NHS
West Cheshire
Clinical Commissioning Group

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

AGENDA

Formal Governing Body Meeting to be held in Public on Thursday 16th November 2017, at 9.00a.m. in Rooms A&B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ

Item	Time	Agenda Item	Action	Presenter
	9.00	Welcome and **Open Forum**	-	Dr Chris Ritchieson *GP Chair*
	9.15	Chairs Opening Remarks	I	Dr Chris Ritchieson *GP Chair*
A	9.20	Apologies for absence	-	Dr Chris Ritchieson *GP Chair*
B	9.20	Declarations of interests in agenda items	-	Dr Chris Ritchieson *GP Chair*
C	9.20	Minutes of last meeting held on 20th July 2017	DR !C Draft GB Minut (September 2017)	Dr Chris Ritchieson *GP Chair*
D	9.25	Matters arising/actions from previous Governing Body meetings	D !D WCCCGGB G Actions Log Nover	Dr Chris Ritchieson *GP Chair*
WCCCGGB/17/11/35	9.30	GP Network Chairs Update	D Verbal	Dr Steve Pomfret *Chair - Rural Network* Dr Annabel Jones *Chair – City Network* Dr Jeremy Perkins *Chair – Ellesmere Port & Neston Network*
WCCCGGB/17/11/36	9.45	Chief Executive Officer's Business Report	D WCCCGGB-17-11- Chief Officer's Bus	Alison Lee *Chief Executive Officer*
WCCCGGB/17/11/37	10.05	Senate Report	D WCCCGGB-17-11- Senate Report Se	Dr Chris Ritchieson *GP Chair*
WCCCGGB/17/11/38	10.15	Quality Improvement Committee Report	D WCCCGGB-17-11- Quality Improvem	Paula Wedd *Director of Quality and Safeguarding*

Item	Time	Agenda Item	Action	Presenter
BREAK	10.40			
WCCCGGB/17/11/39	10.55	Finance, Performance and Commissioning Committee Report	D  WCCCGGB-17-11- Finance Performar	Gareth James *Chief Finance Officer* Laura Marsh *Director of Commissioning*
WCCCGGB/17/11/40	11.35	Governing Body Assurance Framework	DR  WCCCGGB-17-11- 2017-18 GBAF.p	Gareth James *Chief Finance Officer*
WCCCGGB/17/11/41	11.45	Clinical Commissioning Group Policies and Governance Documents	DR  WCCCGGB-17-11- Policies and Gover	Gareth James *Chief Finance Officer*
CONSENT ITEMS				
WCCCGGB/17/11/42	11.50	Clinical Commissioning Group Sub-Committee Minutes	I  WCCCGGB-17-11- Minutes of Goverr	Gareth James *Chief Finance Officer*
WCCCGGB/17/11/43	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 18th January 2017, at 9.00am in Rooms A & B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1UL				

I – Information D – Discussion DR – Decision Required

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

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

NHS
West Cheshire
Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group
Formal Governing Body Meeting

Thursday 21st September 2017, 9.00 a.m.
Rooms A&B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ

PRESENT

Voting Members:

Dr Chris Ritchieson	Chair
Ms Alison Lee	Chief Executive Officer
Dr Andy McAlavey	Medical Director
Mr Gareth James	Chief Finance Officer
Ms Chris Hannah	Lay Member
Mr Kieran Timmins	Lay Member
Ms Pam Smith	Lay Member
Dr Annabel Jones	GP representative – Chester City
Dr Jeremy Perkins	GP representative – Ellesmere Port and Neston Locality
Dr Steve Pomfret	GP representative – Rural Locality
Ms Laura Marsh	Director of Commissioning
Mrs Paula Wedd	Director of Quality and Safeguarding

In attendance:

Mr Ian Ashworth	Director of Public Health, Cheshire West and Chester Council
Ms Clare Dooley	Head of Governance
Cheryl Hardy	Business Administrator

17/09	AGENDA ITEM	Action
	WELCOME AND OPEN FORUM	
	The Chair welcomed everyone to the meeting and noted that the meeting is held in public but is not a public meeting, although the first 15 minutes of the agenda are set aside for questions from members of the public. 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. No questions were received from the public.	

17/09	AGENDA ITEM	Action
	CHAIR'S OPENING REMARKS	
	Since the last governing body meeting the joint Clinical Commissioning Group committee has been progressed through engagement events with our Members, along with a similar approach from other Cheshire Clinical Commissioning Groups. CR and AL have attended the GP network meetings to set out the arrangements and a decision on this will be taken at the Membership Council on 27th September. AL and CR joined Tony Chambers to attend a meeting with Simon Stevens on Monday 18th September 2017 in relation to NHS preparation for winter. A clear message from Jeremy Hunt was inviting Chairs to the meeting to endorse that the winter plans and resilience is a board level issue. Updates on winter plans and performance will be provided to the governing body at formal and informal meetings. A message about "corridor" medicine this is not acceptable – the delays / targets are one issue but it is more important to care for patients appropriately. Additional winter funding is available to the NHS and focus on delayed transfers of care is a main priority which the Clinical Commissioning Group and Countess of Chester Hospital will work closely with Cheshire West and Chester Council on. The group thanked Clare Dooley, Head of Governance, who leaves at the end of September and welcomed her successor, Debbie Bryce. Governing Nurse member interviews will take place on 13th October 2017.	
A	**APOLOGIES FOR ABSENCE**	
	No apologies were received.	
B	**DECLARATIONS OF MEMBER'S INTERESTS**	
	There were no declarations to be recorded.	
C	**MINUTES OF FORMAL GOVERNING BODY MEETING HELD ON**	
	The minutes of the formal governing body meeting held on July 2017 were accepted as an accurate record of the meeting with two minor amendments: Page 1 – 3rd para change text to ***breaches may have been due to***. Page 2 – Alison Lee absent due to attendance at a meeting with NHS England.	
D	**MATTERS ARISING/ACTIONS FROM PREVIOUS GOVERNING BODY MEETINGS**	
	D - Matters Arising *Call together elected members and MPs for a face to face briefing.* AL and DC have had several meetings with MPs.	

17/09	AGENDA ITEM	Action
	17/07/14 – Chief Executive Officer's Business Report *CR will have a conversation with NHS England about the resources that come to clinical commissioning groups for this function/additional work*. Fully delegated commissioning of primary care – the Chair will report back to next Governing Body. **17/07/016 – Quality Improvement committee Report** *a. PW agreed to confirm the exact date the improvement team visited Crawfords walk.* PW confirmed the CQC scheduled visit took place on 27th & 28th March 2017, with an unannounced visit on 5 June 2017. *b. LM agreed to raise the issues of low numbers of health checks for patients with learning difficulties at the primary care operational group.* LM confirmed this will be progressed at the meeting later today. **17/07/017 – Finance, Performance and Commissioning Committee Report** *LM agreed to review the out-patient department performance figures and provide an update to AM on this.* This action has taken place, it was agreed this would be closed on the tracker.	**Chair**
24	**GP NETWORK CHAIRS UPDATE**	
	SP informed the group of the prominent financial position updates to all network meetings including updates on prescribing lead items, Accenda referral system, health optimisation, establishment of the joint committee and integrated care. Accenda referral system – Some practices have withdrawn from using the system due to backlogs. However, these are now reducing. Health optimisation – practices are aware of the proposal and the potential additional impact for primary care on patients. Joint committee – an additional membership meeting took place in August and this was reviewed again at the Rural network. Queries around funding were taken and addressed. Lorna Hall met with Primary Care Cheshire to discuss how they will be involved in the development of the Accountable Care Organisation. SP noted there is a lot of interest in a joint committee as there may be implications for general practice. SP thanked the Chair and Chief Executive Officer for attending the network meetings to provide excellent and transparent communication in relation to the joint committee discussion and feeding back from the last governing body about the two issues raised for review (escalation process and practice manager forum).	

17/09	AGENDA ITEM	Action
	JP informed the group additional items discussed at Ellesmere Port & Neston network were Wirral lung pathways - this was fed back to clinical leads - and delayed doplers in communities. They talked about reducing waiting lists for dressing clinics; it was agreed this remains a longer-term problem and suggested a redesign of this service. There is a working group addressing this. AJ advised the group the Medical Director at the Countess of Chester Hospital attended the last City Network. AJ reiterated the joint committee discussion in times of austerity and suggested this needs to remain high on the agenda; she thanked the Chair and Chief Executive Officer again for attending the meeting to aid discussions. The Chair commented that members are providing additional scrutiny on the joint committee which is very encouraging. AL reiterated it has been very beneficial and productive to meet with member practices throughout August and September on the important issues and their due diligence is appreciated.	
25	**CHIEF EXECUTIVE OFFICER'S BUSINESS REPORT**	
	AL provided a summary of the items covered in the paper and noted the following: Emergency Planning – a report was provided on the Clinical Commissioning Group action/response. . Core Assurance – there are 38 emergency planning and resilience core standards; 23 are green and 15 amber. It is proposed that an action plan will be brought back to the November governing body to provide assurance on the resilience of the organisation. PS raised a challenge that the CCG may be being harsh on the assessment rating of amber rather than green on our business continuity plan. CD responded this was a cautious approach to the review of the plan and there will be governing body scrutiny of this in November to enable an assured green rating Integrated care – need to be clear to partners about what difference working together is going to make and ensure a clear work plan is in place looking at invest to save proposals. GJ asked when an early indication of the capacity and capability review recommendations in relation to integrated care will be provided? AL responded that each organisation will be reviewing the recommendations and taking action to reduce the administrative burden within their organisation. Additionally, there will be meetings where one representative from the health and social care system can attend rather than each organisation needed to send a representative.	

17/09	AGENDA ITEM	Action
	AMcA asked in relation to integrated care how to take next steps and move this forward and felt we need assurance integrated care will take priority. AL advised the communications and engagement team are collaborating on this, a lot of work has been done and a summary of the new model of care has been produced. This will be turned into an easy read which will be good for staff as well as the public. This will be published once each organisation has agreed to move forward to phase three of the integrated care work. PW asked for assurance from the discussion on delayed transfers of care at the Leadership Group. AL provided a live example of the work being undertaken on Crawfords Walk and preparation for flu preparedness. CH noted the "shift" of working at the highest level of leadership and the spirit of collaboration and working on collective solutions is starting to progress. AJ asked when the "invest to save" work plan will start to show success? AL confirmed a piece of work has been completed around finance and activity new models of care and this has been led by clinicians with pathways used to model how to bring finances back into control. She advised this is a good piece of work which summarises what impact new models of care will have on finances and how will this improve outcomes. GJ advised by 2021 if this is not implemented there will be an estimated gap of £65m across health and social care. In terms of investment we have got to invest today to make savings for the future, we need to get better at moving money around the system as there is little new money locally or national. Organisational Development Plan – this has been appended for ratification. **RECOMMENDATIONS** The governing body: a. Noted the contents of this report. b. Approved the emergency planning, resilience and response core assurance self-assessment for submission to NHS England on 22nd September 2017. c. Approved the 2017/18 organisational development plan.	
26	**SENATE REPORT**	
	CR introduced the report from the last senate meeting, on 27th July 2017. He advised this was a useful opportunity to bring leaders and representatives from health and social care to further practice implementation of close working and to look at problems as a system that can be resolved better. Each organisation brought challenges they were facing; this allowed the group to understand what issues and challenges neighbours and colleagues were facing. In some cases this was looking at finances, investments in mental health and how we support each other and how we can do this better collectively. The group discussed how work can be done on prevention - this is a big part of the new model of care.	

17/09	AGENDA ITEM	Action
	CR advised very full and frank discussions took place at the senate and hopefully people went away from this with actions and steps that could take place, as it is a positive meeting and a useful opportunity to discuss live issues. CR informed the group the September Senate's topics will include dementia which is currently a key theme and relevant to all partner organisations. Discussions will also take place around the future of the senate as we look towards closer working relationship and how to utilise these to get best value for money and ensure time is used for best effect. GJ asked for context on the narrative of paragraph 8 on reduction of funding/staffing levels. CR responded to confirm this narrative may not be clear or helpful and it does refer to staff across Cheshire and opportunities where cross-working to invest to save can be progressed. AMcA concurred that this paragraph does not accurately reflect the discussion at the Senate and CR confirmed he will seek to have this paragraph reviewed and reported more clearly/accurately. AL commented on the action/implementation of the recommendations from the Senate discussions, she pointed out the intention from the Medical Director from Cheshire and Wirral Partnership Trust that we need to reduce from 9 integrated teams to 3 or 4, how will this be progressed and assurance monitored? LM noted that this was discussed at the Integrated Services Steering Group but there was also probably a gap now that the informal Directors Group had been stood down. CR welcomed comments from the group and felt it is important to look at the functions of the Senate and how this feeds into the committees. He felt the Senate is a good way of inviting organisations to air challenges and difficulties however he acknowledged there has been some issues with attendance at these meetings. Discussions next week will include how the senate will interact with the clinical cabinet. AMcA reflected that the Senate was set up when the CCG was authorised as a statutory organisation, in-line with plans to have a Regional Senate (which did not form). And commented that the triple helix discussions that have taken place with patients over the previous four years of the Clinical Commissioning Group are very powerful and the formal decision making structure of other committees would not be in place, but these could take place in other forums as required. AJ referred to presentation of A&E performance from the Countess of Chester Hospital and the benefits to have the discussion on successes across the whole health system. PS commented that if Dementia is the next focus for the Senate a patient representative should be invited. PS asked for clarity on the "Clinical Cabinet". CR responded to confirm this forum will enable professional practitioners to provide clinical steer (e.g. development of clinical pathways) towards an integrated care system. The first	

