NHS
Wolverhampton
Clinical Commissioning Group

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 14th May 2019 commencing at 1.00 pm

at Stephenson Room - Wolverhampton Science Park

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			Date and time of next meeting ~ Tuesday 21 May 2019 ~ Wolverhampton Clinical Commissioning Group Governing Body		

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 9 April 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Dr S Reehana	Chair
Clinical	
Dr Asghar	Board Member
Dr D Bush	Board Member
Dr R Gulati	Board Member
Dr M Kainth	Board Member
Dr J Parkes	Board Member
Dr R Rajcholan	Board Member
Management	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Mr J Green	Joint Chief Finance Officer for Sandwell/Wolverhampton CCG
Mr M Hastings	Director of Operations
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 P Price	Lay Member

In Attendance	
Ms H Cook	Engagement, Communications and Engagement Manager
Ms S Fellows	Mental Health Commissioning Manager
Ms K Garbutt	Business Operations Officer
Mr P McKenzie	Corporate Operations Manager

Apologies for absence

Apologies were received from Mr J Oatridge, Mr J Denley, Mr D Watts, Ms H Ryan and Mr L Trigg.

Declarations of Interest

WCCG.2327   There were no declarations of interest declared.

RESOLVED: That the above is noted.

Mr James Green introduced himself to the Governing Body as Joint Chief Finance Officer for Sandwell and West Birmingham Clinical Commissioning Group (CCG) and Wolverhampton CCG.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing

WCCG.2328   RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meeting held on the 26 March 2019 be approved as a correct record.

Matters arising from the Minutes

WCCG.2329   There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2330   **WCCG. 2279 Quality and Safety – Mortality Plan**

Ms S Roberts confirmed Dr Jonathan Odum from the Royal Wolverhampton Trust will be carrying out a presentation at the Private Governing Meeting today.

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2331   Dr H Hibbs presented the report.   She highlighted the System change NHS England (NHSE) / NHS Improvement (NHSI).   The new Regional Director for the West Midlands region is Dale Bywater and he started on the 1 April 2019.   In effect they are now a single organisation which means a more integrated way of working.

The Sustainability and Transformation Plan (STP) continues to work to develop as a system to enable it to move to become an Integrated Care System from 2021.

Dr Hibbs pointed out GP Networks. We continue to strengthen service delivery in Primary Care, the formation of Primary Care networks is actively underway. Applications from groups of practices to formalise their

groups as Primary Care networks will be agreed around the middle of May 2019. A GP members meeting has taken place to discuss the networks and good progress is being made.

The CCG's end of year assurance meeting took place on the 27 March 2019. The outcome of this will be subject to regional and national moderation and we will not know our rating until later in the summer.

RESOLVED: That the above is noted.

Ms S Fellows arrived

Better Care Fund (BCF) Plan

WCCG.2332   Mr S Marshall gave an overview of the report. This report requests that in the event of publication of the planning guidance and a submission date that does not align to Wolverhampton CCG or Health and Wellbeing Board meetings that delegated authority for approval be given to Dr Salma Reehana, Governing Body Chair on behalf of WCCG and Cllr R Lawrence (or Deputy), chair of Health and Well Being Board on behalf of the Health and Well Being Board.

Financial and resource implications will be defined within the local plan. The content of the Pooled budget is currently being considered and will be agreed by Directors of Finance from both WCCG and City of Wolverhampton Council before submission of the plan. Mr McKenzie highlighted that the joint commissioning arrangements for the BCF were supported by a Section 75 agreement with the City of Wolverhampton which was due to be amended in line with the agreed plan. It was noted that delegated authority would be given to the Chief Officer to sign off the consequent Deed of Variation on behalf of the CCG.

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RESOLVED:

(a) That delegated authority be given to the Chair to sign off the Better Care Fund plan on behalf of the CCG in the event the deadline for sign off meant it could not be brought to a Governing Body meeting for approval.

(b) That delegate authority be given to the Chief Officer to sign off the amendment to the Section 75 agreement with the City of Wolverhampton Council.

Dementia Strategy

WCCG.2333   Ms S Fellows gave an overview of the report. She highlighted the Joint Dementia Strategy 2019-2024 included with the report. Mr Marshall stated that the component of supporting role assumes a degree of service transformation and change and asked how this will be shared. Ms Fellows stated that this will be taken to the Better Care Fund, this group will develop the Implementation Plan. It will then be shared with the Commissioning Committee and then the Governing Body.

Dr Hibbs added that the Joint Strategic Needs Assessment (JSNA) is interesting and we appear to be an outlier. We are unsure whether this is a coding or actual issue. Discussions took place at the Integrated Care Alliance this week regarding frailty and end of life care. These need to be included in the Implementation Plan. Ms Fellows supported this and the importance of diverting people from hospital care and provide better care within their homes.

Ms Roberts pointed out care homes in relation to mortality and how we align through social prescribing the wider elements of care.

<div align="right">Dr Asghar arrived</div>

Mr Price asked when this will come back to the Governing Body. Ms Fellows stated in approximately 2-3 months' time. She also reported that the estimated prevalence rate may not change again as she assumed that a stretched target was set. We need to focus on an advanced care plan. Dr J Parkes suggested dementia patients are seen within care homes or home in order to avoid hospital admissions.

<div align="right">Ms S Fellows left</div>

Commissioning Committee

WCCG.2334   Dr Kainth presented the report. He pointed out that the CCG is investing additional funding in the Improving Access to Psychological Therapies (IAPT) service to ensure delivery of the Access and Recovery targets. Black Country Partnership Foundation Trust (BCPFT) is currently in the process of recruiting additional staff and sourcing training.

Dr Kainth stated that work continued on a Dermatology project to re-procure services which involves movement of some activity out of Royal Wolverhampton Trust (RWT). We are now awaiting a formal response from RWT.

The CCG has received a contract extension proposal from West Midlands Ambulance Service (WMAS) which requests a significant increase in funding. A 6 month extension has been requested.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2335   Ms S Roberts presented the report. She highlighted the key points. 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. A lot of work has been carried out at RWT and meetings have taken place with the cancer managers to look at capacity.

Dr Reehana asked if the problem with cancer targets was associated with workforce. Ms Roberts confirmed plans are in place to improve workforce. Increased working hours are already being carried out. Dr Reehana expressed concern that this has been going on for a while.

Ms Roberts stated that RWT is currently reporting the highest Standardised Hospital Mortality index in the country. She added that Dr Jonathan Odum, Medical Director at RWT, will be attending the Private Governing Body meeting today to give a presentation on mortality. An independent review was carried out last month.

Ms Roberts pointed out concerns around the pathways relating to Sepsis. She added Dr Ron Daniels from UK Sepsis Trust gave a presentation to a GP event, Together Everyone Achieves More in Wolverhampton (Team W) in March 2019 which was very well received. She pointed out quality concerns regarding Probert Court providing discharge to access provision. This could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton. Ms Roberts stated that RWT state this is about demand. Mr Hastings added that staff do not want to work on a Sunday. Ms Roberts stated that the next steps we have looked at is to outsource capacity, this will be our third round of carrying this out. Mr Hastings confirmed that there is a recovery action plan included at the Private Governing Body meeting today.

Dr Hibbs pointed out that serious incidents and Never events have reduced which shows continued focus on an area can make a difference.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2336   Mr T Gallagher presented the reports focusing on the report for the period ended March 2019.   He referred to the finance position table on page 85. The CCG are currently closing the year end and we are aiming to meet our controlled total.

The CCG is reporting an underspend of £970k within delegated Primary Care) as claims from practices have now all been reconciled.   In terms of Quality, Innovation, Productivity and Prevention (QIPP) the CCG is reporting achieving its target of £13.948m.

Dr Hibbs stated as NHS England and NHS Improvement are now working as one organisation they are looking at systems in a different way wishing to see financial balance across the system including providers and commissioners.   The Governing Body will be kept informed of the progress.

Mr Gallagher referred to the table relating to performance on page 95 of the report. He pointed out that the Referral to Treatment (RTT) waiting times.   RWT are not meeting either the national target or the agreed target with NHS Improvement.   It is unlikely that the target will be achieved at the year end.

RESOLVED: That the above is noted.

Remuneration Committee

WCCG.2337   Mr P Price presented the report. He pointed out that Human Resources (HR) Support Arrangements are now in place in house having migrated from the current service provided by Arden and Gem Commissioning Support Unit. These arrangements will be supported by network working across the HR functions of the Black Country CCGs to provide resilience.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2338   Mr Price gave a brief overview of the report. He pointed out that the outcome of the audit review of Safeguarding arrangements within the CCG was extremely positive with only one low risk finding.

Mr Price added that the final accounts for month 9.   There had been 2 new standards and the CCG was on track to submit the accounts on the 29 May 2019.

RESOLVED: That the above is noted

Primary Care Commissioning

WCCG.2339   Ms S McKie gave a brief presentation of the report.   She pointed out that a revised service specification for an enhanced service for minor surgery which had previously been commissioned by NHS England as a Directed Enhanced Service and would now be commissioned as a Local Enhanced Service by CCG.   The Committee noted that, due to the urgency, the decision relating to this report had been taken virtually and that the service specification had been agreed.

RESOLVED: That the above is noted

Mr P Price left

Communication and Engagement update

WCCG.2340   Ms McKie presented the report.   She pointed out that attendance at the Patient Participation Group (PPG)/Citizen Forum meeting remained low. The meetings are bi-monthly however a decision has been made that the last meeting was the last.   Everybody who attended this meeting has been written to.   There are hub meetings which are quarterly and we are looking at reinvigorating these and also the citizen's forum.

With regard to the citizens forum we will write out and ask people what they would like from the CCG at these meetings.   The hubs are well attended by Practice Managers and GPs.   However the Vertical Integration (VI) Hub has not done so well and a few of the meetings have been cancelled.   Dr J Parkes agreed to support Ms McKie with this.

Dr Reehana asked how we are going to engage with people who do not speak English.   Ms McKie would like to set up an event inviting people from the P3 Charity, Housing Association, and Fixed travelling site, Refugee and Migrant centres to ascertain their views why they do not attend these meetings.

RESOLVED: That the above is noted.

Annual Equality Report

WCCG.2341   RESOLVED: That the above report is noted.

Minutes of the Quality and Safety Committee

WCCG.2342   RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2343   RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2344   RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2345   RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2346   RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2347   RESOLVED: That the above minutes are noted

Minutes of the Health and Wellbeing Board

WCCG.2348   RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2349   RESOLVED: That the above is noted.

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

WCCG.2350   A member of the public from National Express would like a point of contact in order to widen the reach to GP practices.   Mr Marshall stated that work is currently taking place with Mental Health Community Services for people to access self-help, craft, woodworking etc who require a personal health budget.   He would be happy to liaise with him after the meeting and will put him in touch with a colleague to discuss the possibility of bus passes.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2351   The Board noted that the next meeting was due to be held on **Tuesday 14 May 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.35 pm

Chair..…………………………………..

Date …………………………………………

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Wolverhampton Clinical Commissioning Group Governing Body

Action List

14 May 2019

Date of meeting	Minute Number	Action	By When	By Whom	Status
		NO ACTIONS			

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NHS

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
GOVERNING BODY
14 May 2019

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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
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	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties. By its nature, this briefing includes matters relating to all domains contained within the BAF.
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 Following the publication of the NHS Long Term Plan, the Black Country and West Birmingham STP is continuing to work towards becoming an Integrated Care System. Our Integrated Care System will be built on the basis of primary care networks across the system which in turn all form part of Integrated Care Providers aligned with the Local Authorities. At the system level, we are focusing on those clinical pathways where it makes sense to work on the wider Black Country footprint through our clinical strategy and also on the estates, digital and workforce priorities.

2.2 Joint commissioning

2.2.1 The four CCGs of Black Country and West Birmingham continue to co-operate through the Joint Commissioning Committee. The CCGs have jointly appointed a Transition Director to enable plans to be drawn up for a future commissioning model that will sit within the Integrated Care System.

