

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 13 November 2018 commencing at 1.00 pm

at Stephenson Room - Wolverhampton Science Park

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 11 September 2018
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~

Dr S Reehana

Chair

Clinical

Dr D Bush

Board Member

Dr R Gulati

Board Member

Dr M Kainth

Board Member

Dr R Rajcholan

Board Member

Management

Mr T Gallagher

Chief Finance Officer – Walsall/Wolverhampton

Dr H Hibbs

Chief Officer

Mr S Marshall

Director of Strategy and Transformation

Ms S Roberts

Chief Nurse Director of Quality

Lay Members/Consultant

Mr J Oatridge

Lay Member

Mr P Price

Lay Member

Ms H Ryan

Lay Member

Mr L Trigg

Lay Member

In Attendance

Mr J Denley

Wolverhampton Council

Ms K Garbutt

Administrative Officer

Mr M Hartland

Chief Finance Officer – Dudley CCG (Strategic Financial
Adviser)

Mr P McKenzie

Corporate Operations Manager

Apologies for absence

Apologies were received from Dr J Parkes, Mr D Watts, Mr M Hastings, Ms S Gill and Ms T Cresswell

Declarations of Interest

WCCG.2190 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing

WCCG.2191 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 10 July 2018 be approved as a correct record subject to the amendment below ~

Ms H Ryan pointed out she is on the list of attendees however she had sent her apologies for the meeting.

Matters arising from the Minutes

WCCG.2192 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2193 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.2194 Dr Hibbs presented the report. She pointed out that NHS England are currently consulting on Evidence Based Interventions which focuses on interventions which should not be routinely commissioned or performed or interventions which should only be commissioned when specific criteria are met.

The Black Country Sustainability and Transformation Plan (STP) has now appointed an Independent Chair and a Portfolio Director.

Dr Hibbs referred to Planned Care. During 2018-19 the CCG continues to play a leading role in the implementation of the Elective Care Transformation Programme as part of the Black Country STP. The STP is committed to continuous improvement against, and maintenance of the NHS Constitution standard.

Wolverhampton CCG have worked closely with the Urgent Care Centre provider and are pleased with the significant progress that has been made in relation to service delivery, triage times and waiting times against the 95% target.

RESOLVED: That the above is noted.

Board Assurance Framework

WCCG.2195 Mr P McKenzie presented the report. He pointed out that the Clinical Commissioning Group CCG's risk management arrangements are designed to provide assurance to the Governing Body that risks to the CCG achieving its objectives are identified and effectively managed. A key element of this is the CCG's Governing Body Assurance Framework (GBAF) which outlines the overall risk to the CCG achieving each of its Corporate Objectives. This is supported by a corporate level and Committee level risk register as well as regular risk assessment and review by teams throughout the CCG.

Mr McKenzie added that risk management was discussed at the July Governing Body Development session with members receiving an overview of the risk management arrangements and discussing the operation of the arrangements at Committee level. Outcomes from the discussions included a proposal for Committees to review the timing of risk discussions on their agenda, which is being trialed and a move towards improved descriptions of the CCG's approach to managing individual risks to determine whether they will be treated or tolerated. The next steps in the development of risk management arrangements will include the use of 'deep dives' into individual areas of risk by the Senior Management Team which will be reported to the Audit and Governance Committee.

He emphasised that the Risk Register risks are reviewed on a monthly basis by each Committee.

Mr P Price supported the use of 'deep dives' and invited individuals to attend the Audit and Governance Committee. This is a useful management tool. Dr S Reehana stated the changes are very helpful.

RESOLVED: That the above is noted.

Integrated Care System Roadmap

WCCG.2196 Dr Hibbs referred to the report stating that the Black Country STP partners have been working together supported by Price Waterhouse Cooper (PWC) and Optum Alliance to agree a roadmap to enable our system to work collaboratively towards becoming an Integrated Care System.

Our STP is built on four place based integrated systems in Wolverhampton, Dudley, Walsall and Sandwell and West Birmingham which are developing well and ensure that the delivery of services are focused around patients.

Such systems bring health, social care and voluntary sector partners together to deliver more integrated care. An area we need to collaborate on is digital in order to increasingly share information digitally. She referred to the Integrated Care System roadmap and was happy to take questions now or at a later date.

RESOLVED That the above is noted.

Black Country Joint Commissioning Committee

WCCG.2197 Dr Hibbs stated the Joint Commissioning Committee continue to meet discussing how commissioning will evolve going forward. Currently discussions are taking place regarding transforming care and some mental health services

RESOLVED: That the above is noted.

Commissioning Committee

WCCG.2198 Dr M Kainth presented the report. He pointed out that the Committee were presented with a medicines review project in care homes which has been designed to improve the quality and outcomes for patients as well as minimising waste of medication and improving Care Home staff training.

He referred to the Spyglass procedures. The Committee were updated regarding the spyglass business case for the provision of a procedure which will offer patients a better experience for treatment with biliary disorders; this will be less invasive and will avoid unnecessary surgery. There are less complications and better outcome for patients.

Dr Kainth highlighted the Any Qualifying Provider (AQP) Audiology. The Committee was advised that Specsavers have raised an issue of a provider contract that currently exists with local Trusts.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2199 Ms S Roberts gave an overview of the report. She pointed out that the cancer performance at the Royal Wolverhampton Trust (RWT) against 62 and 104 day cancer pathways is not currently being achieved. In addition a range of other cancer performance measures, including the 2 week referral target remain challenged. Assurance calls continue to provide updates on current performance and progress against agreed actions, escalation to a monthly face to face meeting has also been agreed and is in place.

Ms Roberts stated that agreement for priority focused work stream to include primary care referrals for CT and MRI, to ensure appropriate referrals to assist demand management. Urology will also be a focus with a comprehensive pathway review and scoping of implementation of a one stop prostate diagnosis clinic. The cancer performance targets remain at a high risk, referral pathways are as tight as they can be with other hospitals. This is being monitored very closely. Dr Reehana emphasised the importance of monitoring this area.

RWT is currently reporting the highest Standardised Hospital Mortality Index (SHMI) in the country. Work is in progress to understand and improve this.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2200 Mr T Gallagher presented the report. He referred to page 3 of the report and confirmed the CCG are meeting all the metrics and on target not to exceed our revenue resources. The CCG is reporting achieving the Quality, Innovation, Productivity and Prevention (QIPP) target of £13.948m.

Mr Gallagher referred to the Committee Report from the meeting which took place on the 28 August 2018. He pointed out the finance position on page 3 of the report. The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 2% recurrent surplus.

He referred to the treatment time (18 weeks). A revised performance trajectory for 2018/19 has been submitted by the Trust and awaiting approval by the CCG with a stretch target and discussions are ongoing. The Trust continues to validate patient pathways and monitor monthly prediction reports to highlight priority patients and expected activity numbers for each month.

Mr Price referred to page 21 - 1.1.1 Care Programme Approach. He pointed out the follow up within 7 days relating to May performance which related to 7 breaches and asked if this was an ongoing trend. Ms Roberts stated this is a one off and should be rectified within this quarter, however this will be monitored. He also referred to page 10 of the report and noted that we have made real progress with this the shared risk agreement with RWT and are close to formally signing the agreement. It is a balanced approach and will be managed collectively.

Dr Reehana asked about the Improving Access to Psychological Therapies (IAPT) access. Mr Marshall confirmed vacancies have now been filled and there is a programme in place for training.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2201 Mr P Price gave a brief overview of the report. He pointed out that the Internal Audit Report 2018/2018 recommended that the Better Care Fund report, which was presented at the Health and Wellbeing Board, could be shared with the Governing Body.

RESOLVED: That the Better Care Fund report is shared with the Governing Body.

Remuneration Committee

WCCG.2202 Mr Price gave a brief overview of the report.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2203 Ms McKie stated the Primary Care Commissioning Committee met on the 3 July and 7 August 2018. The report provides a summary of the issues discussed and the decisions made at those meetings. She gave a brief overview of the report.

RESOLVED: That the Governing Body noted the progress made by the Joint Commissioning Committee.

Communication and Engagement update

WCCG.2204 Ms McKie gave an overview of the report. She referred to the key points indicated on the first page of the report. She pointed out the Terms of Reference were approved by the Patient Participation Group (PPG)/Citizen Forum to keep the meeting bi-monthly in addition to the Hub meetings. It tends to be the same practices attending these meetings. Dr Reehana pointed out the need to involve the younger population and working age groups.

Ms Roberts suggested sharing information with the PPG Group relating to friends and family results.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2205 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2206 RESOLVED: That the minutes are noted.

Minutes for the Primary Care Commissioning Committee

WCCG.2207 RESOLVED: That the minutes are noted

Minutes of the Commissioning Committee

WCCG.2208 RESOLVED: That the minutes are noted.

Minutes of the Audit and Governance Committee

WCCG.2209 RESOLVED: That the minutes are noted.

Black Country and West Birmingham Commissioning Board minutes

WCCG.2210 RESOLVED: That the minutes are noted.

Minutes of the Health and Wellbeing Board

WCCG.2211 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.2212 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.2213 **Question**

A member of the public asked where the Governing Body papers are located on the internet.

Answer

It was confirmed the procedure to access the papers would be given after the meeting.

Question

A member of staff from the Express and Star asked for comment regarding the former clearance of the Eye Infirmary site.

Answer

Dr Hibbs stated that as this is a court case we are unable to comment.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2214 The Board noted that the next meeting was due to be held on **Tuesday 13 November 2018** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.15 pm

Chair.....

Date

Wolverhampton Clinical Commissioning Group Governing Body

Action List

13 November 2018

Date of meeting	Minute Number	Action	By When	By Whom	Status
11.9.18	WCCG.2201	Audit and Governance Committee – Better Care Fund report to be shared with the Governing Body	November 2018	Andrea Smith	

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WOLVERHAMPTON CCG
GOVERNING BODY
13 November 2018

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<p>Sustainability and Transformation Plan Clinical Strategy</p> <p>Progress continues to be made and the initial five key priority areas have been approved by the clinical leadership group, namely: Primary Care, Mental Health, Cancer, Transforming Care Partnership and Local Maternity System plan.</p> <p>Transforming Care Programme</p> <p>Significant progress has been made within the last quarter with this programme of work.</p> <p>NHS Long Term Plan</p> <p>Initial engagement has taken place and the plan is due to be published in late November or early December 2018.</p>
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	

1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body Members on matters relating to all the overall running of Wolverhampton Clinical Commissioning Group (WCCG).

2. CHIEF OFFICER REPORT

2.1 Sustainability and Transformation Plan (STP)

- 2.1.1 We have been working with commissioners and providers across the STP to put forward Health System Led Investment (HSLI) IT bids. These bids will help providers to integrate care records, to go paperless, to support mobility and improve population health, amongst other projects over the next 3 years. We await the outcome of a national process.

2.2 STP Clinical Strategy

- 2.2.1 The clinical strategy has been presented back as a second iteration to STP Partnership Board where it was supported as an ongoing developmental strategy. A further iteration is underway following feedback from across the STP, the work around this will focus on further developing the 12 priority areas and ensuring robust work streams around these. In addition the revised version will include cross cutting themes that have emerged through the work of the clinical leadership group, these include, Personalised care and Lifestyles, including the wider determinants of health. The initial five key priority areas have been approved by clinical leadership group, namely: Primary Care, Mental Health, Cancer, Transforming Care Partnership and Local Maternity System plan. Work will now focus on delivery of the priorities for the STP and further developing robust engagement of the clinical leadership group across the Black Country.

2.3 Operations

- 2.3.1 We have had the Human Resources report from the Commissioning Support Unit (CSU) and there are some encouraging figures to report.
- 2.3.2 WCCG Sickness Average per month from 1 October 2017 to 30 September 2018 is 2.31%. This is well below the last available CCG national average of 2.86% and below the latest available monthly average for all CCGs covered by Arden and Greater East Midlands (GEM) CSU which was 2.46%.
- 2.3.3 WCCG Headcount Turnover Average per month from 1 October 2017 to 30 September 2018 is 0.93%. This percentage is considerably below the last available national CCG average of 1.57% as well as the monthly average for all CCGs covered by Arden GEM CSU which was 1.42%.
- 2.3.4 These are testament to our staff members hard work during a very busy period of new ways of working across the STP. These numbers are generally indicative to motivation levels within an organisation and I am pleased to note how low both figures are. We continue to value our staff and will be doing our utmost to ensure they are happy in their work.

2.3.5 We have received a joint letter from Simon Stevens (NHSE) and Ian Dalton (NHSI) setting out initial guidance and a timeline for this year's planning round. This includes information on payment reforms, incentives, sanctions and aligning plans and governance. I have appended a copy of the letter to the end of today's report (appendix 1).

2.4 **NHS Long Term Plan**

2.4.1 On 18 June 2018 the Prime Minister set out a funding settlement for the NHS in England for the next 5 years. This was confirmed in the budget.

2.4.2 In return, the NHS has been asked to set out a long term plan for the future of the NHS setting out our ambitions for improvement of the NHS over the next decade and our plans to meet them over the 5 years of the funding settlement.

2.4.3 The plan covers the life course with a section on early lives, staying healthy and aging well. It then goes on to look in depth at a number of clinical priorities including cancer, cardiovascular disease and respiratory, mental health, learning disabilities and autism.

2.4.4 Further to this, it also covers enabling areas such as workforce, primary care, digital innovation and technology, research and innovation and engagement.

2.4.5 Initial engagement with working groups including relevant stakeholders has taken place and the plan is due to be published in late November or early December 2018. From December staff, patients, public and other stakeholders will be engaged to develop out local response to the plan and to develop our local implementation plan.

2.5 **IMT Digital**

2.5.1 Wolverhampton CCG are working with our partners both within Wolverhampton and across the Black Country STP to develop a number of collaborative IT programmes. We are continuing to develop a Shared Care Record across Wolverhampton and Walsall, the programme will also look to develop interoperability across all localities within the Black Country. Work is also progressing well on the Local Maternity Systems integration that supports expectant mothers records being accessible across trusts within the Black Country.

2.6 **Transforming Care Programme (TCP)**

2.6.1 The aim of the TCP is to improve services for people with learning disabilities and/ or autism to enable them to live in the community, with the right support, and close to home.

2.6.2 The Black Country TCP has made significant progress in the last quarter to support patients out of hospital and in the community, 16 patients were discharged in the last quarter, 34 in total this year. Particular progress has been made to support children and young people out of inpatient beds, of 15 patients this year, only 5 remain in hospital 4 of which will be discharged by the end of the year. Robust oversight and reporting of cases has been embedded, including weekly oversight at Accountable Officer, Director of Nursing and case manager/ commissioner level, monthly reporting to the Care Pathways Group, TCP Board and TCP Delivery Group. Robust independent clinical review from April to July have

strengthened discharge planning and moved 6 post programme patients into the programme. Key developments in the delivery of transformation programme to note include:

- Black Country Partnership NHS Foundation Trust fully operational with Intensive Support Teams and Community Forensic Service capacity from September 2018:
 - recruitment is nearly complete and staff in place at present to support TCP
 - management of change concluded and staff mobilised into new community teams and inpatient facility
 - Interface/ engagement event with external stakeholders took place on 9 October to share clinical model
- System-wide work underway to review the current children and young people pathway and co-produce a new model of care
- Work to support the development of the care and support market is underway, with a market engagement event planned for the end of November
- 1st draft of a Workforce Strategy to support the Black Country TCP programme has been developed and further iteration is now underway to refine priorities
- Autism spectrum disorder pathway development is underway with a view to developing proposals for developing the current pathway and commissioning of services to address gaps in the new year
- Outcomes framework for TCP is under development
- Black Country TCP wide Dynamic Risk Register is being finalised for both children and adults.
- Continued clinical review of patients will continue, with a particular focus on admissions in the next quarter.

3. CLINICAL VIEW

3.1 Not applicable to this report.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable to this report.

5. KEY RISKS AND MITIGATIONS

5.1. Not applicable to this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name	Dr Helen Hibbs
Job Title	Chief Officer
Date:	2 November 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	02/11/18

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To:
CCG AO
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Publications Gateway Reference 08559

16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on [‘NHS payment system reform proposals’](#) which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

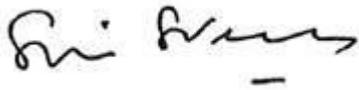
Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England



Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of <ul style="list-style-type: none"> • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20 	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

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WOLVERHAMPTON CCG
GOVERNING BODY
13 NOVEMBER 2018
Agenda item 7

TITLE OF REPORT:	Management of Excess Treatment Costs associated with Clinical Research
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To ask the Governing Body to agree to the CCG becoming the Host CCG for commissioning arrangements for managing excess treatments costs for the West Midlands.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • NHS England have developed a new model for commissioning the management of Excess Treatment Costs associated with research • The model developed involves Local Clinical Research Networks (LCRN) managing arrangements on a day to day basis with a single CCG hosting commissioning arrangements on behalf of the other CCGs in the region. • Wolverhampton CCG has been asked to act as the Host CCG for the West Midlands region
RECOMMENDATION:	That the Governing Body agree to act as the host CCG for commissioning arrangements for managing Excess Treatment Costs for the West Midlands, accepting delegated authority from the other CCGs to perform this function in line with the attached draft policy.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> CCGs have responsibility for commissioning arrangements for managing Excess Treatment Costs. In order to manage arrangements on behalf of other CCGs, the responsibility will

	need to be delegated by the CCGs to Wolverhampton CCG in line with the relevant constitutional and legislative provisions.
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1. BACKGROUND AND CURRENT SITUATION

- 1.1 In November 2017, NHS England and the National Institute for Health Research (NIHR) approved a joint statement to support research in the NHS. This included a commitment to manage excess treatment costs (ETCs) associated with clinical research.
- 1.2 This commitment recognised that there is often a difference between the cost of standard treatment and the cost of treatment within non-commercial research studies. Whilst this is taken into account in payment by results tariffs, individual commissioners and providers have complex and varying approaches to managing ETCs in practice.

2. PROPOSED ARRANGEMENTS FOR THE MANAGEMENT OF EXCESS TREATMENT COSTS

- 2.1. CCGs are responsible for meeting the costs of ETCs and NHS England and the NIHR have developed a proposal for managing them in a consistent manner. This involves CCGs and NHS England partnering with the NIHR Clinical Research Network and Local Clinical Health Networks (LCRN) to manage ETCs on a day to day basis. Further details of this approach are set out in the attached Briefing Note and draft Policy
- 2.2. CCGs are unable to delegate their responsibility in respect of ETCs directly to NIHR so the proposed approach is that a Lead CCG in each region will be appointed and all of the other CCGs in the region will delegate their responsibilities in respect of ETCs to this Lead CCG. The Lead CCG will then enter into an agreement with the LCRN to manage ETCs on behalf of all of the CCGs in the regions. Wolverhampton CCG has been asked to be the Lead CCG for the West Midlands region.
- 2.3. The Following CCGs are going through a process of delegating responsibility in respect of ETCs to Wolverhampton CCG:-
 - NHS Birmingham and Solihull CCG
 - NHS Coventry and Rugby CCG
 - NHS Dudley CCG
 - NHS East Staffordshire CCG

- NHS Herefordshire CCG
- NHS North Staffordshire CCG
- NHS Warwickshire North CCG
- NHS Redditch and Bromsgrove CCG
- NHS Sandwell and West Birmingham CCG
- NHS Shropshire CCG
- NHS South East Staffordshire and Seisdon Peninsula CCG
- NHS South Warwickshire CCG
- NHS South Worcestershire CCG
- NHS Stafford and Surrounds CCG
- NHS Stoke On Trent CCG
- NHS Telford and Wrekin CCG
- NHS Walsall CCG
- NHS Wyre Forest CCG

2.4. The Governing Body is therefore asked to agree to taking on responsibility as the Lead CCG for management of ETCs in line with the Draft Policy and to formally accept the delegation from the other CCGs.

3. CLINICAL VIEW

3.1. The proposed arrangements have been subject to clinical review through NHS England and the NIHR's processes.

4. PATIENT AND PUBLIC VIEW

4.1. NHS England have conducted public consultation on the proposed arrangements, further details can be found in the attached briefing note.

5. KEY RISKS AND MITIGATIONS

5.1. There are no specific risks associated with this report. The proposed delegation and management approach will mitigate any risk of the CCG not having appropriate arrangements in place.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Details of the funding arrangements associated with managing ETCs are outlined in the Briefing Paper. As day to day management of ETCs will be undertaken by the LCRN, it is not expected that any additional CCG resources will be required to in order to act as Lead CCG.

Quality and Safety Implications

6.2. There are no quality and safety implications associated with this report.

Equality Implications

6.3. There are no equality implications associated with this report.

Legal and Policy Implications

6.4. The proposals will require CCGs to delegate their responsibilities relating to managing ETCs to Wolverhampton CCG. This is in line with the provisions in the CCG constitution to allow entering into arrangements to exercise the functions of other CCGs. This arrangement will need to be reflected in the CCGs constitution.

Other Implications

6.5. There are no other implications in relation to this report.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: October 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	17/10/18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	17/10/18

Commissioning Policy for Excess Treatment Costs relating to services commissioned by CCGs.

Information Reader Box (IRB) to be inserted on inside front cover for documents of 6 pages and over, with Publications Gateway Reference number assigned after it has been cleared by the Publications Gateway Team. [Publications Gateway guidance and the IRB](#) can be found on the Intranet.

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Status: approved / pending	Next review date: dd/mm/yyyy	Page 2

Document Title Commissioning Policy for Excess Treatment Costs relating to services commissioned by CCGs

Version number: 1.0

First published:

Prepared by:

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1 Policy statement

This document sets out the commissioning policy for the management of Excess Treatment Costs (ETCs) for non-commercial interventional research studies that are eligible for NIHR service support funding¹ and that are related to services commissioned by Clinical Commissioning Groups in the NHS in England.

The commissioning policy has been developed to enable operation of a new model for management of ETCs in England in which the National Institute for Health Research (NIHR) Clinical Research Network (CRN) via the 15 Local Clinical Research Networks (LCRNs) will manage reimbursement of ETCs on behalf of the CCGs in their region.

ETCs will be managed by operating the following policy:

- The study and ETCs associated with it have been costed using the Schedule of Events Cost Attribution Tool (SoECAT) to calculate an ETC per patient value.
- The ETCs associated with the study are correctly attributed according to the Attributing the costs of health and social care research and development (AcoRD) guidance² with verification and sign off from a CRN designated AcoRD specialist.
- For existing studies recruiting before 1st October 2018 that transitioned into the new management model there is an ETC per patient value agreed as per the transition arrangements.
- For each provider the ETCs that will be reimbursed for individual studies are calculated as ETC per patient value multiplied by the number of patients recruited.
- NHS England and NHS Improvement will allocate a provider threshold to each non primary care provider. This is a total (cumulative) ETC threshold per provider per financial year, based on provider income. Providers are required to absorb ETCs up to their threshold before additional ETCs are reimbursed. The CRN central portfolio management system will monitor the ETCs being absorbed by each provider and will trigger payments only when the threshold has been reached.
- Where ETCs in a study relate to both CCG and Specialised commissioning commissioned services a main commissioner will be allocated via a triage process undertaken by CRN and specialised commissioning representatives, ETCs for that study will be reimbursed by funding from the main

¹ Eligibility Criteria for NIHR Clinical Research Network Support. Department of Health, 2017. Found at <https://www.nihr.ac.uk/funding-and-support/documents/study-support-service/Eligibility/Eligibility-Criteria-for-NIHR-Clinical-Research-Network-Support.pdf>

² Attributing the costs of health and social care research and development (AcoRD). Department of Health, 2015. Found at <https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research>

commissioner. This approach will be monitored and reviewed after during a six month trial period.

- Where ETCs associated with a study are above the High Cost Threshold, determined by NHS England and DHSC, the study will be scrutinised at a national level as to its value to the NHS before a decision to fund the ETCs is made.
- For primary care providers there will be a nominal value for cumulative ETCs that has to be reached before payment will be processed. ETCs will be reimbursed once the agreed value (as determined by NHS England, DHSC and partners) has been reached the, within a payment cycle (normally per quarter). ETCs will be fully reimbursed within a financial year cycle.
- The lead CCG, and other CCGs within the region where necessary, will share relevant information with CRN to enable them to undertake all activities to operate this commissioning policy.
- CRN will provide reports to the lead CCG detailing how the ETC funding allocation has been spent and any exceptional matters that have arisen during the reporting period.

2 Introduction

NHS research can result in excess treatment costs. These are costs that arise as a result of the difference between the cost of standard treatment and the cost of treatment within a research study in non-commercial research projects. The NHS is responsible for these costs which are funded through normal commissioning arrangements for commissioning patient care.

NHS England and NIHR have heard continued frustration about the complexity and variation in processes for commissioners and providers agreeing these costs which are one of a number or barrier to timely execution of research in the NHS. In order to resolve these issues in November 2017 NHS England and our partners (National Institute for Health Research, Health Research Authority), undertook a public consultation on proposals to manage excess treatment costs better. Taking into consideration the feedback from the consultation responses NHS England and partners have developed a new model by which the NIHR CRN will manage ETCs on behalf of CCGs. This document outlines the policy under which ETCs will be managed.

3 Scope

This policy relates only to the management of ETCs relating to CCG commissioned services in England.

4 Roles and responsibilities

NIHR CRN and LCRNs

1. LCRN will manage ETCs on behalf of the CCG in line with the commissioning policy
2. LCRNs will reimburse provider organisations in line with the commissioning policy
3. CRN will provide a quarterly update on how monies are being spent to the Lead CCG
4. CRN will provide an annual report on how monies have been spent and any exceptions that have occurred in that period

Lead CCG for the LCRN region:

1. The CCG undertakes the commissioning function for ETCs on behalf of the other CCGs within the LCRN region
2. The CCG enters into agreement with LCRN, via the host organisation, that ETCs will be managed by CRN under the commissioning policy
3. The CCG/nominated individual will be called upon for any decisions regarding ETCs requests or resolution of any issues that fall outside the commissioning policy.

NHS England

1. Monitor the implementation and operation of this policy and amend and refine as necessary

5 Distribution and implementation

This policy document will be distributed to CCGs in England and will be published by NHS England and partners alongside operational guidance for the ETC management model. The audience for this guidance includes:

- NHS Commissioners
- Provider organisations
- Research Funders and Sponsors
- Researchers

6 Monitoring

Implementation of the policy will be monitored by the Innovation, Research and Life Sciences Group, NHS England.

Evaluation of implementation will be undertaken to ensure that the policy enables CRN and LCRNs to manage ETCs on behalf of CCGs efficiently and effectively. The policy will be refined and updated as necessary.

The policy will be reviewed after 6 months initially and then on an annual basis.

7 Equality and Health Inequalities Analysis

This procedural document forms part of NHS England’s commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise

discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

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Innovation, Research and Life Sciences
NHS England
Skipton House
80 London Road
London
SE1 6LH

Email address: england.research@nhs.net

17 September 2018

Dear Accountable Officer,

CCG delegation of commissioning function for a new model for management of Excess Treatment Costs

Purpose

1. To inform the CCG of progress against NHS England and NIHR's commitment to manage Excess Treatment Costs (ETCs) better following publication of "12 Actions to support and apply research in the NHS" as agreed by the NHS England Public Board in November 2017.
2. To request the CCG to delegate its commissioning functions relating to ETCs to NHS Wolverhampton CCG as Lead CCG for ETCs for the West Midlands LCRN region.
3. To notify the CCG of the commissioning policy that will be implemented for the reimbursement of ETCs related to CCG commissioned services.

Context

4. CCGs have a responsibility via the Government's mandate to NHS England to meet the costs of ETCs in relation to non-commercial research through normal commissioning arrangements. On 30th November 2017, NHS England and NIHR published a joint statement that committed to 12 actions to support and apply research in the NHS. The first of these actions is to "Manage ETCs better" as part of our commitments to simplify NHS research processes.

Background

5. We outlined proposals for a consistent national approach to managing these costs in our recent public consultation "Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract"
6. Taking account of consultation feedback, the response to the consultation sets out key changes that aim to overcome some of the longstanding issues associated with ETCs. The full consultation response can be found [here](#) .
7. The most important change for CCGs is that we will partner with the NIHR Clinical Research Network (CRN) and the 15 Local Clinical Research Networks (LCRNs) to

manage ETCs on behalf of CCGs. There are significant benefits of this model for individual CCGs, which include:

- a. Removing the administration and management burden of dealing with the relatively small cost ETCs from individual CCGs, freeing up resources previously used to deal with ETCs,
 - b. Facilitating patient's access to research in their local geographies,
 - c. Delivering a consistent national approach to managing ETCs that is operated at a local/regional level,
 - d. Enabling CCGs to utilise the capability and expertise of the LCRN in managing ETCs,
 - e. Supporting CCGs to fulfil their statutory duty with regard to supporting research in the NHS.
8. We will also introduce a provider threshold under which ETCs will need to be absorbed by provider organisations participating in research studies to prevent limited resources being used to process ETCs of very low value.
 9. Working closely with NHS Clinical Commissioners and via their Finance Forum and NHS England's Finance Working group we have agreed a funding allocation and mechanism for CCGs to contribute to a CCG ETC funding pool managed by the CRN/LCRNs. As outlined in our consultation response CCGs will initially contribute 5.2p per capita per annum, subject to annual review.
 10. We will begin a 6-month trial period of the new ETC model on 1 October 2018. To implement the new arrangements for this 6 month period an in year revenue transfer of 2.6p per capita per CCG will be made from CCG programme allocations in month 7. We wrote to Chief Financial Officers on 14 August 2018 with formal notification of this arrangement.

Legal Framework for operating the new ETC management model.

11. CCGs are unable to delegate their commissioning functions to NIHR CRN and LCRNs. CCGs can however delegate their functions to another CCG to exercise those functions on its behalf.
12. We have appointed a lead CCG in each of the LCRN regions to whom the remaining CCGs within that region are expected to delegate their ETC commissioning functions. These lead CCGs will then have the power to commission ETCs across those regions.
13. We have also created a commissioning policy for the management of ETCs. This is currently in draft format subject to final decisions on management of studies where ETCs relate to more than one NHS commissioner. This draft is enclosed. The LCRN in each region will manage ETCs for CCG commissioned services within the parameters of the final policy. The lead CCG will be required under the delegation from each of the other CCGs in its area to enter into an agreement with the LCRN to require the management of ETCs in accordance with the policy. The lead CCG will be responsible for decisions relating to ETCs that fall out with the policy.
14. The CRN will provide annual reports on studies with ETCs funded via this model. The reports will be by LCRN region outlining the nature of the studies and spend on ETCs.

Next steps

15. The CCG governing body is requested to delegate the commissioning function for ETCs to NHS Wolverhampton CCG, the lead CCG for ETC commissioning for West Midlands LCRN region. A delegation for this purpose has been drafted for you and is included with this briefing paper.



Dr Samantha Roberts
Director for Innovation and Life Sciences
NHS England

Cc: CCG Clinical Lead

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WOLVERHAMPTON CCG
Governing Body Meeting, 13rd November 2018
Agenda item 8

Title of Report:	Core Standards Assurance - Emergency Preparedness, Resilience and Response (EPRR)
Report of:	Mike Hastings, Director of Operations
Contact:	Tally Kalea, Commissioning Operations Manager
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To give the Governing Body assurance that the CCG is compliant with EPRR core standards assessed as: substantially compliant and to sign off the 2017/2018 work plan.
Public or Private:	Public
Relevance to CCG Priority:	Planning
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	Resilient plans are in place for EPRR
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The CCG and its peer organisations are aware of and assured by one another's EPRR plans.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. Whilst designated a Category 2 responder with limited responsibilities by the Civil Contingencies Act 2004 (CCA) CCGs have a far wider role, and responsibilities identified by the NHS England EPRR Framework and NHS England EPRR Core Standards. The Core Standards assessment template requires all NHS organisations to assess EPRR compliance on a RAG (Red; Amber; Green) traffic light basis, with accompanying evidence and narrative.
- 1.2. Whilst the NHS England EPRR Framework specifically details roles and responsibilities WCCG also has a requirement to be compliant with the NHS England EPRR Core Standards and submit an annual self-assessment to NHS England.
- 1.3. There was a requirement for the CCG to submit annual EPRR Core Standards with a deep dive in Command Structure during September 2018. Part of the requirement was that the Governing Body was informed of the self-assessment rating.

2. MAIN BODY OF REPORT

- 2.1. Following guidance from the EPRR NHSE Team, CCG Governing Bodies are to be assured of the self-assessment of the EPRR Core Standards and the 2018/19 work programme.
- 2.2. WCCG continues to update all plans in accordance with the national guidance received from NHSE; these include robust Business Continuity Plans, Major Incident Response Plans and Departmental Service Level Plans. The robustness of these plans was tested during the 2018 heatwave and planned 'Bodicia exercise in October.
- 2.3. The WCCG 2018 EPRR self-assessment, contained at Appendix 1, summarises the preparedness against 43 specific standards with an additional 8 specific to Command Structure. The WCCG 2018 EPRR Core Standards self-assessment shows the following:

Governing Body

EPRR Core Standards Assurance
Nov 2018

RAG Rating	EPRR Core Standards	Command Structure
Red	0	0
Amber	1	0
Green	42	8

- 2.4. The strategic EPRR priorities outlined for 2018/19 are assessed as ‘Substantially compliant’ with the statutory requirements with a specific focus on Command Structures plans, an ICC test exercise and further development of training for key CCG staff. These form the basis of an EPRR work programme presented to the Operations Board and attached within the Appendices (Appendix 2).
- 2.5. The CCG Major Incident Response Plan, Business Continuity and work programme have been updated and reviewed in June 2018 and satisfactory sign off was gained by the Accountable Emergency Officer (AEO)
- 2.6. The CCG has delivered specific training to key identified individuals via the EPRR lead and NHSE Regional Support Team and so, has increased the Green rated elements of the standards since the last submission.
- 2.7. A further review of the Core Standards will be carried out as a priority in the first quarter of 2019 with a view to preparing for the next submission to NHSE in Quarter three 2019. It is proposed that a further report is presented to the Governing Body following this review.

3. RISKS AND IMPLICATIONS

Key Risks

- 3.1. Whilst the EPRR Core Standards is important it doesn’t capture the entire EPRR agenda. In addition to the work detailed above work is being delivered around the Prevent agenda, urgent care support and crisis communications.
- 3.2. The overall aim is to ensure WCCG is a resilient and capable organisation that plans to deliver over and above minimal compliance standards and embed resilience across its service delivery area.

Governing Body

EPRR Core Standards Assurance
 Nov 2018

3.3. The loss of the Public Health EPRR Lead presents a small risk to the review of the standards although prior planning by the CCG lead mitigates this.

Quality and Safety Implications

3.4. At the present time WCCG is well placed in terms of its level of preparedness and planning and compares favourably amongst other CCGs in the NHS England locality area.

Legal and Policy Implications

3.5. Failure to progress would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy, as the commissioning organisation, and, in extremis, as the tactical tier for supporting NHS England in a major incident environment.

4. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Sign off** 2017/18 Core standards & 2018/19 work programme

Name: Mike Hastings
Job Title: Director of Operations
Date: 29/08/2018

ATTACHED:

EPRR Core Standards (appendix 1)
2018/2019 Training plan (appendix 2)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	T Kalea	28/09/2018
Signed off by Report Owner (Must be completed)	M Hastings	29/09/2018

Governing Body

EPRR Core Standards Assurance
Nov 2018



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Emergency Preparedness, Resilience and Response (EPRR) Timeline 18/19

November 2018	GB EPRR assurance report. Core Standards submission notification
December 2018	Potential collaborative working with STP EPRR programme Develop improved training log (wcc)
January 2019	ICC tested
March 2019	Update Governing body on EPRR work programme. Refresh key staff member training programme
May 2019	Update BC plans
June 2019	Update MIRP, BC policy/ Core standards submission

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Please select type of organisation:

Clinical Commissioning Group

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	8	1	0
CBRN	0	0	0	0
Total	43	42	1	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	0	0	0
Command structures	4	4	0	0
Total	8	4	0	0

Overall assessment: Substantially compliant

Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below
1	Governance	Appointed AEO	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role</p>	Y	WCCG AEO is Mike Hasting (Director of Operations).
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy statement.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. <p>The policy should:</p> <ul style="list-style-type: none"> • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation. 	Y	WCCG has an annual work program, encompassing both EPRR and BC. The work program is based around LRF, LHRP, Wolverhampton and corporate risk registers and is reviewed in light of any changes to either risk, threat, incident learning or guidance.
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> • training and exercises undertaken by the organisation • business continuity, critical incidents and major incidents • the organisation's position in relation to the NHS England EPRR assurance process. 	Y	WCCG receives regular reports on EPRR through both Board and Quality & Safety Committee throughout the year. In addition the WCCG Operations Board also receives reports on an ad hoc basis.
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by lessons identified from:</p> <ul style="list-style-type: none"> • incidents and exercises • identified risks • outcomes from assurance processes. 	Y	WCCG has both EPRR and BC work plans and policies that are in line with, and reviewed against both NHS and statutory requirements. Policies are reviewed on an annual basis.
5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.</p>	Y	<ul style="list-style-type: none"> • EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group
6	Governance	Continuous improvement process	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.</p>	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement

7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).	Y	Major Incident response plan (MIRP) and Business Continuity Plans are updated in line with national guidance
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).	Y	Major Incident response plan (MIRP) and Business Continuity Plans are updated in line with national guidance
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	Y	Heatwave weather plans in place. Tied into BC
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Cold weather plans in place. Tied into BC
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Y	Plan flu plan completed and comms with Providers shared
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams: including supply of adequate FFP3.	Y	Service specification in place. Work ongoing re meds management and social prescribing
18	Duty to maintain plans	Mass Casualty - surge	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	Y	Surge and escalation plans in place. Tied into networks at level 3 as part of NHSE MIRP arrangements.
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.	Y	Contained within building provider's plans and responsibilities
24	Command and control	On call mechanism	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.	Y	WCCG has a switchboard that receives all calls during operational hours. There is a SPOC (Sandwell GH) that has Directors on call access
25	Command and control	Trained on call staff	On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf on the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout. 	Y	• Process explicitly described within the EPRR policy statement
26	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Y	WCCG on call staff have either attended, or are scheduled to attend both SLC and EOT Training. In addition a modular training system is being developed with NHS colleagues and JESIP training is being arranged.

27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. <p>The exercising programme must:</p> <ul style="list-style-type: none"> • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	Y	Work programme to include exercises to validate new and existing plans (BC and MIRP plan)
28	Training and exercising	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Y	Training was given to key staff members - delivery from NHSE colleagues . Training exercises have been attended by EPRR key staff.
30	Response	Incident Co-ordination Centre (ICC)	<p>The organisation has a preidentified an Incident Co-ordination Centre (ICC) and alternative fall-back location.</p> <p>Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	Y	<ul style="list-style-type: none"> • Documented processes for establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications and external hazards
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Y	Documents available within ICC, EPRR folders on shared network drive and key staff members all have awareness of locations of files
32	Response	Management of business continuity incidents	The organisations incident response arrangements encompass the management of business continuity incidents.	Y	Fully incorporated with BC plans
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> • Documented processes for accessing and utilising loggists • Training records
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	Incorporated with in Response plans
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	Comms plan incorporates all aspects of informing partner organisations. Social media policy has been approved and available on the CCG website.
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.	Y	Incorporated with in Comms strategy and comms lead for CCG is available on call
39	Warning and informing	Media strategy	The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Y	Incorporated with in Comms strategy and comms lead for CCG is available on call
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Y	AEO/EPRR lead have attended 75% of meetings
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.	Y	AEO/EPRR lead have attended meetings or have requested minutes of meetings if
42	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies.</p> <p>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).</p>	Y	<ul style="list-style-type: none"> • Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Y	Comms Strategy outlines all aspects of information sharing and cooperation, further robustness outlined within MIRP

47	Business Continuity	BC policy statement	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	Y	Statement has been drafted, yet to be approved by Exec leads
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Y	All aspects are covered within the BC plans. Policies and work programmes for EPRR
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	BIA completed within BC planning
50	Business Continuity	Data Protection and Security Toolkit	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Within BC planning
51	Business Continuity	Business Continuity Plans	<p>The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure <p>These plans will be updated regularly (at a minimum annually), or following organisational change.</p>	Y	All department data and overall BC plans incorporated within the BC plans. Refresh of Data is due January 2019
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	BC is reviews quarterly withing Quality and Safety Committee, Governing Body is updated when necessary and Operations Management group meet Bi Monthly (EPRR/BC is an agenda item)
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	Reviewed quarterly at the QSC. GB on an adhoc basis
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.	Y	Reviewed quarterly at the QSC. GB on an adhoc basis
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Y	WCCG has a crisis comms plan supported by CSU including a 24/7 OOH response capability. WCCG also engaged with Healthwatch to explore enhanced comms to service users in the event of an incident

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Deep Dive - Command and control										
Domain: Incident Coordination Centres										
1	Incident Coordination Centres	Communication and IT equipment	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.	Y						
2	Incident Coordination Centres	Resilience	The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Y	Up to date training records of staff able to resource an ICC					
3	Incident Coordination Centres	Equipment testing	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Y	Post test reports Lessons identified EPRR programme					
4	Incident Coordination Centres	Functions	The organisation has arrangements in place outlining how it's ICC will coordinate it's functions as defined in the EPRR Framework.	Y	Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.					
Domain: Command structures										
5	Command structures	Resilience	The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7.	Y	Training records of staff able to perform commander roles EPRR policy statement - command structure Exercise reports	Fully compliant				
6	Command structures	Stakeholder interaction	The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures.	Y	EPRR policy statement and response structure	Fully compliant				
7	Command structures	Decision making processes	The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.	Y	EPRR policy statement inclusive of a decision making model Training records of those competent in the process	Fully compliant				
8	Command structures	Recovery planning	The organisation has a documented process to formally hand over responsibility from response to recovery.	Y	Recovery planning arrangements involving a coordinated approach from the affected organisation(s) and multi-agency partners	Fully compliant				

Overall assessment:			Substantially compliant						
Ref	Domain	Standard	Detail	Evidence - examples listed below	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
47	Business Continuity	BC policy statement	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	Statement has been drafted, yet to be approved by Exec leads	Partially compliant	draft report to be taken to OP group and seek exec sign off	EPRR lead	Dec-19	

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WOLVERHAMPTON CCG

Governing Body
13th November 2018

Agenda item 9

TITLE OF REPORT:	Quarterly Update Better Care Fund Programme
AUTHOR(s) OF REPORT:	Andrea Smith, Head of Integrated Commissioning
MANAGEMENT LEAD:	Andrea Smith
PURPOSE OF REPORT:	To provide an update on progress of the Better Care Fund Programme
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Attached is the Internal audit report produced in May 2018, which suggested a quarterly progress report should be presented to WCCG Governing Body • Attached is the latest quarterly report for Health and Wellbeing Board. Reporting to Health and Wellbeing Board has now been reduced to annually. • This report provides key highlights, risks and Issues across the programme
RECOMMENDATION:	To inform the Governing Body on the work being undertaken within the Better Care Fund Programme
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Within the BCF programme we continually aim to improve the quality and safety of the services we commission by reviewing current pathways and processes and developing integrated health and social care pathways where this will improve both the quality and the patient experience.
2. Reducing Health Inequalities in Wolverhampton	The BCF programme strives to ensure that health inequalities are reduced across the City. The plan is based on data and evidence which allows us to understand the health inequalities that we are aiming to address
3. System effectiveness	The Better Care fund programme is supported by a pooled budget with the City of Wolverhampton Council. The pooling of resources

delivered within our financial envelope	gives us the opportunity to use our resources more effectively together
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The recent internal audit report proposed that the Governing Body should receive a quarterly report outlining progress of the Better Care Fund Programme in Wolverhampton.
- 1.2. The Better Care Fund Programme is a programme of work across multiple organisations across the City including WCCG, City of Wolverhampton Council (CWC), Royal Wolverhampton Trust (RWT), Black Country Partnership Foundation Trust (BCPFT), Wolverhampton Homes, Wolverhampton Voluntary Sector.
- 1.3. Organisations work together in an integrated way aiming to improve pathways and services to patients moving care closer to home where appropriate.
- 1.4. The programmes vision statement is *“Provide individuals and families in Wolverhampton with the services, methods and knowledge to help them to live longer, healthier and more independent lives no matter where they live in the city. Health & Social Care colleagues will work better together, alongside local community organisations to deliver support closer to where individuals and families live and in line with their needs”*
- 1.5. This is visualised below:-



Figure 1 BCF Vision

1.6 The Programme consists of 5 Workstreams; Adult Community Care, Mental Health, CAMHS, Dementia and Integration. Each workstream has a lead from WCCG and CWC and a Provider lead and members from all key stakeholders appropriate to the work being undertaken.

2. NATIONAL METRICS

2.1. Delayed Transfers of Care.

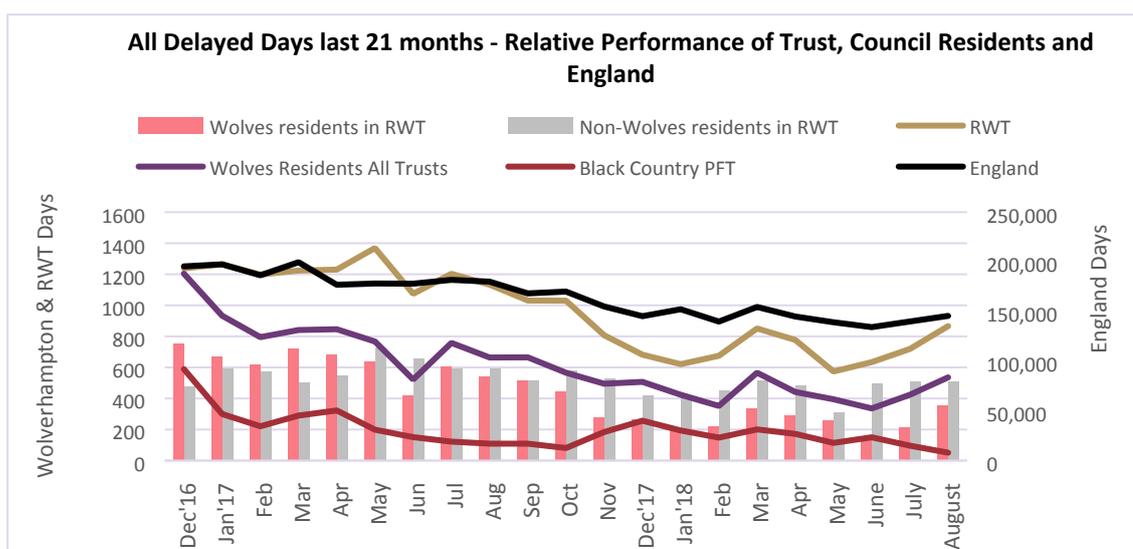


Figure 2 above shows a significant reduction in the overall levels of recorded monthly delayed days over this period, however March saw an increase in delays both locally and nationally as have both the months of July and August more recently.