17/09	AGENDA ITEM	Action
	meeting is planned for later today and the purpose of that meeting will focus on the structure and terms of reference for the forum. **RECOMMENDATIONS** The governing body noted the issues discussed by the Senate.	
27	**QUALITY IMPROVEMENT COMMITTEE REPORT**	
	PW thanked CR for chairing the last committee meeting in the absence of the Nurse Governing Body Member. Highlights in the report include: • Neonatal services - Assurance shared that the Countess of Chester NHS Foundation Trust continue to progress actions in response to the independent review undertaken in September 2016 by the Royal College of Paediatrics & Child Health and The Royal College of Nursing. • Quality risk profiles – the Countess of Chester NHS Foundation Trust attended a meeting with the clinical commissioning groups from West Cheshire and Wirral, along with NHS England, the Care Quality Commission and NHS Improvement. The outcome of the meeting was confirmation that whilst a number of risks to quality remain, assurance was given that some of the risks previously highlighted to the governing body had been reduced and robust plans were in place to address them. The commissioners and regulators agreed to close the period of enhanced surveillance and return to the routine process of the commissioners seeking enhanced assurance on a focussed number of risks through the monthly contract meetings. • Primary Care Mental Health Team – recognition of the positive impact of general practices raising concerns through our incident reporting process. This is in relation to patients who had experienced difficulties in making contact with the Primary Care Mental Health Team. Cheshire and Wirral Partnership NHS Foundation Trust has now established a solution that will streamline the referral process and reduce delays. • St Cyril's Hospital – the clinical commissioning group continues to work closely with the Care Quality Commission and NHS England and to date using the quality risk profile process the hospital remains on enhanced surveillance and has a voluntary suspension to new admissions in place. • Crawfords Walk – Governing body are asked to note that BUPA is selling this home as part of a planned sale and a buyer has been found and the process of registering the new owner with the Care Quality Commission is underway. • A dynamic purchasing system has been in operation by the Continuing Healthcare service since 1st June 2017. The committee were updated on the current issues arising from the implementation of the system, its functionality and the process for escalating these concerns and actions taken to mitigate any risks. The committee are alerting the governing body that, in August 2017, a letter was issued to the service provider of the new system seeking assurance that issues will be swiftly addressed or steps will be taken to withdraw from the service. • Safeguarding - the governing body are asked to read the modern slavery strategy and to be mindful that this can happen in West Cheshire.	

17/09	AGENDA ITEM	Action
	GJ referred to paragraph 26 and queried why the quality improvement paper highlighted positive assurance from NHSE England about this service in contrast to a recent Mersey Internal Audit report of personal health budgets which had identified a number of high risks. PW responded to say that both reviews had looked at different aspects of the shared Continuing Healthcare service and that the joint committee that supports the work of this service across the five clinical commissioning groups had only recently received a draft version of the internal audit report and that a management response was being prepared to address the high risks as matter of priority. AJ asked whether any themes have emerged from complaint letters. PW confirmed there have been some themes in relation to the Continuing Healthcare service in terms of dissatisfaction with decisions and the timeliness of the assessment process. CH referred to para 11 on serious incidents and asked for assurance that this is seen as a blip? PW replied to confirm that Cheshire and Wirral Partnership NHS Foundation Trust have provided us with a plan to address the backlog. There is confidence from the serious incident review group members that this improvement plan will be delivered. CH asked for information on follow up in relation to Tarporley War Memorial issues at paragraph 12. PW reflected that there is no contract in place with this organisation; but there is a positive relationship with them through the clinical commissioning group safeguarding staff and quality team nurses. CH asked if there is a theme from the medicines management changes noted on paragraph 25. PW was not in a position to give a factual response on this. AL referred to additional posts in the hospital to manage falls at paragraph 7 and asked how improvement will be monitored. PW replied that the Trust is implementing a national falls quality improvement project which has measures attributed to it that sets out what improvements are anticipated. AL asked that assurance is provided to a future committee and/or governing body on actual improvement information tracking. LM reflected that we are still an outlier on the number of falls occurring in our local community, both in care homes and own homes. She also commented that Cheshire CCGs will work very closely on the quality of care homes commissioning to ensure there is a strong commissioner voice in negotiations with these independent providers to drive down falls with harm. IA supported that West Cheshire is an outlier for in-patient falls and welcomes the work planned for improvement moving forward. AL asked how improved access to primary care mental health teams will be monitored? PW noted this will be tracked through the quality and performance meetings with the Trust. AL thanked PW for raising awareness of the modern slavery strategy.	

17/09	AGENDA ITEM	Action
	RECOMMENDATIONS: The governing body: a. Reviewed the issues and concerns highlighted and identify any further actions for the quality improvement committee b. Received the Modern Slavery Strategy for Cheshire c. Noted the actions taken by the committee in relation to equality and inclusion	
28	**FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE REPORT**	
	GJ updated the committee on our financial performance to the end of July 2017 (reporting month 4). We continue to report in-year financial balance to NHS England and that we are on course to deliver the planned financial balance as at 31st March 2018. There continues to be a significant level of financial risk which has consistently been reported at £5 million during the first 4 months of the financial year. GJ reported to the committee that in previous years the year-end position was very close to the reported risk-adjusted positions. At the end of July 2017 it was reported to the committee that the likely year-end position would be a deficit of approximately £3 million. GJ also reported that since the committee meeting the month 5 position had been reported to NHS England and the likely year-end scenario had deteriorated to approximately £4 million; resulting, in the main, from pressures against complex care, non-Countess of Chester Hospital contracts and prescribing budgets.. NHS England are viewing month 6 as an opportunity to lock down clinical commissioning group financial positions and the message is very clear that they expect delivery of 2017/18 financial plans.. GJ expressed his concerns of potential increased sanctions from NHS England if we were not able to report delivery of financial balance. GJ provided more details about the work that would be undertaken to scrutinise our financial forecast as part of the month 6 reporting process. This will involve 'deep dives' into the key budget pressure areas. This will involve both executive and clinical leadership. GJ reported that all local health and care partners are experiencing financial difficulties at this time and urgent meetings of Chief Executive Officers/Chief Finance Officers with counterparts is set for next week on how the positions can be improved collaboratively (deficits/risks are shared/reported). An additional informal Finance Performance Commissioning Committee is planned for 5 October 2017 to discussion Month 6 financial position in detail before reporting to NHS England.	

17/09	AGENDA ITEM	Action
	PS asked if it would be possible to recoup any of the underspend against the block contract with the Countess of Chester Hospital. GJ responded to say that this is unlikely unless the hospital could actually reduce the costs of provision equal to the underperformance. CR commented that NHS England/NHS Improvement are scrutinising/supporting systems collaboratively. He also noted that if payment by results was still in place, this may not have been realised. GJ reflected that there is progress towards integrated discussions (with NHS England and NHS Improvement) but that this was slower than we would like. AMcA asked if instead of the Clinical Commissioning Group reporting to NHS England and Countess reports to NHS Improvement how integrated reporting could take place. GJ reflected that reporting is currently by individual organisations but confirmed that the intention is to move to system wide reporting. AL asked GP governing body members to consider the impacts that a number of practices could take to improve prescribing performance. The latest data shows that certain practices are showing significant overspending. AMcA noted that his own practice is one of those overspending and confirmed that scrutiny systems are in place such as prescribing leads, gateway reviews, etc. He advised there will be some complex issues that will impact performance against the budget targets and we need to scrutinise/explore these factors as a priority. JP commented that target "weighting" has changed several times over recent years as this impacts performance against budget significantly (from good performance to poor depending on how the data set is implemented). LM agreed with AMcA that there is strong governance in place to scrutinise and monitor prescribing performance and the focus should be on spend in individual clinical thematic areas with support for education and training as well as focus on individual practice engagement in medicines management initiatives. Increased flexibility in the targeting of medicines management resource could also be explored. CR asked about assurance on coding/activity on non-Countess of Chester Hospital contracts (from neighbouring Trusts). GJ confirmed that broadly activity is reducing but not as much as we need it to in relation to our financial recovery plan. LM presented highlights from the delivery elements of the paper: • Key highlights/successes from our programmes – in particular the repeat prescribing work success • Intermediate Care – work is on track and the benefits will start to emerge during October/November in time for winter NHS resilience. • Diabetes – has been under the spotlight in terms of diabetes prevention programme although the numbers are not as high as expected but conversation rate numbers are good • Vanguard – funding for two thirds of the financial year has been received.	

17/09	AGENDA ITEM	Action
	• Planned care – need further pace and ownership within the Countess of the projects/schemes to meet Finance Recovery plans. Needs discussion at senior level and this will take place through the informal Directors forum if reinstated. AJ referred to para 15 on corticosteroid prescribing, she asked if success from practices who have undertaken successful work on this can be cascaded to others rather than a new pilot. LM agreed to this. LM reported highlights on the remaining elements of the paper: • Better Care Fund plan went to the Health & Wellbeing Board on 20th September – this was a good plan and has been shared across the patch • RTT targets – largely Wirral NHS Foundation Trust affecting the performance and Wirral Clinical Commissioning Group working with them on this for certain specialties and staffing. Countess of Chester Hospital also now starting to reduce performance on RTT and this is being monitored through the contract meeting. • A&E, there is a strong focus on this nationally –primary care streaming programme is slightly improving performance, additional interventions include progress chasers, dementia nurse support in A&E. • Dementia – targets last year/this year impacted due to change in target denominator. the Clinical Commissioning Group is also discussing with NHS England whether the prevalence is wrong for west Cheshire • Cancer – improvement interventions are progressing but concern on radiology workforce capacity and providers across Cheshire & Merseyside need to work collectively on recruitment to this workforce. GJ asked for detail on the amount of the Better Care Fund being spent on reducing NHS demand and freeing up beds CR responded from the Health & Wellbeing Board papers that is the total spend is £5.76M for West Cheshire. LM agreed that it would be helpful for clarity from the Local Authority on the percentage contributing to reduced NHS delays at the October Finance and Performance Committee. AL reported that from the meeting with Jeremy Hunt on Monday that 25% needs to be spent on reducing NHS pressures. CH reported that cancer performance was scrutinised at the last Finance and Performance Commissioning Committee and an improvement tracker was recommended/agreed to be put in place and monitored. CH reported that dementia diagnosis performance will have a similar deep review at the next Finance and Performance Commissioning Committee. GJ asked for the appetite from governing body to support suspension of some work (to aid financial recovery) but not Cancer or A&E. CH felt this debate is needed as soon as possible in October and for governing body discussion in November 2017. AL commented that impact assessments must take place on any actions on suspension before decisions are made.	**GJ**

17/09	AGENDA ITEM	Action
	AJ asked for clarification on how primary care streaming centre will work. LM confirmed the co-location will mean the patient will be seen on site or extended/out of hours service locally in discussion with the patient. LM also confirmed clinical risk protocols are in place for this. **RECOMMENDATIONS** The governing body: a. Noted the business discussed and decisions made at the finance performance and commissioning committee meeting held on 7th September 2017. b. Noted the financial position to the end of July 2017 and progress against the 2017/18 Financial Recovery Plan. c. Noted the position regarding the Better Care Fund. d. Noted the position against national/local performance targets including the actions being taken to improve 62 day cancer performance.	
29	**PRE-OPERATIVE HEALTH OPTIMISATION**	
	AMcA highlighted the following from the report: • noted that everyone has a view on this issue • Lots of engagement has taken place through workshops/events • Gaps in the paper – try to address these before discussion. Group 3 patients – there has been no clear guidance/directive on BMI before you can refuse surgery. Routes of referral need further work to clarify these in the paper. • Weight management services provided – still work underway to procure this so that name is not yet provided in the detail. IA echoed how good the engagement has been on this work and the reinforcement of the importance of self prevention by public. There are lots of fantastic opportunities in place already and it is important that primary care are aware of them and how they make the right referrals to support lifestyle behaviour improvements. IA noted that a third of West Cheshire practices are not engaging in health-checks. Leaflets and wider signposting for services is being discussed/improved by the public health team at Cheshire West and Chester Council. JP welcomed the programme to support primary care. He particularly congratulated the timeline for communication described in the paper as this is helpful and clear. AL noted there are many options to support lifestyle changes that the public can use/choose and signposting is essential for these.	

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	AL asked what happens if a patient is not within the "red lines" – where do they go next. AMcA replied that this will need a connected clinical discussion (and discretion) across primary and secondary care with the patient to progress surgical decisions on an individual/personalised basis. SP noted concerns from Rural Network and noted clarity/assurance was provided to them that this is not health optimisation for an out-patient appointment, it is for surgery. AJ asked if some concerns on interpretations could be discussed/progressed at contract meetings? CR noted this will take place via the work AMcA has undertaken with the medical director and senior clinicians and COCH. AMcA noted that outcome performance will be provided when available and this will be reported through the Finance and Performance Commissioning Committee. **RECOMMENDATIONS:** The governing body: a) noted the detail within the paper; b) approve the Health Optimisation Criteria and Process Policy (Appendix A) prior to going live with the approach from 1st November 2017. CR also wanted to add to these that AMcA progresses surgical policy clarity/interpretation with the Countess of Chester Hospital clinicians and also that patient leaflets are as good as they can be before they go out.	
30	**AUDIT COMMITTEE REPORT**	
	KT highlighted the following from the report: • Compliance against Information Governance toolkit – compliance position is at zero but assurance was provided that this a national reset of compliance for all organisations and evidence will enable progress through the remainder of the year. At the December audit committee, progress will be reported and an improved rating is anticipated. • MIAA internal audit work was presented. • An internal audit group across boundaries / organisations was discussed and recommended for progression with support from audit colleagues about the benefits of this best practice. GJ noted that the committee asked for impact to West Cheshire Clinical Commissioning Group from any audits that are undertaken across organisations. CR asked that an update is provided on this to governing body and that this is progresses through the audit committee.	**GJ**

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	RECOMMENDATIONS: The governing body noted the key items of business discussed and decisions taken at the audit committee on 7th September 2017.	
31	**GOVERNING BODY ASSURANCE FRAMEWORK**	
	The governing body assurance framework was noted.	
32	**CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS**	
	The Chief Finance Officer advised that two policies are provided for ratification by the governing body as proposed by the committee outlined in the covering paper **RECOMMENDATIONS** The governing body were asked to approve / ratify the policies / governance documents provided.	
33	**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.	
12	**ANY OTHER BUSINESS**	
	There was no other business to be discussed.	
	DATE AND TIME OF NEXT FORMAL MEETING	
	The next meeting will take place on Thursday, 16th November 2017, at 9.00 am, Rooms A&B, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1HJ.	

