













Governing Body Meeting – A meeting in public

**Thursday 21st March 2013
1300 - 1500**

**Beveridge Meeting Room, Ground Floor,
Old Market House**

PUBLIC AGENDA

Ref No	Time	No	Papers
	1300	1.	PRELIMINARY BUSINESS
GB12-13/183		1.1	Apologies for absence: <ul style="list-style-type: none"> • Simon Wagener • Graham Hodgkinson • Alex Dalgarno • Christine Campbell • Andrew Cooper • Iain Stewart • Mark Green • Pete Naylor
		1.2	Chair's announcements
		1.3	Declarations of Interest
	1305	2.	ITEMS FOR APPROVAL
GB12-13/184		2.1	Community Equipment Tender (Laura Thompson)
			 Community Equipment Tender cover sheet.doc  Community Equipment Tender 3 c
	1320	2.2	Business Continuity Plan (Lorna Quigley)
			 Business continuity cover sheet.doc  Key Risk Table.doc

	1335	2.3	Enhanced Services (Heather Harrington)	 cover sheet - Overview of Locally E  Enhanced Service Review Paper - Over
	1350	2.4	Remuneration Committee (Mark Bakewell)	 GB Remuneration Cover Sheet 21st Mar  Remuneration Committee Outcome f
	1415	2.5	Quality Handover (Lorna Quigley)	 Quality Handover Documentcover shee  152 Quality Handover Doc Exec S
	1420	2.6	Assets & Liabilities (Mark Bakewell)	 GB Asset Liabilities Cover Sheet 21st Mar  Assets and Liabilities Paper 21st March
	1445	3.	ITEMS FOR INFORMATION AND NOTING	
GB12-13/185		3.		
		4.	ANY OTHER BUSINESS	
GB12-13/186		4.1		
		5.	DATE AND TIME OF NEXT MEETING	
			<p>The date of the next Governing Body Board meeting is:</p> <p>Tuesday 2nd April 2013, 1300 – 1700 Albert Lodge, Victoria Health Centre, Wallasey</p> <p>Please forward apologies to: Julie.stamper@wirral.nhs.uk</p>	

Community Equipment Tender			
Agenda Item:	2.1	Reference:	GB12/13-184
Report to:	Governing Body Board	Meeting Date:	21 st March 2013
Lead Officer:	Laura Thompson		
Contributors:	Neil Lynch		
Governance:	Link to Commissioning Strategy	This proposal links to Wirral CCG priority areas surrounding planned medical initiatives and long term conditions objectives	
	Link to current governing body Objectives	This proposal links to Wirral CCG QIPP plan and the CCG Strategic Objectives.	
Summary:	This report intends to update the CCG on the procurement options available to commission a Community Appliance Service.		
Recommendation:	To Approve		✓
	To Note		
	Comments	The Governing Body is asked to review options A – C outlined in the update and decide on which option to proceed with.	
Next Steps:	Once a decision on procurement has been made proceed with implementing the option.		

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the implications for the following (please state if not applicable):	
Financial	The financial implications of moving to a cost per case have been highlighted throughout this process.
Value For Money	Moving to a cost per case may increase costs but the new service specification enables patients to be assessed and fitted with appliances in a timely manner which should reduce the need for them to access other health services.
Risk	The risk of not procuring a new Community Appliance Service is patients will continue to wait a long time to be assessed and treated and dissatisfaction will

	remain. The risks and benefits of each procurement option is outlined within the paper.
Legal	Advice regarding EU Procurement Regulations has been sought from Wirral NHS/CSU Procurement & Contracting team.
Workforce	No impact on work force has been raised whilst exploring possible procurement options with the Procurement & Contracting Team.
Equality & Human Rights	Equality & Human rights have been considered throughout this process.
Patient and Public Involvement (PPI)	Patients and the public have been involved whilst the service specification was being developed.
Partnership Working	Throughout this process partners have been included and communicated with to ensure all involved are aware of decisions being made.
Performance Indicators	N/A
Do you agree that this document can be published on the website? <i>(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)</i>	
	✓

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Community Appliance Service		Operational Group	Feb 13	Options Paper to Governing Body
Community Appliance Service		Operational Group	September 2012	Decision to AQP Community Appliance Service
Community Appliance Service		CAG	April 12	Allow WUTH six months to implement the specification.

Private Business

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submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

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Governing Body: Update on available procurement options for Community Appliance Service.

Introduction

1. Following the Operational Group decision to procure the Appliance Service through an AQP route, further discussion with the contract & procurement team has taken place. They initially advised that based on the workings supplied and developed with finance as the appliances (i.e. consumables/goods) are worth over fifty percent of the contract value 59% (£431,951 - total value of the contract £722,585.0) this technically means they would be breaching EU procurement regulations if they proceeded with an AQP process.
2. However due to the marginal nine percent split between the cost of appliances (59%) and the services (41%) along with the lack of robust data supplied to us around the amount and costs of appliances it is thought a challenge to any breach would be unlikely.
3. The point was stressed to the procurement team the ability to provide a patient with a choice of providers is important to Wirral CCG.
4. The commissioner and procurement team are suggesting three options for the Operational Group to now consider:

Option A – Tender

5. An Open tender processes to be undertaken for the whole contract the goods and services and this would need to be advertised via the Official Journal of European Union as a Part A procurement and as a framework agreement. The whole process would take at least 6-9 months.
6. The CCG would need to provide resource in the form of an evaluation panel to evaluate the tender bids.
7. The CCG would be able to appoint more than one provider to a framework agreement contract which will give patient choice. However potential providers would need to demonstrate their capacity, capability and quality arrangements to meet service delivery requirements within the published tariff. As the tender process is more detailed and lengthy this may impact on the number of potential providers applying due to resources required compared to the contract value and the fact that there is no commitment from the CCG to the level of any guaranteed activity.
8. Tariffs could remain as in the agreed specification allowing providers to source their own appliances submitting monthly invoices to finance and data to commissioners.
9. Alternately tariffs for each level could be recalculated to identify a tariff for the patient episode and for the appliance. The specification would need to be changed to detail that the successful provider(s) would need to purchase appliances through NHS supply chain which may deliver efficiencies. Currently only 60 percent of suppliers supplying goods for Community Appliance Service are on NHS supply chain.

10. NHS Supply Chain has agreed to look into options of these suppliers supplying via one of the distributors on their current framework. Alternatively the CCG could enter into local agreements with these suppliers until such time as NHS Supply Chain retender this area.
11. This option would also involve the CCG either being responsible for the process of purchasing appliances or they could for a fixed cost contract the purchasing of appliances out to NHS Supply Chain.

Option B – AQP for service element & purchase appliances via NHS Supply Chain

12. An AQP process is carried out for only the services element of the contract. The tariffs for each level would need to be recalculated to identify a tariff for the patient episode and for the appliance. The CCG would appoint as many providers as qualify through the bidding process and this would lead to patient choice.
13. The specification would need to be changed to detail that appliances provided to patients would be purchased by the CCG via NHS Supply Chain. This option would again involve the CCG either being responsible for the process of purchasing appliances or they could for a fixed cost contract the purchasing of appliances out to NHS Supply Chain. It could furthermore lengthen the patient pathway.
14. As only 60% of appliances, product suppliers are available through NHS Supply chain. Any current supplier not on NHS Supply Chain would not be able to supply directly via NHS Supply Chain. NHS Supply Chain has agreed to look into options of these suppliers supplying via one of the distributors on their current framework. Alternatively the CCG could enter into local agreements with these suppliers until such time as NHS Supply Chain retender this area.
15. Alternately the AQP service providers could order via Wirral's NHS Supply Chain order portal with the orders being placed via the procurement department at an agreed cost, this may deliver an efficient payment and order monitoring process, with one invoice per month being submitted to the CCG.
16. All service providers would then be mandated in the service specification to source all appliances via NHS Supply Chain. It will be the responsibility of the Provider to undertake stock control, ordering of stock and consignment stocking for frequently used items (this would be where the Provider buys in the stock and it is kept at the Provider's premises).

Option C – Original decision AQP whole service.

17. This option would be for the full provision of the service via AQP. This would technically breach EU procurement Regulations, however due to the marginal nine percent split between medical service costs and the cost of appliances in the current service, along with the lack of robust data supplied to us around the cost/s of individual appliances the CCG may decide that a challenge would be unlikely and that there is sufficient rationale that supports this approach to allow more robust management information to be collated and the robust contract management arrangements within the specification would help shape the future service model and commissioning intentions .

18. If the CCG were to favour this option, in order to minimise potential for challenge the CCG could consider implementing control measures such as awarding a 2 year contract with a planned 12 month review of management information data.
19. Also the stringent data capturing performance indicators within the new specification would ensure that providers submit robust service activity and true financial information that would also inform future commissioning and procurement options for the service.
20. The AQP procurement process for the whole service element will take approximately 3 to 4 months.

Options the Governing Body are asked to consider:

Options A - C	Risks/Disadvantages	Benefits/Advantages
<p>A- Open tender which would allow multiple providers to be appointed to a framework.</p>	<p>Tender route involves a longer procurement process 6-9 months.</p> <p>Tender process may put potential providers off applying as no income guaranteed.</p> <p>CCG would need to provide resource in the form of an evaluation panel to evaluate bids.</p>	<p>Wirral CCG would not be in breach of EU procurement regulations.</p> <p>The tender route would enable the agreed specification to be implemented.</p>
<p>B- AQP for service element & purchase appliances via NHS Supply Chain</p>	<p>Tariffs would need to be recalculated paying providers for the service element only.</p> <p>Wirral CCG would be responsible for purchasing the appliances or they could (for a cost) contract this out to NHS Supply Chain).</p> <p>Currently only 60% of appliances are available through NHS Supply Chain. Sourcing the other 40% of goods would need to be considered and managed by the CCG.</p> <p>Alternately the AQP service providers could order through NHS Supply Chain Wirral portal which would need to be managed by the CCG.</p> <p>The patient pathway would remain fragmented and untimely as the specification developed and agreed could not effectively be implemented.</p> <p>Patient outcomes may not improve and patient dissatisfaction may remain.</p>	<p>No breach of EU procurement regulations.</p>
<p>C – Original decision AQP whole service</p>	<p>Potentially Wirral CCG would be breaching EU procurement regulations and their decision to use the AQP route could be</p>	<p>As the data is not robust a challenge may be unlikely.</p>

	challenged	<p>In order to minimise the risk of a potential challenge the procurement team suggested implementing the following measure:</p> <p>Award a two year contract with a planned 12 month review of data, this would give the CCG an accurate picture of the cost of goods v services and inform future commissioning and procurement decisions</p>
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Recommendations

21. The Governing Body is asked to consider Options A to C and decide on the option they wish to proceed with.

L J Thompson

WHCC Commissioning Support Manager

Information Governance – Business Continuity Plan			
Agenda Item:	2.2	Reference:	GB12-13/184
Report to:	Governing Body	Meeting Date:	21 st March
Lead Officer:	Mark Bakewell CFO and Senior Information Risk Owner Wirral Clinical Commissioning Group		
Contributors:	Lorna Quigley		
Governance:	Link to Commissioning Strategy	The Information Governance Assurance Statement will be 'signed off' in March 2013, in the confidence that the Information Governance Toolkit level 2 Requirements are fully met.	
	Link to current governing body Objectives	<p>The requirement for CCGs to use the Information Governance Toolkit was set out on 18th May 2012 in the Department of Health <i>Clinical Commissioning Group Authorisation: Draft guide for applicants</i> Specifically, Domain 4: Criteria 4.3.3, states that:</p> <p><i>CCG has used NHS Information Governance Toolkit to assess its capability to meet information governance requirements.</i></p>	
Summary:	<p>In order to meet the Information Governance toolkit requirements by 31st March, the CCG needs to have a business continuity plan in place.</p> <p>The attached paper assessed the risk posed to the CCG in the event of unexpected events and the contingencies that have been established in order to mitigate the risks.</p>		
Recommendation:	To Approve		Yes
	To Note		
	Comments	The Committee are asked to: - approve the business continuity plan.	
Next Steps:	Once approved by the Governing body, there will be a need to test the appropriateness of the plan within the 1 st quarter 2013/14		

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What are the implications for the following (please state if not applicable):	
Financial	The Information Governance work area is outlined in the CSU SLA offer to the CCG. The Information and Corporate Governance Manager post is included in the CSU structure.
Value For Money	The Commissioning Support Service offer value for money through a dedicated Information and Corporate Governance Manager, who is qualified to lead on the programme of work for the CCG to achieve Information Governance compliance.
Risk	Not achieving level 2 compliance against the Information Governance Toolkit Requirements by 31 st March 2013.
Legal	Meeting the requirements of the legislation which governs information, significantly the Data Protection Act 1998 and the Freedom of Information Act 2000.
Workforce	It is now a Department of Health requirement that <u>all</u> staff complete the NLMS Introduction to Information Governance and then the Information Governance: The Refresher Module every year thereafter. Also, that all staff meet the Information Governance code of conduct.
Equality & Human Rights	not applicable
Patient and Public Involvement (PPI)	not applicable
Partnership Working	The CCG will be working closely with the CSU, who will offer appropriate support to the CCG to become Information Governance compliant.
Performance Indicators	
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Yes	

