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 May 2016, at 9.00am in Tarvin Community Centre, Meadow Close, Off Crossfields, Tarvin, Chester, CH3 8LY

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 March 2016	DR	Dr Huw Charles-Jones *GP Chair*
D	9.30	Matters arising/actions from previous Governing Body Meetings	D	Dr Huw Charles-Jones *GP Chair*
WCCCGGB/16/05/56	9.35	Senate Report	D	Dr Peter Williams *Hospital Doctor Member*
WCCCGGB/16/05/57	9.50	Quality Improvement Committee Report	D	Paula Wedd *Director of Quality and Safeguarding*
WCCCGGB/16/05/58	10.10	Finance, Performance and Commissioning Committee Report	DR	Lee Hawksworth *Director of Operations* Laura Marsh *Director of Commissioning* Gareth James *Chief Finance officer*
10.40 BREAK				
WCCCGGB/16/05/59	10.50	Audit Committee Report	D	Ken Morris *Lay Member* Gareth James *Chief Finance Officer*
WCCCGGB/16/05/60	11.05	Chief Executive Officer's Business Report	DR	Alison Lee *Chief Executive Officer*
WCCCGGB/16/05/61	11.20	2016/17 Governing Body Assurance Framework (verbal)	I	Gareth James *Chief Finance officer*

Item	Time	Agenda Item	Action	Presenter
CONSENT ITEMS				
WCCCGGB/16/05/62	11.35	Clinical Commissioning Group Policies and Governance Documents	DR	Gareth James *Chief Finance Officer*
WCCCGGB/16/05/63	11.45	Clinical Commissioning Group Sub-Committee Minutes	I	Alison Lee *Chief Executive Officer*
WCCCGGB/16/05/64	11.55	Any Other Business **(to be notified to the Chair in advance)**	D	All
Date and time of next formal Governing Body meeting – Thursday 21st July 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
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NHS West Cheshire Clinical Commissioning Group
Formal Governing Body Meeting
Thursday 17th March 2016, 9.00a.m.
The Groves Sports and Social Club, Chester Rd, Ellesmere Port CH66 2NZ

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
Ms Pam Smith	Lay Member
Mr Peter Williams	Lay Member
Ms Sarah Faulkner	Nurse Representative
Dr Annabel Jones	GP representative – City Locality
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston
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 Transformation
Mr Lee Hawksworth	Director of Operations
Mrs Paula Wedd	Director of Quality and Safeguarding

In attendance:

Ms Clare Dooley	Head of Governance
Ms Clare Jones	Governing Body and Committees Coordinator

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	WELCOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that the meeting is held in public but is not a public meeting. 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. The first 15 minutes of the agenda are 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. No questions were raised prior to, or during, the meeting.	
	CHAIR'S OPENING REMARKS	
	The Chair welcomed Lee Hawksworth to his first formal meeting as the new Director of Operations for the clinical commissioning group.	

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	The Chair noted that in these challenging times for the NHS, while it is important to remain positive, there is also a requirement to accept that the way in which services are delivered needs to change in order that the best possible care is provided to patients with the funding available. He also pointed out that we must not forget the positive work that it is happening to improve and provide services for patients, and to acknowledge the progress being achieved. The Chair stressed the importance of continuing to work together to deliver the vision of the West Cheshire Way. Clinical leadership continues to be an important part of this work and support from clinical colleagues will continue to be actively encouraged. The Chair noted that Chris Hannah, Lay Member and Vice Chair of the clinical commissioning group, has agreed to increase the number of sessions she currently has with the clinical commissioning group in order to support the Chair as he undertakes other more clinically focussed work.	
A	**APOLOGIES FOR ABSENCE**	
	Apologies were received on behalf of Ken Morris.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no declarations of interest to be noted.	
C	**MINUTES OF FORMAL GOVERNING BODY MEETING HELD ON 21ST JANUARY 2016**	
	The minutes of the formal governing body meeting held on 26th January 2016 were accepted and signed as an accurate record.	
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	• 16/01/33 – Quality Improvement Report – National Institute for Clinical Excellence guidance on pneumonia care was issued during the autumn of 2015, and was subsequently discussed at the GP Quality Group meeting due to possible cost implications for the clinical commissioning group. As the guidance is in relation to a quality measure, it has not been possible to completely identify the impact this may have, although an increase in hospital admissions could be an outcome of the implementation of the measure. • 16/01/34 – Financial Performance, Page 7, paragraph 3; There remains a risk to the financial forecast due to a dispute with NHS England in relation to the funding for specialised critical care activity. • 16/01/34 – Financial Performance, Page 7, paragraph 4; The anticipated funding in respect of the charge exempt overseas visitors has been reduced from £1.4million to £800,000.	

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	• 16/01/35 – Finance, Performance and Commissioning Committee, Page 8, 1st bullet point; Elective care – a review of procedures of limited clinical value is being undertaken with the Countess of Chester Hospital NHS Foundation Trust, focussing on the out-patient system and GP referrals. The initial work of the review was to understand the possible scale of this issue, and this work is now complete. Work has now commenced to understand the impact the outcomes may have on the shared model for the health economy and this will be reported back at the next strategic leaders' group meeting. This work is currently ongoing and the review outcomes will be provided to the finance, performance and commissioning committee.	
45	**SENATE REPORT**	
	Peter Williams presented a report which provided an overview of the senate meeting held in January 2016. The meeting was attended by Sir Sam Everington, Chair of NHS Tower Hamlets Clinical Commissioning Group. Sir Sam shared his experience of transforming the provision of primary care in Tower Hamlets and the senate members undertook a workshop discussion on implementing a similar approach through the West Cheshire Vanguard programme. The feedback from the workshop espresso sessions have been reviewed since the meeting and three recurring themes have been identified as: • The importance of all staff adopting change, and for staff to take on the role of champions and leaders of change, and ensuring the communication of our shared purpose. • Demonstrating outcomes, identifying positive progress, and demonstrating where positive changes have been achieved. • Building and maintain positive relationships with colleagues, partners and patients. In response to questions and queries raised by governing body members, the following points were noted: • Feedback on the report has been positive, noting the move away from a more formal meeting format. However, it has been identified that it is now more difficult to identify the report's recommendations and it was agreed that this will be addressed through future reports. • Clinical leadership continues to be an area of focus for the clinical commissioning group and a number of clinical colleagues that attend at the senate have identified that they would be willing to become more involved in this work. Work will be undertaken to identify a number of 'champions', who will help to promote this work. **The governing body noted and reflected on the issues discussed by the Senate.**	**PWi**

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46	**QUALITY IMPROVEMENT COMMITTEE REPORT**	

The Director of Quality and Safeguarding, Paula Wedd, introduced the paper and noted that the report focuses on areas of improvement that provide quality assurance and areas where issues have been identified. The following points from the report were highlighted:

- Clostridium Difficile
  - Concern has been expressed that the national 2016/17 targets have not yet been published.
  - A working group has been established in West Cheshire to implement a local action plan aimed at reducing anti-microbial prescribing in the community, and which will ensure that work also being undertaken by Medicines Management and Public Health is progressed in a joined up manner, and that partnership working is progressed.
- Countess of Chester Hospital NHS Foundation Trust
  - The Care Quality Commission has completed a planned visit to the Trust. The report will be shared in full with the quality improvement committee when it is published and any exceptions and positive assurance will be presented to the governing body.
  - The Trust was issued with a Regulation 28 Preventing Future Deaths Notice by the Coroner in February 2016, in relation to the quality of discharge information provided to primary care, and further details were provided. The Trust has 56 days to respond to the Coroner with an action plan and additional detail will be provided to the quality improvement committee, once an action plan has been received.
  - National Safety Standards for Invasive Procedures – the Trust has invested significant time to identify all services and locations where invasive procedures are undertaken and further details were provided. 26 areas outside of the main theatre hub have been identified as areas where invasive procedures take place and the Trust has audited practice in all these locations against the standards. A high level gap analysis has been produced, along with clear recommendations of priority areas for developing practice in line with the standards, and progress against this plan will be monitored through the quality and performance meeting.
- Cheshire and Wirral Partnership NHS Foundation Trust – Following a Care Quality Commission inspection, the Trust was asked to provide assurance of actions being taken to address the areas identified in the inspection as "requiring improvement". The Trust has provided assurance that action has been taken in relation to staffing levels within the community physical health teams. The issue of staffing levels is now a standing agenda item on the quality and performance meeting with the Trust and this and will continue to be closely monitored.
- Partners4Health - The quality improvement committee has previously been advised of challenges obtaining consensus from Countess of Chester Hospital NHS Foundation Trust consultants in relation to the respiratory pathways. The committee requested that this issue was escalated to the Trust's Medical Director for resolution, and this was discussed at the quality and performance meeting with the Trust, and the Trust's Medical Director has

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	been tasked to progress this issue and report back to that meeting. A briefing will be provided to the committee on the outcome of the escalation, once available. • Atherton Lodge – The governing body has previously been advised of long standing safeguarding and quality concerns in relation to this provider sustaining improvement over long periods of time and, as a result of this, a voluntary suspension to admissions was implemented. Commissioners are now assured, by evidence presented at visits, that under the leadership of a new manager the improvements have been sustained and the voluntary suspension was lifted in February 2016. Monitoring visits will continue to be undertaken by commissioners. • Serious Case Review 01 / 2014 Child A - the Local Safeguarding Children Board is now in a position to proceed to publication. The report will be submitted to the National Panel and the Care Quality Commission will be notified of the publication date. • Serious Case Review 01 / 2015 Child B – A meeting of the Serious Case Review Team took place in February 2016 to develop an action plan, which has been shared with all relevant partners and has been endorsed by the Local Safeguarding Children Board. The action plan progress will be overseen by the Local Safeguarding Children Board Audit and Case Review Sub-Group. A new date for the postponed inquest is yet to be confirmed and it has been agreed that the report will be published in line with the Coroner's findings. The Care Quality Commission will be notified of the publication date once this has been confirmed. • Cheshire West and Chester Unannounced Ofsted Inspection of Children's Services November 2015 – The final report was published in February 2016 and the summative judgment is that Children's services in Cheshire West and Chester are good, with two areas as outstanding, and further details of the ratings were provided. This rating is solid recognition of the partnership working achieved across children's services. The Medical Director, Dr Andy McAlavey, highlighted the following points from the Primary Care section of the report, as follows: • GPs and Child Protection Case Conferences - Cheshire West and Chester Local Safeguarding Children Board continue to monitor the child protection case conference information. Concerns have been raised in relation to the funding for GP attendance at case conferences and the challenges that will be faced when this funding is withdrawn. Discussions have taken place with GP practices and practice managers affected to identify mechanisms to assist with reporting timeframes, volume of work and options for streamlining the process, going forward. • Primary Care commissioning ➢ At the end of quarter 3 it had been agreed at the finance, performance and commissioning committee meeting that one practice would not receive the commissioning for quality and innovation scheme funding due to non-achievement of the required milestones. The affected practice has appealed this decision and the appeal process in currently being progressed. Assurance has been provided that all clusters are on track	

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	to achieve the milestones in quarter 4. ➢ Work is ongoing to secure agreement on the goals for the 2016/17 commissioning for quality and innovation scheme. This is being discussed at GP network meetings and monthly cluster leads meetings and updates will be provided to the GP quality group as this work progresses. ➢ Key performance indicators have been drafted for practices currently receiving additional funding in their contract via personal medical services. The key performance indicators will be shared with the practices to negotiate an agreed position from April 2016, for one year. • GP Patient Experience Survey Results – the January 2016 results from the survey have been published, which measure patients' experiences across a range of topics. The survey provides data at practice level that allows comparison across organisations, and over time. The survey results are discussed during practice visits, which provide an opportunity to share improvement plans and best practice across surgeries. The primary care team will be triangulating the information from the survey with Care Quality Commission reports, and this combined information will be presented back to the quality improvement committee. In response to questions and queries raised by governing body members, the following points were noted: • The lack of Clostridium Difficile breach control targets for 2016/17 is an area of concern. It is important to ensure that partners have a coordinated approach in relation to Clostridium Difficile and a stabilisation group has been established to progress this work. • The reporting of influenza and norovirus levels is comparable with the previous year, although a similar level of outbreaks in cares homes, or pressures on GPs, has not been identified. The reduction in outbreaks can be at least partially attributed to the substantial plans put in place across the health economy to address the issues from the previous year, and this has resulted in a reduced pressure within the health system. • Antibiotic prescribing work has been undertaken within secondary care to consider the type of antibiotics prescribed, as well as the frequency of prescribing. A specific piece of work is also being undertaken to type strains of Clostridium Difficile to specific antibiotics, which will provide information on which particular antibiotics should be targeted. A national commissioning for quality and innovation scheme is scheduled to be implemented in April 2016, which will be in relation to the type and volume of antibiotic prescribing. Antibiotic prescribing work within primary care is currently being undertaken in relation to number of prescriptions and the type of drugs being issued. The data provided by Medicines Management is very useful and will be used to identify practices that are outliers for prescribing. Practices that have been identified as high prescribers have a target for reducing the number of prescriptions issued and this is monitored through the Medicines Management Prescribing Leads meeting, which reports in to the GP Quality Group meeting.	

