	May 2014	Paula Wedd Director of Quality and Safeguarding 01244 385272 paula.wedd@nhs.net
2.	Social Media Policy	Senior Management Team	New Policy	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
3.	Continuing Healthcare Commissioning Policy	Finance Performance and Commissioning Committee	New Policy	Gareth James Chief Finance Officer 01244385259 garethjames@nhs.net

RECOMMENDATION

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

Gareth James
Chief Finance Officer
November 2015

NHS
West Cheshire
Clinical Commissioning Group

1.	**Date of Governing Body Meeting:**	19th November 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 Coordinator

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 July 2015 meeting included:
   - The result of the City Network Chair and Vice Chair elections were announced as follows: Chair – Annabel Jones, Vice Chair – Kevin Guinan
   - Countess of Chester Hospital has acknowledged the issues relating to delays in waiting times within the Trust, and a review of clinics and patients' needs is underway. Representatives from the network interested in working with the Trust around their stabilisation work are asked to contact Andy McAlavey.
   - The issue of discharge letters was raised, highlighting a lack of patient detail for the GP to provide safe onward care for the patient. The Trust has produced a series of letter templates to address this issue.
   - The Network agreed in principal to bid, on a cluster level, for the option of providing the acute visiting service, with Primary Care Cheshire to hold the contract for the Acute Visiting Service.

4. Major issues and actions for the September 2015 meeting included:
   - The network discussed e-Lloyd George Solutions and a proposal to introduce digital data storage on a practice by practice basis, with practices interested in pursuing the scheme providing commitment in writing by 16 September 2015.
   - Physio First (Formerly Direct Access to Physio) – the scheme improves the musculoskeletal pathway, provides patients with rapid

access to physiotherapy, and monitoring outcomes as well as access to the service and considering ways to reassign availability according to demand. Physio First will be represented on upcoming Signposting sessions, and it has been requested that practices liaise with the service to establish possible room capacity and availability.

- Wellbeing Coordinator - An update will be provided to the October 2015 meeting regarding the recruitment of Chester East's replacement and the cover arrangements for Chester South's maternity leave.

Rural Locality GP Network – minutes

5. Major issues and actions from the July 2015 meeting included:
   - Integrated Care Team Update - Concerns have been raised around patient records in the home and Cheshire and Wirral Partnership NHS Foundation Trust has confirmed that these records are paper light with the treatment plan sitting behind EMIS, which will help all teams to be completely mobile by September.
   - Optimal Elective Management – the clinical commissioning group is considering various models of referrals in to elective and urgent care. The Medical Director has asked network members to email any current issues around Elective referrals caused by delays in the system, incorrect pathways and a lack of capacity, directly to him.
   - Co-Ordinating Cluster Working – Primary Care Cheshire is to create a closed Facebook page to facilitate cluster working across the Rural network.
   - The network agreed that a GP and representative from Primary Care Cheshire will represent the network at the Commissioning for Quality and Innovation Joint Provider meetings.

6. Major issues and actions for the September 2015 meeting included:
   - The network discussed e-Lloyd George Solutions and a proposal to introduce digital data storage on a practice by practice basis, with practices interested in pursuing the scheme providing commitment in writing by 16 September 2015.
   - Fit For Work – this scheme is aimed at helping people on long term sick leave back to work. Fit for Work liaise directly with employers to explain the significance of their plans for individuals, and individuals can be referred to the service by their employers as well as by GPs. The service is telephone driven but face to face meetings can be arranged and works with individuals that have been off work for at least four weeks and up to one year, for any reason.
   - Physio First (Formerly Direct Access to Physio) – the scheme improves the musculoskeletal pathway, provides patients with rapid access to physiotherapy, and monitoring outcomes as well as access to the service and considering ways to reassign availability according

to demand. Physio First will be represented on upcoming Signposting sessions, or Secretaries Forum, and it has been requested that practices liaise with the service to establish possible room capacity and availability.

Ellesmere Port and Neston Locality GP Network – minutes

7. Major issues and actions from the July 2015 meeting included:
   - The upper and lower GI fast track referral forms have been released without any amendments suggested by the network previously, and an update to this issue is being progressed.
   - Direct Access to Physio – this scheme is progressing and will be rolled out across Neston and Willaston immediately, with remaining practices receiving the service from October 2015 onwards.
   - Vulnerable Older People – Funding templates have been circulated and practices are asked to email plans for the funding to Sarah Murray at the clinical commissioning group.
   - The restructuring of the networks has not progressed further, although the network was reminded that continued support of Primary Care Cheshire will enable the changes in models of care.
   - Optimal Elective Management – the clinical commissioning group is considering various models of referrals in to elective and urgent care. Network members are asked to email their thoughts on this issue to Philippa Robinson at the clinical commissioning group.
   - Ellesmere Port South and Neston Clusters have submitted their bid for the Prime Minister's Challenge Fund £45,000 funding.
   - Acute Visiting Service - Laura Marsh will be liaising with Colin McGuffie to discuss with practices the funding options for the acute visiting service going forward.

8. Major issues and action from the September 2015 meeting included:
   - The network discussed e-Lloyd George Solutions and a proposal to introduce digital data storage on a practice by practice basis. The network agreed that practices could not be expected to make a decision on this matter without a firmer idea of the long term associated costs, and these will be collated and distributed to the network.
   - Fit For Work – this scheme is aimed at helping people on long term sick leave back to work. Fit for Work liaise directly with employers to explain the significance of their plans for individuals, and individuals can be referred to the service by their employers as well as by GPs. The service is telephone driven but face to face meetings can be arranged and works with individuals that have been off work for at least four weeks and up to one year, for any reason.
   - Physio First (Formerly Direct Access to Physio) – the scheme improves the musculoskeletal pathway, provides patients with rapid

access to physiotherapy, and monitoring outcomes as well as access to the service and considering ways to reassign availability according to demand. Physio First will be represented on upcoming Signposting sessions.

- Discussions relating to cluster restructure have been deferred until after the Membership Council meeting on 30 September 2015, and a draft proposal of restructured meetings will be circulated to the network.

SENATE

9. An overview of the September 2015 development session is contained within the senate report. The Life Story Network report from the June 2015 meeting, focussing on dementia, has not yet been received.

QUALITY IMPROVEMENT COMMITTEE – minutes

10. An update of the October 2015 meeting is contained within the quality improvement report. The minutes from this meeting will be available for the January 2016 meeting.

FINANCE PERFORMANCE AND COMMISSIONING COMMITTEE - minutes

11. An update of the November 2015 committee meeting is contained within the finance performance and commissioning committee report. The minutes from this meeting will be available for the January 2016 meeting.

AUDIT COMMITTEE

12. No further meetings have taken place since the last update was provided.

REMUNERATION COMMITTEE

13. No further meetings have taken place since the last update was provided.

RECOMMENDATION

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