2.3 EU Exit

2.3.1 The CCG Senior Responsible Officer for EU Exit, Director of Operations continues to fulfil the CCG requirements for planning and preparedness. Daily sitreps have been stood down. However necessary plans for no deal outcome will continue and overseen by the Senior Responsible Officer. To date there has been no requirement to report anything untoward and the planning and process put in place satisfies our responsibilities. A press release and website update has been published to assure the public around the supply of medicines, with assurance gained from the Local Pharmaceutical Committee. The Executive Team and staff members have been briefed on planning and a city-wide health and social care EU Exit group is holding regular update calls.

2.4 Transforming Care –18/19 Year End Summary

2.4.1 The national Transforming Care Programme concluded its first term at the end of March 2019 with a commitment in the NHS Long Term Plan (LTP) to continue the Programme for a further two years.

2.4.2 The Black Country TCP has delivered significant progress in 18/19 in terms of the transformation of services for people with learning disabilities and Autism spectrum disorder (ASD) to deliver improved outcomes. This includes:

- Working as a system to enable the safe discharge of a large number of patients (60 patients), some with very complex needs, to live in the community. Since the official start of the programme (31/12/15), there has been a 25% reduction in the number of inpatients in the Black Country.
- Significant reduction in the number of children and young people (CYP) in hospital and their length of stay through strengthened integrated working across health, social care and education. At the end of March 2019, there were 4 children in young people in hospital.
- The development of a new clinical model for the Black Country as a whole based on the 9 principles of 'Building the Right Support', which includes, a strengthened community learning disability service, consolidated assessment and treatment beds, new Intensive LD support service and a new Forensic Support Service.
- Development underway of the CYP pathway and model of care working with partners across the system.
- Improved integrated working across the four localities and across health and social care to deliver stronger case management.
- Development underway of the ASD pathway to address gaps in service provision.
- Engagement of care and support market and exploration of a new commissioning model for the Black Country to deliver better outcomes in care.

2.4.3 Key priorities for 19/20 include:
- Continued focus on supporting citizens to be discharged out of hospital and safely into the community
- Focus on preventing hospital admission
- Support for transition of children and young people into adults
- Development of our autism pathway
- Development of the pathway for children and young people

2.5 **Digital Progress**

2.5.1 The Windows 10 Migration is going well with the majority of Machines at the Headquarters now on Windows 10. We are now starting Testing of Windows 10 at Practices before we start the full roll out in the next couple of weeks.

2.6 **NHS England / Improvement Restructure**

2.6.1 NHS England and NHS Improvement came together on 1 April 2019. While this is not a formal merger of the two organisations, they are now working under one leadership team to deliver the aspirations in the Long Term Plan for the NHS and the patients it serves.

2.6.2 This integration sees the creation of 7 regions for the NHS in England. North East and Yorkshire Region; North West Region; East Region; Midlands Region; London Region; South East Region; South West Region.

2.6.3   The Black Country and West Birmingham STP is one of 11 STPs in the new 'Midlands' region under the leadership of Dale Bywater, Regional Director. Recruitment to all roles reporting up to the senior team is now underway with consultation for all 'Agenda for Change' staff expected to conclude by summer with recruitment to conclude by the autumn 2019.

2.6.4   The senior leadership team appointed so far are:
Dale Bywater, Regional Director
Siobhan Reilly, Chief Nurse
Nigel Thurrock, Medical Director
Steven Morrison, Workforce and Organisational Development Alison Tonge, Director of Commissioning Frances Shattock, Director of Strategic Transformation and Locality Director Frances Steele, Director of Strategic Transformation and Locality Director Jeffery Worrall, Director of Performance Improvement Vacant, Director of Finance

2.7   **Consultation on NHS Sandwell and West Birmingham CCG Commissioning Boundary**

2.7.1   Sandwell and West Birmingham CCG has been undertaking a stakeholder consultation on the options for its future commissioning boundary. Throughout February and March 2019 over 200 stakeholders were involved in developing the options for consultation and on the 25 March a survey opened to test these options with local CCGs, providers, regulators, patients and the public. The consultation closed on the 6 May 2019. The outcome of the six week stakeholder consultation will allow the CCG Governing Body to have a robust discussion, before sharing the options and consultation outcome report with GP members to ensure that they have the opportunity to make an informed choice when the members vote on the 18 June 2019. Subsequent to the member vote, a recommendation will be taken to the Sandwell and West Birmingham CCG Governing Body Meeting to determine the future of the CCG boundary.

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: 30 April 2019

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**	**30/04/19**

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body
14th May 2019

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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• This report provides key highlights, risks and Issues across the programme • This report details progress against national metrics • The national planning guidance for BCF for 2019/20 has still not been published. Preparatory work is being undertaken to shape the programme for the future.
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

1. BACKGROUND AND CURRENT SITUATION

1.1.   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.

1.2.   Organisations work together in an integrated way aiming to improve pathways and services to patients moving care closer to home where appropriate.

1.3.

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

1.5   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.

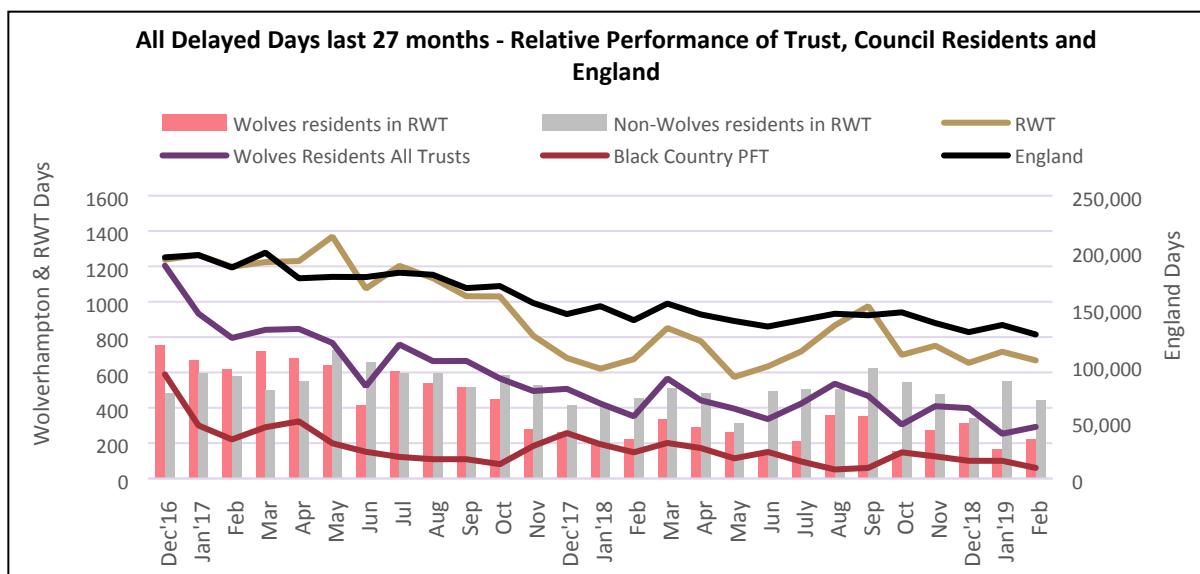**All Delayed Days last 27 months - Relative Performance of Trust, Council Residents and England**

Figure 2 - **Relative performance between December 2016 and February 2019 (Source: NHS Statistics)**

2.1.1 The last 27 months data from December 2016 to February 2019, is set out in Figure 1 above. This shows a significant overall reduction in the levels of monthly delayed days over this period, however March, July and August 2018 saw reversals in this trend with increases in delays both locally and nationally. However, in recent months we have seen several of the best DToC performances for Wolverhampton residents for many years and although November and December produced higher numbers of delays both monthly totals have been within the NHSE target.

2.1.2 The relative performances of residents from the City of Wolverhampton Council (CWC) and patients treated in the Royal Wolverhampton Trust (RWT) and the Black Country Partnership Foundation Trust (BCPFT) are also included in the chart.

2.1.3 The trends above indicate that the improvement for Wolverhampton residents in all Trusts was initially more significant than for RWT, who routinely treat patients from other health and social care systems. RWT experienced a trajectory that was more in line with the national trend until October 2017 when the rate of reduction began to pick up pace until rising again in February and March and then over the summer months. The overall momentum in this financial year across and against comparators has been mixed and is marked by varying performances for residents of the city, the two Trusts and nationally.

The graph also shows that over the period involved the overall performance for Wolverhampton residents within RWT has improved at a greater pace than for the other health and social care systems that have patients there. The overall changes compared to February 2017 show falls of **6%** for **Wolverhampton** residents, **44%** for **RWT** and **73%** for **BCPFT** whilst the **National** reduction is **32%**.

The latest daily delays rate per 100,000 population aged 18 and over for Wolverhampton residents when calculated over the eleven months of the year to date has reduced to 6.38 against an NHS England 'ambition' of 7.4 and so is again below target. Additionally, the last twelve months relative performances against comparators are shown below.

Daily Delays Rate per 100,000
18+

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec'18	Jan'19	Feb
England	11.5	11.1	10.3	10.3	10.4	10.8	11.1	10.9	10.5	9.5	10	10.4
Wolverhampton	9.2	7.5	6.4	5.7	6.9	8.7	7.8	4.9	6.8	6.4	4.1	5.2
West Midlands	13.5	13.6	12.3	12	11.9	12.3	12.1	11.7	12.1	9.9	11.6	12.5
CIPFA Group	10	9.2	9.5	8.7	8.5	9.8	10.2	10.3	9.2	9.4	9.6	10.3

Figure 3   Daily Delays Rate per 100,000 18+

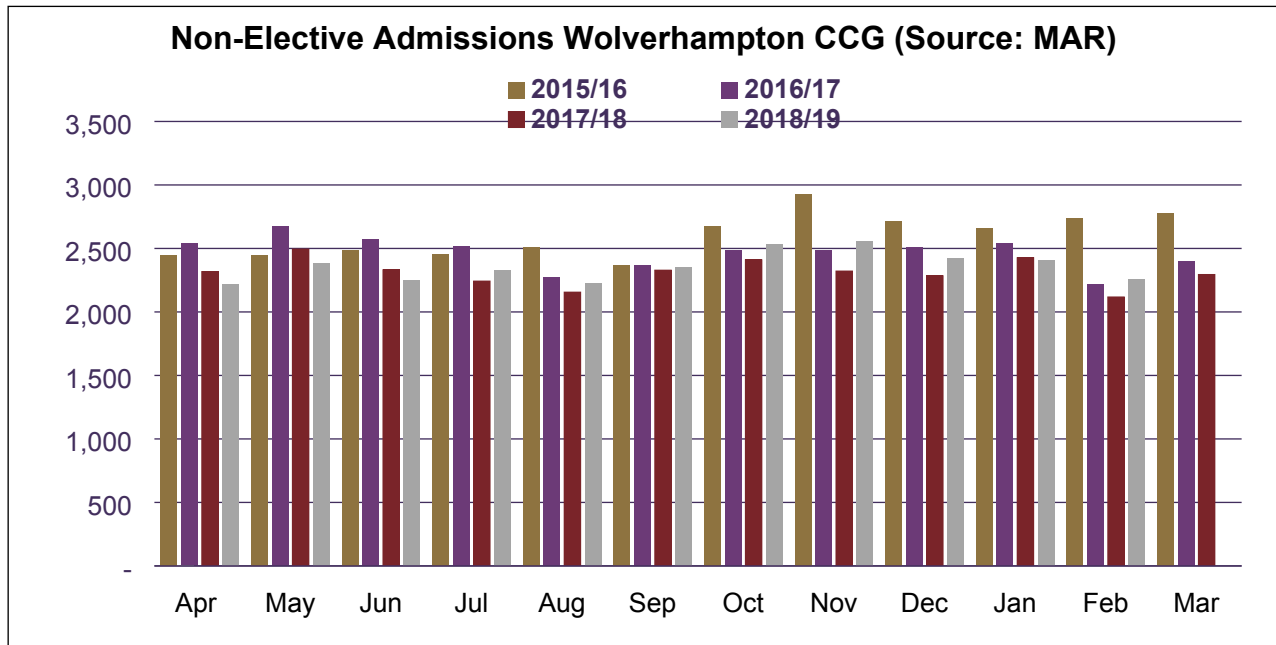**2.2   Reduction of Non-Elective Admissions**.