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	• The recruitment of 12 additional posts within the community physical health teams, by Cheshire and Wirral Partnership NHS Foundation Trust, is part of an ongoing recruitment process by the Trust. It is likely to take a few months for the impact of the 12 posts to be realised by GP practices and networks and this issue will continue to be monitored. It was agreed that clarity as to the distribution of these posts across the three localities will be sought at the quality and performance meeting with the Trust. • The challenges in relation to approval of pathways by Countess of Chester Hospital NHS Foundation Trust Consultants has been due to the terminology used, as the Consultants had been asked to 'sign-off' pathways for another organisation. This has been rectified for future pathways by reaching agreement that Consultants will now be asked to 'see and comment' on pathways. • Concerns have been raised at GP Locality Network meetings in relation to GPs and Child Protection Case Conferences. Attendance by GPs at the case conferences has declined and work is being undertaken with Cheshire West and Chester Council to consider possible technological solutions for GPs, such as Skype, rather than physical attendance at the meetings, to progress this issue. • Technology solutions are also being considered to help improve the patient experience in primary care and to ensure that patients are aware of what technological options are available for their use. It was noted that the patient survey data is discussed at the Patient Participation Group Chairs meeting and the issue of raising patient awareness of technology will be discussed with that group. **The governing body reviewed the issues and concerns highlighted and identified further actions for the quality improvement committee.**	**SP** **PS**
47	**2016/17 FINANCIAL BUDGET**	
	The Chief Finance Officer, Gareth James provided the background to this report, and the following points were noted: • The 2016/17 financial budget has been set with a planned year-end deficit of £4.829 million (1.5% of total allocation). The budget has been discussed by the governing body on a number of occasions, and details were provided on the national guidance, local planning assumptions, and mitigations used to set the budget. It was noted that the budget will change throughout the financial year, and these changes will be reported through the finance, performance and commissioning committee. • NHS England mandate 'business rules' for all clinical commissioning groups, and the West Cheshire Clinical Commissioning Group 2016/17 budget will not comply with 2 of those rules. Details were provided on the discussions currently being undertaken with NHS England around this issue. • A number of non-recurrent actions will being undertaken at the end of this financial year to deliver financial balance, and further details from the report were discussed.	

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	• The clinical commissioning group will begin 2016/17 with a recurrent contingency of £1.666 million. The use of contingencies will be closely monitored, with regular reports provided to the finance, performance and commissioning committee throughout the financial year. An additional £250,000 has also been set aside in respect of the uncertain pressures relating to specialised services where the commissioning responsibility transfers to clinical commissioning groups from April 2016. • The 2016/17 financial plan includes an efficiency requirement of £11.558 million, shared between stabilisation and transformation programmes. If this is not achieved, NHS West Cheshire Clinical Commissioning Group will deliver a deficit of approximately £16.4 million. • The resources allocated across the programme areas have been discussed in detail with programme managers. However, there are some areas where it is unclear which area a programme should reside within, and work is being undertaken to resolve how these programmes are reported. In response to comments and queries raised by governing body members the following were noted: • Budgeting is based on what the clinical commissioning committee expects to spend during the financial year, and is based on current spending and potential growth. Consideration is also given to potential efficiencies that may be gained in-year. • A reduced figure for charge exempt overseas visitors' allocation has been included within the non-recurrent funding costs for the financial year. However, in relation to the quality premium, if guidance is issued, this is likely to have an impact on the current figure. • An additional savings target has been placed against the prescribing budget of £1.8 million, which will reduce year-on-year expenditure by £1 million. • Funding for each programme has been identified to the programme managers, to enable a clear financial position to be available, by programme, and details were provided on why this approach was undertaken. The governing body noted its thanks to the finance, stabilisation and transformation teams for the work undertaken to achieve this position. **The governing body agreed the 2016/17 financial budget.**	
48	**FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE REPORT**	
	The Chair of the committee, Chris Hannah, noted that many health systems are operating in a challenging environment and is important to acknowledge the positive work that is being achieved, such as the Urgent Care Week which took place during February 2016. However, it also important that those areas of poor performance or non-delivery of services that are occurring remain as an area of focus and are not overlooked due to the current challenging environment.	

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	The Director of Operations presented the following areas from the report: • NHS 111 will go live across West Cheshire on the 31st March 2016. The clinical commissioning group has a local implementation plan in place and is delivering against this. Extensive communications on the transfer have been shared widely with primary care, partners, providers and members of the public. A decision has been taken locally in relation to Out of Hours Service provision, to allow an element of additional flexibility around the service. • The clinical commissioning group led an "Urgent Care Recovery Week" in response to the current urgent care pressures being experience by the local health economy, in partnership with Cheshire and Wirral Partnership NHS Foundation Trust, Countess of Chester Hospital NHS Foundation Trust, Cheshire West and Chester Council and Partners for Health. The work undertaken focussed on reducing capacity issues and a number of new initiatives and approaches were trialled. Some processes were more effectively than others and the outcomes from that week will be provided through the finance, performance and commissioning committee, along with all recommendations. • The penultimate draft version of the Operational Plan was submitted to NHS England on the 2nd March 2016. The plan included activity plans, financial plans and the operational plan narrative. The final operational plan submission date is the 11th April 2016 and will require committee and governing body sign off. • Better Care Fund – A jointly-agreed Better Care Fund plan was submitted on 2nd March 2016, which outlines NHS West Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group and Cheshire West and Chester Council's joint 2016-17 plans. The plan has been approved by the Health and Wellbeing Board. The final submission of the plan will require committee and governing body sign off. In response to comments and queries raised by governing body members, the following were noted: • The Urgent Care Recovery Week identified that delayed transfers of care numbers has not been as straightforward as anticipated, and this has had an impact on other areas of service. There are 3 successful approaches from that week that it is intended to take forward, and these are: clinician to clinician communication calls; nursing home support, which will be specifically targeted to nursing and residential homes; and finally, streaming of patients at the Accident and Emergency Department. • The stabilisation programme has identified the 6 pathway areas which will focus on the delivery of quality and the financial challenge across West Cheshire during 2016-17. The pathway areas are urgent care, elective care, medicines management, mental health, complex care and maternity care. The Director of Transformation presented the following items from the report: • The transformation committee discussed the quarterly review meeting between West Cheshire Way and the NHS England national team in	

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February 2016 and the subsequent receipt of the second tranche of the vanguard funding for 2015/16. The meeting also provided an opportunity to reflect on some key successes and progress to date, and further details were provided.

- The value proposition for 2016/17 was submitted on 8th February 2016. A review and summarisation process is being undertaken by NHS England New Care Models national team and a decision is expected from the NHS England Investment Committee on 14th March 2016. Feedback available to date has indicated that not every submission will be successful.
- The West Cheshire Daily Mile will be launched at Upton Heath CE Primary School in Chester on Monday, 21st March 2016. The initiative is funded through the Starting Well programme, and encourages primary school children to walk or run for 15 minutes of their school day.
- Positive progress has been noted in relation to patient attendance and completion of the self-care coaching course in Ellesmere Port.
- Work is ongoing on the long term financial model and, due to the risk of the full value proposition financial ask being unavailable, a prioritisation process is being undertaken using an agreed prioritisation tool and ensuring involvement of all partner organisations.

In response to comments and queries raised by governing body members the following were noted:

- The risk around the value proposition financial ask being unavailable is an area of concern, as there is a possibility that none of the money will be received. Should this occur the clinical commissioning group will need to review how care can be delivered in a new way with this additional challenge.
- The operational plan work is progressing and sign-off by the governing body can be undertaken either virtually or by delegated authority. It was agreed that a working group would meet to review the operational plan, which would then be shared virtually for sign-off.
- Transformation work will be brought closer to the larger provider contracts to ensure that appropriate partnership working is achieved. It is intended to include specific provider milestones, and to link this in to commissioning for quality and innovation schemes, to provide incentive for achievement. The main challenge remains engagement and finding the most appropriate way to encourage and promote professional relationship building.

The Chief Finance Officer presented the following performance issues from the report:

- Financial performance as at 31st January 2016 is consistent with previous reports to the governing body. These issues have been discussed in detail at the finance, performance and commissioning committee. Despite a material level of risk, it is forecast that the clinical commissioning group will achieve financial balance and, therefore, deliver its financial duties. This, however, will be delivered following several non-recurrent mitigations.
- Performance against agreed performance targets at the end of December 2015 shows the non-achievement of 8 targets. Following discussions at a

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	number of meetings, it has been agreed that financial penalties are being imposed for the first time, which currently has a penalty value to the clinical commissioning group of £450,000. • The update of the financial outlook for financial year 2016/17 was discussed previously on the agenda. **The governing body is asked to note the key issues discussed and the decisions made at the finance performance and commissioning committee.**	
49	**AUDIT COMMITTEE REPORT**	
	The Chief Finance Officer, Gareth James, highlighted the following issues discussed at the audit committee meeting held on 3rd March 2016: • The committee expressed thanks to David Gilburt, who has chaired the committee since October 2012. • The clinical commissioning group is currently on course to remain level 2 compliant with version 13 of the national information governance toolkit as at 31 March 2016. • An interim Director of Audit opinion was received, and the final opinion will be issued following the completion of outstanding work to complete the 2015/16 internal audit plan. • The committee received an opinion from the internal auditor on the clinical commissioning group's assurance framework, which noted that the assurance framework could be more visibly used by the governing body, and this opinion has been noted. • The committee approved the 2016/17 annual internal audit plan and the anti-fraud services work plan for 2016/17. • Significant assurance was provided on the clinical commissioning group's processes for managing serious untoward incidents and high assurance was provided in relation to how the group fulfils its responsibilities in monitoring the quality of commissioned services. **The governing body noted the key items of business discussed at the audit committee held on 3rd March 2016.**	
50	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	Chief Executive Officer, Alison Lee, noted that the report is somewhat longer than usual, and there are two significant items to be highlighted. • Turnaround position – The progress and proposed actions in relation to the clinical commissioning group's financial turnaround position has previously been discussed in depth, and details of the clinical commissioning group's response to the Turnaround Director's report were discussed. This response, now the Turnaround Plan, has identified a number of recommendations and actions to be taken to improve the performance of the clinical commissioning group.	