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Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Wirral Primary Care Trust			
Claire House	Medical support	Currently reviewing the medical support for the hospice and looking at building partnerships with local paediatricians and also the partnership with Specialist Palliative Care at Alder Hey Developing non-medical prescribing w .nurse verification of death	Action plan in place Including close collaboration with SPCT at Alder Hey to look at Medical support across the network including children's hospice
Claire House	Sustainable Resources	Claire House 5 Year Strategy 'Our Time' Annual business/operational plan for each department within the hospice including fund raising Senior Management Team meetings Minutes of Board of trustees.	
Clatterbridge Cancer Centre	62 day waiting time target- Within the current re-allocation system, CCC is not able to provide assurance on this target due to the dependence on the performance of referring hospital. CCC is accountable for any breaches where the Network cannot identify administrative delays in the pathway. In practice, this means that the majority of breach patients remain shared between CCC and referring hospital, even when the referral arrives at CCC after 62 days. The target is constantly at risk	Mitigating factors- The implementation of an automatic 42 day re-allocation rule in the Manchester Network has created an opportunity to apply the same system across Cheshire & Merseyside. The Manchester system has been found to improve the performance of referring hospitals and the whole Network. Applying the same system in the local Network would also ensure that CCC was accountable for the part of the pathway that can control i.e post referral to CCC. An automatic system would create an effective target for CCC (all patients referred before 62 days) and would make the 62 day target a more meaningful indicator of CCC performance. On the basis of current performance, CCC would also achieve this target on regular basis.	No

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	and CCC has limited ability to improve performance.		
Clatterbridge Cancer Centre	<p>The potential impact of the changing commissioning landscape. The Health & Socialcare Act will lead to a variety of changes to the health system, each of these could create risks for CCC.</p> <p>CCG Autonomy- Risk of greater volatility in commissioning leading to break up of the cancer existing network.</p> <p>Commissioning arrangements- Third party commissioning agencies leading to increased contract scrutiny/ challenge</p> <p>Increased competition leading to income loss</p>	<p>The role of the NHS Commissioning Board has reduced the autonomy of the CCGs</p> <p>Develop effective relationships with new agencies</p> <p>Market development /protection strategy developed by the Trust Board</p>	
Clatterbridge Cancer Centre	<p>The ability to deliver our Investment in Liverpool plans</p> <p>Funding and affordability</p> <p>Stakeholder engagement and Buy in</p>	<p>Production of a detailed business case and sensitivity Analysis</p> <p>Significant funding already secured from commissioners</p> <p>Stakeholder engagement plan/events</p>	
Clatterbridge Cancer Centre	<p>Maintaining the required skills within the Board:</p> <p>If the skills and experience of Executive and Non-Executive Directors are not appropriate then</p>	<p>Individual and collective Board development programmes</p> <p>Skills analysis undertaken for each director vacancy to ensure that the Person Specification is appropriate</p> <p>New director induction programme</p> <p>Access to Monitor training programmes for new</p>	

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	flawed decision-making may follow.	appointments Supplement Directors' contributions by ensuring expert input is secured as appropriate	
Clatterbridge Cancer Centre	The ability to deliver the scale of change planned e.g. Investment in Liverpool	Established rigorous and proportionate programme and project management frameworks and monitoring Secured additional internal capacity e.g. Project Team for the Investment in Liverpool Provided financial resources to secure high quality external advice and support in-house staff	
Clatterbridge Cancer Centre	Ensuring we have the right skills and competencies within the workforce	Reputation and engagement strategy. Staff involvement in 'Investment in Liverpool' HR/OD strategy	
Clatterbridge Cancer Centre	The potential impact of competition and choice	The Trust is actively raising the profile and promoting its services and actively "listening and engaging" with GPs and patients to understand the services they want and how and where they want them delivered. The Trusts private patient joint venture aims to minimise the risk of a private provider developing radiotherapy services in Merseyside and Cheshire	
Clatterbridge Cancer Centre	The volatility of the changes in treatments for cancer affecting demand	Close monitoring of NICE and the access to the Cancer Drugs Fund. Participation in and monitoring of new research which could impact on treatment delivery. Leading innovation in treatment development and delivery.	
Clatterbridge Cancer Centre	Ensuring quality is not detrimentally affected by our cost improvement programme	Director of Nursing and Medical Director sign off of cost improvement programme. Executive director level sponsorship off main programmes. All CIPs required to undertake and quality and risk assessment.	

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Pennisula	Any Qualified Provider Contracts- Lower demand for services than anticipated	Promotion of key benefits and outcomes of service provision to referring GPs.	On-going communications strategy with referring GPs.
Pennisula	Contracts may not be renewed and future funding may not be available	Continuous demonstrate to commissions the quality, safety and efficiencies that Peninsula Health services contribute to the health economy.	On-going
Spire Murrayfield	<i>No risks highlighted</i>		
Wirral Community Trust	Financial Viability	Contract expires in 2014 Income generation via other sources Contracts with other commissioners Robust CIP plans in place with quality impact assessments	Risk Score 4 x 3 = 12
Wirral Community Trust	Organisational Size (viability if services decommissioned)	Approved AQP in other areas Strong relationships with Commissioners Proven track record of responding to Commissioner requirements Proven quality performance including achievement of CQUIN since 2009/10 Investment in business development opportunities Partnership working with other providers (Health & Social Care) Lead organisation in developing integrated care model/pathways	Risk Score 3 x 3 = 9
Wirral Community Trust	Resignation of Named GP for Safeguarding	NCB commenced recruitment to post	Risk Score 3 x 3 = 9
Wirral Community Trust	Agreement with CCG regarding pre-qualification framework for CQUIN and agreement of CQUIN 2013/14	Pre-qualification document completed and submitted to CCG. Discussions regarding CQUIN (local variations of national CQUINs) on going aim for completion early March 2013	Risk Score 3 x 2 = 6

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
St, Johns Hospice	Funding uncertainty for future Specialist palliative care service provision within Wirral Hospice.	The outcome of Palliative Care Funding Review / transition to Wirral Clinical Commissioning Group / service provision across Wirral	5 Catastrophic (major financial Loss) X 3 (possible) Risk Score = 15
St, Johns Hospice	Staffing- Uncertainty of recruiting adequate staffing	Uncertain economic climate from 2013	4 Major (major permanent harm) X 3 (possible) Risk Score = 12
St, Johns Hospice	<p>Risk Management Plans are compiled by Senior Managers and reviewed monthly at Senior Managers Meeting as part of KPI reporting. <i>Evidence document: Risk Management Plan</i> <i>Owner: Senior Managers</i></p> <p>Incident management process – Incidents are recorded on an Incident Reporting Form and Incident Checklist. Following investigations/actions as appropriate, incidents are closed by the Senior Manager/ Chief Executive as appropriate. Incidents are reviewed monthly as part of the Senior Managers KPI reporting process. Incidents are escalated to potential complaints if deemed necessary by Senior Manager. <i>Evidence document: Incident Reporting Form (IR1), Incident Checklist. Owners: Senior Managers/Service Improvement</i></p> <p>Commissioning Board quality documentation is being reviewed and we are considering our process of quality and risk in line with the changes to serve Wirral and West Cheshire Clinical Commissioning Groups.</p>		
St, Johns Hospice	Sustained delivery of key quality targets eg 18 weeks & 4 hour wait	18 weeks: National Model used regarding capacity and demand. Robust system in place. 4 hour wait: whole systems review been undertaken and	Target delivered from February to date.

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Wirral University Teaching Hospital	Financial stability	Challenges with CIP programme and robust plans in place to deliver.	
Wirral University Teaching Hospital	Replacement of IT system	Replacement plan recently updated. Active review of priorities and new governance structure in place.	

Overview of Wirral Locally Enhanced Services			
Agenda Item:	2.3	Reference:	GB12/13-184
Report to:	Governing Body	Meeting Date:	21 st March 2013
Lead Officer:	Dr. Abhi Mantgani		
Contributors:	Heather Harrington, Service Redesign Manager		
Governance:	Link to Commissioning Strategy	Relevant to commissioning plans for Wirral, commissioned to meet needs of local population and reduce attendances to secondary care.	
	Link to current governing body Objectives		
Summary:	<p>Locally Enhanced Services (LES) are developed and commissioned within Wirral to meet the needs of the local population. There are currently 11 Wirral Wide LES's being delivered by Wirral GP practices that will become the responsibility of the Clinical Commissioning Group to commission. The Operational Team recommended continuation of the following:</p> <ul style="list-style-type: none"> • Anticipatory End of Life Care • Chronic Kidney Disease (CKD) • Diabetes Management • Extending Primary Care Access • Intra-Uterine Contraceptive Device (IUCD) Fitting and Removal and Implanon Fitting and Removal • Near Patient Testing (NPT) • Osteoporosis – Bone Assessment • Shared Care Arrangements for follow up of Prostate Cancer in Primary Care (PSA) • Shared Care Arrangements for people diagnosed with Dementia <p>Clarification is being sought regarding requirement for the GP choice LES.</p> <p>Further work is ongoing to review and update the Anticoagulation LES.</p>		
Recommendation:	To Approve		✓
	To Note		
	Comments		
Next Steps:	Once approved the LES documentation will be rolled out to all Wirral GP Practices.		

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What are the implications for the following (please state if not applicable):	
Financial	The finances were broken down and discussed at the Operational Team meeting. They are included in the 2013-14 budget. The Enhanced Services aim to support care in the community to avoid emergency and outpatient Secondary Care appointments.
Value For Money	The proposal represents value for money. The Osteoporosis LES has had an amendment made for 2013/14 to reduce payment for the simpler aspect of the LES.
Risk	The enhanced services have been in place for several years and therefore no anticipated risk.
Legal	N/A
Workforce	N/A
Equality & Human Rights	N/A
Patient and Public Involvement (PPI)	N/A – continuation of existing enhanced services.
Partnership Working	Yes – many of the enhanced services focus on shared care between primary and secondary care with additional references to other organisations.
Performance Indicators	The Enhanced Services set out requirements for payment, practices will only receive reimbursement if they comply w
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✓	

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Report History/Development Path

Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Title of Report	Agenda Ref	Title of Meeting	Date	Detail of outcome and next step

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Wirral Clinical Commissioning Group

Overview of Wirral Wide Locally Enhanced Services (LES)

Background

1. Locally Enhanced Services (LES) are developed and commissioned within Wirral to meet the needs of the local population. There are currently eleven Wirral Wide LES's being delivered by Wirral GP practices that will become the responsibility of the Clinical Commissioning Group to commission.
2. Enhanced Service Review papers were discussed at the Operational Team meeting on 26th February 2013. The group recommended continuation of the following:
 - Anticipatory End of Life Care
 - Chronic Kidney Disease (CKD)
 - Diabetes Management
 - Extending Primary Care Access
 - Intra-Uterine Contraceptive Device (IUCD) Fitting and Removal and Implanon Fitting and Removal
 - Near Patient Testing (NPT)
 - Osteoporosis – Bone Assessment
 - Shared Care Arrangements for follow up of Prostate Cancer in Primary Care (PSA)
 - Shared Care Arrangements for people diagnosed with Dementia
3. There is a GP Choice LES which is in response to the Department of Health Choice of GP Pilot. The pilot itself does not involve Wirral practices however a patient residing in Wirral could register with a pilot practice outside of the area. If a patient then needs to see a GP whilst they are at home, the LES enables a Wirral practice to see them and claim reimbursement. The pilot is due to end 31st March 2013 however it is yet to be confirmed if this LES is still required for patients already part of the pilot.
4. There is a separate piece of work taking place regarding the review and update of the Anticoagulation LES. This will be brought to the board at a later date.

Overview of Locally Enhanced Services

5. The following LES's are currently being provided by Wirral GP practices and the Operational Team have recommended they are all rolled forward.

Enhanced Service	Aim	Requirement	Practice payment	Benefits
Anticipatory End of Life Care <i>Running since 2011</i>	Provide anticipatory care for patients with non-curative, progressive disease	Practice to hold regular MDT meetings to discuss patients on practice end of life register and coordinate care as required Hold and update EOL register and report of disease progression Compliance with LCP (Liverpool Care Pathway), GSF (Gold Standard Framework), PPC (Preferred Priorities for Care)	£1.50 per patient on practices registered list size	100% practices hold MDT meetings to discuss care for their EOL patients. 93% of EOL patients have been discussed at MDT. Patients actively monitored and managed to ensure they receive the care they need when they need it
Chronic Kidney Disease (CKD) <i>Running</i>	Local and accessible treatment and care for patients with CKD	Practice to conduct annual review of stage 3 CKD patients.	£2.50 Admin fee £17.50 per annual review Bonus payment:	Patients can be monitored closer to home by own GP and avoid unnecessary referral to secondary care.