Minutes received by: _____ **(Chair)**

Date _____

NHS
West Cheshire
Clinical Commissioning Group

West Cheshire Clinical Commissioning Group Governing Body

Action Log from the minutes of formal Governing Body meetings

Item	Action	Owner	End Date	STATUS
	Meeting Held on 18th May 2017			
D	**Matters Arising** Call together elected members and MPs for a face to face briefing.	Alison Lee / Delyth Curtis	Sept 2017	AL and DC have had several meetings with MPs
	Meeting Held on 20th July 2017			
17/07/014	**Chief Executive Officer's Business Report** CR will have conversations with NHS England about the resources that come to clinical commissioning groups for this function/additional work.	Chris Ritchieson	Nov 2017	Verbal update to November 2017 meeting
17/07/016	**Quality Improvement Committee Report** a. PW agreed to confirm the exact date the improvement team visited Crawfords Walk	Paula Wedd	Sept 2017	PW confirmed the CQC scheduled visit took place on 27th and 28th March 2017, with an unannounced visit on 5 June 2017
	b. LM agreed to raise at the primary care operational group the issue of low numbers of health-checks for patients with learning difficulties.	Laura Marsh	Sept 2017	LM confirmed this will be progressed at the meeting on 21st September 2017.
17/07/017	**Finance, Performance and Commissioning Committee Report** LM agreed to review the out-patient department performance figures and provide an update to AM on this.	Laura Marsh	Sept 2017	Closed

Item	Action	Owner	End Date	STATUS
Meeting Held on 21st September 2017				
17/09/028	**Finance, Performance and Commissioning Committee Report** The group discussed the appetite for suspension of some work to aid financial recovery and agreed this should be discussed at the November governing body as part of the FPCC item.	Gareth James	Nov 2017	Verbal update to November 2017
17/09/030	**Audit Committee Report** CR requested that an update on audits taken across organisations be provided at the governing body and these are progressed through the audit committee.	Gareth James	Jan 2018	Verbal update to November 2017

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

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting: 16th November 2017

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 provided include:

- The **updated** emergency planning, resilience and response core assurance self-assessment is provided for approval, along with approval of the overall compliance statement as 'partial'
- Lessons learned from July 2017 cyber attack
- An update on the development of Integrated Care
- An update on the Joint Committee for clinical commissioning groups.
- An update on general CCG business including noting a forthcoming review of the absence management policy
- High level meetings/events attended by the Chief Executive Officer

4. Recommendations The governing body is asked to:

a. Note the contents of this report.
b. Approve the updated emergency planning, resilience and response core assurance self-assessment and overall compliance statement for submission to NHS England.

5. Report Prepared By: Debbie Bryce
Head of Governance
November 2017

Alignment of this report to the clinical commissioning group's corporate objectives

Corporate objectives	Alignment of this report to objectives
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	The section on integrated care provides a brief update on this.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	
We will develop our staff, systems and processes to more effectively commission health services	

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
2	Failure to embed systems and processes of good governance	The updated EPRR self-assessment addresses a challenge raised at the September 2017 Governing Body.	

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.

EMERGENCY PLANNING RESILIENCE AND RESPONSE CORE ASSURANCE

Background

2. An update was provided in September 2017 to the Governing Body on the annual NHS Emergency Planning, Resilience and Response (EPRR) assurance process. Following a Lay member challenge raised at the September Governing Body regarding the potential harshness of the self-assessment scoring, the self assessment scores have been reviewed by the new Head of Governance.

3. This review has included discussion with the Head of Emergency Planning, Resilience and Response, NHS England (Cheshire & Merseyside), benchmarking of the number of red/amber items with local CCGs and gaining an objective opinion from a local provider trust of our self-assessment responses. Following this review, the scores for six of the CCG's self-assessment submissions have now been revised from amber to green. The revised submission reduces the number of 'amber' criteria from 15 to 9 and increases the number of 'green' criteria from 23 to 29, giving an overall compliance of PARTIAL. A work plan will be developed by the Head of Governance to focus on addressing the amber criteria within the core assurance framework.

4. The overall EPRR statement of compliance for the CCG based on 9 amber items is 'partial'. Previously, with our initial submission of 15 amber items we should have declared 'non-compliant', if we were following the definition of the assurance ratings (see 'organisational assurance ratings' which follows).

Changes to self-assessment of core standards submission

5. Upon review, six of the 38 CCG EPRR self assessment core standards have changed from amber to green , as follows:

   Criteria 3 – 'Organisations have an overarching framework or policy in place which sets out expectations of emergency preparedness, resilience and response'.

Criteria 4 – The accountable emergency officer ensures that the Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of the core standards'.

Criterial 40 – 'Organisations actively participate in or are represented at the Local Resilience Forum'.

Criteria 41 – 'Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the Civil Contingencies Act'.

Criteria 42 – 'Arrangements include how mutual aid arrangements will be requested, co-ordinated and maintained'.

Updated comments and timescales are also included for each criteria within the final core standards self-assessment submission.

Organisational Assurance Ratings

6. Organisations are expected to state an overall assurance rating as to whether they are Fully, Substantially, Partially or Non-Compliant with the NHS EPRR Core Standards.

7. The definitions of ratings are detailed below:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with **one to five** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with **six to ten** of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant*	Arrangements in place do not fully address **11 or more** core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

* Should an organisation be Non-Compliant, the Local Health Resilience Partnership will regularly monitor progress throughout the year until it is has attained an agreed level of compliance.

8. The 'deep dive' results are provided but are reported separately and are not included in any overall organisational compliance rating.

9. As in previous years, NHS England will lead the process via Local Health Resilience Partnerships in order to seek assurance that both the NHS in England and NHS England are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care. The purpose of the process is to assess the preparedness of the NHS, both commissioners and providers, against common core standards.

10. Local Health Resilience Partnerships continue to play an integral part of the process and constituent members are asked to support NHS England in conducting the process. The NHS Emergency Planning, Resilience and Response assurance process concludes with a submission to the NHS England Board in March 2018. Once this has been accepted by the Board, NHS England will be in a position to provide national assurance for 2017/18 to the Department of Health and the Secretary of State for Health.

11. The Head of Governance attends the Local Health Resilience Partnership meetings.

Assurance Deep Dive

12. This year's assurance deep dive topic is core resilience organisational governance. This deep dive includes assurance of areas such as internal organisational accountability, a realistic work programme and a solid training and exercise programme. The narrative of actions to be taken and timescales has been updated in the reviewed EPRR assurance submission.

Timeframes

13. NHS England regional team will work with Local Health Resilience Partnerships throughout November to December 2017 to peer review the self-assessments to enable submission of reports to NHS England central team by 31st December 2017. This could include requesting any evidence of the work completed/plans put in place that they feel is necessary to support and/or challenge organisations. The central/national NHS England team will work with regional teams to review/challenge the plans by 28th February 2018 and will be submitted to the NHS England Board on 1st April 2018.

Recommendations

14. NHS West Cheshire Clinical Commissioning Group governing body is asked to review and approve the **updated** core assurance self-assessment to NHS England and the overall compliance statement of 'partial'.

15. NHS West Cheshire Clinical Commissioning Group governing body is asked to note that the new Head of Governance will develop an EPRR work programme,

once the revised core assurance self assessment is approved, and an update on progress of the work programme will be submitted to the next Governing Body.

CYBER ATTACK DEBRIEF

16. A debrief from the July 2017 cyber attack from NHS England has been received by NHS West Cheshire Clinical Commissioning Group in October. The Governing Body are asked to note this and it is planned that the recommendations from this will be reviewed at the ICT collaborative steering group with Midlands & Lancashire Commissioning Support Unit, who provides information technology services on behalf of the CCG. The recommendations will also be considered in the forthcoming review of the CCG's business continuity plan and on-call manager's pack. The cyber attack debrief is attached here

INTEGRATED CARE DEVELOPMENT

17. The local Leadership Group meets regularly and permission is now in place from our partners to proceed to phase three of the integrated care partnership. Moving forward into phase three, Alison Lee will remain the Senior Responsible Officer. A programme manager is also in place, shared across four organisations.

18. A memorandum of understanding as to how organisations work together has been produced. This will include establishment of an Integrated Care Partnership Board which will set the direction for the Partnership and will ensure delivery of the priorities agreed. When services are in a position to integrate, it has been agreed that the Countess of Chester Hospital NHS Foundation Trust will be the host organisation.

19. To date the Leadership Group have set up the Target Operating Model and Compendium which has been largely clinically led and have identified some of the priorities for the next phase subject to agreement at the next System Leaders Group meeting and discussion with the public.

20. Alison Lee has attended a workshop recently with lead clinicians and Price Waterhouse Cooper to undertake a brief review of the proposed priority projects for the Integrated Care Partnership, together with developing an approach regarding how these can be mobilised. These priorities were agreed by Systems Leaders Group at its meeting on the 8th of November.

21. The first priority of phase three of the integrated care partnership will be to look at the integrated teams, social care and general practice and how they are going to work together to provide a single point of care for a patient. The second priority, which is a more strategic piece of work, is to ensure there is an effective risk stratification tool. The third priority is to ensure an effective and easy to use digital front door is in place as a single portal that combines the local authority local offer and the 111 Directory of Service. In addition, the pathway to be

agreed at seniors leaders group will be respiratory, as this covers a number of elements and it is felt it is best to do one pathway well.

22. The frailty pathway has also been discussed and it has been noted that as a system we need to ensure whatever we do has an impact for winter and we develop a system that is going to be beneficial in the medium and long term.

23. Systems leaders also received a paper reviewing and making recommendations on reducing delayed transfers of care. There will be a summit in December (led by the Council) to ensure progress is made in a timely fashion.

UPDATE ON THE JOINT COMMITTEE FOR CLINICAL COMMISSIONING

24. The GP Chairs and Accountable Officers of the four Cheshire Clinical Commissioning Groups (CCG) - West Cheshire, Eastern Cheshire, South Cheshire and Vale Royal - have discussed at length over the last six months the issue of closer working and joint commissioning between the four CCGs, including the establishment of a Joint Commissioning Committee, as well as better utilising our collective resources and expertise to address the challenges that we all face across Cheshire.

25. At its meeting in July 2017, the NHS West Cheshire Clinical Commissioning Group Governing Body received a paper on the establishment of the Joint Committee of the four Cheshire CCGs, containing the proposed Terms of Reference. The Governing Body approved the Terms of Reference and approved the suggested amendments to the CCG Constitution to enable the establishment of the Committee. The Governing Body also recommended to the CCG GP Membership Council that the CCG should establish the Committee and approve the variations to the Constitution.

26. At the CCG GP Membership Council meeting in September 2017, the member practices of the CCG also approved (by a majority vote) the Constitutional changes required of the CCG to enable the establishment of the Committee, as well as other minor changes to the Constitution. They also requested, as part of this approval, for the member practices to approve the work plan of the Committee.

27. Through the CCG membership of the Cheshire West Health and Wellbeing Board, the CCG have continued to provide regular updates to the members of the Board with regards the increased collaborative working between the CCGs and the proposal to establish the Joint Commissioning Committee. At its July 2017 meeting the Board received an update paper on the work being undertaken towards integrated commissioning, and the members of the Board supported the development of the Joint Commissioning Committee.

28. Following the inclusion of the amendments, the Constitution continues to meet the requirements for CCG constitutions as outlined with the Health and Social

Care Act. The amended CCG Constitution was submitted to NHS England on 6th October, 2017, with confirmation or feedback awaited.

29. NHS West Cheshire Clinical Commissioning Group's Chair wrote to all GP members on 20th October, 2017, requesting a GP representative for the Joint Committee. The CCG will also provide a Laymember representative and Executive representative for the Joint Committee.

30. It is planned that the first meeting of the Joint Committee will be held on 30th November 2017.

    The Governing Body should also note that the Directors of the four Cheshire Clinical Commissioning Groups meet once a month as a Joint Executive Team. In future, this will report formally to the Joint Committee. In the meantime please note the issues discussed by the Executives:

    - the month 6 financial position
    - A simple and single way of reporting our financial recovery plans so we can share best practice
    - Noted the best practice event taking place across Cheshire and Wirral on the 8th of November, 2017
    - Discussed the importance of continuing healthcare and complex care being part of the joint committee going forward.
    - The draft work plan of the Joint Committee was also discussed.

GENERAL CCG BUSINESS ITEMS

31. NHS West Cheshire Clinical Commissioning Group has formally requested in November that the Commissioning Support Unit **review the absence management policy for CCG employees**. The latest reported CCG employee sickness level of 4.93% in August 2017 is above the CCG threshold of 2.5%. Sickness levels have only been below the threshold during one month between April-August 2017. It is considered that a more robust absence management policy may help improve this.