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	The Turnaround Plan summarises the priorities for 2016/17 that will form the basis of the clinical commissioning group's delivery plan, the financial context within which it is operating, and a section on delivering successful turnaround drawn from international best practice. It also outlines actions in five areas: clinical leadership, programme management, performance management, communication and capacity, capability and governance. The clinical commissioning group will now progress the actions identified within the Turnaround Plan. The Turnaround Director, Philippa Robinson, was thanked for the work undertaken and it was noted that Philippa's contract with the clinical commissioning group will be completed at the end of March 2016. • Sustainability and Transformation Plan - the clinical commissioning group is required to produce an individual operational plan for 2016/17, and this plan will be taken to finance, performance and commissioning committee in April 2016. In addition, every health and care system will be required to work together to produce a Sustainability and Transformation Plan, a separate but connected strategic plan covering the period October 2016 to March 2021. Part of this work will require local leaders to set out clear plans to improve health and wellbeing, transform the quality of care delivery, and deliver sustainable finances. A planning event, involving 43 organisations across Cheshire and Merseyside including clinical commissioning groups, providers, Local Authorities, NHS England, was held and the group reached a decision that the Sustainability and Transformation Plan footprint would be across Cheshire and Merseyside. The clinical commissioning groups across Cheshire and Merseyside have established a small Sustainability and Transformation Plan working group with 4 accountable officers leading the development plans and one of the next steps will be to identify where there are gaps in delivery or quality of services that require focussed attention, and where there are financial challenges to be considered. Discussions will also be required in relation to where collaborative work would be most beneficial. To ensure that the health system remains stable, it will be important that acute trust also work together on services that could be offered collaboratively by clinicians over both hospitals. In response to comments and queries raised by governing body members the following points were noted: • Work is being undertaken to identify areas where collaborative working wold be beneficial and effective, although it has been acknowledged that there may be some areas where collaborative working is not feasible or practical. As this work progresses it is expected that a footprint for collaborative working will become more visible. • It will be important to ensure that the time spent progressing this work is used effectively and that there is value obtained from each working group meeting. • The plan is based across a Cheshire and Merseyside footprint, but the clinical commissioning group will ensure that a focus remains on the local footprint,	

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	to make sure that the health and wellbeing of local population remains at the centre of any work it undertakes. • Work is being undertaken to ensure that progress on turnaround, milestones and timescales is tracked appropriately to ensure delivery of the Turnaround Plan, and proper scrutiny, is achieved. **The governing body noted the contents of the report, agreed the actions in relation to financial turnaround, and discussed the progress on the sustainability and transformation plan footprint.**	
51	**NURSE REVALIDATION**	
	The Nurse Representative, Sarah Faulkner, provided an overview of the paper, noting that the Nursing and Midwifery Council has changed the requirements for nurses and midwives when renewing their registration and, from 2016, all registered nurses and midwives, regardless of their role, must undergo a formal revalidation process every three years. The Nursing and Midwifery Council has written to all registrants to inform them of the requirement to revalidate and the steps that must be taken to comply, and a comprehensive programme of communication has been used to raise awareness of the requirements. Failure to revalidate will result in removal from the register for a minimum of 6 weeks while revalidation is subsequently completed and submitted and, during this time, the registrant cannot undertake the duties and responsibilities of a registered practitioner. In August 2015, NHS Cheshire and Merseyside Commissioning Support Unit conducted an audit of the state of readiness of clinical commissioning groups in their area and any potential risks for NHS West Cheshire Clinical Commissioning Group were identified. Significant work has been undertaken to ensure that nurses and midwives employed by NHS West Cheshire Clinical Commissioning Group, or working with primary care, are aware of the revalidation requirements and are supported during the revalidation process, and further details were provided. The area of most concern is around care and nursing homes, as a number of homes are very small businesses, and work is being undertaken to ensure that support is available during the revalidation process. PW advised that she shares all the revalidation information she receives with the local authority for them to cascade to care homes. **The governing body approved the assurances and actions taken to implement revalidation and approved the approach to shared staff, general practice clusters, providers and agencies.**	

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52	**GOVERNING BODY ASSURANCE FRAMEWORK**	
	The Chief Finance Officer noted that the governing body assurance framework is provided to each formal governing body meeting as it is important to provide assurance to the governing body that risks are identified and being managed. The assurance framework is discussed at sub-committee meetings and feedback from these discussions is then provided at each formal governing body meeting. Work is ongoing to ensure that the assurance framework is made more visible and to ensure that the document is kept up to date and 'live'. The 2016/17 assurance framework will be scored at the June 2016 informal governing body meeting and will then be brought to the July 2016/17 formal meeting for approval. **The governing body noted the information provided on the governing body assurance framework.**	**GJ**
53	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	The Chief Finance Officer advised that 1 policy, Complaints Policy and Standard Operating Procedure, was provided for ratification by the governing body, as proposed by the committee outlined in the covering paper. The Director of Quality and Safeguarding noted that the policy is prescriptive in relation to who may make a complaint as this is a direct statement from the national policy as to the clinical commissioning group's responsibility and is required to be included within the local policy. Details were provided on the process undertaken when feedback is received, and that feedback is given the same care and attention that is given to a complaint. **The governing body approved/ratified the policy provided.**	
54	**CLINICAL COMMISSIONING GROUP SUB-COMMITTEE MINUTES**	
	The governing body received and noted the significant issues arising from, and the minutes of, the sub-committees to the governing body and there were no issues to be raised.	
55	**ANY OTHER BUSINESS**	
	There were no other items of business to be discussed.	

16/03	AGENDA ITEM	Action
	DATE AND TIME OF NEXT FORMAL MEETING	
	The next meeting will take place on Thursday 19th May 2016, at 9.00am, in Tarvin Community Centre, Meadow Close, Off Crossfields, Tarvin, Chester, CH3 8LY	

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 21st January 2016				
16/01/40 Page 16	**Governing Body Assurance Framework –** The financial break-even position scoring within the framework is to be increased.	Gareth James	March 2016	**Green** On agenda
Meeting held on 17th March 2016				
16/03/45	**Senate Report –** Recommendations made by Senate are to be made more easily identifiable in future reports.	Peter Williams	May 2016	**Green** The feedback provided has been incorporated in to the May '16 report and will be carried forward.
16/03/46	**Quality Improvement Committee -** a. **CWP Staffing levels –** Clarity on the disposition of the 12 new community physical health posts across localities is to be sought.	Steve Pomfret	May 2016	**Amber** This issue was raised at the quality and performance meeting with the Trust on the 12th May 2016 and a verbal update will be provided at the governing body meeting.
	b. **Patient Survey Data –** Raising patient awareness of technology solutions to be discussed at the Patient Participation Group Chairs' meeting.	Pam Smith	July 2016	**Blue** This issue will be raised at the PPG Chairs meeting on 12th July 2016 and an update will be provided to the July 2016 governing body meeting.
16/03/52	**Governing Body Assurance Framework –** The assurance framework to be scored at June 2016 informal governing body meeting and to be brought to July 2016 formal meeting for approval.	Gareth James	July 2016	**Blue** Approval at July 2016 formal governing body meeting.

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 May 2016
2.	**Title of Report:**	Senate Report
3.	**Key Messages:**	This report provides an overview of the business discussed at the West Cheshire senate meeting held on 24th March 2016. The meeting gave the clinical commissioning group the opportunity to introduce and reiterate our commissioning intentions as detailed in the 2016/17 operational plan and gave our partners the opportunity to review and challenge our plans with a 'check it, challenge it and change it' approach. The focus of the meeting was on four programme pathways; urgent care, elective care, medicines management and complex and continuing healthcare.
4.	**Recommendations**	The governing body is asked to note the issues discussed by the senate.
5.	**Report Prepared By:**	Karen Warren Organisational Development Manager

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY REPORT

SENATE REPORT

PURPOSE

1. The West Cheshire senate has been established by the governing body to provide 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, providers and our partners to discuss complex issues of policy and service redesign.

2. This paper provides an overview of the March 2016 Senate meeting which allowed the clinical commissioning group to introduce and reiterate our commissioning intentions as detailed in the 2016/17 operational plan and gave our partners the opportunity to review, challenge and impact assess those plans. The meeting focused on four programme pathways; urgent care, elective care, medicines management and complex and continuing healthcare. The session was introduced by Lee Hawksworth, Director of Operations and the group sessions were led by the respective programme leads.

CONTENT

2016/17 Operational Plan

3. Lee Hawksworth confirmed the Cheshire and Merseyside sustainability and transformation plan is in development, will cover the operational period of October 2016 to March 2021, and will address the following issues for our healthcare economy:

    - How will the health and wellbeing gap will be closed?
    - How will transformation help close the care and quality gap?
    - How will the finance and efficiency gap be closed?

4. The West Cheshire health and social care economy faces a significant financial challenge over the next five years. West Cheshire Clinical Commissioning Group starts 2016/17 with a recurrent underlying deficit of approximately £6million and the potential financial gap for the whole health and care economy in 2016/17 is expected to be approximately £20million.

5. Lee confirmed the high level details of the 2016/17 operational plan, to include summaries of the programme plans and stated that the stabilisation programme has adopted a pathway approach to delivering improvement in quality and financial gain.

Review of Programme Pathways

6. Medicines Management - Discussions centred on self-care, signposting patients to the minor ailments scheme and pharmacy support, and proposed changes to the prescribing policy for gluten free products. The group agreed plans should be implemented at pace.

7. Urgent Care - The group discussed the acute visiting out of hours service, extensions to GP hours, consultant led triage at the Countess of Chester Hospital NHS Foundation Trust, the co-location of accident and emergency and the out of hours services, and extensions to pharmacy opening times. It was agreed discussions with Wirral providers will be useful as Wirral University Teaching Hospital NHS Foundation Trust has piloted a single front door system and their GP Practices have trialled a phone triage system.

8. Elective Care - Discussions focused on the closure of the upper gastrointestinal list at the Countess of Chester Hospital NHS Foundation Trust, referral management, procedures of limited clinical value, orthopaedics and urology. A number of issues were raised which will be progressed as part of the programme pathway review.

9. Complex and Continuing Healthcare – Discussions centred on a review of the work defined within the pathway and it was confirmed the session was a good opportunity to explain key points and issues for complex care and continuing healthcare services, which need to be delivered whilst managing families and patient expectations. The group talked about the single point of entry system and how we improve on the signposting of patients to reduce accident and emergency attendances.

CONCLUSIONS

10. The pathway groups generated active discussions and engagement by the meeting attendees and allowed our partners to impact assess, comment on, and challenge our plans. Programme leads will progress the issues raised in each group and the results will be reported into programme delivery group meetings.

11. Peter Williams, Senate Chair, confirmed that while the Senate is not a decision making group attendees are supporting and influencing the strategic delivery of healthcare in West Cheshire. Peter felt the meeting was useful for the programme leads and he was very pleased at the level of engagement from our partners.

RECOMMENDATION

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

Dr Peter Williams
Hospital Doctor Member
May 2016

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 19th May 2016

2. Title of Report: Quality Improvement Report

3. Key Messages:

- The number of outbreaks of influenza and diarrhoea and vomiting in care homes across West Cheshire in winter 2015/16 has significantly reduced against previous years. The programme of increasing visits by the Community Infection Prevention and Control Team during the winter to care homes has enabled specialist staff to provide additional training and identify lapses in practice through observational audits.
- Following a recent inspection of the Countess of Chester Hospital NHS Foundation Trust by the Care Quality Commission, there will be a meeting on the 27th June to discuss their findings with key stakeholders in advance of the report being published.
- The Countess of Chester Hospital NHS Foundation Trust has been issued with a regulation 28 Preventing Future Deaths notice by the Coroner in relation to the standard of information provided in the discharge summary to a GP and the quality of information provided to the patient and their family about how to manage any medical concerns following discharge from hospital.
- The clinical commissioning group has continued to develop a single data repository for patient information so that themes and trends can be collated and analysed. This insight and intelligence is critical to us as commissioners to inform commissioning and contracting decisions.
- Information is now available about the number of appointments and uptake of the Extended Hours Service. The data has demonstrated that uptake has been variable across localities – it is significantly higher in predominantly inner town locations and lower in mainly rural localities. The service has

flexed and changed to reflect this mixed demand across West Cheshire and is continuing to be reviewed. NHS England have confirmed that funding will be available to continue the additional extended hours appointments available through the Prime Ministers Challenge fund in the early half of 2016/17.

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

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

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 14th April 2016.

MERSEY INTERNAL AUDIT AGENCY

4. Mersey Internal Audit Agency conducted a review of the Quality of Commissioned Services in accordance with the requirement of the Internal Audit Plan, as approved by the Audit Committee.