Figure 4 Non-elective admissions

2.2.1   The columns shown above in **Figure 4** represent the Emergency Admission figures over the last 47 months contained within the NHS Monthly Activity Reports (MAR) for the Wolverhampton CCG and until recently these indicated an overall long-term trend of on-going marginal reduction since a peak in November 2015.

The six months from July to December had seen the first sustained monthly year on year increases in Emergency Admissions since 2016. Most recently January's figures were slightly below those for the same month last year, but Februarys were higher

2.2.2   These recent trends can be compared against the growth in the equivalent levels of emergency admissions at both national and local Trust level in Figure 5 below.

Emergency Admission Trends - WCCG, RWT & England
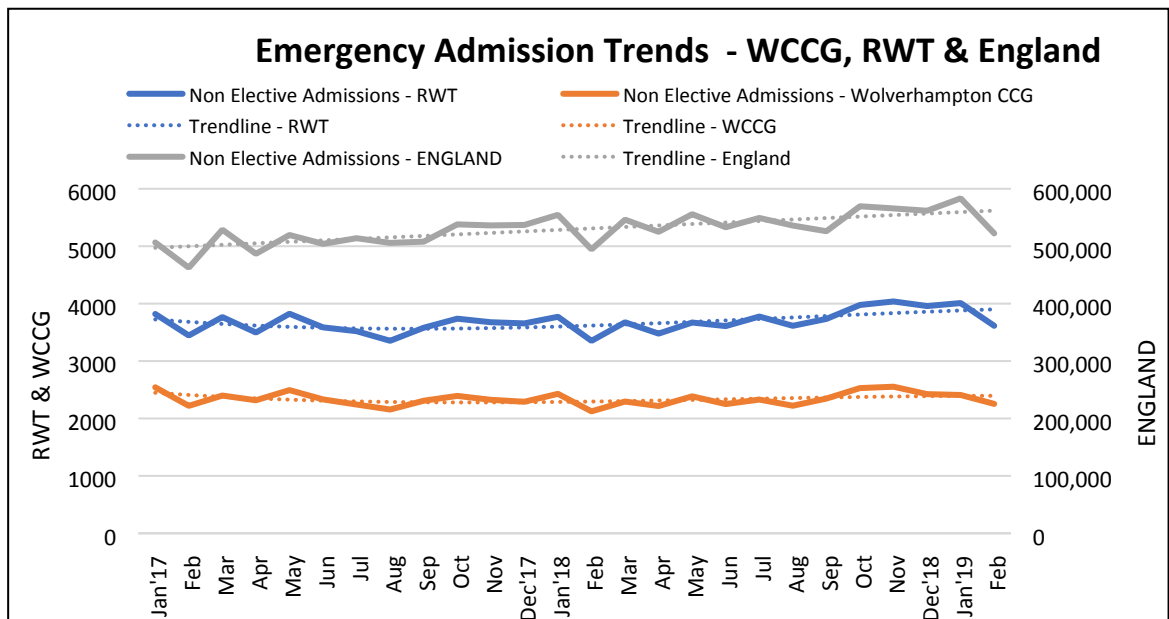
Figure 5 Admission rates

2.3 Permanent Admissions to Residential Homes.

2.3.1 The latest reported number of permanent admissions of people aged 65 and over to residential and nursing homes for the month of March (**Figure 5**) of **40** is significantly higher than last year and highlights the overall rise in admissions since the start of the year with the monthly target of just under 22 admissions (260 in the year) only being achieved three times.

2.3.2 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 total is now **337** admissions (28.1 per month) and **29.6%** above target.
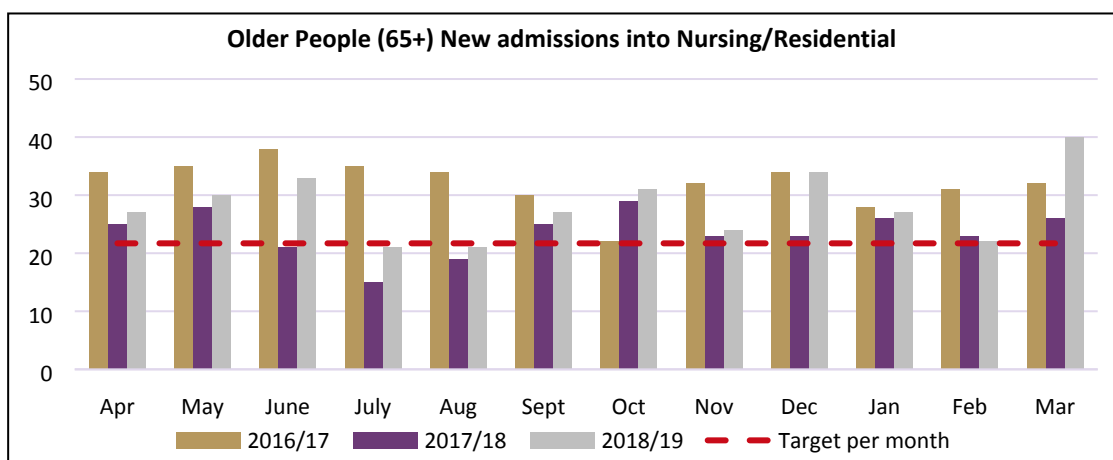
Figure 6 – Permanent Admissions of Older People to Care Homes over the last 33 months (Source: CareFirst)

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.

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

2.4.2 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 Co-Location of Community Neighbourhood teams

The integration of the NE Community Neighbourhood team continues to grow. A number of case studies are being collected and a staff survey has circulated to obtain feedback from staff which may support the co-location of further teams.

Work continues with the team on a change management / integration programme which will include how the teams work in line with national and local transformation.

Premises are now being sought for the SE teams in Bilston with site visits arranged for early May.

3.2 MDT working

Primary Care based MDTs continue to be rolled out across the City.

There are currently 18 MDTs in place with a further 4 due to go live in May 2019.

3.3 D2A Evaluation

Following the request of the A&E Delivery Board, an evaluation of the D2A process is underway. This will include both qualitative and quantitative data as well as reviewing the impact on patients, staff, services and the reduction in Delayed Transfers of Care.

The evaluation is due to be presented to A&E Delivery Board in July 2019.

3.4 Dementia

The Joint Dementia strategy for Wolverhampton has now been approved by Health and Wellbeing Board. The BCF Dementia workstream will form the delivery vehicle for the implementation of the strategy.

3.5 BCF Planning

The Q4 report for 2018/19 was submitted on target and demonstrated a strong achievement against the Non-elective admissions and reduction in Delayed Transfers of Care targets.

The BCF Policy Framework was published in April (see attached). The Planning guidance is has still not been published and the latest view from the National team is that this will be available towards the end of May.

In the meantime preparatory work has begun with the Pooled budgets currently being defined and agreed and the workstreams developing their work programmes for the coming year.

The **Dementia** workstream will be responsible for the implementation of the Dementia Strategy which includes:-

- Promoting healthy lifestyles information with key messages about awareness, early intervention, prevention and risk factors for developing dementia
- Enable key staff such as community nurses, Dom care and care home staff are aware of prevention and risk reduction and where to signpost
- Increase early diagnosis and access to targeted groups
- Reduced waiting times for a memory assessment
- People are offered early post diagnostic support at assessment, diagnosis and beyond
- More people with dementia and their carers connection to support through their Dementia Care Navigator.
- More people with dementia engaged with agreeing advanced care plans and using self-directed support
- Integrated support for dementia is offered through health and social care teams and voluntary community organisations
- Improving the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns.
- Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers
- Reduction in unnecessary hospital admissions within the last year of life

The **Mental health** workstream will be:-

- Reviewing preventative services
- Developing a model for community prevision to prevent people entering crisis
- Agree shared clinical protocols between primary and secondary care
- Co-location of AMHPs

The **Adult Community** Workstream's programme includes:-

- Implementation of healthy ageing coordinators
- Evaluation of carer support into frailty clinics
- Roll out of carer support model in frailty clinics & ED
- Roll out of redesigned woundcare service
- Review and redesign of Community Nursing Services to align with PCN's
- Evaluate co-location of North Locality Teams and based on outcome of evaluation - develop Business case for roll out of model
- Develop redesigned model for Community End of Life care service
- Evaluate Pilot of GP Home Visiting Service
- Work with Practice to wrap MDT's around PCN populations
- Evaluate pilot of Night positioning service and Based on outcomes of evaluation, make recommendations to Board
- Explore model for RiTS service 24 hrs per day
- Undertake Scoping Exercise of current uptake and usage of emergency care passport
- Evaluate D2A and Care Home Trusted assessor processes and the impact on Community services

The **CAMHS** workstream will see the continuation of the CAMHS Transformation policy including:-

- Ensuring that the contract for the Emotional Mental Health and Wellbeing service meets the needs of young people
- Undertaking a workforce development strategy for emotional mental health and wellbeing with identified training needs across the system in Wolverhampton
- Ensuring that Children who are part of the Transforming Care Programme cohort and are at risk of admission to the criminal justice system or a tier 4 mental health bed are part of the dynamic risk register and discussed regularly so that additional resources can be utilised as needed to support to keep the young person at home if appropriate.
- Care, education and Treatment reviews are undertaken in a timely manner to support CYP who are at risk of admission to the criminal justice system or a tier 4 mental health bed.
- The continuation of the Online digital platform including counselling service. This has been running for a year and is already exceeding expectations with uptake.

4   CLINICAL VIEW

4.3   Clinical view is taken upon each individual project that the programme delivers where necessary

5   PATIENT AND PUBLIC VIEW

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

6   KEY RISKS AND MITIGATIONS

6.3   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.

6.4   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

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

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

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

Other Implications

7.7   N/A

Name: Andrea Smith
Title: Head of Integrated Commissioning
Date: 30/04/2019

ATTACHED:

RELEVANT BACKGROUND PAPERS
BCF Policy Framework 2019/20

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team	**Lesley Sawrey**	**30.04.19**
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager	**Peter McKenzie**	**30.01.19**
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Andrea Smith**	**01.05.19**

BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. <u>Continue to meet our Statutory Duties and responsibilities</u> 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 d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

2019-20 Better Care Fund

Policy Framework

Published 10 April 2019

Contents

1. Introduction

Person-centred Integrated Care

1.1   The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Progress on the Better Care Fund and Integration

1.2   Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are owned by Health and Wellbeing Boards, representing a single, local plan for the integration of health and social care in all parts of the country.

1.3   In every year of its operation, most local areas have agreed that the BCF has improved joint working and had a positive impact on integration. In 2017-18, for example, 93% of local areas agreed that delivery of the BCF had improved joint working between health and social care in their locality, whilst 91% agreed that delivery of BCF plans had a positive impact on the integration of health and social care. Additionally, since its inception, local areas have voluntarily pooled at least £1.5 billion above the minimum required, in each year, with approximately £2.1 billion planned in voluntary pooled funding in 2018-19.

1.4   There are signs of real progress in joining up care and wider integration:

   (a) The **New Care Model Vanguards** have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems. The Vanguards have seen a positive impact on emergency admissions, with community

models demonstrating the benefits of a more proactive approach that helps keep people independent for longer. Vanguards made progress in reducing the pressure on A&E. Emergency admissions in Vanguards on average grew by 0.9% in Multispecialty Community Providers and 2.6% in Primary and Acute Care Systems compared with 6.9% in the rest of the NHS. For Enhanced Health in Care Home Vanguards, emergency admissions from care residents flatlined compared with an increase of 9% for care homes that were not part of a Vanguard.