<i>since 2008</i>			≥65%=£20.00 60-64%=£17.50 50-59%=£15.00	
Diabetes <i>Running for several years</i>	Improve management of newly diagnosed diabetic patients and existing type II diabetic patients	Practice must take on sole management of patient, ensuring they comply with Wirral Diabetes Guidelines. They must measure and monitor HbA1c and complete foot checks on low risk patients.	£55.58 per patient managed £10.55 per foot check conducted	Patients can be monitored closer to home and avoid unnecessary referral to secondary care.
Extending Primary Care Access <i>Running since 2008</i>	Improve patient access to primary care and reduce attendances to A&E	Practice to offer additional GP and/or Nurse appointments outside of core hours. i.e. before 08.00 or after 18.30.	Nurse = £1.50 per patient on list size GP = £2.50 per patient on list size Both = £4.00 per patient on list size	Patients who cannot visit their practice during working hours can see their GP/PN before or after work. Another option rather than using urgent care services.
IUCD/ Implanon <i>Running for several years</i>	Ensure contraceptive options available at GP practice, reduce unintended pregnancies	Practices are responsible for IUCD and Implanon fitting, removing and monitoring. <i>Training arrangements in process of being confirmed by CCG and may be updated for 2013/14 LES</i>	IUCD Fitting = £81.64 per patient (pp) IUCD removal/monitoring = £21.77 pp Implanon Insertion = £44.27 pp Implanon Review/removal = £21.77 pp	Avoid unintended pregnancies and give women the option to have their contraception fitted and monitored within their own practice
NPT <i>Running for several years, adapted from a national enhanced service</i>	Monitoring service for patients on certain drugs and/or with certain conditions for which there is shared care between primary and secondary care	Monitoring service for patients on specific drugs. Shared care monitoring for patients with stable monoclonal gammopathy of undetermined significance (MGUS) and stable chronic lymphocytic Leukaemia (CLL)	£91.25 per patient monitored per year	Currently 2,220 patients being monitored under this service. Without monitoring the patients could develop secondary complications and require emergency admission
Osteo <i>Running since 2011</i>	Identify patients with osteoporosis and prescribe appropriate medication	Screen target patient group to determine Osteoporosis risk. High risk patients to receive DEXA to confirm Osteoporosis Diagnosis. Prescribe medication and provide lifestyle advice to avoid risk of falls etc.	*£20.00 per patient screened *£20.00 per patient with management plan in place following DEXA <i>*New payment tariff for 2013/14. Previously £40 for all regardless of whether management plan in place</i>	Patients receive an early diagnosis of osteoporosis before they suffer a fragility fracture.
PSA <i>Running</i>	Provide follow up care for patients with	GP to follow patients' management plan including face to face examinations, symptom history	£40.00 per initial appointment	Patients to receive follow up and management closer to

<i>since 2011</i>	stable PSA levels by own GP closer to home	check. GPs aware of circumstances were the patient should be referred back to secondary care.	£30.00 per follow up	home to avoid regular visits to secondary care
Dementia <i>Running since 2012</i>	Increase early recognition and diagnosis of dementia.	Practices to conduct opportunistic screening and accept referrals from the memory assessment service. Carry out medication reviews, provide holistic care, enhanced physical care and advice.	£1500 upfront payment £60 per patient under practice care	Practices becoming more aware of dementia and are diagnosing patients earlier. Patients are also receiving their assessments from their GP practice rather than secondary care or an unknown service

6. The diagnosis and monitoring of Impaired Glucose Tolerance (IGT) and Atrial Fibrillation (AF) are currently being delivered as part of a Vascular Disease Programme LES. This LES also includes CVD monitoring, the commissioning of CVD will pass to Public Health from 1st April 2013 and therefore a new LES was required for IGT and AF.

Enhanced Service	Aim	Requirement	Practice payment	Benefits
IGT and AF	To identify patients that have previously gone undiagnosed with IGT and AF. Both are high risk factors for vascular diseases	IGT – practice identify IGT patients as part of health check, once identified they should be added to practice IGT register, receive lifestyle advice and receive an annual review to recheck glycaemic status. AF – practice to carry out pulse check on over 65 year olds, an ECG should be carried out on patients with an irregular pulse, if AF confirmed by ECG, CHADS2 score and medication as required	£17.50 per patient reviewed £1.50 per pulse check £1.50 per ECG £10.00 per review using CHADS2 score	IGT is a pre-diabetic state and therefore the identification, advice and monitoring could reduce chance of patient developing diabetes and other related vascular disease. AF is a major risk factor for stroke, medical intervention can reduce this risk significantly.

Recommendations

The Governing Body Board is asked to approve the continuation of these Enhanced Services for 2013/14.

Heather Harrington
Service Redesign Manager – Wirral CCG
March 2013

Remuneration Committee 7 th March 2013 Recommendations			
Agenda Item:	2.4	Reference:	GB12/13-184
Report to:	Governing Body	Meeting Date:	21st March 2013
Lead Officer:	Dr Phil Jennings (Chair)		
Contributors:	Mark Bakewell (Chief Financial Officer)		
Governance:	Link to Commissioning Strategy		
	Link to current governing body Objectives		
Summary:	Recommendation s to Governing Body on Remuneration for Chair, Chief Clinical Officer, Chief Financial Officer and Lay Advisors		
Recommendation:	To Approve		✓
	To Note		
	Comments		
Next Steps:	Further Remuneration Committee Meeting to be held for additional clinical leadership posts		

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the implications for the following (please state if not applicable):	
Financial	Running Cost Allowance
Value For Money	Based on available guidance as appropriate
Risk	Attract and Retain sufficient individuals to the organisation
Legal	Legal advice is sought on issues as and when required.
Workforce	Remuneration for posts as defined
Equality & Human Rights	Based on available guidance as appropriate
Patient and Public Involvement (PPI)	N/A

Partnership Working	N/A
Performance Indicators	N/A
Do you agree that this document can be published on the website? <i>(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)</i>	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Recommendations		Remuneration Committee	7 th March	Approved with amendments

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.

Remuneration Committee held on 7th March 2013

Introduction

This report provides an update to the Governing Body on the outcomes of the Remuneration Committee Meeting held on the 7th March and the recommended remuneration rates for the Chair, Chief Clinical Officer and Chief Financial Officer

Guidance and Background

National guidance regarding clinical leadership roles have not yet been produced and have been left to local determination. The "Hay Group" were commissioned by a number of North West Cluster PCT's to determine the appropriate remuneration rates for clinical leadership roles (again based on size / complexity and time commitments of the role) to provide some level of consistency of approach across the region. Wirral CCG remuneration rates for Chair and Chief Clinical Officer roles are based on the recommendation of the Hay Group report

Guidance has been produced nationally regarding the remuneration rates for the post of Chief Financial Officer which applies salary bandings according to size and complexity of the CCG.

Lay Members Remuneration rates are based on previous PCT Non-Executive Rates

Complexity Factors

It is proposed that a 5% increase is applied in recognition of the following complexity factors relating to the CCG in the local health and social care economy

This includes:-

- Federated Structure of Wirral CCG
- The scale of the productivity challenge for the Wirral Economy
- Provider Landscape / Market within Wirral Economy

The complexity factor will apply to the Chair, Chief Clinical and Chief Financial Officer posts

Recommendations

Chair

Chair – 0.65wte = Salary = £107,250 +5% complexity (£5,363) = £112,613

Elected Position

As the post of Chair is an elected position, there is a possibility that at the next election a new Chair is elected. This leaves the individual exposed with regards to their employment status and their relationship with their Practice.

It is proposed that should the individual not be elected at the end of their tenure that the CCG will award a 50% grant to support the transition back into Practice. Again, this is in line with the Hay Group Guidance and is taken from the approach used in MP elected positions.

If agreed in principle there is a need to draw up a clear set of rules around how this would be used and awarded. We are currently seeking legal guidance on the employment implications of any individual not being re-elected.

It is recognised that should this position attract a redundancy payment then this would need to be seen as part of the total package and not based on an expectation of redundancy plus the 50% resettlement grant being awarded.

Chief Clinical Officer

Chief Clinical Officer - 0.65wte = Salary £107,250 + 5% complexity (£5,363) = £112,613

Chief Financial Officer

Chief Financial Officer – 1.00wte £90k base + 5% complexity (£4,575) = £94,500

Lay Members

£7,882 for Lay Member (Patient Champion)

£13,136 for Lay Member (Audit & Governance) due to Audit Committee Chair responsibilities

Recommendation

The Governing Body is asked to approve the Remuneration rates for the above posts to be applicable once the CCG is authorised with effect from 1st April 2013.

Future Remuneration Meetings

The Hay Group report also suggests remuneration rates for clinical roles outside of the Chair / Chief Clinical Officer Rate and these will be discussed at the next Remuneration Committee meeting on the 10th April 2013.

Dr Phil Jennings

Chair

NHS Wirral Clinical Commissioning Group

Quality Handover Document			
Agenda Item:	2.5	Reference:	GB12/13-184
Report to:	Governing Body	Meeting Date:	21 st March 2013
Lead Officer:	Lorna Quigley		
Contributors:	Christine Campbell,		
Governance:	Link to Commissioning Strategy		
	Link to current governing body Objectives	Work in collaboration with our partners, and all, stakeholders to deliver needs based on health care of the highest quality to our diverse population.	
Summary:	<p>Recent failings in the health and social care system in England have highlighted the need for greater clarity about who is responsible for identifying and responding to failures in quality. The National Quality Board (NQB) has addressed this through the publication of three reports:</p> <ul style="list-style-type: none"> • Review of early warning systems in the NHS (24 February 2010) • Maintaining and improving quality during the transition: safety, effectiveness, experience, (March 2011) • Quality in the new health system - Maintaining and improving quality from April 2013 (August 2012) <p>The NQB will publish a final version once it has been able to consider any relevant conclusions, findings and recommendations from the Mid Staffordshire NHS Foundation Trust Inquiry.</p> <p>Furthermore the NQB has outlined the following operating principles:</p> <ul style="list-style-type: none"> • The patient comes first – not the needs of any organisation • Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers • If there are concerns, we speak out and raise questions without hesitation 		

	<ul style="list-style-type: none"> • To listen in a systematic way to what our patients and our staff tell us about the quality of care • If concerns are raised we listen and 'go and look' • We share our hard and soft intelligence on quality with others and actively look at the hard and soft intelligence on quality of others • If we are not sure what to decide or do, we seek advice from others • Our behaviours and values will be consistent with the NHS Constitution <p>The scope of this document is to provide a handover of all quality issues relating to NHS funded care across NHS Cheshire, Warrington and Wirral. This covers all sectors/areas/organisations that the CCG are responsible for or interact with including: Primary, secondary and tertiary care, social care, independent and third care sectors. The Quality Handover document covers all aspects of quality (safety, effectiveness and patient experience), and highlights the main risks, confirms the mitigating action being taken, and whether these have been resolved.</p> <p>The profile for each organisation was developed in discussion with the organisations the Cluster PCT lead of quality and the Clinical Commissioning Group lead for quality. A Quality Handover Assembly was held on 15th February The following table includes risks identified for each organisation.</p> <p>The board is asked to :</p> <ul style="list-style-type: none"> • Note the risks that have been identified from the quality handover document. • Delegate the appropriate committee (Quality, performance and Finance Committee to manage the risks that have been identified. 	
Recommendation:	To Approve	x
	To Note	x
	Comments	

**Next
Steps:**

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This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

What are the implications for the following (please state if not applicable):	
Financial	By not acknowledging the risks associated by the providers there the CCG would have a financial
Value For Money	By not providing quality care, the CCG will not be commissioning services that are value for money.
Risk	All risks identified will be assessed and will be entered onto the risk register and managed by the QPF Committee
Legal	Not assessed.
Workforce	N/A
Equality & Human Rights	Throughout the process the equality delivery system has been taken into account.
Patient and Public Involvement (PPI)	N/A
Partnership Working	All providers have been fully engaged within the process.
Performance Indicators	This will be developed by the QPF committee
Do you agree that this document can be published on the website? (If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)	
✓	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.



Report History/Development Path

Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Title of Report	Agenda Ref	Title of Meeting	Date	Detail of outcome and next step

Private Business

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The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

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If you require any additional information please contact the Lead Director/Officer.

Reference:	CWW 12-13/152 Annex 3
Report to:	Cluster Board
Meeting Date:	6 March 2013



Cheshire, Warrington and Wirral

NHS CHESHIRE, WARRINGTON AND WIRRAL QUALITY HANDOVER DOCUMENT

Cluster Corporate Handover Report - Annex 3

Executive Summary

NHS Cheshire, Warrington and Wirral promotes “Improving health today and tomorrow (for Cheshire, Warrington and Wirral)”. In order to deliver this we aim to:

- Promote effectiveness
- Assuring Experience
- Responding safely

Recent failings in the health and social care system in England have highlighted the need for greater clarity about who is responsible for identifying and responding to failures in quality. The National Quality Board (NQB) has addressed this through the publication of three reports:

- Review of early warning systems in the NHS (24 February 2010)
- Maintaining and improving quality during the transition: safety, effectiveness, experience, (March 2011)
- Quality in the new health system - Maintaining and improving quality from April 2013 (August 2012)

The NQB will publish a final version once it has been able to consider any relevant conclusions, findings and recommendations from the Mid Staffordshire NHS Foundation Trust Inquiry.