5. The governing body of NHS West Cheshire Clinical Commissioning Group requires assurance that appropriate mechanisms are in place to monitor the quality of services being commissioned. This review provides an opinion on how the clinical commissioning group fulfils their Quality Responsibilities.

6. The final report provided a judgement of High Assurance. There are 3 recommendations that are made in relation to the audit, all of which are judged as low risk.

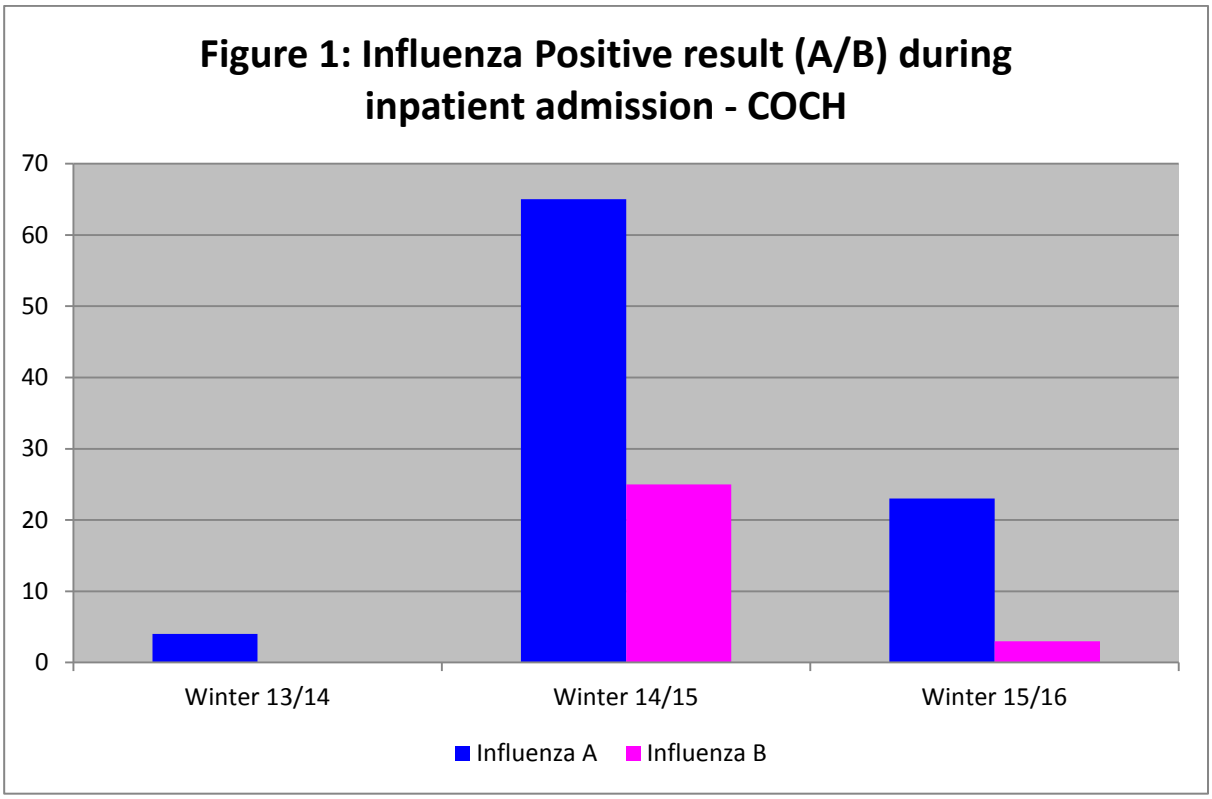
7. In conclusion this review identified that West Cheshire Clinical Commissioning Group has comprehensive structures and processes for monitoring the quality of the commissioned services. There are a number of notable practices including:

    - Open sharing of information from the providers.
    - Using other sources of information, e.g. GP concerns, to verify information and to identify areas of improvements relevant to the major providers.
    - Effective use of Quality Schedules in contracts to drive improvements.

INFECTION PREVENTION CONTROL

Influenza and other Community outbreaks

8. In winter 2015/16 the numbers of patients admitted to the Countess of Chester Hospital NHS Foundation Trust who tested positive for influenza A or B was much lower than in winter 2014/15. 26 cases in total screened influenza positive to date, with 88% of these reported since 1st January 2016 - see figure 1 below

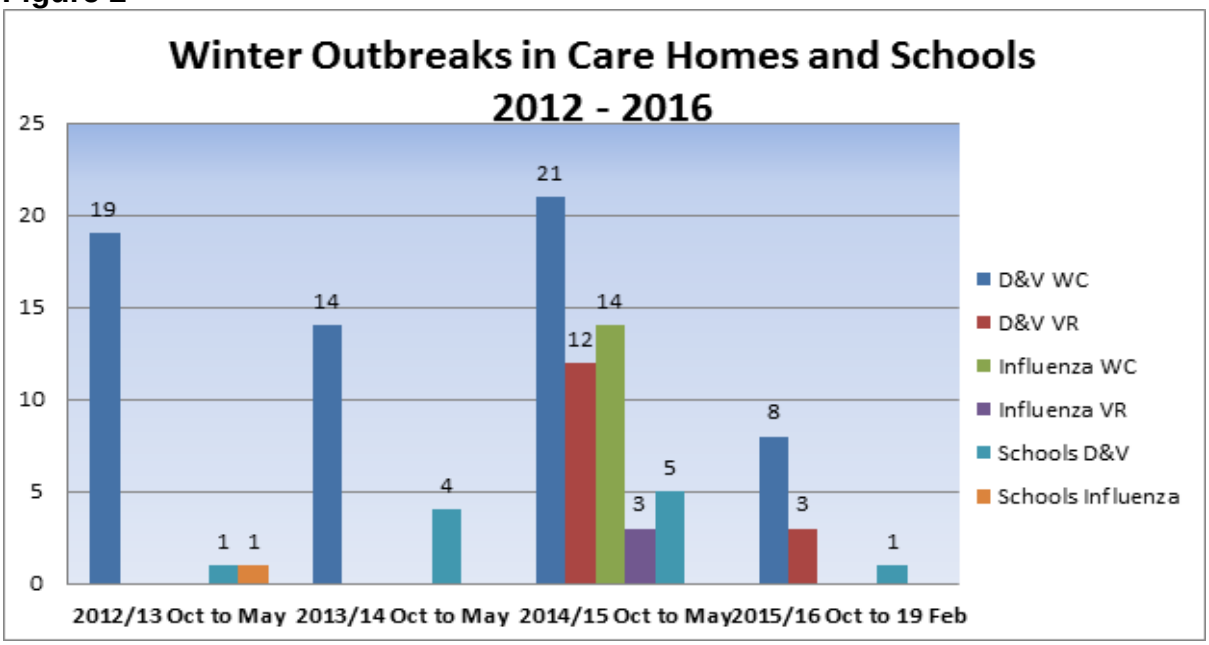


9. The number of outbreaks of influenza and diarrhoea and vomiting in care homes across West Cheshire (and Vale Royal) in winter 2015/16 has significantly reduced against previous years - see figure 2 below.

10. The programme of increasing visits by the Community Infection Prevention and Control Team during the winter to care homes has enabled specialist staff to provide additional training and identify lapses in practice through observational audits.

11. The committee are keen to see this outbreak information triangulated against more detailed performance information in the annual report they receive from the Director of Infection Prevention and Control. The committee is particularly interested in vaccination uptake rates delivered by general practice and the uptake rates from the newly introduced care home staff vaccination scheme.

Figure 2



12. During January and February 2016 West Cheshire has seen elevated rates of scarlet fever, particularly amongst school children. This reflects the national picture with elevated levels of scarlet fever being reported throughout the UK. This has put extra pressure on the Infection Prevention and Control team with a large number of enquiries from schools. Advice and guidance bulletins have been circulated to all schools and early years' settings.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Care Quality Commission

13. Following a recent inspection of the Countess of Chester Hospital NHS Foundation Trust by the Care Quality Commission, there will be a meeting on the 27th June to discuss their findings with key stakeholders. The Director of Quality and Safeguarding will attend this. The report will be shared in full with the committee when it is published and any exceptions and positive assurance will be presented to the governing body.

Quality Surveillance Team

14. The NHS England Quality Surveillance Team undertook a planned visit in February 2016 in relation to the quality of services delivered for patients with a cancer diagnosis of unknown primary. This service is linked to both the Countess of Chester and Clatterbridge Centre for Oncology.

15. Subsequent to the peer review visit, the Countess of Chester Hospital NHS Foundation Trust received notification that they needed to increase attendance at the regional multidisciplinary team meetings. The Trust provided full assurance that they were always in attendance for any discussions about their

patients and going forward they intend to attend a minimum of the two thirds of the scheduled regional meetings in line with the required standard.

Regulation 28

16. The Trust was issued with a Regulation 28 Preventing Future Deaths Notice by the Coroner. The concern relates to the standard of information provided in the discharge summary to a GP and the quality of information provided to the patient and their family about how to manage any medical concerns following discharge. The Trust will share their response to the Coroner with the committee.

Radiology

17. The committee were alerted to a concern by GPs that there is potential for delays in arranging follow up/ repeat investigations when the hospital staff sends information back to GPs with a request for practices to arrange further tests at a future date. The committee were informed that the clinical commissioning group and the Trust clinical staff were working together to review the timeliness of investigation reports from the hospital to GPs and the numbers of requests for radiology investigations across all the GP surgeries.

NORTH WEST AMBULANCE SERVICE

18. The committee was alerted to a small cluster of incidents reported by GPs about delays to ambulances responding to requests from GPs to take sick patients from surgeries to hospital. The committee was also advised that a local hospital reported a significant delay to transferring a patient to a specialised hospital. The committee was assured that North West Ambulance Service NHS Trust is aware of these concerns and they are conducting a comprehensive investigation into one these incidents as it meets the criteria for a serious incident. The investigation report will be reviewed at the clinical commissioning group's Serious Incident Review Group. The governing body will be advised if this trend continues.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Care Quality Commission Inspection

19. The governing body has been previously advised of the positive outcome from the Care Quality Commission Inspection of Cheshire and Wirral Partnership NHS Foundation Trust in June 2015. The committee want to update the governing body on the Trust's progress in delivering the action plan developed to address the regulatory breaches identified during the inspection.

20. The Trust expects that all actions will be completed by end of March 2016. Following the initial feedback received after the inspection, the Trust took immediate action in relation to a large proportion of the areas for improvement

identified. A number of actions have already been completed including; a series of shared learning bulletins to re-iterate the requirements for documentation of Mental Health Act, principles of risk assessment and care planning, incident reporting and risk register processes.

21. The Trust reported that a number of assurance mechanisms have been developed in-house to monitor progress against the action plan including compliance visits, local audits, Mental Health Act internal audit visits and subsequent visits from the Care Quality Commission Mental Health Act review team. The clinical commissioning group will continue to monitor delivery against the action plan through the quality and performance contract meetings.

Clinical Risk Assessments

22. In an analysis of the incidents reported when a person has harmed themselves a reoccurring theme has been identified, regarding the efficient use of the Clinical Assessment of Risks to Self and Others (CARSO) risk assessment tool. Risk assessments are now forming part of the Trust's Suicide Prevention Strategy which is linked into Public Health's Suicide Prevention Group.

Healthy Living Centres

23. The committee want to alert the governing body that the decision to decommission the Healthy Living centres taken by the local authority has had an impact on Cheshire and Wirral Partnership NHS Foundation Trust's Mental Health Recovery College services. The Trust has confirmed that the Recovery College currently provided out of the Healthy Living Centre, in Blacon, Chester, will continue but there has been no agreement yet as to an alternative venue. The Trust has written to Cheshire West and Chester Local Authority to express their disappointment with the decision and also with the timeframe/notice period they were given.

ONE TO ONE MIDWIVES

24. The North West Care Quality Commission undertook a planned comprehensive inspection of One to One (North West) on 1st and 2nd December 2015. The report has not yet been published.