(b) The **Integration Accelerator Sites**, building on the work previously conducted through the Integrated Personalised Commissioning programme, continue to make encouraging progress in empowering people to manage their healthcare, and the better integration of services across health, social care and the voluntary and community sector. Integrated personal budgets are one way of delivering more integrated and personalised care. Covering both health and social care, they have been developed based on the lessons learned through personal budgets, personal health budgets, and direct payments. NHS England has now published Universal Personalised Care: Implementing the Comprehensive Model - co-produced with partners in social care - which sets out the road map to deliver the Long Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.

(c) We are committed to creating a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability. This will enable health and care professionals to have access to the information they need to provide care. We are encouraging local areas to ensure data is collected consistently and made available to support joined-up and safer patient care by investing in the development of [Local Health and Care Record Exemplars](). This will enable data to be accessed as patients move between different parts of the NHS and social care. The first five Exemplars cover 23.5 million people and will each receive up to a total of £7.5 million over two years.

(d) Both the NHS and social care have been working hard to **reduce delays and free up beds**. Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

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1.5   The Shifting the Centre of Gravity report on making person-centred, place-based integrated care a reality was published in October 2018, and produced by the Association of Directors of Adult Social Services, Association of Directors of Public Health NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association. The report noted that there are now many more examples of joined-up working across the country than there were at the time of the previous report, Stepping up to the Place, in June 2016.

1.6   The NHS Long Term Plan outlines objectives for joined-up care across the system with commitments to increased investment in primary medical and community health services to support new service models including an urgent response standard for urgent community support; integrated multi-disciplinary teams; NHS support to people living in care homes; the NHS Personalised Care model; an integration index; reducing Delayed Transfers of Care; and supporting local approaches to blend health and social care budgets, amongst other initiatives.

1.7   The forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.

2. The Better Care Fund in 2019-20

What the BCF will look like in 2019-20

2.1   The BCF in 2019-20 will retain the same National Conditions as in 2017-19. Areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.

2.2   2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.

2.3   Further information on how this will work in practice will be set out in the Planning Requirements.

Funding and conditions of access for 2019-20

2.4   This Policy Framework covers 2019-20.

2.5   The mandate to NHS England and the annual remit for NHS Improvement for 2019-20 will include an expectation of a minimum CCG contribution of £3.84 billion to establish the BCF in 2019-20. The amended NHS Act 2006 gives NHS England the powers to attach conditions to the amount that is part of Clinical Commissioning Group allocations. NHS England will look to include conditions that allow the recovery of funding, in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, where the National Conditions are not met. These powers do not apply to the amounts paid directly from Government to local authorities. The expectation remains that in any decisions around BCF Plans and funding, Ministers from both aforementioned departments will be consulted.

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2.6   Allocations of improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant will be paid directly from Government to local authorities. Any future year's allocations will be decided through the 2019 Spending Review.

2.7   As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers' breaks (£130 million) also remains in the NHS contribution.

2.8   The local flexibility to pool more than the mandatory amount will remain.

2.9   Further details of the financial breakdown are set out in Table 1.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

Disabled Facilities Grant (DFG)

2.10   Funding for the DFG in 2019-20 will be £505 million. This will be paid to local government via a section 31 grant. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this Policy Framework and Planning Requirements that will follow.

2.11   In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. Full details will be set out in the DFG Grant Determination Letter.

Winter Pressures funding

2.12   This money will be paid to local government, via a Local Government Act 2003 section 31 grant. Government will attach a set of conditions, requiring the funding

to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care. The Grant Determination will be issued in April 2019. Reporting in relation to this funding will be managed through wider BCF reporting. Health and Wellbeing Boards will be required to confirm plans for the use of this funding in their BCF plans.

Improved Better Care Fund (iBCF) Funding

2.13   The iBCF grant will again be paid to local government, via a section 31 grant. The total allocation of the iBCF in 2019-20 will be £1.837 billion. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

2.14   The Government will attach a set of conditions to the section 31 grant to ensure it is pooled in the BCF at local level and spent on adult social care. The final conditions will be issued in April 2019. As part of our ambition to maintain continuity in 2019-20, the iBCF will not have any additional conditions of usage above what has previously been set out. The grant is to be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

National Conditions & Metrics for 2019-20

2.15   For 2019-20, there continue to be four National Conditions, in line with our vision for integrated care:

(i) **Plans to be jointly agreed**

(ii) **NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution**

(iii) **Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care**

(iv) **Managing Transfers of Care:** A clear plan for improved integrated services at the interface between health and social care that reduces

Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.

2.16   Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: **Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

2.17   Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The BCF should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.

2.18   Across the country, areas have made strong progress in reducing Delayed Transfers of Care. From February 2017 to January 2019, there have been more than 2,280 fewer people delayed in an NHS bed per day. We believe that no-one should stay in a hospital bed longer than necessary as it removes people's dignity and can lead to poorer health and care outcomes. We want to continue to drive down Delayed Transfers of Care and for 2019-20 the national ambition will remain for no more than 4,000 delayed days per day (reported as 'DTOC beds').

The assurance and approval of local Better Care Fund plans for 2019-20

2.19   Plans will be developed locally in each Health and Wellbeing Board area by the relevant local authority and CCG(s). In order to reduce planning burdens we will collect narrative elements and confirmation of agreements through a set template, rather than freeform narrative. Areas should look to align with, and not duplicate, other strategic documents such as plans set out for local Strategic Transformation Partnerships/Integrated Care Systems. BCF plans will need to set out priorities for embedding implementation of the High Impact Change Model (National Condition four), and update their local visions and approaches to integration - see paragraph 3.1. Areas will need to submit full planning templates, confirming that the HWB has signed them off, in order for the National Conditions to be assured. Plans will be

assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning Requirements. As in 2017-19, there will be one round of assurance, after which plans deemed compliant by assurers at regional level will be put forward for approval.

2.20   Final decisions on plan approval and permission to spend from the CCG ringfenced contribution will be made by NHS England (as the Accountable Body for the BCF) having consulted the respective Secretaries of State for Health and Social Care, and Housing, Communities and Local Government.

2.21   The NHS Act 2006 allows NHS England to direct the use of the CCG elements of the fund where an area fails to meet one (or more) of the BCF conditions. This includes the requirement to develop an approved plan. If a local plan cannot be agreed or other National Conditions are not met, any proposal to direct use of the CCG elements of the Fund will be discussed and agreed with Ministers.

2.22   Local authorities are legally obliged to comply with section 31 grant conditions.

3. The Better Care Fund, Housing and Wider Integration Initiatives

3.1   The BCF offers a good opportunity to support the delivery of wider objectives and strategies around health and social care. In particular, every health and care system in England has agreed a Sustainability and Transformation Plan (STP) and formed a delivery partnership, providing the system-level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service. Local areas should ensure the financial planning and overall approach to integrated care within BCF plans and local STP plans are fully aligned.

3.2   The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, along with NHS England, the Local Government Association, and the Association of Directors of Adult Social Services are currently reviewing the BCF beyond 2020. We intend to provide an update on the future of the BCF shortly.

3.3   STPs and Integrated Care Systems (ICSs) will be required to agree new plans during the first half of 2019-20. We expect every STP and ICS plan to cover their work on Integrated Care; and for Health & Wellbeing Boards, and STP/ICS colleagues to engage proactively in producing this. Where these collaborative strategies exist, we will allow them to form the basis of integration narratives in planning for the BCF (or alternative programme, depending on the review of the BCF) for the following years. Graduation as previously set out has not been possible to date. As part of our review, Government will consider the use of graduation.

3.4   The Long Term Plan also sets out proposals on integration including investing in models of care that strengthen links between primary care networks and local care homes, such as the roll-out of Enhanced Health in Care Homes. The Government will encourage and support the NHS to use this as an opportunity to involve local government in the implementation of the Long Term Plan.

3.5   Building on previous work, a refreshed memorandum of understanding (MoU) 'Improving health and care through the home' was published by Public Health England in March 2018. This MoU, signed by over 25 stakeholders, emphasises the importance of housing in supporting people's health and sets out a shared commitment to joint action across Government and health, social care, and housing sectors in England.

3.6   There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the STP/ICS library of good practice (access requires a login). The Local Government Association also provide a range of support, tools and case studies, such as through a recently published evidence review and case studies of integrated care or the support provided through its Care and Health Improvement Programme.

3.7   Although the Disabled Facilities Grant (DFG) has been part of the BCF since 2015, it was last reviewed in 2008. Following calls from the sector and local authorities to ensure that it continues to provide help and meet users' needs as effectively as possible, the Government commissioned an independent review in February 2018. This was conducted by the University of the West of England in conjunction with several other partners, and both the main report and executive summary were published in December 2018. There are 45 recommendations and Government is carefully considering the detailed findings and will issue a response in due course.

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY
14 MAY 2019

Agenda item 8

TITLE OF REPORT:	**Governing Body Assurance Framework and Risk Register**
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide assurance to the Committee on the CCG's Risk Management arrangements, including the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain. Any confidential information relating to any risks has been redacted.
KEY POINTS:	• This report introduces the latest updated version of the GBAF and Strategic risk register, which has been reviewed by the Audit and Governance Committee is appended • The report also outlines the current work underway to support risk management across the CCG, including the work of the Governing Body Committees and an update on the latest risk deep dive by the Senior Management Team. • Following approval of the CCG's Operational Plan for 2019-2020, the Governing Body are also asked to consider whether to review the structure of the GBAF.
RECOMMENDATION:	That the Governing Body • Considers the report and updated risk profile for the CCG. • Considers the proposed approach to reviewing the structure of the Governing Body Assurance Framework. • Comments on any other matters relating to risk management.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.

1.   BACKGROUND AND CURRENT SITUATION

1.1.   The Audit and Governance Committee is responsible for maintaining an overview of the CCG's arrangements for managing risk and providing assurance to the Governing Body that they are operating effectively. The Committee agreed an updated version of the Risk Management Strategy in February 2018.

1.2.   The 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.

2.   ASSURANCE FRAMEWORK UPDATE

2.1.   The latest updated version of the GBAF, which was considered by the Audit and Governance Committee at its meeting in April 2019 following review by the Executive and Senior Management Teams, is appended. The GBAF gives an update on the risk profile against each of the defined Corporate Objectives and the Governing Body should use it to make an assessment for each objective based on the overall risk of it not being achieved.

2.2.   To support the Governing Body, an indicative score from the management team is given based on the updated risk profile, including the identified Corporate Risks which impact on the achievement of each objective. The Governing Body is asked to note that the recommended score for each domain remains the same since the last review of the GBAF in February 2019.

2.3.   A key support for the development of the GBAF is the CCG's Strategic Risk Register, which includes an update on each of the identified risks, including those reviewed by the Governing Body Committees, which take place at each meeting. The Governing will note that a new risk has been identified in relation to the impact of leaving the European Union on the services commissioned by the CCG and that it is recommended that the corporate risks relating to maternity services and Governing Body leadership are closed.

3. COMMITTEE RISK REVIEWS

3.1. In addition to supporting the Governing Body with their review of the Strategic Risk Register, Committees have also continued to review their own assigned risk registers at each meeting. These discussions are supported by work in CCG teams to identify operational risks and discussion at team meetings to escalate risks as appropriate to committees.

3.2. The current number of risks on each Committee Risk Register is as follows (Previous numbers in brackets):-

Committee	Number of Risks				
	Red	Amber	Yellow	Green	TOTAL
Commissioning Committee	1 (0)	2 (3)	0 (0)	0 (0)	3 (3)
Finance and Performance Committee	0 (0)	1 (2)	8 (7)	0 (0)	9 (9)
Primary Care Commissioning Committee	0 (0)	6 (3)	0 (0)	0 (0)	6 (3)
Quality and Safety Committee	1 (1)	2 (3)	1 (2)	0 (0)	4 (6)
TOTAL	**2 (1)**	**11 (11)**	**9 (9)**	**0 (0)**	**22 (20)**

3.3. Work continues to ensure that discussions of the risk profile at committees is an embedded part of the committees operation. This includes not just discussing the risks outlined on the committee's risk register, but also considering whether risks are identified as a result of issues discussed throughout the meeting.