The latest daily delays rate per 100,000 population aged 18 and over for Wolverhampton residents when calculated over the five months of the year to date is **7.04** against an NHS England ‘ambition’ of **7.4**. Additionally, the last seven months relative performances against comparators are shown below.

	February	March	April	May	June	July	August
England	11.5	11.5	11.1	10.3	10.3	10.4	10.8
Wolverhampton	6.4	9.2	7.5	6.4	5.7	6.9	8.7
West Midlands	12.6	13.5	13.6	12.3	12	11.9	12.3
CIPFA Group	9.5	10	9.2	9.5	8.7	8.5	9.8

Figure 3 Daily delays

2.2. Reduction of Non-Elective Admissions.

The target reduction of non-elective admissions for 2018-19 is 1198. The reduction to date for those that are aligned to BCF schemes is **508** against a plan to date of **506**.

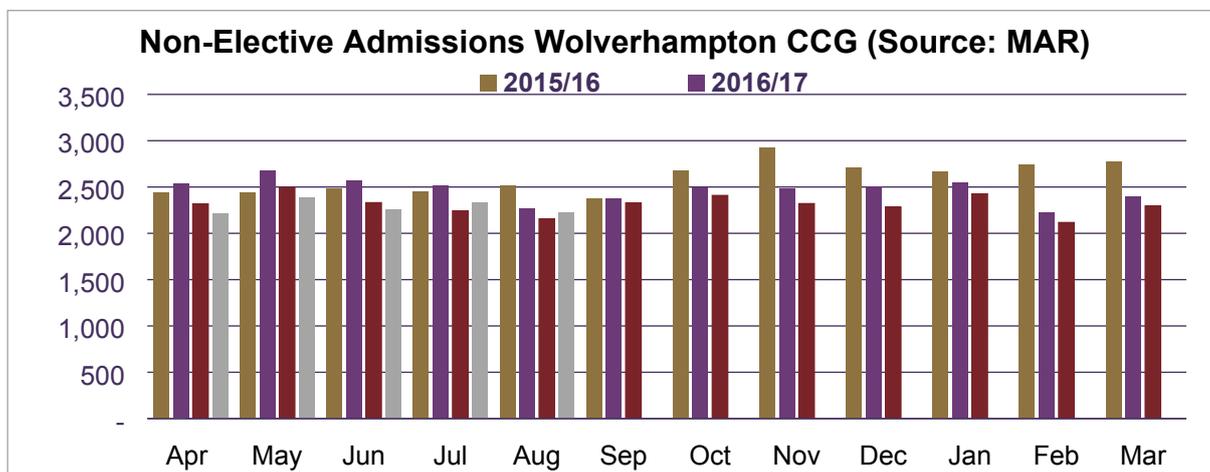


Figure 4 Non-elective admissions

The columns shown above in Figure 4 represent the Emergency Admission figures over the last 41 months contained within the NHS Monthly Activity Reports (MAR) for the Wolverhampton CCG and these indicate an overall long-term trend of improvement since a peak in November 2015.

July and August have seen the first monthly year on year increases since July 2016, however this is in line with national trends and also with an increase in A&E attendances in these months.

2.3. Permanent Admissions to Residential Homes.

The latest reported number of permanent admissions of people aged 65 and over to residential and nursing homes for the month of September (Figure 5) is 2 more than last year and follows the trend seen each month since the start of the reporting year with the average monthly target of just under 22 admissions (260 in the year) now being exceeded by 4.

The year-end total for 2017-18 was 283 which although above the target figure of 260 was 102 admissions (26.5%) lower than the outturn in the previous year. The latest year-end estimate based on six months performance is now 316 admissions.

2.4. Reablement – The proportion of older people (over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

This figure is currently only calculated once a year and is made available each October as part of the SALT Return.

The provisional outturn for ASCOF 2B Part 1 (Effectiveness of reablement) based on the latest SALT Return for 2017-2018 is 80.7% which represents an improvement on the same figure for 2016-2017 of 74.5%.

3. HIGHLIGHTS

3.1 Rapid Intervention Team (RITs) Burdett Nursing Award

The model of a Rapid Intervention team was developed within the BCF Adult Community Care workstream. The team is a community based, nurse-led team that responds to patients within 2-4 hours in their own home. The team respond to patients who are experiencing an exacerbation of a medical condition that otherwise would most likely result in an emergency admission to hospital or at least a conveyance to A&E. The model was co-produced with key partners and following evidence of the teams effectiveness in admission avoidance the CCG has recently invested further into the service to enhance its capacity.

In May 2018 the RITs team were nominated for a Burdett Nursing Award in the “Who Dares Wins” category. The award was for an exceptional team that has succeeded in embedding excellence in patient care as a driving force in its organisation’s strategy. Following an excellent submission the team were successful in winning the award.

3.2 Sharing Data – Fibonacci

Fibonacci continues to be a valuable interim solution alongside the development of an Integrated Health and Social Care Record. The system allows multi-disciplinary team members to access data relating to patients that they are case managing. Data from RWT, BCPFT and Social Care is available at the touch of a button. We are currently working on the inclusion of housing data and data from Compton Care and are also looking to explore opportunities with access for West Midlands Ambulance Service.

A trial has been undertaken in Primary Care to establish whether access to the system would be beneficial, with varying feedback. However should access be required by GP practices this can be arranged with the appropriate IG arrangements being put in place.

3.3 Fibonacci – Nursing Times Award shortlist

The team have been shortlisted for a Nursing Times award under the category of “Technology and Data in Nursing” for the innovative use of Fibonacci to provide whole system information in case managing patients. The MDT staff quote that accessing the information via Fibonacci “it is like having the patient sat in the room with you”.

The award ceremony takes place on 31st October 2018.

3.4 Co-location NE Health and Social Care teams

As described in the BCF vision on page 3, one of the key aims of the programme is for an integrated approach to providing care to patients from health and social care teams, wrapped around the individual patients and around GP populations.

The first of these, integrated neighbourhood teams will be co-located by December 2018, at the Science Park. This co-location will enable more effective multi agency working to both proactively and reactively manage and care for patients in a more seamless way.

The teams that will be co-located are the District nurses, social workers and support staff for the North East locality. There will also be the option for other staff, i.e. housing colleagues, social prescribing link workers and mental health staff to join the team as required.

The teams are undertaking a number of Organisational Development sessions to support this new way of working.

3.5 Collaborative working with Housing

Housing colleagues are playing an increasingly important part in the work delivered by the BCF Programme. They are regular members of the Adult Community Care workstream and provide support for both admission avoidance and reducing Delayed Transfers of Care. Members of the Home Improvement team are now embedded within the Integrated Health and Social Care team at RWT to support with Discharges home. They can also be accessed by the admission avoidance team directly and are working with colleagues at the CCG to directly focus work with specific cohorts of patients with the aim of reducing falls and emergency admissions from respiratory conditions.

The CEO of Wolverhampton Homes is a now a member of the BCF Programme Board.

3.6 CAMHS Transformation Plan

The CAMHS Transformation plan has been refreshed and is now available on the CCG website. The plan was viewed, by NHSE, as an excellent example and shared amongst other areas as good practice.

Workforce development has now begun with meeting to support development of the needs of the city

3.7 Integrating Better

The BCF team have been involved in the national programme “Integrating Better”. Wolverhampton was one of only 10 areas selected to support NHSE and the Local Government Authority (LGA) in gathering examples of good practice and learning from experience and challenges in order to inform the planning of the Better Care Fund Programme post 2019.

4. CLINICAL VIEW

- 4.1. Clinical view is taken upon each individual project that the programme delivers where necessary

5. PATIENT AND PUBLIC VIEW

- 5.1. Patient and public view is taken upon each individual project that the programme delivers where necessary

6. KEY RISKS AND MITIGATIONS

- 6.1. Outline the key risks associated with the report; this should include any reputational risks, litigation etc. You should also highlight any controls or actions in place to mitigate these risks.
- 6.2. Highlight whether the report either specifically relates to risks included on the risk register or if any risks need to be escalated.

7. IMPACT ASSESSMENT

Financial and Resource Implications

- 7.1. This report acts as a progress update and any financial implications are managed through the BCF Programme Board.

Quality and Safety Implications

- 7.2. This report acts as a progress update and any quality and safety implications are managed through the BCF Programme Board.

Equality Implications

- 7.3. Each individual project within the BCF Programme will undertake an equality impact assessment.

Legal and Policy Implications

- 7.4. Any legal and policy implications for individual projects will be managed by the BCF Programme Board.

Other Implications

- 7.5. N/A

Name: Andrea Smith

Title: Head of Integrated Commissioning

Date: 31.10.18

ATTACHED:

Health and Wellbeing report
Internal Audit report

RELEVANT BACKGROUND PAPERS

Wolverhampton Integration and Better Care Fund Plan 2017-19

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View	N/A	31.10.18
Public/ Patient View	N/A	31.10.18
Finance Implications discussed with Finance Team	N/A	31.10.18
Quality Implications discussed with Quality and Risk Team	N/A	31.10.18
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	31.10.18
Information Governance implications discussed with IG Support Officer	N/A	31.10.18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	31.10.18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	31.10.18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	31.10.18
Signed off by Report Owner (Must be completed)	Andrea Smith	31.10.18

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Internal Audit Report 2017/2018

Governance arrangements relating to the Better Care Fund

*NHS Wolverhampton
CCG*

July 2018
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pwc

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- B. Terms of reference
- C. Limitations and responsibilities

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Distribution list

For action:

Andrea Smith, Head of Integrated Commissioning

For information:

Steven Marshall, Director of Strategy and Transformation
Tony Gallagher, Chief Finance Officer
Audit and Governance Committee



Executive summary (1 of 2)

Report classification



Low Risk
(1 point)

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Current year finding	Critical	High	Medium	Low	Advisory
Control design	-	-	-	1	-
Operating effectiveness	-	-	-	-	-
Total	-	-	-	1	-



Executive summary (2 of 2)



Headlines/summary of findings

Our review looked at the CCG’s governance arrangements relating to the Better Care Fund, focusing on four objectives:

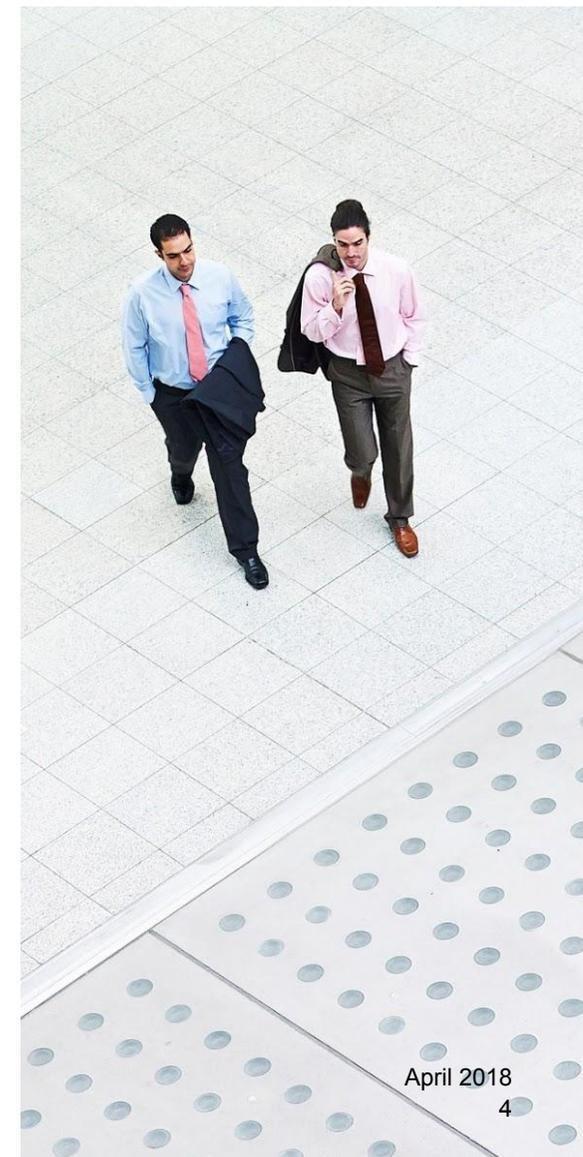
- The CCG and the Council have a clearly defined structure in place for management of the Better Care Fund;
- The Programme Board has clearly defined terms of reference;
- The CCG’s Governing Body receives timely and comprehensive updates on the Board’s activities; and
- The BCF has clearly defined work streams and service schedules that clearly articulate how the money contributed to the fund is intended to be used.

Overall officers were satisfied that the governance arrangements are robust and effective. There is senior involvement from both the Council and the CCG, with the Programme Board co-chaired by the CCG’s Chief Officer and the Council’s Director of Adult Social Care. The workstreams have designated leads and are supported by a PMO function, with supporting governance arrangements such as risk registers in place.

Two minor areas for improvement were noted during the course of the review:

- The Terms of Reference in relation to the Better Care Fund Programme Board had not been reviewed for some time and officers felt that the Terms of Reference needed to be “refreshed”. This has already been actioned; revised Terms of Reference were agreed at the June 2018 meeting, having been amended for additional members, and updating the purpose, functions and key tasks of the Board.
- Whilst the Better Care Fund is regularly referenced in Governing Body papers, and there is involvement with the Better Care Fund by senior CCG officers, there is no regular formal reporting to the Governing Body in relation to the Better Care Fund. Officers have proposed to address this by taking to the Governing Body the report on the Better Care Fund which is considered by the Health and Wellbeing Board on a quarterly basis.

We would like to thank the CCG staff for their help during the course of this review.



Current year finding

Reporting to the Governing Body

Control design

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1

Finding and root cause

Review of the Governing Body papers indicates that the Better Care Fund is regularly referenced in papers. For example, based on a review of the papers for meetings in 2018 to the date of this report, the Better Care Fund is referred to in the following ways:

- Finance plan and budget for 2018/19 (April 2018)
- Chief Officer’s report (May 2018)
- Risk register (February 2018 and May 2018)
- Draft Joint Mental Health Strategy (July 2018)
- The Wolverhampton Place Strategy (July 2018)

However, there are no formal papers taken to Governing Body setting out activity, progress and impact of the Better Care Fund.

Implications

Members of the Governing Body may not have a full understanding of issues facing the Better Care Fund, and may not have the opportunity of challenging the relevant officers.

Action plan

The Better Care Fund report which the Health and Wellbeing Board receives on a quarterly basis will be presented to the CCG’s Governing Body.

Responsible person/title:

Andrea Smith, Head of Integrated Commissioning

Target date:

30 September 2018

Reference number: April 2018

BCF 1718 1

Finding rating

Rating

Low

**Appendix A: Basis of our
classifications**

**Appendix B: Terms of
reference**

**Appendix C: Limitations
and responsibilities**

Appendices

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Appendix A: Basis of our classifications

Individual finding ratings

Critical

A finding that could have a:

- **Critical** impact on operational performance; or
- **Critical** monetary or financial statement impact; or
- **Critical** breach in laws and regulations that could result in material fines or consequences; or
- **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.

High

A finding that could have a:

- **Significant** impact on operational performance; or
- **Significant** monetary or financial statement impact; or
- **Significant** breach in laws and regulations resulting in significant fines and consequences; or
- **Significant** impact on the reputation or brand of the organisation.

Medium

A finding that could have a:

- **Moderate** impact on operational performance; or
- **Moderate** monetary or financial statement impact; or
- **Moderate** breach in laws and regulations resulting in fines and consequences; or
- **Moderate** impact on the reputation or brand of the organisation.

Appendix A: Basis of our classifications

Individual finding ratings

Low

A finding that could have a:

- **Minor** impact on the organisation’s operational performance; or
- **Minor** monetary or financial statement impact; or
- **Minor** breach in laws and regulations with limited consequences; or
- **Minor** impact on the reputation of the organisation.

Advisory

A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

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Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points		
Critical	40 points per finding	Low risk	6 points or less
High	10 points per finding	Medium risk	7 – 15 points
Medium	3 points per finding	High risk	16 – 39 points
Low	1 point per finding	Critical risk	40 points and over

Appendix B: Terms of reference

Background

The Better Care Fund (BCF) provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from:

- Clinical Commissioning Group (CCG) allocations;
- the Disabled Facilities Grant (DFG); and
- funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the IBCF grant to local authorities (LAs) and will be included in local BCF pooled funding and plans.

Both the DFG and the IBCF grant are subject to grant conditions set out in grant determinations made under Section 31 of the Local Government Act 2003.

There are four national conditions which local areas are required to meet through the planning process in order to access the funding in 2017/18:

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That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and CCGs	A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation
That a specific proportion of the area’s allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement	All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care

The national metrics for measuring progress of integration through the BCF for 2017/18 are:

1. Non-elective admissions (General and Acute);
2. Admissions to residential and care homes;
3. Effectiveness of reablement; and
4. Delayed transfers of care. (Source: NHS England).

Appendix B: Terms of reference

Audit objectives

The CCG has in place a Better Care Pooled Fund arrangement with the City of Wolverhampton Council (WCC). For 2016/17, the contributions by the CCG and WCC by workstream were as follows:

Workstream	CCG Contribution (£000)	City Council Contribution (£000)
<i>Adults Community Services</i>	26,083	18,607
<i>Dementia</i>	2,624	324
<i>Mental Health Care Act</i>	6,419	2,713
<i>Total Revenue Contribution</i>	36,090	21,644
<i>Capital – Ring Fenced Grant</i>	-	2,440
<i>Total Contribution to Pooled Fund</i>	36,090	24,084

Each of the three main workstreams has in place a service schedule outlining the aims and outcomes, arrangements in place for delivery, functions, services, commissioning contracts and financial contributions. The responsibility for the management of the Better Care Pooled Fund is WCC. WCC produces the financial reporting and the quarterly and annual reports on the overall operation of the arrangements for the Better Care Pooled Fund. This information will be shared with the overarching Partnership Board before circulation to the Health and Wellbeing Board and NHS England.

Our review of the Better Care Fund will focus on:

- Reviewing the governance arrangements in place through a desktop review of minutes and papers and a discussion with the Interim Chief Finance Officer and the Director of Strategy and Transformation

Please see the page 3 for detailed objectives and risks to be addressed in each of the above areas.

Appendix B: Terms of reference



Scope

The sub-processes and related control objectives included in this review are:

Sub-process	Risks	Objectives
BCF Governance Arrangements	<ul style="list-style-type: none"> The BCF is unable to perform its intended purpose due to a lack of appropriate governance overseeing the decision making process The CCG's Governing Body does not receive timely and comprehensive updates of the Board's activities The BCF does not have clearly documented work streams and service schedules showing how the funding contributed is to be spent. 	<ul style="list-style-type: none"> The CCG and the Council have a clearly defined structure in place for management of the Better Care Fund; The Programme Board has clearly defined terms of reference; The CCG's Governing Body receives timely and comprehensive updates on the Board's activities; and The BCF has clearly defined work streams and service schedules that clearly articulate how the money contributed to the fund is intended to be used.

Appendix B: Terms of reference



Limitations of scope

Our testing will only consider the design and operation of key controls set out above within the CCG.

Specifically, this review will not consider the reasonableness or appropriateness of the BCF strategy or of the BCF's detailed plans for delivery of its strategy nor consider the risks associated with delivery of those plans.

This review will also not consider the accuracy of the financial information reported but will consider the level of information that is reported and the narrative explanation that is provided in support.

Audit approach

Our audit approach is as follows:

- Perform a desktop review of minutes and papers for the Partnership Board and other key documents such as terms of reference; and
- A meeting with the Interim Chief Finance Officer and the Director of Strategy and Transformation to discuss how the governance arrangements are working and compare this to other areas.

Appendix C: Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken this review subject to the limitations outlined below:

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other changes; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.

This document has been prepared only for Wolverhampton CCG and solely for the purpose and on the terms agreed with Wolverhampton CCG in our agreement dated 20th April 2016. We accept no liability (including for negligence) to anyone else in connection with this document, and it may not be provided to anyone else.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is aligned to the Public sector internal audit standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.

If you receive a request under freedom of information legislation to disclose any information we provided to you, you will consult with us promptly before any disclosure.

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Report title	Better Care Fund (BCF) Update Report	
Cabinet member with lead responsibility	Cllr Roger Lawrence Leader of the Council	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All wards	
Accountable director	David Watts, Director of Adult Services (City of Wolverhampton Council)	
Originating service	Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)	
Accountable employee(s)	People	
	Sarah Smith	Head of Strategic Commissioning - People City of Wolverhampton Council
	Tel	01902 555318
	Email	Sarah.Smith@wolverhampton.gov.uk
Report has been considered by	Commissioning Management Team	4 June 2018
	People Leadership Team	11 June 2018
	Strategic Executive Board	26 June 2018

1.0 Recommendations for noting:

- 1.1 The Health and Wellbeing Board is asked to note progress made towards the delivery of the Better Care Fund.

2.0 Purpose

2.1 To advise the Health and Wellbeing Board on the progress made towards the delivery of the Better Care Fund and Improved Better Care Fund.

3.0 Overview

3.1 Better Care Fund is a programme spanning both the NHS and local government which seeks to join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

4.0 Background and context

4.1 Wolverhampton continues to work closely in partnership towards the successful delivery of the Better Care Fund Plan and vision for integration in the City.

4.2 Robust partnership governance arrangements continue and keep the plan on track and an ethos of working together to tackle the on-going challenges and complexity that this work presents strategically and operationally on a daily basis.

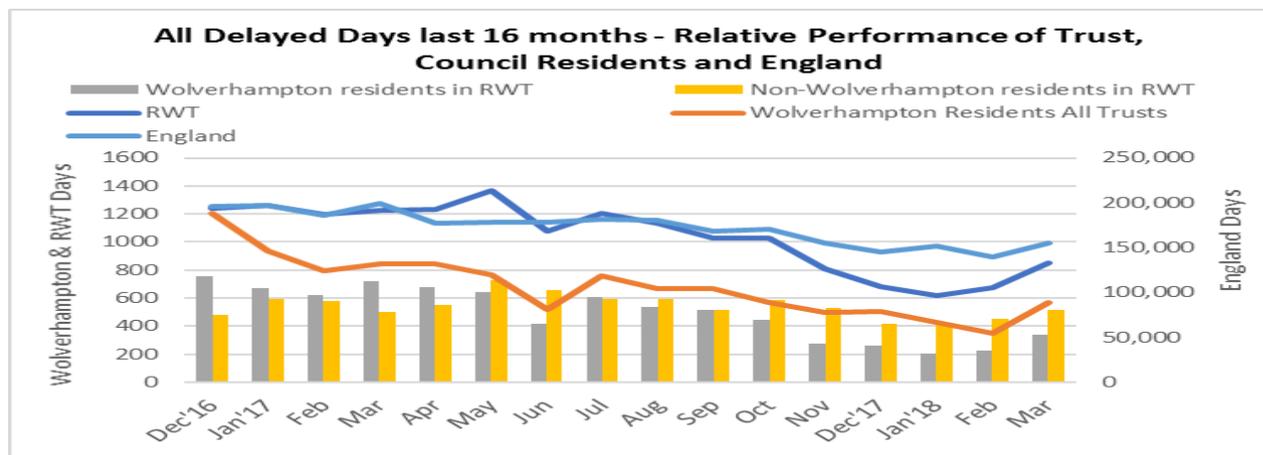
4.3 National Performance Metrics are reported in the following areas:

- Delayed Transfers of Care (DToC)
- Non-elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement

5.0 Performance against metrics

5.1 Wolverhampton improved and exceeded NHSE expectations for 2017-2018. The overall reduction between December 2016 and the latest DToC figures published for March 2018 show a reduction of 53% for Wolverhampton residents and 31.3% for Royal Wolverhampton Trust. In comparison, the national reduction is 20.9%. February's DToC daily delays rate (per 100,000 population) saw the City's position move up to 43rd out of the 151 Local Authorities included in the published data.

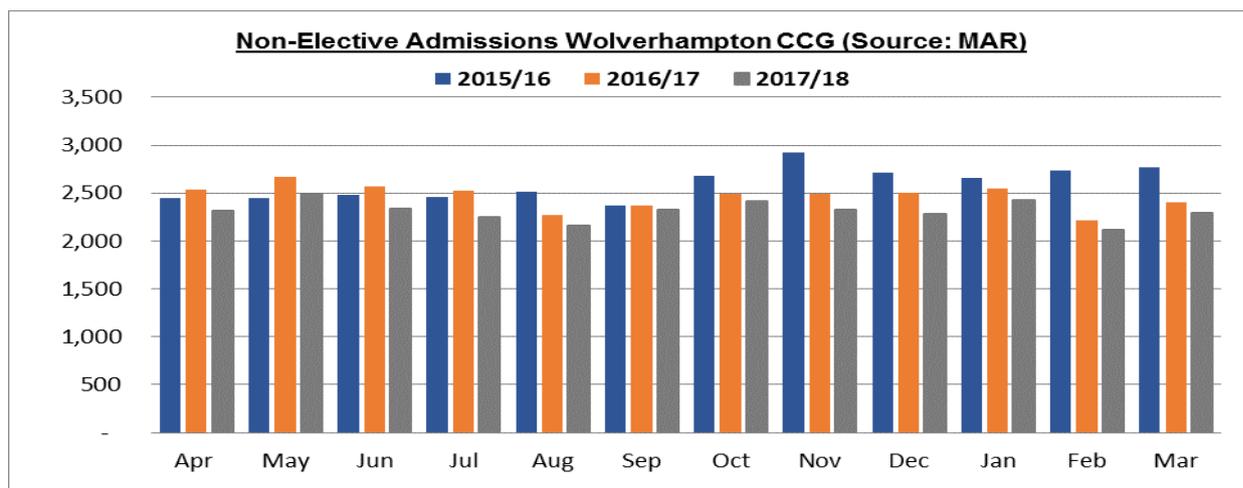
Delayed Transfers of Care (December 2016 - March 2018)



5.2 The delivery of the BCF Programme including the development of admission avoidance, redesign of community services, additional reablement services and step-up beds have contributed positively to the reduction of Non-Elective Admissions, as shown below.

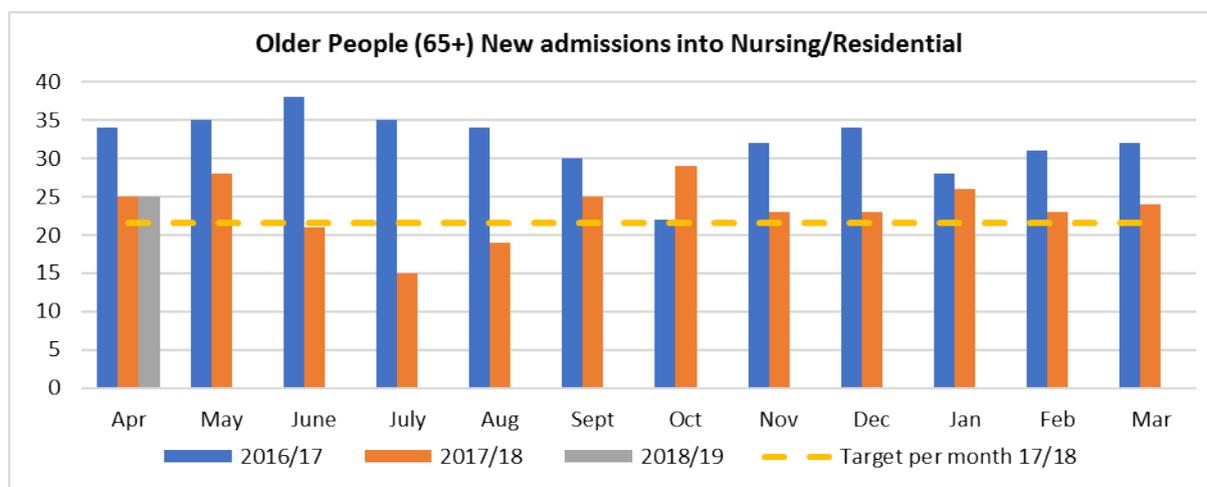
5.3 Wolverhampton also achieved a reduction of 1,593 Non-Elective Admissions (6.3%) against the same period in 2016-2017 as confirmed by the latest Monthly Activity Reports (MAR) published for March 2018.

Non-Elective Admissions (April 2015 - March 2018)



5.4 The performance target for permanent admissions to residential and nursing care has been set at 260 (597.2 per 100,000 population aged 65+) for 2017-2018 and 2018-2019. This is between 21 and 22 per month. A total of 281 placements were made during 2017-2018 (23.40 per month) and although slightly above target this represented a significant reduction of 104 admissions (27%) on the total figure for 2016-2017 of 385.

Permanent Admissions into Nursing / Residential Care (April 2016 - March 2018)



5.5 The published target in the plan for the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is 85.7% and carries forward into the current financial year.

6.0 Progress against plan

- 6.1 Success can be celebrated across the programme as health and social care agencies in Wolverhampton continue to work closely in partnership to minimise delayed transfers of care.
- 6.2 Wolverhampton continues to implement the High Impact Change Model for Managing Transfers of Care (which includes the Discharge to Assess process) for Wolverhampton patients admitted to the Royal Wolverhampton Trust and Black Country Partnership Foundation Trust.
- 6.3 Significant progress has been made around the further integration of health and social care data. Using Fibonacci software front line professionals involved in the direct care of individuals can now access key health, social care and mental health data (using the NHS number). A pilot providing GP access has recently gone live.
- 6.4 Partners have also reached agreement to co-locate health and social care staff operating in the North East locality at the Science Park by the end of the calendar year. Options for longer-term hub solutions across the city are being developed.
- 6.5 The community Rapid Intervention Team has won a prestigious nursing award for their success in reducing A&E attendances. The service won the Burdett Nursing 'Who Cares, Wins Award' for their success in caring for acutely unwell patients at home, preventing hospital admissions. The service has improved patient choice, control and quality of life and sustained avoidance rates at 90%.
- 6.6 Developing integration with other community services has progressed, including housing services, this has helped to facilitate discharges and has resulted in improved living conditions for some individuals and enabled better management of their health conditions. In addition, an integrated piece of work to target specific cohorts who are at risk of falls has been identified with housing.
- 6.7 Wolverhampton celebrated and demonstrated its progress with the wider Better Care community by presenting at the February 2018 Regional Integration Event in Birmingham which sparked wider interest and a desire by the Better Care Team to visit the Council's programme and see the work in practice.
- 6.8 A draft mental health strategy has been produced. The need for resilient individuals, families and communities is placed at the heart of the strategy. The mental health stakeholder forum is being relaunched at the end of June 2018 and will promote better co-production of the final strategy. Discussions are ongoing for Approved Mental Health Professionals to co-locate with the Black Country Partnership Foundation Trust.
- 6.9 The City of Wolverhampton has been awarded Dementia Friendly Community status to December 2018 by the Alzheimer's Society. The Wolverhampton Dementia Action Alliance, supported by the City of Wolverhampton Council, has successfully brought together dozens of local organisations that want to become more dementia friendly, including retailers, businesses, the emergency services, religious groups, and education providers. Dementia Action Week took place between 21–27 May and over 15 separate

activities were planned over the week. A flagship information event took place on 22 May attracting over 65 people followed by a grand Dementia Friends session held at the Grand Theatre. At this session 120 people became Dementia Friends with BBC WM in attendance and live interviews took place with Councillor Sandra Samuels OBE and carers. Arrangements are also in place to develop the dementia strategy for the City of Wolverhampton and the draft will be shared later in the year. The intention is to retain the status through self-assessment each year and the Better Care Programme will be a vehicle to support this.

7.0 Improved Better Care Fund

7.1 The iBCF plan exists of five main programmes:

- Home First – Discharge to Assess Plus Home First – Discharge to Assess Plus
- Home First – Reablement
- Demand Management
- Minimum Adult Social Care Funding Level / Stabilisation of the Social Care Market
- Increasing Choice and Control for People

7.2 A number of additional schemes have been successfully rolled out and have contributed to improved health and social care outcomes for Wolverhampton's population and include:

- Six reablement step-down flats at Showell Court Extra Care Scheme
- Rapid response service
- Admission avoidance/step-down service
- Community reablement service (additional capacity)

7.3 The additional schemes are currently being evaluated and this will inform decisions regarding the continuation or expansion of those schemes, or commissioning of alternative schemes.

8.0 Financial implications

8.1 The pooled revenue budget for 2017-2018 totalled £66.8 million, of which £29.3 million was a contribution from Council resources and £37.5 million from the CCG. The Council's contribution included the improved Better Care Fund and the additional Adult Social Care monies announced in the Spring budget of which totalled £7.6 million. It should be noted that the fund included £6.5 million representing the NHS transfer to Social Care (S256). In addition to the revenue budget the fund included a capital grant of £2.7 million (Disabled Facilities Grant).

8.2 The Section 75 agreement details the risk sharing arrangements for both organisations for any over / under spend within the pooled fund. The risk sharing arrangements in relation to the iBCF monies is held 100% by the Council.

8.3 The reported overspend on the revenue pooled budget at year-end was £419,000. Based on the agreed risk share Wolverhampton CCG was responsible for £226,000 and the City of Wolverhampton Council £193,000. [[MI/13062018/N]

9.0 Legal implications

- 9.1 Cabinet Members for Adults, Public Health and Wellbeing and Resources in consultation with the Strategic Director, People and Director of Finance recently agreed to the final terms of the Better Care Fund Section 75 Agreement and authorised the Solicitor of the Council to complete the agreement along with any necessary ancillary agreements arising from the main agreement.
- 9.2 A Section 75 agreement is in place for the delivery of the BCF plan 2017-2018.
[RB/13062018/F]

10.0 Equalities implications

- 10.1 Each individual project within the workstreams has identified equality implications, and a full equality impact analysis has been carried at work stream level.

11.0 Environmental implications

- 11.1 Each individual project within the workstreams will identify environmental implications, such as the need to review estates for the co-location of teams and services.

12.0 Human resources (HR) implications

- 12.1 Each individual project within the workstreams will identify HR implications. HR departments from both Local Authority and Acute Providers are already engaged in discussions regarding potential HR issues such as integrated working and change of base for Employees.

13.0 Corporate Landlord implications

- 13.1 Corporate Landlord (Estates Valuation and Disposals) meets regularly with the Task and Finish Team and is working with the team to assist and evaluate if any of the assets within the existing NHS and Council Estate are suitable for reuse to support the BCF proposals. The BCF programme has an Estates Task and Finish Group in place to consider accommodation options on a city-wide basis.

14.0 Schedule of background papers

Better Care Fund Quarter 4 Submission 20 April 2018
Papers available on modern.gov as presented at following meetings:

People Leadership Team	9 April 2018
Strategic Executive Board	17 April 2018
Leaders Brief	23 April 2018

WOLVERHAMPTON CCG
Governing Body - 13TH November 2018
Agenda item 10

TITLE OF REPORT:	Commissioning Intentions 2019/2020
AUTHOR(s) OF REPORT:	Sharon Sidhu, Head of Strategy & Transformation
MANAGEMENT LEAD:	Sharon Sidhu, Head of Strategy & Transformation
PURPOSE OF REPORT:	To outline the CCG's Commissioning Intentions for 2019/20
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> To give an overview of commissioning intentions for 2019/20 which take into account National, STP and Local Placed Based Intentions
RECOMMENDATION:	<ul style="list-style-type: none"> To receive & note contents of report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Commissioning Intentions set out CCGs priority areas for the forthcoming year. The commissioning intentions predominately focus on improving the quality, safety and outcomes of services it commissions whilst ensuring it remains within its financial resource allocation.
2. Reducing Health Inequalities in Wolverhampton	Commissioning Intentions set out CCGs priority areas for the forthcoming year. The commissioning intentions predominately focus on improving the quality, safety and outcomes of services it commissions whilst ensuring it remains within its financial resource allocation.
3. System effectiveness delivered within our financial envelope	The priorities identified within the Commissioning Intentions are intended to set the basis for negotiation with providers to ensure we remain with the financial resources available to the CCG.

1. INTRODUCTION

- 1.1. This report presents Governing Body with an overview of the Commissioning Intentions process and Commissioning Intentions list for 2019/20.

2. BACKGROUND

- 2.1. In September 2016 NHS England published planning guidance covering the two year period from 2017 to 2019. Contracts with NHS providers covered the two year period and the CCG published it's Commissioning Intentions in 2016 in line with the two year contract.
- 2.2. The CCG will need to agree new contracts with all NHS providers when the current two year end contract ends on the 31st March 2019. Currently there is no published guidance from NHS England regarding any changes to the national standard contract or timelines by which contractual agreements for 2019/20 must be in place.
- 2.3. In the absence of any national guidance we are working on the assumption that in line with previous years we will be required to give providers six months' notice of any proposed changes. Therefore in line with this timescale the Commissioning Intentions list was approved by Private Governing Body on the 11th September 2018 and published and shared with providers by the 30th September 2018 (See Appendix 1).
- 2.4. The Commissioning Intentions have been shared with Primary Care and Local Authority colleagues for review and comment. The list has also been discussed at the Better Integrated Care and Primary Care/Modernisation & Medicines Optimisation Delivery Board during August 2018.

National Policy

- 2.5. National Policy indicates that implementation of the Integrated Care Systems at a local level will continue to be a key area of focus for 2019/20. In line with this direction of travel we can expect that as well as developing our plans as a CCG, we will also be contributing to development of plans at an STP level and our commissioning intentions will need to reflect both our local place based and STP level priorities.
- 2.6. We can also expect a continuing requirement to meet national constitutional standards and to implement key national strategies. In addition there will be an expectation for CCGs to focus on reducing variation in care by reviewing opportunities identified by Right Care.

Black Country Sustainability & Transformation Plan (STP)

2.7. The Black Country STP is leading on a number of specific programme areas, in particular:

- Transforming Care Programme
- Urgent & Emergency Care
- Elective Care
- Maternity
- Mental Health Services
- Cancer

2.8 In addition the Clinical Leadership Group has developed a Clinical Strategy for the Black Country STP which includes a focus on the below areas. The CCG is already working on these areas as they have been identified as either Right Care priorities or as part of our local Integrated Care Partnership approach, which are reflected accordingly in our commissioning intentions list.

- Primary Care
- Children and Young People
- Cardiovascular Disease
- MSK
- Respiratory Disease
- Frailty

Integrated Care Partnership – Wolverhampton Place Based Strategy

2.9 As part of our local Integrated Care Partnership approach we are working with key stakeholders across the health economy to redesign end to end pathways across the following areas which initially include:

- End of Life
- Frailty
- Paediatrics
- Mental Health
- Urgent & Emergency Care

3.0 The CCG is currently in the process of agreeing a risk/gain share agreement with The Royal Wolverhampton Trust which help shift from the current contractual model to the development of an outcomes based commissioning framework which will help underpin the Integrated Care Partnership – Wolverhampton Based Strategy

approach. Work is underway to develop the commissioning for outcomes framework, which will be shared with the Governing Body in due course

- 3.1 Similar discussions are also taking place with Black Country Partnership NHS Foundation Trust.

3. CLINICAL VIEW

- 3.1. The Commissioning Intentions have been shared with primary care for review and comment.

4. PATIENT AND PUBLIC VIEW

- 4.1. In previous years the CCG has undertaken a round of public commissioning intention events. This year the CCG has taken the decision not to hold these events due to the fact that most of the intentions are existing programmes of work, which we have engaged on previously and can demonstrate ongoing patient involvement through the commissioning engagement cycle (See Appendix 1).

- 4.2. In addition the CCG undertook a series of public engagement activities last year and as a consequence have published a 'you said, we did' document which outlines how we have taken the feedback into account when developing services <https://wolverhamptonccg.nhs.uk/contact-us/you-said-we-did>. Key themes from last year's engagement event and feedback from the PPG Chairs & Citizens Forum will be taken into account during the development of services

- 4.3. There will also be some further engagement work planned in regards to the commissioning for outcome framework.

5. KEY RISKS AND MITIGATIONS

- 5.1. Commissioning Intentions play a pivotal role in communicating commissioning priorities including service developments, changes in delivery and provision therefore it is important that these capture all the relevant areas to take forward in negotiations with key providers. Therefore there is a small risk that commissioning intentions do not capture all local requirements, this can be mitigated and managed through ongoing discussions with providers.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Commissioning Intentions will be used to inform financial planning and will help support the overall requirement of maintaining financial management of the organisation.

Quality and Safety Implications

- 6.2. Any quality and safety implications will be addressed as part of discussions with Providers regarding Commissioning Intentions.

Equality Implications

- 6.3. Individual schemes/projects are required to have completed Equality Impact Assessments where required.

Legal and Policy Implications

- 6.4. Where there are any legal or policy implications the project lead will liaise with the relevant support.

Other Implications

- 6.5. Please note that the Commissioning Intentions list is not exhaustive and may need to include additional intentions following approval due to planning guidance being published or other service issues that come to light.