25. The committee were briefed on work that is ongoing with the service to ensure that as commissioners we are assured of the mechanisms they have in place to manage risk in line with national best practice.

OTHER PROVIDERS

Independent Rehabilitation Hospital - St Cyril's

26. St Cyril's Rehabilitation Unit is a purpose-built facility providing 20 inpatient beds and two transitional one bedroom bungalows for individuals who require

specialist rehabilitation and management programmes. The Care Quality Commission has recently conducted an unannounced visit out of hours and has published a report that requires the provider to improve against a small number of regulatory requirements.

27. There have been a number of key staff changes within the facility and our Designated Nurse for Adult Safeguarding will continue to undertake visits to seek assurance that changes in practice have been sustained.

Domiciliary Care provider - Cestrian Care

28. The Care Quality Commission carried out an unannounced inspection of Cestrian Care on the 16 July 2015. At the time of the inspection the registered provider was providing care to between 26 and 28 people. The clinical commissioning group was providing funding to one person. The provider was placed in special measures and was inspected again within the required six months.

29. On the 6th April 2016 the clinical commissioning group was notified that the Care Quality Commission had issued a regulatory action notice to the provider. The provider took the action of closing the company with no notice and provision was made for alternative care to the person in receipt of health funding.

Sutton Beeches

30. The committee wants to escalate to the governing body that there has been limited progress in the clinical commissioning group's joint work with the local authority to develop clear contracts for delivering intermediate care beds as part of the discharge to assess process.

Crawfords Walk Nursing Home

31. This is a large care home which is part of the BUPA care home group, with capacity to deliver care to over one hundred and thirty residents. The latest Care Quality Commission report following a visit in September 2015 identified that some improvements had been made following their inspection visit in March 2015, but that not all the actions in the improvement plan had been completed. Quality monitoring visits between Cheshire West and Chester Council and NHS West Cheshire Clinical Commissioning Group remain in place to monitor improvements and sustainability, particularly in relation to the outstanding actions in the improvement plan.

PRIMARY CARE

32. The committee was advised that there was a process in place to review the prescribing of controlled drugs in primary care. The Medicines Management Team provides alerts to the Medical Director of any patterns that are outside of expected practice and this is followed up with the surgery and the investigation remains open until there is a satisfactory understanding of the prescribing.

33. The committee received an update on plans for primary care to progress compliance with new National Institute for Health and Care Excellence guidance relating to near patient testing/practice based testing for the diagnosis of pneumonia. It was agreed that due to the evidence contained within the guidance of improved patient outcomes from earlier diagnosis and potential reduction in antibiotic prescribing, piloting this approach would be beneficial. The primary care team and medicine management team agreed as a first step to identify practices where significant benefit realisation could be achieved.

34. The committee discussed the need to ensure that work progresses in developing a comprehensive overview of practice level information of performance against a range of quality indicators. This would need to be part of the performance information work that is being progressed through the new business intelligence system.

35. Information is now available about the number of appointments and uptake of the Extended Hours Service. The data has demonstrated that uptake has been variable across localities – it is significantly higher in predominantly inner town locations and lower in mainly rural localities. The committee were assured that the service has flexed and changed to reflect this mixed demand across West Cheshire and is continuing to be reviewed. NHS England have confirmed that funding will be available to continue the additional extended hours appointments available through the Prime Ministers Challenge fund in the early half of 2016/17.

PATIENT INSIGHT AND INTELLIGENCE REPORT

36. Now in its fourth year of development, the Patient Insight and Intelligence Report highlights the patient experience intelligence gathered from a diverse range of patient and public engagement activities undertaken in the twelve months from October 2014 to October 2015. The full report is available here.

36. The clinical commissioning group has continued to develop a single data repository for patient information so that themes and trends can be collated and analysed. This insight and intelligence is critical to us as commissioners to inform commissioning and contracting decisions.

37. Patient experience information has been analysed from our database, which includes the following sources:
    - Local NHS providers
    - Local GP practices and GP patient participation groups
    - Patient Advice and Liaison Service (PALS) and Complaints
    - Public events and clinical commissioning group road shows
    - Patient stories
    - Focus groups held with local patient groups
    - Healthwatch Cheshire West feedback
    - Friends and Family Test (FFT) results
    - Patient websites such as NHS Patient Choices

38. This information has been shared with the programme managers and clinical leads. As in previous years the programme managers will be invited to present to the Quality Improvement Committee on how they used the intelligence from last year's report to improve patient experience and how they will use this year's insight to influence forward plans.

39. The **top five themes** to emerge from the information in the database were:

a) **Access**: This year the overriding theme from the insight data was access to health and social care. Patients want to be able to access reliable health services when they need it. There are some issues concerning access to primary care services, although improvements in patient satisfaction were evident. There were delays in accessing other services such as mental health and services for people with dementia.

b) **Information**: Patients want clear information about local health services and their clinical conditions. Evidence from the database shows that patients, particularly those with long term conditions, want to be educated on ways to self-manage their conditions. Positive feedback has been received from those patients who were given the chance to participate in self-management courses this year. Feedback from patients and their carers still show that they want information (in written and verbal form) in ways that are easy to understand and access.

c) **Continuity of care**: Continuity of care is very important to patients, particularly in relation to care pathways and treatments. Some patients told us that they wanted a seamless integrated service that is co-ordinated across systems and boundaries. This ranged from seeing the same GP to better working between health and social care services. There was also a close correlation between positive patient experiences and good outcomes at the end of their care.

d) **Clean environment**: Attention to cleanliness in relation to both personal and environmental needs is very important to patients, particularly pertinent to those who were feeding back from inpatient wards and clinics. Patients also want safe quality treatment delivered to them by health professionals that they can trust. There appeared to be more feedback on this aspect of care during the past year.

e) **Building better relationships**: Dignity and respect was a particularly strong theme raised by children and older people in particular. Patients told us that they need emotional support, empathy and respect from health professionals. Patients want to be involved in their individual care, and want professionals to respect their decisions and particularly the case for most conditions, to work in partnership with them. Some of the examples shown in this report show positive examples where this has happened, as well as illustrating room for improvement.

Clinical Priority Thematic Analysis

40. **Table 3** shows the results of a cross tabulation of the clinical commissioning group programmes against the five domains of patient experience.

41. The analysis (weighting) shows that the lower the score (i.e. a score of 1), the more important this domain was to patients. For example, the table shows that for end of life care, building better relationships was rated as the most important, whilst for primary care the top priority for our patients was access:

Table 3: Analysis by Programme

	Safe high quality care	Building Better Relationships	Better Information more choice	Access and Waiting	Clean comfortable place to be
Starting Well	**3**	**1**	**2**	**4**	**5**
Being Well	**2**	**3**	**1**	**4**	**5**
Primary Care	**4**	**2**	**3**	**1**	**5**
Ageing Well	**3**	**2**	**5**	**1**	**4**
End of life care	**4**	**1**	**2**	**5**	**3**
Mental health	**5**	**2**	**3**	**1**	**4**
Dementia	**4**	**5**	**3**	**2**	**1**
Emergency Care	**5**	**2**	**4**	**1**	**3**

Weighting: 1 = Highest Importance 5 = Lowest Importance

Table 4: Analysis by Long Term Conditions

	Safe high quality care	Building Better Relationships	Better Information more choice	Access and Waiting	Clean comfortable place to be
Heart Disease	**1**	**4**	**3**	**2**	**5**
Cancer	**1**	**3**	**2**	**4**	**5**
Diabetes	**3**	**2**	**1**	**4**	**5**
Respiratory Disease	**3**	**4**	**2**	**1**	**5**
Planned Care	**4**	**5**	**1**	**3**	**2**
Rheumatology conditions	**2**	**5**	**3**	**4**	**1**

Weighting: 1 = Highest Importance 5 = Lowest Importance

RECOMMENDATIONS

42. The governing body is asked to review the issues and concerns highlighted and identify any further actions for the quality improvement committee.

Paula Wedd
Director of Quality and Safeguarding
May 2016

NHS
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GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	19th May 2016
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 finance, performance and commissioning committee meeting held on 5th May 2016. The key items for the governing body to note are:

- As a result of the decision to work to a joint control total delivered through a joint financial recovery plan (between the Clinical Commissioning Group and the Countess of Chester NHS Foundation Trust, the Stabilisation and Transformation Committees have been stood down.
- A process has commenced to develop the single financial recovery plan between the two organisations, while continuing to work with key partners. This process will include a review of governance.
- The latest junior doctor's strike was well managed within west Cheshire
- Early supported discharge services will continue to be delivered whilst the above financial recovery plan process is completed
- The Clinical Commissioning Group submitted the final version of the Operational Plan 2016/17 within the deadline.
- West Cheshire will not be receiving funding as part of the New Models of Care programme in 2016/17. Following this decision, Dr Jonathan Gregson, Chair of Primary Care Cheshire has chosen not to stand for re-election in May 2016.
- The clinical commissioning group has undertaken a reprioritisation exercise of all projects under transformation, including an assessment of return on investment and patient impact. Those projects that will continue will be combined with the former stabilisation programme as part of the single financial recovery plan.

- The committee was updated regarding the continuation of paediatric hospital@home while discussions continue between clinicians and managers as to how the service can be provided within the existing funding.
- The committee ratified the Strategic Estates Plan.
- Subject to external audit, NHS West Cheshire Clinical Commissioning Group ended 2015/16 with a surplus of £92,000.
- The clinical commissioning group has also delivered its financial duties in relation to capital spend and running cost allowance.
- At the end of February 2016 a significant number of performance measures were not being achieved.
- A revised 2016/17 financial plan has been submitted to NHS England reflecting a planned deficit of £3.278 million. There is a significant amount of risk within this plan.

4. Recommendations

The governing body is asked to note the key issues discussed, the decisions made at the commissioning delivery committee and approve the updated 2016/17 annual budget.

5. Report Prepared By:

Lee Hawksworth - 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 5th May 2016.

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

3. In light of the financial positions of both the Clinical Commissioning Group and Countess of Chester NHS Foundation Trust and the agreement to work to a joint control total (delivered through a joint recovery plan), the Stabilisation and Transformation Committees have now been stood down.

4. The Clinical Commissioning Group and the Countess of Chester NHS Foundation Trust are working together to develop a single financial recovery plan and as part of this process will review the capacity and capabilities across both organisations to deliver. This will include the opportunity to bring staff together as a virtual team supported by 'enablers' including Business Intelligence, finance, communications and engagement etc. In addition, this process will review the governance arrangements in place to streamline decision making. Both the Clinical Commissioning Group and Countess will continue to work closely with Cheshire & Wirral Partnership Trust and Cheshire West and Chester Local Authority to continue to develop a model of care that meets local need as well as being safe and affordable.

STABILISATION DELIVERY

Juniors Doctors Strike

5. Initial indications following the latest strike are (all require validation with supporting data):

   - Accident and Emergency attendances reduced – Accident and Emergency footfall was noted to have significantly reduced over the 2 day period
   - Appropriateness of Accident and Emergency attendances - Accident and Emergency conversion to admission rates averaged 43% versus 28% in the days preceding. This suggests that the anecdotal feedback that Accident and Emergency attendance profile moved towards predominately majors
   - Discharge before 12 improved - seniors on ward sweeps resulted in discharges being fully implemented at time of ward round. This meant quicker, efficient discharge and better patient experience were achieved.

Early Supported Discharge

6. It was noted that services that were funded in 2015/16 with non-recurrent funding are potentially at risk with the move to the joint control total and joint financial recovery plans. It has been agreed, however, that Countess of Chester Hospital NHS Foundation Trust will continue to provide all Early Supported Discharge services whilst a rapid review is undertaken to stabilising provision.

Operational Plan

7. It was noted that the final version of the 2016-17 Operational Plan was submitted on 11th April 2016. This included:

   - Activity and financial forecast
   - System Resilience
   - Point of Delivery narratives

   The Clinical Commissioning Group has since received some initial comments for further information that is currently being added.