Furthermore the NQB has outlined the following operating principles:

- The patient comes first – not the needs of any organisation
- Quality is everybody’s business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers
- If we have concerns, we speak out and raise questions without hesitation
- We listen in a systematic way to what our patients and our staff tell us about the quality of care
- If concerns are raised we listen and ‘go and look’
- We share our hard and soft intelligence on quality with others and actively look at the hard and soft intelligence on quality of others
- If we are not sure what to decide or do, we seek advice from others
- Our behaviours and values will be consistent with the NHS Constitution

The scope of this document is to provide a handover of all quality issues relating to NHS funded care across NHS Cheshire, Warrington and Wirral. This covers all sectors/areas/organisations that we are responsible for or interact with including: Primary, secondary and tertiary care, social care, independent and third care sectors; covering all areas such as acute care, mental health, offender health. The Quality Handover document covers all aspects of quality (safety, effectiveness and

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patient experience), covers how risk is managed during transition and highlights the main risks, confirms the mitigating action being taken, and whether it has been resolved.

The profile for each organisation was developed in discussion with the organisations lead of quality and the Clinical Commissioning Group lead for quality. A Quality Handover Assembly was held for each Primary Care Trust during February as identified in the guidance. The following section includes risks identified for each organisation. The full document can be found at

http://www.wcheshirepct.nhs.uk/downloader.asp?file=../data/Board_Meetings/Cluster_06032013/Quality%20Handover%20Document%203%2018%20Feb.pdf

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Risks highlighted by Providers in the Quality Handover Document:

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
<i>Central and Eastern Cheshire Primary Care Trust</i>			
BMI South Cheshire Private Hospital	None identified at present		
East Cheshire NHS Trust	Paper to Trust Board discussing Assurance Framework – July 2012 Also provide most up to date Assurance Framework and Corporate Risk Register	Please see Risk Register and Assurance Framework Reports.	 Copy of quality risks CRR BAF.xls
Mid Cheshire Hospitals	Risk assessment for delivering high quality clinical care 24/7.	Actions in progress – linked to clinical services strategy, workforce development plans.	Risk rating currently 20
Mid Cheshire Hospitals	Nurse vacancies	Actions in progress – linked to international recruitment. Development of Recruitment and Retention Strategy in progress.	Risk rating currently 20
Mid Cheshire Hospitals	Provision of Endoscopy Services for Acute Upper GI Bleeding	Actions in progress with pathway development, partnership working with UHNS and business case for expansion of Consultant Gastroenterologist workforce.	Risk rating currently 20
Mid Cheshire Hospitals	Provision of Ophthalmology Services within MCHFT	Actions remain ongoing – expansion to Consultant workforce, pathway development in conjunction with primary care.	Risk rating currently 20.
Spire Regency	Risk to continuity of care to patients who underwent bariatric surgery under NHS Contract at Regency Hospital.	Expiry of Bariatric Contract in September 2012.	Staff have been retained so positioned to deliver continued follow-up care, however NHS have offered patient option to transfer care to new provider of Contract within NHS. Not

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
			confident that fully resolved to date. Risk score = 4
Spire Regency	Risk to being able to continue decontamination process thereby causing inability to continue delivering service	Refurbishment/build to provide fully compliant TSSU. Project team mobilised with careful planning to ensure staged approach to facilitate continuity of decontamination processes throughout period of alterations.	On-going Risk score = 4
Spire Regency	Proteus project - March 2013 Spire go live with SAP, new patient admin system which will affect all areas of our business	Risk of interruption to patient administration and financial systems. SAP has been piloted in 5 sites. Project team in place internally with a lead to ensure appropriate training both on and off site is taking place. Additional IT equipment to facilitate training on site.	On-going Risk score = 4
<i>Warrington Primary Care Trust</i>			
5 Boroughs Partnership	There is a risk that the Acute Care Pathway fails to demonstrate improvements due to lack of operational service delivery to achieve agreed outcomes leading to a reduction in the planned efficiencies of delivery CIP	The Trust has developed a range of KPI's to monitor improvement in the quality of service during the roll out and delivery of the ACP. The KPI's are monitored through the monthly Performance and Quality report and at each meeting of the Clinical Governance Clinical Risk Committee. Acute Care Pathway project led by the accountable Assistant Director. Weekly meetings held at Executive level to monitor progress Performance measures have been established and agreed with commissioners to track progress of the implementation of the ACP.	This risk was identified as part of the 3 year annual plan. Continued monitoring of risk in place.
5 Boroughs Partnership	There is a risk that the Trust is unable to gain stakeholder support for proposed service changes	Monitored monthly by the Trust management team	This risk was identified as part of the 3 year annual plan. Continued monitoring of risk in

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	leading to an inability to re-organise in patient services and failure to deliver future CIP's.		place.
Bridgewater Community Trust	All risks held in the risk register module of the Ulysses Risk Management System, updated and monitored by Heads of Service, reported to the monthly DMT, and Significant risks to the monthly Operational Delivery Group chaired by the Executive Director of Operations and in summary to the Board. Risks with a score of 12 but below 20 are reviewed at Divisional level and include:		
Bridgewater Community Trust	Risk 187 Failure to meet contractual targets ([Warrington] Adults – Clinic)	Risk 187 Failure to meet contractual targets ([Warrington] Adults – Clinic)	Risk 187 Failure to meet contractual targets ([Warrington] Adults – Clinic)
Bridgewater Community Trust	Risk 573 Inability to provide timely clinical intervention post RTT ([Warrington] Specialist Children)	Risk 573 Inability to provide timely clinical intervention post RTT ([Warrington] Specialist Children)	Risk 573 Inability to provide timely clinical intervention post RTT ([Warrington] Specialist Children)
Spire Cheshire	Metal on Metal Hip Replacement Recall . Spire Cheshire are currently supporting their Commissioners with recall of all their patients who have undergone a MoM hip replacements	Spire Cheshire are working with their Commissioners to support active monitoring of all NHS patients	On-going throughout 2013
Warrington and Halton Hospital	See embedded risk register up to 31 st January 2013	 Part 1 Risk Register.pdf	
<i>Western Cheshire Primary Care Trust</i>			
Cheshire and Wirral Partnership	The NHS has significant savings to make in the next few years, which will potentially impact on Trust staff and provision and quality of services provided	The Trust is having on-going discussions with commissioners and newly formed commissioning groups. CIP plans are in place and the Board is horizon scanning to ensure its service development plans are robust to meet	Some of this risk is outside the control of the Trust. There are transitional processes in place at the moment from a

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
		national, regional and local changes to funding. The Trust is working with other Trusts locally as part of the QIPP agenda.	local commissioning level and the Trust continues to work with the newly formed CCGs. <u>Residual Risk Score</u> Impact: 5 Likelihood: 4 Overall residual risk score- 20
Cheshire and Wirral Partnership	Risk of not meeting internal targets set with Mandatory Employee Learning Programme (MEL) due to operational pressures	The MEL framework was intensively reviewed and an updated version agreed by Operational Board in October, 2011. Performance reporting intensity has increased with reports to Board of Directors, Operational Board and included as part of performance reviews. The Electronic Staff Record (ESR) Self serve module has been rolled out across the Trust so that, from April, 2012, all managers can make MEL training bookings directly, track & monitor the training completions of their own team members and access progress reports designed by them.	Compliance with MEL training requirements is currently below the adopted 95% target. The following actions have been agreed: <ul style="list-style-type: none"> • Maintain increased performance reporting. • Follow the agreed routines for making any further adjustments to the adopted MEL framework. • Continue to promote a variety of training/learning methods e.g. e-learning

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
			whenever possible <u>Residual Risk Score</u> Impact: 4 Likelihood: 4 Overall residual risk score- 16
Cheshire and Wirral Partnership	The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury.	Falls policy and pathway in place, Falls Risk Assessment tool developed for older persons and service users who are known to have a risk of falls. Falls training needs analysis developed, Falls audit programme in place, Links with PCT falls co-ordinators Clinical Audit Programme 2012/13 Falls Audit - 31/08/2012 Inpatient and Community Safety Metrics - Monthly and ongoing Additional equipment funding Falls Task and Finish group	This is monitored on an ongoing basis and the Trust has implemented the Royal College of Physicians Fallsafe programme across older adult wards as a pilot from Dec 12 to Feb 13 to assess the impact on falls prevention and management. <u>Residual Risk Score</u> Impact: 5 Likelihood: 4 Overall residual risk score- 20

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
		established June 2012	
Cheshire and Wirral Partnership	Timeliness of SUI Reporting and completion of action plans within agreed timeframes.	Regular reporting to Quality & performance Group. Monitoring also via the Serious Untoward Incident Group. Meetings arranged to support with Root Cause Analysis reporting.	No. The Trust has made significant improvements in the quality of the investigations being undertaken (as per feedback from commissioners). In order to improve the timeliness i.e. adhere to performance target set out in contract (60 days), the Trust is resourcing protected RCA investigator posts with additional medical sessions also, as the Trust recognises there are capacity issues in relation to this. Ongoing work with commissioners on a case by case basis takes place, if extensions are required and as part of the contractual process this year, the Trust wish to discuss the feasibility of the 60 day target in some instances and whilst we would aspire to complete all investigations as soon as possible, there is a risk that an arbitrary timeframe may impact negatively on quality of

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
			<p>investigations.</p> <p><u>Residual Risk Score</u> Impact: 4 Likelihood: 4 Overall residual risk score- 16</p>
Cheshire and Wirral Partnership	<p>External reviews- In November 2012, CQC visited Eastway LD Assessment & Treatment Unit following concerns raised by a family and an investigation conducted by CWaC Adult Safeguarding team. The report of the CQC's inspection was published 23rd January 2013 and outlined 5 moderate concerns on 7 of the standards assessed during the visit. These were Care and welfare of those who use services, safeguarding, staffing, assessing and monitoring the quality of service provision and records. The Trust was deemed compliant in the areas of medicines management and respecting and involving people who use services. The CQC report published highlighted that, whilst one family had concerns</p>	<p>The Trust has put an action plan in place which it has shared with commissioners, regulators, the Local Authority and the Independent Safeguarding Board. The Trust has received assurance that the action plan in place addresses the issues raised and is robust.</p> <p>CQC did a follow up visit to Eastway on 15th January 2013.</p> <p>The Trust is currently responding to feedback regarding this</p>	<p>The Trust continues to implement the action plan, which is monitored externally.</p> <p>A further visit by the CQC was undertaken in January and the Trust is responding to this.</p> <p><u>Residual Risk Score</u> Impact: 5 Likelihood: 4 Overall residual risk score- 20</p>

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	regarding the care on Eastway, other families who were interviewed by the CQC were positive in their feedback about the unit.		
Countess of Chester Hospital	HCAI: Clostridium Difficile target of 42. Reducing the number of Clostridium difficile year on year	C difficile strategy in place <ul style="list-style-type: none"> • Education programmes • High level of commitment to policy from Board to ward • RCA of all cases with shared learning 	Three cases over the set trajectory however will need to ensure close monitoring and continued strategy implementation. Remains a risk however we have an action task force in place looking at a new way of working commencing with a pilot providing a high level of microbiologist and pharmacist intervention at the first senior review on admission to get antibiotic prescribing right first time every time.
Countess of Chester Hospital	Delivering Same Sex	Changes made to the environment / all new developments to include DSSA requirements	Low risk presently / numbers will be small should a breach occur. No breaches for over 7 months.
Countess of Chester Hospital	Delivery of new diagnostic challenges: Requirement to increase investigations to meet a number of accreditations /NICE standards	Capital programme includes expansion of endoscopy services /new additional MRI scanner	Time to completion 2014, however on track to deliver

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Meeting Date:	6 March 2013

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Countess of Chester Hospital	Access to services: Urgent care growth and the aging population is not currently managed within existing resources and current service delivery models	Health and Social Care Collaborative workstream led by West Cheshire CCG to address this. Whole programme approach agreed between commissioners and providers.	Each project within the programme has agreed implementation dates with pilots running from October 12 to March 13. Longer term options will be based on the outcomes of pilots.
Countess of Chester Hospital	CQUIN framework National; Failure to achieve the necessary target improvement in Patient experience survey	Action plan in place with a range of improvements being implemented	Picker data now collected, awaiting results, remains a high risk despite mitigation. Achievement looks unlikely based on release of first data set.
Countess of Chester Hospital	Delivery of key commissioning targets: Cancer 62 day Discharge information Latest integrated performance report	Action plan in place with a range of improvements being implemented	Medium risk, improvements made but sustainability is a challenge
Countess of Chester Hospital	Mortality Rates: Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital mortality index (SHMI)	The Trust is currently measured externally via HSMR and SHMI. In common with a number of other Trusts we are an outlier on HSMR measurement; however SHMI is within the expected range. The Trust monitors clinical practice in relation to morbidity and mortality in a number of ways ranging from use of risk adjusted mortality via our clinical data system (CHKS), clinical	Our crude mortality, i.e. without adjustment, remains good but risk assessment skews this figure. As an organisation we are not complacent and work is ongoing to investigate whether this reflects issues with assessment of risk or a true

Reference:	CWW 12-13/152 Annex 3
Report to:	Cluster Board
Meeting Date:	6 March 2013