32. NHS West Cheshire Clinical Commissioning Group has received notification from NHS England that the planned **on-line conflicts of interest training should now be available to roll out from mid-November 2017**. It is expected that all CCG employees, Governing Body members and practice representatives involved in the business of the CCG will be expected to complete this training by 31st March 2018.

33. NHS West Cheshire Clinical Commissioning Group provides feedback scores monthly on the performance of the Midlands & Lancashire Commissioning Support Unit (CSU). **In the feedback on the September performance of the CSU, the score for recruitment services was reduced from 3 (satisfied) to 2 (dissatisfied).** This reflects a number of delays that the Clinical Commissioning Group have experienced with recruitment from the CSU and the view that the services are not meeting requirements as specified within the terms of the

contract. The CSU have reported that they have commissioned an external review of their recruitment services and that the actions from this review are now being taken forward. The score for October 2017 CSU recruitment services has remained at 2 (dissatisfied) whilst recruitment services are improved by the CSU. The position is being monitored weekly by the Head of Governance in conjunction with the Senior HR Business Partner, Midlands & Lancashire CSU.

34. **Information Governance training** sessions have been arranged for Clinical Commissioning Group employees between November and December, 2017. These detailed two hour sessions include updates on the forthcoming responsibilities from the General Data Protection Regulations that will come into force on 25th May, 2018 and will replace the Data Protection Act. A training session is also being planned in December 2017 for Governing Body members.

35. The **Annual General Meeting** of NHS West Cheshire Clinical Commissioning Group was held on 27th September, 2017, where the Clinical Commissioning Group's 2016/17 Annual Report was presented to the public. There was good attendance at the meeting and some questions from the public which were responded to at the meeting. The 2016 Annual Report and Summary Annual Report can be found on the CCG's website.

MEETINGS/EVENTS ATTENDED BY THE CHIEF EXECUTIVE OFFICER

36. Provided below is a summary of some of the high level meetings and events attended by the Chief Executive Officer since the previous formal governing body meeting in September 2017:

- Annual General Meeting
- West Cheshire A & E Delivery Board
- Health & Wellbeing Board
- Meeting with partners and Andrew Gibson, Executive Chairs Cheshire and Merseyside STP
- Meeting with NHS England and NHS Improvement on A & E
- Cheshire & Merseyside Health & Care Partnership meeting

RECOMMENDATIONS

37. The governing body is asked to:

a. Note the contents of this report.
b. Approve the updated emergency planning, resilience and response core assurance self assessment and overall compliance statement submission to NHS England.

Alison Lee
Chief Executive Officer
November 2017

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	16th November 2017
2.	**Title of Report:**	Senate Report
3.	**Key Messages:**	This report provides an overview of the business discussed at the Senate meeting held on 28th September 2017, which focused on dementia care and the future of senate meetings. • The estimated dementia diagnosis rate in West Cheshire is currently reported as 65.2% for 2017, which is lower than the Cheshire and Merseyside, and England rates • The group discussed whether meeting targets is adding to patient experience or outcomes – "should we be sticking needles in people to tick a box?" • A case study demonstrated how patients' families are often key in flagging up problems to clinicians • It was agreed there need to be continued efforts to minimise clinical variation in practice for the diagnosis and support of dementia patients • It was agreed the senate is a good place for the patients voice to be heard across organisations and partners, and concerns were raised that this could be lost if the meetings did not continue. • It was suggested the senate could support the development of local action plans from strategies, to make recommendations to the clinical cabinet.
4.	**Recommendations**	The governing body is asked to note the issues discussed by the Senate.
5.	**Report Prepared By:**	Karen Warren Organisational Development Manager

November 2017

Alignment of this report to the clinical commissioning group's corporate objectives	
Corporate objectives	**Alignment of this report to objectives**
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	The group discussed the need for reduced variation in dementia care across the GP Practices and actions were added to the Local Authority's developing action plan for dementia.
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	The Local Authority confirmed details of a one year fixed term post to take forward the ageing well agenda across Cheshire West and Chester and while this is not dementia specific post, 60% of the post holder's work will be focused towards dementia. This post will support improvements in dementia care across the healthcare system in West Cheshire.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	As detailed above.
We will develop our staff, systems and processes to more effectively commission health services	

Alignment of this report to the governing body assurance framework			
Risk No	**Risk Description**	**Assurance / mitigation provided by this report**	**Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)**
7.	To lead the development of a shared vision for the health and social care economy	This report demonstrates the leadership of dementia care across the healthcare system by the Local Authority, working collaboratively with its healthcare partners.	No amendment proposed.

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

SENATE REPORT

INTRODUCTION

1. The West Cheshire Senate provides 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 September senate meeting which focused on dementia care, to include the assessment of needs, primary care performance against the dementia diagnosis target and the diagnosis of dementia patients. The future of senate meetings was also discussed.

CONTENT

Introduction

3. Dr Chris Ritchieson confirmed a request had been made to bring the subject of dementia to the meeting as the effects of the condition on patients, their families and friends and the healthcare system are ever increasing. There is increasing national attention on dementia which is changing the way society views people with the condition and which helps us understand the need for making environments more dementia friendly.

Dementia Care Update

4. Dr Helen Bromley, Dr Annabel Jones and Colin McGuffie from the primary care team provided updates to the group. Helen noted an anticipated dramatic rise in dementia and early onset dementia by 2035. Dementia prevalence figures were shown for England, Cheshire and Merseyside and West Cheshire, with the estimated diagnosis rate in West Cheshire currently reported as 65.2% for 2017, which is lower than Cheshire and Merseyside and England figures.

5. Dementia mortality rates are directly age standardised rates of mortality in over 65s and the rates for West Cheshire are similar to the England rates. Dementia deaths occur in patient's usual place of residence in the majority of cases, which is above the national average.

6. The local authority's dementia strategy was signed off early this year and includes five elements of care; prevention, diagnosing well, living well,

supporting well and planning well. Helen updated the group on the next steps and noted the following points:

- There is a one year fixed term local authority post to take forward the ageing well agenda across Cheshire West and Chester and while this is not dementia specific post, 60% of the post holder's work will be focused towards dementia.
- The post holder will sit within the Public Health team and support the Council to work towards World Health Organisation age friendly status.
- Helen confirmed the group should consider the use of her availability as a NICE Fellow, one day a month to support local dementia work and draw on expertise and resource from research and clinical networks.
- The Council are considering opportunities in the collaborations for leadership in applied health research and care' regional research programme and considering how budget allocations can best be used to support dementia patients.

7. The group asked if the standardised mortality figures showed that dementia patients are dying older than the national rate and are more of them dying in their usual place of residence. Helen confirmed patients within West Cheshire are doing better than average. The group discussed what is meant by usual place of residence and Helen clarified this could mean a care home. The group discussed how patients in care homes are less likely to be admitted to hospital and suggested patients may be put into care homes earlier which could skew the figures.

8. The group queried the 2035 projections which show an increase in dementia diagnosis to 72% and asked if the rise is inevitable or if work can be done to help reduce the risk of developing dementia. The group acknowledged there is further research that can be done and the long term projections may change.

9. Colin McGuffie gave an update to confirm how practices have been supported by the clinical commissioning group to improve their dementia diagnosis rates. Colin confirmed NHS England changed the denominator for the calculation of the diagnosis rate last year which meant the pool of undiagnosed patients increased by 3%. NHS England are aware we are falling short of the target diagnosis rate; an action plan has been implemented and the following improvements have been made:

- lists for practices have been produced to help identify patients
- discharge letters and coding have been reviewed as some patients on dementia drugs were being discharged but letters did not state that they had a diagnosis of dementia
- there has been an increased focus of identifying patients in nursing homes
- best practice in other clinical commissioning groups has been reviewed
- work has been completed with practice colleagues to highlight targets and support work to improve diagnosis rates.

10. There have been issues around dementia coding by the Practices and support has been given to confirm the coding required by NHS England. Concerns

were raised by practices that the work to improve the diagnosis rate was not patient centred however it was highlighted that the work would ensure patients did not slip through the net in receiving the appropriate support.

11. The group discussed whether meeting targets is adding to patient experience or outcomes and agreed that if the end point of the data is to reach a national threshold then we should be mindful of the extents to which this is pursued if it is not of clinical benefit. However if the work leads to better decisions on how to plan and care for dementia patients and improvements in their care then this is something we should continue exploring all options for.

12. Dr Annabel Jones talked the group through a specific case study of a patient at her practice and the difficulties in diagnosing the condition. She advised the group it can sometimes be difficult to diagnose someone with early stage dementia and noted when someone is diagnosed with dementia they do not always have to go through mental health services for this.

13. Annabel provided an overview of the case history on the patient diagnosed with dementia. She described a scenario of infrequent contacts over several years which in isolation didn't demonstrate a problem but taken collectively could show some early signs. The case also demonstrated how patients families are often key in flagging up problems to clinicians.

14. Annabel suggested it can be useful to include early concerns in patient notes as this can be used as a prompt for other providers who may subsequently see the patient and noted it can sometimes be difficult to diagnose a patient as the person themselves can be unaware of the problems. In the case study, Annabel confirmed dementia assessment tests were taken and the patient was referred to the Memory Clinic. The group discussed if basic scoring tests should be undertaken by health care assistants and also about the need for patients to talk about financial planning early on.

15. The group noted the rise in vascular dementia and that risk factors for this may be picked up through different areas such as health checks. The group discussed the possibility of Occupational Therapists completing cognitive assessments and agreed this would be a good way of collecting data and supporting patients. It was noted that Cheshire Fire and Rescue Service complete health checks as part of their Home Safety Assessment process, for people aged over 65 and those in higher risk groups such as oxygen users and people living on their own, particularly those in isolated, rural areas and suggested they could include dementia screening as part of the health check.

16. The group agreed we need to look at what we are trying to achieve through the implementation of the dementia strategy, as the Health and Wellbeing Boards are focussed towards people having healthier lifestyles but the strategies need to be underpinned by implementation plans.

17. The group discussed the two main types of dementia and noted that while using statins over 10 years has shown to help prevent vascular dementia, generally Alzheimer's is increasing as the population ages. The group agreed there need to be continued efforts to minimise clinical variation in practice.

18. Chris acknowledged the group were clear where the gaps in the system are and agreed we need to identify dementia earlier. Helen agreed to take operational ideas forward to review their feasibility, to agree what governance route this work will be progressed through and suggested multi agency teams are involved in these discussions.

The Future of Senate Meetings

19. CR asked the group about the future of the senate meetings and what form these should take as progress is made towards the integrated care partnership. Chris asked for ideas on how the Senate meetings should evolve and develop, and suggested the decision should be made by the meeting attendees and not solely dictated by the clinical commissioning group. If providers are coming together into an integrated care partnership how should the Senate embed within that?

20. KW noted that although good conversations always take place at senate meetings, recommendations for change have not typically been made by the group. As a clinical cabinet is being developed to support the integrated care partnership, should we have both groups? Chris noted there will be a governance structure around the clinical cabinet and a lot of clinical and probably operational work will take place there, which is different to the remit of the senate which should influence the strategic vision of healthcare.

21. The group agreed the senate is a good platform to sense check what is appropriate and needs to have a flexible membership depending on the topics discussed. The senate is a good place for the patients voice to be heard across organisations and partners and concerns were raised that this could be lost if the meetings did not continue. It was felt to be important that the senate is built into the integrated care partnership infrastructure and suggested the group has the flexibility to pick up live issues, balanced against an agreed work plan. The senate can influence strategies and be a forum for guidance for the development and implementation of the integrated care partnership; an early place to land recommendations for change and to shape delivery plans. It was suggested the senate could support the development of local action plans from strategies, to make recommendations to the clinical cabinet.

22. The group agreed to take these suggestions away and to review the terms of reference and membership of the Senate to ensure those who attend go back to their relevant organisations can influence ongoing work. KW will issue both terms of reference for comparison once the clinical cabinet meetings are re-established.

Summary and Reflections of the Meeting

23. CR thanked the group for their contributions and confirmed he felt the update on Dementia was very useful and noted the suggestions made will be added into the Dementia action plan.

RECOMMENDATION

24. The governing body is asked to note the issues discussed by the senate.

Dr Chris Ritchieson
Clinical Commissioning Group Chair

November 2017

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1. Date of Governing Body Meeting 16th November 2017

2. Title of Report: Quality Improvement Report

3. Key Messages:

- BUPA ceased to be the registered provider of Crawfords Walk Nursing Home in October. The home has been sold to a new owner, Barker Care Limited. The home has been renamed Grosvenor Gardens. The owner has two others homes in England and both are rated as good by the Care Quality Commission.

- As part of national efforts to tackle antimicrobial resistance our local primary care antibiotic formulary has been reviewed and it will be promoted to GP prescribing leads this month.

- Stopping Over-Medication of People with Learning Disabilities is a national quality improvement programme and the clinical commissioning group is working with primary care and Cheshire and Wirral Partnership NHS Foundation Trust to reduce the inappropriate prescribing of psychotropic drugs. This national programme is about encouraging people to have regular medication reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. It also aims to improve awareness of non-drug therapies and practical ways of supporting people whose behaviour is seen as challenging.

- We have published our Patient Experience and Complaints Annual Report 2016/17. The report demonstrates how patient feedback is encouraged, appropriately gathered and responded to, and shows examples where the Patient Experience Team are able to evidence service improvements and on-going work to improve the experience for patients arising from people's experience of health care.

- We have published our Safeguarding Children, Children in Care and Adults at Risk Annual Report 2016-17. The report demonstrates how our leadership and accountability framework enables delivery of our statutory duties.