TRANSFORMATION DELIVERY REPORT

8. The committee was informed that the West Cheshire Way multispecialty community provider vanguard site will not be receiving any non-recurrent funding in 2016/17, in response to the value proposition submitted. Although this has not yet been confirmed in writing, it is understood that the decision was based on the assessment of the projected return on investment, (which was cost neutral in 16/17 seeing a much greater return in 17/18). In addition, it was judged that Primary Care Cheshire, as a GP Federation, were not as developed as some other federations in terms of engagement of members. Finally it was felt that our plans for implementation of a Multispecialty Provider contract were not advanced enough.

9. As a result of the lack of vanguard investment funding, although the Systems Leaders Group has recognised the importance of continuing to develop a sustainable model of care, it is yet to be confirmed locally whether we wish to continue to be a ‘vanguard’ site. This has since been discussed at the Transformation Delivery Committee and their recommendation will be reviewed by the Systems Leaders Group.

10. Following NHS England’s funding decision, Dr Jonathan Gregson, the Chair of Primary Care Cheshire and clinical lead for the West Cheshire Way has decided not to stand for re-election at the end of his tenure in May 2016. The committee agreed that this leaves the future leadership of Primary Care Cheshire uncertain but may also be an opportunity for someone new to be involved in clinical leadership at a system-wide level.

11. The Committee were informed that in light of the financial position of the clinical commissioning group, a rapid reprioritisation process has been undertaken on all 18 interventions within the value proposition under ‘transformation’, alongside a similar process undertaken within ‘stabilisation’. This reprioritisation process

has assessed the level of risk associated with each project including an assessment of; return on investment, ease of and stage of implementation, capacity to deliver, assurance of project plans and impact of not implementing particularly; the patient impact. The results of this reprioritisation process will be presented as a single Clinical Commissioning Group Financial Recovery Plan to the next Finance Performance and Commissioning Committee. Work will then continue with the Countess of Chester NHS Foundation Trust, as phase 2, to form a single financial recovery plan across the two organisations.

12. The Finance Performance and Commissioning Committee were provided with a brief update on the progress of the transformation programmes. The key items discussed include;

Starting Well

13. The Children's Hospital at Home Service was introduced as a pilot (or trial) service in October 2012 to provide effective and safe care to children and young people with acute illnesses and chronic health conditions that are difficult to manage at home. The clinical commissioning group funded the service for three years from April 2013/. It was clear from the outset that the expectation was that the Trust would redesign paediatric service to ensure the continuation of the service beyond April 2016. The total service cost was £476,000 in 2015/16.

14. It was anticipated that the service would not only support the improvement of the physical and emotional health and wellbeing outcomes for children and young people, but also deliver enough savings in areas such as avoidable hospital admissions and readmissions and lengths of stay in hospital, to ensure the service was cost effective and sustainable into the future.

15. Whilst the service has undoubtedly supported the improvement of clinical outcomes (as demonstrated in a series of case studies), it has not delivered sufficient savings in areas such as avoidable hospital admissions/readmissions and lengths of stay, to ensure the service is cost effective and sustainable. This is evident from the most recent performance data and information provided to the clinical commissioning group by the Trust

16. Following a recent meeting between the Trust and clinical commissioning group, it was agreed, by both organisations, that the service's anticipated savings have not been realised and neither organisation was able to identify, or secure additional funding, to continue the service beyond 30th April 2016. A commitment was made to work on a redesign of the service, utilising the skills of the existing workforce, whilst awaiting the outcome of the West Cheshire Way Value Proposition 2016/17 submission, which as detailed above has since been confirmed that no vanguard funding will be provided in 2016/17. Since this time, there has been significant local and regional media coverage.

17. Both organisations have agreed to suspend changes to the current provision of local paediatric services, including the Children's Hospital at Home service, which is now funded until the end of June 2016. This will enable senior clinicians and managers at the Trust and the clinical commissioning group to continue to work together to find a solution, whilst listening to the views of our patients, to ensure that the health needs of our children and young people are met. The

Trust is meeting with the Children's Hospital at Home Team staff affected by this decision. Patients, their families and staff have been updated on the most recent decision to suspend the changes to the service.

18. Cheshire West and Chester Council's Health and Wellbeing Scrutiny Sub-Committee was briefed on 18th April 2016 about the current position and given assurance that the views of the population affected by these changes will be considered and incorporated in to clinical commissioning group's and Trust's longer term plans for the provision of local children's health services.

19. The issue will also be reported on the Strategic Executive Information System (STEIS) and a root cause analysis undertaken to identify future opportunities for learning.

Estates

20. The Strategic Estates Plan has been developed with NHS Property Services to ensure that it is not just list of properties that NHS Property Services has an interest in but a wider document that encompasses the requirements of the local health system including Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital NHS Foundation Trust. The plan is to involve all parties so the whole estate can be utilised fully for the benefit of the local economy.

21. The committee agreed to ratify the Strategic Estates Plan (although there is still some further information from other partners to be added).

22. The current version of the Strategic Estates Plan can be found here.

FINANCE, PERFORMANCE AND CONTRACTING UPDATE

23. The Chief Finance Officer provided an update covering the following themes:

- Financial performance for the year ended 31st March 2016.
- Performance report for the period ended 29th February 2016.
- Update on the 2016/17 financial planning process.

FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31ST MARCH 2016

24. Subject to external audit, NHS West Cheshire Clinical Commissioning Group has delivered a 2015/16 year-end surplus of £92,000. Therefore, despite a material level of financial risk though out the year, the group has delivered tis financial duties. However, it is important to note that this position was achieved following approximately £6 million of non-recurrent measures.

25. Although this represents a significant achievement, the NHS England 'business rule' of a 1% surplus was not achieved. The clinical commissioning group, remains part of the NHS England 'local turnaround' and is currently working with PricewaterhouseCoopers (PwC) who have been asked to review the financial challenge facing the clinical commissioning group followed by a review of the

capability and capacity of the group's leadership and its governance arrangements in the light of this financial challenge.

26. The following themes underpinning the year-end financial position are consistent with in-year reporting and have been discussed in detail at the finance, performance and commissioning committee in detail each month:

- Continued increase in the cost of secondary care activity.
- Delivery of approximately £0.5 million prescribing efficiencies.
- Overspend against complex care budgets.
- Significant underspend against running cost allowance.
- Non-delivery of £9.5 million Quality, Innovation, Productivity and Prevention (QIPP) target.
- Underspend against non-recurrent reserve and transformation funding.

27. The committee also noted that, subject to audit, NHS West Cheshire Clinical Commissioning Group has achieved both of its financial duties in relation to spend against capital and running cost allowances:

a. **Capital resource limit**; underspend of £1,000 against a £50,000 capital allocation.

b. **Running cost allowance**; the accounts reflect an underspend of £858,000, in the main, made up of a planned underspend of £330,000 and receipt of quality premium funding (based on 2014/15 performance).

PERFORMANCE REPORT FOR THE PERIOD 29th FEBRUARY 2016

28. The committee received an update on performance against agreed performance measures. Performance for the year-ended 31st March 2016 will be reported at the June 2016 committee meeting. Performance is consistent with previous months. The measures rated as not being delivered (RAG rated as red) can be summarised as follows:

- Referral to treatment – 18-weeks.
- Referral to treatment – excessive waiters.
- Waits for diagnostic tests.
- Cancer 62-day waiting target.
- Accident and emergency 95% target.
- Ambulance turnaround times.
- Mixed sex accommodation breaches.
- Electronic discharge.
- Mental health targets (Increasing access to psychological therapies (IAPT) and dementia).

29. The committee was also provided with a series of actions being taken to improve performance against these measures. However, the committee expressed concerns that performance against many of these targets has been poor for many months and requested more details about the actions being undertaken to improve performance.

30. The Chief Finance Officer reported that improvement trajectories have been agreed with the Countess of Chester NHS Foundation Trust and submitted to both NHS England and NHS Improvement. These trajectories will be reported to the committee in June 2016 along with 2015/16 year-end performance. It is forecast that all constitutional standards will be delivered during 2016/17.

2016/17 FINANCIAL PLAN

31. The governing body approved the 2016/17 financial budget, including a planned deficit of £4.829 million in March, 2016. This budget was based on a draft financial plan that had been submitted to NHS England in February 2016. The draft plan did not set aside the mandated 1% non-recurrent 'headroom'.

32. NHS England has subsequently been clear that this level of deficit is unacceptable and the NHS West Cheshire Clinical Commissioning Group financial plan will not be approved by NHS England unless the following conditions are met:

- Maximum of 1% planned deficit (£3.278 million), and
- 1% non-recurrent headroom provided for with no associated commitments.

33. Following further feedback from NHS England and discussions at the informal governing body a revised financial plan has been submitted delivering the above conditions. The majority of planning assumptions remain the same as the draft financial plan. However, in order to deliver the revised requirements, several changes to the underlying assumptions and, therefore, the associated budgets were required. The following table summarises the changes applied:

Description	£m
Draft financial plan – planned deficit 1.5%	**(-)4.829**
Increase in allocation	0.015
Non –recurrent headroom	(-)3.278
Agreed budget changes	3.420
Reduction in transformation QIPP programme	(-)3.604
Increase in stabilisation QIPP programme	1.348
Non-recurrent measures	2.350
Transfer specialised critical care cost to risk	1.300
Revised financial plan – planned deficit 1%	**(-)3.278**

34. The 2016/17 budget, therefore, now allows for 1% of funding to be set aside without any commitments to spend. Discussions are ongoing with NHS England about how this funding can be released to support the development of a shared West Cheshire efficiency programme.

35. Appendix A reflects the updated annual budget analysed across the recognised budget headings.

36. The clinical commissioning group will begin 2016/17 with an efficiency savings target of £12.785 million. This represents approximately 3.8% of the group's recurrent budget and represents a significant challenge. A high level summary of the plan to deliver this target has previously been shared with the governing body. Detailed plans are being agreed and will be reported to the finance, performance and commissioning committee before the end of May 2016.

37. The committee noted the unaudited financial performance for the year-ended 31st March 2016, the performance report to the end of February 2016 and the revised 2016/17 financial budget.

RECOMMENDATIONS

38. The governing body is asked to note the key issues discussed, the decisions made at the commissioning delivery committee and approve the updated 2016/17 annual budget.

Lee Hawksworth - Director of Operations

Laura Marsh - Director of Transformation

Gareth James - Chief Finance Officer

March 2016

West Cheshire Clinical Commissioning Group 2016/17 Financial Budget			
Description	**Recurrent Budget**	**Non Recurrent Budget**	**Total Budget**
Primary Care:			
Enhanced Services	1,910	0	1,910
Primary Care CQUINs	2,541	0	2,541
Clinical Leads	560	0	560
GP IMT	807	0	807
PMCF	0	500	500
LHC	0	0	0
Primary Care Vanguard	0	645	645
Prescribing	41,390	0	41,390
Prescribing - Innovation Fund	100	0	100
Prescribing - medicines management	944	0	944
Home Oxygen	303	0	303
Sub-total - Primary Care	**48,555**	**1,145**	**49,700**
Secondary Care:			
NHS contracts	188,396	0	188,396
Ambulance Services	7,908	0	7,908
Mental Health and Community Services	45,064	0	45,064
Private Providers and NCA's	2,412	0	2,412
Orthopaedic budget	5,259	0	5,259
GP led Urgent Care Unit	1,936	0	1,936
111	931	0	931
Referral to Treatment Allocation	0	0	0
Resilience Funding	842	0	842
Sub-total - Secondary Care	**252,748**	**0**	**252,748**
Advancing Quality	**198**	**0**	**198**
Complex Care			
Care in the Community	27,010	0	27,010
CHC - Risk Share Pool	0	330	330
Sub-total - Complex Care	**27,010**	**330**	**27,340**
Joint Commissioning			
Better Care Fund	5,909	0	5,909
Safeguarding	89	0	89
Looked after Children	103	0	103
Re-ablement	1,485	0	1,485
Grants to Voluntary Organisations	1,973	0	1,973
Community Equipment	634	0	634
Sub-total - Joint Commissioning	**10,193**	**0**	**10,193**
Running Costs	**5,206**	**0**	**5,206**
NHS Property Services	**20**	**0**	**20**
Contingencies:			
General reserve	-29	1,205	1,176
Contingency	1,666		1,666
1% Head Room	0	3,278	3,278
Non Recurrent Reserve		-2,475	-2,475
QiPP			
Stabilisation	-5,699	-3,483	-9,182
Transformation - Vanguard	-3,604		-3,604
Sub-total - Contingencies	**-7,666**	**-1,475**	**-9,141**
Total Operating Cost	**336,264**	**0**	**336,264**
Resource Limit	332,986	0	332,986
Total CCG (-)Surplus/Deficit	**3,278**	**0**	**3,278**
**Agrees to financial plan submitted 18th April 2016*			

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	19th May 2016
2.	**Title of Report:**	Audit Committee Report
3.	**Key Messages:**	This report provides an overview of the key items of business discussed at the audit committee meeting held on 7th April 2016. The key items for the governing body to note are: • NHS West Cheshire Clinical Commissioning Group was compliant with version 13 of the NHS information governance toolkit as at 31 March 2016. • The committee received the annual Director of Internal Audit opinion which provided significant assurance in relation to the clinical commissioning group's internal control systems and processes.
4.	**Recommendations**	The governing body is asked to note the key items of business discussed at the audit committee at its meeting on 7th April 2016.
5.	**Report Prepared By:**	Gareth James Chief Finance Officer

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

AUDIT COMMITTEE REPORT

PURPOSE

1. The purpose of this report is to provide the governing body with an overview of the key items of business discussed at the audit committee meeting held on 7th April 2016.