4. ASSURANCE FRAMEWORK REVIEW

4.1. As highlighted above, the GBAF provides an outline of the overall risk to the CCG of it achieving it's strategic objectives. The current objectives are broadly drawn from the CCG's 2017-19 Operating Plan aligned to three strategic aims as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. Ensure on-going safety and performance in the system
2. Reducing health inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP b. Greater integration of health and social care services across Wolverhampton

Strategic Aims	Strategic Objectives
	c. Continue to meet our Statutory Duties and responsibilities d. Deliver improvements in the infrastructure for health and care across Wolverhampton

4.2. The Governing Body agreed the CCG's Operating Plan for 2019/20 on 26 March 2019. This sets out five priorities for the year as follows:

- Continue to commission high quality, safe healthcare services within our budget;
- Focus on prevention and early treatment;
- Ensure our services are cost effective and sustainable;
- Align our clinical priorities, as appropriate, to the Black Country and West Birmingham STP/ICS;
- Build on our Primary Care Networks (PCNs), wrapping community, social care and mental health services around them.

4.3. Whilst these agreed objectives broadly overlap with the Strategic objectives that have been used to establish the domains in the current GBAF, there are areas some where it does not align. The Governing Body are therefore asked to consider whether they wish to re-align the GBAF strategic objectives to reflect the new operational priorities.

4.4. The Operational Plan was developed to reflect the CCG's established strategic vision and priorities so one option for restructuring the GBAF would be to align the operational priorities it articulates to the strategic priorities as follows:-

Strategic Aims	Operational Priorities
1. Improving the quality and safety of the services we commission	a. Continue to commission high quality, safe services within our budget
2. Reducing health inequalities in Wolverhampton	a. Focus on prevention and early treatment b. Build on our Primary Care Networks, wrapping community, social care and mental health services around them
3. System effectiveness delivered within our financial envelope	a. Ensure our Services are cost effective and sustainable b. Align our Clinical Priorities, as appropriate, to the Black Country and West Birmingham STP/ ICS

4.5. Whilst this approach would provide a clear and direct linkage to the CCG's key planning documents, the Governing Body may wish to consider whether the operational priorities for the year provide a sufficient framework to assess the CCG's strategic aims and objectives. In particular whether the priorities in relation to Primary Care Networks and ensuring cost effective and sustainable services fully describes the strategic objectives in relation to developing integrated services in Wolverhampton and meeting the CCG's statutory responsibilities and development of infrastructure currently articulated in the GBAF.

4.6. An alternative approach would be to re-assess the strategic objectives in the current GBAF in relation to the operational priorities for 2019-20. This also provides an opportunity to review areas where the current objectives may overlap – for example in relation to developing new care models and integrating services – and where they can be refined to reflect developments since they were agreed in 2018. The Governing Body may wish to devote time at a development session to discuss this but one potential option for a new GBAF structure based on this approach would be as follows:-

Strategic Aims		Strategic Objectives
1. Improving the quality and safety of the services we commission	a.	<u>Continue to commission high quality, safe healthcare services</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
	b.	<u>Ensure that services perform effectively so that the CCG can continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality physical and mental health and care services for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework
2. Reducing health inequalities in Wolverhampton	a.	<u>Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation towards services wrapped around the patient that will lead to improved outcomes.

Strategic Aims	Strategic Objectives
	b. Build on our Primary Care Networks (PCNs), wrapping community, social care and mental health services around them Working with our members and other key partners to ensure that primary care and the developing PCNs are at the heart of improving how local healthcare services are delivered, including encouraging innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Aligning our Clinical Priorities, as appropriate, to STP/ ICS plans to ensure resources are used to deliver material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Ensuring our services are cost effective and sustainable Working across all of the services we commission to ensure that the CCG meets its financial duties and responsibilities and achieves the best possible value for the money it spends.

4.7 This structure reflects on the progress made with the existing Strategic Objectives and highlights the areas identified as operational priorities for 2019-20. Pending Governing Body discussion, a newly structured GBAF could be produced for the Audit and Governance Committee to consider in July 2019.

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5.   RISK MANAGEMENT ARRANGEMENTS

5.1.   As part of the development of individual committee risk profiles, the Governance and Risk team have been working with each committee to assess the trajectory and risk appetite for their individual risk profiles. This has involved the committees determining whether or not they feel the management of individual risks involves taking action to reduce risk or 'treating' the risk or that the identified risk level can be tolerated. Once this work is concluded the team will review the way in which this should be presented on an on-going basis.

5.2.   As part of the Senior Management Team's (SMT) programme of quarterly deep dives into GBAF domains a review of Domain 1 – Ensuring on-going safety and performance in the system took place in March 2019. This involved the Governance and Risk team populating a risk profile for the domain from the relevant risks from the

Corporate Governing Body risk register, Committee risk registers and programme and team registers. SMT then took an overview of the management of risks associated with this domain throughout the organisation and the risk management process to confirm that the correct risks were identified and managed appropriately to assess if the overall risk score for the Domain was appropriate.

5.3. SMT recognised that the risks identified with ensuring on-going quality had been identified, in particular discussing the newly identified risk around impact of leaving the European Union and the risks associated with Cancer performance and mortality. The actions being taken to address these areas were highlighted, including an EU Exit planning exercise undertaken by SMT, fortnightly regulator led scrutiny of cancer performance and discussions at Governing Body around both cancer and mortality. SMT was therefore able to conclude that the overall risk score for the domain was appropriate.

5.4. As highlighted in the updated GBAF, the CCG's Primary Care strategy is due to be refreshed which will provide an opportunity to test the risks associated with this programme of work and the current plan is for the next SMT Deep Dive to focus in this area.

5.5. The outcome of an internal audit review into risk management was reported at the Audit and Governance Committee in April 2019. This review focussed on the way in which the CCG's risk management arrangements were being embedded across the organisation. The Internal Audit team use a points system to risk assess the outcome of their reviews and, as the only findings were advisory, the review scored 0 points. The advisory recommendations related to reminding staff of their responsibilities around risk management and the Governance and Risk Team is already planning to undertake further staff training as part of an on-going programme. Other work includes liaising with Governance leads in the other CCGs to support the development of risk management arrangements to support the CCG's Joint Commissioning Committee and wider system transition agenda.

6. CLINICAL VIEW

6.1. A clinical view has not been sought for the purpose of this report; however, if relevant, a clinical view is always sought via the appropriate committee membership.

7. PATIENT AND PUBLIC VIEW

7.1. Not applicable for the purpose of this report.

8. KEY RISKS AND MITIGATIONS

8.1. The CCG BAF and Risk Register on-going refresh work is critical, as failure to identify and manage risks is a risk to the achievement of the CCG's strategic objectives.

9. IMPACT ASSESFSMENT

Financial and Resource Implications

9.1.   There are no financial implications arising from this report at this stage.

Quality and Safety Implications

9.2.   Quality is at the heart of all CCG work and whilst no impact assessment has been undertaken for the purpose of this report, all risks have a patient safety and quality impact assessment

Equality Implications

9.3.   There are no Equality Implications associated with this report.

Legal and Policy Implications

9.4.   There are no legal implications arising from this report.

Other Implications

9.5.   There are no other implications arising from this report

Name	Peter McKenzie
Job Title	Corporate Operations Manager
Date:	May 2019

ATTACHED:

GBAF and Risk Register.

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	Not Applicable	
Public/ Patient View	Not Applicable	
Finance Implications discussed with Finance Team	Not Applicable	
Quality Implications discussed with Quality and Risk Team	Not Applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not Applicable	
Information Governance implications discussed with IG Support Officer	Not Applicable	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Owner	May 2019
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
Signed off by Report Owner (Must be completed)	**Peter McKenzie**	**02/05/2019**

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Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved post mitigation	Previous Rating (February 2019)	Trend
1. Improving the quality and safety of the services we commission								
a. Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions	CR02 - Cyber Attacks CR03 - NHS Constitutional Targets CR15 - CCG Staff Capacity Challenges CR19 - Transforming Care Partnership CR22 - Exiting the European Union	There are a number of high level risks associated with provider safety concerns listed on the Risk Register. In particular, cancer outcomes at RWT and mortality statistices have the potential to have a significant impact. In addition there is an underlying risk that mitigating action to address these concerns may divert resources from overall systemic improvement.	A new strategic risk associated with the impact of Exiting the European Union has been identified. The corporate risk in relation to maternity services is recommended for closure. Quality and Safety Committee continue to manage the risks associated with Cancer and Mortality, which are the most significant quality and safety concerns across the system. The Governing Body has discussed action plans to address both cancer performance and mortality and have supported the agreed actions and highlighted further areas to challenge the trust on. Regional and local scrutiny of these issues also continues. SMT has undertaken a deep dive of this domain and concluded that it is appropriately scored and that risks have been effectively identified and are being managed at the correct level	The CCG continues to actively monitor the quality of provision at all its providers. The CCG is engaged with a multiagency improvement board to support improvements at the Urgent Care Centre and is working with other CCGs across the STP to ensure a system level approach is taken to issues with Maternity services. Existing monitoring systems are in place to ensure that concerns about Quality are addressed at the earliest possible opportunity and to ensure that appropriate contractual levers can be used if necessary	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	⇔
2.Reducing health inequalities in Wolverhampton								
a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this	CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges	The CCG's Primary Care strategy is ambitious and aims to deliver significant improvements in care for patients in primary care in Wolverhampton. The scale of change itself has a number of inherent risks as it involves CCG Staff, GPs and practice staff considering significant changes to their ways of working. This comes on top of existing high demand for services and a recognised workforce challenge in Wolverhampton. The most significant risks identified relate to the ongoing development of new clinical groupings that will be forming into Clinical Networks that will be able to deliver new services, at scale in primary care across Wolverhampton	No new strategic risks have been identified. The Primary Care Committee has raised a new risk associated with the establishment of Primary Care Networks, however there has been strong engagement with practices to support the development of networks which is mitigating the risk. The committee is also assessing and managing operational risks associated with primary care estates and workforce and with the mobilisation of the two APMS practice contracts which have recently transferred to a new provider. A refresh of the Primary Care Strategy is under way and a draft is due to be presented to the Primary Care Committee in June.	The CCG continues to support the development of Clinical Groupings with staff in the Primary Care team providing direct support. Progress with the Primary Care Strategy is being measured by a milestone plan through monthly checks and quarterly review meetings now reported to the Primary Care Committee. Significant work continues to take place both locally and at an STP level to ensure that workforce challenges are addressed through both recruitment and upskilling of the existing workforce.	Likelihood - 4 Impact - 3 12 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	⇔
b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings	CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR20 - Governance Arrangements for the Insight Shared Care Record	The CCG is working with partners in the City to support the development of an Integrated Care Alliance for Wolverhampton. This creates a number of significant risks as each organisation needs to balances their own priorities and challenges to deliver systemic change. In particular, there is a risk that relationships between partners may become strained as differing priorities are encountered. There are also significant challenges for CCG staff delivering these changes in addition to their existing responsibilities, particularly as they need to build their understanding of the impact of new models.	No new Strategic Risks Identified. Workstreams for each of the clinical areas of priority are now in place and developing programme plans which are being overseen by the Clinical Pathways and Governance steering groups. Plans are also being developed for public and patient engagement across the system. Risk Share agreement is now embedded in contract with RWT for 2019/2020 and work continues to embed the agreed principles that will support new ways of working.	The CCG is working in partnership with the other organisations and is ensuring all work on new models is done collaboratively. Clear lines of responsibility for developing clinical and governance workstreams to support these priorities have been developed. Communication lines with staff are prioritised to ensure that all staff are briefed on the trajectory of work and that there are opportunities for questions to be raised to allay any concerns.	Likelihood - 3 Impact - 4 12 High	Likelihood - 2 Impact - 4 8 High	Likelihood - 2 Impact - 4 8 High	⇔