Name: Sharon Sidhu

Job Title: Head of Strategy & Transformation

Date: 16^h October 2018

ATTACHED:

Appendix 1 – Commissioning Intentions 2019/20 List

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CI Ref	Impact Area	Wolverhampton CCG Commissioning Intentions 2019 - 2020	Engagement Work Undertaken to Date	Planned Engagement Work
Con 001	Acute	Cancer - Implementation of the Achieving World Outcomes: Taking the Strategy Forward	19th April - Cancer engagement event at Wolverhampton Uni. 3 course meal (healthy eating) provided funded by Macmillan. Range of activities to gather public ideas for improving local Cancer services including role of CNS, local priority from National Cancer Plan (resulted in prioritising early diagnosis) Health & Wellbeing Events for cancer patients following completion of treatment Merridale Road (27th Sept / 25th Oct / 29th Nov 2017) Tettenhall (31st Jan / 28th Feb / 28th March 2018) Fallings Park (25th April / 30th May / 27th June 2018) Bilston (25th July) Psychology/ Counselling / Recurrence awareness 3 events 12/3/18, 16/4/18 and 15/5/18 H&WB market place Events – patients and carers 5th June 2017 – health and physical activity. 11th October 2017 – consequences of treatment 31st October 2018 – market place with demo's	H&WB Events for 2019 – fire stations 10am -12pm Wolverhampton (YFA): 6th Feb 19, 3rd April 19, 5th June 19, 7th Aug 19, 2nd Oct 19, 4th Dec 19 Fallings Park (Jubilee) 6th March 19, 1st May 19, 3rd July 19, 3rd Sept 19, 6th Nov 19.
Con 002	Acute	Maternity - Implementation of findings/recommendations from NHS England Maternity Review	17 July 2018 -Whose Shoes maternity patient enagement a range of professional and parents attended maternity services consultation event. Key themes that came out of the event. Communication, continuity of carer, consistency, breastfeeding, Empowering parents & giving choices, personalised care. technology. 26 September Black CountRy LMS you said we did in response to Whose Shoes Event Consultation	17 July 2018 -Whose Shoes maternity patient enagement a range of professional and parents attended maternity services consultation event. Key themes that came out of the event. Communication, continuity of carer, consistency, breastfeeding, Empowering parents & giving choices, personalised care. technology. 26 September Black CountRy LMS you said we did in response to Whose Shoes Event Consultation
Con 003	Acute	Weight Management Services - As the CCG is now responsible for Tier 4 obesity services it will be undertaking a review of its existing bariatric policy and criteria and implementing any changes through the contract. This work will also seek to strengthen the weight management Tier 3 services in light of the Citywide obesity challenge.	Public Health undertook Population Lifestyle Survey January - April 2016 9,048 Wolverhampton residents completed. Included a section on Obese and Average Wellbeing. Report published February 2017 detailing results which have been utilised in the business case.	The CCG will conduct a public and patient engagement exercise as part of policy development. As tier 3 services are developed and piloted, patient feedback and experience measures will be captured and utilised to inform future commissioning decisions.
Con 004	Acute	Review & Alignment of POLCV policy		Following review of policy engagement plan will be determined
Con 005	Acute/Community	Co-location/Integration of Community Neighbourhood teams. Working with a range partners to implement the vision of the BCF of the development of three Community Neighbourhood Teams.	10th July - engagement event held at the Science Park with all team members from across partners who will be impacted by the move.	Further engagement with Teams is planned between now and the end of November when the move is planned to take place - exact dates are not known but there is a task and finish group working on the Change Management and Communications
Con 006	Acute/Community	Frail elderly pathway - Development and Implementation of a frail elderly pathway which entails cross boundary and multi agency working which encompasses healthy Living/Ageing Well, Proactive Care, Assess to admit, Frail Elderly ED Team, Acute admission under geriatrician, Discharge to Assess and Comprehensive Reablement. One of the priorities of the Integrated Care Alliance approach.	Healthwatch are involved in the Frialty clinical pathway sub group meetings	
Con 007	Acute/Community	Review & redesign of current Wound Care Services - Review & redesign of wound care services which will enable wound care services to be delivered seven days a week to meet patients needs	Steering Group made up of all partners Regular engagement with RWT colleagues Recent engagement with Primary Care colleagues	
Con 008	Acute/Community	Paediatric Pathway Review - review of community paediatrics, paediatric OT and PT, SLT and CCNS to ensure it meets the 0 - 25 SEND agenda and that C & YP are being seen at the right time, right place by the right person.	Engagement has taken place via survey monkey and event held at molinuex	
Con 009	Acute/Community	Review & Redesign of Anti-Coagulation Service		To be determined
Con 0010	acute/community	Review of stroke therapy funding to ensure we are not double paying as part of community/acute contract		
Con 0011	Acute/Community	End of Life & Palliative Care - Implementation of End of Life/Palliative Care Strategy through Integrated Care Alliance Approach	Targeted education and training to the Care Home Sector from 17th January to December 12th 2108 on: Advance Care Planning, Having Difficult Conversations, Building Resilience in the team, Recognising the dying phase, managing the dying patient. Some of this training will also be delivered to WMAS, Practice Nurses/Managers and District Nurses and GP's. 14th February - Multi agency issues and solutions workshop here at the CCG. Range of professionals from all partners attended. Discussed all issues related to EoL and drafted possible solutions which have been used in the redesign of the current pathway	Official launch of new ACP - Sept 19th. PPG Lead invited / all partner agencies invited. Planning CCG funded engagement with Healthwatch across the City to include surveys, focus groups and one to one interviews. To be concluded by December 2018
Con 0012	Acute/Community	Transition pathways for all paediatrics services including acute and community services & SEND	Engagement has taken place via survey monkey and event held at molinuex	
Con 0013	Acute/Community /Primary	Respiratory Right Care - reducing unwarranted variation of care		
Con 0014	Acute/Community/Primary	Diabetes Right Care - reducing unwarranted variation of care, structured education, NDPP	Patient representation on local diabetes network	
Con 0015	Acute/Community/Primary	Paediatrics Right Care - reducing unwarranted variation of care, reviewing paediatric pathways into A&E and PAU and pathway redesign work through Integrated Care Alliance Approach		Paediatrics clinical sub group to be set up and representation to be identified

Con 0016	Acute/Community/Primary Care	Ophthalmology - Continue to develop primary, community and secondary care eye services, and undertake a whole system STP capacity review of eye health services, to ensure sustainable services that meet needs of our population.	Social marketing campaign undertaken during September to March 2018 to publicise and inform the public of the appropriate services available and access routes into ophthalmology services.	The review will incorporate patient and stakeholder involvement to inform future models of care for eye services, and future commissioning decisions.
Con 0017	Acute/Community/Primary Care/Mental Health	Early Help – to improve the understanding of all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment		
Con 0018	Acute/Community/Primary Care/Mental Health	Strengthen the monitoring of Safeguarding Children and Adults arrangements in all commissioned services	Engagement to date has only been with Providers	Provider health forum date planned for September 2018
Con 0019	Acute/Community/Primary Care/Mental Health	Continue to work closely with Providers to strengthen reporting arrangements for our Looked After Children to ensure strategic oversight and enable more robust challenge, implementing any changes through the contract		
Con 0020	Acute/Community/Primary Care/Mental Health/LA	Development of MDT model - Working with a range of partners to redesign and implement new ways of MDT working	15th March - workshop held here at CCG. All stakeholders represented. Undertook challenge mapping process. Output was stakeholder preferences for MDT working. MDT task and finish group established. Regular engagement with GP practices involved in prototyping and all professionals who will be involved in mdt's	
Con 0021	Acute/Community/Primary/Mental Health	The Black Country has been successfully selected as a Demonstrator Site for Personalised Care and Support (PCS) by NHS England (NHSE). Personalised Care relates to a number of interventions. These include: • Health coaching		
Con 0022	acute/ommunity	Review of neuro rehab provision and tariff		
Con 0023	Acute/Primary Care	GP Targeted Peer Review	Engagement with GP Grouping & Clinical Reference Group	
Con 0024	Acute/Primary Care	GP Home Visiting Service - Development and delivery of a GP home visiting service initially piloting across seven practices with a view to rolling out across all practices if successful.		Plans to engage with pilot practices local population prior to go live in November. Plan to ask Nurses who have provided service for VI practices to share their experiences.
Con 0025	Acute/Primary Care	Falls Service Redesign	During 2015 - Public Health colleagues ran a number of workshops inviting stakeholders and the public to discuss falls prevention June/ July 17 - questions included as part of the engagement bus & 'Come along and	presentation at PPG chairs meeting
Con 0026	Community	Community Dermatology - Reprourement of community dermatology service	Patient feedback and experience metrics are captured within existing contract(s).	Patient feedback and experience metrics will be used to inform future commissioning decisions.
Con 0027	Community	Reprourement of Non Complex AQP Audiology	Patient feedback and experience metrics are captured within existing contract(s).	Patient feedback and experience metrics will be used to inform future commissioning decisions.
Con 0028	Community/Primary Care	Primary Care In Reach Team - Enhanced Health In Care Homes Framework	Care Home Association provided feedback on behalf of patients and carers	
Con 0029	Costing & Coding	Development of currency for Wheelchair Services as currently block contract arrangement		
Con 0030	Costing & Coding	Review of PAU tariff & Block Reduction Rebate		
Con 0031	Costing & Coding	Cost neutrality for implementation of Emergency Data set to be maintained		
Con 0032	Costing & Coding	Review of locally agreed tariff prices		
Con 0033	Costing & Coding	Modelling national Tariff guidance including use of non mandatory tariffs/indicative tariffs		
Con 0034	Costing & Coding	Disaggregating Paediatrics Community Block Contract to understand what is being purchased, meaning activity data required which is over and above CIDS		
Con 0035	Mental Health	IAPT Model - Commission a revised IAPT model which provides timely and responsive psychological interventions for people with mild to moderate mental health difficulties.		
Con 0036	Mental Health	Learning Disability Services - Design commission and implement a learning disability service model which responds to local need and the learning from Transforming Care/the LeDer Programme and providing assertive community support in an integrated whole system with social care.		
Con 0037	Mental Health	STP Mental Health Care Pathway Alignment	4 events with patients and the public in attendance took place in 2017/18	
Con 0038	Mental Health	STP Perinatal mental Health	A programme of Stakeholder events and meetings is in place across the STP.	
Con 0039	Mental Health/Acute	Dementia Community Redesign	An engagement event was held on in June 2018 in conjunction with the City of Wolverhampton Council.	An engagement event is scheduled to take place in late September hosted by WVSC. A schedule of events is to be arranged with the CSU Comms and Engagement Team
Con 0040	Mental Health/Acute	CAMHS Transformation Programme - To work closely with BCPT to introduce a place-based care model for delivering specialist CAMHS services in Wolverhampton.	Engagement work taken place with Children in Care Counsel and Youth Council	
Con 0041	Mental Health/Community	Mental Health Collaborative Commissioning - Commission services across STP footprint as one for Criminal Justice, Street Triage & Crisis Car, CAMHS (Core & Crisis), Personality Disorder, ADHD, ASD, Eating Disorders, Early Intervention in psychosis, Dementia diagnosis		
Con 0042	Mental Health/Community	Neurodevelopmental Conditions Strategy - commission a series of care pathways and interventions that support the assessment, diagnosis, care and treatment and review of children, young people and adults with neurodevelopmental conditions.	Voice4Parents, Survey monkey	

Con 0043	Mental Health/Community/Acute	Implementation of Mental Health Strategy	A Multi-Stakeholder event took place in July with patients and the public in attendance.	Further engagement events will be taking place as the strategy and implementation plan are developed.
Con 0044	Primary / secondary care	supply of anticipatory drugs during out of hours (after pharmacies closed)		
Con 0045	Primary / secondary care	Oral Nutritional supplements "off Script"		
Con 0046	Primary Care	Repeat Prescription Management		Comms and engagement events to be planned as part of roll out
Con 0047	Primary Care	Low Clinical Value Products	National consultation taken place. Engagement and involvement planned for August and September	
Con 0048	Primary Care	Prescribing Review - Phase 2	National consultation taken place. Engagement and involvement planned for August and September	
Con 0049	Primary Care	Remote Appointments - Use of skype technology for patient consultations		
Con 0050	Primary Care	GP Access - Extended opening hours for primary care hub services	PPG Chairs and practice level PPG meetings	
Con 0051	Primary Care	Primary Care prescribing efficiencies	Patient representation on Commissioning Committee and Quality & Safety committee	
Con 0052	Primary Care	Quality & Outcomes Framework (QOF) Plus - Obesity, Diabetes and Alcohol and any future in year developments	GP groupings and LMC	
Con 0053	Primary Care/Community/Secondary Care	CVD - Hypertension, AF - Improve prevention, detection and management of patients with Cardiovascular Disease		
Con 0054	Primary/Secondary	Development of Quality assured Spirometry - Potential development at hub level/continuation of direct access at Trust		
Con 0055	Secondary Care	Use of 4th & 5th line Biologics for patients with Rheumatoid Arthritis		
Con 0056	Secondary Care	Tapering of biologics drugs for patients with stable Rheumatoid Arthritis		
Con 0057	Specialist Services	Reprocurement of Assisted Conception Service	Patient feedback and experience metrics are captured within existing contract(s).	Patient feedback and experience metrics will be used to inform future commissioning decisions.
Con 0058	Specialist Services	Reprocurement of Termination of Pregnancy (TOP)	Patient feedback and experience metrics are captured within existing contract(s).	Patient feedback and experience metrics will be used to inform future commissioning decisions.

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WOLVERHAMPTON CCG

Governing Body
13th November 2018

Agenda item 11

TITLE OF REPORT:	Commissioning Committee – Reporting Period September and October 2018
AUTHOR(S) OF REPORT:	Dr Manjit Kainth
MANAGEMENT LEAD:	Mr Steven Marshall
PURPOSE OF REPORT:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in September and August 2018
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Black Country Maternity Plan • Draft Mental Health Strategy • Contracting Updates
RECOMMENDATION:	That the report is noted.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. System effectiveness delivered within our financial envelope	<u>Meeting our Statutory Duties and Responsibilities</u> This report is submitted to meet the Committee's constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.

1. BACKGROUND AND CURRENT SITUATION

- 1.1 The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of September and October 2018.

2. MAIN BODY OF REPORT – September 2018

2.1 Black Country Local Maternity Plan Update

The Committee was present with an update on the development and implementation of the Local Maternity Service (LMS) plan for 2017-2020 and agreed assurance.

The plan has been developed to improve outcomes and provide a safer service for patients. The vision is taken from the national report and is made up of several recommendations for improvement which fall under seven key headings. Consultation has included patient involvement.

The Black Country LMS Plan has been produced with partners across the Black Country and West Birmingham and presented to NHSE, who have approved and signed off the Plan. Three main areas of impact have been highlighted – Tackling Infant Mortality, Delivery Better Births and ensuring sustainable services

Action - That Governing Body notes the decision made by the Committee.

2.2 Draft Mental Health Strategy Update

The Committee was presented with an update of the joint collaboration of NHS Wolverhampton CCG and the City of Wolverhampton Council. The strategy outlines current services and what has been achieved to date. The Committee noted the contents.

Action - That Governing Body notes the decision made by the Committee.

2.3 Contracting Report

Royal Wolverhampton NHS Trust

The Committee was presented with an update on the current contracting overview –

Contract Performance (activity and finance)

The underperformance of the contract continues into Month 4 due to planned same day electives and non-electives patients being below plan.

A&E – Performance continues to improve to 93.51% since June 2018

Referral to Treatment – Performance continues to be consistent at 90.94%. This falls in line with revised performance requirement for this service.

Cancer – RWT has failed against all Cancer targets in August 2018, except 31 days for subsequent treatment for anti-cancer drugs, a recovery plan has been agreed.

Performance Sanctions

Guidance has been received from NHSE with regards to the application of sanctions and has been processed for months 1 to 3. Fines for 2018/19 have been applied and agreed with RWT.

Other Contractual Issues

52 Week Wait reduction and recovery plan

The CCG is currently working with NHSE regarding the 52 week wait recovery programme. The CCG has been asked to identify any potential patients who are at risk of breaching the 52 week waiting for elective treatment who may meet the criteria for being outsourced to a suitable alternative provider.

Risk/gain share agreement

The agreement is currently being finalised, a draft has been shared with RWT.

2019/20 Planning Round

The Committee has been asked to note the key points and principles for the planning rounds for the financial years of 2019/20, currently awaiting national planning guidance to be released.

Black Country Partnership Foundation Trust (BCPFT)

Performance/Quality Issues

Improving Access to Psychological Therapies (IPAT) target

Risk of achieving the target for this service remains a risk. NHS England has met with the CCGs and providers across the Black Country STP in order to support the determination of remedial action plans.

Ward Closure – 136 Suite – Hallam Street

The closure of the 136 suite at Hallam Street facility will not impact on Wolverhampton services as capacity has been identified within the CCG area.

Data Quality Improvement Plan (DQIP)

The information sharing system 'Graphnet' will be available to RWT hosted sites by the end of 2018.

Other Contractual Issues

Primary Care/Secondary Care Engagement

A Primary care Mental Health workshop is being scheduled for the month of September and will focus on Physical Health Checks.

Planning Round 2019/20

A similar approach will be undertaken for the Black Country Partnership Foundation Trust planning as to RWT with key points and principles, awaiting National guidance.

Action - Governing Body to note the above.

2.4 Review of Risks

Corporate Organisational Risks

The committee were advised that no change has been made to the current corporate risk register. A refresh will be undertaken at the end of September 2018.

Committee Level Risks

An update of the current committee risks was received by the committee.

Action - Governing Body to note the above.

3. MAIN BODY OF REPORT – October 2018

1.1 Community Dermatology Service

The Committee was presented with a report of the current Community Dermatology Contract which ceases in December 2019. The provision, of a community service is in line with strategic objectives and in addition the incumbent Trust based service is expected to cease. The Committee agreed to the expansion and re-procurement of this service.

Action - That Governing Body notes the decision made by the Committee.

1.2 Contracting Update

Royal Wolverhampton NHS Trust

Activity

The Committee was presented with an update on the current contracting position:

The Trust's position at the end of the financial year is currently awaiting confirmation. The Trust Board meet on the 5 November 2018 following which, Commissioners will be informed of the most recent Trust position.

Cancer –The service has reported some measure of recovery. The 62 day service is however is proving to be a challenging area.

Risk/gain and share agreement

This agreement is currently being presented through the governance processes within each organisation.

UHB Urology Tertiary referrals

This service will at this time only impact on Burton and Derby.

Ambulance referrals

This service has been in high demand .It was confirmed this is specific to Wolverhampton. One of the underlying causes is attributable to increased

conveyances from care homes. The UCC and Walk In Centre are also reporting an increase in patients in the last month.

Telford Royal Princess Hospital

It has been preliminarily suggested that Telford Princess Royal Hospital will now be closing its A&E Department at 10.00 pm from the 18 December 2018. RWT will be remodelling their service to accommodate the extra demand.

Delayed transfer of care

This is currently running at 0.5% above target which currently stands at 3.5%. Walsall and Staffordshire patients constitute the largest number of RWT DToCs

Diagnostics

RWT has been performing well on this area until October 2018 but this has slightly slipped. Investigative work is underway to determine which specific areas need to be improved,

Black Country Partnership Foundation Trust (BCPFT)

Performance/Quality Issues

A draft outcomes framework for Mental Health has now been completed and will be shared with RWT.

Marie Stopes International – Termination of Pregnancy Service

The Provider has requested an increase to their current tariff. The CCG is an associate to this contract and is currently collaborating with the main contract holder to determine the next steps

Action - Governing Body notes the above.

3.3 Review of risks

Corporate Organisational Risks

The Committee was advised that no change has been made to the current corporate risk register and a quality review has been carried out.

Committee Level Risks

The Committee was advised that an outstanding risk of staff workforce issues remains with regard to the BCF Programme Office. This issue is currently under discussion with the Local Authorities

Action - Governing Body to note the above.

4. RECOMMENDATIONS

- Receive and discuss the report.
- Note the action being taken.

Name: Dr Manjit Kainth

Job Title: Lead for Commissioning & Contracting

Date: 25th October 2018

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WOLVERHAMPTON CCG
GOVERNING BODY MEETING
13TH NOVEMBER 2018
Agenda item 12

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(S) OF REPORT:	Sally Roberts, Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
PURPOSE OF REPORT:	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception).
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
KEY POINTS:	<p>This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as:</p> <ul style="list-style-type: none"> • Cancer performance remains challenged • Mortality indicators deteriorating and requiring further understanding and assurance • Maternity performance issues showing improvement, further understanding of caesarean section rates required • The QSC received reports relating to: <ul style="list-style-type: none"> ○ Safeguarding activity and assurance ○ Medication optimisation update ○ SPACE update ○ Primary care assurance • No new key risks or issues were identified by committee.
RECOMMENDATION:	Provides assurance on quality and safety of care, and compliance with CCG constitutional standards and to inform the Governing Body as to actions being taken to address areas of concern.

1. Key areas of concern are highlighted below:

	Level 2 RAPS breached escalation to executives and/or contracting/Risk Summit/NHSE escalation
	Level 2 RAPS in place
	Level 1 close monitoring
	Level 1 business as usual

Key issue	Comments	RAG
<p>Cancer Performance for 104 and 62 day waits is below expected target. This may impact on the quality and safety of care provided to patients.</p>	<p>Cancer performance at Royal Wolverhampton Hospital Trust (RWT) against 62 and 104-day cancer pathways is not being achieved. In addition a range of other cancer performance measures, including 2-week referral remain challenged. Assurance is required relating to potential or actual impact of harm to patients as a result of the delay. Key areas of concern remain Urology and increased referral patterns.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Remedial action plan is in place with agreed revised trajectories, includes all recommendations from the Intensive Support Team review. • Weekly system wide assurance calls continue to provide updates on current performance and progress against agreed actions and monthly face to face meetings have been added for further assurance. • NHSE, Trust and CCG agreement for appropriate primary care referrals for CT and MRI, and a comprehensive pathway review for Urology, with scoping for implementation of a one stop prostate diagnosis clinic, supported by the cancer alliance. • Breakdown of GP referrals received to enable focused analysis and action; this includes individual practice feedback and communication issued across primary care stressing the importance of attending appointments to reduce high DNA rates. • CCG clinical scrutiny and support at harm reviews and weekly cancer PTL meetings. Further assurance now gained re harm review process, with all reviews for August now completed. • Scrutiny of 104 day waits for June, July and August 2018 identified no harm from an RWT pathway perspective to the patients reviewed; one trust has been asked to review a patient pathway involving a late tertiary referral. • The harm reviews conducted so far have identified learning relating to late tertiary referrals, patient choice, DNA and co morbidities. 	RAG



Key issue	Comments	RAG
	<ul style="list-style-type: none"> • Remains a high risk on both RWT and WCCG risk registers. • West Midlands Cancer alliance and IST providing Trust support. • NHSE/I escalation meeting has taken place with specific issues relating to medical capacity, pathway redesign and diagnostic capacity being actioned. • IST Capacity and demand analysis now completed, this has identified some key areas for further development. 	
<p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country</p>	<p>The SHMI for April 2017 to March 2018 has risen from 1.19 to 1.22 and was banded higher than expected. RWT remains a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean. Preliminary data has also been received regarding an elevated HMSR however validation is awaited. Analysis and understanding of this data is taking place.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • System wide mortality reduction strategy meetings continue, with a plan for focused collaborative mortality reviews to be undertaken across the patient pathway, including primary care. A business case has been agreed to support this. • An independent medical expert continues to support the trust with mortality reduction priorities this is in addition to external analytical support also in place. • Learning from the systematic judgement reviews has identified further areas of work pertaining to end of life pathways, DNACPR, sepsis, recognising and responding to the deteriorating patient and contemporaneous documentation. • Trust implementation plan to address the identified issues will be presented to RWT executive team to gain support for a detailed quality improvement plan. • The trust Mortality Program Board will now be chaired by the CEO, with CCG membership. • Review of nursing home admission data commenced, to establish common themes/trends around the admission profile and a focus on appropriateness end of life pathways. Actions are to be presented to next system wide mortality group. • Case note reviews of specific pathways undertaken with the use of an accredited external clinical reviewer, to review actions previously identified and offer revised key areas for focused improvement initiatives. • Monitoring of diagnostic groups with elevated SHMI/HSMR is underway; this includes Pneumonia, Acute Kidney Injury, Cerebral Vascular Disease and Sepsis. • A mortality improvement plan will be submitted to October CQRM. 	



Key issue	Comments	RAG
	<ul style="list-style-type: none"> • Medical Examiner role is being recruited to, with a revised and more robust bereavement offer being put in place. • System wide summit to further analyse mortality data has been called by Public Health, with extra ordinary OSC also planned for wider system assurance. • National and local media interest as a result of recent SHMI recording. • NHSE requested an escalation assurance call mid-October to ascertain risk and progress of mortality work following QSG. • RWT business case for palliative care team expansion underway. 	
Concerns around sepsis pathways	<p>Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • The Septicaemia diagnostic alert group has been audited by RWT, finding that there was a need to improve sepsis awareness and education, with educational activities to promote the sepsis screening tool and antibiotic delivery within an hour. • Sepsis teaching will be made mandatory for Doctor and Nurse Induction. • A review of ambulance handover to assess improvement areas is planned as well as scoping exercises to assess the possibility of expediting prescribing with the use of pre-printed stickers, identify delays in ambulance assessment and to assess the potential for pre-made antibiotics for suspected sepsis patients. • The CCG is working with the Trust to gain assurance relating to sepsis pathways. • A business case to expand the critical care outreach team has been approved along with a proposal to implement an independent sepsis team to drive improvement. • Ongoing monitoring of sepsis pathway is in place through CQRM. 	
Black Country Partnership (BCP) (Workforce issues and adult MH beds capacity issues)	<p>Issues identified in relation to capacity of adult mental health beds. BCPFT vacancy rate has had a slight increase by 0.33% to 14.82% and remains above the 9% threshold. The staff turnover rate increased to 14.9% (July 2018, 14.82%) and is within the Trust thresholds.</p> <p>Since October 2017, RWT trust has reported 5 12-hours ED breaches relating to patients waiting for a Mental health bed. Four breaches were due to bed capacity issues and one was caused by a secure transport arrangement delay. No patient harm occurred in any breach.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • A themed review relating to workforce and recruitment and retention is scheduled to be discussed at CQRM • The Trust is actively participating in the NHSI recruitment and retention collaborative. 	



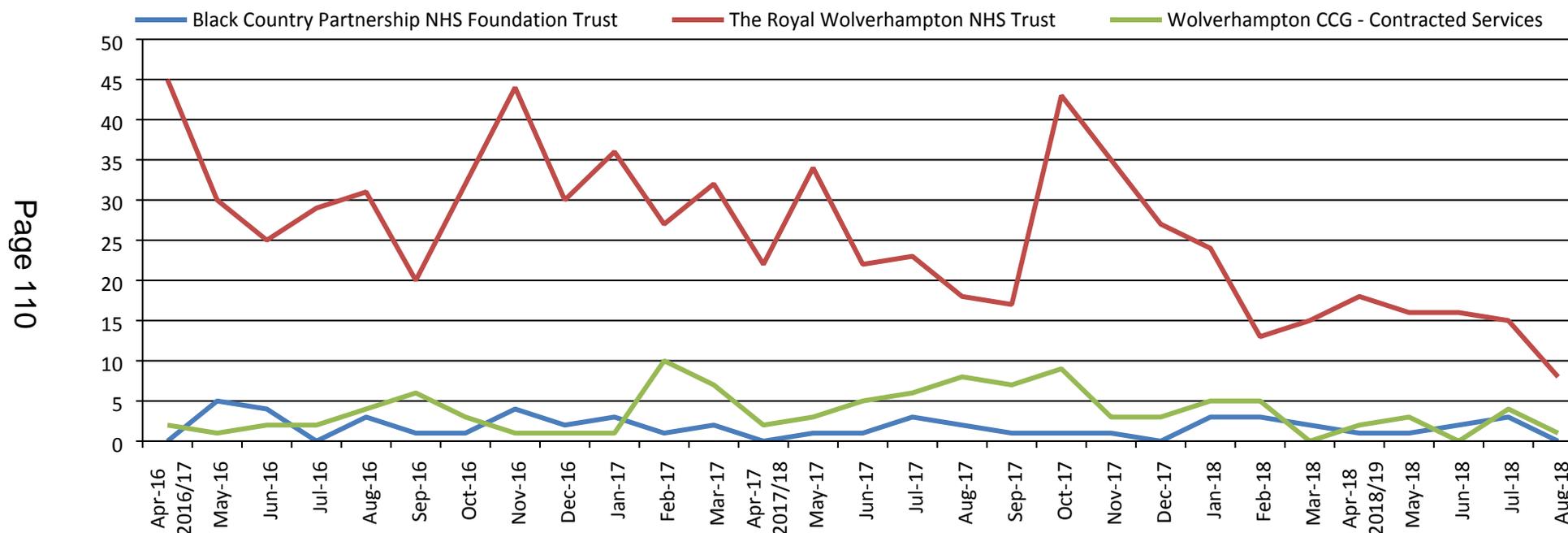
Key issue	Comments	RAG
	<ul style="list-style-type: none"> • A table top review of the recent 12 hour ED breaches pertaining to clients awaiting a mental health bed has been conducted and key action agreed including scoping of an appropriate area for these clients. • A system wide RCA was undertaken relating to management of a challenging client with Penrose Unit. The findings identified deficits in staffing levels and training. An unannounced visit was undertaken to gain assurance relating to the quality and safety of care provided at Penrose Unit. Key actions have been feedback to the Trust. A repeat visit will be undertaken in 6 months. 	
<p>Quality concerns identified at a Nursing Home providing discharge to access (D2A) provision could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton</p>	<p>Recruitment of registered nurses remains a challenge. Three-month utilisation and occupancy review has now been shared and is being monitored closely by the CCG. An escalation flowchart to ensure all staff are aware of the appropriate escalation route for other services/health professionals now in place. CQC inspection report published detailing the Provider being rated requires improvement in all domains.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly improvement meetings continue with the Provider, where improvement actions are monitored and reviewed. • Accord to share weekly quality monitoring data with CCG including staffing and cover arrangements, activity levels and incident/safeguarding concerns as a minimum. • Weekly sustained improvement visits to review current arrangements and assure current quality and safety delivery in place.' • Agreement of restrictions of up to two admissions per day appropriate but will consider step-up referrals in addition to this. Accord are to ensure there is a clear and timely escalation to the CCG and the RWT Capacity team should the Manager/Clinical Lead consider that two referrals cannot be accommodated in any day. • Process and timeline for a wider review of the D2A model and service specification to be agreed. • Continuous progress monitoring through monthly CQRMs. 	



2. PATIENT SAFETY

2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month



9 Serious Incidents (SIs) were reported in August 2018 (August 2018; 28), which was a large decrease compared to 22 SIs reported in July 2018. The overall reduction in reporting is a direct result of changes to reporting requirements for pressure ulcer SIs by Royal Wolverhampton Trust to bring them in line with the current Serious Incident Framework. There was one SI reported under WCCG Contracted Services during August 2018, relating to a nursing home. All serious incidents were reported within the national timescale of two working days.



Chart 2: Serious Incident Types Reported August 2018

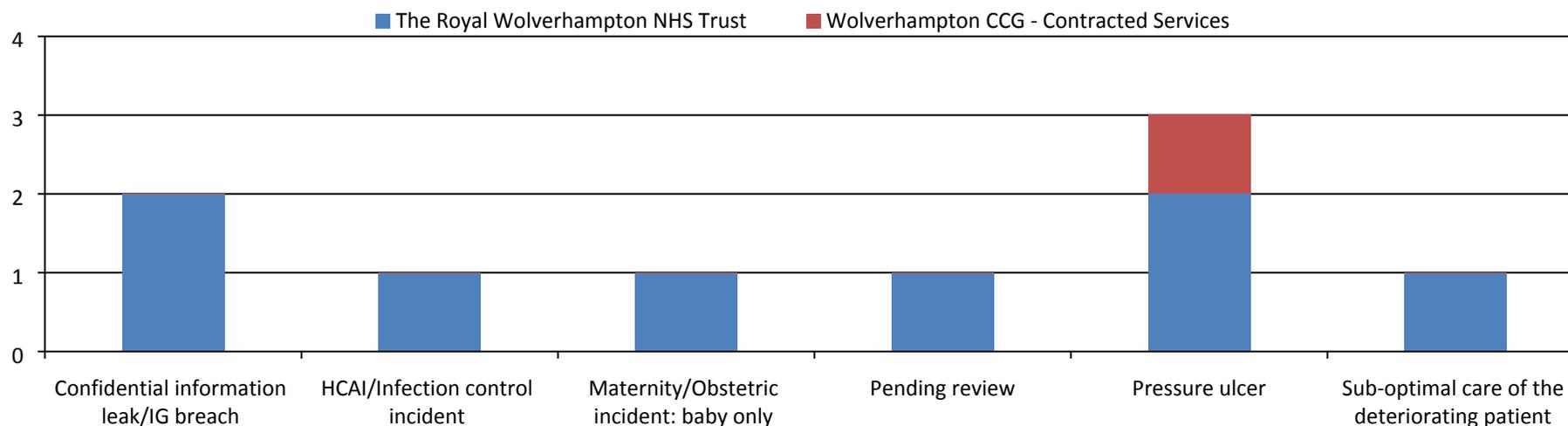


Chart 2 shows the breakdown of serious incident types reported by Provider for August 2018. RWT was the highest reporting provider, accounting for 80% of the total (8). The most reported incident types were; pressure ulcer (3), with 66.7% reported by RWT, and confidential information/IG breach (2), both reported by RWT.

Assurance:

WCCG reviewed the new requirements relating to the guidance for the management of confidential information incidents, which was updated by NHS Digital in May 2018, with main providers and identified the following revisions to their processes:

- **BCP**
 - All incidents will continue to be reported internally however, where an incident is determined to be reportable to ICO and DHSC, it will be reported as a serious incident (it is likely to meet the SI criteria).
 - Incidents reportable only to ICO will be reviewed against the SI criteria by the Patient Safety Team and Data Protection Officer in order to determine whether it should be reported as a serious incident.
- **RWT**
 - All incidents will continue to be reported as normal however, incidents reportable to ICO will be discussed internally, in collaboration with WCCG if required, and assess whether it meets the SI criteria, with a rationale for decisions to report or not to report.
- Both Trusts plan to update their policies and procedures over the coming months to reflect the revised guidance.



2.2 Never Events

Table 1: Reported Never Events

	Yr 16-17	Yr 17-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Yr to date
Royal Wolverhampton	5	4	2	0	2	0	0								4
Black Country Partnership	0	0	0	0	0	0	0								0
Other providers	0	1	0	0	0	0	0								0
Total Reported	5	5	2	0	2	0	0								4

There were no Never Events reported in August 2018.

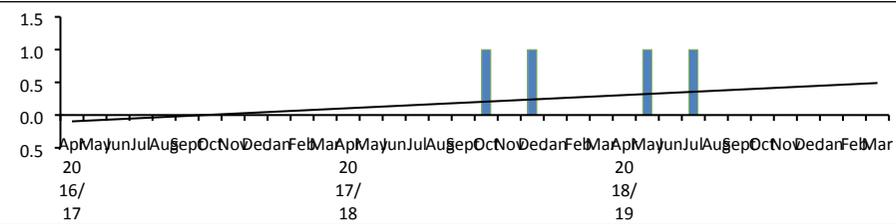
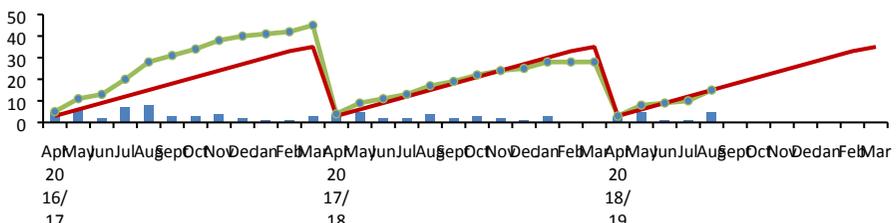
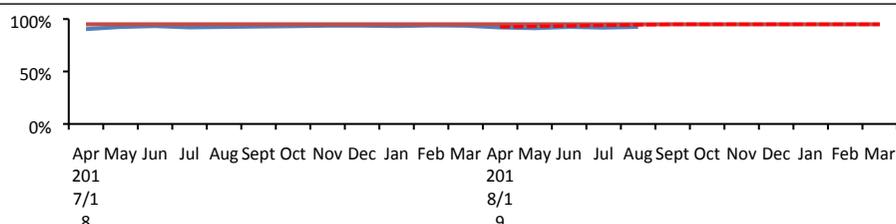
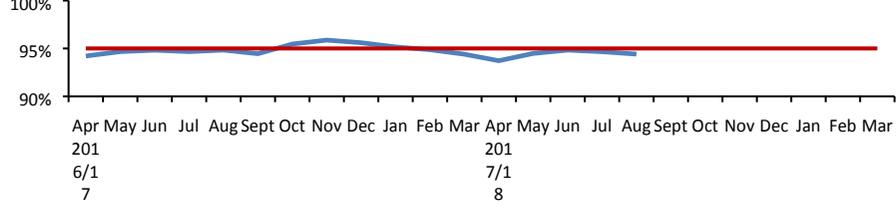
Assurance:

- WCCG quality team attend the monthly Quality & Safety Intelligence Group to seek assurance relating to compliance of WHO surgical checklists and LOCSSIPS audits and have encouraged system actions and human factors consideration.
- RWT have further support from AFPP (Association for Perioperative Practice), booked for October, to review culture and practice within clinical theatre environment, including application of all aspects of WHO checklist, to be reported back to CCG once review completed.
- WCCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event.
- Key lines of enquiry are being developed to review actions arising from previous Never Events as additional assurance that actions undertaken have been/remain embedded.
- Robust RCA reports received for the two previously reported Never Events within Maternity services. Further assurance requested to revise action plans to include simulation training and an increased focus on human factors.



3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

3.1 Infection Prevention

Measure	Trend	Target	RAG	Assurance/Analysis
MRSA		0		No new MRSA cases were reported for August 2018. Admission MRSA screening compliance data was presented at IPCG in August, which WCCG attends, and showed that 85% of elective patients and 81% of emergency patients are successfully screened on admission.
C.Diff		<35		The Trust is currently equal to the monthly trajectory for 2018/19. A combination of antibiotic diversity, attendance at ward huddles and strong environmental controls is thought to have contributed. Five C. Difficile cases were reported for August, three of which related to one ward and was reported as a serious incident. Learning from the cases has been identified.
Hand Hygiene - All Staff		95%		RWT remains below the agreed trajectory for hand hygiene and below the target for infection prevention training. Hand hygiene has been reviewed and ratified, mandatory training reports and hand hygiene compliance is monitored at IPCG Monthly. An improvement trajectory has been agreed.
Infection Prevention Training		95%		



3.2 Maternity

Measure	Trend	Target	RAG	Assurance/Analysis
Bookings at 12+6 weeks	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	>90%	Green	Booking activity continues to be monitored closely, the number of bookings have reduced for two months, with 421 bookings in August 2018, 92.4% of which were booked at 12+6 weeks.
Number of Deliveries (mothers delivered)	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	<416	Yellow	The number of deliveries has sharply increased above the Trust threshold for August 2018, with 455 deliveries. The Provider has currently capped the maternity activity for the Trust; this does not apply to Wolverhampton women.
One to One care in established labour	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	100%	Red	Ongoing recruitment of Midwives continues, with a number commencing in post shortly. Vacancy rates will be reviewed on receipt of October 2018 data to establish the impact.
Breastfeeding (initiated within 48 hours)	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	>66%	Green	A focus on breast feeding initiation continues.
C-Section - Elective (Births)	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	<12%	Green	The elective rate for elective C-Sections was 11.2% for August 2018, below the 12% threshold.



Measure	Trend	Target	RAG	Assurance/Analysis
C-Section - Emergency (Births)		<14%	Yellow	Emergency C-section case rate has risen again and remains above the threshold of 14% at 20.90% for August 2018. An in depth analysis of rates found increases related to patient acuity.
Admission of full term babies to Neonatal Unit		0	Red	A collaborative visit to the Neonatal Unit with specialised commissioners was undertaken to gain assurance relating to the recent serious incidents relating to expressed breast milk. Arrangements to undertake the stress test are planned for October 2018.
Midwife to Birth Ratio (Worked) 115		<=30	Green	The worked ratio has been at or below the threshold of 1:30 for six months (August 2018, 1:29; national 1:28). Midwifery recruitment is on-going with minimum vacancy within funded establishments. A formal workforce assessment using Birth Rate Plus (BR+) has been completed, identifying a 12.64 WTE difference (deficit) between the BR+ WTE and current funded WTE establishment, based on midwifery staffing.
Maternity - Sickness Absence		<3.25%	Red	HR activity to address sickness, supervision and support for new staff are underway. The Maternity QRV visit has now been booked for October 2018.

Other Assurances

- Monitoring maternity related SIs, complaints and other quality issues.
- Following the collaborative visit of the patient pathway, which provided assurance that effective systems were established within the labour ward and



Measure	Trend	Target	RAG	Assurance/Analysis
	actions taken to improve systems within Maternity emergency theatres, it has been agreed to stress test the actions put in place.			
	<ul style="list-style-type: none"> Following the collaborative visit to the Neonatal Unit with specialised commissioners to gain assurance on the expressed breast milk serious incidents, the action plan stress test has been booked to take place in October 2018. 			

3.3 Mortality

Measure	Trend	Target	RAG	Assurance/Analysis
Mortality - Inpatient Deaths Page 1 of 15				<p>The SHMI for April 2017 to March 2018 has risen from 1.19 to 1.22 and was banded higher than expected. RWT remains a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p>
Mortality - SHMI Observed vs. Expected Deaths				<p>System wide mortality reduction strategies continue, with a plan for focused mortality reviews to be undertaken across the patient pathway, including primary care.</p> <p>An independent expert and data analyst continue to support the trust with mortality reduction priorities.</p>
Mortality - SHMI				<p>The Septicaemia diagnostic alert group has been audited by RWT, which found that there was a need to improve sepsis awareness and education, with educational activities to promote the sepsis screening tool and antibiotic delivery within an hour. Sepsis teaching will be made mandatory for Doctor and Nurse induction. The Trust is scoping the use of pre-printed prescribing stickers and the potential for pre-made antibiotics for suspected sepsis patients.</p>



Measure	Trend	Target	RAG	Assurance/Analysis
Other Assurances				
<ul style="list-style-type: none"> • System wide mortality reduction strategies continue, with a plan for focused collaborative mortality reviews to be undertaken across the patient pathway, including primary care. A business case has been developed to support this. • An independent medical expert continues to support the trust with mortality reduction priorities along with external analytical support. • Learning from the systematic judgement reviews has identified issues with end of life pathways, DNACPR, sepsis recognising and responding to the deteriorating patient and contemporaneous documentation. • Trust implementation plan to address the identified issues will be presented to RWT executive team to gain support for a detailed quality improvement plan. 				

3.4 Cancer Waiting Times

Measure	Trend	Target	RAG	Assurance/Analysis
2 Week Wait Cancer 117		93%		56.8% of the breaches in month were due to internal issues (capacity) and 43.2% were due to patient choice. The 2 week wait cancer performance deteriorated slightly in August 2018 after improvements made since April and is still below target.
2 Week Wait Breast Symptomatic		93%		25.9% of the breaches were due to capacity issues and 74.1% were due to patient choice. There was a small improvement in the 2 week wait breast symptomatic from 74.42% to 75.45%.



Measure	Trend	Target	RAG	Assurance/Analysis
31 Day to First Treatment	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 7/1 8/1 8 9</p>	96%		Of the 24 breaches for August 2018, 18 were due to capacity issues, 3 complex cases and 3 were patient choice.
31 Day Sub Treatment - Surgery	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 7/1 8/1 8 9</p>	94%		9 patient breaches were reported in month; 8 were due to capacity issues and 1 was patient initiated.
31 Day Sub Treatment - Radiotherapy	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 7/1 8/1 8 9</p>	94%		36 patient breaches were reported for August 2018; 35 were due to capacity issues and 1 was patient initiated.
62 Day Wait for First Treatment	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 7/1 8/1 8 9</p>	85%		There were 54 patient breaches in month; 15 were the result of tertiary referrals received between day 34 and 110 of the patient pathway, 23 were due to capacity issues, 7 were patient Initiated and 9 were complex pathways. Of the tertiary referrals received one (7%) was received before day 40 of the pathway, and 11 (73%) were received on or after day 62 of the patient pathway.

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Measure	Trend	Target	RAG	Assurance/Analysis
62 Day Wait - Screening		90%	Red	Two patient breaches were reported in August 2018, one was due to capacity issues and one was patient choice.
62 Day Wait - Consultant Upgrade (local target)		88%	Yellow	18 patient breaches were recorded in month; 4 were due to capacity issues, 7 due to complex pathways and 7 were patient initiated.
62 Day Wait - Urology		85%	Red	Performance for Urology in August 2018 was 38.36%, a slight increase compared to July 2018 (32.35%). The average wait time was 79 days for July 2018 (latest data).
Patients over 104 days		N/A	Green	Following the July 2018 month end final upload, it was identified that 14 patients were treated at 104+ days on a cancer pathway during the month; all of these cases had a harm review and no patient harm was identified.

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Measure	Trend	Target	RAG	Assurance/Analysis
Other Assurances				
<ul style="list-style-type: none"> Remedial action plan is in place with agreed revised trajectories, includes recommendations from the Intensive Support Team review. Weekly system wide assurance calls continue to provide updates on current performance and progress against agreed actions and monthly face to face meetings have been added for further assurance. NHSE, Trust and CCG agreement for priority focused work stream in place to ensure appropriate primary care referrals for CT and MRI, and a comprehensive pathway review for Urology, with scoping for implementation of a one stop prostate diagnosis clinic. Breakdown of GP referrals received to enable focused analysis and action. Communication to be issued within primary care stressing the importance of attending appointments as DNA rates have been reported as high. CCG clinical presence at harm reviews and weekly cancer PTL meetings. Further assurance gained re harm review process. Scrutiny of 104 day waits for June, July and August 2018 identified no harm from an RWT pathway perspective to the 46 patients reviewed; Dudley Group have been asked to review 1 patient pathway involving a late tertiary referral. 				

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0.5 Total Time Spent in Emergency Department (4 hours)

Measure	Trend	Target	RAG	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 16/ 17/ 18/ 19</p>	92%		Performance for New Cross improved by 3.27% to 89.33% for August 2018 but remains below target.
Time Spent in ED (4 hours) - Combined	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 16/ 17/ 18/ 19</p>	95%		The Trust did not achieve the combined target for August 2018, but increased its overall performance to 93.51%. There were two patients who breached the 12 hour decision to admit target during August 2018.



Measure	Trend	Target	RAG	Assurance/Analysis
Ambulance Handover		N/A		Ambulance handover performance increased during August 2018 for 30-60 minute handover times, with a 44% reduction in the number of waits; performance also increased for over 60 minute handover times with one patient waiting over 60 minutes (July 2018, 18).

3.6 Workforce and Staffing

Measure	Trend	Target	RAG	Assurance/Analysis
Staff Sickness Absence Rates (%) 21		3.85%		The Trust action plan for achieving the target includes taking action on persistent short term absence cases and a review of the impact of long term absence. The Trust has three individuals trained as Mental Health First Aid trainers. Stress, anxiety and depression remains the highest category of sickness absence
Vacancy Rates (%)		10.5%		Recent HCA and qualified nurse recruitment campaigns have been successful, with 93 conditional offers processed across the nursing and support workforce.



Measure	Trend	Target	RAG	Assurance/Analysis
Staff Turnover Rates (%)	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 2017/1 2018/1 8 9</p>	10.5%		The retention rate for 12, 18 and 24 months has improved, although the Trust recognises the need for further improvement. Data from their recent new electronic exit monitoring exercise has indicated the importance of work-life balance as the most frequently cited reason for leaving the organisation.
Mandatory Training Rate (%)	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/16 2018/17 2019/18 2019/19</p>	95%		Despite improvements noted since May 2018, the performance on both mandatory training remains below the 95% Trust target. The mandatory training provision within the Trust has been aligned with the national provision and work continues on compliance and improving the recording of mandatory training.
Appraisal Rate (%)	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2017/16 2018/17 2019/18 2019/19</p>	90%		The Trust compliance with appraisal rates remains below the Trust target of 90%. The Trust is reviewing the appraisal policy and supporting processes to enhance the quality of appraisals and working to ensure the ESR system can monitor compliance and quality electronically to incorporate the requirements of the Agenda for Change pay deal links.

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4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

4.1 Workforce and Staffing

Measure	Trend	Target	RAG	Assurance/Analysis
Staff Sickness Absence Rates (%) Page 16/17		<4.5%	RAG	Sickness rate reduced to 5.21% in August 2018 (July 5.64%) against a threshold of 4.5%. Internal auditors are undertaking the planned Trust-wide sickness audit in October 2018. The Trust is refreshing its Sickness Management training and new courses will be delivered to managers. The Trust also has monthly reviews of sickness reports to ensure they are being managed appropriately. The Health & Wellbeing Group is reviewing proactive measures to reduce sickness absence such as health checks, staff training and manager training.
Staff Turnover Rates (%) Page 16/17		10-15%	RAG	Turnover increased slightly to 14.90% and remains within the Trust thresholds.
Average Time to Recruit Page 16/17		55	RAG	Trust monitoring of the time to recruit reported an increase to 66 working days in August. Delays identified were related to process issues with shortlisting and interview arrangements and recruitment administration delays. The Trust has processes in place to prompt recruiting staff to action at various stages in the recruitment process.



Measure	Trend	Target	RAG	Assurance/Analysis
Overall vacancy rate	<p>20% 15% 10% 5% 0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	<9%		The vacancy rate increased slightly in August 2018 (14.82%; July, 14.49%) with the rate remaining above the 9% threshold. The Trust plans to re-deploy staff through the organisational change process in Learning Disabilities to vacant posts, and review establishment and vacancies monthly, with reviews of job plans to determine if any vacancies can be aligned to in-house cover.
Agency Usage (%)	<p>8.0% 6.0% 4.0% 2.0% 0.0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>201 201 201 6/1 7/1 8/1 7 8 9</p>	<3.9%		The reduction in the number of registered staff (August 2018, 70%) has been reflected in the overall increased use of bank and agency. Bank staff usage was 13% and agency staff, 17% for August. 90% of requests for registered bank/agency staff continue to be to cover vacancies, sickness and observations, and for unregistered bank/agency staff is was for observations and vacancies (90%).
Mandatory Training Rate (%)	<p>93.0% 88.0% 83.0% 78.0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 16/ 17/ 18/ 17 18 19</p>	85%		Performance against all annual mandatory training and 3 yearly specialist mandatory training remains above the 85% target. However, performance against yearly specialist mandatory training remains at 80.52%.