4. Recommendations The governing body is asked to:

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

b. Note the Safeguarding Children, Children in Care and Adults at Risk Annual Report 2016-17

c. Note the West Cheshire Patient Experience and Complaints Annual Report 2016 to 2017 - "Listening - Responding - Learning - Improving"

5. Report Prepared By: Paula Wedd
Director of Quality and Safeguarding

November 2017

Alignment of this report to the clinical commissioning group's corporate objectives	
Corporate objectives	**Alignment of this report to objectives**
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	This report highlights variations in practice that impact on patient safety and actions to mitigate risk
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	
We will commission integrated health and social services to ensure improvements in primary and community care	
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	
We will develop our staff, systems and processes to more effectively commission health services	

Alignment of this report to the governing body assurance framework			
Risk No	**Risk Description**	**Assurance / mitigation provided by this report**	**Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)**
5	Failure to commission safe, effective and harm free care from Providers	This identifies how: *risk to the delivery of neonatal services is being mitigated through changes in the delivery of critical care services to high risk babies *risk to the number of falls of inpatients causing harm is being managed by the Countess of Chester Hospital *Cheshire and Wirral Partnership Trust are taking action to understand barriers to consistent use of a clinical risk assessment tool	No change
7	Failure to ensure robust arrangements are in place for the safeguarding of adults at risk	This report identifies how: *risk in care homes/independent hospitals is being mitigated through closure to admissions and close surveillance	No change

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 a number of issues to be brought to the attention of the governing body from its meeting on 12th October 2017.

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Neonatal services

4. The position in terms of admission criteria remains unchanged from earlier updates from the committee. A total of 13 cots are providing specialist and high dependency care for newly born and premature babies born at 32 weeks and above. The three intensive care cots remain closed. In May the Trust asked for the input of Cheshire Police to seek assurances that enable them to rule out any unnatural causes of death. This investigation is ongoing and there is currently no further information available from the police.

5. The Trust presented an update to the September Quality and Performance meeting on progress in delivering against the action plan produced in response to the independent review undertaken in September 2016 by the Royal College of Paediatrics & Child Health and The Royal College of Nursing. There were no significant exceptions against the action plan.

Quality Risk Profile

6. The committee had previously been briefed that the Director of Quality and Safeguarding had escalating concerns about the ability of the Trust to deliver sustained changes in practice to reduce Never Events and falls with harm. As a consequence a Quality Risk Profile was developed in February 2017 by commissioners and regulators. The development of a Quality Risk Profile provides a comprehensive review of a number of quality and safety metrics and enables a global view of a provider. A risk rating score is formulated for each metric with the aim being to ensure that a balanced view is formed.

7. The Quality Risk Profile has now been reviewed with the provider, commissioners and regulators, and a consensus has been reached on the level of risk for each of the metrics. After a period of 7 months since the initial process began the Trust was able to evidence sustained improvements in a number of areas and there was agreement by commissioners and regulators to close the Quality Risk Profile process. Focussed surveillance will remain on the number of inpatients who fall and this will be managed through the routine Quality and Performance meetings.

Serious Incidents

8. The committee were informed that during March 2017 to August 2017 the Trust reported 14 serious incidents on a national reporting system against the category "diagnostic incident including delay or failure to act." West Cheshire Clinical Commissioning Group's Director of Quality and Safety identified this trend and escalated this concern to the Quality and Performance meeting with the Trust. The Trust responded to say that they were aware of the trend and in line with good practice they undertake a rapid review of all incidents to identify if any immediate actions are required to mitigate risk of reoccurrence. They reported that work was underway to understand this trend and will update on their findings to a future meeting.

National Patient Safety Alert

9. A national Patient Safety Alert about nasogastric tube misplacement: continuing risk of death and severe harm was published on 22 July 2016. It required the Trust to implement a number of actions by 21 April 2017, which included a requirement to update on the actions taken in a public board paper.

10. The committee were briefed that a review of the Trust's board papers had not found evidence of this being reported. The Trust were asked formally at a Quality and Performance meeting to ensure they comply with this notice at the next public board meeting. The Trust has advised that the other actions were completed in a timely manner and will comply with the public board paper component.

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

11. The committee want to highlight to the governing body that the Serious Incident Review Group have reviewed a number of detailed root cause analysis reports regarding unexpected / potentially avoidable deaths and a theme has been identified regarding consistent use of a national standardised clinical risk assessment tool. The Trust has a policy about this clinical risk assessment process and has driven improvement work in the use of this tool through their zero harm work.

12. The Serious Incident Review Group has escalated their concerns regarding the completion of the clinical risk assessment tool to the Quality and Performance Meeting and as there remains a challenge in it being used consistently the group has asked that the Trust consider a review of the use of the tool from a human factors perspective.

ST CYRIL'S INDEPENDENT HOSPITAL REHABILITATION UNIT

13. The committee has previously escalated concerns to the governing body about the provision of medical cover, the management of deteriorating patents and the poor experience expressed by families. The provider received a full inspection by the Care Quality Commission in March 2017. The report has now been published with an overall rating of Inadequate and a rating of inadequate across all 5 domains.

14. A Quality Risk Profile has been undertaken and there have now been three Single Item Quality Surveillance meetings facilitated by NHS England. The contract performance query with West Cheshire Clinical Commissioning Group has now been closed and the provider has supplied a remedial action plan with regard to the clinical governance process and also the support and performance management of the 3 key clinical lead hospital roles. We continue to undertake enhanced surveillance visits and the provider is being supported by our Programme Lead for Quality and Safety and Designated Safeguarding Nurse for Adults. Currently the provider has a voluntary suspension to admissions with an agreement that any future admissions will be discussed with the Care Quality Commission.

CRAWFORDS WALK NURSING HOME

15. The Governing body have received regular updates about Crawfords Walk, part of the BUPA care home group, with capacity to deliver care to over one hundred and thirty residents. The Care Quality Commission, NHS West Cheshire Clinical Commissioning Group and Cheshire West and Chester Council have provided substantial scrutiny and support to both the individual care home and the registered provider, BUPA to drive up standards.

16. On 20th October BUPA ceased to be the registered provider and the home has transferred to a new owner, Barker Care Limited. The home has been renamed Grosvenor Gardens, the owner and registered manager are working with local commissioners to improve the care provided here. The Care Quality Commission has yet to inspect the home. The owner has two others homes in England and both are rated as good by the Care Quality Commission.

MEDICINES MANAGEMENT

Antimicrobial resistance

17. The primary care antibiotic formulary has been reviewed and updated with a Consultant Microbiologist, with reference to Public Health England guidance. Once ratified, the new formulary will be uploaded to the Medicines Management website. The Medicines Optimisation team has scheduled a joint Prescribing Leads' meeting in November when the new formulary will be promoted. The event will be attended by a Consultant Microbiologist, Infection Prevention and Control Nurses, the Public Health Consultant from the Local Authority and a nurse colleague will present her findings from research into the use of delayed antibiotic prescriptions.

18. GP practices are being encouraged to utilise the TARGET toolkit, which contains many excellent resources including education for both clinicians and patients. The clinical commissioning group is committed to Antibiotic Guardianship. Representatives from the Medicines Management team attended the recent clinical commissioning group Annual General Meeting to promote TARGET and encourage people to sign up to the Antibiotic Guardian scheme and make an appropriate pledge.

Stopping Over-Medication of People with Learning Disabilities

19. The clinical commissioning group is working with partners including Cheshire and Wirral Partnership NHS Foundation Trust to reduce the inappropriate prescribing of psychotropic drugs to people with learning disabilities. The first objective is to identify the scale of the task in West Cheshire and work is underway to create a search for practice systems that will collate the numbers of patients on practice learning disability registers who are prescribed one or more of a number of types of psychotropic drugs. Patients will also be identified for review of the prescribing of psychotropic drugs as part of the physical health checks programme. GPs have indicated that they need support for some of these reviews from specialist staff to adjust doses or stop psychotropic drugs.

INFECTION PREVENTION AND CONTROL

20. The key infection control priority going forward is the national ambition to reduce gram-negative blood stream infections by 50% by 2021. The two year Quality Premium Scheme for 2017/19, identifies a reduction target of 10% in all E. coli blood stream infections reported by each clinical commissioning group, independent of the time of onset of infection. The current E.coli blood stream infections Quality Premium target locally is no more than 203 cases of infection in 2017/18 and a local process is being developed for how we report this performance.

21. The Director of Quality and Safeguarding has submitted a whole health economy action plan to NHS England outlining plans to meet this ambition. In addition there is in place an enhanced surveillance programme for gram-negative blood stream infections, the requirements of this surveillance programme are placing significant burdens on our community and acute infection control teams due to the number of these infections and the large amount of information to be collated in each case. Discussions between commissioners are ongoing to understand how this could impact on service delivery.

22. The committee plans to review the action plan at a future meeting with support from public health colleagues and this will be then shared with the governing body.

SAFEGUARDING

23. The committee received the Safeguarding Children, Children in Care and Adults at Risk Annual Report 2016-17. This report provides an overview of :

    a. how the clinical commissioning group is meeting its statutory safeguarding duties

    b. how our leadership and accountability framework enables delivery of the statutory duties

    c. our statutory duty to comply with requests from the local authority to provide support and services for children in care

    d. our safeguarding priorities for 2017-18, which includes the review of the multi- agency strategy for Children in Care and Care Leavers 2015-18

PATIENT EXPERIENCE

24. The committee received the West Cheshire Patient Experience and Complaints Annual Report 2016 to 2017 – “Listening - Responding – Learning- Improving”.

25. This report provides an overview of complaints, concerns, and compliments received by West Cheshire Clinical Commissioning Group from October 2016 to October 2017. During that time, the Patient Experience Team has received almost 700 contacts from members of the public, patients, carers, local MPs, in addition to representatives from various statutory and non-statutory organisations.

26. The report is prepared in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009, which sets out the requirement for each NHS organisation to prepare an annual report and highlights the information required. Additional information has also been included to highlight trends and future developments. Patient stories have been included to illustrate the complaints process, actions and outcomes.

27. The report aims to provide assurance that patient feedback is encouraged, appropriately gathered and responded to, and shows examples where the Patient Experience Team are able to evidence service improvements and on-going work to improve the experience for patients arising from people's experience of health care.

28. The Patient Experience Manager is working with the Head of Communications and Engagement to build close working relationships with the Programme Managers. This will ensure that the service monitors the actions and learning arising from patient experience.

CONTINUING HEALTH CARE & COMPLEX CARE SERVICE

29. The committee received a detailed report about the current performance levels of the Continuing Health Care & Complex Care Service against national targets and an update on local operational risks.

30. The Chief Nurse for England published a letter dated 7 Sept 2017 (Publication Gateway Reference Number 07201) requesting that services ensure that all staff titles recognised as delivering nursing or midwifery care clearly reflect their registered/regulated status and consider whether if the word 'nurse' is used that this is appropriate. Within this service all staff who have nurse/specialist nurse within their title are registered nurses. No staff members have the word nurse/advanced nurse/specialist nurse within their titles. Advertising and recruitment processes reflect and support the above.

31. Following the award of a small business research initiative grant from NHS England a bespoke product has been developed in tandem with the service resulting in an electronic referral platform and a workflow management system. Both products are now being introduced to bring about great efficiency to the service. The Patient Advisory Group reviewed the development and provided positive feedback and it was also showcased at Health Expo17. NHS England Strategic Improvement Programme is now keen to see this product develop further with a view to it supporting underpinning the national standard operating procedure. As a result of the workshops at Health Expo17 the service has gained agreement from an Academic Health Science Network to evaluate the impact of the development and gained endorsement (mentioned in key note speech) from Matthew Swindells, NHS England National Director Operations and Information who has responsibility for achieving a paperless NHS.

RECOMMENDATIONS

The governing body is asked to:

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

b. Note the West Cheshire Clinical Commissioning Group Safeguarding Children, Children in Care and Adults at Risk Annual Report 2016/17

c. Note the West Cheshire Clinical Commissioning Group Patient Experience and Complaints Annual Report 2016/17 – "Listening - Responding – Learning - Improving"

Paula Wedd
Director of Quality and Safeguarding
November 2017

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

Date of Governing Body Meeting:	16th November 2017
Title of Report:	Finance, Performance and Commissioning Committee Report
Key Messages:	At the end of September 2017 we have reported an in-year deficit of £1.674 million although we continue to report that this position will be recovered and that we will, therefore, deliver financial balance as at 31st March 2018. This position was agreed by the governing body in October 2017. We also continue to report a risk-adjusted forecast position to NHS England. Following a month 6 financial deep dive we have reported reduced risk with a risk-adjusted forecast of £2 million deficit. NHS England has given a very clear message that they expect that the financial plan to be delivered. The Clinical Commissioning Group are refreshing our commissioning intentions for 2017-19 to reflect the progress made on integrated care and the proposed priorities for phase three as well as alignment with the NHS Cheshire & Merseyside transformation programmes and the collaborative commissioning work across Cheshire & Wirral As part of the Starting Well programme update; the Countess of Chester and Wirral University Hospital have agreed to align their Women and Children's services management and have outlined proposals for a new model of care for Wirral and West Cheshire Women and Children's Services including piloting the community hub model for acute paediatrics. The committee approved the recommended model for commissioning a single Provider framework across the Cheshire and Wirral footprint for adult learning disability, mental health and autism spectrum disorder. At the end of August 2017 we continue to fail a number of

constitutional performance measures (Referral to Treatment, Cancer, Accident and Emergency, Ambulance calls and dementia).