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved post mitigation	Previous Rating (February 2019)	Trend
3. System effectiveness delivered within our financial envelope								
a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.	CR07 - Failure to meet Overall Financial targets CR08 - New Ways of Working across the STP CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR19 - Transforming Care Partnership	As the STP moves from being an integrated planning process to a more defined partnership, a number of risks emerge. In particular, in developing discussions to become an Integrated Care System (ICS) the STP has the capacity to highlight tensions between efforts to develop locally appropriate models of care and strategic commissioning across the Black Country footprint. These tensions create risks associated with the relationships between organisations within the system as well as contributing to the overall risk related to CCG staff capacity in an uncertain environment. The national focus on system change also has the potential to create challenges associated with financial delivery, as there maybe tensions between delivering the CCG's own financial targets and financial metrics and planning across the footprint.	No new Strategic Risks identified. The CCG continues to play a leading role in the STP particularly through the Accountable Officer's role as SRO but also through Directors taking on roles leading on STP level workstreams as well as contributions from other staff throughout the organisation. To support the STP in moving to become an ICS, the four CCGs across the STP have established a Transition Board (supported by an independent Transition Director) to develop a plan to move to a single CCG team that will support the CCGs in meeting the requirement to achieve a 20% reduction in running costs. It is recognised that, as this plan develops, there will be a need to understand the impact on staff and other stakeholders.	The CCG is ensuring that it remains fully engaged with the STP process as it continues to develop. CCG staff contribute to strategic leadership groups and all staff are briefed as part of ongoing internal communication plans. The STP has developed an MOU to which the Governing Body have signed up to ensure that there is clarity about the aims and objectives of the STP and how it links into other ongoing work streams. Proposals for the development of an ICS are being developed via the CCG's Governing Body	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 3 9 High	Likelihood - 3 Impact - 3 9 High	⇔
b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.'	CR09 - BCF Programme CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate Estates Infrastructure funding CR20 - Governance for Insight Shared Care Record CR21 -Impact of potential funding withdrawal by City of Wolverhampton Council	The CCG recognises that there are a number of risks associated with the Better Care Programme of work which underpins much of the work to integrate health and social care services. In particular the risks associated with the different challenges and priorities faced by the CCG and the Local Authority place some of the delivery of this programme at risk. Some of the risks highlighted above in relation to both developing local care models and the STP, in particular the potential tension between local and Black Country wide ways of working, also impact on the achievement of this objective.	No new strategic risks have been identified and committee level risks associated with BCF programme office staffing has been closed. As highlighted above, plans for a broader integrated system both locally in Wolverhampton and the wider Black Country continue. The ICA sub-group working on Informatics has active engagement from all partners and are working to implement the Shared Care Record. Project resources are being deployed to develop a clear understanding of what data is required to support real time clinical decision making and service transformation based on wider population health management needs to to enable appropriate data governance arrangements to be put into place.	The CCG has a Section 75 agreement in place with the Local Authority which governs the partnership and the Pooled budget for the BCF. The CCG also continues to work collaboratively with partners on the development of new models of care in the system. The ICA programme includes defined workstreams supporting clinical and operational governance support requirements		Likelihood - 3 Impact - 3 9 High	Likelihood - 3 Impact - 3 9 High	⇔
c. Continue to meet our Statutory Duties and responsibilities 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	CR01 - Failure to meet QIPP Targets CR05 - Mass Casualty Planning CR07 - Failure to meet overall Financial Targets CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR18 - Long Term Financial Strategy CR22 - Exiting the European Union	As highlighted above, the CCG is working in an environment of significant change. This means that there is significant pressure on delivering existing responsibilities within existing staff resources. In particular, a number of key staff who have significant roles to play in meeting CCG commissioning, finance and performance duties are working on STP level work streams in addition to CCG responsibilities. These pressures are also impacting on providers who are facing significant and increasing demand for services which has an impact on their ability to meet statutory duties and targets, particularly when responding to unforeseen events that lead to greater regulatory pressure such as the Grenfell Tower disaster or exiting the European Union. The CCG also faces significant challenges meeting its financial duties, particularly ensuring that running cost reductions are achieved, QIPP targets are met and that plans to manage demand within the system work effectively.	A new strategic risk has been identified in relation to Exiting the European Union and the potential impact this will have on the CCG's operations . The risk identified in relation to Governing Body leadership is recommended for closure. In response to the SMT deep dive into this domain, a programme of Director led meetings with staff took place providing opportunities for staff to raise issues. Themes included impact on workload for staff directly involved in STP programmes of work and the overall level of uncertainty. As a result, the management team have reiterated their commitment to open and transparent communication with staff and recognised that further staff resilience support will be required at both an individual team level and through the staff away day.	The CCG has clear accountability mechanisms in place for the delivery of statutory duties and uses robust performance management frameworks to ensure that providers are meeting their statutory responsibilities, particularly those relating to the NHS Constitution. This includes the use of a range of contractual mechanisms when appropriate. Robust plans and processes are in place to assure QIPP delivery, with clear lines of accountability into the Finance and Performance Committee to ensure that any slippages are dealt with promptly and effectively. Governing Body Members are in place and taking up roles within the organisation		Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	⇔
d. Deliver improvements in the infrastructure for health and care across Wolverhampton The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.	CR15 - CCG Staff Capacity Challenges CR17 - Failure to secure appropriate estates infrastructure investment CR20 - Governance for Insight Shared Care Record	The CCG's programmes of work to improve infrastructure for health and care is heavily reliant on the recruitment and retention of appropriately skilled staff to support improvements in specialist IT systems in partnership with other organisations, this means that the risks associated with staff capacity will have an impact on the delivery of this objective. Plans to make improvements in estates across Wolverhampton are dependent on appropriate funding being available. The complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk	No New Strategic risks identified. The Primary Care Committee are assessing risks associated with costs for GP practices in NHS Property Services buildings and the committee is also due to consider an update to the overall Primary Care Estates Strategy and is maintaining an overview of plans for development identified in the strategy. As highlighted above, work continues to ensure that the Insight Shared Care Record is implemented to support integrated care delivery and service planning including understanding the potential risks associated with privacy and information sharing.	The CCG has a fully established IM&T team in place working to a detailed strategy to support improvements, reporting into other work streams as a key enabler. This is supported by a robust SLA with RWT as our IT supplier to deliver technical services in line with agreed priorities. The CCG is working in partnership both locally and across the STP to ensure that improvements in estates are delivered in a targeted and strategic manner. Work continues to ensure GP practices are fully engaged in the development of plans and priorities.		Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	⇔

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Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR01	PCPB14 - QIPP: Delivery of Targeted GP Peer Review Scheme	**Failure to meet QIPP Targets** QIPP Delivery is vital to ensuring that the CCG meets its financial targets. A challenging QIPP target of 3.5% has been set equivalent to £14m in 2018-19	Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets. **Update** QIPP Plans in place for 2018/19 following NHSE Scrutiny of Planning Process. The CCG has fully identified QIPP schemes to meet the target. An assessment of deliverability risk has been undertaken and the consequences of which can be met through reserves.	12/08/2016	Nov-18	3c - Meeting our Statutory Duties (Delivery of Financial duties)	Finance and Performance	Tony Gallagher	12	High	3	Low	⟺
CR02		**Cyber Attacks** Cyber attacks on the IT network infrastructure could potentially lead to the loss of confidential data into the public domain if relevant security measures are not in place. There is also serious clinical/financial and operational risks should there be a major failure leaving the organisation unable to function normally. In such an instance, Business Continuity Plans would need to be enacted.	Robust SLA in place with RWT for IT systems Proactive approach to Cyber Security with consequent investment in cyber security approaches CCG EPPR and Business Continuity plans in place to address any issues should they arise	31/01/2014	Oct-18	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	4	Moderate	4	Moderate	⟺
CR03	FP04 - Increased Activity at RWT FP11 - System Pressuires A&E Performance QS06 - Cancer Target	**NHS Constitutional Targets** There is a risk that ongoing pressure in the system will lead to Providers missing statutory NHS Constitutional targets with the associated impact on patient outcomes	CCG Performance Management Framework ensures robust monitoring of Constitutional Targets through meetings with providers, analysis of performance data and rigorous reporting through the Committee structures). Contract Management applied when necessary Whilst providers are not yet meeting all targets, performance is improving on key indicators **Update** Cancer performance continues to be scrutinised by NHS England, Recovery Action Plan is in place and is being monitored by NHSE and the Cancer Alliance via weekly assurance calls and monthly face to face meetings. Recent impact of month on month increase in breast referrals on to the Urgent (2WW) referral pathway has impacted on performance. High levels of scrutiny remain in place with support from IST and NHSE. Coordinated approach involving Quality, Commissioning, Contracting and Performance team are driving CCG approach. Finance and Performance Committee are assessing the risk associated with RTT targets	28/02/2017	Apr-19	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	High	12	High	⇧

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Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR05		**EPPR Support** There is a risk that effective plans will not be in place for CCG and other agencies will not be in place	CCG is working in conjunction with other CCGs to ensure that there is regional capacity sharing and resilience. WCCG has been working closely internally and with all stakeholders on EU Exit preparations. **Update** Public Health staffing resource has reduced. However meetings with PH continue to take place locally. Work continues with Public Health and other partners to ensure key work is prioritised regionally.	01/05/2014	Apr-19	3c - Continue to meet statutory duties and responsibilities (Emergency Planning)	Quality and Safety	Mike Hastings	8	High	6	Moderate	⇔
CR08	Execs	**New Ways of Working across the STP** The STP is complex and works across both providers commissioners and local authorities. This requires building new relationships and overcoming organisational barriers . Management capacity to fulfil new roles will be a risk to the CCG as well as the move to new ways of working with partners in a complex system	Relationships across the STP continue to develop, an MOU is being put into place and clear leadership for individual work streams are being identified and put into place. **Update** Independent Chair, Programme Director and PMO staff in place. Clear intent for the STP to become a Integrated Care System (ICS), with plans to support this being developed.	21/06/2017	Jan-19	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Very High	6	Moderate	⇔
CR10		**BCF Programme Success** The Better Care Fund Programme is an ambitious programme of work based on developing much closer integration between NHS and Local Authority Social Care services. There are significant risks associated with the programme not meeting its targets both financially and for patient outcomes	Programmes are being put into place and work continues to ensure that the impact of this work can be measured in an efficient and effective way. **Update** Section 75 Agreement for 2017/18 has now been signed to reflect agreed financial and risk share plans now in place. Committee risks relating to Community and Neighbourhood teams clarified	12/09/2017	Nov-18	3b - Greater Integration of health and Social Care Services across Wolverhampton	Commissioning Committee	Steven Marshall	12	High	9	High	⇔
CR12		**New Ways of Working in Primary Care** There are a number of issues with the developing new approach to working. This potentially puts at risk the benefits for patients and the prospect of system change	Substantive appointments now made in the Primary Care Team to support group working. Milestone plans developed to support the overall delivery of the Primary Care Strategy. Primary Care groups are actively involved in discussions to develop accountable care models in Wolverhampton. **Update** Milestone Review Board continues to review progress with Primary Care Strategy implementation including completion of key projects including Extended Access and remote consultation. Groups continue to participate in broader work partners as part of the broader local accountable care work stream.		Jan-19	2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	8	High	⇔