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Staffing					
Measure	Trend	Target	RAG	Assurance/Analysis	
% of Shifts filled (Bank and Rostered)		95%		There continues to be pressure on PICU. The registered fill rate increased to 78.5% for PICU in August 2018 and bed occupancy was 46%. The Trust has a plan in place which is being monitored by the division. Recruitment for Bands 5 and 3 have taken place; Band 5 staff are due to start in early 2019. Penrose saw its registered nurse fill rate improve to just below 100% in August 2018.	
Safe Staffing - %Fill Rate Registered Staff		N/A			

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4.2 Quality Performance Indicators

Measure	Trend	Target	RAG	Assurance/Analysis	
CPA % of Service Users followed up within 7 days of discharge		95%		BCP met the target for this indicator for August 2018 (100%).	



Measure	Trend	Target	RAG	Assurance/Analysis
% of people with anxiety or depression entering treatment		1.40%	RAG	WCCG and BCP are exploring the option of including other service providers in IAPT reporting to improve overall access to psychological therapies for this group of patients. An investment and stability action plan for supporting BCP is being developed by WCCG for NHSE.
% of inpatients with Crisis Management plan on discharge from secondary care		100%	RAG	Compliance with this indicator returned to 100% for August 2018 (July 2018, 88.24%).

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4.3 Duty of Candour Compliance

WCCG conducted a review of Duty of Candour (DoC) compliance at Black Country Partnership NHS Foundation Trust in September 2018, which found the Trust has robust systems in place to manage the DoC requirements.

5.0 PRIVATE SECTOR PROVIDERS

5.1 Vocare

Performance continues to improve and actions against the improvement plan appear to be embedding. The revised 14-week rapid improvement plan is now complete, demonstrating sustained improvement. Given the level of improvement and sustainability Governing Body accepted a recommendation in July to reduce scrutiny by standing down the Improvement Board and replace the recovery plan with weekly reporting against the two main areas, 15 min triage and the performance against their time to respond to telephone contacts.

Assurance:

- Announced and unannounced visits by WCCG.



- No serious incidents reported by Vocare since December 2017.
- Triage response rates demonstrate consistent improvement for the last 7 months, with the highest performance has increased to 96.22% for August 2018 (July 93%).
- Four hour wait performance remains consistently maintained above 98% for the last five months.
- Home visiting performance has improved for August 2018, at 91.8% for Urgent and 100% for Routine, (July 2018, 81% and 89%).

6.0 SAFEGUARDING

6.1 Safeguarding Children

The Designated Nurse led on two task and finish groups, the first was to consider those cases where a child had been significantly harmed as a result of neglect or abuse, as these were currently not being referred into the SCRC for consideration of a learning review. The second task and finish group was to review and improve the processes and engagement and responses of GP conference reports.

Action plans were formulated identifying leads and timescales for actions and further meetings will be arranged as appropriate following the implementation and review of these actions

The Children's Safeguarding and LAC teams at WCCG met to review the new Working Together Guidance (published June 2018) and to discuss the possible implications for health and the CCG.

6.2 Looked After Children

Looked After Children (LAC) have been added to the action plan for the imminent CQC SEND inspection. The rationale is that LAC children are four times more likely to have a Special Educational Need, and ten times more likely to have an EHCP. Regular information around numbers of LAC with SEND are shared, and work is ongoing to strengthen the links between EHCP and statutory LAC health assessments. Wolverhampton currently has 13% of children in care with an EHCP, and one-third of these attend special schools.

6.3 Safeguarding Adults

- **LeDeR**
 - There are currently 18 trained LeDeR reviewers in Wolverhampton and there are no outstanding reviews. Two Wolverhampton reviews are complete and have been submitted. A further two are nearing completion.



- A business case has been submitted to the TCP Board to request funding for two Band 7 LeDeR Reviewer posts, to provide backfill for BCPFT to allow the Trust to progress LeDeR within the organisation. These posts will also support reviews across the Black Country
 - The quarterly LeDeR implementation plan has been submitted to NHS England outlining progress, assurance and future plans for LeDeR across the Black Country.
- Additional funding has been secured from NHS England to support the extension of the ‘Empowerment of Hard to Reach Communities’ in the Prevention of Violence against Women and Girls Project. This will allow the project to expand into other vulnerable communities, as well as new arrivals to the country.

6.4 Care Homes

One SI was reported during August 2018 from nursing homes, compared to three SIs in July 2018. Three SIs were presented at July 2018 SISG, two Category 3 pressure ulcers with omissions in care identified as contributory and one fall with dislocation which found no additional interventions could have prevented the fall and injury. Lessons learned identified the need for earlier escalation/interventions in order to prevent wound deterioration. Action plans are in place and will be monitored by the Quality Nurse Advisor Team (QNAT).

Safeguarding Referrals

18 safeguarding referrals were received to the QNAT during August 2018, less than in July (23). Outcomes of investigations will be reported in subsequent reports.

There are no residential care homes in suspension.

Outbreaks in care homes

No outbreaks were reported during August 2018.

Quality Improvement – SPACE

Care homes continue to engage well with the programme and taking the lead in identifying and initiating quality improvement initiatives supported by the QI facilitator.



PRIMARY CARE QUALITY DASHBOARD

RAG Ratings:

1a Business as usual
1b Monitoring
2 Recovery Action Plan in place
3 RAP and escalation

Data for August 2018		
Issue	Concern	RAG rating
Infection Prevention	Two new IP audits in September, both gold – update on action plans requested. All practices have now reported on aTIV flu vaccine ordering – 6practices have no aTIV stock on order an action plan has been formulated with Public Health and NHSE. aTIV flu vaccine ordering/availability issues – action plan in place verified by NHSE	2
MHRA	Since 1 st April 2018 <ul style="list-style-type: none"> • 24 weekly field safety bulletins with all medical device information included. • 4 device alerts/recalls • 9 drug alerts/recalls 	1a
Serious Incidents	None to report at present	1a
Quality Matters	Currently up to date: 7 open 3 overdue 3 closed	1b
Practice Issues	Issues relating to DocMan, and one practice around referrals and complaints are being managed.	2
Escalation to NHSE	On-going process	1a
Complaints	Details of 36 complaints received since 1 st November 2017 28 now closed 8 still under investigation	1a
FFT	In June 2018 <ul style="list-style-type: none"> • 4 practice submitted no data • 1 zero submission • 2 submitted fewer than 5 responses (supressed data) 	1b
NICE Assurance	NICE assurance is now linked to GP Peer Review system – last meeting on 12 th September	1a
CQC	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
Workforce Activity	Work around recruitment and development for all staff groups including new roles continue.	1b
Training and Development	A training business was presented to Workforce Task and Finish Group – for further discussion. Work continues on Practice Nurse Strategy and documents.	1a
Training Hub Update	TBC	1a

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WOLVERHAMPTON CCG

**GOVERNING BODY
13 NOVEMBER 2018**

Agenda item 13

TITLE OF REPORT:	Summary – Remuneration Committee – 9 October 2018
AUTHOR(s) OF REPORT:	Peter Price – Remuneration Committee Chairman
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To provide an update of key discussions and decisions made at the Remuneration Committee to the Governing Body.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<p>The Committee discussed the following points</p> <ul style="list-style-type: none"> • Amendments to the Committee’s Terms of Reference • Mandatory Training for Governing Body Members • Human Resources Policies
RECOMMENDATION:	That the Governing Body receive and note the contents of this report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<p><u>Continue to meet our Statutory Duties and responsibilities</u> The Remuneration Committee is responsible for ensuring that the CCG has appropriate Human Resources Policies and Procedures in place to deliver statutory responsibilities as an employer.</p>



1. BACKGROUND AND CURRENT SITUATION

- 1.1 This report gives details of the issues discussed and decisions made at the meeting of the Remuneration Committee on 9 October 2018.

2. ITEMS CONSIDERED BY THE COMMITTEE

2.1. Committee Terms of Reference

NHS England have issued a revised model constitution for CCGs. As part of the guidance issued with this they have issued legal advice around the role of Remuneration Committees, clarifying that their statutory role is to provide advice to the Governing Body on matters relating to the remuneration of employees. Decisions on these matters are a function of the Governing Body and cannot be delegated. The Committee agreed revised terms of reference which reflect this legal position and will be incorporated in the revision of the CCG's constitution to adopt the new model format from NHS England.

2.2. Governing Body Mandatory Training

The committee agreed a list of mandatory training requirements for Governing Body members which will be delivered through the on-going programme of Governing Body development sessions. Details of compliance rates will be reported to the committee to inform future action, with training requirements met through Governing Body members other roles (such as in practice for GPs) being taken into account.

2.3 HR Policies

The committee considered and approved the following revised policies which had reached their agreed review date:

Disciplinary Policy
Long Service Awards Policy
Retirement Policy
Work Experience Policy

3. CLINICAL VIEW

- 3.1. There are clinical members who contribute fully to its deliberations.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

5.1. There are no specific risks associated with this report.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The costs associated with the issues outlined in this report are being met from within existing pay budgets.

Quality and Safety Implications

6.2. There are no quality and safety implications associated with this report.

Equality Implications

6.3. There are no equality implications associated with this report.

Legal and Policy Implications

6.4. Changes were made to Human Resources Policies as outlined in the paper.

Other Implications

6.5. There are no specific Human Resources implications arising from this report. The Committee receives Human Resources advice when required.

Name	Peter Price
Job Title	Remuneration Committee Chair
Date:	October 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter Price	20/10/18

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 14

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th September 2018
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

	Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions, meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£9.986m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£418.410m	£418.410m	Nil	G
Revenue Administration Resource not exceeded	£5.560m	£5.560m	Nil	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£343k	£8k	(£335k)	G
Maximum closing cash balance %	1.25%	0.03%	(1.22%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	99%	(4%)	G
QIPP	£5.83m	£5.83m	Nil	G
Programme Cost *	£167,484k	£168,505k	£1,021k	G
Reserves *	£1,035k	£0k	(£1,035k)	G
Running Cost *	£2,316k	£2,316k	(£0k)	G

- The net effect of the three identified lines (*) is a small under spend in year and breakeven FOT.

- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M4 data indicates a financial under performance.
- Referrals from GPs into RWT have reduced but this may be due to the summer period.
- Challenges on data for Nuffield, Sandwell and West Birmingham and UHNM being channelled through Contracting.
- The increased volume of clients in receipt of Continuing Care payments and the number in receipt of expensive packages will require close monitoring to ensure all costs are captured and monitored.
- The CCG control total is £9.986m which takes account of the 17/18 year end performance.
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report identifies the need to deploy reserves in order to meet the QIPP target.
- The CCG is currently reporting a nil net risk albeit a slight change in risk incidence.
- Allocations have been received for the pay award and the cost impact in future years is currently being modelled.

The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Budget £'000	YTD Performance M05						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var %o(u)	FOT Actual £'000	FOT Variance £'000	Var %o(u)
Acute Services	201,196	83,832	83,758	(74)	(0.1%)	201,140	(56)	(0.0%)
Mental Health Services	37,938	15,790	15,735	(56)	(0.4%)	37,762	(177)	(0.5%)
Community Services	40,508	16,886	16,844	(43)	(0.3%)	40,389	(119)	(0.3%)
Continuing Care	15,107	6,295	6,429	134	2.1%	15,221	114	0.8%
Primary Care Services	53,492	22,291	22,433	143	0.6%	54,494	1,002	1.9%
Delegated Primary Care	35,719	14,883	15,111	228	1.5%	35,719	0	0.0%
Other Programme	16,420	7,507	8,196	688	9.2%	17,591	1,171	7.1%
Total Programme	400,381	167,484	168,505	1,021	0.6%	402,316	1,935	0.5%
Running Costs	5,560	2,316	2,316	(0)	(0.0%)	5,560	0	0.0%
Reserves	2,483	1,035	0	(1,035)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	408,424	170,835	170,821	(14)	(0.0%)	408,424	(0)	(0.0%)
Target Surplus	9,986	4,161	0	(4,161)	(100.0%)	0	(9,986)	(100.0%)
Total	418,410	174,996	170,821	(4,175)	(2.4%)	408,424	(9,986)	(2.4%)

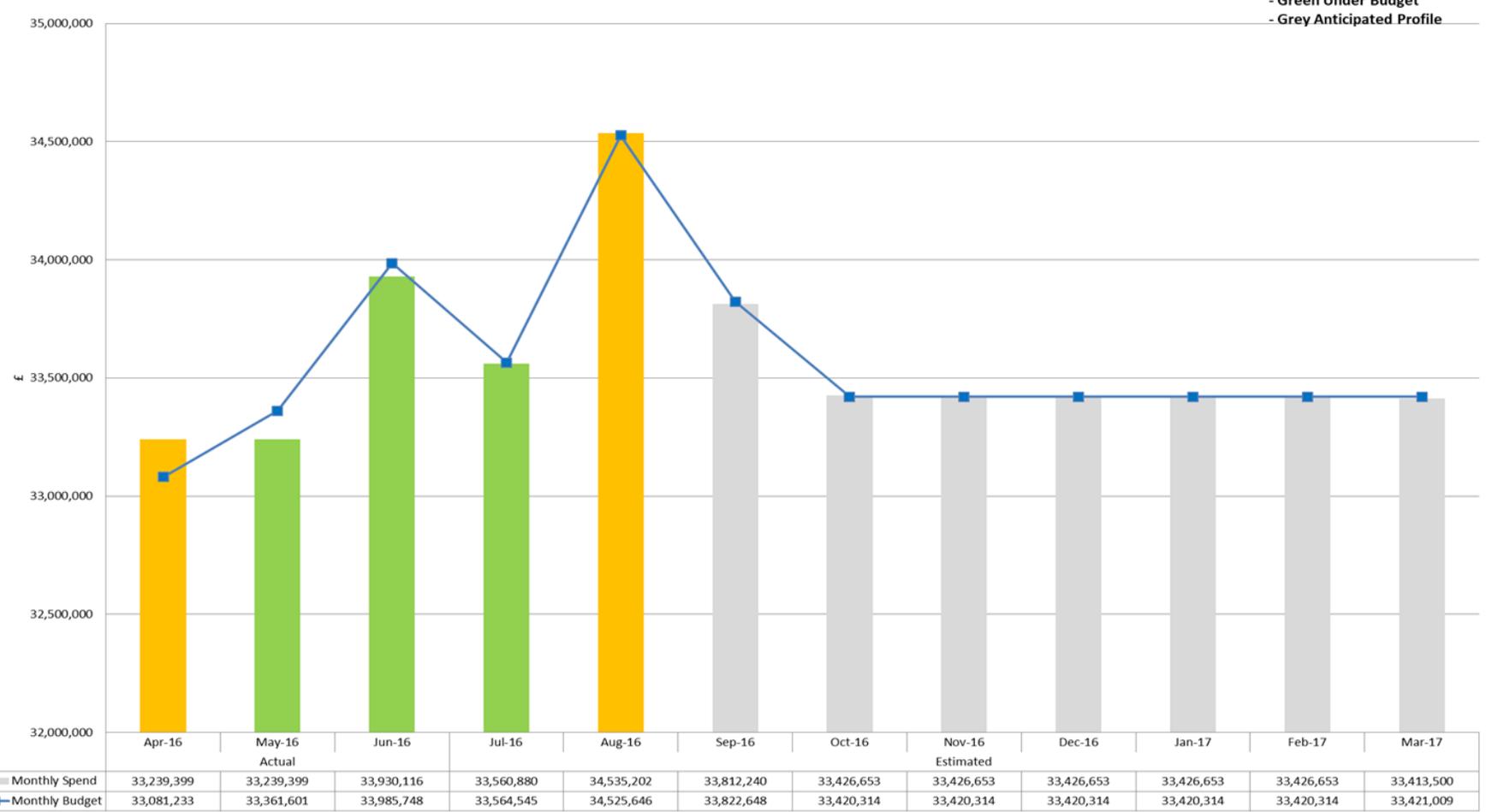
- Within the Forecast out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.
- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 2% recurrent surplus as shown below.

- The extract from the M5 non ISFE demonstrates the CCG is on plan, achieving 2% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2018/19 Underlying Position
	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NR Spend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	
REVENUE RESOURCE LIMIT (IN YEAR)	408.424				(6.050)						402.374
Acute Services	201.196	201.140	0.056	0.0%	(1.473)	-		(7.802)			191.865
Mental Health Services	37.938	37.762	0.177	0.5%	(0.887)	-		(0.118)			36.757
Community Health Services	40.508	40.389	0.119	0.3%	-	-					40.389
Continuing Care Services	15.107	15.221	(0.114)	(0.8%)	-	-		0.229			15.450
Primary Care Services	53.492	54.494	(1.002)	(1.9%)	(1.357)	-		(0.500)			52.637
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		-			36.267
Other Programme Services	18.355	17.591	0.764	4.2%	(2.333)	-	(2.021)	2.380			15.617
Commissioning Services Total	402.864	402.864	(0.000)	(0.0%)	(6.050)	-	(2.021)	(5.811)	-	-	388.982
Running Costs	5.560	5.560	-	0.0%	-	-					5.560
TOTAL CCG NET EXPENDITURE	408.424	408.424	(0.000)	(0.0%)	(6.050)	-	(2.021)	(5.811)	-	-	394.542
IN YEAR UNDERSPEND / (DEFICIT)	-	(0.000)	(0.000)	0.0%							7.832
									Underlying Underspend / (Deficit)		7.832
									% RRL		1.9 %

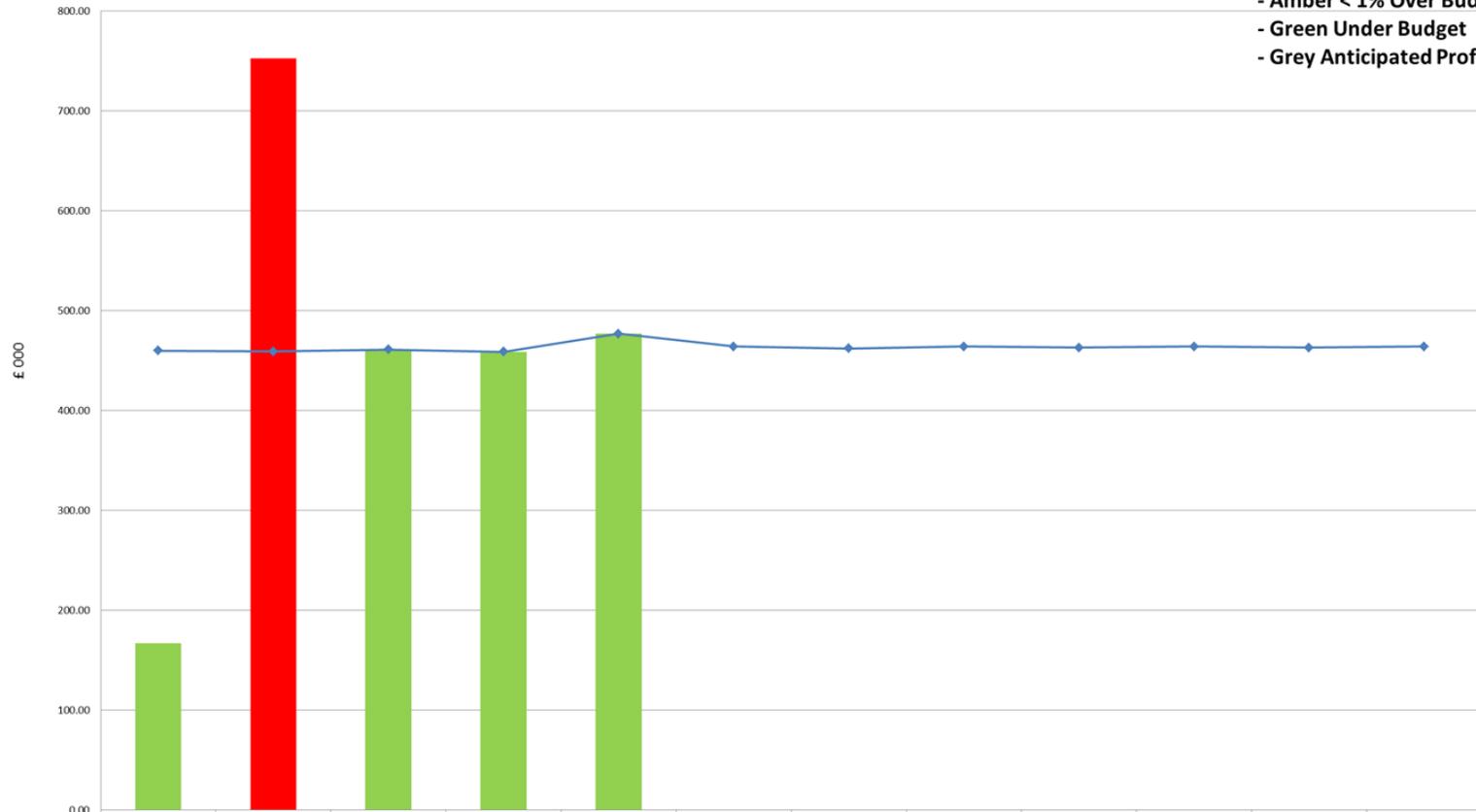
Monthly Planned vs Monthly Actual Programme Expenditure

KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



Monthly Planned vs Monthly Actual Running Cost Expenditure £000's

KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
			Actual					Estimated				
Monthly Spend	167	752	461	459	477							
Monthly Budget	460	459	461	459	477	464	462	464	463	464	463	464

Delegated Primary Care allocations for 2018/19 as at M05 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The 0.5% contingency and 1% reserves are showing an underspend year to date but are expected to be fully utilised by year end.

The table below shows the outturn for month 5:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	9,185	9,295	110	22,043	22,043	0	●	0	0
General Practice PMS	791	614	(178)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	1,005	1,116	111	2,412	2,412	0	●	0	0
Premises	1,174	1,009	(165)	2,817	2,817	0	●	0	0
Premises Other	39	50	11	94	94	0	●	0	0
Enhanced services Delegated	370	299	(71)	887	887	0	●	0	0
QOF	1,584	1,538	(46)	3,802	3,802	0	●	0	0
Other GP Services	735	1,191	456	1,765	1,765	0	●	0	0
Delegated Contingency reserve	76	0	(76)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	152	0	(152)	366	366	0	●	0	0
Total	15,111	15,111	(0)	36,267	36,267	0	●	0	0

- 2018/19 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG.
- Work is currently being undertaken to identify any flexibilities within this budget.

2. QIPP

The key points to note are as follows:

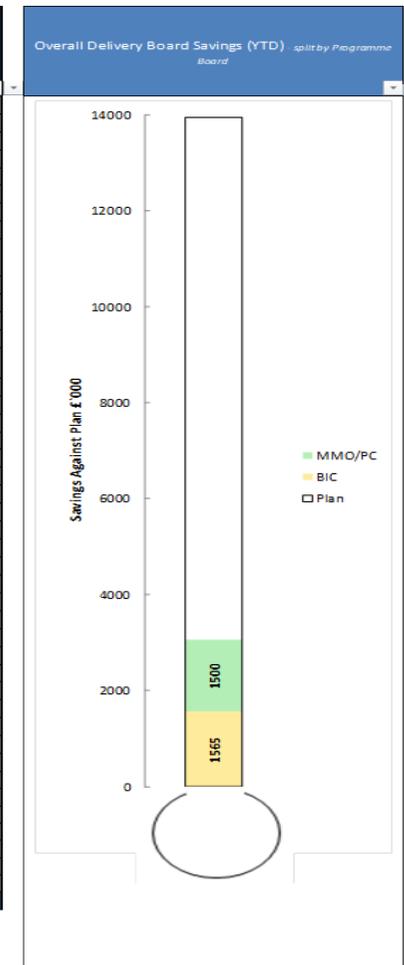
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics although the CCG is challenging the Right Care opportunity level in Respiratory as the CCG cannot identify the levels of activity used in the Right Care calculation and the impact of HRG4+ had not been factored into calculations. A meeting is being organised between NHSE, Right Care and the CCG to explore this issue more fully.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 4 QIPP is being reported as delivering on plan.
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 5 QIPP is being reported as delivering on plan.
- The financial gap between FOT and plan will have to be met by additional QIPP schemes and cover from Reserves. Currently the deliverability gap is £4.68m as demonstrated by the table below. However, should the CCG be successful in agreeing a gain/risk share with RWT a further c£3m QIPP will be secured. The remaining balance, £1.68m will need to be addressed recurrently through existing QIPP schemes exceeding the delivery target or the identification of new schemes. At this stage the CCG has been prudent and is planning to meet the non recurrent slippage through the utilisation of reserves.

QIPP Programme Delivery Board

Source: Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Mth 5 - Aug 18/19

Project ID	Description	Annual Plan	April to Aug (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Aug (YTD) Prog Brd diff from Plan	Aug (FOT) Prog Brd diff from Plan
1819-7	Estates Voids (€)	100	0	0	0	100	0	100	0
1819-8	EPP	20	20	20	0	20	0	0	0
1819-13	Running cost	115	115	115	0	115	0	0	0
1819-15	MSK Acute	187	75	75	0	187	0	-41	13
1819-19	Dementia Outreach Recommision	200	200	200	0	200	0	-200	-18
1819-20	Peads Right Care - Main	604	134	134	0	604	0	-36	-302
1819-21	Care Closer to Home - Main	1368	570	570	0	1368	0	-86	0
1819-27	Care Closer to Home - Stretch	1851	771	771	0	1851	0	-771	-1851
1819-41	High Volume Mental and Acute Users to High Volume Mental Health in Acute and Unplanned Admission (inc Dementia and Core 24)	252	103	103	0	252	0	-115	-152
1819-42	Falls Service Redesign - Main	490	200	200	0	490	0	-224	-390
1819-66	Neuro Rehab Tariff Change	138	0	0	0	138	0	0	-138
1819-86	Diabetes Pathway / Service - Right Care Activity	98	40	40	0	98	0	-3	0
1819-93	Targeted Peer Review - Main	136	55	55	0	136	0	-82	0
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of area placements	500	170	170	0	500	0	0	0
1819-106	Clinical Assessment Service (CAS)	102	40	40	0	102	0	-40	-102
1819-108	Prescribing Review - NHS Guidance Phase 2 (OTC Prescribing)	120	0	0	0	120	0	0	-59
1819-112	NHS Funded Care (18/19-3 Continuing Care Services)	400	166	166	0	400	0	-133	0
1819-113	Respiratory Right Care - Main	454	188	188	0	454	0	-210	-54
1819-114	Peads Right Care - Stretch	0	0	0	0	0	0	0	0
1819-115	Falls Service Redesign - Stretch	0	0	0	0	0	0	0	0
1819-116	BCF Cap	500	206	206	0	500	0	0	0
1819-117	Children's Equipment (SEND)	30	30	30	0	30	0	0	0
1819-118	Diabetes Pathway / Service - Right Care Prescribing	250	103	103	0	250	0	-95	-250
1819-119	Step Down	300	125	125	0	300	0	-125	0
1819-120	Specific Client MH Moving to Tier 4	450	450	450	0	450	0	0	0
1819-121	Reduction Of Excess Beds Days / DTOC	414	170	170	0	414	0	-170	-207
1819-122	Ambulatory / Frailty Care	385	160	160	0	385	0	-160	-385
1819-123	End Of Life	373	156	156	0	373	0	-156	-373
1819-126	Targeted Peer Review - Stretch	293	120	120	0	293	0	-120	-147
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	70	0	0	-57
1819-128	CDU	500	206	206	0	500	0	-96	167
1819-129	Community Dermatology	221	0	0	0	221	0	0	-221
1819-130	Respiratory Right Care - Prescribing	124	50	50	0	124	0	-25	-24
1819-131	Vocare	200	82	82	0	200	0	142	24
1819-132	Primary Care - Post Payment Verification (Post verification payment LES)	40	8	8	0	40	0	-8	0
1819-133	Reablement Budget	100	100	100	0	100	0	0	0
1819-134	Admission Avoidance Beds - Stretch	250	100	100	0	250	0	-98	-242
1819-135	Contract Challenges	226	90	90	0	226	0	-90	-113
1819-136	MSK Community	143	59	59	0	143	0	141	377
1819-6a	Prescribing Internal Efficiencies - Main	1593	663	663	0	1593	0	7	-100
1819-6b	Prescribing Internal Efficiencies - Bio Similar	250	103	103	0	250	0	-68	-50
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	40	40	0	100	0	-40	-30
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0
Grand Total		13947	5868	5868	0	13947	0	-2803	-4684



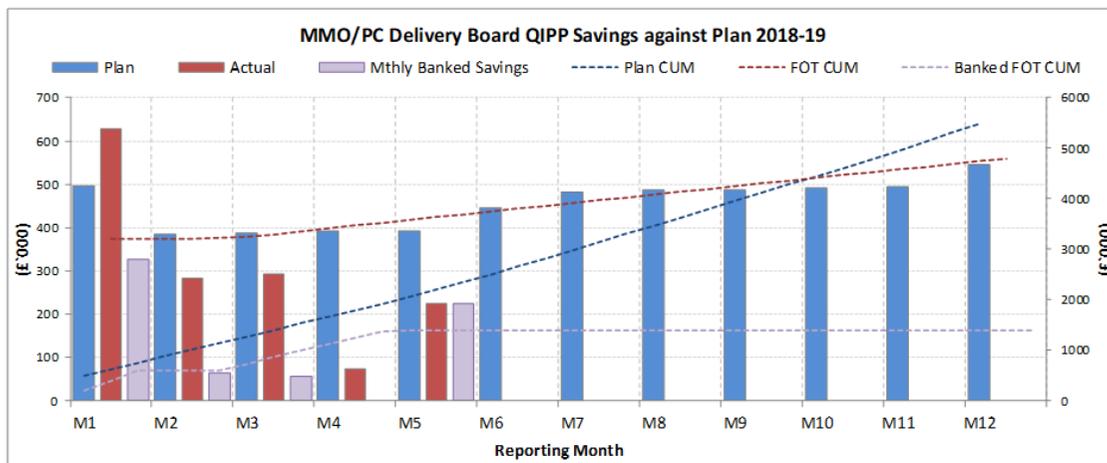
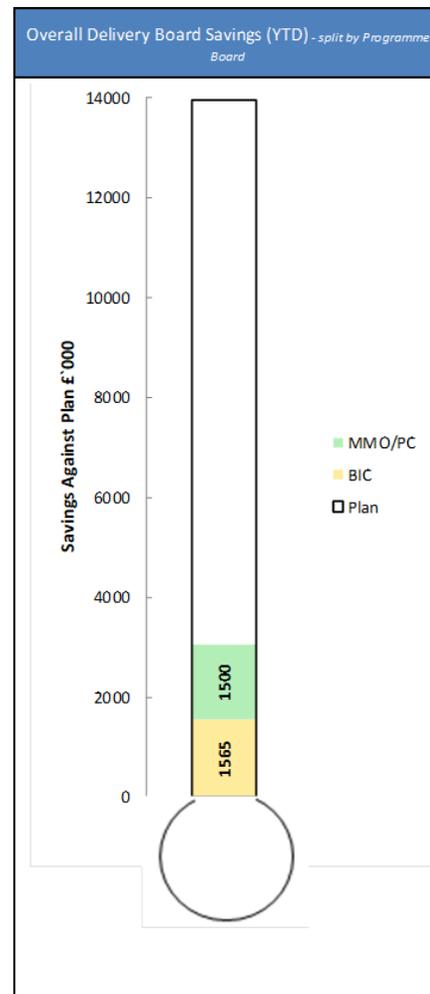
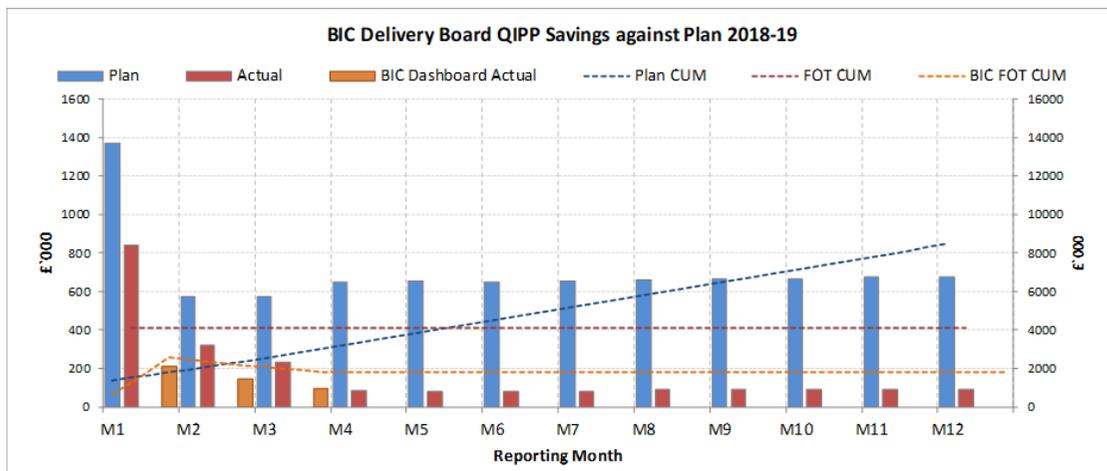
Key:

MMO/PC
BIC
Closed Projects - for information

QIPP Programme Delivery Board

Source : Annual Non BFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Mth 5 - Aug 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st August 2018 is shown below.

	31 August '18 £'000	31 July '18 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	2,068	4,040	-1,973
Cash and Cash Equivalents	8	295	-287
	2,076	4,335	
Total Assets	2,076	4,335	
Current Liabilities			
Trade and Other Payables	-36,970	-36,090	-881
	-36,970	-36,090	
Total Assets less Current Liabilities	-34,895	-31,754	
TOTAL ASSETS EMPLOYED	-34,895	-31,754	
Financed by:			
TAXPAYERS EQUITY			
General Fund	34,895	31,754	3,140
TOTAL	34,895	31,754	

Key points to note from the SoFP are:

- The cash target for month 5 has been achieved.
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (99% for non-NHS invoices and 99% for NHS invoices);

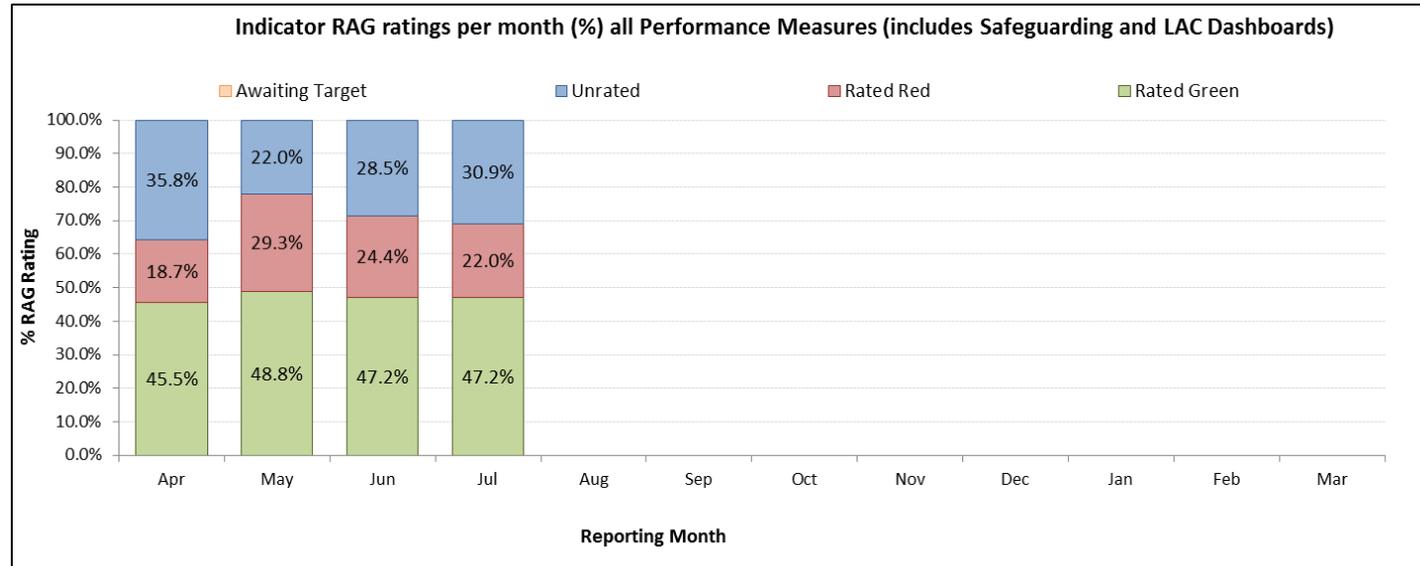
• **PERFORMANCE**

The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

Jul-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	10	10	13	14	1	0	0	0	24
Outcomes Framework	6	7	6	6	14	13	0	0	26
Mental Health	25	21	6	4	10	16	0	0	41
Sub Totals	41	38	25	24	25	29	0	0	91
RWT - Safeguarding	5	8	6	3	3	2	0	0	13
RWT - Looked After Children (LAC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	17	20	6	3	10	9	0	0	32
Grand Total	58	58	31	27	35	38	0	0	123



Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

3.1.1. EB3 – Referral to Treatment Time (18weeks), EBS4 - 52 Week Waiters

- A revised performance trajectory for 18/19 has been submitted by the Trust to NHSI with a stretch target (from 90.3% to 91.5% by year end, a 15% reduction in the backlog, reduction of the RTT waiting list and zero 52 week waiters) and discussions are on-going.
- July18 saw a sustained performance of 90.94% (below the National 92% target - achieving the current draft local stretch target of 90.68%). July saw a 287 decrease in the number of patients seen during the month.

- The Trust continues to validate patient pathways and monitor monthly prediction reports to highlight priority patients and expected activity numbers for each month.
- Weekly updates to NHS England for 52 week waiters commenced during August which require a recovery action plan for each 52 week waiter without a TCI (exceptions apply – eg specialised services).
- Zero 52 week waiters have been reported by the Trust, however there are 5 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 3

University Hospitals of North Midlands (T&O) x 1

Bart's Health NHS Trust (Dermatology) x 1

3.1.2. Urgent Care (4hr Waits, Ambulance Handovers, 12 Hr Trolley Breaches)

- A revised A&E 4 Hour Wait performance trajectory for 18/19 has been submitted by the Trust to align with the Provider sustainability fund (PSF) trajectory with a stretch target from 90.3% to 95.1% by March 2019
- The number of A&E attendances has seen a 1.8% increase from the previous month and an increase in performance to 91.6%. The A&E Delivery Board have a programme plan which includes key target areas including on-going actions for improvement of patient flows, enhancement of joint triage, improved discharge initiatives and winter debrief actions.
- Ambulance handover saw an improvement during July 2018 for 15-30 and 30-60 minutes but a deterioration in >60 minute handover times, however, the Trust reported a significant rise of 205 (4.95%) ambulance conveyance numbers in month compared with the same period last year and has seen a month on month increase in ambulance conveyances since April 2018 with a total of 4,144 conveyances in July.

3.1.3. Cancer 2WW, 31 Day and 62 Day

- A revised 62 Day performance trajectory for 18/19 has been submitted by the Trust and agreed with the CCG for a stretch target (from 73.9% to 85.2% by June 2019).
- Cancer recovery plan is in place, weekly calls with NHS England (NHSE) and NHS Intelligence (NHSI), Cancer Alliance, Trust and CCG with high levels of scrutiny by NHSE and NHSI.
- There were 12 patients breaching 104 days (due to complex pathways, multiple diagnostic tests, prolonged surgical and anaesthetic assessment and patient choice). Discussions are on-going on a national level to set a zero trajectory for all providers against 104 day cancer waits.
- The CCG have commenced a 2WW scoping exercise to provide Wolverhampton GP's with practice specific analysis (including referrals per `000 list size and cancer conversion rates) which will enable joint working with practices, CCG and the Trust (including GP Peer Review) to understand referral trends and possible reasons for the local increases and variation.
- Current performance levels :

Ref	Indicator	Target	Jul18	YTD
EB6	2 Week Wait (2WW)	93%	88.98%	83.15%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	74.42%	55.15%
EB8	31 Day (1 st Treatment)	96%	92.69%	92.03%
EB9	31 Day (Surgery)	94%	86.11%	85.53%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	93.02%	90.91%
EB12	62 Day (1 st Treatment)	M3=75.9% (Recovery) 93% (National)	59.62%	62.57%
EB13	62 Day (Screening)	90%	92.86%	82.03%

The July forecast from the Trust shows an increase across all performance standards with the exception of 31 and 62 Cancer Waits

3.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections : Excluding Assessment Units (achieving 95.24% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (76.11%) and the proposed Q1draft trajectory of 90%.
- Reporting issues continue with the maternity units showing incorrect fail levels following the introduction of the Badgernet System.
- Weekly investigations continue to be carried out and where there are system errors manual adjustments are being made.

3.1.5. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust continue to achieve (based on 17/18 threshold of 3.5%) with 2.98% for July18 (all delays) and excluding Social Care (0.96%).
- Main areas of delays remain awaiting domiciliary packages and Residential/Nursing Home.
- The proportion of Staffordshire patient delays at the Trust during July has been confirmed as 61.34% of the total delays (Wolverhampton patients = 29.49%).

3.1.6. MRSA and Clostridium Difficile

- MRSA – 1 breach (against the zero threshold) have been reported for the Trust during July which related to a chest drain site.
- This indicator has already failed Year End (1 x May, 1 x July) performance.
- C-Diff – 1 breach (against a 3 per month threshold) has been reported during July, (positive by toxin test and was attributable to RWT using the external definition of attribution). Extra cleaning on “Touch Points” in the Emergency Department occurred during July.
- Early indications are that although MRSA remains within threshold, there have been a further 5 C.Diff breaches during August18.

- Updated thresholds for 2018/19 have now been confirmed as 34 for RWT and 70 for the CCG.

3.1.7. Serious Incident Breaches (SUIs) - RWT

- 4 breaches were identified for July (see table below), there have been no reported Never Events for July; however the YTD total for 18/19 is currently at 4 incidents.
- Overall, there has been a slight increase in the number of reported serious incidents (18 reported in June, 22 reported in July18), however the 2018/19 trend is lower than 2017/18. The decrease has been attributed to direct changes to reporting by the Trust to be in line with the Serious Incident Framework. A supportive collaborative approach is being utilised to challenge the organisation to rationalise reporting, ensuring that proportionate investigations are initiated.
- Incidents are now reported as a serious incident if there is an act or omission that is suspected to have led to serious harm, rather than reporting according to a particular category or outcome.

Ref	Indicator	July18	YTD
LQR4	SUIs reported no later than 2 working days	0	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	4	11

3.1.8. Safeguarding

- 8 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for July 2018 (and 8 non submission).
- The September Quality and Safety Committee papers have confirmed that the CCG's current position has seen significant progress with an action plan submitted to NHS England for any outstanding action currently in progress.

For further information please see Pgs 7 to 9 of Appendix 1

3.1.9. Mix Sex Accommodation Breaches

- There were no Mixed Sex Accommodation breaches reported for the Royal Wolverhampton NHS Trust or the Black Country Partnership; however a Wolverhampton patient breach has been reported by Worcestershire Royal Hospital during July 2018.

3.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

3.2.1. Care Programme Approach – Follow up within 7 days (EBS3)

- The July performance has seen a positive increase to 100% from the previous June breach (91.43% against a target of 95%) and relates to 26 patients.

3.2.2. % of IP with a Crisis Management Plan on Discharge (LQGE01b)

- The July performance has seen a decrease to 88.24% (against a target of 100%) and relates to 2 breaches (out of 17 patients).
- Both breaches have been confirmed as issues with communication between teams.

3.2.3. IAPT Access (LQIA05)

- July failed to achieve the 2018/19 in-month target of 1.58% with 1.51% (YTD= 5.15%); performance is measured against the Year End target of 19%. Based on current data, subsequent months will need to achieve 1.73% (an additional 45 patients per month) to meet the year end 19% target.
- Following data quality queries in 2017/18, this indicator is discussed monthly as part of the Data Quality Improvement Plan (DQIP) and includes discussions on the addition of Long Term Condition referral figures.

Revised estimate numbers to achieve remaining month's targets (and final yearend target) have been shared with the Trust and an Action Plan to initiate options for IAPT "Pop-up" shops in the city centre and/or University earlier in the year has been discussed.

4. RISK and MITIGATION

The CCG submitted a M5 position which included £1.5m risk which has been fully mitigated.