BACKGROUND

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

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

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

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

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

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

3. The committee was chaired by Interim Audit Committee Chair, Ken Morris, who will provide support until the end of May 2016.

4. The key issues discussed at the March 2016 audit committee are summarised in paragraphs 5 to 12.

INFORMATION GOVERNANCE

5. The committee received an information governance update from the Head of Governance. The key issues to report to the governing body are as follows:

    - The clinical commissioning group is compliant with version 13 of the information governance toolkit as at 31st March 2016.

- 100% of clinical commissioning staff have undertaken annual information governance training.

- Significant assurance has been received from Mersey Internal Audit Agency in relation to information governance.

TURNAROUND

6. The Chief Finance Officer provided a verbal update on the local NHS England turnaround process. This was discussed in detail by the committee. It was agreed that further discussions would be held with Grant Thornton, the clinical commissioning group's external auditors, to consider the impact of the financial position on their 2015/16 value for money opinion. Further details of the turnaround process are included in the Chief Executive's report to the governing body.

INTERNAL AUDIT

7. The committee received an update on progress against the annual internal audit plan. Mersey Internal Audit Agency is on course to complete the plan with the exception 2 reviews what will be completed in the new financial year. The following reviews have been completed since the last audit committee; all receiving significant assurance:

   - Financial shared services.
   - Information governance toolkit.
   - Management of provider contracts.

8. The committee also received the annual Director of Internal Auditor's opinion. This is an important document and can be described as follows:

   In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control).

9. Following the work undertaken as part of the annual internal audit plan, significant assurance was provided meaning that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of a particular objective at risk.

EXTERNAL AUDIT

10. Grant Thornton, the clinical commissioning group's external auditors, provided an update on the progress of auditing the clinical commissioning group's annual accounts and key themes emerging from the review. The committee noted that the work was on track and no material issues to escalate to the committee.

11. In addition, an update was provided on the process that is being undertaken to appoint clinical commissioning group external auditors from April 2017. The audit committee will act as an 'audit panel' during this process. The Chief Finance Officer presented several options relating to the potential footprint that could be used to manage this process. The committee agreed to undertake this exercise with clinical commissioning groups within Cheshire, Warrington and Wirral.

RECOMMENDATIONS

12. The governing body is asked to note the key items of business discussed at the audit committee on 7th April 2016.

Gareth James
Chief Finance Officer
May 2016

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of governing body meeting:**	19th May 2016
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: • Progress and proposed actions in relation to the clinical commissioning group's financial turnaround position. • An overview of the Cheshire, Warrington and Wirral Clinical Commissioning Group Alliance. • An update on Cheshire and Merseyside Transforming Care Plan. • An overview of the discussion at the West Cheshire Systems Leadership Group. • An update on the annual assurance process with NHS England. • An update on the Cheshire and Merseyside sustainability and transformation plan
4.	**Recommendations**	The governing body is asked to: • Note the contents of this report • Note the update on the establishment of the Cheshire, Warrington and Wirral clinical commissioning groups Alliance, the proposed memorandum of understanding and terms of reference and endorse the Chief Executive Officer's recommendation to proceed with signing the memorandum of understanding and agree the terms of reference on behalf of the clinical commissioning group. • Note the update on transforming care and agree the Cheshire and Merseyside Transforming Care Plan.
5.	**Report Prepared By:**	Clare Dooley Head of Governance May 2016

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.

CLINICAL COMMISSIONING GROUP FINANICAL TURNAROUND

2. The clinical commissioning group's turnaround action plan was presented to the finance, performance and commissioning committee on 5th May 2016. The agreed actions focus on:

   a) Clinical leadership;
   b) Programme management;
   c) Performance management;
   d) Communication;
   e) Capacity, capability and governance.

3. The committee were assured that progress is being made on the actions set/ratified by the governing body in March 2016. The next update will be provided to the committee on 9th June 2016. The areas which will be reported at the June committee include:

   - A clinical commissioning group financial recovery plan with a tracking dashboard of progress on our programmes;
   - An update on the clinical leadership review;
   - An update on the implementation of a new programme management office structure and systems.

4. An independent review of our financial recovery is being undertaken, by Pricewaterhouse Coopers at the request of NHS England. This review is a two phased approach. The first phase was an assessment of our 2015/16 financial position and a document review of a range of plans, strategies, decision making systems and processes. Phase two of the review is a governance review with Pricewaterhouse Coopers representatives to attend/observe a range of clinical commissioning group meetings as follows:

   - governing body;
   - membership council;
   - senior management team;
   - finance, performance and commissioning committee;
   - quality improvement committee;
   - quality and performance meeting with Countess of Chester Hospital NHS Foundation Trust.

5. A series of one to one interviews will also take place with members of the governing body. The clinical commissioning group will have an opportunity to comment and formally respond on the two phases of the report by the end of June 2016. The governing body will receive a feedback report on this review at the July 2016 governing body meeting.

CHESHIRE AND WIRRAL CLINICAL COMMISSIONING GROUP ALLIANCE

6. The Cheshire, Wirral and Warrington clinical commissioning group chief officers have formalised and expanded an existing collaborative working relationship through the establishment of the Cheshire, Wirral and Warrington Alliance.

7. A head of collaborative commissioning has been appointed to support the alliance and lead on a range of agreed collaborative commissioning areas. Other staff and clinicians are supporting the alliance through a range of hosting arrangements.

8. The governing body are asked to note and endorse arrangements for the Cheshire, Wirral and Warrington Alliance. The terms of reference and the memorandum of understanding were presented at the inaugural meeting of the Alliance on 2nd March 2016.

9. The health and social care planning footprint of Cheshire, Warrington and Wirral serves nearly 1.3 million people, has 6 clinical commissioning groups, and four local authorities. The Cheshire, Warrington and Wirral area sits between the three major conurbations of Merseyside, Greater Manchester and North Staffordshire, and is notable for the complexity of “cross-border” patient flows to specialist centres, scale of financially challenged providers, but equally some of the best health outcomes nationally. The area also has 2 vanguard areas and an Integrated pioneer programme.

10. The six clinical commissioning groups in Cheshire, Warrington and Wirral have identified benefits in their executive leads (accountable officers and chief finance officers) working collaboratively for the purpose of strategic planning and related commissioning activity. This Alliance enables each clinical commissioning group to address cross-organisation issues, and gives the maximum influence over decisions that span multiple clinical commissioning groups. The Alliance allows a view of the challenges and opportunities that arise from sustainability and transformation planning within the Cheshire and Merseyside footprint. It is also at a large enough scale for services to be commissioned and managed collaboratively.

11. The Alliance has a dual role. It enables an opportunity for clinical commissioning groups to have a local, regional and national voice in relation to strategic matters impacting the NHS. It also enables the clinical commissioning groups to strategically manage the existing collaborative services that exist already, such as North West Ambulance Service and Commissioning Support. It will also give the opportunity to develop additional collaborative services on, or within, a Cheshire, Warrington and Wirral footprint.

12. Over the next 6-12 months the Alliance will be focussed on:

- Establishing an effective and joined up approach from clinical commissioning groups to the production of the Sustainability and Transformation Plan.
- Developing and implementing further collaborative commissioning opportunities to Cheshire, Warrington and Wirral.
- Enhancing the ability of clinical commissioning groups to speak with one voice to hospital providers.
- Continuing and enhancing informal collaboration on areas that is of benefit to the efficient and effective commissioning of health services.
- Better managing and communicating the performance of existing collaboratively commissioned services.

13. The following areas have already been agreed as forming part of the Alliance's collaborative commissioning approach:

- Emergency Ambulance Services;
- Patient Transport Services;
- Military Health (Cheshire Covenant);
- Commissioning Support.

14. Whilst not specifically managed through the Alliance the recent development of a collaborative approach to commissioning continuing healthcare services reflective of the purpose of the Alliance.

15. The NHS Eastern Cheshire Clinical Commissioning Group Accountable Officer is currently the Chair of the Alliance; the role will be rotated every 6 months.

Expected Benefits and Outcomes

16. Finalised terms **of reference** and **memorandum of understanding** will enable the Chief Executive Officer to act on the clinical commissioning group's behalf at a Cheshire, Warrington and Wirral level. A key benefit of these agreements is that it will support a co-ordinated Cheshire, Warrington and Wirral contribution to the sustainability and transformation planning guidance. This requires all organisations in Cheshire and Merseyside to work collaboratively and positively to develop an overarching plan that has an ambition of improving the health and wellbeing of the people of Cheshire and Merseyside.

Financial Implications

17. The memorandum of understanding supports the constitutions of the clinical commissioning group and is not intended to supersede any of the provisions in the constitutions of any of the clinical commissioning groups.

18. The clinical commissioning groups have agreed the appointment of a Head of Collaborative Commissioning and a budget for the Alliance which will be hosted by NHS Eastern Cheshire clinical commissioning group. All costs are shared on a capitated basis.

Demonstrating Value for Money and Outcomes

19. The Cheshire, Warrington and Wirral Alliance enables the clinical commissioning groups to collaborate on a range of areas utilising existing staff resources and expertise, to deliver better outcomes with running costs.

20. The Alliance provides the potential and opportunity to leverage economies of scale when considering tendering and commissioning of services for 1.3 million people.

Key Points of the Memorandum of Understanding and Terms of Reference

21. The memorandum of understanding and terms of reference key points are:

- The Alliance is not a committee in common and therefore the current scheme of reservation and delegation provision is unaffected.
- The Alliance does not, and is not intended to supersede any of the provisions in the constitutions of the clinical commissioning groups.
- They reflect that there will be a need to review and scope the nature of the committee on a regular basis.
- Any of the clinical commissioning groups may terminate the agreement by giving 6 months' notice.
- The Alliance meets monthly and the Chair role will be offered on a rotational basis.
- Terms of reference will be reviewed bi-monthly to reflect the emerging nature of the sustainability and transformation plan process.

22. The governing body is asked to:

a) Note the update on the establishment of the Cheshire, Warrington and Wirral clinical commissioning groups Alliance;

a. Note the proposed memorandum of understanding and terms of reference for the Cheshire, Warrington and Wirral clinical commissioning groups Alliance.

b. Endorse the Chief Executive Officer's recommendation to proceed with signing the memorandum of understanding and agree the terms of reference on behalf of the clinical commissioning group.