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Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR13	QS05 - Maternity Capacity & Demand	**Maternity Services** Following the decision to transfer a number of births from Walsall to Royal Wolverhampton Trust there have been consistently high midwife to birth ratios and there is a risk that the level of demand may affect the safety and sustainability of services	Maternity services are being actively monitored and local and regional action plans are being put into place. **Update** RWT has recruited to all maternity vacancies and the current vacancies on the maternity dashboard stands at 0.0%. The Midwife to birth ratio has seen significant improvement in last 9 months and currently stands at 1:28 and is within set national standards. RWT has restricted the number of bookings and the maternity cap will remain in place until March 2019, when this will be revisited. Following Walsall Healthcare trust (WHT) lifting their cap in September – RWT have not seen any significant impact in the reduction of bookings or women transferring care from RWT – WHT from the Willenhall 6 GP's. The birth forecast for 18/19 has been predicted as >5145. Birth rates are being monitored closely. ***Risk Recommended for Closure*** De-escalated to committee level	15/06/2017	Apr-19	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Sally Roberts	12	High	4	Moderate	⇔
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	**Developing Local Accountable Care Models** The potential complexity of the developing new models locally will mean having to balance competing priorities for different organisations and against other drivers in the system to clearly articulate the rationale for change and the direction of travel. This means that there is a risk that the objectives of improving patient care and delivering financial stability across the system will not be realised	The CCG is working collaboratively with partners in the system to develop plans to ensure that they are produced in an open and constructive way. Ernst Young are supporting the development of clear plans and proposals for discussion. **Update** Risk Share agreement with RWT is close to completion and will continue to inform discussions around contract for 2019/20 and beyond. Agreed clinical priorities are due to be launched in events for professionals and the public	12/09/2017	Nov-18	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Very High	12	High	⇔
CR15	Workload pressures of STP Workload pressures - Black Country Joint Commissioning Committee Impact of unexpected events on overall workload CSU Capacity	**CCG Staff Capacity Challenges** The level of change across the system means that existing staff resources are stretched to contribute to change based work streams including Black Country Joint Commissioning, STP and local models of care in addition to existing responsibilities. This creates a risk that gaps will be created as well as the existing risk of recruiting sufficiently skilled staff to fill any vacancies that arise in an uncertain environment.	Open lines of communication are being provided to staff through regular updates from STP and Joint Commissioning Committee meetings and through CCG staff briefings **Update** Following Deep Dive discussion meetings with staff, including a workshop with team managers and Director lead meetings with all staff have taken place. This continues to allow staff issues to be raised and understood as they arise. ICS development proposals will continue to have an impact as more details emerge, including the CCG's approach to meeting the planning requirement to achieve a 20% reduction in its running costs.	12/09/2017	Jan-19	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High	9	High	⇔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR16		**Governing Body Leadership** The recent changes in the CCG's Governing Body, including changes in the Executive Team and the resignation of the chair have created a risk that it will become more difficult for the Governing Body to provide clear strategic leadership as new individuals familiarise themselves with the CCG and the issues it faces.	New Governing Body now well embedded. Induction plans are being worked through with new Governing Body members and the clinical leadership structure has been developed to ensure that there are opportunities for Governing Body members to understand the CCG and how it functions. **Update** Governing Body Appraisals are taking place and outcomes will be considered when completed. Work is underway to recruit a a replacement Secondary Care consultant. ***Risk Recommended for Closure***	12/09/2017	Oct-18	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High	6	Moderate	⇔
CR17	Primary Care estate improvements	**Failure to secure appropriate Estates Infrastructure Funding** Much of the plans to improve services, particularly in Primary Care, is dependent on securing improvements in the facilities across Wolverhampton. There are a number of possible avenues for funding these improvements but there is a risk that the complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk	The CCG is working with partners across the local health economy to develop collaborative and strategic plans for estates developments. GP practices are key partners and the CCG is working with a number of individual practices with identified needs to address these issues in a targeted manner. **Update** Funding sources have been identified for a number of proposed improvements in GP practices and the CCG continues to work with other partners to identify alternative sources of funding. Strategic plans are developing in conjunction with relevant practices in key areas. Two improvement schemes have been approved and work has begun on those schemes. Further work is being carried out across w'ton following a number of practice mergers. WCCG continue to support hub working across multi-provider setting and a number of funding sources around proposals are being explored.	12/09/2017	Dec-18	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	⇔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR18	FP05 - Over Performance Acute Contract FP06 - Prescribing Budget FP07 - CHC Budget	**Failure to Deliver Long Term Financial Strategy** Recurrent Financial pressures across the system may make it difficult to deliver the CCG's financial plans for future years	Proactive approach to identifying QIPP schemes and embedding them in contracts. Work with partners to support alliance working with risk/ gain share. Proactive approach to financial planning to identify potential gaps and develop mitigating actions **Update** Financial Plan for 18/19 had risks of around £3.5m. Mitigations have been identified but the plan included a significant QIPP target and the use of nonrecurrent contingencies to meet financial targets. The CCG in accordance with national guidance will produce a revised long term financial plan for the period 2019-20 to 2024-25 which will go to the Governing Body for consideration by March 2019. This will need to reflect the requirement for the CCG to achieve a 20% reduction in its running costs.	30/01/2018	Jan-19	3c - Meeting our statutory duties and responsibilities	Finance and Performance	Tony Gallagher	20 Very High		6 Moderate		⟺
CR19	FP14 - Transforming Care - Financial Impact	**Transforming Care Partnership** There are a number of risks to the delivery of the Black Country Transforming Care Partnership's programme of work that cause result in a failure to deliver improvements in the quality of service for patients with Learning Disabilities	Black Country Joint Commissioning Committee has delegated authority for oversight of the programme of work across the four CCGs Programme Management for the partnership resourced by Sandwell and West Birmingham CCG with Wolverhampton AO acting as SRO Collaborative work underway to understand patient cohort and their needs Joint finance work to understand financial impacts on CCG. **Update** The risk sharing agreement with partners to support the funding transfer arrangement has been finalised. The financial risk is fully mitigated through the application of non-recurrent reserve in 2018-19.	27/02/2018	Jan-19	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Tony Gallagher	16 Very High		6 Moderate		⟺
CR20		**Insight Shared Care Record – Governance Arrangements** If robust governance arrangements are not put in place to support the implementation of the Insight Shared Care record then it may not be possible to deliver the intended benefits of the programme to support direct care for patients and improved population health planning in order to support overall strategic aims across the health economy.	Technical Project Group in place discussing the implementation. ICA Sub-group established to support developing governance arrangements. Clear project mandate and timelines being developed. **Update** ICA IG & BI Sub-group has been established to support the work going forward including developing DSA and DPIA for all Data controllers. This will continue to require input from all parties.	19/07/2018	Jan-19	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	12 High		12 High		⟺

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Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR21	BICPB - Reduction in funding to BCPFT as a result of City of Wolverhampton council withdrawing their current funding to specialist CAMHS.	**Impact of potential funding withdrawal by City of Wolverhampton Council (CWC) following consultation process.** As CWC formally consult on budgets for 2019/20 the CCG must consider the quality, safety, and financial impact of funding withdrawal for the delivery of statutory & specialist services across Wolverhampton for service users.	Reduction in funding to BCPFT as a result of City of Wolverhampton council withdrawing their current funding to specialist CAMHS. Potential for impact if a similar approach is taken to other services. CWC have been asked with look to reduce budgets across the services which are not impacting on statutory provision and as a result it may be that no actions undertaken by the CCG will result in funding not being removed from BCPFT. • Meetings to be arranged with CWC to discuss funding • Alternative method for funding EPP has potentially been agreed with CWC and this funding could be used to support the gap in funding from CWC. **Update** The City of Wolverhampton Council have met with BCPFT and confirmed that they will be removing all of the funding from the contract. Impact assessment to be completed by BCPFT about what will happen if the funding is removed. Meeting took place with Children's Commissioner and Executive Director for Transformation and Strategy for CCG and the Director for CAMHS and Consultant Transformation Nurse for BCPFT to discuss that BCPFT need to clearly identify what services they will not be providing as a result of this reduction in funding particularly from a council's statutory point of view.	20/11/2018	Mar-19	1a - Monitoring ongoing safety and performance in the system	Commissioning Committee	Steven Marshall	12	High	12	High	⇔
CR22		**Leaving the European Union (EU-Exit)** A No-Deal Brexit scenario could impact Primary care services including GPs, Pharmacies, Ambulance service and Hospital trusts. Medical/non-medical supplies, medicine/vaccine and workforce could all potentially not be available at business as usual levels posing a risk to service delivery.	Regular communication with all relevant organisations have taken place and assurance calls are regularly taking place in line with national guidance. Work with Primary Care providers, Acute trust and other stakeholders to ensure appropriate actions and planning for eventualities continues.	25/03/2019	**New**	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	9	High	6	Moderate	*

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body Meeting
14 May 2019

Agenda item 9

TITLE OF REPORT:	Establishing Primary Care Networks
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To ensure the committee are sighted on progress being made regarding the formation of Primary Care Networks.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This documentation is suitable for sharing in the public domain.
KEY POINTS:	• GPs and Practice Managers received an overview of the requirements for Primary Care Networks at the CCGs Members Meeting held on 3 April 2019 (see enclosure). • Primary Care Network Applications are due to be submitted to CCGs from member practices by 15 May 2019 a panel meeting has been convened for 16 May to consider/approve applications. • Practices have been liaising with Group Leads resulting in some of the outlier practices realigning with another group (see enclosure). • NHS England received an update regarding progress being made towards Primary Care Networks on 30 April, a further update is due on 21 May.
RECOMMENDATION:	The committee should consider the progress taking place as per the timeline for applications for Primary Care Networks. Note that discussions continue with practices to reduce overlap and maintain sensible geographies.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of services we commission. 2 Reducing health inequalities in Wolverhampton. 3 System effectiveness delivered within our financial envelope.

1.   BACKGROUND AND CURRENT SITUATION

1.1.   The committee were alerted to the requirements attached to the formation of Primary Care Networks in April 2019. The report provides an update on the activities that have taken place through engaging with member practices to ensure the formation of networks is in line with national guidance.

2.0   Network DES

2.1   *Members Meeting April 2019*

In response to a plethora of national guidance published on 29 March 2019 practices were briefed on the requirements they should fulfil when forming primary care networks. The event was well attended enabling discussions to take place regarding the key documents:-

- Primary Care Networks Reference Guide
- The NHS Long Term Plan
- Investment & Evolution : GP Contract Reform
- Primary Care Network Handbook
- Network Contract Directed Enhanced Service (DES)

A copy of the slides can be found in appendix 1.

2.2   *Network DES*

The DES was published on 29 March and will be funded by the CCG at a cost of £1.50 per patient. Funding had been set aside as part of budget setting based on the assumption that all member practices will be part of a network.

The British Medical Association have published a handbook for general practice to guide them on what they need to do to be recognised as network and this includes the application process (by 15 May 2019). This useful resource provides examples of the approach to appointing a Clinical Director, internal governance and decision making, accountability, data sharing & employment models for new workforce allocations.

Each network will be required to confirm the practices who wish to work together, list size, name of clinical director, nominated practice to receive funds and also a map of the network area based on a sensible network boundary.

Practices are actively working towards completion of application forms with support from their respective Group Manager(s).

By 30 June each network will be required to submit a fully completed network agreement outlines **decisions** about how practices will **work together**, which practice **does what**, how **funding** will be **allocated** between practices, how the **new workforce will be shared (including who employs them.** The agreement will be subject to regular review and will therefore be amended over time ie new workforce/services as they become available.

The DES also confirms a maturity timeline that will form
the basis of the performance requirements detailed in the Network Agreement.

2.3 Application Timeline

The timeline being worked to takes account of both national and local requirements to ensure that all requirements are met in a timely manner:-

Requirement	Due Date
PCN Participation in Network DES confirmed to NHS England	30 April 2019
Primary Networks submit registration information to CCG	By 15 May 2019
CCG Panel Meeting to consider/ approve applications	16 May 2019
CCGs confirm to Joint Commissioning Committee outcome of panel meetings	16 May 2019
Confirm outcome of Panel to STP Joint Commissioning Committee & Clinical Leadership Group	17 May 2019
NHS England Primary Care Networks (Commissioner Event)	17 May 2019
CCGs confirm network coverage to NHS England	21 May 2019
CCGs approve variations to GMS/PMS/ APMS contracts	By 31 May 2019
NHS England, CCGS & LMCs resolve any issues	Early June 2019
Network DES goes live	1 July 2019
National Entitlements start	July 2019

The committee will be kept appraised of progress and completion of the above timescales in subsequent meetings.