The key risks are as below:

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT as it is assumed a Gain/Risk share will be agreed and will remove the main areas of risk;
- Transforming Care Partnerships, TCP, is presenting a real financial challenge and currently presents a risk of c £500k;
- The risk associated with primary care services has reduced since the cost pressures in relation to prescribing (NCSO and Cat M), have been realised and reflected in the month 5 financial position. However, a residual risk of £300k remains until the full impact of these cost pressures is known;
- Other Programme services have an increased risk of c £200k potentially relating to Property Costs, NHS111 and other smaller budgets.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)								TOTAL NET (RISK) / MITIGATION	Of Which: RECURRENT		
	Plan	Actual	Variance	Variance	Contract	Q/PP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further Q/PP Extensions	Non-Recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding			TOTAL MITIGATIONS	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m			£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	407.529																					
REVENUE RESOURCE LIMIT (CUMULATIVE)	417.515																					
Acute Services	201.252	201.059	0.193	0.1%	(0.500)	-				(0.500)	0.400			-						0.400	(0.100)	
Mental Health Services	37.883	37.715	0.168	0.4%	(0.500)	-				(0.500)	0.300			-						0.300	(0.200)	
Community Health Services	40.508	40.389	0.119	0.3%																	-	
Continuing Care Services	15.095	15.341	(0.246)	(1.6%)	(0.300)	-				(0.300)	0.500			-						0.500	0.200	
Primary Care Services	53.703	53.545	0.158	0.3%				(0.600)		(0.600)	0.400			-	0.100					0.500	(0.100)	
Primary Care Co-Commissioning	36.267	36.267	-	0.0%						-										-	-	
Other Programme Services	17.304	17.696	(0.391)	(2.3%)	(0.200)	-				(0.200)	0.400			-						0.400	0.200	
Commissioning Services Total	402.011	402.011	0.000	0.0%	(1.500)	-	-	(0.600)	-	(2.100)	2.000	-	-	-	0.100	-	-	-	-	2.100	-	-
Running Costs	5.518	5.518	-	0.0%						-										-	-	
Unidentified Q/PP										-										-	-	
TOTAL CCG NET EXPENDITURE	407.529	407.529	0.000	0.0%	(1.500)	-	-	(0.600)	-	(2.100)	2.000	-	-	-	0.100	-	-	-	-	2.100	-	-
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																		
CUMULATIVE UNDERSPEND / (DEFICIT)	9.986	9.986	-	0.0%																		

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The key mitigation is as follows:

- The CCG holds a Contingency Reserve of c £2m and this will be held to cover the identified risks.

Further work is being undertaken to assess the levels of risks and further mitigations and a verbal update will be available at Committee.

In summary the CCG is reporting:

	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£11.486	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£8.486	Adjusted risks and no mitigations occur. CCG misses revised control total

5. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

6. RISK REPORT

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks. Consideration to be given to an additional risk to be added to the Committee level risks relating to issues with GP practices where IAPT services can no longer be delivered.

7. OTHER RISK

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

8. RECOMMENDATIONS

9. RECOMMENDATIONS

- **Receive and note** the information provided in this report.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 26th September 2018

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month												
						A	M	J	J	A	S	O	N	D	J	F	Yr End	
RWT_CB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95.0%	98.45%	98.62%	↓													
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	95.24%	95.80%	↓													
RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	Q1 - 90% Q2 - 90% Q3 - 92.5% Q4 - 95%	76.11%	79.12%	↓													
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	0.96%	0.87%	↓													
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework). Exceptions will be considered with Chief Nurse discussions.	0	0	2	↑													
RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	0	0	0	→													
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	0	4	11	↓													
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.41%	0.40%	↓													
RWT_LQR10	DToc – compliance with checklist *awaiting confirmation of removal to Schedule 6	95.0%	No Data	No Data														
RWT_LQR11	% Completion of electronic CHC Checklist	98.0%	82.76%	89.44%	↓													
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	28.89%														
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	90.30%	90.08%	↓													
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	95.24%	92.98%	↑													
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	81.16%	79.61%	↑													
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	No Data	99.66%														
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)	Yes	No Data	No														
RWT_LQR22a	Number of Avoidable Grade 2 Hospital Acquired Pressure Injuries (HAPI) *Note : Updated KPI, to be CVO'd into contract	<40 per yr TBC	No Data	7														
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	3														
RWT_LQR22c	Number of Avoidable Grade 4 HAPI *Note : Updated KPI, to be CVO'd into contract	<2 per yr TBC	No Data	2														
RWT_LQR23a	Number of Avoidable Grade 2 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	2														
RWT_LQR23b	Number of Avoidable Grade 3 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	1														
RWT_LQR23c	Number of Avoidable Grade 4 CAPI *Note : Updated KPI, to be CVO'd into contract	0	No Data	0														
RWT_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	95.0%	No Data	No Data														

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month	
						A M J J A S O N D J F M Yr End	
RWT_LQR26	% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO	75.0%	No Data	No Data			
RWT_LQR27	Hospital and General Practice Interface for 6 areas as detailed in the Service Conditions Local Access Policies, Discharge Summaries, Clinic Letters, Onward referral of patients, Results and treatments, Feedback/Communications *Note : 18/19 - awaiting confirmation of removal to SDIP	0.0%	No Data	No Data			
RWT_LQR28	All Staff Hand Hygiene Compliance	95.0%	91.85%	91.92%	↓		
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.66%	94.42%	↑		
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	98.74%	97.50%	↑		
BCP_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→		
BCP_DC1	Duty of Candour Note : 1 = Yes, 0 = Breach	YES	Yes	4			
BCP_NHS1	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.00%	No Data	99.85%			
BCP_MHSDS1	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	90.00%	No Data	95.14%			
BCP_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	90.00%	100.00%	100.00%	→		
BCP_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	0	0	0	→		
BCP_EAS5	Minimise rates of Clostridium Difficile	0	0	0	→		
BCP_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	53.00%	100.00%	66.67%	↑		
BCP_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	75.00%	89.52%	90.39%	↑		
BCP_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	95.00%	99.05%	99.10%	↓		
BCP_EH9	The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	32.00%	No Data	7.89%			
BCP_EH10a	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (0-19 year olds)	95.00%	No Data	100.00%			
BCP_EH11a	Number of CYP with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (0-19 year olds)	85.00%	No Data	100.00%			
BCP_EH10b	Number of patients with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EH11b	Number of patients with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EBS1	Mixed sex accommodation breach	0	0	0	→		
BCP_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	95.00%	100.00%	92.86%	→		
BCP_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	90.00%	No Data	100.00%			
BCP_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	100.00%	88.24%	95.24%	↓		
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	97.44%			
BCP_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	85.00%	No Data	82.13%			

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month	
						A M J J A S O N D J F M Yr End	
BCP_LQGE08	% compliance with local anti-biotic formulary for inpatients.	95.00%	No Data	No Data			
BCP_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	95.00%	96.91%	97.12%	↓		
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	100.00%	99.07%	→		
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.20%	1.70%	↑		
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.29%	99.67%	↓		
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	98.11%	98.78%	↓		
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	100.00%	99.32%	→		
BCP_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	100.00%	100.00%	100.00%	→		
BCP_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	100.00%	100.00%	100.00%	→		
BCP_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	100.00%	100.00%	75.00%	→		
BCP_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	50.00%	56.86%	56.85%	↑		
BCP_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	75.00%	No Data	90.15%			
BCP_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	95.00%	No Data	99.09%			
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%, Sanction: GC9]	80.00%	No Data	93.40%			
BCP_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence.	1.58%	1.52%	5.15%	↑		
BCP_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence. CUMULATIVE	1.58% per month 19% by Year End	5.15%	12.30%	↑		
BCP_LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard) in 'Documents Relied Upon'	90.00%	96.88%	95.38%	↓		
BCP_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	80.00%	No Data	100.00%			
BCP_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	95.00%	100.00%	100.00%	→		
BCP_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100.00%	No Data	100.00%			

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 14

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Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th October 2018
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

	Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions, meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	The CCG must meet a number of constitutional, national and locally set performance targets.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£9.986m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£418.628m	£418.628m	Nil	G
Revenue Administration Resource not exceeded	£5.560m	£5.560m	Nil	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£364k	£243k	(£121k)	G
Maximum closing cash balance %	1.25%	0.84%	(0.41%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£6.92m	£6.92m	Nil	G
Programme Cost *	£201,233k	£202,475k	£1,242k	G
Reserves *	£1,242k	£0k	(£1,242k)	G
Running Cost *	£2,780k	£2,780k	£0k	G

- The net effect of the three identified lines (*) is breakeven.
- Underlying recurrent surplus metric of 2% is being maintained.

- Programme Costs YTD inclusive of reserves is showing a break-even position.
- Royal Wolverhampton Trust (RWT) M5 data indicates a financial under performance.
- Referrals from GPs into RWT have reduced further.
- The increased volume of clients in receipt of Continuing Care payments and the number in receipt of expensive packages will require close monitoring to ensure all costs are captured and monitored.
- The CCG control total is £9.986m which takes account of the 17/18 year end performance.
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report identifies the need to deploy reserves in order to meet the QIPP target.
- The CCG is currently reporting a nil net risk albeit a slight change in risk incidence.

The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Budget £'000	YTD Performance M06						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	201,217	100,608	100,119	(489)	(0.5%)	200,922	(295)	(0.1%)
Mental Health Services	37,962	18,987	19,224	237	1.2%	37,962	(0)	(0.0%)
Community Services	40,551	20,285	20,105	(180)	(0.9%)	40,368	(183)	(0.5%)
Continuing Care	15,107	7,554	7,557	3	0.0%	15,113	6	0.0%
Primary Care Services	53,570	26,787	27,202	415	1.5%	54,575	1,005	1.9%
Delegated Primary Care	35,719	17,859	18,133	274	1.5%	35,719	0	0.0%
Other Programme	16,473	9,152	10,134	982	10.7%	17,875	1,402	8.5%
Total Programme	400,599	201,233	202,475	1,242	0.6%	402,534	1,935	0.5%
Running Costs	5,560	2,780	2,780	0	0.0%	5,560	0	0.0%
Reserves	2,483	1,242	0	(1,242)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	408,642	205,254	205,254	(0)	(0.0%)	408,642	0	0.0%
Target Surplus	9,986	4,993	0	(4,993)	(100.0%)	0	(9,986)	(100.0%)
Total	418,628	210,247	205,254	(4,993)	(2.4%)	408,642	(9,986)	(2.4%)

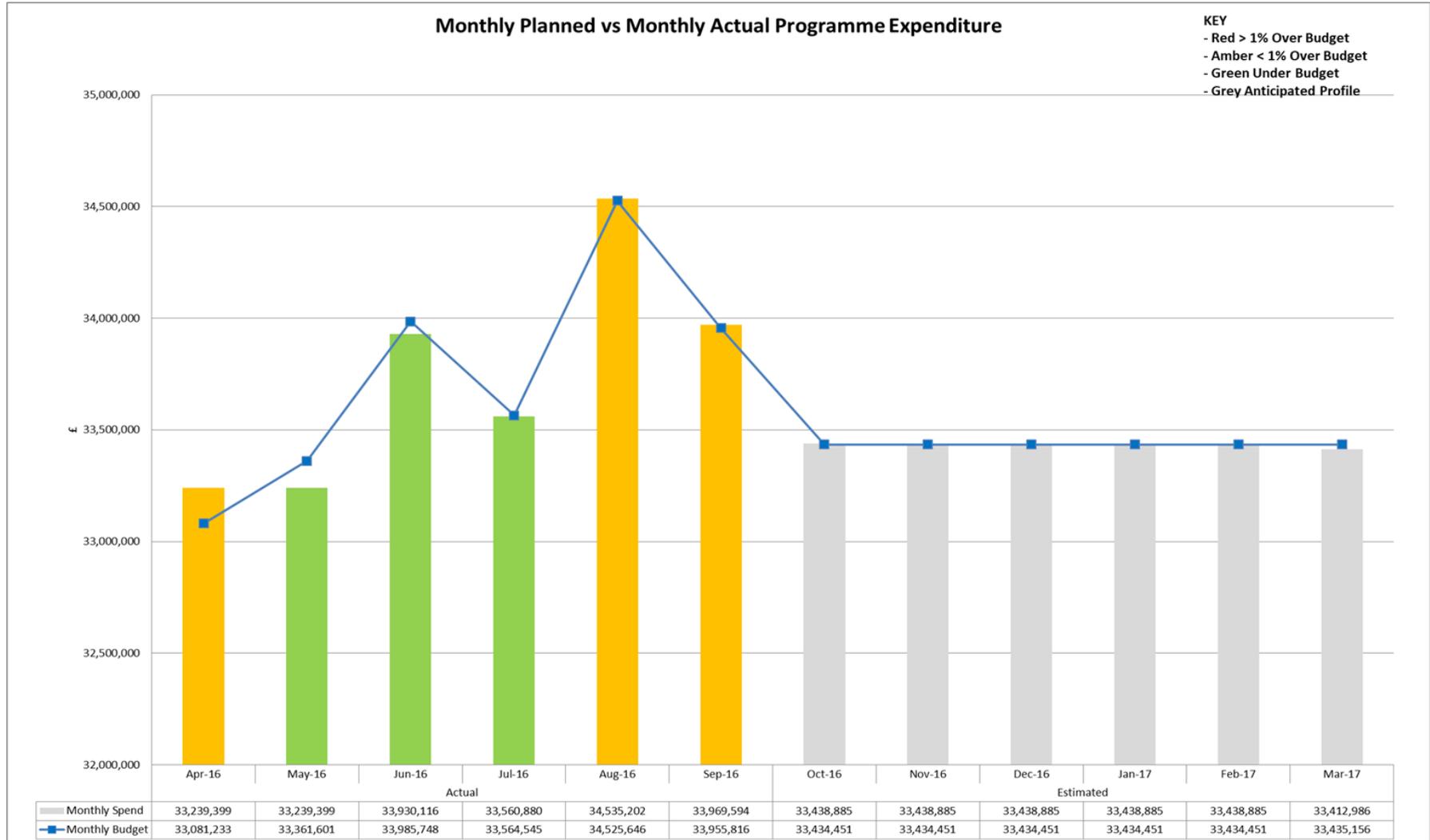
- Within the Forecast out turn there is a commitment of £1.107m of non-recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.
- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 2% recurrent surplus as shown below.

- The extract from the M6 non ISFE demonstrates the CCG is on plan, achieving 2% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2018/19 Underlying Position
	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NR Spend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	408.642				(6.271)						402.371
Acute Services	201.217	200.922	0.295	0.1%	(1.473)	-		(7.609)			191.840
Mental Health Services	38.050	38.100	(0.049)	(0.1%)	(0.974)	-		(0.166)			36.960
Community Health Services	40.462	40.230	0.232	0.6%	-	-		0.261			40.491
Continuing Care Services	15.107	15.113	(0.006)	(0.0%)	-	-		(0.157)			14.956
Primary Care Services	53.570	54.575	(1.005)	(1.9%)	(1.723)	-		0.072			52.924
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	0.285	-					36.552
Other Programme Services	18.408	17.875	0.533	2.9%	(2.383)	-	(2.021)	1.458			14.929
Commissioning Services Total	403.082	403.082	0.000	0.0%	(6.268)	-	(2.021)	(6.141)	-	-	388.652
Running Costs	5.560	5.560	-	0.0%	(0.003)	-					5.557
TOTAL CCG NET EXPENDITURE	408.642	408.642	0.000	0.0%	(6.271)	-	(2.021)	(6.141)	-	-	394.209
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%							8.162
									Underlying Underspend / (Deficit)		8.162
									% RRL		2.0 %

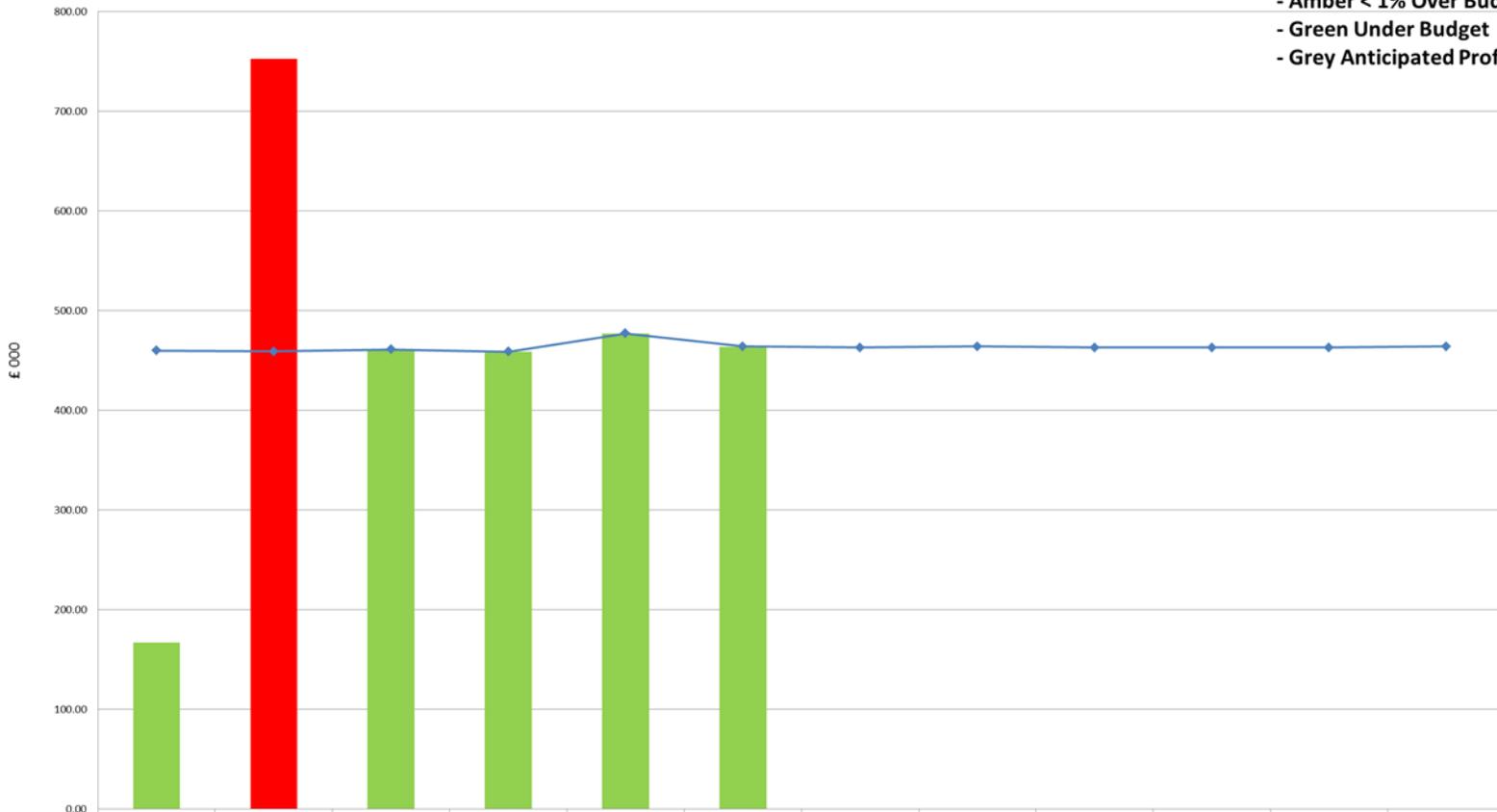
Monthly Planned vs Monthly Actual Programme Expenditure

KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



Monthly Planned vs Monthly Actual Running Cost Expenditure £000's

KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
			Actual						Estimated			
Monthly Spend	167	752	461	459	477	464						
Monthly Budget	460	459	461	459	477	464	463	464	463	463	463	464

Delegated Primary Care allocations for 2018/19 as at M06 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The 0.5% contingency and 1% reserves are showing an underspend year to date but are expected to be fully utilised by year end.

The table below shows the outturn for month 6:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	11,022	11,154	132	22,043	22,043	0	●	0	0
General Practice PMS	949	736	(213)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	1,206	1,116	(90)	2,412	2,412	0	●	0	0
Premises	1,409	1,184	(225)	2,817	2,817	0	●	0	0
Premises Other	47	60	13	94	94	0	●	0	0
Enhanced services Delegated	443	356	(87)	887	887	0	●	0	0
QOF	1,901	1,827	(74)	3,802	3,802	0	●	0	0
Other GP Services	882	1,700	818	1,765	1,765	0	●	0	0
Delegated Contingency reserve	91	0	(91)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	183	0	(183)	366	366	0	●	0	0
Total	18,133	18,133	(0)	36,267	36,267	0	●	0	0

- 2018/19 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG.

2. QIPP

The key points to note are as follows:

- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 6 QIPP is being reported as delivering on plan.
- Appendix 5 details the QIPP within the Finance plan and the associated QIPP leads FOT. The financial gap between FOT and plan will have to met by additional QIPP schemes and cover from Reserves.
- Within the QIPP year to date (M6) the spike in BIC delivery is as a consequence of a large scheme being reported at BIC Programme Board as delivered in one month rather as profiled in twelfths. This will be corrected next month.

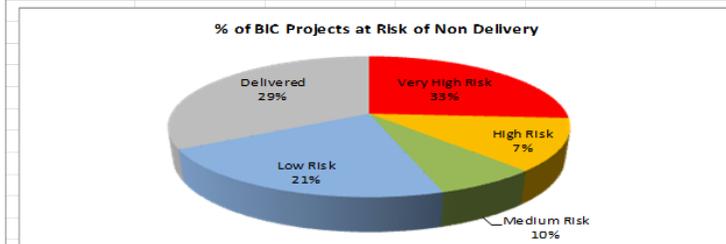
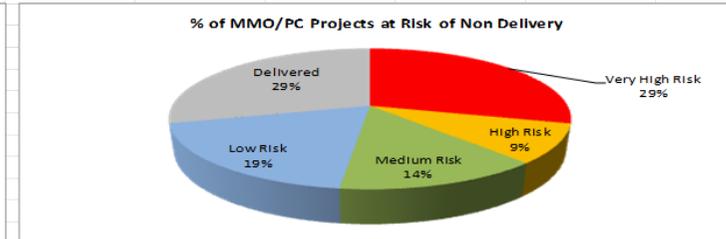
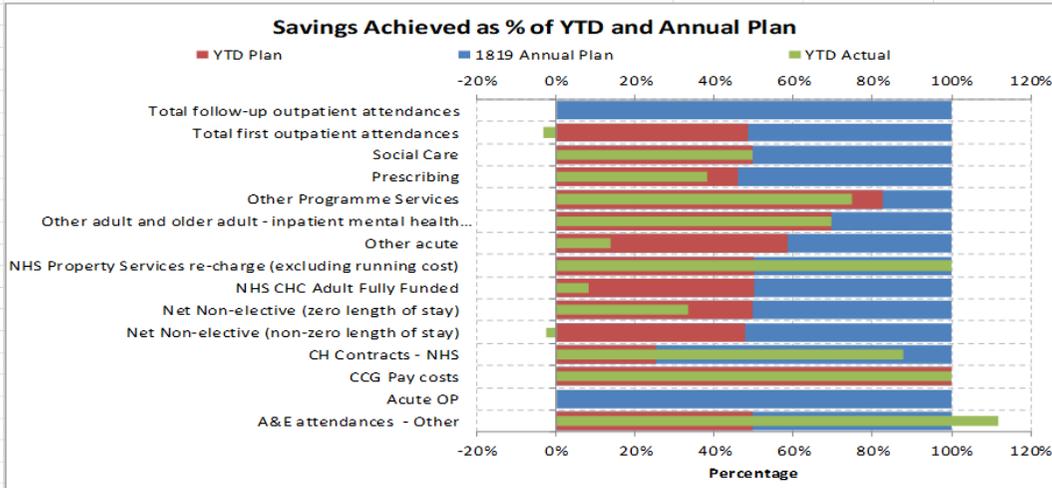
QIPP Programme Delivery Board

Mth 6 - Sept 18/19

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000

Area of Spend Category	Annual Plan	April to Sep (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Sep (YTD) Prog Brd diff from Plan	Sep (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	99	99	0	200	0	-125	-24
Acute OP	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	71	71	0	281	0	-175	-239
Net Non-elective (non-zero length of stay)	4921	2347	2347	0	4921	0	2467	3814
Net Non-elective (zero length of stay)	1618	804	804	0	1618	0	267	200
NHS CHC Adult Fully Funded	400	200	200	0	400	0	167	0
NHS Property Services re-charge (excluding running cost)	100	50	50	0	100	0	-50	0
Other acute	1256	736	736	0	1256	0	562	146
Other adult and older adult - inpatient mental health (excluding dementia)	950	660	660	0	950	0	0	0
Other Programme Services	160	132	132	0	160	0	12	8
Prescribing	2507	1153	1153	0	2507	0	197	537
Social Care	500	248	248	0	500	0	0	0
Total first outpatient attendances	718	349	349	0	718	0	373	548
Total follow-up outpatient attendances	221	0	0	0	221	0	0	221
Grand Total	13947	6964	6964	0	13947	0	3694	5211

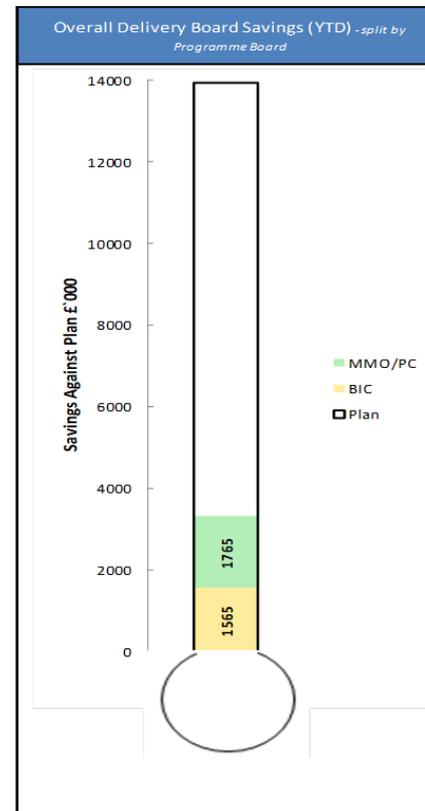
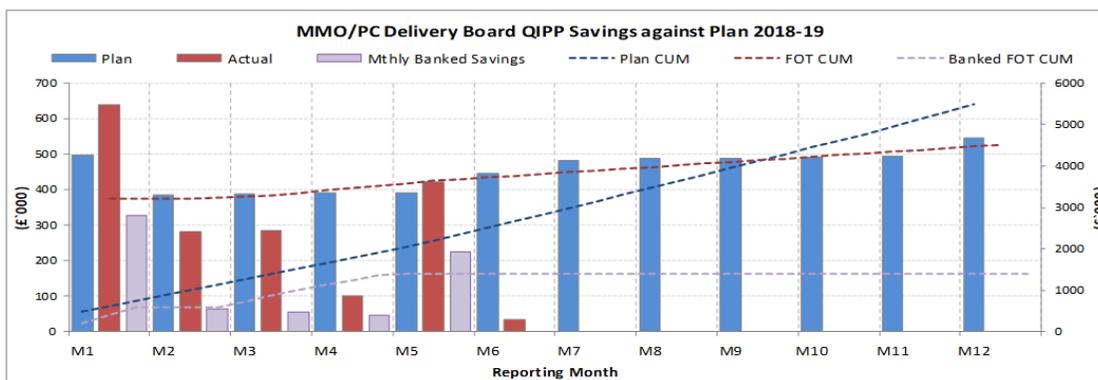
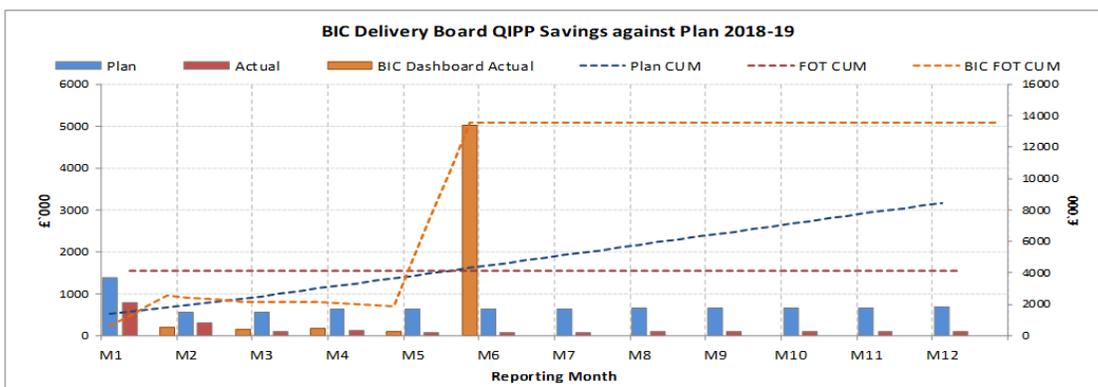
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QIPP Programme Delivery Board

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000

Mth 6 - Sept 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th September 2018 is shown below.

	30 September '18 £'000	31 August '18 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	2,329	2,068	261
Cash and Cash Equivalents	281	8	273
	2,610	2,076	
Total Assets	2,610	2,076	
Current Liabilities			
Trade and Other Payables	-37,960	-36,970	-990
	-37,960	-36,970	
Total Assets less Current Liabilities	-35,350	-34,895	
TOTAL ASSETS EMPLOYED	-35,350	-34,895	
Financed by:			
TAXPAYERS EQUITY			
General Fund	35,350	34,895	456
TOTAL	35,350	34,895	

Key points to note from the SoFP are:

- The cash target for month 6 has been achieved.
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);

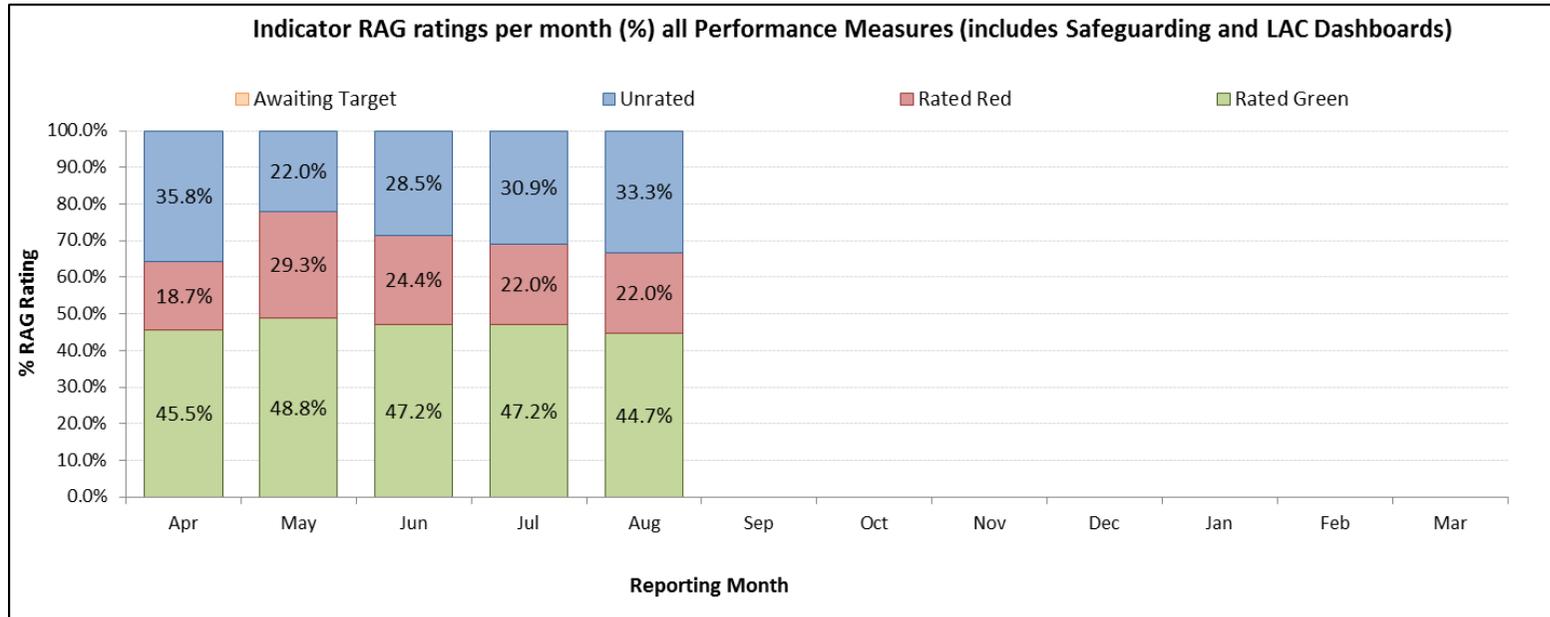
• **PERFORMANCE**

The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

Aug-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	10	7	14	14	0	3	0	0	24
Outcomes Framework	7	6	6	7	13	13	0	0	26
Mental Health	21	22	4	3	16	16	0	0	41
Sub Totals	38	35	24	24	29	32	0	0	91
RWT - Safeguarding	8	8	4	3	2	2	0	0	13
RWT - Looked After Children (LAC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	20	20	4	3	9	9	0	0	32
Grand Total	58	55	28	27	38	41	0	0	123



Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

3.1.1. EB3 – Referral to Treatment Time (18weeks), EBS4 - 52 Week Waiters

- Validated NHS performance for August is confirmed as 90.97%; the Trust has achieved the in year trajectory of 90.88% for August and is achieving a month on month improvement toward the constitutional standard of 92%.
- The Trust is continuing to focus on reducing the backlog and to sustain or reduce RTT waiting list size against the March 18 baseline and is currently on track to achieve this with August RTT waiting list reported at 33,147 against the baseline of 33,858

(-711). Of these, 2,994 patients were waiting over 18 weeks to start treatment which has fallen for the 5th consecutive month of 2018/19.

- The CCG's performance for patients registered with a Wolverhampton GP (06A) waiting start treatment at any Trust is 91.4%
- Zero 52 week waiters have been reported by the Trust, however there are 3 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 2

Bart's Health NHS Trust (Dermatology) x 1

3.1.2. Urgent Care (4hr Waits, Ambulance Handovers, 12 Hr Trolley Breaches)

- The percentage of A&E attendances (admitted, transferred or discharged) within 4 Hours fell just short of the National 95% target at 93.51% however performance has achieved the in year PSF trajectory target of 90.20%.
- August has seen 2 further 12hr Trolley Breaches (YTD = 4). Action Plans confirm reasons for breaches as: 1 x MH Bed capacity and 1 x delay in transportation.
- A deep dive review of MH breaches has taken place between the CCG, Acute and Mental Health Trusts to take an in depth look at the recent 12 hour breaches, findings to follow in next month's report.
- The number of A&E attendances has seen a 6.6% decrease from the previous month and an increase in performance to 93.51%.
- Ambulance handover saw an improvement during August 2018 for both 15-30-30/30-60 minutes and the >60 minute handover times. When compared to the same month in 17/18, there has been a 6.32% increase in the number of conveyances however a 20.83% reduction in breaches.
- Ambulance handover performance saw an improvement during August 2018 for both the 15-30/ 30-60 minutes and the >60 minute handover times, however, the Trust reported a significant rise of 231 (6.32%) ambulance conveyance numbers in month compared with the same period last year. The 2018/19 number of conveyances has previously seen a month on month

increase, however, August has seen a decrease in the total with 3,886 conveyances in August compared to 4,145 in July (a decrease of 6.25%).

3.1.3. Cancer 2WW, 31 Day and 62 Day

- The August validated national performance for the 62 Day from referral to 1st definitive treatment has been confirmed as 58.57% (based on 43.5 breaches out of 105, with 14 patients at 104+ days).
- All 104 day patients receive a harm review which is shared with the CCG for assurance and scrutiny.
- A revised Cancer recovery plan is in place, with weekly calls with NHS England (NHSE) and NHS Intelligence (NHSI), Cancer Alliance, Trust and CCG with high levels of scrutiny by NHSE and NHSI.
- The Trust has rebased the activity required to reduce the backlog in the refreshed recovery action plan and has calculated that in order to reduce the backlog it now needs to treat 118 patients per month rather than 105. This will take effect from October to support the achievement of the recovery trajectory.
- The Trust has confirmed following a review of theatre utilisation an additional dedicated robotics theatre is due to open in October which will improve performance for Urology and Gynae pathways.
- Current performance levels :

Ref	Indicator	Target	Aug18	YTD
EB6	2 Week Wait (2WW)	93%	86.44%	83.80%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	75.45%	62.26%
EB8	31 Day (1 st Treatment)	96%	88.52%	91.26%
EB9	31 Day (Surgery)	94%	72.73%	82.59%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	71.88%	87.30%

EB12	62 Day (1 st Treatment)	M5=65% (Recovery) 93% (National)	57.08%	61.72%
EB13	62 Day (Screening)	90%	88.57%	83.23%

Early indications are that the September performance has seen a decrease for all cancers with the exception of 31 day (surgery, anti-cancer drug and radiotherapy).

3.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections :
 - Excluding Assessment Units which has seen a decrease in performance over the last 3 months however is achieving 95.01% (against a 95% target).
 - Assessment Units which is currently showing as failing (88.71%) against and the proposed Q1 draft trajectory of 90%, however achieving the original 85% target.

A business case has been confirmed as approved for a 24 hour ward clerk and the Trust are going through a management of change process with existing staff in order to recruit to remaining roles.

3.1.5. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust has failed to achieve (based on 17/18 threshold of 3.5%) with 3.63% for August18 (all delays) and excluding Social Care (1.26%).
- The Trust have identified the main areas of delays remain awaiting domiciliary packages and delays awaiting assessment.
- The proportion of Staffordshire patient delays at the Trust during August has been confirmed as 41.45% of the total delays (Wolverhampton patients = 41.22%).

The delayed transfer of care performance has seen a steady increase since May18. The CCG is monitoring data received daily from the Trust and note that the number of delays during September were consistently reporting at 28-30 per day. September data shows a decrease in delays from 21st September, early indications are that this will not be sufficient to

improve Month 6 performance (which has seen an increase to 1.75% excluding Social Care) but remains below the locally agreed threshold) however the expectation is that improvements will be seen in October performance.

3.1.6. MRSA and Clostridium Difficile

- MRSA – No breaches reported for August, however has already failed Year end with 2 cases (1 x May, 1 x July) against the zero threshold.
- C-Diff – 5 breaches (against a 3 per month threshold) have been reported during August, (positive by toxin test and was attributable to RWT using the external definition of attribution). 3 Cases were attributable to one Ward (C19) and have been reported as a Serious Incident via the SI reporting system STEIS. Learning from these cases has been identified.
- Early indications are that although MRSA remains within threshold, there have been a further 2 C.Diff breaches during September18.
- The CCG C.Diff performance Year to Date is: 28 cases (against Year to Date threshold of 34) and MRSA of 2 cases Year to Date.

3.1.7. Serious Incident Breaches (SUIs) - RWT

- 6 breaches were identified for August (see table below), there have been no reported Never Events for August; however the YTD total for 18/19 is currently at 4 incidents.
- Overall, there has been a decrease in the number of reported serious incidents (22 reported in July18, 9 reported in August), with the 2018/19 trend lower than 2017/18. The decrease has been attributed to direct changes to reporting by the Trust to be in line with the Serious Incident Framework. A supportive collaborative approach is being utilised to challenge the organisation to rationalise reporting, ensuring that proportionate investigations are initiated.
- Incidents are now reported as a serious incident if there is an act or omission that is suspected to have led to serious harm, rather than reporting according to a particular category or outcome.
-

Ref	Indicator	Aug18	YTD
LQR4	SUIs reported no later than 2 working days	0	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	6	17

3.1.8. Safeguarding

- 8 out of the 19 Safeguarding and Looked After Children indicators were reported as achieving targets for August 2018 (and 8 non submissions).
- The October Quality and Safety Committee papers have confirmed that there have been 2 task and finish groups (1 x consider cases of significant harm/neglect to be referred into the Serious Case Review Committee (SCRC) for consideration of a learning review, 1 x review of processes and engagement and responses of GP conference reports). Action plans have been formulated and leads identified with timescales for actions and further meetings.
- Following below target performance for Level 4 training for Safeguarding Children (LQSG_04) in April and May, this indicator has consistently achieved the 100% target, however the Year To Date will remain below target (M5 YTD = 70.37%). The Safeguarding team continue to monitor all training performance and are assured that the Trust is fully compliant.

3.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

3.2.1. % People Moving to Recovery (LQIA01)

- Local data has reported as achieving the 50% target each month for 18/19, however, national reporting is based on extracts from the Mental Health Minimum Data Set and a rolling 3 month calculation. The latest data confirms below target performance (Jun18 = 48.53%).

3.2.2. IAPT Access (LQIA05)

- August failed to achieve the 2018/19 in-month target of 1.58% with 1.34% (YTD= 6.48% against a YTD target of 7.92%); performance is measured against the Year End target of 19%. Based on provisional September data, subsequent months will need to achieve 1.88% (an additional 90 patients per month) to meet the year end 19% target.
- Following data quality queries in 2017/18, this indicator is discussed monthly as part of the Data Quality Improvement Plan (DQIP) and includes discussions on the addition of Long Term Condition referral figures.
- Revised estimate numbers to achieve remaining month's targets (and final yearend target) have been shared with the Trust. Additional rooms are being investigated at the CCG and the GEM (Children and Young Person Centre) to increase session availability.
- The Trust are to submit a plan for increasing staffing levels and have identified training courses for new staff (training dates available during Dec18 and March19). Following one week's induction, new staff activity will then be included as part of the IAPT Access performance.

4. RISK and MITIGATION

The CCG submitted a M6 position which included 1.5m risk which has been fully mitigated.

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT as it is assumed a Gain/Risk share will be agreed and will remove the main areas of risk;
- Transforming Care Partnerships, TCP, is presenting a real financial challenge and currently presents a risk of c £500k;
- The risk associated with primary care services has reduced since the cost pressures in relation to prescribing (NCSO and Cat M), have been realised and reflected in the month 6 financial position. However, a residual risk of £300k remains until the full impact of these cost pressures is known;
- Other Programme services have an increased risk of c £200k potentially relating to Property Costs, NHS111 and other smaller budgets.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)										
	Plan	Actual	Variance	Variance	Contract	QJPP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QJPP Extensions	Non-Recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS		
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
REVENUE RESOURCE LIMIT (IN YEAR)	408.642																				
REVENUE RESOURCE LIMIT (CUMULATIVE)	418.628																				
Acute Services	201.217	200.922	0.295	0.1%	(0.500)	-				(0.500)				-	0.400						0.400
Mental Health Services	38.050	38.100	(0.049)	(0.1%)	(0.500)	-				(0.500)				-	0.300						0.300
Community Health Services	40.462	40.230	0.232	0.6%		-				-				-							-
Continuing Care Services	15.107	15.113	(0.006)	(0.0%)		-				-				-							-
Primary Care Services	53.570	54.575	(1.005)	(1.9%)		-		(0.300)		(0.300)				-	0.300						0.300
Primary Care Co-Commissioning	36.267	36.267	-	0.0%		-				-				-							-
Other Programme Services	18.408	17.875	0.533	2.9%	(0.200)	-				(0.200)				-	0.500						0.500
Commissioning Services Total	403.082	403.082	0.000	0.0%	(1.200)	-	-	(0.300)	-	(1.500)	-	-	-	-	1.500	-	-	-	-	-	1.500
Running Costs	5.560	5.560	-	0.0%		-				-				-							-
Unidentified QJPP						-				-											-
TOTAL CCG NET EXPENDITURE	408.642	408.642	0.000	0.0%	(1.200)	-	-	(0.300)	-	(1.500)	-	-	-	-	1.500	-	-	-	-	-	1.500
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																	
CUMULATIVE UNDERSPEND / (DEFICIT)	9.986	9.986	0.000	0.0%																	

The key mitigations are as follows:

- The CCG holds a Contingency Reserve of c £2m and this will be held to cover the identified risks.

Further work is being undertaken to assess the levels of risks and further mitigations and a verbal update will be available at Committee.

In summary the CCG is reporting:

	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£11.486	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£8.486	Adjusted risks and no mitigations occur. CCG misses revised control total

5. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

6. RISK REPORT

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks.

7. INTERNATIONAL GENERAL PRACTITIONER RECRUITMENT

The Committee received an update on the application which had been prepared and submitted by STP in February 2018. A gap in GP fulltime equivalents across the Black Country and the scheme is advocated as a mitigating factor in address the gap in GP numbers by 2020. There is not financial risk to the CCG as the STP chose not to underwrite any of these appointments. The application had been approved and was being refreshed in preparation for a readiness assessment to be undertaken by NHS England. NHS England had confirmed that up to the first 12 months of employment will be funded, the remaining 2 years would be funded by the Practice. The Committee considered the update provided and noted that the CCG had not committed to underwriting any of these posts at this stage.

8. ALIGNED INCENTIVES AGREEMENT

The Committee considered an Aligned Incentives Agreement which had been agreed between the CCG and RWT. It noted that the proposed aligned incentives would seek to provide more certainty about financial flows in 2018/19 and was anticipated to be a building block to more comprehensive alignment of incentives in 2019/20 for an integrated system. The members of the Committee recommended that the Governing Body approves the Agreement.

9. OTHER RISK

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

10. RECOMMENDATIONS

- **Receive and note** the information provided in this report.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 31st October 2018

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month	
						A M J J A S O N D J F M Yr End	
RWT_LQR26	% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO	75.0%	No Data	No Data			
RWT_LQR27	Hospital and General Practice Interface for 6 areas as detailed in the Service Conditions Local Access Policies, Discharge Summaries, Clinic Letters, Onward referral of patients, Results and treatments, Feedback/Communications *Note : 18/19 - awaiting confirmation of removal to SDIP	0.0%	No Data	No Data			
RWT_LQR28	All Staff Hand Hygiene Compliance	95.0%	92.55%	92.05%	↑		
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.41%	94.42%	↑		
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	95.65%	97.17%	↓		
BCP_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→		
BCP_DC1	Duty of Candour Note : 1 = Yes, 0 = Breach	YES	1	5			
BCP_NHS1	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.00%	No Data	99.84%			
BCP_MHSDS1	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	90.00%	No Data	95.26%			
BCP_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	90.00%	100.00%	100.00%	→		
BCP_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	0	0	0	→		
BCP_EAS5	Minimise rates of Clostridium Difficile	0	0	0	→		
BCP_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	53.00%	100.00%	75.00%	↑		
BCP_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	75.00%	85.29%	89.37%	↓		
BCP_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	95.00%	100.00%	99.28%	↑		
BCP_EH9	The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	32.00%	No Data	7.89%			
BCP_EH10a	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (0-19 year olds)	95.00%	No Data	100.00%			
BCP_EH11a	Number of CYP with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (0-19 year olds)	85.00%	No Data	100.00%			
BCP_EH10b	Number of patients with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EH11b	Number of patients with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (19 year olds and above)	85.00%	No Data	100.00%			
BCP_EBS1	Mixed sex accommodation breach	0	0	0	→		
BCP_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	95.00%	100.00%	94.19%	→		
BCP_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	90.00%	No Data	100.00%			
BCP_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	100.00%	100.00%	96.15%	↑		
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	97.44%			
BCP_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	85.00%	No Data	82.13%			



WOLVERHAMPTON CCG
GOVERNING BODY MEETING
13 NOVEMBER 2018

Agenda item 15

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 4 September 2018 and 2 October 2018
AUTHOR(S) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 4 September 2018 and 2 October 2018.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<p>Primary Care Workforce – New Roles and GP Retention</p> <p>GP workforce projects are underway locally and across the STP footprint to address recruitment and retention of GPs.</p>
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Commissioning Committee met on 4 September 2018 and 2 October 2018. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 4 September 2018

2.1 Pharmacy First Scheme or all Patients Progress Report

- 2.1.1 The Head of Medicines Optimisation (WCCG), Hemant Patel, provided the Committee with a 6 monthly update on the progress made to date against the Minor Ailment Scheme. The CCG commissioned Pharmacy First Scheme went live on 1 June 2018 and to date 47 of the 66 pharmacies have expressed an interest in providing this service across Wolverhampton. Latest data suggested only 29 pharmacies have provided this service / sent claims to date.