Recommendations:

1. The governing body is asked to:

   a. Note the business discussed and decisions made at the finance performance and commissioning committee meeting held on 2nd November 2017.
   b. Note the financial position to the end of September 2017 and progress against the 2017/18 Financial Recovery Plan.
   c. Note the update from the Starting Well programme particularly the developing acute alliance between Wirral Hospital and the Countess of Chester
   d. Note the approved approach in relation to the Adult Learning Disabilities, mental health and autism spectrum disorder framework
   e. Note the position against national/local performance targets

Report Prepared By:

Gareth James
Chief Finance Officer

Laura Marsh
Director of Commissioning

Alignment of this report to the clinical commissioning group's corporate objectives	
Corporate objectives	**Alignment of this report to objectives**
We will deliver financial sustainability for the health economy providing value for money for the people of West Cheshire	The report provides an update on performance against financial duties and on our priority programmes which support the delivery of financial sustainability.
We will improve patient safety and the quality of care we commission by reducing variation in standards of care and safeguarding vulnerable people	The report provides an update on our priority programmes which will deliver reduced variation in standards of care.
We will support people to take control of their health and wellbeing and to have greater involvement in the services we commission	The report provides an update on our priority programmes which will support patients taking control of their health and wellbeing.
We will commission integrated health and social services to ensure improvements in primary and community care	The report provides an update on our priority programmes that focus on integration.
We will commission improved hospital services to deliver effective care and achieve NHS constitutional targets	The report provides an update on our performance against constitutional standards and locally agreed performance measures and our priority programmes which will deliver improved hospital services and achievement of constitutional targets.
We will develop our staff, systems and processes to more effectively commission health services	The report provides oversight of how we use our staff, systems and processes that enable effective commissioning.

Alignment of this report to the governing body assurance framework

Risk No	Risk Description	Assurance / mitigation provided by this report	Proposal for amendment to risk as a result of this report (revised risk description, revised mitigation or scoring)
1	Delivery of financial duties as at 31/03/18	The report provides an update on financial performance for the period ended 30th September 2017.	No change
2	Delivery of 2017/18 financial plan (and comply with legal directions)	The report provides an update on financial performance for the period ended 30th September 2017.	No change
9	Engagement of stakeholder in new models of care	The report provides an update on continuing involvement of stakeholders in development of the new model of care.	No change
10	Delivery of financial recovery plan	The report provides an update on each of the financial recovery plan programmes.	No change
11	Delivery of NHS constitutional targets	The report provides an update on the performance against constitutional targets.	No change

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

FINANCE, PERFORMANCE AND COMMISSIONING COMMITTEE REPORT

INTRODUCTION

2. This report provides an overview of the business discussed and decisions made at the finance performance and commissioning committee meeting held on 2nd November 2017. The report also includes an early indication of the financial position to the end of October 2017 (month 7).

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

FINANCE AND CONTRACTING PERFORMANCE FOR THE PERIOD ENDED 30th SEPTEMBER 2017

4. The committee received an update on financial performance and delivery of the 2017/18 financial recovery plan at the end of September 2017.

5. Throughout months 1 to 5 we have been reporting that we are on track to deliver our 2017/18 financial plan and, therefore, financial balance as at 31st March 2018. However, we have also reported a risk-adjusted forecast which has consistently been reported as £5 million deficit.

6. The most likely year-end position was reported to NHS England as £2.5 million at the end of June 2017. However, as discussed each month at the finance, performance and commissioning committee, the likely position was deteriorating and reported as a likely year-end deficit of approximately £4 million at the end of August 2017.

7. During month 6 (September 2017), all clinical commissioning groups were required to undertake a 'deep dive' into their financial forecast. The national steer was very clear that the expectation remained that all clinical commissioning groups would deliver their financial plans.

8. Following our local review of the position at the end of September, the governing body agreed the following reported position to NHS England:

    - Report a realistic in-year financial positon; in-year deficit of £1.674 million.
    - Continue to report that we will recover this position and deliver financial balance as at 31st March 2018[1].
    - Continue to report a risk-adjusted position; reduced to £2 million deficit.

[1] The national expectation is that our reported year-end positon will improve by £1.672 million following application of 0.5% non-recurrent headroom.

9. The actual risk-adjusted deficit reported to the committee was £2.8 million. However, this was reduced by £800,000 following NHS England national guidance to exclude the pressure relating to 'no cheaper stock obtainable' (NCSO) drugs (reported against our primary care prescribing budget).

10. The committee considered the following 3 areas that had been scrutinised in detail at month 6:

- ***Prescribing;*** we are currently reporting over delivery of the prescribing savings target. However, this is mitigated by growth in other areas (e.g. direct oral anti-coagulants) and other factors outside of our control. The medicines management team have also agreed plans to deliver a further stretch target of £150,000.

- ***Secondary care contracts;*** we have a block contract with the Countess of Chester NHS Foundation Trust and, therefore, any reductions in activity that affect this contract will not have an impact on our 2017/18 financial position. Our financial recovery plan identifies further efficiencies of approximately £1.5 million against non-block contracts. The financial forecast at month 6 assumes that only half of this will reduce our actual expenditure.

- ***Continuing healthcare and complex care;*** the month 6 deep dive concentrated on both the data cleansing of the broadcare[2] system along with the methodology of forecasting the costs to the end of the year. The year-end forecast was improved by approximately £800,000 and the committee recognised the improvements made in systems and processes.

11. Following discussion of each of these budget areas, the committee agreed the following actions that need to be delivered in order to achieve the currently reported position. The committee noted that without these interventions we would end the financial year with deficit of in excess of £6 million:

- Prescribing savings yet to factored into the reported position of £850,000.
- Secondary care contract savings of £750,000.
- Complex care case reviews reducing expenditure by C£1 million.
- Planned receipt of non-recurrent income of £800,000.
- No further risks or investments materialise during the remainder of the financial year.

12. Summary financial performance against our financial duties at the end of September 2017 is reflected in the following table:

[2] **BroadCare** is a software platform specifically designed for organisations managing NHS-funded continuing healthcare. It is already being used extensively by Clinical Commissioning Groups (CCGs) and Commissioning Support Units (CSUs) across the country, primarily to manage patients, care and payments associated with continuing healthcare and a wide array of funded care categories.

West Cheshire Clinical Commissioning Group Financial Performance Summary - 30th September 2017

Performance measure	Description	In-Year Performance	Forecast Performance
Delivery of financial duty	Operate within allocation	RED	AMBER
Delivery of NHS 'business rules'	CCGs expected to deliver minimum 1% surplus	RED	RED
Delivery of financial recovery plan	Delivery of 2017/18 FRP	RED	AMBER
Running cost allowance (RCA)	Financial duty to operate within RCA	GREEN	GREEN
Capital allowance	Operate with capital allocation	N/A	N/A
Better payment practice code	Payment of 95% of invoices within 30 days	GREEN	GREEN

FINANCIAL PERFORMANCE FOR THE PERIOD ENDED 31ST OCTOBER 2017

13. Since the November committee meeting the financial position to the end of October 2017 will have been reported to NHS England. At the time of writing this report (working day 6) the reported position can be summarised as follows:

- In-year deficit of £1.600 million; reduced from £1.674 million in the previous month.
- Continued reporting that we are on course to further reduce the in-year position and deliver financial balance as at 31st March 2018.
- Risk-adjusted forecast deficit of £1.784; reduced from £1.998 in the previous month.

14. The reported risk position excludes the existing and potential costs for the remainder of the year of drugs prescribed on the 'no cheaper stock obtainable' (NCSO)[3] list. This is in accordance with NHS England guidance.

COMMISSIONING INTENTIONS

15. The Committee were updated regarding the proposed approach to commissioning intentions. It was noted that in line with the contracting approach, the commissioning intentions had been written for the period 2017-19. However due to the pace of change it was felt that there was a need to refresh the document which will then be shared with key system partners to inform their business plans, as well as being shared with the area team as required.

16. It was noted that for 2017/18 the commissioning intentions are heavily influenced by progress on the West Cheshire Way; development of integrated care in west Cheshire. The leaders of health and social care in West Cheshire remain committed to creating a single organisation in the longer term that

[3] **Generic Medicines & the NCSO Concession:** When stock of a product in Part VIII of the Drug Tariff has gone short in the market or the product has been discontinued by the manufacturer, and there is a more expensive alternative product available in the market, it is possible to apply to the Department of Health to grant the NCSO ('No Cheaper Stock Obtainable') concession which will allow contractors to dispense a more expensive alternative product.

involves providers working together to meet the needs of local people. These providers will be responsible for a budget allocated by the commissioner to deliver a range of services to that population. The provider will work under a contact that specifies the outcomes and other objectives to be achieved within a given budget over a number of years.

17. This approach supports the direction of wider strategic change, as Sustainability and Transformation Programmes form at regional level to take greater responsibility for strategic commissioning, planning and assurance.

18. During 2017/18 significant progress has been made in moving forward our West Cheshire ambitions for integrated care. Our plan to join-up care delivery across West Cheshire has been developed locally by clinicians, practitioners and the experiences of local people. A Strategic Outline Case has been developed which, supported by system leaders, considers the benefits of integrated care and the case to invest in the development of an Outline Business Case (as part of 'phase 3' of our integrated care development). The Strategic Outline Case details the case for change, how these benefits will be achieved and details the services we initially expect to be included as we move towards a whole system integrated care model.

19. System leaders have agreed that given the financial and resource constraints on the health and social care system, that it is important to maintain progress but with a more limited set of priorities to achieve quick wins. It is therefore imperative that we fast track elements of the service redesign to ensure quality improvement and system financial stability by 2020 is achieved (it is acknowledged that without a significant system change the £65 million financial gap forecast by 2020 will not be bridged).

20. The prioritisation process for phase three builds on the work completed in the strategic outline case and associated compendium, plus the scoping document for phase three. Further work is required to assess the financial and performance impact of the priorities. The financial modelling completed by the finance work stream will be used to calculate early savings and an assessment of investment.

21. The proposed priorities we are seeking to address through integrated care are therefore:

    i. Further develop and deliver integrated teams.
    ii. Develop agreed risk stratification tool.
    iii. Specification and delivery plan for digital front door.
    iv. Scope and implement Respiratory care pathway.
    v. Frailty pathway.
    vi. IT baseline assessment to support pathway delivery and predictive. analytics capability.
    vii. Develop supporting workforce plan.
    viii. Change roadmap for primary and social care in line with workforce plan.
    ix. Supporting communications/engagement.
    x. Supporting governance arrangements.

22. The Committee also noted that the commissioning intentions seek to align to the NHS Cheshire & Merseyside transformation programme priorities as well as being cognisant of the move towards collaborative commissioning on a wider footprint of Cheshire & Wirral for a number of services through the development of the joint committee.

23. Our approach in West Cheshire is to work collectively as a system to deliver our aspiration for integrated care. In addition to the priorities outlined above, our delivery programmes are focussed on improving effectiveness, efficiency and clinical outcomes within Urgent Care, Planned Care, Primary Care, Medicines Management, Continuing Health Care & Complex Care and Mental Health & Learning Disabilities, forming the basis of our financial recovery plan.

24. We will look to build on the system-wide working in 2017/18, which was supported by the inclusion of a 'Service Development and Improvement Plan' within the contracts of our two main providers to deliver our intentions. We will therefore look for our commissioning intentions to form the basis of a single west Cheshire-wide improvement plan in 2018/19 that will be supported by an increasingly integrated management team as well as integrated service delivery through the afore mentioned integrated care development work.

25. The full commissioning intentions document will be published mid-November however a brief summary of the priorities is provided below:

Programme area	Proposed commissioning priorities
Urgent Care	* Urgent Treatment Centre to meet national core standards * Integrate multiple single points of access Increased focus on falls prevention interventions particularly with care homes * Complete final stage of redesign of intermediate care including integration of medical support (mental and physical health) and Trusted Assessor * Admission avoidance support to care homes * NHS 111 direct booking and NHS 111 online * Manage demand for patient transport Ensure implementation of community palliative care consultant and move towards 24/7 palliative care model

Planned Care	* All referrals to be electronic, in line with pathways, triaged and adhere to commissioning policy
	* Long term condition care to focus on earlier identification (particularly atrial fibrillation and cancer) empowered self care in the community (build on success of diabetes essentials)
	* Utilisation of Right care and best practice intelligence to redesign clinical pathways to deliver improved outcomes and value including
	  * Urology
	  * Neurology
	  * Ear nose and throat

	* Gastrology * Musculoskeletal * Ophthalmology * Renal * Dermatology
Starting Well	* Working with Wirral Hospital and the Countess on acute care alliance * Explore opportunities for joint commissioning with local authority * Maternity * Continue to implement results of case mix acuity review Continue development of agreed outcomes to move towards outcome based specification * Children's services * Continue to promote increased physical activity levels to prevent obesity * Implement joint health and social care strategy for speech and language therapy Implement outcomes of Child Development Service review * Continue redesign of paediatric services to include community hubs * Promote and support self care for Long term conditions
Medicines Management	* Horizon scanning to identify opportunities for improved quality and value (including switches, optimisation) * Continue to focus on minimisation of waste through repeat prescribing * Clinical pharmacists in GP practices * Continued focus on impact of secondary care prescribing * Consider pooled medicines budget with Countess (including dressings/equipment)
Mental Health and Learning Disabilities	* Pilot joint commissioning approach with Local Authority to maximise resources and reduce duplication * Mental Health Five Year Forward View implementation including: * Implementation of Children and Young People transformation plan including mental health 'first aid training' and Children and Young People Crisis care service * Review of Autism spectrum disorder service including post diagnosis support Enhance capacity for psychiatric liaison services to meet demand * Develop local eating disorder pathway with guidance for GPs * Review dementia pathway including post diagnosis support * Learning Disabilities Support closure of learning disability inpatient beds and

	use of out of area beds to support the development of community learning disability intensive support teams. Improve health check uptake and value
Primary care	* Take on full delegation of primary care * Continue implementation of GP Five Year Forward View including focus on improved access (including extended hours), workforce development and sustainability * Recommission Primary Care CQUIN with continued focus on outcomes and greater integration with community care teams * Premises and IT development

Continuing healthcare and complex care	* Cheshire and Wirral joint programme board agreed a joint approach to identifying efficiencies in 17/18 – will be further expanded in 18/19.
	* Complex care focus on:
	  * Out of area patients
	  * Non previously assessed patients
	  * Section 117 patients
	* Review the effectiveness of the complex care processes and explore the options for commissioning

STARTING WELL

26. The Starting Well programme presented a thematic report to the Committee which was well received on the progress that had been made in relation to Maternity and children's services. It was of particular note that the Cheshire and Merseyside Women's and Children's Services Partnership Vanguard has been leading the facilitation of discussions across the region on Sustainability and Transformation Plans for maternity, paediatrics and neonates. The KPMG options appraisal is still awaited. However a multi-agency Partnership Summit meeting was held on 10th October 2017, which included detailed programme updates. Colleagues from the Countess of Chester and Wirral University Hospital Trusts delivered a 'Local Solutions' presentation at the event, where they reported that their Trust Executive Boards were happy to support ongoing collaboration work. During their presentation, they stated a case for a Level 3 Neonatal Unit 'south of the Mersey'. They also delivered an embryonic presentation outlining proposals for potential new models of care, which would provide standardisation of pathways and financial sustainability across Wirral and West Cheshire.