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
		morbidity and mortality meetings, incident reporting and review and special reviews if any issues are identified within a speciality. We also respond to any outlier concerns raised through external routes from which there haven't been any for more than a year.	reflection of areas of clinical concern that need addressing. The Medical Director is leading this piece of will be introducing a process whereby every hospital death is reviewed by a Multiprofessional team and any learning actioned across the organisation.
Grosvenor Nuffield Hospital	Theatre skill mix due to staff having left and not yet replaced	New staff have started although still require some agency staff	Partially
Partners 4 Health	CQC Registration not yet approved	<ul style="list-style-type: none"> • Oversight via P4H Board • Self-assessment indicating full compliance • On-going monitoring of quality via regular meetings with commissioner 	On-going Application submitted 6/12/12
Partners 4 Health	Revised Governance Structures approved via P4H Board August 2012 not yet agreed by Commissioner CCG	<ul style="list-style-type: none"> • On agenda for quality and performance meeting 	On-going
Partners 4 Health	Identified through RCA incident investigation- Issue re communication between services when managing complex patients (with CWP Community Nursing Teams)	<ul style="list-style-type: none"> • Joint investigation completed • Action plan being finalised • Communication log implemented immediately to reduce risk • Agreed communication pathways between services implemented and escalation process enacted. • Recommendations and actions monitored externally via the CCG SUI group. Internally via the Senior Management Team Operational group 	On-going

Reference:	CWW 12-13/152 Annex 3
Report to:	Cluster Board
Meeting Date:	6 March 2013

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
<i>Wirral Primary Care Trust</i>			
Claire House	Medical support	Currently reviewing the medical support for the hospice and looking at building partnerships with local paediatricians and also the partnership with Specialist Palliative Care at Alder Hey Developing non-medical prescribing w .nurse verification of death	Action plan in place Including close collaboration with SPCT at Alder Hey to look at Medical support across the network including children's hospice.
Claire House	Sustainable Resources	Claire House 5 Year Strategy 'Our Time' Annual business/operational plan for each department within the hospice including fund raising Senior Management Team meetings Minutes of Board of trustees.	
Clatterbridge Cancer Centre	62 day waiting time target- Within the current re-allocation system, CCC is not able to provide assurance on this target due to the dependence on the performance of referring hospital. CCC is accountable for any breaches where the Network cannot identify administrative delays in the pathway. In practice, this means that the majority of breach patients remain shared between CCC and referring hospital, even when the referral arrives at CCC after 62 days. The target is constantly at risk	Mitigating factors- The implementation of an automatic 42 day re-allocation rule in the Manchester Network has created an opportunity to apply the same system across Cheshire & Merseyside. The Manchester system has been found to improve the performance of referring hospitals and the whole Network. Applying the same system in the local Network would also ensure that CCC was accountable for the part of the pathway that can control i.e post referral to CCC. An automatic system would create an effective target for CCC (all patients referred before 62 days) and would make the 62 day target a more meaningful indicator of CCC performance. On the basis of current performance, CCC would also achieve this target on regular basis.	No

Reference:	CWW 12-13/152 Annex 3
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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	and CCC has limited ability to improve performance.		
Clatterbridge Cancer Centre	<p>The potential impact of the changing commissioning landscape. The Health & Social care Act will lead to a variety of changes to the health system, each of these could create risks for CCC.</p> <p>CCG Autonomy - Risk of greater volatility in commissioning leading to break up of the cancer existing network.</p> <p>Commissioning arrangements – Third party commissioning agencies leading to increased contract scrutiny/ challenge</p> <p>Increased competition leading to income loss</p>	<p>The role of the NHS Commissioning Board has reduced the autonomy of the CCGs</p> <p>Develop effective relationships with new agencies</p> <p>Market development /protection strategy developed by the Trust Board</p>	
Clatterbridge Cancer Centre	<p>The ability to deliver our Investment in Liverpool plans</p> <p>Funding and affordability</p> <p>Stakeholder engagement and Buy in</p>	<p>Production of a detailed business case and sensitivity Analysis</p> <p>Significant funding already secured from commissioners</p> <p>Stakeholder engagement plan/events</p>	
Clatterbridge Cancer Centre	<p>Maintaining the required skills within the Board:</p> <p>If the skills and experience of Executive and Non-Executive Directors are not appropriate then</p>	<p>Individual and collective Board development programmes</p> <p>Skills analysis undertaken for each director vacancy to ensure that the Person Specification is appropriate</p> <p>New director induction programme</p> <p>Access to Monitor training programmes for new</p>	

Reference:	CWW 12-13/152 Annex 3
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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	flawed decision-making may follow.	appointments Supplement Directors' contributions by ensuring expert input is secured as appropriate	
Clatterbridge Cancer Centre	The ability to deliver the scale of change planned e.g. Investment in Liverpool	Established rigorous and proportionate programme and project management frameworks and monitoring Secured additional internal capacity e.g. Project Team for the Investment in Liverpool Provided financial resources to secure high quality external advice and support in-house staff	
Clatterbridge Cancer Centre	Ensuring we have the right skills and competencies within the workforce	Reputation and engagement strategy. Staff involvement in 'Investment in Liverpool' HR/OD strategy	
Clatterbridge Cancer Centre	The potential impact of competition and choice	The Trust is actively raising the profile and promoting its services and actively "listening and engaging" with GPs and patients to understand the services they want and how and where they want them delivered. The Trusts private patient joint venture aims to minimise the risk of a private provider developing radiotherapy services in Merseyside and Cheshire	
Clatterbridge Cancer Centre	The volatility of the changes in treatments for cancer affecting demand	Close monitoring of NICE and the access to the Cancer Drugs Fund. Participation in and monitoring of new research which could impact on treatment delivery. Leading innovation in treatment development and delivery.	
Clatterbridge Cancer Centre	Ensuring quality is not detrimentally affected by our cost improvement programme	Director of Nursing and Medical Director sigh off of cost improvement programme. Executive director level sponsorship off main programmes. All CIPs required to undertake and quality and risk assessment.	

Reference:	CWW 12-13/152 Annex 3
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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Pennisula	Any Qualified Provider Contracts – Lower demand for services than anticipated	Promotion of key benefits and outcomes of service provision to referring GPs.	On-going communications strategy with referring GPs.
Pennisula	Contracts may not be renewed and future funding may not be available	Continuous demonstrate to commissions the quality, safety and efficiencies that Peninsula Health services contribute to the health economy.	On-going
Spire Murrayfield	<i>No risks highlighted</i>		
Wirral Community Trust	Financial Viability	Contract expires in 2014 Income generation via other sources Contracts with other commissioners Robust CIP plans in place with quality impact assessments	Risk Score 4 x 3 = 12
Wirral Community Trust	Organisational Size (viability if services decommissioned)	Approved AQP in other areas Strong relationships with Commissioners Proven track record of responding to Commissioner requirements Proven quality performance including achievement of CQUIN since 2009/10 Investment in business development opportunities Partnership working with other providers (Health & Social Care) Lead organisation in developing integrated care model/pathways	Risk Score 3 x 3 = 9
Wirral Community Trust	Resignation of Named GP for Safeguarding	NCB commenced recruitment to post	Risk Score 3 x 3 = 9
Wirral Community Trust	Agreement with CCG regarding pre-qualification framework for CQUIN and agreement of CQUIN 2013/14	Pre-qualification document completed and submitted to CCG. Discussions regarding CQUIN (local variations of national CQUINs) on going aim for completion early March 2013	Risk Score 3 x 2 = 6

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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
St Johns Hospice	Funding uncertainty for future Specialist Palliative Care service provision within Wirral Hospice.	The outcome of Palliative Care Funding Review / transition to Wirral Clinical Commissioning Group / service provision across Wirral	5 Catastrophic (major financial Loss) X 3 (possible) Risk Score = 15
St Johns Hospice	Staffing - Uncertainty of recruiting adequate staffing with specialist skills	Uncertain economic climate from 2013	4 Major (major permanent harm) X 3 (possible) Risk Score = 12
St Johns Hospice	<p>Risk Management Plans are compiled by Senior Managers and reviewed monthly at Senior Managers Meeting as part of KPI reporting. <i>Evidence document: Risk Management Plan</i> <i>Owner: Senior Managers</i></p> <p>Incident management process – Incidents are recorded on an Incident Reporting Form and Incident Checklist. Following investigations/actions as appropriate, incidents are closed by the Senior Manager/ Chief Executive as appropriate. Incidents are reviewed monthly as part of the Senior Managers KPI reporting process. Incidents are escalated to potential complaints if deemed necessary by Senior Manager. <i>Evidence document: Incident Reporting Form (IR1), Incident Checklist. Owners: Senior Managers/Service Improvement</i></p> <p>Commissioning Board quality documentation is being reviewed and we are considering our process of quality and risk in line with the changes to serve Wirral and West Cheshire Clinical Commissioning Groups.</p>		
Wirral University Teaching Hospital	Sustained delivery of key quality targets eg 18 weeks & 4 hour wait	18 weeks: National Model used regarding capacity and demand. Robust system in place. 4 hour wait: whole systems review been undertaken and action plan being managed	Target delivered from February to date.

Reference:	CWW 12-13/152 Annex 3
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Organisation	Key Risk	Mitigating Factors	Issue Resolved?
Wirral University Teaching Hospital	Financial stability	Challenges with CIP programme and robust plans in place to deliver.	
Wirral University Teaching Hospital	Replacement of IT system	Replacement plan recently updated. Active review of priorities and new governance structure in place.	
<i>Services across Cheshire, Warrington and Wirral</i>			
Primary Care	Transition to NCB, decommissioning of PCTs, transfer of services to new commissioning bodies.	DCT, Risk register, Primary care management structure. Plan on a page , legacy document	On going
Primary Care	Capacity and primary care team skills and capacity	Established structure for team , local and national training being provided, senior personnel support	On going
Primary Care	Loss of corporate/ contractor knowledge	Four PCTS databases brought together robust handover, team. This was set up as a pilot since March 2012 to prepare for transition.	
Prisons Healthcare	Risks are routinely reported to the JPHPB and action plans in place to address them. In addition, there is a North Sector-wide risk register in place which is capturing all the risks associated with the transfer of prison health commissioning to the NCB.		
Armed Forces Live at ease	Risks are escalated via the Steering Group, to the quarterly performance meeting, to the Associate Director		
<i>Specialised Commissioning across the North West</i>			
Walton Centre, Lancashire Teaching Hospitals, Salford Royal Foundation Trust	All three Trusts have encountered difficulties in meeting the 18 week RTT target for neurosurgery in-patient treatment. Detailed discussions have been held with each trust and action plans are in place to manage this issue.		
Salford Royal Foundation Trust	The complex cardiac device service at the Trust is not currently compliant with HR (UK) standards. The Trust and North West specialised commissioners are in the process of negotiating a solution.		
Alder Hey	(i) The Bone Marrow Transplant service is not compliant with JACIE standards and detailed discussions are currently taking place with the Trust regarding options for future service provision. (ii) Patients requiring non-invasive ventilation care are experiencing delayed discharges due to delays in approval of community		

Reference:	CWW 12-13/152 Annex 3
Report to:	Cluster Board
Meeting Date:	6 March 2013

Organisation	Key Risk	Mitigating Factors	Issue Resolved?
	equipment. (iii) The trust is experiencing difficulties in compliance with waiting times for spinal surgery. Urgent joint meetings with NHS Merseyside, the Trust and North West specialised commissioners are taking place in resolving this issue.		
Southport & Ormskirk Trust	Newly injured Spinal Cord Injury patients are experiencing delayed access to the rehabilitation service as a consequence of delayed discharges from the regional Spinal Cord Injuries Unit at Southport. The Trust, commissioner and some of the Major Trauma Centre Trusts have met and agreed an interim plan and developed a longer term plan for a sustainable solution.		
Central Manchester Foundation Trust	The Paediatric Cystic Fibrosis service has an urgent priority to develop shared care arrangements in Lancashire & South Cumbria. North West specialised commissioners are holding a series of meetings with the trust to agree a detailed plan to take this forward following the Cystic Fibrosis Trust Peer Review.		
Several Renal Dialysis Providers	Dialysis for some patients is being shortened due to difficulties with patient transport. This has been addressed in the North West PTS tender exercise and it is anticipated this issue will be resolve through that. Monthly reports of any shortened dialysis are required from all North West dialysis providers in order to keep this under review.		

PCT Asset & Liabilities Transfer Scheme Approval			
Agenda Item:	2.6	Reference:	GB12-13/184
Report to:	Governing Body	Meeting Date:	21st March 2013
Lead Officer:	Dr Abhi Mantgani (Chief Clinical Officer)		
Contributors:	Mark Bakewell (Chief Financial Officer)		
Governance:	Link to Commissioning Strategy		
	Link to current governing body Objectives		
Summary:	Summary of proposed transfer of PCT Property, Assets and Liabilities to the respective successor bodies		
Recommendation:	To Approve		✓
	To Note		
	Comments		
Next Steps:	Chief Clinical Officer to sign Transfer Orders in line with required deadlines.		

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the implications for the following (please state if not applicable):	
Financial	Transfer of Assets / Liabilities from PCT to successor bodies
Value For Money	Based on available guidance as appropriate
Risk	<i>Legal Transfer status, Property, Asset and Liabilities assigned to correct successor body.</i>
Legal	Legal advice has been sought from Hill Dickinson throughout the transfer scheme process.
Workforce	N/A
Equality & Human Rights	N/A
Patient and Public Involvement (PPI)	N/A

Partnership Working	N/A		
Performance Indicators	N/A		
Do you agree that this document can be published on the website? <i>(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)</i>			
Y			

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.