- 2.1.2 Mr Patel noted that the usage is lower than previous years and could be due to the new contract sign up process or misinformation regarding commissioning. As part of this work, the CCG plan to launch a communication campaign to raise awareness of the scheme via a newsletter, campaign posters and leaflets which will be sent to practices.

2.2 Primary Care Quality Report

- 2.2.1 The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, updated the Committee around primary care quality, providing an overview of activity in primary care and assurances around mitigation and actions taken where issues have arisen. The following issues were highlighted:

- No new infection prevention audits have taken place during the month of August 2018.
- The flu vaccine ordering uptake continues to be monitored and the Primary Care Flu Vaccine Task Group continues to explore ways to engage with traditionally hard to reach groups.
- In relation to workforce, the Practice Nurse Strategy is currently being worked upon in correlation with the training hub and will be shared with the Committee once finalised.

2.3 Update report following the retirement of Dr Mudigonda

2.3.1 The Primary Care Contracts Manager (WCCG), Gill Shelley informed the Committee that following the retirement of Dr N Mudigonda last year, Dr V Mudigonda still remains a single hander with 3700 patients. The Practice employs a salaried GP for 2 days per week and also has a Clinical Pharmacist. The Practice also takes on GP registrars, one has commenced in August 2018 for 18 months and another has just been confirmed to start on an 18 month contract. Ms Shelley noted that the practice is performing well and there is no compromise to the quality of service.

2.4 Primary Care Operational Management Group Meeting

2.4.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting which took place on 1 August 2018 and highlighted the following:

- The MGS Medical Practice Transition Meetings continue to take place on a fortnightly basis with the contract holders.
- There is now a dedicated team for estates across the Black Country.
- Work around the APMS re-procurement exercise continues.

2.5 Primary Care Counselling Service (EIA)

2.5.1 The Equality Impact Assessment for the Primary Care Counselling service was shared with the Committee for their information and approval.

2.6 QOF+ Scheme

2.6.1 The Data Protection Assessment for the QOF+ Scheme was shared with the Committee for their information and approval.

2.7 Amended Delegation Agreement

2.7.1 The Director of Operations (WCCG), Mike Hastings, presented a report around the amended Delegation Agreement between the CCG and NHS England. The revised agreement had been updated to take into account the changes of the Data Protection Legislation. NHS England have requested that the CCG return a signed copy of the agreement by 21 September 2018.

2.8 Influenza Vaccination Programme

2.8.1 The Director of Public Health (WCC), John Denley, stated that an update report on flu vaccinations should be brought to the next meeting for the Committees discussion and review.

Primary Care Commissioning Committee (Private) – 4 September 2018

- 2.9 The Committee met in private to receive updates on the local and national Docman issues, GP Home Visiting Service Progress, Commissioning Intentions 2019/20, Special Allocation Service, Quarterly GMS Contract Variation and a business case around a practice merger.

Primary Care Commissioning Committee – 2 October 2018

2.10 Primary Care Quality Report

2.10.1 Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, updated the Committee around primary care quality, providing an overview of activity in primary care and assurances around mitigation and actions taken where issues have arisen. The following issues were highlighted:

- There have been 36 complaints received from NHS England since the new process began on 1 November 2017.
- There were improvements in all areas of submission for the Friends and Family Test for the month and the overall response rate as increased slightly at 1.8%. This is significantly better than both regional and national averages.
- A GP retention scheme has been agreed across the Black Country at an event held on 25 September 2018. The plan will look ways to maintain GPs in post and increase options to work across primary and secondary care and take up leadership roles.

2.11 Primary Care Operational Management Group Update

2.11.1 The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting which took place on 1 August 2018 and highlighted the following:

- The MGS Medical Practice Transition Meetings are progressing well and as a result have now moved to a monthly basis.
 - There are 2 practices which have gone through Estates and Technology Transformation Fund and work has now commenced.
- The revised Contract Monitoring Annual Practice Declaration template was approved.

2.12 Home Visiting Service

2.12.1 The Head of Primary Care (WCCG), Sarah Southall, presented a revised business case for a GP Home Visiting Service Project which has previously been approved by the Committee. The project is currently being mobilised and is due to commence in December 2018. Following discussions with the practices and the provider (Royal Wolverhampton NHS Trust), the business case has been updated to request for a

Healthcare Assistant to undertake some of the routine activity as set out in the service model.

2.12.2 The Committee were asked to approve the funding for the Healthcare assistant for the six month period of the pilot project at an additional cost of £13,094. The changes to the business case were highlighted within the report.

2.12.3 The Committee reviewed the changes and queried the role and function of the Healthcare Assistant and requested further clarification. *[Following the meeting further information was shared with the Committee via email and has been approved].*

2.13 Primary Care Workforce – New Roles and GP Retention

2.13.1 The Head of Primary Care (WCCG), Sarah Southall, updated the Committee on the GP workforce position and projects that are underway locally and across the STP footprint to address recruitment and retention of GPs. The following key points were highlighted:

- Based on available data from NHS Digital, there are currently 142 GPs (FTEs) working across 42 practices in Wolverhampton who are either employed as partners or salaried GPs. The age profile of our GPs demonstrated that 21% of GPs are of an age where they may choose to retire.
- The Black Country STP has in place a Primary Care Workforce Strategy, which acknowledges that there are many challenges across the STP footprint.
- The Black Country has been identified as a Intensive Support Site (ISS) for GP retention.
- There are 4 schemes which have been produced in liaison with GPs across the STP which are due to be launched in October 2018 for GPs from across the Black Country to consider / access. The schemes are as follows:
 - Incentivising Portfolio Careers
 - Retention of newly qualified and GP trainees
 - Peer Mentoring Network
 - Pre-retirement Coaching

Primary Care Commissioning Committee (Private) – 2 October 2018

2.13 The Committee met in private to receive items around flu vaccinations, primary care contracting and the Committee risk register.

3. CLINICAL VIEW

3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed by the Primary Care Operational Management Group.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Any Financial implications have been considered and addressed at the appropriate forum.

Quality and Safety Implications

6.2. A quality representative is a member of the Committee.

Equality Implications

6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

6.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Sue McKie
Job Title: Lay Member for Public and Patient Involvement, Committee Chair
Date: 1 November 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Sue McKie	01/11/18

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WOLVERHAMPTON CCG

Governing Body
13 November 2018

Agenda item 16

TITLE OF REPORT:	Communication and Participation update
AUTHOR(s) OF REPORT:	Sue McKie, Patient and Public Involvement Lay Member Helen Cook, Communications, Marketing & Engagement Manager
MANAGEMENT LEAD:	Mike Hastings – Director of Operations
PURPOSE OF REPORT:	This report updates the Governing Body on the key communications and participation activities in September and October 2018.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	The key points to note from the report are: 2.1.1 Extended opening hours for GP surgeries 2.1.2 Patient Access App 2.1.3 Stay Well – Help us help you
RECOMMENDATION:	<ul style="list-style-type: none"> • Receive and discuss this report • Note the action being taken
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others.
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others. • Delivering key mandate requirements and NHS Constitution standards.
3. System effectiveness delivered within our financial envelope	<ul style="list-style-type: none"> • Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.

1. BACKGROUND AND CURRENT SITUATION

To update the Governing Body on the key activities which have taken place September and October 2018, to provide assurance that the Communication and Participation Strategy of the CCG is being delivered effectively.

2. KEY UPDATES

2.1. Communication

2.1.1 Extended opening hours for GP surgeries

All patients registered with a Wolverhampton practice can now access appointments up until 8pm weekdays and at weekends. We have begun to promote the extended opening hours across the city via online marketing and are planning for a bus advertising campaign and some printed materials to support the campaign.



2.1.2 Patient Access App

Planning is well underway to begin promoting the new Patient Access App. to the public of Wolverhampton. We hope to encourage many patients to download it, register at their surgery for online services and have access to booking appointments at their GP practice, ordering prescriptions from a chosen pharmacy and looking at their medical records.



2.1.3 Stay Well – Help us help you

Our winter campaign is now underway with the first part in September and October focusing around uptake of the flu jab. Here in Wolverhampton we have promoted the national campaign materials through the usual channels of social media, online and press releases.



We have also worked with our colleagues this year in Wolverhampton Public Health to develop a children's storybook to encourage the uptake of the free Fluenz vaccination for children. The Fluenz nasal spray is offered free to children in school nursery, Reception, Year 1, Year 2, Year 3, Year 4 and Year 5.

See our website for details of the book which has been distributed to schools in Wolverhampton.

<https://wolverhamptonccg.nhs.uk/your-health-services/stay-well-this-winter/flu-nasal-spray-for-children>

2.1.4 **Press Releases**

Press releases since the last meeting have included:

October 2018

- Join the fight against antibiotic resistance!
- Keep your family healthy this half term and winter
- West Midlands campaign to stamp out modern slavery
- Take good mental health as seriously as good physical health
- Health and Wellbeing comes Together as leaders join forces
- WCCG Supported World Mental health Day
- Every Mind Matters – World Mental Health Day
- Service BEAMs light on emotional mental health and wellbeing
- Over a thousand of pregnant women at risk from deadly flu

September 2018

- Eat right to protect your sight
- Launch of Wolverhampton Integrated Advance Care Plan
- Stub it out this Stoptober
- Now's the time to book your free flu vaccine!
- Campaign tackles the taboos around Urology Disease
- Bring the picture back in focus –University student creates song for Wolverhampton eye care

2.2. **Communication & Engagement with members and stakeholders**

2.2.1 **Medicines of Limited Clinical Value engagement**

Following NHSE consultation on medicines with limited clinical value earlier this year, the CCG decided to engage with the local population on their thoughts around implementing the actions from the consultation. We used a survey of six questions asking people about their views on reviewing medicines with low clinical effectiveness. We also visited two groups across the city to do some targeted engagement. **93** people completed the survey.

2.2.2. **Self-care with over-the-counter medicines engagement**

Following NHSE consultation on reducing prescribing of over-the-counter medicines for minor, short-term health concerns earlier this year, the CCG decided to engage with the local population on their thoughts around implementing the actions from the consultation. We set up an 11 question survey to ask people their views on whether medications that are available to buy over the counter should continue to be available on prescription.

We promoted the survey to members of the public by emailing our Patient Partners and stakeholders, putting the link on our website and Twitter account and posting paper surveys with a freepost envelope for return. Healthwatch Wolverhampton also shared the survey through their social media channels. The survey also went out to our staff and GPs via our newsletters. We visited two groups across the city to do some targeted engagement. **180** people completed the survey.

2.2.3 **GP Bulletin**

The GP bulletin is a twice monthly and is sent to GPs, Practice Managers and GP staff across Wolverhampton city.

2.2.4 **Practice Nurse Bulletin**

The September edition of the Practice Nurse Bulletin included the following topics:

- West Midlands Screening and Immunisations Team – new website and PGS's
- Have your say on over-the-counter medicines
- Practice Makes Perfect Forum
- West Midlands Anti-Slavery Network newsletter
- West Midlands Integrated Urgent Care News
- Training and events

2.2.5 **Members Meeting**

The next GP Members Meeting is due to take place on in November. Planning is well underway for the meeting.

3. **CLINICAL VIEW**

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning. GP leads for the new models of care have been meeting with their network PPG Chairs to allow information on the new models, and provide an opportunity for the Chairs to ask questions. All the new groupings have decided to meet on a regular quarterly basis.

4. **PATIENT AND PUBLIC VIEWS**

Patient, carers, committee members and stakeholders are all involved in the engagement framework, the commissioning cycle, committees and consultation work of the CCG.

Reports following consultations and public engagement are made available online on the CCG website. 'You said – we did' information is also available online following the outcome of the annual Commissioning Intentions events and decision by the Governing Body.

4.1 **PPG Chair / Citizen Forum meeting**

The PPG Chair / Citizen Forum meeting took place in September with an attendance from nine GP practices and representatives from the cancer services forum. The group provided feedback on their various practice and group activity. In addition, the group were invited to provide comments on two ongoing consultations including over the counter medications and medicines of limited clinical value.

The group was also provided with CCGs equality objectives for review and discussion at the November meeting. Some of the time available was used to determine content of future meetings and it was agreed that commissioning intentions and developments occurring across the STP footprint would be considered at the next meeting.

5. LAY MEMBER MEETINGS – attended:

- 5.1 Primary Care Commissioning Meeting
- CCG Governing Body Meeting
- CCG Governing Body Development meeting
- Quality and Safety Meeting
- Strategic communications
- VI PPG planned to attend but cancelled x 3
- MGS practice PPG meeting
- STP event
- 1:1 meetings with patient representatives and equality lead

6. KEY RISKS AND MITIGATIONS

N/A

7 IMPACT ASSESSMENT

- 5.1. **Financial and Resource Implications** - None known
- 5.2. **Quality and Safety Implications** - Any patient stories (soft intelligence) received are passed onto Quality & Safety team for use in improvements to quality of services.
- 5.3. **Equality Implications** - Any engagement or consultations undertaken have all equality and inclusion issues considered fully.
- 5.4. **Legal and Policy Implications** - N/A

Other Implications - N/A

Name: Sue McKie

Job Title: Lay Member for Patient and Public Involvement

Date: 31 October 2018

ATTACHED: none

RELEVANT BACKGROUND PAPERS

NHS Act 2006 (Section 242) – consultation and engagement

NHS Five Year Forward View – Engaging Local people

NHS Constitution 2016 – patients' rights to be involved

NHS Five year Forward View (Including national/CCG policies and frameworks)

NHS The General Practice Forward View (GP Forward View), April 2016

NHS Patient and Public Participation in Commissioning health and social care. 2017. PG Ref 06663

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	n/a	
Public / Patient View	Sue McKie	31 October 2018
Finance Implications discussed with Finance Team	n/a	
Quality Implications discussed with Quality and Risk Team	n/a	
Equality Implications discussed with CSU Equality and Inclusion Service	n/a	
Information Governance implications discussed with IG Support Officer	n/a	
Legal/ Policy implications discussed with Corporate Operations Manager	n/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	n/a	
Any relevant data requirements discussed with CSU Business Intelligence	n/a	
Signed off by Report Owner (Must be completed)	Sue McKie	31 October 2018

Minutes of the Quality & Safety Committee
Tuesday 11th September 2018 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (**Chair**)
Sally Roberts – Chief Nurse and Director of Quality, WCCG
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)
Yvonne Higgins – Deputy Chief Nurse, WCCG
Dr Ankush Mittal – Consultant in Public Health, City of Wolverhampton Council
Sukhdip Parvez – Patient Quality and Safety Manager, WCCG

Lay Members:

Jim Oatridge – Deputy Chair - Lay Member
Sue McKie – Patient/Public Involvement – Lay Member
Peter Price – Independent Member – Lay Member

In attendance (part):

Liz Corrigan – Primary Care Quality Assurance and Practice Development Co-ordinator, WCCG
Naseem Akhtar – Student Nurse (Shadowing Liz Corrigan)
Peter McKenzie – Corporate Operations Manager

APOLOGIES:

Marlene Lambeth – Patient Representative
Mike Hastings – Director of Operations

QSC/18/031 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

Discussions took place about the secondary care consultant and whether he had been sent the dates and times of the future meetings.

Mrs Hough replied that she had sent an e-mail with future dates, times and venues but hadn't heard anything back.

Mrs Roberts advised that she would take this up with Mr McKenzie outside of the meeting.

ACTION: Mrs Roberts

QSC/18/032 Declarations of Interest

Ms McKie advised that she is involved with Wolverhampton and Walsall Public Health reviewing Child Deaths and this will be for two days per week.

QSC/18/033 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/033.1 Minutes from the meeting held on 14th August 2018

The minutes from the meeting which was held on 14th August 2018 were read and agreed as a true record with one minor amendment.

QSC/18/029.1 Learning from Deaths Report (RWT) - Page 12 should read:

Dr Rajcholan advised that she felt that the Chief Nursing Officer was very open and approachable.

QSC/18/033.2 Action Log from meeting held on 14th August 2018

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Friends and Family Test (FFT) - The maternal rate of smoking; the CCG is now commissioning this and will ask Ms Sandra Smith for an update for the next meeting.

Mrs Roberts advised that this was included in the Primary Care Report. With regards to the LMS, there is now a Saving Babies Care Bundle and there is also an action plan that Ms Higgins will share at the next Meeting.

ACTION: Ms Higgins

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Mortality – To change the Mortality Risk to red.

This action is now **closed** and will be removed from the action log.

QSC/18/029.1 - Learning from Deaths Report (RWT) - To ensure that the Secondary consultant had got the dates of this Committee.

This action is now **closed** and will be removed from the action log.

QSC/18/015.2 - Items for Consideration: CQC update - To check with IT to see if the iPads could be an IT solution to the WHO checklist and report back to the Committee.

Mrs Roberts advised that she would take this action and would raise it at the next CQRM with RWT.

ACTION: Mrs Roberts

QSC/18/015.2 - Items for Consideration: CQC update - To give an update on inspections that had taken place on the VI practices on 5th July 2018 in September 2018.

This item was on the RWT CQRM agenda.

ACTION: Ms Higgins

QSC/18/015.2 - Items for Consideration: CQC update - Ms Higgins to meet with Ms Tracy Creswell regarding triangulating soft intelligence for the dashboard.

Ms Higgins advised that this meeting had been arranged and confirmed that she would feedback at the next meeting.

ACTION: Ms Higgins

QSC/18/006.2 - Monthly Quality Report including Primary Care Report: Safeguarding: To ask Rachael Stone to give an update at a future meeting about the work she is doing around Safeguarding and especially the neglect strategy.

Mrs Roberts advised that this work is progressing; Ms Rachael Stone had been actively involved with the Neglect Strategy for Manchester and is going to lead the work in Wolverhampton. There have been three multi-agency meetings where they have redeveloped the Strategy. Any future updates will be included in the Safeguarding Report.

This action is now **closed** and will be removed from the action log.

QSC068 - Points raised by the Chair following the presentation of the Quality & Risk Report: A date is to be confirmed on the implementation of the catheter passport.

Ms Higgins advised that this is being reviewed with an update in October 2018.

Mrs Roberts stated that there had been a high number of patients who are leaving the hospital with catheters in situ and this will be discussed with the trust.

Mrs Corrigan and Student Nurse Akhtar joined the meeting.

Mr Oatridge asked about RWT as they had attended a meeting about 18 months ago to discuss the silicone catheters.

Ms Higgins added that Ms Whatley is going to present and update this at the next meeting.

QSC071 - H&S Performance Report: New H&S Provider to look into supporting CCG with H&S requirements.

Mrs Roberts advised that she had met with the University of Wolverhampton about this and is awaiting further details.

QSC/18/034 Assurance Reports

QSC/18/034.1 Quality Report including Primary Care and Care Home Report

Primary Care Report

PATIENT SAFETY

Flu Programme – Mrs Corrigan advised that last month there was an issue with the flu vaccine availability but this had now been actioned and availability was improving. She added that there was a NHSE webinar/telephone conference tomorrow and stated that updates are ongoing daily.

MHRA – There were no issues/updates.

Quality Matters – There were seven quality matters open and some were likely to go to a review meeting.

Practice Issue: Docman Issues – Mrs Corrigan advised that this was a National issue where letters had been sent from a provider and was held in a repository for surgery, going into a hidden folder which the practice was not aware of. There were some duplicates for patients on more than one occasion MGS practice is well ahead; they have completed 2500 letter reviews.

Mrs Roberts enquired about the potential risk and added that the Committee need to see the potential risk of harm relating to Docman, Mrs Corrigan advised this was in hand.

Medicines Management – Mrs Corrigan will pick this up with Hemant Patel.

Complaints – These are being reviewed by RWT.

Performers issue of previous Contract holder – This has been actioned and now closed.

Ms McKie advised that the MGS practice had invited her to their next PPG meeting.

Escalation to NHS England – A number of issues went from last PPIGG meeting regarding practice issues and referral. A Safeguarding issue was referred to PAG and a Complaint which was related to a delay in diagnosis.

Ms Higgins advised that she would arrange for learning to be put on the newsletter.

PATIENT EXPERIENCE

Complaints – Mrs Corrigan advised that some complaints could have more than one

theme. The majority of the complaints are closed, they have nearly all been upheld. There is some conflict resolution training for some practice staff being arranged.

Dr Rajcholan commented that the staff attitude theme had received 15 complaints, which was the highest theme.

Mr Price queried if in terms of the percentage were the numbers small.

Mrs Corrigan advised that it was very small; these are only complaints that have gone to NHSE.

Friends and Family Test – The figures are rising, they are now able to report electronically. Group Managers have contacted practices to see how they had got good figures; this was down to the cards being given out and text messages. This is reported via the PPG and a 'You said we did' exercise on boards etc.

Dr Rajcholan commented on FFT and advised that the results go to their PPG and coffee morning etc.

Ms Higgins commented on the cancer dilemmas and wondered if the issues could be shared with the PPG.
Discussions took place about PPGs.

REGULATORY ACTIVITY

CQC Inspections and Ratings – Mrs Corrigan advised that four inspections had been carried out and was still awaiting reports for them; the initial feedback was that they were all good with some minor issues highlighted.

WORKFORCE DEVELOPMENT

Workforce Activity – Mrs Corrigan advised that the workforce figures were raw data and added that some practices had not consented to share figures with the CCG. She stated that next month the Committee could expect to see retirees, sick leave etc. and added that she would try and provide a break down by practice going forwards.

Ms McKie commented that there was a really low number of HCAs.

Mrs Corrigan replied that the figures were for Whole Time Equivalent (WTE) but added that there were actually 60 HCAs. She advised that they have sent off student nurses CV's as some practices were recruiting and were struggling for hours as work across practices.

Mrs Roberts stated that the ANP numbers were low across the Black Country.

Mrs Corrigan commented that there were four people interested in this but now there are only three going ahead as a practice was not able to support the other person.

Dr Rajcholan commented that there were 58.5 WTE Nurses (all levels) and asked if that included the ANPs.

Mrs Corrigan replied that yes that was correct and added that there is a need to encourage apprenticeships and shared roles etc.

Mrs Corrigan advised that there were 10 places across the Black Country hosted by RWT, but only four posts had been taken up.

Dr Rajcholan commented on the Physician Assistants and the fact they can't prescribe.

Mrs Corrigan replied that this was because they were not on a professional register.

Dr Mittal advised that he had a declaration of interest as his wife was training as a

Physician Associate.

Training Hub Update – An update was provided on the Nurses hub and the nurse apprenticeship.

Mrs Roberts stated that the nurses' hub has been strengthened.

Mrs Corrigan commented that the training has now got part of GPN strategy non-clinical in too, they will pilot work experience but will be mainly administration.

Ms Higgins stated that Mrs Corrigan is leading on a lot of the STP work and is doing a fantastic job.

Dr Rajcholan enquired about the flu vaccinations.

Mrs Corrigan replied that there are two types of vaccines and that they are looking at ways to reach care homes, nursing homes and house bound patients. Mr Steve Barlow (Public Health) is working on this.

Dr Rajcholan wondered how many home visits were being done as practice visits.

Mrs Roberts commented that a lot of work is being done and there is a business case being developed for a proactive ward round in nursing homes. She advised that she has put Preparing for Winter on the RWT CQRM agenda.

Mrs Corrigan stated that inpatients are being given vaccines and Mr Barlow is supporting.

Dr Mittal advised that there are 30,000 vaccines in the system, staggered until December; they will review practices (70%) of over 65 years.

Mrs Corrigan added that Mr Barlow was also in touch with supply change.

Ms McKie asked about the homeless people in Wolverhampton as they were a vulnerable group and wondered if there was anything in place to address that.

Dr Mittal was not sure and he was not aware of the situation recently.

Mrs Roberts commented that the next Committee there will be a Public Health update report.

ACTION: Mr Steve Barlow

Mrs Corrigan and Student Nurse Akhtar left the meeting.

QSC/18/035 Matters Arising

There were no matters arising.

QSC/18/036 Assurance Reports

QSC/18/036.1 Quality Report including Primary Care and Care Home Report

Ms Higgins presented the Monthly Quality Report including Primary Care Report and advised that the report now includes a revised dashboard.

Dr Rajcholan commented that it looked very good and was easier to read.

Mr Oatridge wondered if the report could highlight the key areas of concern and what had changed since the last meeting and show the progression situation.

Mr McKenzie joined the meeting.

Cancer – The two week wait performance remains challenging. The most challenged pathway is urology due to waits for robotics surgery. One option is exploring capacity elsewhere in Country but this is down to patient's choice.

Mrs Roberts stated that this agenda is challenging and added that they are working with the Cancer Alliance.

Mr Price asked if there was the same commitment level for other providers waits.

Mrs Roberts replied yes. She advised that the urologist had agreed to Saturday to help. Mr Price asked if NHSE expect us to sort this.

Mrs Roberts replied that NHSE/I have us on escalation; there is a need to improve and IST has also been supporting the improvements needed.

Dr Rajcholan asked Mrs Roberts if she had received sight of the IST action plan.

Mrs Roberts replied that she had received it and it was integrated within the overall trust improvement plan she agreed to share it with the Committee at the next meeting.

ACTION: Mrs Roberts

Mrs Roberts stated that weekly calls with RWT senior staff and a monthly face-to-face meeting; is still in place, membership included NHSE, NHSI, Cancer Alliance, RWT and CCG however, pace of improvement is challenging.

Ms Higgins advised that they have reviewed the harm review process and harm reviews for June are now completed, dates are in place to catch up with the July and August reviews.

Ms McKie asked if the Quality and Safety rating should continue to be amber.

The Committee **agreed** this should be escalated to red.

Mr Price asked what support can be given at this meeting.

Mrs Roberts stated that the complexity of each pathway is a key problem; head and neck have small numbers and urology have large numbers; the Trust has only got one RALPH (robot) and the lung pathway also works well.

Mr Oatridge commented on the 104 day wait and the harm review and enquired as to whether there was no harm in excess of 104 days and asked if the referral was appropriate in the first place.

Mrs Roberts replied that there were some late referrals from other Trusts; there was one patient with learning difficulties that had issues around consent and complexity but most of the 104 days patients are waiting for Urology and they are on some treatment but waiting for RALPH. The harm review process will pick up any harm occurred.

Ms Higgins added that the longest wait so far was 300 days but they are waiting for a hip replacement elsewhere before they can start their treatment.

Mr Oatridge commented about urology and asked what assurance is the patient's being given and to what extent are we having a discussion with the patients.

Mrs Roberts replied that there are weekly MDTs taking place around the patients and there is a CNS who reviews patients with a Holistic Needs Assessment. This includes informing patients of wait and any potential risk.

Discussions took place around patients accessing alternative provision.

Mr Oatridge asked if when looking at additional capacity does it include private

clinic/operations.

Mrs Roberts replied that yes it may include private clinic usage.

Maternity – Ms Higgins advised that there is further review of Serious Incidents in maternity and will feed back once completed.

Mrs Roberts stated that Walsall have had 'inadequate' rating and cap lifted; however women are still choosing to access Wolverhampton and added that Shrewsbury and Telford maternity situation is concerning and will be monitored with regards potential increase in activity accessing RWT.

Ms Higgins commented that high risk pregnancies in Sandwell are also an issue as this will impact NNU capacity at RWT. Ms Higgins advised sickness rate is low; the attrition rate is low, 1:28 birth rate and the vacancy rate is very low.

Dr Rajcholan enquired as to why they are they so low.

Ms Higgins advised that this dashboard has highlighted this.

Mortality – The SHMI has risen to 119 which include deaths 30 days after discharge.

Ms Higgins advised that with regards to mortality reviews the Trust is introducing a Medical Reviewer Role; they need a GP resource but the responsibility will sit with the consultant and they will collectively and collaboratively review patient's death.

Mrs Roberts stated that this approach had been undertaken elsewhere and added that it worked well and they had noted good improvement in mortality rates.

Dr Mittal commented that in Wolverhampton there is some interest amongst councillors; there is a meeting taking place on 23rd October 2018 where there will be Staffordshire councillors in attendance too. They are looking for a City perspective around mortality and they were hoping to come up with a shared perspective. The main issue was to manage illnesses in hospital, if patients are in hospital they normally die due to severity and complexity of illness.

Ms Higgins advised that the Trust had received three Doctor Foster alerts; two were closed down for Stroke and Fluids and Electrolytes based on evidence.

Dr Rajcholan commented on the Walsall system and the community support seemed better integrated than Wolverhampton; need Community Integrated Care Team involvement.

Mrs Roberts commented that the Trust was only reporting SHMI and she had asked to show HSMR too.

Dr Mittal added that the Walsall system sounded like a community based system which worked well.

Mrs Roberts stated that we will not see an improvement on SHMI until at least next year.

Mr Oatridge commented that the last few years the figure has risen and he believed the coding issues had been sorted.

Ms Higgins advised that she would get the latest paper sent out electronically and asked if the Committee could read it and any questions to come back to the Committee.

The Committee **agreed** to do this.

Never Events – There were no further events and they are awaiting a report from AFPP.

BCPFT – The vacancy rate has reduced to 14.49% and remains red rated against the

9% target.

Nurse Vacancy Rate – The agency usage is increasing; so they are watching that. Breakdown of groups of staff has been requested.

Legionella - Ms Higgins advised that the Trust had identified legionella on Wards A12 and A14. CCG were attending progress updates and were assured by the action being taken.

Probert Court – There had been quality and safeguarding concerns at the home. CQC had been in and had highlighted some concerns. The home was running on 53% capacity this week. The CCG is now limiting discharges to two per day. This could have an impact on RWT performance.

Mrs Roberts advised that CQC had rated the home as 'requires improvement' and the report was with Accord for accuracy. Ms Cannaby is going out to visit the home on 22nd September 2018. She added that the CCG had met with the Manager and she was hoping for collaborative working with RWT and the home, as there is a need to move quickly for Winter Pressures. There have been some positive reports around this. It makes sense for the Trust and the home to work together and Probert Court are in agreement for that.

Mr Oatridge asked what they had done to maintain clinical staffing.

Mrs Roberts replied that there were clinical staffing issues; they were able to recruit, with good pay rates which were slightly enhanced and were good. However, they are not recruiting as well as they did. They are a housing trust and that is the only clinical home they have got. As an additional comment the CCG are out of contract with Probert Court and the CHC team is reviewing this if things don't improve.

Dr Rajcholan questioned her understanding that the home was only going to have two step downs at the moment per day.

Ms Higgins confirmed that was correct.

Dr Rajcholan asked what D2A was.

Mrs Roberts replied that it was Discharge to Assess.

Mr Price commented about the Never Events and wondered if there were any trends and asked if the CCG was seeing any changes.

Ms Higgins advised that she had met with Governance and there were human factors issues and cultural elements.

Mrs Roberts commented on the visit she had undertaken with Ms Higgins where they had gone onto the maternity unit and walked the floor following the never events; she advised that she was assured by the visit. She added that Ms Cannaby had bought a different view to the Trust and that clinicians were embracing the changes.

Serious Incidents and Learning from Serious Incidents – Ms Higgins advised that these are real cultural individual incidents rather than processes and systems.

Dr Rajcholan asked if the CCG was planning to do the Stress Testing too.

Ms Higgins replied that they will be doing it collaboratively.

LeDeR – Mrs Roberts advised that the Black Country were a significant outlier for LeDeR reviews. The process has now been bought in house from Dudley for us to manage here. There were 15 deaths that hadn't been reviewed; there were some duplicates so it is down to 10 now; 5 reviews were ongoing and there were none outstanding for Wolverhampton. She added that she was picking up some wider

challenges across other CCGS and outstanding reviews.

QSC/18/036.2 Equality and Diversity Report

Received for information

Mrs Roberts advised that the Equality and Diversity information will be published on the CCG web site.

QSC/18/037 Risk Review

QSC/18/037.1 Quality and Safety Risk Register (Tabled)

Mr McKenzie apologised for the tabled report.

Mr Parvez left the meeting.

Corporate Risks

Vocare Risk – this had been de-escalated and there were no direct updates.

CR13: Maternity Services – This includes work for the LMS etc.

Ms Higgins advised that they were awaiting the Birth Rate Plus Report and added that Mrs Roberts has had that now, so the risk could be downgraded.

Committee Risks

QS08: Probert Court – This had been added in August and updated.

QS06: Cancer Rates – Mr McKenzie asked if there were any changes to the rating.

Mr Parvez rejoined the meeting.

QS09: Flu vaccine for Winter – This was a new risk and the CCG are working with Public Health on this. There is a flu group.

Mr McKenzie asked if there was anything to be added from the Committee meeting.

Docman (harm related issue) - There was a potential risk of harm implication. Mr McKenzie advised that this was on another risk register and would keep this committee updated.

QS07: Mortality - Ms McKie thought this needed to be red rated.

Mrs Roberts asked Mr McKenzie and Ms Higgins to progress this risk.

ACTION: Mr McKenzie and Ms Higgins

Mr Oatridge enquired as to whether we should receive something about capacity across Black Country and LeDeR.

Ms Higgins asked if there was a STP risk register.

Mrs Roberts replied that LeDeR was on the TCP risk register.

Mr McKenzie and Mr Price left the meeting.

QSC/18/038 Feedback from Associated Forums (Exceptions and Queries)

QSC/18/038.1 Governing Body Minutes

The Governing Body minutes were received for information/assurance.

QSC/18/038.2 Commissioning Committee

The Commissioning Committee minutes were received for information/assurance.

QSC/18/038.3 Primary Care Operational Management Group

The Area Prescribing Committee minutes were received for information/assurance.

QSC/18/039 Items for Escalation/Feedback to CCG Governing Body

- **Cancer**

QSC/18/040 Date of Next Meeting: Tuesday 9th October 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12:40pm

Signed: **Date:**

Chair

DRAFT

Minutes of the Quality & Safety Committee
Tuesday 14th August 2018 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (**Chair**)
Sally Roberts – Chief Nurse and Director of Quality, WCCG
Mike Hastings – Director of Operations
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)
Yvonne Higgins – Deputy Chief Nurse

Lay Members:

Jim Oatridge – Deputy Chair - Lay Member
Sue McKie – Patient/Public Involvement – Lay Member
Peter Price – Independent Member – Lay Member

In attendance (part):

Fiona Brennan – Designated Nurse for Looked After Children
Liz Corrigan – Primary Care Quality Assurance and Practice Development Co-ordinator
Molly Henriques-Dillon – Quality Nurse Team Leader
Tracey Jones – Quality Nurse Advisor
Annette Lawrence – Designated Adult Safeguarding Lead
Sukvinder Sandhar – Deputy Head of Medicine Optimisation

APOLOGIES:

Marlene Lambeth – Patient Representative
Dr Ankush Mittal – Consultant in Public Health, City of Wolverhampton Council

QSC/18/022 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/18/023 Declarations of Interest

Ms McKie advised that she is involved with an agency in Walsall; working with Wolverhampton and Walsall Public Health reviewing Child Deaths and this will be for two days per week.

QSC/18/024 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/024.1 Minutes from the meeting held on 10th July 2018 (Enclosure 1)

The minutes from the meeting which was held on 10th July 2018 were read and agreed as a true record.

QSC/18/024.2 Action Log from meeting held on 10th July 2018 (Enclosure 2)

QSC/18/015.2 - Action Log - To send a message around corporately about not accepting late papers.

It was confirmed that this had been undertaken following the last meeting.

CLOSED

QSC/18/015.2 - Items for Consideration - To check with IT to see if the iPads could be an IT solution to the WHO checklist and report back to the Committee.

Mr Hastings confirmed that he had spoken to Mr Simon Parton at the Trust around the functionality on the system who confirmed that the team use an electronic WHO checklist but not in real time. He added that this was an Infection Control issue; but there were ways of getting around it, he was aware that Sandwell used wipe clean keyboards.

Mrs Roberts commented that it might be worth progressing and suggested to pick it up at CQRM.

ACTION: Mrs Roberts

QSC/18/015.2 - Items for Consideration: CQC update - To give an update on inspections that had taken place on the VI practices on 5th July 2018 in September 2018.

Mr Hastings stated that he had spoken to the Trust and that the CQC feedback they received was very good across the Board.

Ms McKie asked about Healthwatch and asked if the information is triangulated.

Mrs Roberts commented that the information should be shown on the dashboard and suggested that Ms Higgins should meet with Ms Tracy Creswell.

ACTION: Ms Higgins

QSC/18/016.3 - Quality Annual Report - To chase the Nuffield Hospital Never Event final RCA.

Ms Higgins confirmed that this had been received and is now closed.

CLOSED

QSC071 - H&S Performance Report.

Mrs Roberts advised that the University can provide this function going forward, however each team need to identify leads and a draft proposal will be taken to a meeting in October.

ACTION: Mrs Roberts

Mr Oatridge commented on GPs surgery and that some are VIs and wondered if we would be able to show sub set and as to who holds the contracts.

Mr Hastings commented that the GPs hold the contracts and they are held to account; they are doing a report of all four models through the Primary Care Commissioning meeting as they have also received a request for another report from NHSE so they will do one to incorporate all the details required.

Mr Oatridge enquired as to whether this would affect how we report to Quality and Safety.

Mrs Roberts advised that this would be discussed on the Primary Care report as there was some learning identified.

Mrs Corrigan joined the meeting.

QSC/18/017.1 - Quality and Safety Risk Register: To review the Risk Register.

This meeting has taken place and the Risk Register updated accordingly.

CLOSED

QSC/18/024.3 **Matters Arising**

There were no matters arising.

QSC/18/025 **Assurance Reports**

QSC/18/025.1 **Quality Report including Primary Care and Care Home Report (Enclosure 3)**

Ms Higgins presented the Monthly Quality Report including Primary Care Report and advised that this would be the last report of this style as she was hopeful that the next report should be dashboard style.

Vocare – They are continuing to make progress; the improvement board has now been stepped down and joint triage is taking place between Vocare and the Trust. They are having more staff commencing in September so will have more effective working; the relationship between partners is improving.

Mrs Roberts added that there is now a weekly meeting between RWT and Vocare.

Mr Price queried the management side and wondered if they were to be moved elsewhere to another pressured area what would happen then.

Mrs Roberts stated that they are watching and will actively manage it.

Urgent Care – Ms Higgins advised that an issue arose this week with regards to the Phoenix Centre as she had received an alert from Staffs; they are not getting letters from Phoenix; on checking it was only out of area patients that are affected and there was a delay in the electronic correspondence.

Cancer – The Trust is an outlier for 104 and 62 days wait; this may impact on quality of care; they have reviewed the harm review process and have had an initial meeting which needs to have clinical inclusion. IST review is being undertaken and this is focussing on urology; they are recommending the Urology one stop shop.

Ms Henriques-Dillon and Ms Jones joined the meeting.

Ms Higgins advised that they are still having weekly cancer calls.

Mrs Roberts added that the CCG had met with NHSE with the trust present; the meeting went well and there was recognition of close working and the impact is negligible. The referral wait is up 12-18% with some key pieces of work highlighted around the urology pathway. The Cancer Alliance is supporting the one stop diagnostic work; the clinicians are leading and owning it. The weekly phone calls have been now escalated with a monthly face-to-face meeting as well as the weekly calls. Mrs Roberts advised that she will chair this meeting; they are on escalation and Mr Paul Tully is leading on some work across the STP with performance being the initial issue.

Dr Rajcholan asked about the harm review process and whether they were using a harmonised approach.

Mrs Roberts replied that yes they are.

Ms Higgins stated that some GP expertise and involvement would further strengthen the process.

Dr Rajcholan commented that with regards to urology; the Trust had visited Leeds and a lot of learning came from that and asked if the Trust had got Think Tank at the moment.

Mrs Roberts replied that no they had not at the moment and added that there was around a 62 day wait and that there is some additional support.

Maternity – Ms Higgins advised that with regards to the latest Never Event in Maternity, she and Mrs Roberts had walked the Maternity pathway and she had also visited the Neo Natal Unit (NNU). With regards to the breast milk incident, RWT has now got robust actions and she will revisit in a couple of weeks. With regards to the Birth Plus Rate report it is currently at 1:29 with a slight improvement on 1:30 the Trust has recruited additional midwives to start September 2018 and there are currently no vacancies, the rate needs to be at 1:28 and they will hopefully achieve this by September 2018.

Friends and Family Test (FFT) - Mrs Roberts commented that she wanted to flag the rate and the women's experience (83/100). Choices in maternity services; they are working on the LMS plans. The maternal rate of smoking; the CCG is working with this and will ask Ms Sandra Smith for an update for the next meeting.

ACTION: Mrs Roberts

Mortality – Ms Higgins advised that the latest SHMI for January 2017 to December 2017 had risen to 119. The Trust had written to CQC regarding the Dr Foster alert for pneumonia and stroke. Mrs Roberts attended the recent operational Mortality meeting at RWT and we have commenced a system wide approach for mortality reduction; the Trust has got some expert external support.

Mrs Roberts stated that the external support was Stan Silverman she added that she had met with him and the trust a couple of weeks ago and he was going to be a critical reviewer. She advised that the MORAG meeting had been stepped down and felt that the operational meeting was much improved. There was an improvement plan that supports this work. Dr Mittal (Public Health) was also working on Wolverhampton city wide Mortality.

Ms McKie asked why the risk was amber and not red as the SHMI is rising.

Mrs Roberts **agreed** to change this to red.

ACTION: Mrs Roberts

Ms McKie also asked about infant mortality.

Mrs Roberts advised that Healthwatch are looking to commission work around mortality and they would include them as part of the work on this; she added that they are proactive with Health and Wellbeing with a paper expected to Board in November.

Never Events – There were no further Never Events reported.

Within Black Country Partnership NHS Trust there were concerns around two inpatient issues and there was a query around increased pressure. She advised that a collaborative unannounced visit would be undertaken.

Probert Court – Ms Higgins advised that they provide step down and step up provision and there were a number of quality concerns raised. CQC have undertaken a visit and raised a few issues; there were concerns raised around care planning. Probert Court have a number of safeguarding issues RE: falls. She added that they have a meeting planned.

Mrs Roberts commented that Probert Court have recruited a clinical lead and added that there was no deputy; these patients are vulnerable as recently discharged from hospital and at risk and there is a high reliance on agency staff; the team from Accord are in Probert Court at the moment. Mrs Roberts advised that they need to consider Winter pressures.

Dr Rajcholan asked if there were Safeguarding issues.

Ms Henriques-Dillon replied that yes there were Safeguarding issues.

Mr Price enquired as to whether this issue would be added to the Risk Register following this afternoon's meeting.

Ms Higgins replied that it will go on the Risk Register if needed.

Mrs Roberts stated that they had received enormous support last year.

Ms Lawrence and Ms Brennan joined the meeting.

Factory identified an outbreak of TB – Ms Higgins advised that there had been some positive screenings and a decision has been made to screen all employees; which equates to 100 staff and screening was been undertaken today and tomorrow to see how many were positive; this would have an impact on RWT and added that there was a teleconference next week.

Mr Strickland joined the meeting.

Primary Care Report

Infection Prevention and Control – There had been an issue with Warstones and Coalway Road where it was the physical environment with regards to the décor, damaged plaster, carpet tiles etc. she added that both practices were VI, that they were working with the VI team and the action plan will be updated within a month

Flu Programme – NHSE had asked the CCG to complete a spreadsheet for over 65 year olds; some practices had not ordered the correct vaccinations, there are currently monthly Primary Care flu meetings taking place and it is on the Risk Register; there are some practices that have over ordered so have some extra stock.

Child Health Team – There is cover for various child stages; they had vaccines counted in the uptake; this will be discussed at the Practice Makes Perfect (PN Forum) and Mary Porter from Child Health Records will be attending the session on 13th September 2018 as they need to make sure that children have vaccinations on time.

Cancer screening – There is ongoing work taking place around this.

Post meeting note: Below was an update provided after the meeting.

Annual Cancer Screening Coverage (%) by Local Authority

Indicator	Lower threshold ¹	Standard ²	Geography	2010	2011	2012	2013	2014	2015	2016
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Wolverhampton	72.9	72.9	71.0	70.3	70.4	71.9	71.2
			England	76.9	77.1	76.9	76.3	75.9	75.4	75.5
2.20ii - Cancer screening coverage - cervical cancer (%)	75	80	Wolverhampton	74.1	72.9	72.0	70.6	70.5	69.4	68.1
			England	75.5	75.7	75.4	73.9	74.2	73.5	72.7
2.20iii - Cancer screening coverage - bowel cancer (%)	55	60	Wolverhampton						52.9	52.0
			England						57.1	57.9

Source: PHOF, PHE

Key:

	Significantly better than the national average
	Similar to national average
	Significantly worse than the national average

¹ Lower threshold based on the 2017-18 Public Health Functions Agreement

² Standard is the clinical standard required to control disease and ensure patient safety.

Serious Incidents – Mrs Corrigan advised that the report stated that there was one Serious Incident; however, it has since been reviewed and it was found not to be a SI.

Quality Matters – These are now recorded on Datix which is easier to monitor; they are looking at themes; there was an issue on Baby weighing clinic which has gone back to LMC; the concern was that GPs hadn't got access to the Baby clinic; this was an ongoing issue to pick up.