TRANSFORMING CARE PLANS

23. The **national transformation care plan** lays out clear, timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs, and working together to commission the range of services and support which will enable them to lead fulfilling and safe lives in their communities.

24. The Concordat which accompanies this report sets out our commitment to work together, with individuals and families, and with the groups which represent them, to deliver real change, improve quality of care and ensure better outcomes. Together we will set the strategic direction and measure progress. This requires real system leadership across all sectors, including elected councillors as well as across health and care to reduce inequalities.

25. The new health and care system brings a greater opportunity for people to work together more creatively to develop local innovative solutions.

West Cheshire Context:

26. The Accountable Officer of NHS West Cheshire Clinical Commissioning Group is the lead for Cheshire and Merseyside clinical commissioning groups. The Cheshire and Merseyside plan demonstrates how through co-production, commissioners, stakeholders and system partners will implement the national service model by March 2019 and close inpatient beds, starting with the national planning assumptions set out in the "Building the Right Support." These planning assumptions are that no area should need more inpatient capacity than is necessary at any one time to cater:

- 10-15 inpatients in clinical commissioning group commissioned beds (such as those in low-medium and treatment units) per million populations.
- 10-25 inpatients in NHS England- commissioned beds (such as those in low-medium – or high secure units) per million population

27. These planning assumptions have been used by local commissioners to inform the process of planning. They are creative and ambitious underpinned by Cheshire and Merseyside Learning Disability Health Needs assessment 2016 alongside a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers that has been informed through coproduction, and on expert advice from clinicians, providers and wider stakeholders.

Developing our vision

28. Across Cheshire and Merseyside we are here to make a difference to the lives of people with learning disabilities and give confidence to their loved ones that we are going to do this.

29. Our **Transforming Care Plan** will align with clinical commissioning group and local authority plans to ensure cohesion. The Cheshire and Merseyside Transforming Partnership vision is consistent with the national service model and is that "People with Learning Disability and/or Autism, including people with complex and challenging behaviour, can lead fulfilling lives in the community supported by "ordinary" services with appropriate support from staff with skills to support them and their needs in their local community, whenever possible."

30. This care and support will be:

- Close to Home;
- In Line the best practice models of care;
- Personalised and responsive to individual needs over time;
- Based on individuals' and families' wishes;
- Value for Money.

31. The purpose of the Cheshire and Merseyside Transforming Care programme is to establish a new model of care for people with Learning Disabilities and/or autism and/or challenging behaviour and/or mental health, promoting prevention and early intervention and reducing admissions to hospital. This will include approaches to building community capacity and reducing dependence on non-settled accommodation. However we also need to ensure basic care and access to services is right for everyone with learning disability and/or Autism; having read the Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust (sometimes referred to as the Mazars Report)

32. We have a number of shared principles identified in our strategy for Cheshire and Merseyside. The outcomes we wish to achieve are to:

- Improve quality of care;
- Improved quality of life;
- Reduce reliance on inpatient services (or realigning inpatient capacity as appropriate to the needs of the population);
- Improve patient /carer/family experience.

Our strategy

33. Our strategy is based on the nice core principles described in "Building the Right Support":

a) I have a good and meaningful everyday life.

b) My care and support is person centred, planned proactive and coordinated.

c) I have choice and control over how my health and care needs are met.

d) My family and paid support and care staff get the help they need to support me to live in the community.

e) I have a choice about where I live and who I live with.

f) I get good care and support from mainstream health services.

g) I can access specialist health and social care support in the community.

h) If I need, I get support to stay out of trouble.

i) If I am admitted for assessment and treatment in a hospital setting because my health needs can't be meet in the community, it is high-quality and I don't stay there longer then I need to.

Risks, Assumptions, Issues and Dependencies

34. The prospect of a Liverpool City Region Devolution and Cheshire Devolution have implications for this plan, in that there will be changing geographical implications in commissioning arrangements. Key Risks Identified at this stage:

- Lack of easy access to financial information and limited engagement from finance leads in Transforming Care to date.
- Commitment from all partners at a strategic level to put resources into delivering this plan.
- No commitment at this stage to ring fence finding for Learning disabilities for reinvestment within the system.
- Financial Pressures on statutory organisations as well as third sector providers
- Reduction in funding to peer advocacy services.
- Conflicting demands for many organisations alongside limited capacity.
- Potential for delivery hub area to be split as a result of devolution.

35. Assumptions are:

- People directly involved in the delivery hub are committed to change
- There is a level of consensus about what needs to change at a high level
- There is significant, although not total, agreement between commissioners and Cheshire and Wirral Partnership NHS Foundation Trust about service redesign.

- There is a track record of effective joint working in different localities, although less experience of working across the wider delivery hub footprint
- All localities will want to retain a local flavour for their services to reflect local need.

36. Dependencies are:

- Caring Together (Cheshire East/NHS Eastern Cheshire Clinical Commissioning Group).
- Connecting Care (Cheshire East Council, Cheshire West and Chester Council, NHS South Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group) West Cheshire Way (Cheshire West and Chester, NHS West Cheshire Clinical Commissioning Group) Wirral 2020 (Wirral Borough Council, NHS Wirral Clinical Commissioning Group).
- Integrated Personal Commissioning.
- Development of Integrated Provider Hub model in Eastern Cheshire and in South Cheshire & Vale Royal.
- Development of Local housing strategies.
- Local authority devolution.

37. The governing body are asked to note the update on transforming care and agree the **Cheshire and Merseyside Transforming Care Plan.**

WEST CHESHIRE SYSTEMS LEADERS GOUP

38. The West Cheshire Systems Leaders Group Chief Executives held a 24 hour development session on 22nd April 2016. The session focussed on:

- Development of a sustainable health & social care system within West Cheshire.

- Creating a care and prevention system that will take responsibility for the whole health and care needs of our population and works to a single set of objectives and budget.

- Providing the right incentives for the whole system to use its strengths to focus on keeping individuals, families and communities healthy.

- Developing the stewardship of the health and social care system and the leaders responsibility to deliver improvement for our whole population

39. The key next steps agreed from the session were:

- A short-term priority is to contain and address the deficit plan for the clinical commissioning group and the Countess of Chester Hospital NHS Foundation Trust within the developing new model of care system.

- Work on linking up the necessary relationships to design the care and prevention system within all this recognising the unique strengths in West Cheshire.

- Working with other neighbours and partners.

- Signing the 2016/17 contracts;

- Executive teams (of the four system organisations) spending time together for a half day collaborative development session on 17th May 2016 to progress next steps towards an accountable care organisation.

40. The next meeting of the systems leaders group takes place on 17th May 2016 and an update will be provided on this to the governing body in July 2016.

ANNUAL ASSURANCE PROCESS WITH NHS ENGLAND

41. The clinical commissioning group's annual assurance meeting took place with NHS England on 5th April 2016. The report/outcome from this meeting has not yet been provided by NHS England and this will be circulated to governing body members once it has been received and presented as part of this paper to the July governing body meeting.

SUSTAINABILITY AND TRANSFORMATION PLAN

42. The Cheshire and Merseyside Sustainability and Transformation Plan is at an early stage of development. A work group with Chief Executive representation across health and social care is working on the plan. An overview of emerging priorities are summarised below:

East Cheshire / South Cheshire

- Acute reconfiguration
- Integrated care teams
- Primary care transformation

Wirral / West Cheshire

- Reducing variation
- Primary and community care transformation offering real alternatives to acute care

- Population health management (development of accountable care systems)
- Acute collaboration (elective services at scale)
- Estates

Mid Mersey

- Provider efficiency and configuration
- Doing things once and in a standardised way
- Transformed and stronger community services
  - Intermediate care
  - Community geriatricians
  - Diagnostic centre
  - Step up / step down
- Frailty village in Southport and hot site in Ormskirk

North Mersey

- Integration of primary and community care
- Realisation of the city centre campus
- Integrated clinical services across the city "Single service city wide" (avoiding duplication)
- Cancer / Women's / Emergency Care / Cardiology / Orthopaedics

Cross Cutting Themes

- Mental health
- Learning disabilities
- Maternity services
- Clinician engagement
- Political awareness
- Agreeing the challenges/blocks to progress
- Breaking barriers of organisational form
- Agreed data packs provided by NHS England

43. We know there will be a national template that needs completing and each lead on the areas outlined above will provide their section which will be specific about return on investment, delivery/pace and alignment to local authority plans.

44. To ensure progress and delivery of the plan a shared programme management office function will be implemented to provide oversight and structure to the plan.

45. A further update on the development of the sustainability and transformation plan will be provided to the governing body in July 2016.

RECOMMENDATIONS

46. The governing body is asked to:

a. Note the contents of this report

b. Note the update on the establishment of the Cheshire, Warrington and Wirral clinical commissioning groups Alliance, the proposed memorandum of understanding and terms of reference and endorse the Chief Executive Officer's recommendation to proceed with signing the memorandum of understanding and agree the terms of reference on behalf of the clinical commissioning group.

c. Note the update on transforming care and agree the Cheshire and Merseyside Transforming Care Plan

Alison Lee
Chief Executive Officer
May 2016

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	19th May 2016
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides twelve clinical commissioning group policies / governance documents for governing body ratification.
RECOMMENDATIONS:	The governing body is asked to approve / ratify the policy / 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. Twelve 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 are 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 report), along with details of when the document has been previously considered by the governing body. Also included is the name and contact details for the lead officer from the clinical commissioning group for the policy.

No	Document	Oversight	Previous Governing Body Ratification Date	Lead Officer
1.	Agenda for Change Rebanding	Senior Management Team	New Policy	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
2.	Annual Leave and Bank Holiday Policy	Senior Management Team	19 September 2013	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
3.	Attendance Management Policy	Senior Management Team	19 September 2013	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
4.	Disciplinary Policy	Senior Management Team	19 September 2013	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
5.	Family Leave Policy	Senior Management Team	March 2015	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net

No	Document	Oversight	Previous Governing Body Ratification Date	Lead Officer
6.	Equality and Diversity Policy	Senior Management Team	January 2014	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
7.	Harassment and Bullying Policy	Senior Management Team	January 2014	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
8.	Management Organisational Change Policy	Senior Management Team	March 2015	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
9.	Retirement Policy	Senior Management Team	March 2015	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
10.	Safeguarding Adults Policy	Quality Improvement Committee	April 2015	Paula Wedd Director of Quality and Safeguarding 01244 385272 paula.wedd@nhs.net
11.	Shared Parental Leave	Senior Management Team	New Policy	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net
12.	Travel and Expenses Policy	Senior Management Team	March 2015	Clare Dooley Head of Governance 01244 385254 claredooley@nhs.net

RECOMMENDATION

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

Gareth James
Chief Finance Officer
May 2016

NHS
West Cheshire
Clinical Commissioning Group

1.	**Date of Governing Body Meeting:**	19th May 2016
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

GOVERNING BODY

MINUTES OF GOVERNING BODY COMMITTEES

PURPOSE

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

BACKGROUND

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

GP LOCALITY NETWORKS

Chester City Locality GP Network

3. The approved minutes from the April 2016 Chester City Locality GP Network meeting are available here.

Rural Locality GP Network

4. The approved minutes from the March 2016 and April 2016 Rural Locality GP Network meetings are available here.

Ellesmere Port and Neston Locality GP Network

5. The approved minutes from the March 2016 and April 2016 Ellesmere Port and Neston GP Locality Network meeting are available here.

SENATE

6. An overview of the March 2016 Senate is contained within the senate report.

QUALITY IMPROVEMENT COMMITTEE – minutes

7. An update of the April 2016 meeting is contained within the quality improvement report. The minutes from this meeting will be available for the July 2016 meeting.

FINANCE PERFORMANCE AND COMMISSIONING COMMITTEE – minutes

8. An update of the May 2016 committee meeting is contained within the finance performance and commissioning committee report. The minutes from this meeting will be available for the July 2016 meeting.

AUDIT COMMITTEE – minutes

9. An update of the April 2016 committee meeting is provided within the Audit Committee report.

REMUNERATION COMMITTEE

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

RECOMMENDATION

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