27. An initial meeting was held between clinical commissioning group and Countess and Wirral colleagues in early October to seek engagement and involvement in the proposal development and a further meeting is being arranged.

28. NHS England previously advised that the North West Neonatal Operational Delivery Network Board, on 9th March 2017, endorsed the preferred options for the Cheshire and Merseyside Neonatal Surgery Service Delivery Model and Neonatal Intensive Care Services for Cheshire and Merseyside Neonatal

Network. Further details were shared at the May meeting of the committee. The Neonatal surgery recommendations have since been approved by NHS England and work is in the implementation phase, with Phase 1 implementation planned for 1st April 2018. The exact detail is being shaped by a Steering Group. Andrew Bibby, NHS England, reported at the Summit meeting that no decision regarding Neonatal Intensive Care Services had been made to date and confirmed that the decision would not be made in isolation, particularly within the context of the wider work underway.

INTEGRATED ADULT LEARNING DISABILITY, MENTAL HEALTH AND AUTISM SPECTRUM DISORDER FRAMEWORK

29. At present there is a jointly commissioned Learning Disability framework agreement between Cheshire West & Chester, West Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group, which is due to expire on the 31st March 2018. Due to the significant amount of work involved with the recommissioning process, Cheshire West & Chester are proposing to extend the existing framework model to 30th September 2018.

30. The current Cheshire West & Chester framework currently commissions 80 providers who provide a variety of services for people with Learning Disabilities, Mental Health and Autism Spectrum Disorder.

31. Services that are currently commissioned include residential care, outreach services and supported living services. At present only 45-55% of the 80 providers are actually bidding for or undertaking work on a frequent and regular basis. Within Cheshire West & Chester it is clear that the current framework operations are not fit for purpose.

32. As a result the committee approved the recommended model for commissioning a single Provider framework across the Cheshire and Wirral footprint, agreed the model of care and suggested timescales in relation to the commissioning of an outcome focused/incentivised framework.

PERFORMANCE

33. At the end of August 2017 we continue to fail a number of constitutional performance measures (Referral to Treatment, Cancer, Accident and Emergency, Ambulance calls and dementia). A summary of performance to the end of August 2017 is provided here.

34. The Committee noted the improved reporting format and thanked the Business Intelligence team for their work on this. The Committee focused on performance measures that we are failing.

35. The Committee discussed the deteriorated performance in relation the Referral to Treatment time target. It was noted that the Clinical Commissioning Group performance has breached for all pathways. Performance at both the Countess and Wirral Hospital is below target for all measures, although is significantly worse for Wirral. This is particularly true of admitted pathways, where Wirral performance is 72.7% against a target of 90%. The Committee also discussed

the related intervention in relation to the additional capacity that is being utilised to contact patients on the Accenda system to ensure they are aware of specialties where the Countess has the quickest waiting times, which supports the utilisation of the block contract although the impact on the Referral to Treatment target will continue to be monitored.

36. The ongoing variability in performance against the Accident and Emergency target was noted and the committee were informed that the regional Emergency Care Improvement Programme will be coming in to work with the Countess, including providing clinical leadership support.

RECOMMENDATIONS

37. The governing body is asked to:

f. Note the business discussed and decisions made at the finance performance and commissioning committee meeting held on 2nd November 2017.
g. Note the financial position to the end of September 2017 and progress against the 2017/18 Financial Recovery Plan.
h. Note the update from the Starting Well programme particularly the developing acute alliance between Wirral Hospital and the Countess of Chester
i. Note the approved approach in relation to the Adult Learning Disabilities, mental health and autism spectrum disorder framework
j. Note the position against national/local performance targets

Gareth James
Chief Finance Officer

Laura Marsh
Director of Commissioning

November 2017

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

1.	**Date of Governing Body Meeting:**	16th November 2017
2.	**Title of Report:**	2017/18 Governing Body Assurance Framework
3.	**Key Messages:**	This report presents the 2017/18 governing body assurance framework.
4.	**Recommendations**	The governing body is asked to consider and approve the 2017/18 governing body assurance framework proposed by the Executive risk sponsors, noting the summary of changes from the previous assurance framework (to the governing body in September 2017).
5.	**Report Prepared By:**	Debbie Bryce Head of Governance November 2017

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY 2017/18 GOVERNING BODY ASSURANCE FRAMEWORK

INTRODUCTION

1. The 2017/18 governing body assurance framework is attached, aligned to the NHS England Improvement Assessment Categories. In-line with the clinical commissioning group's risk management strategy (approved by the audit committee and previously provided to the governing body), the departmental risk registers have been reviewed and updated in October 2017.

REVIEW

2. For ease, a summary of the changes to the governing body assurance framework, since the governing body in September 2017 are provided below.

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
1.	-	Chief Finance Officer	**Financial Sustainability** Failure of the clinical commissioning group to deliver financial duties - risk that the revised **2016/17** financial forecast will not be delivered.	Risk was archived in July 2017
2.	1.	Chief Finance Officer	**Financial Sustainability** Updated positive assurance and key controls in place to meet the requirements of formal directions (year-end break-even financial position). Updated gaps in control narrative on the remaining gap (financial risk) to the clinical commissioning group.	Risk impact has increased from 4 to 5.
3.	2.	Chief Finance Officer	**Organisational Governance** Unchanged	Unchanged

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
4.	3.	Chief Finance Officer	**Information Governance** The Commissioning Support Unit are leading us through the training and process of the introduction of the new General Data Protection Regulations in May 2018	Unchanged
5.	4.	Director of Quality & Safeguarding	**Safe/effective/harm-free care from Providers** Unchanged	Unchanged
6.	5.	Director of Quality & Safeguarding	**Safeguarding Vulnerable Children** Unchanged	Unchanged
7.	6.	Director of Quality & Safeguarding	**Safeguarding Vulnerable Adults** Unchanged	Unchanged
8.	7.	Director of Quality & Safeguarding	**Safe/quality services during financial recovery** Unchanged	Unchanged
9.	8.	Chief Executive Officer (previously Director of Commissioning)	**Integrated Care Development** This risk has moved from 'Commissioning' to 'Corporate' ownership due to the corporate nature of the development of an integrated care system.	Unchanged

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
10.	9.	Director of Commissioning	**Delivery of Financial Recovery Plan (programmes)** Enhanced positive assurance/controls in place and gap includes impact of schemes being delivered at Cheshire/Wirral level.	Unchanged
11.	10.	Chief Finance Officer & Director of Commissioning	**NHS Constitutional Performance Targets** Need to deliver key targets in order to progress with integrated care system. Quarter 2 failure to deliver the A&E standard, referral to treatment, cancer 62 day target and diagnostics.	Unchanged
12.	11.	Chief Executive Officer	**Sustainable Leadership (to deliver the West Cheshire Way)** Update of references to integrated care system	Unchanged
13.	12.	Chief Executive Officer	**Delivery of Organisation Improvement Plan** Minor changes to narrative. Checkpoint meetings with NHS England are now quarterly	Unchanged

Risk Number 2016/17	Risk Number 2017/18	Risk Sponsor/Owner	Summary of risk changes	Change to risk rating
-	13	Chief Executive Officer	**Integrated Care** Having capacity and capability to deliver both the financial recovery plan and the development of integrated care	**New risk**
-	14	Chief Finance Officer	**Financial Sustainability** Failure to receive full reimbursement of payroll costs from the Hospice of the Good Shepherd	**New risk**

RECOMMENDATIONS

3. The governing body is asked to consider and approve the 2017/18 governing body assurance framework proposed by the Executive risk sponsors, noting the summary of changes from the governing body in September 2017 and the addition of two new risks.

Gareth James
Chief Finance Officer
November 2017

WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY ASSURANCE FRAMEWORK 2017/18

Risk No	Sponsor	NHS England Improvement and assessment category	Objective Description & Risk Type	Risk Description	Impact Rating	Positive Assurance on Key Controls to the Governing Body	Likelihood Rating	Risk Score	Changes/ comparison to Sept 2017 Framework reporting	Gaps in Control and Assurance	Residual Impact	Residual likelihood	Residual Risk Score	Partnership Issues
			Corporate Objective	What are the principle risks that could prevent the Clinical Commissioning Group from achieving this objective *(Types of Risk include clinical, financial, reputation, statutory, target)*	1 to 5	Evidence to the Governing Body that the organisation is reasonably managing its risks and that objectives / projects are being delivered by describing what controls / systems the Clinical Commissioning Group has in place to assist in securing delivery	1 to 5	sum		Where the controls / systems / assurances have either not yet been put in place or are yet to be fully effective. What needs to be done				Where the management of risk and delivery of objectives is dependent upon other organisations
5	2	2	4	6	7	8	10	11		15				16
FINANCE AND GOVERNANCE														
1	Chief Finance Officer	Sustainability and Delivery of the 5 year forward view	We will deliver financial sustainability for the health economy providing value for money for the West Cheshire pound	Failure to deliver the 2017/18 financial plan (break-even) and, therefore, not comply with our legal directions. **(Statutory and Financial)**	5	The governing body approved a 2017/18 financial plan to return to financial balance and, therefore, meet the requirements of our formal directions. This required the delivery of C£11.7 million financial recovery savings. Despite delivery of high proportion of savings schemes there has been a potential financial gap emerging; mainly due to in-year pressures. At the end of quarter 1 we reported a likely year-end position of £2.5 million deficit to NHS England. This positon deteriorated in months 4 and 5 with a potential year-end pressure of C£4 million. During the month 6 (quarter 2) reporting process we undertook a deep dive into the key budget pressures and, with governing body approval, despite reporting an in-year deficit, we continued to report that we would deliver financial balance as at 31st March 2018; albeit with a risk-adjusted position of £2 million. The governing body (and finance, performance and commissioning committee) has considered the various other options to bridge this gap. We continue to monitor performance against our recovery plan on a weekly basis at programme delivery group.	4	HIGH 20	Impact rating has been increased to 5 (from 4)	We continue not to receive our 'fair share' of NHS funding (distance from target remains at C£8 million. Delivery of financial balance as at 31st March continues to be at risk with a potential gap of C£2 million at the end of quarter 2. A list of further mitigations have been developed with the impact yet to be factored into our financial projections. the Chief Finance and Chief Executive Officers are havings discussions with local integration partners to understand if a system wide solution can be reached. At month 7, we continue to report a risk-adjustedforecast deficit to NHS England.	5	4	HIGH 20	Development of a joint Cost Improvement Plan/Financial Recovery Plan is essential to delivery. Relationships across providers is managed by the system leaders group.
2	Chief Finance Officer	Leadership and Sustainability	We will develop our people, systems and processes to effectively commission health care for the people of West Cheshire	Failure to embed systems and processes of good governance. ***(Statutory, Reputational & Clinical)***	5	Internal and external audit opinions. Risk management is embedded throughout the organisation. Membership agreement to constitution and conflicts of interest policy. Robust mechanism for declaring and publishing declarations of interest. Governance arrangements have also been reviewed following the PricewaterhouseCoopers capacity and capability review commissioned by NHS England and the work undertaken as part of the national QIPP initiative. the Chief Executive Officer has recently undertaken a further review of the constitution.	3	HIGH 15	Unchanged	Aligning the Clinical Commissioning Group governance to wider strategic leadership with partners. It is likely that governance structures will change with the development of integrated care and strategic commissioning organisations.	5	2	MED 10	Strategic leadership and primary care.
3	Chief Finance Officer	Leadership and Sustainability	We will develop our people, systems and processes to effectively commission health care for the people of West Cheshire	Failure to embed sound systems of information governance; including the compliance with the national Information Governance toolkit and management of patient confidential data. ***(Statutory, Reputational & Clinical)***	5	Working closely with Midlands and Lancashire Commissioning Support Unit to ensure all actions to comply with Information Governance toolkit are being implemented across the clinical commissioning group systems and processes have been agreed to manage and process patient confidential data. Data sharing agreements signed by all local partners. Commissioning Support Unit has embedded staff within clinical commissioning group headquarters.	3	HIGH 15	Unchanged	Additional requirements of new regulations (general data protection regulations). Additional information governance risks resulting data sharing to support development of integrated care system. Implementing revised training arrangements and briefings for staff via the commissioning support unit.	5	3	MED 15	Midlands and Lancashire Commissioning Support Unit.
14	Chief Finance Officer	Leadership and Sustainability	We will deliver financial sustainability for the health economy providing value for money for the West Cheshire pound	Failure to receive full reimbursement of payroll costs from the Hospice of the Good Shepherd. **(Financial & reputational)**	4	The clinical commissioning group inherited a situation whereby, as host commissioner, we fund the payroll costs for the Hospice of the Good Shepherd and then receive reimbursement at an agreed date. In previous years this has supported year-end NHS cash management. There is a risk that payroll costs will not be reimbursed in full. Several meetings have taken place and a plan is currently being agreed whereby the costs will be reimbursed in full and, at some stage in the future, the hospice will begin to make their own payroll payments. The governing body has been briefed on this issue during October 2017.	3	MED 12	New	Dialogue between the CCG and the hospice is positive although there remain significant financial risks. The hospice recognise that they need to both review costs and increase income and the CCG, and other partners, will work closely with them to manage this process.	4	3	MED 12	Local integration partners as part of the end of life pathway programme.
QUALITY AND SAFEGUARDING														
4	Director of Quality and Safeguarding	Better care	We will improve quality and cut variation in standards of care	Failure of commission safe, effective and harm free care from Providers. ***(Statutory, Clinical and Targets)***	5	Quality requirements in contracts and developed contracts with a number of small independent hospitals. Commissioning for Quality and Innovation Schemes. Quality and performance meetings. Serious incident performance monitoring. Clinical engagement meetings. Insights and intelligence from user surveys. Insights and intelligence from Patient Advice and Liaison Service (PALS), incidents, claims and complaints. Insights and intelligence from patients and public engagement. Quality Improvement Committee. Clinical Commissioning Group Governing Body quality improvement/ performance report. National Institute for Clinical Excellence (NICE) quality standards. Quality Surveillance Group.	3	HIGH 15	Unchanged	Sharing of incident information across commissioners. Fragmented commissioner roles. Limited capacity to monitor quality of care in smaller provider contracts such as nursing homes and hospices.	5	2	MED 10	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Partners4Health. Nuffield Health. Cheshire West and Chester Council One to One midwifery. Independent hospitals.
5	Director of Quality and Safeguarding	Better care and Leadership	We will improve quality and cut variation in standards of care	Failure to ensure robust arrangements are in place for the safeguarding of vulnerable children ***(Statutory, Clinical and Targets)***	5	Local Children Safeguarding Board and Business Plan, Safeguarding Children Policy, Quality and performance meetings with Providers. Safeguarding Assurance Framework received from Providers identifying levels of compliance with these standards. Exceptions in assurance against these standards are escalated to Quality and Performance meetings Routine reporting to Quality Improvement Committee and Governing Body. Annual report to Quality Improvement Committee. Designated nurse and doctor in post including looked after children function. Early intervention services developed to progress outcome from previous Ofsted inspection. Monitoring GP attendance and reporting to case conferences. Staff training levels. Unannounced Care Quality Commission inspection into children safeguarding and looked after children January 2014 identified areas of good practice. Good report from Ofsted 2015 - NHS a key partner in the inspection process NHS England assurance framework shows high levels of compliance with statutory requirements to safeguard children, young people and adults at risk. Completion of action plans from 2 serious case reviews	3	HIGH 15	Unchanged	Fragmented commissioner roles in children's services. Progressing the action plan to mitigate a small number development objectives against NHS England assurance framework. Reduction in the number of GPs attending case conferences and number submitting case conference reports Vacancy in the role of Designated Nurse - Looked After Children. National contract for primary care services with Capita are not providing an adequate service to deliver medical records in a timely manner	5	3	MED 15	Working with new commissioners of children's services to adopt shared safeguarding assurance framework methodology NHS England (national) in relation to Capita contract