Practice in Wolverhampton – There was an issue with a practice who had been in transition from VI. MGS medical practice; there has been a number of meetings between

the CCG and practice where they have produced an action plan and is on the Risk Register.

Ms Higgins added that the team think this is unique to this practice and is related to working with locum GPs.

Mrs Corrigan stated that they had identified 150 referrals that were outstanding and she had been into every patient's record and had identified a number of them that had already been referred or discharged. With regards to Mental Health referrals; there was an issue around the pathway of the number of urgent and non-urgent (red rated) there was no evidence that they had been picked up; she was expecting an update by the end of this week.

Coloscopy – There had been a query raised where a patient had not been referred following a smear.

Dr Rajcholan enquired whether there were any fast tracked patients out of the 100+ patients.

Mrs Corrigan replied that there were none.

Ms Higgins asked if there were identified for any harm related issues.

Mrs Corrigan replied that there was probably one which had been investigated who had heart issues; the patient has since died and they are working with the family and RWT.

Mr Oatridge commented that the report looked like it was from our side; and asked about the patient and what potential harm was there.

Mrs Roberts advised that the Duty of Candour would be enacted if appropriate.

Docman issues – There were some issue for the Out of Hours and Accident and Emergency and they were unsure if it is an IT or a process issue.

Mrs Roberts commented that there were multiple strands; VI back to GMS; a deep dive is required and a RCA is needed; there may be some contract issues - a more comprehensive report around this practice is required and some deeper learning for us and RWT.

Discussions took place about Docman and that there had been two pieces of communication which had been sent out.

Mrs Corrigan commented that it would be the end of September when actions would be seen; will also look at Docman referrals. She added that Healthwatch are involved especially around the cardiology complaint and supporting from patient review.

Dr Rajcholan enquired as to how they record referrals.

Mrs Corrigan replied that they were sitting in a repository and it was unclear where they were; but on looking in patient's notes they were clearly there and added that some were new referrals.

Mr Oatridge wondered if that meant the patient would be aware or not.

Mr Hastings replied that the GP would let their admin know about a referral and it should be actioned within 3 days.

Mr Hastings commented that there were lot of issues with this practice and that he was aware of it he thought it could have been a lot worse. He advised that with regards to a Lessons Learned report there is an ongoing issue at the moment with NHS Protect.

Mrs Corrigan added that there are other issues around medication and he advised that an audit was being undertaken with an external company.

Mrs Roberts advised that the findings from this audit would report to the Audit Committee.

Friends and Family Test – Mrs Corrigan advised that the figures continue to improve month on month and they continue to submit due to electronic screening she added that they have now got a Friends and Family Policy in place and a practice has been offered support to help with submission.

NICE Assurance – There is a meeting due this month and Primary Care is linked with Peer reviews.

CQC – There are two practices that the CCG are supporting and she is currently awaiting a date to meet with the GP and Nurse.

Workforce – A Practice Nurse strategy is currently out for discussion

GP Forward View – They are looking at a Care Navigation and medical system which would free up GP time.

Mrs Corrigan left the meeting.

Care Home Report

Serious Incidents - Ms Henriques-Dillon advised that the number of Serious Incidents across the Care Homes were reducing with five being reported in Quarter 1 of which three were grade 3 Pressure Injuries, and two slips, trips and falls with fractures, she added that they will look at falls prevention interventions again.

Ms Henriques-Dillon advised that she is working with Public Health around oral health.

Dr Rajcholan asked if they have any dental plans.

Ms Henriques-Dillon replied that NHSE had withdrawn the funding.

Ms Higgins advised that they had reinstated this service in Walsall and she was going to try for Wolverhampton too.

With regards to the CQC rating, this was a moving picture and there are still some care homes awaiting an inspection. She added that Bentley Court had been re-inspected and was in suspension around quality concerns.

Safeguarding – The team continue to receive concerns related to neglect and acts of omission.

SPACE Programme – Ms Henriques-Dillon provided the Committee with copies of the latest newsletters for their information.

Mr Oatridge asked if there were any concerns around GP visits or Vocare visits.

Ms Henriques-Dillon commented that there are outreach pathways of care and they are aware that they can call the team if they need them.

Mrs Roberts advised that she had reviewed a business case for the Commissioning Committee and was supportive for additional matrons.

Ms Higgins stated that starting in September there will be deterioration post in the community which will be supportive of care homes

Ms Henriques-Dillon introduced Ms Tracey Jones a Quality Advisor who had started with

the Quality Team this week.

Mr Hastings asked about flu in the care homes.

Ms Henriques-Dillon advised that they would recruit staff to help with flu and they could call the Rapid Intervention Team (RIT) to be involved with any outbreaks there might be.

Dr Rajcholan referred to Section 2.5 of the Quality report where it showed the Pressure Injuries and asked if it was grade 3 and 4 or just 3 or 4.

Mrs Roberts replied that it was for both and added that there was a meeting this afternoon to discuss them.

Ms Higgins advised that there is preparatory work taking place.

Mrs Roberts stated that the CCG were out for procurement for beds and mattresses for the Community.

Dr Rajcholan referred to page 23 of the quality report and the workforce sickness/absence rate which had increased to 4.99% in June 2018 for Black Country Partnership trust.

Ms Higgins was unsure where the sickness rate is related to whether it is clinical or even to one particular area but stated that she had requested further information to be taken to next CQRM. She was concerned about staffing and sickness rate.

Mrs Roberts stated that the CQC have been to the Black Country Partnership NHS Trust and they were awaiting the report.

Ms Henriques-Dillon and Ms Jones left the meeting.

QSC/18/025.2 Safeguarding Adults, Children and Looked After Children Report (Enclosure 4)

Ms Lawrence presented the Safeguarding Adults, Children and Looked After Children Report and advised that the CCG's current position from the Safeguarding assurance tool demonstrates significant progress. An action plan has been submitted to NHSE as requested and outstanding actions are being progressed by the team.

Training – The team have completed a full training programme for 2017/2018 which they aim to replicate again for next year. This commences in September 2018; and will provide Level 3 Safeguarding Adults and Children for Primary Care and CCG staff. The training for 2017/18 evaluated very well.

Safeguarding Reviews – There is one in progress which is near completion and is due to be published in September 2018. There are also two learning reviews that are in progress which are also expected to be completed in September 2018.

LeDeR – There has been significant progress made in Wolverhampton since the Local Area Contact responsibilities for Wolverhampton were delegated to WCCG's Designated Adult Safeguarding Lead.

Mr Hastings left the meeting.

Mrs Roberts asked how many there were.

Ms Lawrence replied that there were 11 LeDeR reported deaths since October 2018, however some were repeat notifications

Mrs Roberts advised that the Black Country is an outlier and is under scrutiny by NHS England

Ms Lawrence agreed. There have been bespoke LeDeR Reviewer training sessions offered and 14 places have been booked on the 29th August training in Wolverhampton. Online training is being developed by the University of Bristol. Dudley CCG currently has oversight for the Black Country and processes are being developed for shared administrative support and support for bereaved relatives.

Mrs Roberts stated that with regards to the STP, there is a risk, and as a result of this, the management of LeDeR at a local level has been progressed.

Serious Case Reviews – There are currently two underway in Wolverhampton and a SI which may be a SCR.

The Deputy Designated Nurse Safeguarding Children is developing a Neglect Tool kit. This was presented at a local learning event in Q1 and was very well received

Safeguarding Supervision – This is for named and specialist nurses, and is provided by WCCG's Designated Professionals.

Providers – The safeguarding team have changed the format of reporting within the Q1 report to reflect greater analysis of provider performance. This is work in progress, to include other providers in the future.

- **RWT** - Have completed a Training Needs Analysis (TNA) and have set a trajectory of 50% of training to be completed by December 2018 and 85% by the end of March 2019.
- **BCP** – All levels of training compliance have been achieved. They are currently reviewing their Safeguarding service across the Black Country.

Looked After Children Report

Ms Brennan advised that Looked After Children will be changing its name in the future to either 'Children who are Looked After' or 'Children in Care'. She stated that the next annual report will show a breakdown. There were currently 640 children, this number remains static and 59.6% of this number are out of the area. She added that they are changing the data and they are getting more assurance from providers. Ms Brennan commented that it didn't look good at the moment but she was receiving assurances and it was work in progress. She is working with Public Health to see how they can collate data together.

SEND CQC Inspection – They have now added LAC to the action plan.

Ms McKie wondered if children from other Countries were included.

Ms Brennan replied that yes they are included and added that she thought there were six children.

Mrs Roberts stated that Ms Brennan and the providers have worked really hard to get this data together and have produced some really good work.

Dr Rajcholan commented that only 8% of our children are currently placed further than 50 miles away.

Ms Brennan confirmed that was correct and added that it had improved slightly as it was 12% and that 8% is what the CCG are responsible for.

Ms Lawrence and Ms Brennan left the meeting.

QSC/18/025.3 Medicine Optimisation Report (Enclosure 5)

Ms Sandhar presented the Medicine Optimisation Report and highlighted the following:

Safety Alert: FDB Optimise Rx® Pilot – This delivers patient specific prescribing

guidance to drive medicines optimisation at the point of care and it has been piloted at Thornley Street Practice and it will hopefully be rolled out from September onwards.

MHRA Alerts: Valproate prescribing – The MHRA issued a press release on 24th April 2018 stating that valproate must no longer be prescribed to women or girls of childbearing potential unless they are on the pregnancy prevention programme (PPP).

Prescribing Incentive Scheme (PIS) Update – The CCG has offered a Prescribing Incentive Scheme (PIS) 2018 – 2019 to all of its member GP practices as encouragement and reward to improve the quality, safety and cost effectiveness of prescribing. Successful implementation will deliver benefits in 2018/19 and subsequent years. This scheme has a total of 10 components and achievements will be monitored from April 2018 onwards.

Mr Oatridge referred to section 2.3 of the report and had noted that the aim was to reduce prescribing by 10% and wondered why that was.

Ms Sandhar replied that this was relating to anti-biotics which can have an effect on C Diff.

Mr Oatridge wondered why 10%.

Ms Sandhar confirmed that it was National target.

Dr Rajcholan referred to page 6 of the report and noted that one of 12 areas was to do with 'Morphine as a % of all opioid prescribing' and the target should be over and above 40% and we are at 37.85%.

Ms Sandhar commented that they retire some targets and bring some others back for other years. She added that significant improvement on morphine had already been made.

Dr Rajcholan commented on the morphine with the new prescribing scheme and added that she couldn't see it on the list and wondered if we were still concentrating on morphine.

Ms Sandhar replied that morphine would still be the preferred opioid.

Ms McKie commented on Valproate and had noted that there were 230 females identified and wondered if pharmacists were aware.

Ms Sandhar replied that they should know and they should query it. The MHRA Alert goes to all Health Professionals including pharmacies.

Dr Rajcholan advised that if Valproate is the drug of choice it is up to the GP to review it when the patient becomes of child bearing age.

Ms Sandhar added that alerts are getting stronger now and added that patients also need to be part of prevention programme.

Mr Price, Ms Sandhar and Dr Rajcholan left the meeting.

QSC/18/026 Risk Review

QSC/18/026.1 Quality and Safety Risk Register (Tabled)

Mr Strickland apologised for the tabled report.

Committee Risks – There is a new Probert Court risk which had been rated as a 20 and wondered whether this had already been discussed.

Mrs Roberts replied that there was a meeting this afternoon and she would let Mr Strickland know the outcome.

Mr Strickland advised that there was a risk around waiting times for LAC CAMHS; he added that Ms Brennan feels this risk could be closed if Committee is in agreement.

The Committee **agreed** to close this action.

Ms McKie commented on the Mortality risk which was amber.

Mrs Roberts agreed that this had been reviewed and it had been agreed to go red.

Mr Hastings commented on MGS Clinical Practice.

Mr Strickland advised that there was a risk for MGS; but was unsure how much needs to be captured here.

Mrs Roberts stated that she had asked Mrs Corrigan to do a more detailed report and they will then review risks.

Dr Rajcholan rejoined the meeting.

Ms McKie commented on Risk QS02 regarding the named midwife at RWT and thought it had been recruited to.

Ms Higgins advised that they have recruited to but they are not in post yet and added that they will close the risk when they commence in post.

Mr Strickland left the meeting.

QSC/18/027 Feedback from Associated Forums (Exceptions and Queries)

QSC/18/027.1 Commissioning Committee (Enclosure 6)

The Commissioning Committee minutes were received for information/assurance.

QSC/18/027.2 Primary Care Operational Management Group (Enclosure 7)

The Area Prescribing Committee minutes were received for information/assurance.

QSC/18/028 Items for Escalation/Feedback to CCG Governing Body

- Probert Court

QSC/18/029 Any Other Business

Mrs Roberts commented on the wider system works and advised that the Dudley Group had been given a 'Requires Improvement' overall rating from the CQC with their Emergency Department being rated 'Inadequate' she added that a report was due out next week but confirmed it was not good; she is involved in this and it may attract media attention.

QSC/18/029.1 Learning from Deaths Report (RWT) (Enclosure 8)

Mrs Roberts presented the Learning from Deaths Report from RWT and stated that this was for assurance to the Committee and added that it was much better.

Mr Oatridge asked how the relationship with RWT was.

Mrs Roberts replied that she was happy with it and relationships were very mature.

Ms Higgins added that she had met with their Head of Governance and the working

relationship was also very good. She added that they had got really good systems and processes in place.

Mrs Roberts stated that the only criticism she had was the pace of work compared to what she was used to.

Dr Rajcholan advised that she felt that the Chief Nursing Officer was more open and approachable.

Mrs Roberts added that it was a good two way position.

Dr Rajcholan enquired about the Secondary consultant who sits on this Committee and asked if we could ensure that he had got the dates of this Committee.

ACTION: Mrs Hough

QSC/18/030 **Date of Next Meeting:** Tuesday 11th September 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.40pm

Signed: **Date:**

Chair

DRAFT

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 28th August 2018
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr S Marshall	Director of Strategy and Transformation (part meeting)
Dr M Asghar	Governing Body GP, Deputy Finance and Performance Lead (part meeting)

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
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In attendance

Mrs M Grewal	Contract Manager
Mrs H Pidoux	Administrative Team Manager

1. Apologies

Apologies were submitted by Mr Hastings and Mr Middlemiss

2. Declarations of Interest

FP.288 Dr Bush declared interests in two areas discussed under FP.293 Contracting report as follows;

- AQP Audiology as spouse works for Audiology at a local Provider
- Probert Court Nursing Home as his Practice provides a service at the home.

3. Minutes of the last meetings held on 31st July 2018

FP.289 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.290 Item 129 (FP.283) – RWT Consultant to Consultant Referrals to be benchmarked against the rates at other Trusts – Mrs Sawrey confirmed that this information was included in the Finance Report and stated that RWT performance was in the middle of local providers. The Contract

Team is looking at the policies for better performers in this area. It was highlighted that although it is possible to benchmark against other Providers it is not possible to tell if the referrals are appropriate. Mrs Sawrey to check if there is an audit due in this area.

Item 130 (FP.284) – Risks to be reviewed to ensure narrative reflects any changes to risk – Mr Gallagher confirmed that the review had been undertaken and the narrative revised to give the rationale for the rating where required.

5. Matters Arising from the minutes of the meeting held on 31st July 2018

FP.291 There were no matters arising to discuss from the last meeting.

6. Risk Report

FP.292 The Risk Report had been reviewed by Mr Gallagher and the following was noted;

Corporate – Organisational Risks:

- CR01 – Failure to meet QIPP targets – reporting meeting the QIPP target. Risk reduced from moderate to low.
- CR18 – Failure to Deliver Long Term Financial Strategy – mitigations had been identified for all risks, however, the plan included a significant QIPP target and the use of nonrecurring contingencies to meet financial targets. Risk reduced from very high to moderate
- CR19 – Transforming Care Partnerships – a risk share agreement across the STP had reduced the financial risk to the CCG. This is due to signed off by each CCG shortly. Risk reduced from very high to moderate.

Committee Level Risks

- FP04 – Increased activity at RWT – Scrutiny applied to proposed changes by CCG, including discussion at Governing Body. Continue to monitor and seek additional assurances to improve against performance on key Constitutional indicators. Risk reduced from High to Moderate.
- FP07 – CHC Budget – a query was raised regarding the wording that there is a significant risk of overspend however the risk level is reported as moderate. It was agreed to review the narrative in order to accurately reflect the risk level.

Resolved: The Committee

- noted the contents of the report

- narrative for Committee Level Risk FP07, CHC Budget to be reviewed

7. Contract and Procurement Report

FP.293 Mrs Grewal presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

Performance sanctions – these had not been imposed in Quarter 1 as national guidance was awaited on exemptions. This has now been received and the national variation includes MRSA, Electives and SUI reporting. Forecast sanctions are for around £100k.

Re-admissions Audit – an audit of 54 cases took place in June 2018 using the 30 day readmissions rule and the current agreed threshold. 8 cases were found to be avoidable. The outcomes were shared with the Trust who have accepted that 1 case was avoidable and have given the reasons why the others were not. A meeting has been arranged with the Trust to discuss.

Steven Marshall joined the meeting

Spyglass – The CCG had supported the business case from the Trust for this procedure which offers a better patient experience for patients with specific biliary disorders is less invasive and will help avoid unnecessary surgery being undertaken. The Committee was asked to note that discussions have been ongoing, including NHS England (NHSE), as there is a projected cost pressure of £40k, for an estimated 10 procedures per annum for Wolverhampton patients. NHSE stance is that this is a cost saving to the health economy and this cost should be found on a non-recurrent basis for Q2 to Q4.

Black Country Partnership Foundation Trust (BCPFT)

Improving Access to Psychological Therapies (IAPT) target – Achievement of the IAPT target remains a significant risk. The Trust had been unable to recruit any additional staff and continued to fall below target. A meeting was due to be held with the Trust to establish what plans they have to achieve target.

Also, it had been established that the Primary counselling service, Relate, cannot include their access rate data as IAPT as their counsellors are not IAPT accredited. Mr Marshall reported that the CCG had agreed to pay as a one off for staff to be trained to gain this accreditation. If staff then leave the expectation is that the Provider will replace them with appropriately trained staff.

Ward Closure – 136 Suite – Hallam Street – the facility is due to be closed for 10 weeks due to essential maintenance work. This posed a potential risk to Wolverhampton patients due to capacity issues at Penn Hospital if accepting Sandwell patients during this period. A mitigation plan and risk assessment had been requested and it has been confirmed by the Provider that Sandwell patients will not be referred to Wolverhampton but will be accommodated on a vacant unit at Hallam Street and there will be no impact on Wolverhampton patients.

Other Contracts

Any Qualified Provider (AQP) Audiology

Specsavers are on the framework to provide this service. A letter has been sent by the Company to 5 CCGs across the Black Country claiming that providers for this service are not being treated equally and fairly.

The lead commissioner for this contract Birmingham and Solihull CCG (BSOL) will respond on behalf of all collaborative commissioners and have requested that the Provider gives more specific details in regards to their issue with the procurement of the service.

This had been discussed with RWT colleagues who have advised that referral from AQP have decreased, however, referrals into ENT for this cohort of patients has increased. Therefore, GPs may be choosing not to refer by AQP. This will be investigated further by the CCG and discussed with the co-ordinating Commissioner prior to their response to Specsavers.

This potentially impacts on the future procurement of the service as the current contract is due to expire in June 2019. Further meetings are due to take place with relevant Black Country and BSOL commissioning leads to confirm next steps.

Probert Court Nursing Home

A recent CQC review was undertaken which identified a range of issues pertaining to safe and quality care provision. The CCG is awaiting the final report; however, anecdotal feedback suggests the outcome is likely to be either Inadequate or Requires Improvement.

The Home has struggled with clinical leadership and staff retention. As a result CCG corporate and quality leads want to ensure oversight and support of current care provision.

Mr Trigg queried what actions are being undertaken to achieve cancer target performance as the information indicates meetings, discussions and telephone calls taking place, however, it does not reflect actions be taken. It was clarified that there is minimal action the CCG can undertake, its role, as challenged by NHSE, is to hold the Trust to account and review remedial action plans to ensure they are robust and appropriate.

It was reported that the decision whether to extend the contract for the Assisted Conception Service for a further 12 months would be made by the Commissioning Committee.

Resolved: The Committee

- noted the contents of the report and the actions being taken

8. Performance Report

FP. 294 Mr Gallagher reported the following key points;

Royal Wolverhampton NHS Trust (RWT)

- RTT – The CCG is held to account by NHSE and the target set is 92%. The Trust is working towards achieving the lower target set by NHSI of 91.5%. It was noted that, in context, the Trust is one of the best performers locally and zero 52 week waiters have been reported by the Trust. There are 5 Wolverhampton patients who remain over 52 weeks at other providers. The Trust is not meeting the 92% target and the trajectory does not reflect the Provider Sustainability Fund (PSF)
- A&E – the number of attendances had seen a 3.5% decrease for the previous month, however, there had not been an increase in performance, this had decreased to 91.29%
- Cancer waits – targets are not being achieved. A recovery plan is in place and work on going to support this. The July forecast from the Trust shows an increase across all performance standards with the exception of 31 and 62 cancer waits.
- Delayed Transfers of Care – A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month, this is overseen by the Better Care Fund. It was noted that it is difficult to get associated commissioners on board.
- MRSA – No breaches (against the zero threshold) had been reported for the Trust during June; however, this indicator had already failed Year End due to May performance.
- C-Diff – 1 breach reported in June (against a 3 per month threshold)
- Serious Incident Breaches (SUIs) – 1 breach identified in June.

Black Country Partnership NHS Foundation Trust (BCPFT)

- Care Programme Approach – follow up within 7 days remains on trajectory. Main issues relate to contacting patients.
- IPC Training Programme Compliance – Q1 performance was below the 85% target (82.13%). An exception report had been submitted by the Trust.
- CAMHS receiving treatment from NHS Funded Services – June performance reported as 7.89% and failing the 32% target, however, as part of the Data Quality Improvement Plan (DQIP) there is on-going work to review the current target as this relates to a whole community target rather than the Black Country only proportion.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken

9. Finance Report

FP.295 Mrs Sawrey introduced the report relating to Month 4 July 2018

The following key points were highlighted and discussed;

- Remain on target to achieve all financial metrics
- Forecasting recurrent underspend of £709k
- Elective activity is showing underperformance which gives concern for the achievement of RTT. Alternative provision may require consideration to achieve 92% target but as yet this has not been factored into the FOT
- Notification has been received from Medicines Optimisation that due to the NCSO (no cheaper stock obtainable) there is a year to date impact of additional £92k which will be included within the FOT next month. In addition the usual benefit of Cat M price changes expected in September will be a potential cost pressure of up to £600k in the financial year as the cost of generic drugs is increasing.
- The cost pressure incurred in funding the pay increase for staff has been recognised by NHSE and an additional Programme allocation of 26k and Running Cost allocation of £42k has been received to offset this pressure. Both allocations are recurrent and contribute c 50% of the overall cost of the pay increase.

Resolved: The Committee

- noted the contents of the report

10. Additions/updates to Risk Register

FP.296 There were no other additions or updates to be made to the Risk Register other than those discussed and agreed under item FP.292

Resolved: The Committee noted;

- that there were no additions or updates to be made.

11. Financial Control Planning and Governance Self-Assessment 2018/19

FP.297 Mr Gallagher introduced the Assurance document to be submitted to NHSE by 31st August. He explained the narrative behind the questions where all assessment criteria had not been met. There were considered and discussed as follows;

Contracts

Question 24 - The CCG can confirm, all contracts signed for 2018-19 including; any MOU's, secondment agreements, BCF, pool agreements etc. and any contract variations required for 2018-19 - this had been rated as 'no' as there are contracts where the CCG are associates which had not been signed. It was agreed to change this to 'partial' as all CCG contracts had been signed.

Question 25 - The CCG can confirm that they have no identified/outstanding contractual disputes (formal or informal)? – this was rated as no due to the ongoing dispute with RWT regarding £4.8m invoice submitted in 16/17. This was discussed including that this did not relate to the current financial year. It was agreed that the submission should remain as 'no' with the wording in the narrative giving clarity to the situation

Financial Control and Process

Question 42 – The CCG manages cash balances effectively and has not required any supplementary cash drawdowns in the last 12 months? If no, confirm how many instances and actions being taken to avoid reoccurrence? – this was rated as 'no' as this situation has already happened in year and reported to the Committee. This had occurred when a main provider submitted an invoice earlier than expected. The narrative to be updated to include that this was done to help the health economy and actions to be undertaken to avoid a reoccurrence.

The methodology for working out staff turnover percentage was challenged. It was stated that this had been queried with NHSE and confirmation received that this is based on an average monthly headcount. This is in line with the methodology used to report by other CCGs.

Resolved: The Committee:

- noted the contents of the submission
- following the amendments to be made as agreed the submission to be made by the deadline

12. Any other Business

FP.298 There were no items to discuss under any other business.

13. Date and time of next meeting

FP.299 Tuesday 28th August 2018 at 2.00pm

Signed:

Dated:

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 25th September 2018
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr S Marshall	Director of Strategy and Transformation
Mr M Hastings	Director of Operations
Dr M Asghar	Governing Body GP, Deputy Finance and Performance Lead

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr V Middlemiss	Head of Contracting and Performance

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Mr Gallagher and Dr Bush.

2. Declarations of Interest

FP.300 There were no declarations of interest.

3. Minutes of the last meetings held on 28th August 2018

FP.301 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.302 Item 131 (FP.290) – RWT Consultant to Consultant Referrals – need to check if an audit is due in this area – Mrs Sawrey confirmed that an audit is planned, however the commencement date is still to be agreed – action closed.

Item 133 (FP.292) – Committee Level Risks – FP07 – CHC Budget – narrative to be reviewed to accurately reflect the risk level in respect of ‘the significant risk of overspend, however, the risk level is reported as

moderate – as Mr Gallagher was not in attendance this item was deferred to the next meeting

5. Matters Arising from the minutes of the meeting held on 28th August 2018

FP.303 There were no matters arising to discuss from the last meeting.

6. Risk Report

FP.304 The Risk Report was considered as follows;

Corporate – Organisational Risks:

- CR18 – Failure to Deliver Long Term Financial Strategy – Mr Trigg noted that the narrative related to 2018/19 (short term plan) and queried if this was reflected in the reduction of the risk from Very High to Moderate – Mrs Sawrey agreed to liaise with Mr Gallagher to clarify.
- CR19 – Transforming Care Partnerships – this was queried as the risk above and Mrs Sawrey agreed to liaise with Mr Gallagher to clarify.

Committee Level Risks

- FP06 – Over Performance of Prescribing Budget – Mr Trigg queried that whilst the risk had reduced from High to Moderate this was not reflected in the reporting. Mrs Sawrey clarified that the risk had reduced as it is possible to articulate that the risk is covered in the finance plan.
- FP02 – Loss of Key Staff and Business Continuity – it was noted that this had been reviewed in July and that the date of the latest update should reflect this.

Resolved: The Committee requested the following actions;

- Corporate Organisational Risks - the risk level and narrative to be clarified for CR18 and CR19
- Committee Level Risks – FP02 – the date of the review of this Risk to be update as this had been carried out in July.

7. Finance Report

FP.305 Mrs Sawrey introduced the report relating to Month 5 August 2018

The following key points were highlighted and discussed;

- Remain on target to achieve all financial metrics
- Forecasting breakeven

- QIPP is being reported as delivering on plan and any shortfall in delivery is covered by reserves and underspend
- Risk and mitigations have reduced slightly as have been built into the finance position
- Increasingly difficult to achieve the required target surplus as the overspending areas are generally recurrent; mental health, acute providers other than RWT, prescribing and Continuing Healthcare

Prescribing was discussed including NHSE advice that 'no cheaper stock available' costs would be non-recurrent. This had become recurrent and the price of Category M drugs had not reduced as it had done in previous years. It was clarified that the risk had dropped from £2.5m to £1.5m as the costs of prescribing had gone into the position.

RWT had submitted a Remedial Action Plan for RTT with a trajectory to achieve 92% by May 2019. There is a need to profile how many patients need to be seen to improve. It was noted that if activity is passed out to other providers from RWT the CCG will not receive a cost benefit from this.

It was highlighted that the current focus from NHSE is on Cancer Targets and Urgent Care due to the imminent winter pressures.

Mrs Sawrey highlighted that a meeting is due to be held to review budgets with the CCG's Executive Team.

The CCG had challenged coding at Nuffield relating to Pain Management. As in this area activity (epidurals etc.) was being coded to Spinal. This did not create a cost impact; however, the CCG requires accurate coding for planning and monitoring purposes. This had now been resolved.

A formal query had been raised with Sandwell and West Birmingham via the Contracting Team regarding the charges for Medically Fit For Discharge (MFFD) days. This was to establish why, if the patient was medically fit for discharge, should the CCG continue to pay additional fees. The CCG believe the cost would be included within the national trim point of the spell or charged to the city council if the charge is not medically based. This had been resolved and the CCG is no longer being charged for MFFD patients.

A challenge had been raised on coding data at UHNM in relation to spinal surgery coded as Neurosurgery, and therefore CCG responsibility, undertaken by a T&O Consultant and previously coded as T&O and chargeable to Specialised Services. The value of this one spell was £34k. The Contracting Team is awaiting a response to this query.

The CCG has been approached by Liaison, former VAT advisors to the CCG, with a proposal to look at CHC/FNC payments since 2013 and search for inappropriate payments e.g. double payments, CHC and FNC, payments when patients deceased etc. It would be on a no win- no fee basis with the

percentage take being in the region of 33%. Discussion on this took place and it was agreed that Mrs Sawrey would pick up the issue with Mrs Roberts.

Mr Hastings queried what the impact would be if a decision was made to close the Telford A&E overnight. It was felt that the impact would be at RWT with the possibility of more non-Wolverhampton based patients attending their A&E department. There could also be an impact on performance including an increased number of ambulances going to RWT. This would be raised by Mr Middlemiss at the RWT Contract Review meeting so that assurance can be sought for the CCG Governing Body.

A draft of the gain/risk share agreement had been sent to RWT and it is expected that this will be agreed. This will be a new contractual way of working and will remove the main areas of risk relating to the likely over performance in the contract.

Resolved: The Committee

- noted the contents of the report
- Mrs Sawrey to speak to Mrs Robert regarding the approach from Liaison to review CHC/FNC payments for inappropriate payments

8. Contract and Procurement Report

FP.306 Mr Middlemiss presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

There were no outstanding Contract Performance Notices at the time of the meeting.

There are significantly less fines due to the suspension of a number of sanctions as per the new National Contract Variation signed for the 2018/19 financial year. Previously the largest proportion of fines applied during 2017/18 was failure to deliver Ambulance Handover targets; however, this had now been excluded from the sanctions process. A significant portion of these fines used to go to the A&E Delivery Board so whilst there is no risk to the CCG as it did not assume any benefit of the fines it may be a risk to the A&E Delivery Board.

University Hospitals of Birmingham (UHB) Urology Tertiary referrals – the CCG had been notified that UHB would no longer be accepting referrals from outside Birmingham. Concerns had been raised by a number of CCGs and the host CCG did not have prior knowledge of this and had formally written to the Trust advising that they do not support this stance and requesting an urgent meeting. A response is still awaited. RWT had raised with issue with

UHB via the Cancer Alliance and the CCG would pick this up with RWT at the next Contract Review meeting.

Black Country Partnership Foundation Trust (BCPFT)

Improving Access to Psychological Therapies (IAPT) target – achievement of this target remains a significant risk. Recruitment issues are ongoing.

It was identified that there was a premises risk relating to GP practices especially Vertical Integration practices from which IAPT services are delivered. Where it is no longer possible to deliver the services there is a need to source alternative accommodation to do so. It was agreed that this should be a specific risk for this Committee. Mr Middlemiss reported that a list of practices where this had happened had been requested. It was agreed that this should be a specific risk for this Committee.

Other Contracts

AQP Audiology – it was reported that RWT had served notice on this contract giving 6 months to the end of February 2019. The numbers of this are quite small as the majority of activity goes to other private providers. No reason had been given for terminating the contract. A meeting is to be held outside the normal contract review meeting to consider the impact on Audiology and ENT services; the aim of which is to gain reassurance that there will not be a spike in ENT referrals . The outcome of these discussions will be included in the next report.

Resolved: The Committee

- noted the contents of the report and the actions being taken

9. Performance Report

FP. 306 Mr Hastings the following key points;

Royal Wolverhampton NHS Trust (RWT)

- RTT – there had been no real change in performance. A stretch target of 91.5% had been submitted by the Trust to NHSI and discussions are still on going.

Zero 52 week waiters had been reported by the Trust, however, there are 5 Wolverhampton patients elsewhere who remain waiting over 52 weeks; 3 at The Royal Orthopaedic, 1 at University Hospitals of North Midlands and 1 at Bart's Health NHS Trust. All, except one, have TCI dates.

- Urgent Care – whilst performance is poor it is performing well considering A&E issues. The overall volume is increasing

Anecdotally it had been reported that certain nationalities do not use primary care and went straight to A&E. Business Intelligence had interrogated data relating to the ethnicity of attendees and this had not shown that there is any correlation between this and the number of attendees.

- Cancer waits – this is a high profile area which is being closely monitored by NHSE and NHSI. A lot of work is ongoing at RWT which the CCG is supporting with. There had been a sustained increase in referrals. The CCG had commenced a 2 Week Wait scoping exercise to provide practice specific analysis (including referrals per '000 list size and cancer conversion rates) which will enable joint working to understand referral trends and the possible reasons for local increases and variations.

The main area for underperformance is in the robotic urology service for prostate cancer. There has been a national campaign and the Urology Team at RWT have had excellent reviews, attracting patients. Patients are choosing to wait for this service as there are reportedly better outcomes and a shorter recovery period. Whilst waiting for the service the patients are on hormonal therapy to improve outcomes.

Weekly calls continue with NHSE, NHSI, Cancer Alliance, RWT and CCG. Monthly face to face escalation meetings have also commenced.

An intensive support team had been to RWT looking at pathways. The Cancer Alliance had provided money for patient trackers and money had been received across the Black Country to consider Best Practice Pathways. Work is ongoing with the Trust to identify the best areas to focus the money and data has been reviewed to identify these areas. It was clarified that this money can be spent in 2018/19 financial year.

A query was raised regarding definition of definitive treatment and whether the hormonal treatment used whilst waiting for the robotic procedure should be definitive treatment as this would improve performance for the CCG. It was clarified that this had already been queried with NHSE who had confirmed that RWT were correct in not reporting this as a definitive treatment. It was felt that more specific guidance was required to give equality and consistency as some Trust do report this as a definitive treatment. Mr Hastings stated that this was being pushed back to NHSE.

Other than Urology, delays through pathways occur due to complexity and patient choice. Data is being analysed and

discussed with RWT to identify where this is occurring and to review longest waiters and identify who can be moved through the process quicker.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken

10. Additions/updates to Risk Register

FP. 307 Mr Middlemiss to complete the risk assessment regarding the GP premises risk relating to IAPT services as discussed earlier in the meeting. This risk to be added to the Committee Level Risk Register

Resolved: The Committee noted;

- that there were no additions or updates to be made.

11. Any other Business

FP.308 There were no items to discuss under any other business.

12. Date and time of next meeting

FP.309 Tuesday 30th October 2018 at 2.00pm

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 7th August 2018 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	No
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	No
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Tony Gallagher	Chief Finance Officer	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
John Denley	Director of Public Health (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC310 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC311 Apologies were submitted on behalf of Dr Reehana and Sally Roberts.

Declarations of Interest

WPCC312 Dr Bush, Dr Kainth and Dr Asghar declared that, as GPs they have a standing interest in all items relating to Primary Care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 3rd July 2018

WPCC313 The minutes from the meeting held on the 3rd July 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC314 Ms McKie noted that a last meeting under any other business the Committee were reminded of the importance of sending in reports on time to ensure people had enough time to read the papers prior to the meeting.

RESOLVED: That the above was noted.

Committee Action Points

WPCC315 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
The cost directives are still awaited. Mr Hastings reported he had picked up through the BMA that they may not be released until the premises review had been undertaken. It was agreed to close the action and Mr Hastings would bring to the Committee once the cost directives had been released.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda

retirement from a partnership to a single hander

The update is due in September 2018.

Minute Number WPCC186 - Pharmacy First Scheme for all patients

The report had been deferred to the September Committee meeting.

Minute Number WPCC215 - QOF+ Scheme 2018/19

The signed DPIA for QOF+ is to be shared with the Committee. It was highlighted this is still outstanding from the Governance Lead and it would be chased.

Quarterly Finance Report

WPCC316 Mr Gallagher reported to the Committee the quarterly report on the CCGs financial position at Month 3. The delegated Primary Care Allocations for 2018/2019 as of month 3 are £36.267m. It was noted that although there was slippage on individual headings it is assumed we will achieve an overall breakeven position at this stage.

A full forecast review has been carried out in month 3, and an assessment of likely slippage of development areas will be undertaken at the end of month, and future updates will be provided within the next report.

It was noted that in terms of PMS premium reserves any developments within the PMS contracts on future savings are ring-fenced within the Primary Care delegated budget.

There were no questions raised by the Committee and they accepted the report as assurance of the CCGs Primary Care financial position.

RESOLVED: That the above is noted

Mr Gallagher left the meeting

Pharmacy First Scheme of all Patients Progress Report

WPCC317 This item has been deferred to the September 2018 meeting.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC318 Ms Corrigan provided to the Committee the monthly Primary Care Quality Report which provides an overview of activity in primary care. The following key points were raised:

- Infection prevention audits continued to take place during July 2018, with the majority are scoring a silver rating. The main issues that have been raised were around the need to update the decor issues. They are working with practices to resolve issues and re-audits are undertaken on a three month basis.
- A City wide flu vaccine group is now in place and vaccine uptake is

being monitored and the group are exploring ways to improve the uptake.

- There are no MHRA alerts reported within the month.
- The report states there is one serious incident, this has since been deescalated. There are currently no serious incidents to report.
- Quality Matters continues to be monitored and all Primary Care incidents have been forwarded to the relevant practices and to NHS England where appropriate.
- The CCG continues to be copied in on new complaints from NHS England as they were reported. There have been 25 new GP complaints received since the beginning of November 2017.
- The figures for Friends and Family Test have made a slight improvement on last month's submission. Overall responses remain positive (86% overall would recommend their practice, 4% would not).
- Work continues to refine the workforce development plan in line with STP and national drivers.

Mrs Southall asked in relation to 2.1 infection prevention, 84% have no rating, have they been supported and do they have action plans in place. Ms Corrigan noted these practices were visited last month and action plans are in place to support the practices.

Dr Hibbs queried the data for influenza vaccination programme for the over 65's take up as it states 13%. Ms Corrigan noted this was an error within the report and agreed to update with the correct figures.

RESOLVED:

- **The report was accepted by the Committee.**
- **Ms Corrigan to amend the influenza vaccination programme data.**

Domestic Violence Coding Update

WPCC319 Ms Corrigan presented to the Committee the Domestic Violence Multi Agency Risk Assessment Conference (MARAC) Data reporting specification, QIA, EIA and DPIA.

The work will be funded by the Home Office to run this programme within Primary Care. This programme will ensure that practices can accurately track and identify any repeat domestic violence incidents. In order to do this patient records need updating with any incidents that have occurred within the last 12 months. This information has already been identified and now needs including on the patient record at the patients practice. Practices will receive a payment of £2.50 per update and records are to be updated within 4 weeks of signing up to the service.

It was noted a full EIA did not need to be undertaken, but concerns under the DPIA regarding data sharing agreement. Ms Corrigan stated the Domestic Violence Forum have an agreement in place which is overarching data sharing agreement which is covered by the safeguarding

adults and crime disorder act.

The committee asked if this is look back and review exercise how do we make sure we continue this going forward. It was noted that this would become business as usual; they have worked with IM&T to ensure the clinical systems are set up with the appropriate read codes. The practices have received training and have the programme set up, so awareness has been promoted and will continue to be promoted.

Discussions took place regarding data sharing and whether patients are aware their information is being shared amongst different stakeholders. It was noted if a patient raised an issue with domestic violence, then a risk assessment would be undertaken with the patient and part of the consent would be inform them of the data sharing. Mr Hastings noted consideration is needed for data sharing as patients may be happy to share this information with the GPs but not on a wide scale and it is how this is managed and handled sensitively. In terms of the system there is a list of exception codes that can be used, it was agreed that Mr Hastings and Ms Corrigan would meet to discuss.

RESOLUTION:

Mr Hastings and Ms Corrigan would meet to discuss the exception coding and how this can be managed to protect patient's data.

The Committee accepted and agreed the report and the EIA,DPIA and QIA.

Ms Corrigan left the meeting

Primary Care Assurance Report

WPCC320 Mrs Southall stated the report format has changed into a reporting pack of quarter 1 (2018/2019) activity. Mrs Southall outlined the content of the report, which is based on the primary care strategy and GPFV programmes of work that was presented to the quarterly Milestone Review Board Meeting in July 2018. It also provides an overview of activity for enhanced services, commissioned services activity and practice referral data.

Mr Marshall stated in relation to the pre-enhanced services such as social prescribing, care navigation and primary care counselling there is a great deal of variability between the practices on the take up to these. Mr Marshall asked in terms of social prescribing the CCG have received funding from the Department of Health to employ X6 FTE support workers, what are we doing to ensure they are fully utilised according to the funding available. Mrs Southall noted in terms of social prescribing this will form part of the second phase of care navigation, there will also be an increase of support workers across the City. It has not been decided on where the support workers will be located. The practice groups will be scrutinising the referral rates of the services at their meetings.

Dr Bush asked in terms of the graph presentation could the rate be presented in per thousand as this will be easier to interpret in terms of practice list size. It was agreed this would be included within the next report.

Ms Mckie queried the care navigation activity as the data is quite varied across the practices and not all practices have been included. Ms Southall reported that initially there were a few problems with practices recoding the information as not appropriate coding on the clinical system had been identified. The team have been working with IM&T to resolve the issue and more training has been provided. A launch will be undertaken for the second phase of care navigation and will include a relaunch of phase one.

RESOLUTION: The graphs in the report need to be amended to reflect/interpret by practice size.

Primary Care Counselling Service

WPCC321

Mrs Southall presented to the Committee on behalf of Mr R Khular an update report on the Primary Care Counselling Service. This includes work that has been undertaken to address issues that have been raised by the referring practices such as access to the service and waiting times.

There have been 975 referrals into the service since May, although the volume of referrals identifies a clear need for the service, there are concerns regarding capacity of the service with this level of demand. A number of patients had been referred to the service by the Healthy Minds service at BCPFT. The provider had questioned whether these referrals should be accepted, or whether BCPFT should refer the patient back to the GP. It has also been identified that local practitioners had reported that they do not understand the difference between Healthy Minds and the Primary Care Counselling Service. The referrals for May are broken down as follows:

- Referrals received - 975
- No contact from the patient - 264 (28%)
- Open - 481(49%)
- Completed -110 (12%)
- Unsuitable referral - 52 (5%)
- Client doesn't wish to access service at this time - 68 (6%)
- Total – 975 (100%)

An assurance visit was undertaken to the service by members of the Primary Care Team in July 2018. Mrs Southall outlined the findings from the report and noted that a case not audit is to take place mid-September by members of the Primary Care and Quality Team. A further report will be provided at the December Committee Meeting.

RESOLUTION:

The Committee accepted the report and approved the DPIA and QIA, the EIA is to be shared at the next meeting.

Primary Care Counselling Service Update report to be provided at the December Committee Meeting.

CCG Benchmarking Project

WPCC322 Mrs Southall provided the Committee with an update on work that has been undertaken with regards of the CCG Benchmarking project and presented an overview of how the work will be taken forward in the future.

Mrs Southall noted that the purpose of the Benchmarking concept is to allow the organisation to be measured against others with a view to recognise relative strengths and areas for improvement. The report proposes a series of actions on how the CCG can robustly monitor a number of indicators on key areas such as Patient Experience, provision of Enhanced services and the configuration of the Primary Care. This will enable the CCG to recognise areas for improvement and to develop actions to address these.

The Committee raised no questions and accepted the assurance provided.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC323 Mr Hastings gave the Committee an overview of the discussions that took place at the Primary Care Operational Group Meeting, which took place on the 4th July 2018. There were no issues raised by the committee.

RESOLVED: That the above is noted.

Any Other Business

WPCC324 There was no other business noted at the meeting

RESOLVED: That the above was noted.

Date of Next Meeting

WPCC325 Tuesday 7th August 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park.

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 4th September 2018 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	No
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	No
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Tony Gallagher	Chief Finance Officer	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	No
John Denley	Director of Public Health (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Hemant Patel	Head of Medicines Optimisation (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC336 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC337 Apologies were submitted on behalf of Sarah Gaytten, Jeff Blankley, Tracy Cresswell, Sally Roberts, Sarah Southall and Peter McKenzie.

Declarations of Interest

WPCC338 Dr Bush, Dr Kainth and Dr Reehana declared that, as GPs they have a standing interest in all items relating to Primary Care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 7th August 2018

WPCC339 The minutes from the meeting held on the 7th August were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC340 There were no matters arising from the minutes.

RESOLVED: That the above was noted.

Committee Action Points

WPCC341 **Minute Number WPCC117 - Provision of Services post Dr Mudigonda retirement from a partnership to a single hander**
The update is on the agenda, agreed to close the action.

Minute Number WPCC186 - Pharmacy First Scheme for all patients
The report is included on the agenda, agreed to close the action.

Minute Number WPCC215 - QOF+ Scheme 2018/19
The signed DPIA for QOF+ is covered on the agenda, agreed to close the action.

Minute Number WPCC318 – Primary Care Quality Report
Ms Corrigan noted the influenza vaccination programme data had been amended. Agreed to close the action.

Minute Number WPCC319 – Domestic Violence Coding Update

A meeting will be taking place to discuss the coding, agreed to close the action.

Minute Number WPCC320 – Primary Care Assurance Report

It was noted the next Primary Care Assurance Report is not due until November and the amendments will be made to the report.

Minute Number WPCC321 –Primary Care Counselling Service

The signed EIA is covered on the agenda, agreed to close the action.