PCT ASSETS AND LIABILITIES TRANSITION UPDATE

Introduction

This paper to the CCG Governing Body provides information on the transfer of Assets and Liabilities from NHS Wirral Primary Care Trust to its successor bodies as defined by the supporting annexes.

Background

The amendments to the NHS Act 2006 (NHS Act) made by the Health and Social Care Act 2012 (2012 Act) (NHS Transition) requires that an appropriate, transparent and auditable process needs to be adopted by PCTs in order to deliver the transition of the NHS. Under the NHS Transition, the majority of SHA and PCT assets and liabilities will be split between different Receivers and, in some cases, multiple Receivers will require access to an asset.

This means that the process adopted for the NHS Transition needs to be sufficiently robust and that all assets and liabilities need to be identified correctly and by reference to their registered legal owner.

All assets and liabilities are registered within transfer schemes. A Transfer Scheme is an instrument in writing made by the Secretary of State under sections 300 to 302 of the 2012 Act.

Further, legal title in the relevant asset must transfer from one legal entity to another. It is not possible to transfer to a non-legal entity, for example, a business unit (such as the new Improvement Body – the legal entity owner in this instance will be the NHS Commissioning Board) or a hosted body (such as a Commissioning Support Unit – the legal entity owner in this instance will be the NHS Commissioning Board).

Progress to Date

A robust process has been put in place (led by Cheshire, Warrington and Wirral PCT Cluster with legal support from Hill Dickinson) to ensure:

- (a) that Senders and Receivers satisfy their statutory and other governance obligations;
- (b) that no Sender asset or liability remains unaccounted for in the NHS Transition;
- (c) an appropriate audit trail and record of how the NHS Transition was achieved;
- (d) certainty and clarity to all affected entities and people affected by the NHS Transition;
- (e) that the necessary legal documents necessary to implement the NHS Transition are drafted;
- (f) implementation of the NHS Transition; and
- (g) assist with the close down of PCTs.

An underlying principle for handover is that an asset will follow the function. A mapping exercise has been undertaken for each of those assets so as to ensure that all assets and liabilities are correctly assigned.

Transition Timetable

Date	Submission
15.11.2012	First set of returns for instructions for transfer schemes
13.12.2012	Second set of returns for instructions for transfer schemes (Refined further from first set of submissions)
17.01.2013	Third and final set of data returns for instructions for transfer schemes – at this point the instructions will be frozen. <i>A change control process will be put in place following this date and any updates will need to come through that process – details to follow</i>
28.02.2013	Draft transfer schemes available for Senders
28.03.2013	All transfer schemes have been signed off by Sender and Receiver Boards by this date

Advice from the legal team suggests that whilst gaining Governing Body approval is not a legal requirement, it is considered as a best practice from a governance perspective in order to approve the transfer of Property, Assets and Liabilities.

NHS Wirral Clinical Commissioning Group as a Receiver of Assets / Liabilities

Assets and Liabilities have been broken down into the following categories with the details of the transfer below each item

1) IT HARDWARE

Software Maintenance - 4TRESSAAA Server for Remote Access Maintenance Old Market House, Hamilton Street, Birkenhead, Wirral, CH41 5AL

2) PLANT AND EQUIPMENT

None

3) MOTOR VEHICLES

None

4) FINANCE

None

5) INTELLECTUAL PROPERTY RIGHTS

www.wirralccg.nhs.uk

6) GOVERNANCE RECORDS

DATA

All SUI documents

All Relevant Finance documents

All Relevant HR documents relating to individuals transferring to the CCG

All documents

All shadow documents

7) DISPUTES/LITIGATION/CLAIMS

CHC Restitution Cases – 683

8) INSURANCE

Insurance policies - NHS Litigation Authority - Clinical Negligence Scheme for Trusts (CNST) insurance

9) NON-CLINICAL CONTRACTS

Civica UK - SLAM Licence, Support and Maintenance - Licence - Length 12 Months - End Date 30.11.13

Countess of Chester Hospital NHS FT - Payroll Services

Royal Liverpool & Broadgreen Hospitals NHS Trust - Internal Audit Services - MIAA

Fidellitti Ltd - Provision of childcare vouchers

Wired - Carers Short Breaks

Wired - PALS Service

Scriptswitch Ltd - Scriptswitch Licences - expires 31/3/13

Vodafone - Mobile phones

VW Group Leasing - Lease Car - FL12 CBO - M Bakewell - expires 22/3/15

BT - Various VPN tokens

Contract with: Data Space UK - DataSpace (UK) Wincham Business Park, Wincham Avenue, Northwich, Cheshire CW9 6GB

SHA AQUA Quality Alliance - St James's House Pendleton Way Pendleton Salford M6 5FW

Health Service Journal Subscriptions - Top Right Group The Prow 1 Wilder Walk London W1B 5AP

10) CLINICAL CONTRACTS

Provider contract name	Nature of the services	Transferee
The British Pregnancy Advisory Service 20 Timothys Bridge Road Stratford Enterprise Park Stratford-upon-Avon, Warwickshire CV37 9BF	Acute - Central Booking Service	NHS Wirral CCG
Liverpool Women's NHS Foundation Trust Crown Street, Liverpool, Merseyside, L8 7SS	Acute -	NHS Wirral CCG
The Countess Of Chester Health Park Chester Cheshire CH2 1UL	Acute -	NHS Wirral CCG
RM2 UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST Southmoor Road Wythenshawe Manchester M23 9LT	Acute -	NHS Wirral CCG
RQ6 ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST Prescot Street Liverpool L7 8XP	Acute -	NHS Wirral CCG
RRF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST Wigan lane Wigan WN1 2NN	Acute -	NHS Wirral CCG
RXA CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST 1829 Building Countess of Chester Health Park Liverpool Road Chester CH2 1BQ	Mental Health / LD -	NHS Wirral CCG
RXA CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST 1829 Building Countess of Chester Health Park Liverpool Road Chester CH2 1BQ	Mental Health / LD -	NHS Wirral CCG
Advocacy in Wirral 68-74 Woodside Business Park Shore Road Birkenhead CH41 1EL	Mental Health / LD / Community -	NHS Wirral CCG
Advocacy in Wirral 68-74 Woodside Business Park Shore Road Birkenhead CH41 1EL	Mental Health / LD / Community -	NHS Wirral CCG
Advocacy in Wirral 68-74 Woodside Business Park Shore Road Birkenhead CH41 1EL	Mental Health / LD / Community -	NHS Wirral CCG

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Advocacy in Wirral 68-74 Woodside Business Park Shore Road Birkenhead CH41 1EL	Mental Health / LD / Community -	NHS Wirral CCG
Age UK Wirral Age UK Wirral Devonshire Resource Centre & Bradbury Wing 141 Park Road North Birkenhead Wirral CH41 0DD	Mental Health / LD / Community - Early Onset Dementia	NHS Wirral CCG
Age UK Wirral Age UK Wirral Devonshire Resource Centre & Bradbury Wing 141 Park Road North Birkenhead Wirral CH41 0DD	Mental Health / LD / Community - Home from Hospital and Continued Support	NHS Wirral CCG
RW3 CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST Trust Headquarters, Cobbett House Manchester Royal Infirmary Oxford Road Manchester M13 9WL	Acute -	NHS Wirral CCG
Age UK Wirral Age UK Wirral Devonshire Resource Centre & Bradbury Wing 141 Park Road North Birkenhead Wirral CH41 0DD	Mental Health / LD / Community -	NHS Wirral CCG
Alzheimer's Society The Lonsdale Centre 55-57 Seabank Road Wallasey CH45 7PA	Mental Health / LD / Community - Dementia Outreach Service	NHS Wirral CCG
Ark Wirral Churches' Ark Project Mary Cole House 6 Sandford Street Birkenhead CH41 1BN	Mental Health / LD / Community -	NHS Wirral CCG
Claire House Clatterbridge Road Bebington Wirral CH63 4JD	Mental Health / LD / Community -	NHS Wirral CCG
Claire House Clatterbridge Road Bebington Wirral CH63 4JD	Mental Health / LD / Community -	NHS Wirral CCG
RXA CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST 1829 Building Countess of Chester Health Park Liverpool Road Chester CH2 1BQ	Mental Health / LD / Community -	NHS Wirral CCG

RRE SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST Inclusion Southern Borders Office 14 Moulsham Lane Yateley Hampshire GU46 7QY	Mental Health / LD / Community -	NHS Wirral CCG
Irish Community Care Merseyside 151 Dale Street Liverpool L2 2AH	Mental Health / LD / Community -	NHS Wirral CCG
RWW WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST Lovely Lane Warrington Cheshire WA5 1QG	Acute -	NHS Wirral CCG
MHCO Butress House 36 Brenkley Way Seaton Burn Newcastle Upton Tyne NE13 6DS	Mental Health / LD / Community -	NHS Wirral CCG
Peninsula Health LLP Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Mental Health / LD / Community -	NHS Wirral CCG
Regency Lodge Broad Lane Heswall Wirral Merseyside CH60 9LE	Mental Health / LD / Community -	NHS Wirral CCG
Sandhills Dementia Care Day Unit (Hoylake Cottage Hospital) Birkenhead Road Hoylake Wirral CH47 5AQ	Mental Health / LD / Community -	NHS Wirral CCG
The Complete Group 1 Hawksworth Road Central Park Telford Shropshire TF2 9TU	Mental Health / LD / Community -	NHS Wirral CCG
The Reader The Friary Centre Bute Street Liverpool L5 3LA	Mental Health / LD / Community -	NHS Wirral CCG
Trent CBT Services Ltd Markeaton House 3 Slater Avenue Derby DE1 1GT	Mental Health / LD / Community -	NHS Wirral CCG
Wirral CAB (PCAL) Wallasey Advice Centre 237 - 243 Liscard Road Wallasey CH44 5TH	Mental Health / LD / Community -	NHS Wirral CCG
Wirral Change St Laurence's School St Laurence Drive Birkenhead CH41 3JD	Mental Health / LD / Community -	NHS Wirral CCG
Wirral Crossroads Cheshire West Wirral & Shropshire Woodcourt Building Riverside Park Southwod Road Bromborough Wirral CH62 3QX	Mental Health / LD / Community -	NHS Wirral CCG

One to One (North West) Limited 7 Westlands Road Middlewich Cheshire CW10 9HN	Acute / Community -	NHS Wirral CCG
Wirral MIND The Fountain Project 90 – 92 Chester Street Birkenhead Merseyside CH41 5DL	Mental Health / LD / Community -	NHS Wirral CCG
Wirral Pathfinders 27A Allport Lane Bromborough Wirral CH62 7HH	Mental Health / LD / Community -	NHS Wirral CCG
Allied Healthcare Group - Head Office Stone Business Park Brooms Road Staffordshire ST15 0TL	Other - Domiciliary care	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Belvidere Nursing Home 85/89 Seabank Road Wallasey Wirral CH45 7PB.	Other - Respite care	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
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RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Care UK Specialist Medical Imaging Ltd Connaught House, 850 The Crescent, Colchester Business Park, Colchester, Essex, CO4 9QB	Other - Direct Access to Ultrasound Scanning (non- obstetric)	NHS Wirral CCG
Carewatch Chester Unit 3a Lightfoot Street Hoole Chester CH2 3AD	Other - Domiciliary care	NHS Wirral CCG

RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Community Caring Unit 1 - 5 Champions Business Park Arrove Brook Road Upton CH49 0AB	Other - Domiciliary care	NHS Wirral CCG
NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Daleside Nursing Home 136/138 Bebington Road Rock Ferry Birkenhead CH42 4QB	Other - Respite care	NHS Wirral CCG
Diagnostic Health Systems Ltd 408 Jockey Road, Sutton Coldfield, West Midlands, B73 5DQ	Other - Direct Access to Ultrasound Scanning (non- obstetric)	NHS Wirral CCG
Diagnostic Healthcare Ltd Mansion House, 3 Bridgewater Embankment (Manchester Road) Altrincham WA14 4RW	Other - Direct Access to Ultrasound Scanning (non- obstetric)	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Fairfield Nursing Home 10 Quarry Road East Heswall CH61 6XD	Other - Respite care	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG

Global Diagnostics Ltd Global Diagnostics Limited The Old Pump House, Colney Hall, Watton Road, Norwich NR4 7TY	Other - Direct Access to Ultrasound Scanning (non-obstetric)	NHS Wirral CCG
Haven Care Wirral Ltd 202b Pensby Road Heswall CH60 7RJ	Other - Domiciliary care	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Home Instead senior Care Home Instead House 19 Barnston Lane Moreton CH46 7TN	Other - Domiciliary care	NHS Wirral CCG
RX7 NORTH WEST AMBULANCE SERVICE NHS TRUST NORTH WEST AMBULANCE SERVICE NHS TRUST Elm House Belmont Grove Liverpool L6 4EG	Ambulance -	NHS Wirral CCG
Age UK Wirral Devonshire Resource Centre & Bradbury Wing 141 Park Road North Birkenhead Wirral CH41 0DD	Community Health Services -	NHS Wirral CCG
Kleyn Healthcare Ltd 93 Bewsey Street, Warrington, Cheshire, WA2 7JQ	Other - Direct Access to Ultrasound Scanning (non-obstetric)	NHS Wirral CCG
Spire Healthcare Ltd 120 Holburn, London, EC1N 2TD	Acute -	NHS Wirral CCG
WIRRAL COMMUNITY NHS TRUST Old Market House Hamilton Street Birkenhead CH41 5AL	Community Health Services -	NHS Wirral CCG
Blind Translation and Support Ashville Lodge Ashville Road Birkenhead Wirral CH41 8AU	Community Health Services -	NHS Wirral CCG
Bridgewater Family Planning Clinic Suite 2 Victoria Buildings High Street Runcorn Cheshire WA6 7EP	Community Health Services -	NHS Wirral CCG
Cruise Cruse Bereavement Care Wirral Branch 16-20 Holmlands Drive Prenton Wirral CH43 0TX	Community Health Services -	NHS Wirral CCG
Mears Care 1390 Montpellier Court Gloucester Business Park Brockworth Gloucester GL3 4AH	Other - Domiciliary care	NHS Wirral CCG