WEST CHESHIRE CLINICAL COMMISSIONING GROUP

Risk No	Sponsor	NHS England Improvement and assessment category	Objective Description & Risk Type	Risk Description	Impact Rating	Positive Assurance on Key Controls to the Governing Body	Likelihood Rating	Risk Score	Changes/ comparison to Sept 2017 Framework reporting	Gaps in Control and Assurance	Residual Impact	Residual likelihood	Residual Risk Score	Partnership Issues
6	Director of Quality and Safeguarding	Better care and Leadership	We will improve quality and cut variation in standards of care	Failure to ensure robust arrangements are in place for the safeguarding of adults at risk ***(Statutory, Clinical and Targets)***	5	Executive representation at Local Adult's Safeguarding Board. Clinical Commissioning Group led contracts contain commissioning standards for Safeguarding. Safeguarding Assurance Framework received from Providers identifying levels of compliance with these standards. Exceptions in assurance against these standards are escalated to Quality and Performance meetings. Routine reporting to Quality Improvement Committee and Governing Body. Collaborative working e.g. Care Quality Commission inspections. Annual report to Quality Improvement Committee. Designated nurse in post working in partnership with providers and local authority. Investigation and monitoring of safeguarding concerns in care homes in collaboration with local authority safeguarding adults team. System in place to report concerns about care homes to GPs. Adult safeguarding training in primary care. NHS England assurance framework shows high levels of compliance with statutory requirements to safeguard children, young people and adults at risk.	3	HIGH 15	Unchanged	Progressing the action plan to mitigate a small number development objectives against NHS England assurance framework. Lack of capacity in the care sector to support patient choice in not commissioning care from providers rated as "inadequate" by the Care Quality Commission.	5	3	MED 15	Cheshire West and Chester Council
7	Director of Quality and Safeguarding	Better care	We will improve quality and cut variation in standards of care	Failure to maintain safe quality services when delivering financial recovery plan ***(Reputation, statutory and Clinical)***	5	Quality Impact Assessment policy in place. Reviewed and updated in November 2016. Requirement in contracts for providers to share Quality Impact Assessment risks with commissioners. Mechanisms in place at Clinical Commissioning Group programme gateway meetings to review Quality Impact Assessments	3	HIGH 15	Unchanged	Lack of mechanism to share quality risks arising from Cost Improvement Plans across the system.	2	5	MED 10	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust.
COMMISSIONING														
9	Director of Commissioning	Delivery of the 5 year forward view; Leadership and Sustainability	We will commission improvements in primary care and community care and ensure the integration of health and social care	Failure to deliver the work streams within the financial recovery plan and business as usual programmes through; insufficient capacity assigned to delivery, inability to track progress, inability to address issues identified as impeding progress ***(Reputation, statutory and Clinical)***	4	Regular programme delivery group weekly meetings, use of project/programme management system (Verto) Financial Recovery Plan tracker, programme management office function, joint control total and block contract with Countess of Chester Hospital NHS Foundation Trust, joint SDIP with Countess of Chester Hospital NHS Foundation Trust and Cheshire & Wirral Partnership NHS Foundation Trust which is reviewed at contract meetings with both main providers, continual realignment of capacity to projects that deliver financial recovery plan, development of a single virtual team for service redesign.	4	HIGH 16	Unchanged	Additional impact of some schemes being delivered at Cheshire/Wirral level	3	4	MED 12	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Primary Care Cheshire West and Chester Local Authority
CONTRACTING & PERFORMANCE														
10	Chief Finance Officer / Director of Commissioning	Better Health and Better Care	We will improve hospital care, by working with local hospitals to deliver effective care and achieve NHS constitutional targets	Failure to deliver NHS Constitution standards and other locally agreed performance measures. ***(Reputational, Clinical, Financial and constitutional targets)***	4	Monthly reporting to finance, performance and commissioning committee. Regular "deep dives" into poorly performing measures (constitutional targets). Increased scrutiny from governing body and system leadership. Agreement of improvement trajectories with both NHS England and NHS Improvement. Link between improved performance and sustainability and transformation funding for trusts. Performance reviewed by system leadership group. Improvement trajectories agreed across the system. Implementation of Qlikview new reporting tool.	4	16 HIGH	Unchanged	Greater integration between regulators in relation to expectations. Additional scrutiny from NHS England and links being made to support to become an integrated care system. Quarter 2 failure to deliver A&E, RTT, cancer 62 day and diagnostics. NHS England pressure to deliver the 3 key areas: A&E, cancer 62 day and financial plan.	4	4	HIGH 16	System wide ownership to improved performance
CORPORATE														
11	Chief Executive Officer	Leadership and Sustainability	We will develop our people, systems and processes to effectively commission health care for the people of West Cheshire	Failure of Clinical Commissioning Group (along with health economy stakeholders/providers) to embed/deliver the West Cheshire Way and deliver an integrated health system for the people of West Cheshire ***(Financial and Clinical)***	4	Collaborative work with Countess of Chester Hospital NHS Foundation Trust , Cheshire and Wirral Partnership NHS Foundation Trust, and Cheshire West and Chester Council on developing an integrated care system	4	HIGH 16	Unchanged	Assembling the required capacity and capability for delivering phase three of the integrated care development	3	4	12 MED	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire West and Chester Council
12	Chief Executive Officer	Improvement	We will develop our people, systems and processes to effectively commission health care for the people of West Cheshire	Failure to deliver the actions from the turnaround plan (now organisational improvement plan) ***(Financial)***	4	PricewaterhouseCoopers capacity and capability review completed in 2016. This resulted in an organisational improvement plan which has been signed off by NHS England. Monthly improvement assurance framework and recovery checkpoint meetings have now been reduced to quarterly frequency with NHS England. These are continuing throughout 2017/18 and the clinical commissioning group remains in formal directions.	2	MED 8	Unchanged	Clarity is required from NHS England on the downgrading (sunset clause) process in relation to formal directions	2	4	MED 8	NHS England
13	Chief Executive Officer	Improvement	We will commission improvements in primary care and community care and ensure the integration of health and social care	Having capacity and capability to deliver both the financial recovery plan and development of integrated care ***(Financial, statutory)***	4	Partners of integrated care commissioning capacity and capability review in Summer 2017; the recommendations from this will help identify the capacity and capability needed	3	MED 12	New	Yet to implement the recommendations of the review. This should take place in Autum 2017	4	3	MED 12	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Cheshire West and Chester Local Authority
8	Chief Executive Officer	Better care and leadership	We will commission improvements in primary and community care and ensure the integration of health and social care	Inability to maintain engagement of all key stakeholders towards development of new care model considering size of changes required including financial flows, new roles, changing use of technology and impact on estates ***(Clinical and Financial)***	3	Greater system-wide working including Systems Leaders Group, and system wide Service Development and Improvement Plan within the contracts for both main providers. Good engagement from all partner organisations in development of phase 3 of the integrated care system. Programme management in place across four organisations. Regular discussion at Systems Leadership Group. Public facing narrative under development now agreement to proceed to phase 3.	4	MED 12	Unchanged	Full ownership of new target operating model/model of care, strategic business case for integrated care system. Yet to confirm the arrangements to engage with the third sector	3	4	MED 12	Countess of Chester Hospital NHS Foundation Trust. Cheshire and Wirral Partnership NHS Foundation Trust. Primary Care Cheshire West and Chester Local Authority

AGENDA ITEM NO: WCCCGGB/17/11/41

NHS
West Cheshire
Clinical Commissioning Group

GOVERNING BODY REPORT

DATE OF GOVERNING BODY MEETING:	16th November 2017
TITLE OF REPORT:	Clinical Commissioning Group Policies and Governance Documents
KEY MESSAGES:	This report provides one clinical commissioning group policy for governing body ratification.
RECOMMENDATIONS:	The governing body is asked to approve / ratify the policy.
REPORT PREPARED BY:	Cheryl Hardy Business Administrator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

CLINICAL COMMISSIONING GROUP POLICIES AND GOVERNANCE DOCUMENTS

INTRODUCTION

1. One clinical commissioning group policy is 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 policy/governance documents for ratification (with oversight assurance on which forum proposes ratification).

3. A hyperlink to each document is provided 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.	Translation and Interpretation Policy	Quality Improvement Committee	-	Jonathan Taylor Head of Communications and Engagement 01244 385 367

RECOMMENDATION

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

Gareth James
Chief Finance Officer
November 2017

NHS
West Cheshire
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Date of Governing Body Meeting:	16th November 2017
Title of Report:	Minutes of Governing Body Sub-Committees
Key Messages:	To provide an overview of business and actions/decisions made by the sub-committees of the governing body.
Recommendations:	The governing body is requested to receive and note any significant issues arising from, and the minutes of, the sub-committees.
Report Prepared By:	Cheryl Hardy Business Administrator

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY

MINUTES OF GOVERNING BODY COMMITTEES

PURPOSE

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

BACKGROUND

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

GP LOCALITY NETWORKS

Chester City Locality GP Network

3. The approved minutes from the September and October 2017 Chester City Locality GP Network meetings are available here.

Rural Locality GP Network

4. The approved minutes from the September 2017 Rural Locality GP Network meetings are available here.

Ellesmere Port and Neston Locality GP Network

5. The approved minutes from the September and October 2017 Ellesmere Port and Neston GP Locality Network meeting are available here.

PRIMARY CARE COMMISSIONING COMMITTEE

6. There is no update scheduled to be provided to the governing body.

QUALITY IMPROVEMENT COMMITTEE

7. The approved minutes from the August 2017 meeting are available here.

FINANCE PERFORMANCE AND COMMISSIONING COMMITTEE – minutes

8. An update of the October 2017 committee meetings is contained within the finance, performance and commissioning committee report.

AUDIT COMMITTEE

9. There is no update scheduled to be provided to the governing body.

REUMUNERATION COMMITTEE

10. An update of the September 2017 committee meeting is contained within the remuneration committee report.

RECOMMENDATION

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