Pharmacy First Scheme or all Patients progress Report

WPCC342 Mr Patel provided the Committee with a six monthly update on the progress made to date against the Minor Ailment Scheme.

Mr Patel noted that the Primary Care Trust transferred funds for the minor ailment service to NHS England in 2013. In 2017 the over 16s service was decommissioned by NHS England and taken over by the CCG. In May 2018 NHS England de-commissioned the under 16's service. In response the CCG decided that a service covering all ages should be continued and commissioned locally as agreed by the Committee on the 6th February 2018.

The CCG commissioned Pharmacy First Scheme went live on 1st June 2018 and to date 47 of the 66 pharmacies have expressed an interest in providing this service across Wolverhampton. Latest data suggest only 29 pharmacies have provided this service/sent claims to date. Mr Patel noted the usage is lower than previous years and could be due the new contract sign up process or misinformation regarding commissioning.

The CCG intent to launch a communication campaign to raise awareness of the scheme via a newsletter and campaign posters and leaflets will be sent to practices to raise awareness with patients.

The Committee noted the reports assurance of the Pharmacy First Scheme for all patients.

RESOLVED: That the above was noted.

Mr Patel left the meeting

Primary Care Quality Report

WPCC343 Ms Corrigan presented to the Committee the monthly Primary Care Quality Report which provides an overview of activity in primary care. The following key points were raised:

- No new infection prevention audits have taken place during the month of August, an update on current actions plans have been requested.
- The flu vaccine ordering uptake continues to be monitored and the primary care flu vaccine task group continues to explore ways to engage with traditionally hard to reach groups.
- There are 7 quality matters open and overdue incidents are currently being chased. The highest category of reporting was to do with information governance breaches, this is being addressed with the

practices.

- There have been slight improvements in none submissions again with the overall repose rate being 1.7%, which is still significantly better than both the regional and national averages.
- In relation to workforce, the Practice Nurse Strategy is currently being worked upon in correlation with the training hub and will be shared with the Committee once finalised.

Dr Hibbs asked in response to the highest number of complaints relating to staff attitude, which was highlighted under section 3.1, is there any opportunity to arrange conflict and resolution training for admin/reception staff. It was agreed that Ms Corrigan would discuss and explore with Ms Reynolds and the training hub.

RESOLUTION: Ms Corrigan to explore opportunities of conflict resolution training with the training hub and Ms Reynolds for reception/admin staff.

Update Report following the retirement of Dr Mudigonda

WPCC344 Ms Shelley informed the Committee since the retirement of Dr N Mudigonda last year, Dr V Mudigonda still remains as single hander with 3,700 patients. The practice employs a salaried GP for two days a week and also has a clinical pharmacist. The practice does take on GP registrars, one has commenced in August 2018 for 18 months and another has just been confirmed to start on an 18 month contract. Ms Shelley noted that the practice is performing well and there is no comprise to the quality of services.

Dr Reehana asked if the existing Dr Mudigonda worked full time. It was noted that Dr Mudigonda works full time and they have a salaried GP for two days a week. The practice also takes on locum cover as and when necessary, it was confirmed that the practice are also part of Primary Care Home 1, which mitigates the isolation of being a single hander.

The Committee asked if Ms Shelley could confirm the process on the training supervision of the GP registrars, as the committee were concerned if there is only one full time GP and the salaried GP only works 2 days a week, what provision was in place, as they cannot be left unsupervised.

RESOLUTION: Ms Shelley to confirm the supervision process of the GP registrars.

Primary Care Operational Management Group

WPCC345 Mr Hastings advised the Committee of the discussions that have taken place at the Primary Care Operational Management Group, which took place on the 1st August 2018. Mr Hastings highlighted the following points:

- The MGS Medical Practice transition meetings continue to take place on a fortnightly basis with the contract holders.
- Everything is on track as work continues on the APMS re-procurement.
- There is now a dedicated team for estates across the Black Country.

Primary Care Counselling Service (EIA) For Information

WPCC346 The Equality Impact Assessment for the Primary Care Counselling service was shared with the Committee for their information and approval. The report, Quality Impact Assessment and Data Impact Assessment had been agreed at the August 2018 Committee Meeting.

The Committee reviewed and approved the Equality Impact Assessment.

RESOLVED: That the above is noted.

QOF+ Scheme (DPIA) For Information

WPCC347 The Data Protection Assessment for the QOF+ scheme was shared with the Committee for their information and approval. The report, Business Case, Quality Impact Assessment and Equality Impact Assessment had been agreed at the May 2018 Committee Meeting.

The Committee reviewed and approved the Data Protection Assessment.

RESOLVED: That the above is noted.

Any Other Business

WPCC348 Amended Delegation Agreement

Mr Hastings presented the above report on behalf of Mr McKenzie which advises the Committee of a revised version of the Delegated Agreement between the CCG and NHS England. The revised agreement has been updated to take into account the changes of the Data Protection Legislation. NHS England have requested that the CCG return a signed copy of the agreement by the 21st September 2018.

The Committee reviewed the document and noted the changes to the Delegation Agreement.

RESOLUTION: The Amended Delegation Agreement was approved by the Committee.

Influenza Vaccination Programme

Mr Denley stated an update report on flu vaccinations should be brought the next meeting for the Committees discussion and review.

RESOLUTION: Mr Denley to provide an update report on flu vaccinations for the next Committee meeting.

Date of Next Meeting

WPCC349 Tuesday 2nd October 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park

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**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 30 August 2018 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	No

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	No

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	Yes
Sally Roberts	Chief Nurse & Director of Quality	No
Sarah Smith	Head of Commissioning - WCC	No

In Attendance ~

Alison Lake	Administrative Officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	No (Part)
Philip Strickland	Governance and Risk Coordinator	Yes (Part)
Mandeep Duhra	Senior Contracts Manager	Yes (Part)

Apologies for absence

Apologies were submitted on behalf of Cyril Randles, Sarah Smith, Sally Roberts, Vic Middlemiss

Declarations of Interest

CCM727 None.

RESOLVED: That the above is noted.

Minutes

CCM728 The minutes of the last Committee meeting, which took place on 27 July 2018 were agreed as a true and accurate record
The committee noted that the membership listings need updating.

RESOLVED: That the above is noted.

Matters Arising

CCM729 None to review

RESOLVED: That the above is noted.

Committee Action Points

CCM730 None to review

RESOLVED: That the above is noted.

Contracting Update Report

CCM731 **Royal Wolverhampton NHS Trust**

The Committee was presented with an update on the current contracting overview –

Activity

The finance and activity data presented in July as under performance will continue into the third month. This is partially due to the amount of growth which has been built into the contract to include National Planning and phasing throughout the year. The CCG areas of under-performing are Planned Same Day Elective and Non elective.

Performance issues

Referral to Treatment –Improvement from March 2018 performance is currently being achieved, and trajectory is above the agreed performance of 90.1% for July 2018.

Cancer - Continued failure against all targets with the exception of 31 day surgery and 62 days from referral from a NHS screening service. Meetings and telephone conferences are currently taking place. Patient revised tracking lists (PTL) are also being reviewed.

MRSA – Breaches were highlighted in May and July 2018.

Trolley Waits – Breaches have been reported in May and July 2018. The CCG is currently awaiting further information from the provider.

Performance Trajectories

Cancer - 62 days trajectories have been submitted and agreed by NHSI

A&E – NHSI have requested trajectories to be revisited to ensure they are in line with Provider Sustainability Fund (PSF) and have been resubmitted.

RTT – The target of 91.5% is the working target for RWT and although asked to increase to 92% the Trust has stated that this is not included in the activity model and will cause cost pressures, discussions are currently ongoing.

RESOLVED: That the above is noted and requested trajectories of local services to ensure local spending is monitored.

Phillip Strickland joined the meeting

Performance Sanctions

Sanctions have not been processed for 18/19, as agreement has not been reached on exemptions from the process. When agreement reached (and due to new flexibility guidance) a mutually agreed Contract Variation will be needed to amend the Service Development Improvement Plan (SDIP) 2017/19.

Other Contractual Issues

52 Week Wait – It has been announced that CCGs in the West Midlands have been asked to identify potential patients who are at risk of breaching the 52 week waiting for elective treatment. The focus will be on patients that lie between 40 and 52 weeks and recovery plans with weekly returns will need to be completed.

Re-admissions Audit – An audit was carried out in June 2018, the aim of this review was to implement a 30 day readmissions rule and agree a threshold. No financial impact will be made to the agreement for 18/19 but may impact the 2019/20 agreement.

Risk/gain share agreement – 2018/19 is the first year of this agreement going live and therefore is designated the pilot year, verbal agreement has been reached with the Trust and a written summary will be forthcoming from RWT for approval.

Spyglass procedures - The CCG has supported the Trust business case for the provision of a procedure which will offer patients a better experience for treatment with biliary disorders This will be less invasive and will avoid unnecessary surgery.

RESOLVED: That the above is noted and supports the projected cost pressure of £40K for an estimated 10 procedures per annum.

Black Country Partnership Foundation Trust (BCPFT)

Improving Access to Psychological Therapies (IAPT) target

The IAPT targets are at a risk of not being met as staffing issues have been significant and recruitment difficult. This has been escalated to NHSE.

Performance Quality Issues

AQP Audiology – Specsavers have raised a contract issue, BSOL is the lead commissioner and is currently requesting further specific details of the contract from this provider. The lead commissioner will respond on behalf of all the Black Country CCGs.

RWT have advised that a decrease in AQP and an increase in ENT, meetings will be taking place collaboratively on the next steps.

RESOLVED: That the above is noted and requested that letters are sent to all GP practices and an alert be set up on this service for 0.5% to ensure anything above is challenged.

Assisted Conception Service - The current contract for this service is 5 years and will expire in July 2019 with an option to extend for a further one year. A recommendation is requested to extend.

RESOLVED: That the above is noted and agreed to extend the service contact for a further year to 31st July 2020.

CCM 732 Review of Risks

Corporate Organisational Risks

CR10 and CC12 Community Equipment to be combined and moved to committee level risks.

RESOLVED: That the above is noted and requested that these risks are now combined under CC12 as this is currently out to tender.

Committee Level Risks

CC13 Special School changes – The committee were advised of a current shortage of school nurses to provide adequate and sufficient support to children and young adults. Bank and agency staff are currently being reviewed to lower risk but need to take into account financial increase.

CC11 Staffing Issues across BCF Programme Office - The committee were advised of the current structure changes within the CCG and positions to be filled. A meeting is currently being sought with the local council to discuss this and should be resolved within the next month.

Urology – The committee discussed the current cancer urology robotic surgery and highlighted the risk to patients due to length of time.

RESOLVED: That the above is noted and agreed Urology be added to the committee's risk register

Philip Strickland left the meeting

Any Other Business

CCM733 None

RESOLVED: That the above is noted

Date, Time and Venue of Next Meeting

CCM734 Thursday 27th September 2018 at 1pm in the CCG Main Meeting Room

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**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 27 September 2018
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	Yes

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	No
Sally Roberts	Chief Nurse & Director of Quality	Yes
Sarah Smith	Head of Commissioning - WCC	Yes

In Attendance ~

Alison Lake	Administrative Officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	Yes
Lesley Sewrey	Deputy Chief Finance Officer	Yes
Philip Strickland	Governance and Risk Coordinator	Yes (Part)
Sandra Smith	Commissioning Development Manager	Yes (Part)
Sarah Fellows	Mental Health Commissioning Manager	Yes (Part)

Apologies for absence

Apologies were submitted on behalf of Tony Gallagher

Declarations of Interest

CCM735 None.

RESOLVED: That the above is noted.

Minutes

CCM736 The minutes of the last Committee meeting, which took place on 27 July 2018 were agreed as a true and accurate record with the following corrections:-
Page 4 – Assisted Conception Service should read – will expire in July 2019
Page 5 – Urology should read - the risk to patients due to length of time.

RESOLVED: That the above is noted and minutes to be corrected.

Matters Arising

CCM737 None to review

RESOLVED: That the above is noted.

Committee Action Points

CCM738 CCM731 – Contract Review – action noted and closed
CCM731 – Contract Review – Letter to be sent to GPs in January 2019
CCM732 – Review of Risks – action completed and closed
CCM 732 – Review of Risks – Urology has been placed as a risk on the Quality and Safety risk register

RESOLVED: That the above is noted and agreed

Black Country Local Maternity Plan Update

CCM739 The committee was presented with an update on the development and implementation of the service plan for 2017-2020.

To improvement outcomes for a safer service were set out in a clear vision in National report of the Maternity Review published in 2016. The vision is made up of several recommendations for improvement and fall under seven key headings. The improvements have included consultation with patients within the areas of the Black Country with differing needs for outcomes.

The Black Country LMS Plan has been produced with partners across the Black Country and West Birmingham and presented to NHSE, who have approved and signed off on the Plan. Three main areas of impact have been highlighted – Tackling Infant Mortality, Delivery better births and ensuring sustainable services.

RESOLVED: That the above is noted and assurance agreed by the committee

Draft Mental Health Strategy Update

CCM740 The committee was presented with the update regarding the Joint collaboration of NHS Wolverhampton CCG and the City of Wolverhampton Council – Joint Mental Health Strategy 2018/19 -2020/21. A power point presentation enclosure was circulated to members

The strategy outlines current services what has been achieved to date, as well as what is currently being developed and what planned service improvements are to be made. Consultations have been carried out with both patients and partners across the Wolverhampton area, including consideration of the need for better access to services.

This strategy development has spanned assessment of need, appraisals of current service models which are to be re-designed and re-commissioned in compliance and in line with the NHSE Five Year Forward Plan.

RESOLVED: That the above was noted and assurance agreed

Sandra Smith and Sarah Fellows left the meeting
Phillip Strickland joined the meeting

CCM741 **Contracting Update Report**

Royal Wolverhampton NHS Trust

The Committee was presented with an update on the current contracting overview –

Contract Performance (activity and finance)

The underperformance of the contract continues into Month 4 due to planned same day electives and non-electives patients being below plan.

A&E – Performance continues to improve to 93.51% since June 2018

Referral to Treatment – Performance continues to be consistent at 90.94%. this falls in line with revised performance requirement for this service and RWT will need to demonstrate consistent improvement from March 2018.

Cancer – RWT has failed against all Cancer targets in August 2018, except 31 days for subsequent treatment for anti-cancer drugs. A recovery plan has been agreed with actions, to improve performance of this service.

Performance Sanctions

Guidance has been received from NHSE with regards to the application of sanctions and has been processed for months 1 to 3. Fines for 2018/19 have been applied and agreed with RWT.

Other Contractual Issues

52 Week Wait reduction and recovery plan

The CCG is currently working with NHSE regarding the 52 week wait recovery programme. The CCG has been asked to identify any potential patients who are at risk of breaching the 52 week waiting for elective treatment who may meet the criteria for being outsourced to a suitable alternative provider to include a recovery plan.

Risk/gain share agreement

The current position of this arrangement contract between the CCG and RWT has been drafted and shared, and is currently in the process of being finalised.

2019/20 Planning Round

The committee has been asked to note the key points and principles for the planning round for FY 19/20 National planning guidance has not been released and no timeline has been given for when this will be published.

Black Country Partnership Foundation Trust (BCPFT)

Performance Quality Issues

Improving Access to Psychological Therapies (IPAT) target

Achievements of this target remains a risk. NHSE have met with the CCGs and providers across the STP with regards to putting in place remedial action plans to deliver targets.

Ward Closure – 136 Suite – Hallam Street

The confirmed closure of the 136 suite at Hallam Street facility will not impact on Wolverhampton services. Capacity has been identified at the Pines Unit in Sandwell. This issue will now move to a low risk for the CCG due to no impact.

Data Quality Improvement Plan (DQIP)

Graphnet system will be available to RWT hosted sites by the end of 2018. This will allow information sharing for clinicians.

Other Contractual Issues

Primary Care/Secondary Care Engagement

A Primary care Mental Health workshop is being scheduled for the month of September and will focus on Physical Health Checks. The follow up for checks is to be clarified from a secondary care prospective.

Planning Round 2019/20

A similar approach will be undertaken for the Black Country Partnership Foundation Trust planning as to RWT.

RESOLVED: That the above is noted.

Sarah Smith and Sally Roberts left the meeting

Review of Risks

CCM 742 Corporate Organisational Risks

The committee were advised that no change has been made to the current corporate risk register CR10 and CR14 and will be refreshed at the end of this month.

Risk assessment has for Cancer pathways (which are currently being managed by S Roberts and M Hastings) is highlighted as a quality risk and an update is expected at the end of October 2018.

Committee Level Risks

CC11 – Staff with special skills set to remain on the risk register

RESOLVED: That the above is noted

Philip Strickland left the meeting

Any Other Business

CCM743 None

RESOLVED: That the above is noted

Date, Time and Venue of Next Meeting

CCM744 Thursday 25th October 2018 at 1pm in the CCG Main Meeting Room

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Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 9th August 2018

Members:

Dr Anand Rischie – Chairman, Walsall CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Peter Price – Lay Member, Wolverhampton CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Charlotte Harris – Note Taker, NHS England
Jonathan Fellows – Black Country STP Independent Chair
Laura Broster – Director of Communications and Public Insight
Alastair McIntyre – Interim Portfolio Director, NHS England
Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Mike Hasting – Director of Operations, Wolverhampton CCG

Apologies:

Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Dr David Hegarty – Chair, Dudley CCG
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC

1. INTRODUCTION

- 1.1 Welcome and introductions as above. Jonathan Fellows was introduced as the newly appointed Independent Chair for the Black Country STP.
- 1.2 Apologies noted as above.
- 1.3 Dr Anand Rischie asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda of the meeting. None were given.
- 1.4 The minutes of the meeting held on the 12th July were agreed as an accurate record of the meeting.
- 1.5 The action register was reviewed (see table at the end of the notes). Actions delivered were confirmed and others taken within the agenda.
- 1.6 In regards to 075, Matthew Hartland requested this be brought back to the September meeting as an agenda item where there will be a formal report.

- 1.7 In regards to 092, Matthew Hartland informed this referred to the long term sustainability of Dudley. This will flow into the risk analysis work that is being carried out at the moment. They would be able to present the impact on Dudley now, but not the long term consequences as this level of detail is currently being worked through. Laura Broster noted that the proposal would mean that Dudley Group FT would be split into two FTs. There are still conversations to be had from NHS Improvement regarding the impact on providers and the proposal has not yet completed the ISAP assurance process. Dr Anand Rischie suggested it is good for system partners to see high level findings of the potential impacts of the proposals. There were reflections on the suggested work that did not commence last year around the financial sustainability of each trust due to the providers not being involved. It was agreed there would be a presentation regarding high level indicators for Walsall and Dudley at the next meeting. This could include a diagram or flow chart which highlights any potential income loss, gateways of approval and secondary plans if these are rejected. This will be reviewed to see whether the other areas will present at future meetings.

Action: Matthew Hartland to present the high level indicators for Walsall and Dudley regarding potential financial impacts at the September JCC meeting.

2. MATTERS OF COMMON INTEREST

2.1 JCC Terms of Reference

- 2.1.1 Prof Nick Harding had suggested at the last meeting that the Terms of Reference be amended so that the Chair has a yearly rotation to enable continuation of work. This would mean that Dr Anand Rischie would remain Chair for another six months, and then Dr Salma Reehana would take over for a year. Alastair McIntyre informed there had been additional changes to 2.6 and 3.2 in regards to changing the title to Portfolio Director. It was suggested to remove the sentence "Each of the four CCGs will nominate one lay member from their Governing Body as their fourth member" in 2.2 as this is covered in the previous statement. It was also noted in 8.1 the word should be respective, and not "retrospective".
- 2.1.2 The Terms of Reference were agreed and signed off with the confirmed changes mentioned above. The Terms of Reference will need to be sent to each governing body with the monthly report.

2.2 Place Based Commissioning Update – Sandwell and West Birmingham

- 2.2.1 Andy Williams shared that in essence, they are trying to create a bilateral relationship between a strategic commissioning capability and a strategic provision capability. They are working on two sub-places, Western Birmingham and Sandwell, due to the accountability to Health and Well Being boards. Western Birmingham is working in partnership with Birmingham and Solihull CCG and Birmingham City Council. This is a geographical area bigger than the CCG. They are trying to establish a single place based fund and to define place based outcomes regarding transformation in health for population. The commissioners will be acting collectively, and the providers will be acting collectively. There is an emerging provider alliance for Western Birmingham that will work with the commissioner partners. This will be Primary Care, Secondary Care and the Voluntary sector. The accountability will be to the Birmingham Health and Well Being board. The trajectories are to be in a shadow form for the next financial year and formalise the year after. It was noted this is not procurement but a partnership. They will need to cement the provider alliance. There are existing Section 25 agreements that can be built on. This could be done by identifying a system integrator for coordination. There will be a long term agreement with a 5-10 year process. There will be a balance score card regarding outcomes which they will be held account for. This will include constitutional standards, legal requirements, a clear financial framework and experience. They will need to deliver against the entire score card to be successful.

- 2.2.2 There is the same pattern for Sandwell. However, this only includes one CCG. This will be a bilateral relationship for commissioning with the council. There will be a provider alliance and similar funding. There will be a single partnership for place with accountability for transforming healthcare for that place.
- 2.2.3 The progress includes a prototype for the balanced score card. This is due to be shared with partners over the next month. This proposed structure will be reflected in the commissioning intentions. The provider alliances in both Sandwell and Western Birmingham are beginning to mobilise. There will be reports to the Health and Well Being boards in September.
- 2.2.4 Andy Williams reflected on the last 5-10 years and the unintended flow from Sandwell and West Birmingham into Dudley and other parts of Birmingham. This needs to be properly quantified but could be as much as £10 million into Dudley, Sandwell and Western Birmingham. There will need to be initial relationships required to make that happen between Primary and Secondary Care. The impact on Walsall will be largely unchanged in regards to a flow into Walsall from unscheduled care and is reflected in the business case for A&E redevelopment. This still remains the intention. This structure includes the development of the Midland Metropolitan Hospital. The repatriation of activity from Dudley is predominantly elective. As this work develops, further details will be shared.
- 2.2.5 In regards to the Midland Metropolitan Hospital, the plan is still to mobilise the existing site/build. There has been resolution through the Trust board to pursue public funding as the preferred option due to the overall value of the public funding available and the lack of appetite in the market for PFI. There is movement for an enabling work contract which should result in work recommencing in the autumn. The new target date for completion is 2022. Public funding reduces the uncertainty on the date for completion.
- 2.2.6 There are tensions in the system regarding the exact nature of the relationship between commissioners of that system and the commissioners in the JCC. There is also uncertainty regarding the relationship between the two STPs. Andy Williams informed he has always been an active member of the Birmingham and Solihull CCG. He is part of their Chief Executive Group and has been consulting on their strategic plan. This is important due to the relationship between the councils and the Health and Well Being boards as they are based on a locality basis and boundaries. The next milestones include adding this information into the commissioning intentions. The details have been shared with Walsall CCG as they are doing similar work so intelligence can be shared.
- 2.2.7 Andy Williams confirmed the outcomes framework will be the same for each area but the details of trajectory will be different. The first step will be to publish the framework and then to set place based trajectories for different measures. There will be work to sensitise these so they are suitable asks. The first public engagement event is due to take place tomorrow which will involve a joint stakeholder conference. The framework is likely to have resonance with local government.
- 2.2.8 Birmingham and Solihull CCG use traditional pathways such as thinking about a great start to life. However, it is important to enable a flexible provision response which means there will need to be movement between pathways. This is a big shift in regards to how commissioning is conducted. They are going to need to learn how to work in partnership over a number of years. There should be collaboration together with a purpose. There have been discussions on the integration of child and adult services. Andy Williams informed the plan is start broad and stay there but there may be some separate parts due to working with a procurement timeframe. The Clinical Leadership process is they are using existing processes but are creating within the partnership a clinical resource. The Medical Directors and Clinical Leads have been invited to create a clinical forum that will support this.

- 2.2.9 There were questions raised over the potential tension between the JCC and commissioners of this structure. Andy Williams suggested this is around the mechanism for commissioning at scale if a partnership has been made with the councils. The question was regarding how to scale this back up without causing tensions on the relationships already built and there being confusion on processes. This will have a place based focus but not at the expense of the whole system. This is possible but would need to be thought through.
- 2.2.10 Laura Broster questioned the commissioning intentions for the JCC and how these will be communicated to the providers. Mike Hastings informed the commissioning intentions of all four areas will be shared amongst others. There has been work with Paul Tulley and there is a template that will be sent. This will enable a clear view to be seen and a standardised narrative. There can be collective conversations with the public. Alastair McIntyre referred to the ICS roadmap work regarding population basis which are TCP, Mental Health, Maternity, Cancer, and Care Homes. This will involve engagement with Local Authorities.

2.3 Clinical Leadership Group Update

- 2.3.1 Alastair McIntyre informed there had been a meeting last week where the group looked at identifying the work that would be prioritised. Tim Cooper from the Quality Review Service has been supporting and is rewriting the strategy to reflect the feedback and highlight the areas of priority. There was an agreement on the appointment process for the Chair, whereby there would be expressions of interest and interviews with a panel including the Independent Chair, the STP SRO, the STP Lead Nurse, and another member of the CLG. There have been three individuals who have expressed interests. There is likely to be an appointment process carried out in September.

2.4 Programme Performance

- 2.4.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This includes the constitutional standards and comparison with other STPs. The assurance statements could be included when possible if the timeframes line up. Alastair McIntyre has met with Martin Stevens and Mike Hastings. There will be meeting with Chris Wood from NHS England regarding taking on own reporting and owning it.
- 2.4.2 There were questions raised regarding the usefulness of the reports. James Green suggested that the reports are visually helpful, with the donut charts highlighting how far off green they are. A suggestion was to have a narrative from each area. Mike Hastings suggested this can be done in two ways; by exception with focus on major issues or a rolling focus on each area. It was agreed there would be an analysis of exceptions and trends. These could then be presented to Boards with suggestions. There could be a deeper dive into areas with a focus on the issues discussed at the NHS England Risk and Review meetings. Mike Hastings noted that the STP Performance Group could identify the areas that would need to come to the JCC for review.

Action: Agreement to be made on the items of priority for discussion in regards to programme performance.

2.5 STP Performance Leadership/Programmes of Work

- 2.5.1 Alastair McIntyre informed this is a working progress. This is in regards to lining up the programmes of work that are business as usual to the high level ICS programmes. This will be populated with SROs and Leads for that work. There will be a full paper presented at the next JCC meeting.

2.6 **Specialised Services**

- 2.6.1 Simon Collings gave apologies for not attending previously as the JCC clashes with their Regional Board meeting. He reflected at the last meeting, he shared a spreadsheet regarding specialised commissioning at footprint levels and their spending. The Black Country spends £370 million per year; £150 million in Sandwell and West Birmingham and around £70 million in each of the other CCGs. The main providers are University Hospital Birmingham (UHB), Wolverhampton, Birmingham Women's and Children's Hospital (BWCH), and Dudley. Moving forward, the intention is to focus more of the work on the tier 1 and tier 2 providers. Tier 1 providers include UHB, BWCH and Birmingham and Solihull Mental Health Trust. Tier 2 includes Wolverhampton, Stoke and Coventry.
- 2.6.2 It was noted that throughout the region, there have been emerging provider alliances. The Specialised Commissioning budgets will be focused on the specialised lead provider within that alliance. There have been new care models for Mental Health. Key learning from the new care model for the West Midlands includes there has been a reduction in out of area placements, there has been a reduction in delayed discharges and better pace at dealing with quality issues. The clinicians have real time access to the data. The independent sector played a key role. They are starting to replicate the work for CAMHS although this is more complex as the Local Authority is more heavily involved. For the Black Country, Mark Axcell is leading. Steven Marshall will be attending on behalf of the STP.
- 2.6.3 Dr Helen Hibbs has met with Katherine O'Connell. It was noted there are specific areas in the Black Country for devolution. These include renal around dialysis, chemotherapy, cardiology, CAMHS, Children's Mental Health and vascular. They are going to draft some outline proposals on what that would mean and how to approach it. The quickest vehicle would be to go through the provider but there are options around Communities Act. There is major work being carried out in Sandwell in regards to acute oncology. It was noted that the Sandwell oncology moved to UHB in October 2017. There has been public engagement and a request for the service to return to Sandwell and City Hospital. They are working through the proposition. There will be report back from mid-September. The aim for the repatriation is April 2019.
- 2.6.4 The specialised gynaecology surgery has a number of centres. These are in Stoke, Wolverhampton, Coventry and Sandwell. Last year, Sandwell informed they no longer wanted to provide this service. They sort expressions of interest to take on the service. There is complexity around transferring the service regarding continuation of care for patients. It was agreed Sandwell would remain a provider for two more years with Wolverhampton supporting. There are new algorithms for cancer and chemotherapy. They are working the network through the West Midlands for Hepatobiliary Cancer but this should not affect the Black Country.
- 2.6.5 There were questions raised regarding the spinal deformity work timeframe. Simon Collings informed they are reviewing the 52 week wait list. This has been reduced down to 42 patients from 152. They are ahead of trajectory for reduction. They will then review transfer. This has switched over to providers to deliver. This is on target. In the meantime, paediatrics have become unstable, therefore HEFT are providing 24 hour cover.

2.7 **Risk Register**

- 2.7.1 This was deferred until the September JCC.

3. **FORMAL DELEGATION**

3.1 **Risk Register**

3.1.1 This was deferred until the September JCC.

3.2 Transforming Care Partnership (TCP)

3.2.1 Mike Hastings discussed the TCP report provided as Dr Helen Hibbs was meeting the four Directors of Adult Social Care regarding TCP. Dr Helen Hibbs has attended a Regional development event with Ray James. The Black Country and Birmingham and Solihull STPs are rated red, and are part of the only three in the country. There have been patient discharges but there are still admissions occurring. There is a new Programme Director who has been appointed until April 2019. There is a big push to work more closely with communities. The support market needs to be stimulated and better developed. They are working closely with Specialised Commissioning and are initially looking at Walsall.

3.2.2 James Green presented on a paper provided; Black Country Transforming Care Programme, Report to the Joint Commissioning Committee (JCC) upon the Allocation of Resources Transferred from NHSE. In March 2016, there were 62 patients which is the cohort the Black Country is responsible for. For each patient that is transferred from Specialised Commissioning, the Black Country receives £180,000. The funding is on a net discharge basis. If one patient is readmitted, the proportion is reallocated. They raised the need for clarification of the 62 and it was confirmed it should be 63. However, at the moment this will not be adjusted. There is no national agreement on Children's. The FTA process is for Adults only. They think CAMHS has been captured in the transfer which could be netting down resources. CAMHS are usually short term admissions. Simon Collings noted CAMHS is mainly around autism at the moment. This can give volatile admission profiles. The net impact can skew the data. There are more admissions as there is more awareness around autism now.

3.2.3 James Green informed Table 2 on page 3 referred to the distribution of money. They are proposing the funding be on gross discharge basis due to the volatile admissions skewing the data. Table 3 highlights the Local Authority and CCG estimates. Page 4 gives options for splitting the resource. The preferred option is 5 where in 2018/19 for discharges to a community setting between 1st April 2016 and 31st March 2019, the resource follows the patient to Local Authorities and the CCGs operate a risk pool for the remaining financial balance based on gross discharges. As a back-up, the next option is 6 where the risk share is between the Black Country Local Authorities and CCGs. The CCGs would take 100% risk of readmission. Simon Collings noted that with the discharge profile from quarter 3 to 4, if there is a spike in admissions, option 5 could put pressure on the CCGs. However with the £3.6 million funding, this risk can be reduced. With option 6, this requires more maintenance with regular reviews. This could be difficult to get the Local Authorities to agree to.

3.2.4 Julie Jasper noted credit should be given to the team that provided all the options available. It was confirmed all councils need to agree the same option for this to move forward. There have been general discussions on resources with the Local Authority finance representatives. These options have not been discussed at the Finance and Activity group. Matthew Hartland informed he had attended the Dudley OSCs meeting and there had been no discussion on finances and was more around the closure of beds. Laura Broster noted there need to be a willingness from officers to adopt. It was confirmed the risk sharing had not been done in the Black Country before. James Green confirmed there are other joint funding packages. The clinical dialogue will drive this.

3.2.5 It was confirmed the recommendation will be option 5 with option 6 as a back-up. It was confirmed Dr Helen Hibbs has seen the proposal. There will need to be a formal link with CCGs.

Actions:

The Chief Finance Officers to send the report regarding the allocation of resources transferred from NHS England for the Transforming Care Partnership to all private governing bodies for review and then to the TCP board.

A review of the delegation details of the Transforming Care Partnership to the JCC to be completed.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

4.1 There were no comments or issues raised.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

5.1 Joint Executive Development Session – September 2018

5.1.1 Andy Williams suggested there needed to be a discussion on strategic commissioning. He suggested there are two views; differentiate on a service by service area that would be commissioned at scale or through functions such as risk, allocating resource and accountability. Simon Collings noted with Specialised Services, they manage risk on a West Midlands footprint. If there was a strategic commissioner that held the budgets into the CCG budgets that pushed them down into place base, this would allow risk to be managed. This could not work at a local level and will need to be taken into account. Simon Collings also questioned whether there is a single provider for Specialised Commissioning as it is easier to devolve a budget into a provider. It was agreed Strategic Commissioning would be the topic for discussion for the September JCC Joint Executive Development Session on 20th September 2018.

Action: Alastair McIntyre to meet with the Accountable Officers to discuss the agenda for the Joint Executive Development Session in September which will include commissioning intentions and strategic commissioning.

5.2 Personalised Care

5.2.1 Laura Broster informed there was concern regarding reaching the Personal Health Budget (PHB) target of 900. In quarter 1, only 176 were made. The CHC assessors are the leads. There is concern that during the winter pressures, their focus will be split. There is an opportunity of gaining 600 through wheelchair patients. Laura Broster proposed an agency member from Sandwell and West Birmingham CCG to shift focus to PHBs. There is a risk around the programme regarding the assurance to NHS England.

5.2.2 There is a West Midlands Chief Finance Officers workshop regarding PHBs. There is also a Regional and Strategy event. There needs to be the right people attending. There will be a request submitted regarding attendance. Julie Jasper informed with Sandwell and West Birmingham they had a monthly PHB board. It was confirmed from the 1st April 2019, the first offer to a patient will be a PHB rather than a wheelchair. Therefore there will be change in the process. Alastair McIntyre suggested PHBs could be another STP level commissioning intention.

Action: Laura Broster to send individual Personal Health Budget targets for each locality to each organisation.

6. DATE OF NEXT MEETING

Thursday 13th September, 10:00-12:00, Meeting Room 1, Ground Floor,
Kingston House, 438-450 High Street, West Bromwich, B70 9LD

Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 13th September 2018

Members:

Dr Anand Rischie – Chairman, Walsall CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Dr David Hegarty – Chair, Dudley CCG
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Alastair McIntyre – Portfolio Director Designate, Black Country and West Birmingham STP

In Attendance:

Charlotte Harris – Note Taker, NHS England
Helen Cook – Communications and Engagement, Wolverhampton CCG

Apologies:

Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Peter Price – Lay Member, Wolverhampton CCG
Mike Abel – Lay Member, Walsall CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC
Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above. It was noted that the meeting membership was not quorate. Therefore, this meeting would only consist of updates on items on the agenda and no decisions would be made.

1.3 Dr Anand Rischie asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda of the meeting. Prof Nick Harding informed he had declared an interest in the Clinical Leadership Group Chair position.

1.4 The minutes of the meeting held on the 9th August were agreed as an accurate record of the meeting, with the following amendments; in section 2.2.6 it should read, "Andy Williams informed he has always been an active member of the Birmingham and Solihull STP." Dr David Hegarty requested in regards to item 2.3.1; that he be on the panel for the interviews for the Clinical Leadership Group Chair. It was also noted that in the August JCC, it was agreed that the Chair for the JCC tenure will be 12 months. Therefore, from February, Dr Salma Reehana will take over.

Action: Charlotte Harris to confirm when the interviews for the Clinical Leadership Group Chair are and inform Sally Roberts that Dr David Hegarty requests to be on the panel for the interviews.

- 1.5 The action register was reviewed (see table at the end of the notes). Actions delivered were confirmed and others taken within the agenda.
- 1.6 In regards to 102, Prof Nick Harding suggested that chronology is important. The Clinical Strategy will need to be finalised, then the Clinical Leadership Group Terms of Reference and membership agreed. This action will continue to be pending depending on Clinical Leadership Group approval and the appointment of the Chair.
- 1.7 In regards to 114, work is currently being done. Prof Nick Harding informed NHS Improvement had requested a sustainability review of the trusts. This has been completed but has not yet been shared with I commissioners .It will be shared in due course via the STP/ICS.
- 1.8 In regards to 120, there will be the same report presented to the JCC and the STP.

Action: Sustainability and Vulnerable Services reviews to be added as an agenda item for the Health Partnership Meeting being held on 17th September 2018.

2. MATTERS OF COMMON INTEREST

2.1 Place Based Commissioning Update – Wolverhampton

- 2.1.1 Dr Helen Hibbs referred to the update Steven Marshall gave at the last JCC Development Session. It was noted a paper that went to governing body on 10th July 2018 can be found on their website. The Wolverhampton Alliance is being built from the bottom up and is being clinically led and managerial supported. There are monthly meetings where half of it has clinical items, such as discussions on pathways, and the other half has governance items, including terms of reference and transparency of resource allocation. The purpose of the alliance is to. Work in an integrated way and underpinning this will be the ability to move resource from the acute setting, into the community and Primary Care. Around the table there is Mental Health provider, acute and community provider, the local authority and the GP groupings. Salma Reehana and Jonathan Odum are the co-chairs, ensuring that this is clinically focused. The work with the CCG feeds into this.
- 2.1.2 They are currently at the point of nearly signing the risk share agreement with Royal Wolverhampton Trust (RWT). This puts the financial flows into blocks. There will be a fixed costs block which will predominantly be non-electives. There will be other blocks for a risk and gain share around the elective activity, cost and volume which includes A&E, and cost reduction which is predominantly medicines. Once this is signed and agreed, it will allow money to be moved from one to another. A key principle for the alliance working is having financial transparency. This change in relationship will take time. All partners are brought into working in this new way.
- 2.1.3 The clinical pathways that are being focused on in the first instance are End of Life Care, Frailty, Paediatrics, Mental Health and Urgent and Emergency Care. End of Life Care have a clear working group and there is a lot of work being done on it. They have Compton, Local Authority colleagues and the GP groupings all brought into this. The trust are about to open a new Ambulatory Frailty Front Door Unit. In addition to that they are looking at the whole Frailty Pathway. They are reviewing how their GPs manage Frailty, with one of their practices doing a lot of work on this and with Frailty Clinics in Primary Care. There are questions around whether this would be rolled out across the rest of the GP groupings. Urgent and Emergency Care is a bit more complex and a bigger system thing. A lot of this work is done through the A&E Delivery Board which already functions well. Once the pathways are set up and money can start moving then this will provide confidence to the

other GP groupings and more pathways can be developed. The model should work because RWT is getting more tertiary referrals. Therefore this is not about closing beds in the trust. They are continually attracting more work and therefore need more capacity. This works for Primary Care too as now their Networks are formed, they are looking to do more work together.

2.1.4 Dr Salma Reehana informed the meeting that the alliance is working on data sharing for the benefit of population management, as well as the clinical pathways that will work for a patient at that level. This is sharing data between the trust, Primary Care, Local Authority, and Health and Social Care. They are using Graphnet. They are experiencing some difficulties with 'Information Governance' agreements. The plan is to ask their Information Governance support to help write the agreements.

2.1.5 There is a well advanced Better Care Fund (BCF) workstream. This is wrapping community services around the practices and practice groupings, and working in a MDT way. It was noted that the council are predominantly involved with the BCF but this will become more part of the place based arrangements. They are reviewing an outcomes framework based on the Canterbury, New Zealand one. The Chief Nurse in RWT has worked in that system. There are aiming to start the patient engagement work in November. There is a more robust PMO arrangement around delivery of the alliance. A member of staff from the trust is working with the CCG PMO. The GPs are well engaged. They are making good progress.

2.1.6 It was suggested that it would be beneficial to understand the contractual arrangements. It was agreed that once this was signed off it could be shared with the committee. It was noted that the Risk Share agreement needs to benefit each party and should not destabilise either party. This year it should be in shadow form, with it going live in 2019/20.

2.2 Performance

2.2.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This includes the constitutional standards and comparison with other STPs. It was noted there is an issue with some of the data not being in the public domain and this is therefore not for dissemination.

2.2.2 Martin Stevens will be presenting the CSU Performance Tool to the Health Partnership on Monday 17th September 2018. This will allow a single report (with narrative) to come to both the JCC and the STP.

2.3 Risk Register

2.3.1 This was deferred until the October JCC.

2.4 Walsall and Dudley Integrated Care Systems and Financial Risks Discussion

2.4.1 Matthew Hartland informed the committee this work was in response to action 092. The Dudley MCP is going through the ISAP Assurance process at the moment. Matthew presented a diagram showing the financial flows for the Dudley system. The diagram highlighted each key participant and the financial flows into the proposed Dudley MCP. It was noted that there would be no material impact on NHS Dudley Group FT. It was noted that for Dudley Metropolitan Borough Council, that the diagram should state Public Health and not 'continuing care'. The diagram also showed the allocation of resource.

2.4.2. Matthew Hartland presented a diagram regarding the financial flows for the Walsall integrated care system. It was noted that the numbers shown were draft and that this was a work in progress. In the proposed model providers will have two contracts until the alliance

has formed. It is expected that this will be in shadow form from April 2019 until April 2020. There is workshop in October 2018 to decide the scope of services. There is a challenge to the programme board as this may not be enough time for the Business Case being developed in November. The risk and gain share between partners is being worked through as a separate programme.

2.4.3 It was suggested that there is a need to highlight the substantive differences between the two systems and their consequences. Sandwell and West Birmingham and Wolverhampton systems will be presented at the October JCC meeting. Paul Maubach suggested once this has been mapped, it can then review assumptions for the next five years. The meeting considered whether other sources of income to the trusts could be shown.

2.4.4 Matthew Hartland presented a draft of the Black Country Risk Analysis. It was agreed that this will be brought back to the next JCC meeting for agreement. The next steps are to view other areas, change over time, and view by provider. This will be presented on separate diagrams.

3. FORMAL DELEGATION

3.1 Risk Register

3.1.1 This was deferred until the October JCC.

3.2 Transforming Care Partnership (TCP)

3.2.1 Dr Helen Hibbs informed that the NHS England deep dive had gone well. However, they are still required to go to the deep dive with the National Director, Ray James. There is a target of having nine discharges per quarter. In Q2, they had ten. They currently have plans for nine discharges in Q3 and eight in Q4. They have two patients on the cohort with no predicted discharge dates. There are 13 patients that have been identified as being discharged post programme. Two have been highlighted as green; and potentially the discharges may be able to be brought forward into the programme. Nine have been highlighted as amber; they might be able to be discharged by the end of the programme. Unfortunately, in the last two days there have been three admissions; one in Sandwell and West Birmingham, Wolverhampton and Walsall. Root cause analysis are being done to look at potential lessons that can be learned

3.2.2 Daisy Bank has now been closed and the last patients moved. The trust has their community model up and running. The community model should be increasingly mobilising to prevent admissions. There has been lots of work with the care and support market. Wolverhampton Local Authority has led a procurement exercise and there have been five forensic providers appointed to a framework which can be used across the Black Country. The relationship with Specialised Commissioning has improved. There has been some increased case management around the responsibility of NHS Specialised Commissioning patients. There is a plan to discharge all the children that are mainly in Walsall CCG within the programme, except one that will become an adult within the year. The programme has worked well but the numbers are not reducing enough for the NHS England target due to the continued admissions

3.2.3 Matthew Hartland suggested reviewing admissions and whether if the community model was in place, would this have prevented them. It was confirmed that there is a root cause analysis being carried out on all new admissions.

3.2.4 Prof Nick Harding suggested whether there were any other meetings that the programme needed to be discussed at. Dr Helen Hibbs noted that they have been articulating to NHS

England and Katherine Hudson, the programme manager, how seriously we are all taking the programme.

3.2.5 The paper on the financial aspects of the discharge programme is being sent to boards.

Matthew Hartland informed the FTA process was previously agreed at the JCC and is being sent to governing bodies. They have had a conversation with councils, but the final offer will not be made until all governing bodies have signed off on the process. It was noted there have been no recent delays for patient transfers due purely to finances. The councils are all represented on the TCP board. The paper has been to Sandwell and West Birmingham, Wolverhampton and Dudley. It is due for discussion at Walsall next week. After this, it will go back to the TCP board and there will be discussions with the local councils.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

4.1 There were no comments or issues raised.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

5.1 Joint Executive Development Session – September 2018

5.1.1 There was a discussion on the agenda for the JCC Development Session next week. It was suggested there be an hour on Commissioning Intentions as the recent STP Stocktake with NHS England highlighted this as an item for concentration and there has been some discussions on joint work. There will also be Strategic Commissioning on the agenda. It was suggested that Mike Wallace from PWC could facilitate this part. The senior commissioners for each CCG could facilitate Commissioning Intentions with a focus on what approach each CCG is using. It was suggested there be a discussion on the ICS route map. There was a suggestion to link to the 10 year plan agenda and to cross reference with Mental Health, Learning Disabilities, Primary Care, Long Term Conditions and Cancer themes. It was noted that Personalised Care will link into Long Term Conditions. Dr David Hegarty will chair the session.

5.2 Black Country Service Change Programme

5.2.1 Alastair McIntyre presented the current Black Country Service Change Programme. He suggested that the Active Black Country Schemes Summary was the most important information. It was noted that Walsall Together and West Park needed to be included. The Sandwell and West Birmingham Vanguard will be removed. The table will be recirculated to members add any other programmes that had been missed.

6. DATE OF NEXT MEETING

Thursday 11th October, 10:00-12:00, T051, Third Floor, BHHSCC, Venture Way, Brierley Hill, DY5 1RU

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