Peninsula Health LLP Lynton House, 7-12 Tavistock Square, London, WC1H 9LT	Other - Community Physiotherapy	NHS Wirral CCG
Premier Health and Sport Therapy Ltd 6-9 Timber Street, London, EC1 Y0TQ	Other - Community Physiotherapy	NHS Wirral CCG
Language Line Services 40 Bank Street Canary Wharf London E14 5NR	Community Health Services -	NHS Wirral CCG
The Liverpool Medical Homeopathy Service CIC The Village Medical Centre 20 Quarry Street Woolton Liverpool L25 6HE	Community Health Services -	NHS Wirral CCG
Rose Brae Nursing Home 30 Robin Hood Lane Hall Green Birmingham West Midlands B28 0LN	Other - Respite care	NHS Wirral CCG
The Liverpool Medical Homeopathy Service CIC The Village Medical Centre 20 Quarry Street Woolton Liverpool L25 6HE	Community Health Services -	NHS Wirral CCG
Marie Curie 89, Albert Embankment London, SE1 7TP	Community Health Services -	NHS Wirral CCG
NOVAS Talking Point 4 Tunnel Road Edge Hill Liverpool L7 6NG	Community Health Services -	NHS Wirral CCG
Peninsula Health LLP - Audiology Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Saga Home Care Enbrook Park Sandgate Folkestone Kent CT20 3SE	Other - Domiciliary care	NHS Wirral CCG
Peninsula Health LLP - Cystoscopy Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Spa Medica Ltd Spa Medica Ltd 42c Ellesmere Street, Manchester, Greater Manchester, M15 4JY	Other - Cataracts	NHS Wirral CCG
Spire Healthcare Ltd Spire Healthcare Limited 120 Holburn, London, EC1N 2TD	Other - Community Physiotherapy	NHS Wirral CCG

Peninsula Health LLP - Dermatology Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Spire Healthcare Ltd Spire Healthcare Limited 120 Holburn, London, EC1N 2TD	Other - Direct Access to MRI Scanning	NHS Wirral CCG
Peninsula Health LLP - ENT Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Peninsula Health LLP - Flexi Sig Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Peninsula Health LLP - Joint&Soft Tissue Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
Peninsula Health LLP - Ophthalmology Second Floor Birkenhead Medical Building 31 Laird Street Birkenhead Wirral CH41 8DB	Community Health Services -	NHS Wirral CCG
The Injury Care Clinics (TICCS) The Injury Care Clinics Carnac House, Carnac Court, Cams Estate, Fareham, Hampshire PO16 8UZ	Other - Community Physiotherapy	NHS Wirral CCG
WIRRAL COMMUNITY NHS TRUST Old Market House Hamilton Street Birkenhead CH41 5AL	Community Health Services -	NHS Wirral CCG
RBS ALDER HEY CHILDREN'S NHS FOUNDATION TRUST Alder Hey Children's NHS Foundation Trust Eaton Road West Derby Liverpool L12 2AP	Community Health Services -	NHS Wirral CCG
RNID 19-23 Featherstone Street London EC1Y 8SL	Community Health Services -	NHS Wirral CCG
The Stroke Association 1st Floor, The Point Welbeck Road West Bridgford Nottingham NG2 7QW	Community Health Services -	NHS Wirral CCG

Wirral Hospice St. John's Mount Road Bebington Wirral CH63 6JE	Other - Hospice services	NHS Wirral CCG
Wirral Holistic Care Wirral Holistic Care Service "Solus" 6 Ashburton Road, Claughton, Wirral, CH43 8TW	Community Health Services -	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Acute Services	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Community Health Services -	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Community Health Services -	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Community Health Services -	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Community Health Services -	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Other - Children's Continuing Care	NHS Wirral CCG
RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST Arrowe Park Hospital Arrowe Park Road Upton Wirral CH49 5PE	Other - Health Services in Schools - Nurse led	NHS Wirral CCG
RJR COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST The Countess Of Chester Health Park, Chester, Cheshire CH2 1UL	Other - Bariatrics	NHS Wirral CCG
Anchorage Investments Company Ltd Anchorage Nursing Home 17 Queens Road Hoylake Wirral CH47 2AQ	Continuing Health Care -	NHS Wirral CCG

RBN ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST Whiston Hospital Warrington Road Prescott, Merseyside L35 5DR	Acute -	NHS Wirral CCG
Belvidere Nursing Home Ltd Belvidere Nursing Home 85-89 Seabank Road Wallasey CH45 7PB	Continuing Health Care -	NHS Wirral CCG
Benham Care Ltd Benham Care Home 217-221 Spital Road Bromborough Wirral CH62 2AF	Continuing Health Care -	NHS Wirral CCG
Bondcare Ltd Bondcare (Spinney) Ltd 8 Brownfields Court Welwyn Garden City Hertfordshire AL7 1AJ	Continuing Health Care -	NHS Wirral CCG
Brookfield Care (West Kirby) Ltd Brookfield (West Kirby) Ltd Grange Road West Kirby Wirral CH48 4EQ	Continuing Health Care -	NHS Wirral CCG
Bupa Care Homes (CFH) Care Ltd BUPA Care Homes Group Ltd Bridge House Outwood Lane Horsforth LS18 4UP	Continuing Health Care -	NHS Wirral CCG
Century Healthcare Ltd Century Healthcare Ltd Temple Chambers 296 Clifton Drive South Lytham St Annes FY8 1LH	Continuing Health Care -	NHS Wirral CCG
Coursechange Ltd Coursechange Ltd Trading as The Grange 18 Grange Drive Heswall CH60 7RU	Continuing Health Care -	NHS Wirral CCG
Cozee Care Homes Ltd Cozee Care Homes Ltd 11 Tillotson road Harrow Middlesex HA3 6PJ	Continuing Health Care -	NHS Wirral CCG
Datashare Ltd Datashare Ltd 258 Eaton Road West Derby Liverpool L12 2AN	Continuing Health Care -	NHS Wirral CCG
RBV THE CHRISTIE NHS FOUNDATION TRUST The Christie NHS Foundation Trust Wilmslow Road Manchester M20 4BX	Acute -	NHS Wirral CCG
Flightcare Ltd Flightcare Ltd 22-32 Flemington Avenue Clubmoor Liverpool L4 8UD	Continuing Health Care -	NHS Wirral CCG

Four Seasons Healthcare Ltd Four Seasons Healthcare Ltd Emerson Court Alderley Road Wilmslow Cheshire SK9 1NX	Continuing Health Care -	NHS Wirral CCG
HC-One Ltd HC-One Ltd Southgate House Archer street Darlington DL3 6AH	Continuing Health Care -	NHS Wirral CCG
Hoyle Cottage Hoyle Cottage Cottages Southworth House Birkenhead Road Hoyle Wirral CH47 5AQ	Continuing Health Care -	NHS Wirral CCG
Inclusive Lifestyles Ltd Inclusive Lifestyles Limited Fisher Building 118 Garratt Lane Wandsworth London SW18 4DJ	Continuing Health Care -	NHS Wirral CCG
MacIntyre Care MacIntyre Care 602 South Seventh Street Milton Keynes Buckinghamshire MK9 2JA	Continuing Health Care -	NHS Wirral CCG
Mary George Ltd Mary George Ltd 17 Greenside Gardens Moss Side Way Leyland PR26 7SG	Continuing Health Care -	NHS Wirral CCG
Mental Health Care UK Ltd Mental Health Care (U.K) Limited C/O Castlebeck Chestnut Street Darlington DH1 1QL	Continuing Health Care -	NHS Wirral CCG
Nautilus Welfare Fund Nautilus Welfare Fund Nautilus House Mariners Park Wallasey CH45 7PH	Continuing Health Care -	NHS Wirral CCG
Nazareth Care Charitable Trust Nazareth Care Charitable Trust 169-172 Hammersmith Road Hammersmith London W6 8DB	Continuing Health Care -	NHS Wirral CCG
Nickleford Care Homes Ltd Nickleford Care Homes Ltd Norway Lodge 10/12 Reservoir Road Prenton Wirral CH42 8LJ	Continuing Health Care -	NHS Wirral CCG
Polder Healthcare Polder Health Care 8 Melrose Avenue Hoyle Wirral CH47 3BU	Continuing Health Care -	NHS Wirral CCG
Potensial Ltd Potensial Ltd 68 Grange Road West Birkenhead Wirral Merseyside CH41 4DB	Continuing Health Care -	NHS Wirral CCG

Red Rocks Nursing Home Ltd Red Rocks Nursing Home Ltd 56 Hamilton Square, Birkenhead, Merseyside United Kingdom CH41 5AS	Continuing Health Care -	NHS Wirral CCG
Rose Brae Partnership Rose Brae Partnership 30 Robin Hood Lane Hall Green Birmingham B28 0LN	Continuing Health Care -	NHS Wirral CCG
Rosewood Healthcare Ltd Rosewood Healthcare Ltd Victoria House 488 Knutsford Road Warrington Cheshire WA4 1DX	Continuing Health Care -	NHS Wirral CCG
Springcare Ltd Springcare Ltd Nicholson House Shakespeare Way Whitchurch Shropshire SY13 1LJ	Continuing Health Care -	NHS Wirral CCG
St Georges (Liverpool) Ltd St Georges Care Home Croxteth Ave Wallasey Wirral CH44 5UL	Continuing Health Care -	NHS Wirral CCG
Voyage Ltd Voyage Ltd Garrick House 2 Queen Street Lichfield Staffordshire WS13 6QD	Continuing Health Care -	NHS Wirral CCG
Weatherstones House Care Ltd Weatherstones House Care Ltd Champions Business Park Arrove Brook Road Upton Wirral CH49 0AB	Continuing Health Care -	NHS Wirral CCG
REN CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUNDATION TRUST Clatterbridge Centre for Oncology NHS Foundation Trust Clatterbridge Road, Bebington, Wirral, CH63 4J	Acute -	NHS Wirral CCG
Wirral Christian Centre Wirral Christian Centre Trust Ltd. Woodchurch Road Birkenhead Wirral CH41 2UE	Continuing Health Care -	NHS Wirral CCG
Wirrelderly Ltd Wirrelderly Ltd Clatterbridge Road Bebington Wirral CH63 4JY	Continuing Health Care -	NHS Wirral CCG
Woodheath Care Ltd Woodheath Ltd 40 Ford Rd Upton Wirral CH49 0TF	Continuing Health Care -	NHS Wirral CCG
Boots Pharmacy - 30 Hoylake Road Birkenhead Boots Pharmacy - 30 Hoylake Road Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG

Boots Pharmacy - 8-10 Holmlands Drive prenton St Catherine Hospital Church Road Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
Boots The Chemist - 218-220 Telegraph Road Heswall Boots The Chemist - 218-220 Telegraph Road Heswall	Other - Advice to Care Homes Service	NHS Wirral CCG
Campbells Chemist - 175 Poulton Road Wallasey	Other - Advice to Care Homes Service	NHS Wirral CCG
Cloughton Pharmacy - 161 Park Road North Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
I Co-Op Chemists LTD - 40 Market Street Wirral	Other - Advice to Care Homes Service	NHS Wirral CCG
Haven Chemist - 36 Balls Road Oxtan	Other - Advice to Care Homes Service	NHS Wirral CCG
Heswall Hill Pharmacy - Brimstage Road	Other - Advice to Care Homes Service	NHS Wirral CCG
Jackson Ltd 118 st Pauls Road Seacombe	Other - Advice to Care Homes Service	NHS Wirral CCG
Lloyds Pharmacy - Grange Road Lloyds Pharmacy - Grange Road	Other - Advice to Care Homes Service	NHS Wirral CCG
Morsy Lewis Pharmacy 41 fender way wirral	Other - Advice to Care Homes Service	NHS Wirral CCG
Old Chester Pharmacy 296 old chester road birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
Rowlands Pharmacy - 53 Christchurch Road Oxtan	Other - Advice to Care Homes Service	NHS Wirral CCG
Rowlands Pharmacy - 62 Greenway Road Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
Rowlands Pharmacy - 9 Princes Pavement Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
Somerville Pharmacy Somerville Medical Centre 71 Gorsey lane Wallasey	Other - Advice to Care Homes Service	NHS Wirral CCG
Swettenhams Chemist - 176 Bebington Road wirral	Other - Advice to Care Homes Service	NHS Wirral CCG
Swettenhams Chemist - 18 Allport Lane Wirral	Other - Advice to Care Homes Service	NHS Wirral CCG
Townfield Pharmacy 3 Townfiels Clocse Noctorum	Other - Advice to Care Homes Service	NHS Wirral CCG
Welsh Chemist - 90 Banks Road West Kirby Wirral	Other - Advice to Care Homes Service	NHS Wirral CCG
Wyn Ellis & Son Chemists - 32 Poulton Road Wallasey	Other - Advice to Care Homes Service	NHS Wirral CCG
St Hilary's Pharmacy Broadway Wallacey	Other - Advice to Care Homes Service	NHS Wirral CCG

Medicx St Catherine Hospital Church Road Birkenhead	Other - Advice to Care Homes Service	NHS Wirral CCG
Price Wynne Opticians Ltd - Park Road North 161 Park Road North, Birkenhead	Other - Biomicroscopy	NHS Wirral CCG
The Eyeworks - Brombrough	Other - Biomicroscopy	NHS Wirral CCG
The Eyeworks - Upton	Other - Biomicroscopy	NHS Wirral CCG
Boots Opticians Professional Services Ltd	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Brumpton Opticians 102Laird Street, Birkenhead	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Conlons Conlons 123 Telegraph Road, Heswall, Wirral CH60 OAF	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Crown Optical Centre 250 Grange Road, Birkenhead CH41 6EB	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Eye 2 Eye - 231 Grange Road, Birkenhead ch41 2ph	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Eye 2 Eye - Heswall 234 Telegraph Road, Gartshore Optical Centre,	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Eye 2 Eye - Upton 31 Arrowe Park Road, Gartshore Optical Centre, Upton,Wirral ch49 0ub	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Frederick Howard Opticians - Bebington 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Frederick Howard Opticians - Liscard 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Frederick Howard Opticians - Pensby Road 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Harris Opticians - Banks Road 8 Banks Road, West Kirby, Wirral CH48 4HL	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Harris Opticians - Heswall	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Houghtons Opticians 47 Allport Lane Precinct, Wirral CH62 7HH	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
I R McGarvey Opticians - Woodchurch Road 349 Woodchurch Road, Prenton, Birkenhead CH42 8PG	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
L M Daly Opticians 150 Greasby Road, Greasby, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG

P K McMullen 64 Bebington Road, New Ferry, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Paul Moore Opticians 255 Hoylake Road, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
PM & DJ Ball Ltd 27a Church Road, Bebington, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Price Opticians - New Chester Road 87 New Chester Road, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Price Wynne Opticians Ltd - Park Road North 161 Park Road North, Birkenhead	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
R J Orell Opticians 123 Victoria Road, Wallasey	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
R Millican Opticians 2 Chadwick Street, Moreton, Wirral	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
R T Booth & Co Ltd 393 Woodchurch Road, Prenton ch42 8pf	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Rayner Opticians - 12 Coronation Buildings, Wallasey Road, Wallasey	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Rayner Opticians - 9 St Werburgh Square, Grange Precinct, Birkenhead	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Specsavers - Birkenhead	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Specsavers - Wallasey	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Tesco Opticians	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
The Eyeworks - Brombrough	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
The Eyeworks - Upton	Other - Cataract Pre-op Referral Assessment	NHS Wirral CCG
Conlons Conlons 123 Telegraph Road, Heswall, Wirral CH60 OAF	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Eye 2 Eye - Birkenhead 231 Grange Road, Birkenhead ch41 2ph	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Eye 2 Eye - Heswall 234 Telegraph Road, Gartshore Optical Centre,	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Eye 2 Eye - Upton 31 Arrowe Park Road, Gartshore Optical Centre, Upton, Wirral ch49 0ub	Other - Community Ophthalmology / AWP	NHS Wirral CCG

Frederick Howard Opticians - Bebington 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Frederick Howard Opticians - Liscard 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Frederick Howard Opticians - Pensby Road 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Harris Opticians - Banks Road 8 Banks Road, West Kirby, Wirral CH48 4HL	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Harris Opticians - Heswall	Other - Community Ophthalmology / AWP	NHS Wirral CCG
I R McGarvey Opticians - Woodchurch Road 351 Woodchurch Road, Prenton, Birkenhead CH42 8PG	Other - Community Ophthalmology / AWP	NHS Wirral CCG
L M Daly Opticians 150 Greasby Road, Greasby, Wirral	Other - Community Ophthalmology / AWP	NHS Wirral CCG
PM & DJ Ball Ltd 27a Church Road, Bebington, Wirral	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Price Opticians - New Chester Road 87 New Chester Road, Wirral	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Price Wynne Opticians Ltd - Park Road North 161 Park Road North, Birkenhead	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Rayner Opticians - 12 Coronation Buildings, Wallasey Road, Wallasey	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Rayner Opticians - 9 St Werburgh Square, Grange Precinct, Birkenhead	Other - Community Ophthalmology / AWP	NHS Wirral CCG
The Eyeworks - Brombrough	Other - Community Ophthalmology / AWP	NHS Wirral CCG
The Eyeworks - Upton	Other - Community Ophthalmology / AWP	NHS Wirral CCG
Swettenhams Chemist - 176 Bebington Road lower bebington Wirral	Other - Domiciliary Medication Use Review (MUR)	NHS Wirral CCG
wYn Ellis & Son Chemists - 32 Poulton Road Wallasey	Other - Domiciliary Medication Use Review (MUR)	NHS Wirral CCG
IEAsowe Pharmacy Hudson Road Leasowe Wirral	Other - Domiciliary Medication Use Review (MUR)	NHS Wirral CCG
j cARRington Chemist 128 Rake Lane Wallasey	Other - Domiciliary Medication Use Review (MUR)	NHS Wirral CCG
blackheath pharmacy 113d Reeds lane Leasow	Other - Domiciliary Medication Use Review (MUR)	NHS Wirral CCG

Boots Pharmacy - 206 Bedford Road Upton Wirral Boots Pharmacy - 98-10 holmlands Drive Prenton	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Boots The Chemist - 215 Grange Road birkenhead Boots The Chemist - 215 Grange Road birkenhead	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Boots The Chemist - Croft Retail Park welton road brombrough Boots The Chemist - Croft Retail Park welton road brombrough	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Campbells Chemist - 175 Poulton Road wallasey	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Lloyds Pharmacy - Arroe Park Hospital arrowe park road upton wirral	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Manor Pharmacy - 13 Station Approach wirral	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Tesco Pharmacy - Telegraph Road hesswall wirral	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Townfield Pharmacy townfield close prenton	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Tree Tops Pharmacy - 49 Bridle Road Bromborough Wirral	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Victoria Pharmacy - 100 Victoria Road new brighton	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Wilson's Pharmacy 17 The Crescent west Kirby	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Claughton Pharmacy Park Road North Claughton	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Claughton Pharmacy 161 Park Road North	Other - Emergency Palliative Care Medicines Service	NHS Wirral CCG
Boots Opticians Professional Services Ltd	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Conlons Conlons 123 Telegraph Road, Heswall, Wirral CH60 OAF	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Eye 2 Eye - Birkenhead 231 Grange Road, Birkenhead ch41 2ph	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Eye 2 Eye - Heswall 234 Telegraph Road, Gartshore Optical Centre,	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Eye 2 Eye - Upton 31 Arroe Park Road, Gartshore Optical Centre, Upton,Wirral ch49 0ub	Other - Glaucoma Referral Refinement	NHS Wirral CCG

Frederick Howard Opticians - Bebington 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Frederick Howard Opticians - Liscard 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Frederick Howard Opticians - Pensby Road 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Harris Opticians - Banks Road 8 Banks Road, West Kirby, Wirral CH48 4HL	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Harris Opticians - Heswall	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Houghtons Opticians 47 Allport Lane Precinct, Wirral CH62 7HH	Other - Glaucoma Referral Refinement	NHS Wirral CCG
I R McGarvey Opticians - Woodchurch Road 350 Woodchurch Road, Prenton, Birkenhead CH42 8PG	Other - Glaucoma Referral Refinement	NHS Wirral CCG
L M Daly Opticians 150 Greasby Road, Greasby, Wirral	Other - Glaucoma Referral Refinement	NHS Wirral CCG
P K McMullen 64 Bebington Road, New Ferry, Wirral	Other - Glaucoma Referral Refinement	NHS Wirral CCG
PM & DJ Ball Ltd 27a Church Road, Bebington, Wirral	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Price Wynne Opticians Ltd - Park Road North 161 Park Road North, Birkenhead	Other - Glaucoma Referral Refinement	NHS Wirral CCG
R Millican Opticians 2 Chadwick Street, Moreton, Wirral	Other - Glaucoma Referral Refinement	NHS Wirral CCG
R T Booth & Co Ltd 393 Woodchurch Road, Prenton ch42 8pf	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Rayner Opticians - 12 Coronation Buildings, Wallasey Road, Wallasey	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Rayner Opticians - 9 St Werburgh Square, Grange Precinct, Birkenhead	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Specsavers - Birkenhead	Other - Glaucoma Referral Refinement	NHS Wirral CCG
Specsavers - Wallasey	Other - Glaucoma Referral Refinement	NHS Wirral CCG
The Eyeworks - Brombrough	Other - Glaucoma Referral Refinement	NHS Wirral CCG
The Eyeworks - Upton	Other - Glaucoma Referral Refinement	NHS Wirral CCG

Eye 2 Eye - Birkenhead 231 Grange Road, Birkenhead ch41 2ph	Other - Low Vision Aid	NHS Wirral CCG
Eye 2 Eye - Heswall 234 Telegraph Road, Gartshore Optical Centre,	Other - Low Vision Aid	NHS Wirral CCG
Eye 2 Eye - Upton 31 Arrowe Park Road, Gartshore Optical Centre, Upton,Wirral ch49 0ub	Other - Low Vision Aid	NHS Wirral CCG
Frederick Howard Opticians - Bebington 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Low Vision Aid	NHS Wirral CCG
Frederick Howard Opticians - Liscard 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Low Vision Aid	NHS Wirral CCG
Frederick Howard Opticians - Pensby Road 403 Pensby Road, Heswall, Wirral CH45 4NW	Other - Low Vision Aid	NHS Wirral CCG
Harris Opticians - Banks Road 8 Banks Road, West Kirby, Wirral CH48 4HL	Other - Low Vision Aid	NHS Wirral CCG
Harris Opticians - Heswall	Other - Low Vision Aid	NHS Wirral CCG
Houghtons Opticians 47 Allport Lane Precinct, Wirral CH62 7HH	Other - Low Vision Aid	NHS Wirral CCG
I R McGarvey Opticians - Woodchurch Road 352 Woodchurch Road, Prenton, Birkenhead CH42 8PG	Other - Low Vision Aid	NHS Wirral CCG
L M Daly Opticians 150 Greasby Road, Greasby, Wirral	Other - Low Vision Aid	NHS Wirral CCG
Paul Moore Opticians 255 Hoylake Road, Wirral	Other - Low Vision Aid	NHS Wirral CCG
Price Opticians - New Chester Road 87 New Chester Road, Wirral	Other - Low Vision Aid	NHS Wirral CCG
Price Wynne Opticians Ltd - Park Road North 161 Park Road North, Birkenhead	Other - Low Vision Aid	NHS Wirral CCG
R Millican Opticians 2 Chadwick Street, Moreton,Wirral	Other - Low Vision Aid	NHS Wirral CCG
R T Booth & Co Ltd 393 Woodchurch Road, Prenton ch42 8pf	Other - Low Vision Aid	NHS Wirral CCG
Rayner Opticians - 12 Coronation Buildings, Wallasey Road, Wallasey	Other - Low Vision Aid	NHS Wirral CCG

Rayner Opticians - 9 St Werburgh Square, Grange Precinct, Birkenhead	Other - Low Vision Aid	NHS Wirral CCG
The Eyeworks - Brombrough	Other - Low Vision Aid	NHS Wirral CCG
The Eyeworks - Upton	Other - Low Vision Aid	NHS Wirral CCG
The Rock Ferry Optical Centre,	Other, Cataract Pre-op Referral Assessment	NHS Wirral CCG
The Rock Ferry Optical Centre,	Other, Community Ophthalmology / AWP	NHS Wirral CCG
All HR records for staff transferring to Wirral CCG		NHS Wirral CCG

11) Transfer Scheme Annex 3 Amendments

A number of amendments are currently being agreed in respect of transfers with other bodies (National Commissioning Board / Wirral Community NHS Trust / Wirral Council (Public Health) as outlined in the draft proposals circulated to successor bodies

- a) The British Pregnancy Advisory Service - Acute - Central Booking Service and Termination of pregnancy
- b) CKD LES
- c) IUCD LES

Diabetic Screening and elements of the CVD LES are still being discussed

RECOMMENDATION

The Governing Body is asked:

- To approve the transfer of Assets and Liabilities to NHS Wirral Clinical Commissioning Group as laid out above
- To delegate authority to the Chief Clinical Officer to sign on behalf of Clinical Commissioning Group to receive the above Assets and Liabilities

Mark Bakewell

Chief Financial Officer

NHS Wirral Clinical Commissioning Group