2.4 Workforce - New Roles

The new GP contract and BMA Handbook confirm a range of new roles that will be funded nationally for 5 years providing certainty to networks who will be allocated role as follows over a 3-4 year period:-

Year	Role(s) & Numbers
2019	1 Clinical Pharmacist & 1 Social Prescriber per network
2020	1 First Contact Physio(s) & 2 Physicians Associate(s) per network
2021	1 Community Paramedic per network
2022	All roles increasing by 2024 typical network will comprise of:- • 3 Social Prescribers* • 3 First Contact Practitioners • 2 Physicians Associates* • 1 Clinical Pharmacist* *Note: there will be some flexibility on numbers & professionals in networks*

The above roles will be part funded by NHS England in the sum of 70% however 100% funding will be available for Social Prescribing Link Workers. The DES introduces a principle of 'additionality'. Additionality will be measured on a 2018/19 baseline of staff supporting practices as taken at 31 March 2019 (NWRS). Practices will be required to participate in a survey to confirm this data very shortly in order to assist networks in claiming funding for new additional staff roles beyond the baseline.

In addition each network will receive a contribution towards the cost of employing a Clinical Director one day per week (0.25 funded by NHS England based on a 40k network population).

3.0   CLINICAL VIEW

The Group Leads and member practices have been actively engaged in information and discussions at group level in order to ensure the functionality of each network is in line with national guidance.

4.0   PATIENT AND PUBLIC VIEW

Patient engagement has been encourage at practice level and a presentation was shared at the Patient Participation Group Chairs Meeting held on 19 March.

5.0   KEY RISKS AND MITIGATIONS

There is a risk that one group will overlap significantly with other networks in the city and may result in the CCG being unable to approve their application. Ongoing discussions with Group Leads are taking place.

6.0   IMPACT ASSESSMENT(S)

Financial and Resource Implications

National funding allocations have been provisionally confirmed for Primary Care Networks comprising of Engagement Costs, Network DES, Workforce and New Roles. The CCG has set aside funds to cover the cost of the Network DES.

The committee will be kept informed regarding further funding allocations as they are confirmed over the coming months.

Quality and Safety Implications

The Chief Nurse has been actively engaged in discussions regarding the formation of Primary Care Networks in both Wolverhampton and the wider STP footprint.

Equality Implications

An equality impact assessment has not been undertaken.

Legal and Policy Implications

There are no legal implications identified at this stage.

Name: Sarah Southall
Job Title: Head of Primary Care
Date: May 2019

Enclosure(s):   Enclosure 1 Members Meeting Presentation

QOF+ Update

- QOF+ Development Group December 2018 →
- FAQ Document
- Ongoing support from IM&T Facilitators
- 2018/19 Scheme & preparation for 2019/20

Month	2018/19	2019/20
March 2019	Close scheme	Draft revised scheme with additional content including new indicators
April 2019	Commence reconciliation process, including notification of payment	Finalise indicator wording Identify read codes & build searches (Insight) Final draft document shared for comment
May 2019	Address queries & arrange payment Scheme Value £1.2m	Approval at Primary Care Commissioning Committee Scheme Value £2.1m Commence implementation of new scheme – support pack

National Quality and Outcomes Framework (QOF)

QOF+ 2019/20
£2.1m

Diabetes	Alcohol	Obesity	Hypo Thyroidism	Asthma	COPD	Quality
26%	18%	14%	7%	6%	3%	26%
£546K	£378K	£294K	£147K	£126K	£63K	£546K

SMI
Dementia
Learning
disabilities
Bowel cancer
screening

Primary Care Networks

Primary Care Networks

NHS England

Primary care networks
Reference Guide

Draft: as at 25/07/18

Practices working together and with other local health & care providers
- *Providing care in different ways to match different people's need*
- *Focus on prevention, patient choice & self care*
- *Use of data & technology*
- *Making best use of collective resources across practices*

- Core Characteristics
  – Improved ways to deliver care
  – Practice Resilience
  – Collaboration & integration
  – Every practice → Network

- Enablers
  – Workforce
  – Patient & Public Engagement
  – Digital
  – Clinical Governance
  – Estates
  – Business Model

- Maturity Levels
  – Foundations for transformation
  – Steps 1→3

Primary Care Networks

- New ways of work for Primary Care - PCNs

- Changes to QOF

- International Recruitment*

- Support for Care Homes*

- Focus on Population Health

- Move to ICS – Primary Secondary Care Toolkit*

- Clinical Priorities
    - Smoking
    - Obesity*
    - Alcohol*
    - Air Pollution
    - Antimicrobial Resistance

- Engaging People

NHS

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk
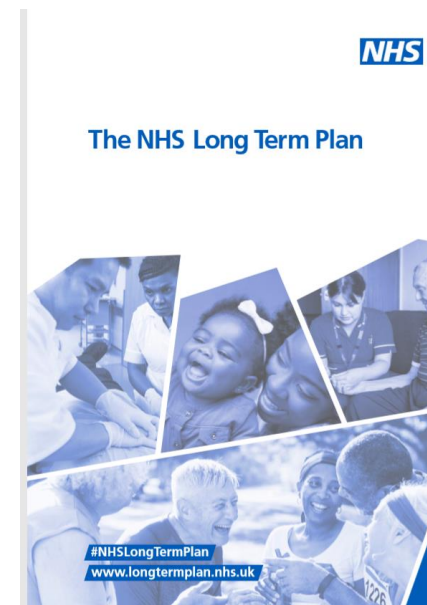
Primary Care Networks

NHS England's definition:-

- Primary care networks enable the provision of proactive, accessible, coordinated and more integrated primary and community care improving outcomes for patients.

- They are likely to be formed around natural communities based on GP registered lists, often serving populations of around 30-50,000 patients.

Networks will be small enough to still provide the personal care valued by both patients and GPs but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They will provide a platform for providers of care being sustainable into the longer term.

General Practice the Bedrock of the NHS – Survive & Thrive (BMA)

What great PCNs look like and how they will develop

	Foundations for transformation	Step 1	Step 2	Step 3
Right scale	**Plan:** There is a plan in place articulating a clear end state vision and steps to getting there, including actions required at team, network and system level	**Practices** identify partners for network-level working and develop shared plan for realisation.	**Practices** have defined future business model and have early components in place. Functioning **interoperability between practices,** including read/write access to records. Data sharing agreements in place.	**Network business model** fully operational. **Interoperable systems** Workforce shared across network. Rationalisation of estates.
Integrated working	**Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there.	**Integrated teams,** which may not yet include social care, are working in parts of the system.	**Integrated teams** in place throughout system and formalised to include social care, the voluntary sector and easy access to secondary care expertise in at least some sites.	**Fully functioning integrated teams** in place across whole system including general practice, access to secondary expertise, nursing, community services, social care and voluntary sector. Care plans and coordination in place for all high risk patients.
Targeting care	**Time:** Primary care, in particular general practice, has the headroom to make change.	**Analysis on variation** between practices is readily available and acted upon. **Basic population segmentation** is in place, with understanding of needs of key groups and their resource use. Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. **Prototypes** in place for highest risk groups.	The system can **track data in real time,** including visibility of patient movement across the system and between segments, and information on variability. **New models of care** in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system.	**Systematic population segmentation including risk stratification,** with in depth under-standing of needs of each population segment. Routine peer review of metrics in and between networks. **New models of care in place to meet needs of all population segments.** Internal referral processes in place.
Managing resources	**Transformation resource:** There are people available with the right skills to make change happen.	Steps taken to ensure **operational efficiency** of primary care delivery.	**Networks have sight of resource use** for their patients, and can pilot new incentive schemes.	Primary care networks take **collective responsibility for available funding.** Data being used at individual clinical level to make best use of resources.
Empowered Primary Care		**Primary care** has a seat at the table for all system-level decision making.		**Primary care network** full decision making member of ICS leadership.

Primary Care Networks

Core of a PCN

- Build on current primary care

- Groups of practices working together

- Based on GP registered lists 30-50,000 combined list size

- Nominated Clinical Director

- Shared workforce, patient & public engagement, technology, clinical governance, technology enabled care, information systems,

What will they do

- Practices will be more resilient (patient & practice)

- Core values & strengths

- Majority of care will remain with practice – strong focus on prevention - population focus

- Services provided collectively if not viable for every practice to provide

- Offer more options for patients to access services tailored to their communities

- Greater voice in service redesign

- Share resources, receive funding

Primary Care Networks

Summary of agreement

- Addresses workload issues

- Brings a permanent solution to indemnity costs and coverage

- Improves the Quality and Outcomes Framework

- Introduces a new Network Contract DES

- Helps join-up urgent care services

- Enables practices and patients to benefit from digital technologies

- Delivers new services to achieve *NHS Long Term Plan* commitments

- Gives five-year funding clarity and certainty for practices

- Tests future contract changes prior to introduction

PCN Focus
- Funding
- New Workforce
- Requirements
- Network Agreement
- Extended Hours Access DES

⊕ BMA — NHS England

Investment and evolution:

A five-year framework for GP contract reform to implement *The NHS Long Term Plan*

31 January 2019

#NHSLongTermPlan
www.longtermplan.nhs.uk

Funding

Uplift in global sum 2019/20

£1.50 per patient funded by CCG (Network DES & additional ring fenced ££ (NHSE) for PCNs

70% NHSE/30% PCNs funding for new roles

BUT

100% funding for Social Prescribers (NHSE)

Clinical Director 1 day per week (based on 40k network population 0.25 funded by NHSE)

Extended Access DES → Network Contract

Workforce

2019 1 Clinical Pharmacist & 1 Social Prescriber per network

2020 1 First Contact Physio(s) & 2 Physicians Associate(s) per network

2021 1 Community Paramedic per network

2022 All roles increasing by 2024 typical network will comprise of:-

- 3 Social Prescribers*
- 3 First Contact Practitioners   } *flexibility on numbers & professionals in networks*
- 2 Physicians Associates*
- 1 Clinical Pharmacist*

Requirements

Clinical priorities etc

Complete short submission to CCG (names, codes for each practice & network list size)

Map marking the network area & name/details of provider to receive funding

Name of Clinical Director

Initial Work Agreement signed by each practice

Network Agreement

outlines **decisions** about how they will **work together**, which practice **does what**, how **funding** will be **allocated** between practices, how the **new workforce will be shared (including who employs them)** **……**can be amended over time ie new workforce/services as they become available including funding

Extended Hours DES

Extended Hours Access DES – currently **practice level** sign up will move to **network** & will be responsible for equivalent coverage for 100% of network population in addition to services currently **provided by hubs/PCNs** – funding will continue at **£6.00 pp** delivered via the network

Note: DES Funding will flow to the Network

STPs ensure PCNs are provided with data analytics for population segmentation & risk stratification

Primary Care Networks

Working in Partnership with People & Communities

- Public participation including local people, service users & carers, as an integral part of PCN decision making

- Working in partnership with people & communities having an ongoing dialogue with the wider community as well

- Local people should be involved and able to influence decision making, contribute by sharing ideas and ambitions, supporting evaluation options & supporting continuous improvement

What the public said

- Services working better together across health & social care
- Those with complex needs, a single point of access for help & support
- Access to local organisations outside the nhs that can help them stay well
- Quicker access to a range of services out of hospital to manage urgent needs
- Technology to help self care, care navigation, book appointments, arrange prescriptions, access records online and patient consultations online

Patients should experience

- Joined up services

- Access to a wider range of professionals & diagnostics

- Different way of getting advice & treatment

- Shorter waiting times

- Greater involvement

- An increased focus on prevention & personalised care

Primary Care Networks

Creating PCNs

- Geography - *The only involvement of the CCG in this process should be when there are gaps in the total PCN coverage of their area*

- To be recognised as a PCN, individual GP practices will need to make a brief joint submission

- Appoint a clinical director

- First Steps, Early Stage, Mature Stage

- Internal Governance – Governing/representative body, decision making, accountability, data sharing, dispute resolution, finances, HR Policies etc

- PCN Structures & Employment Models – leadnominated employee, shared employment contracts
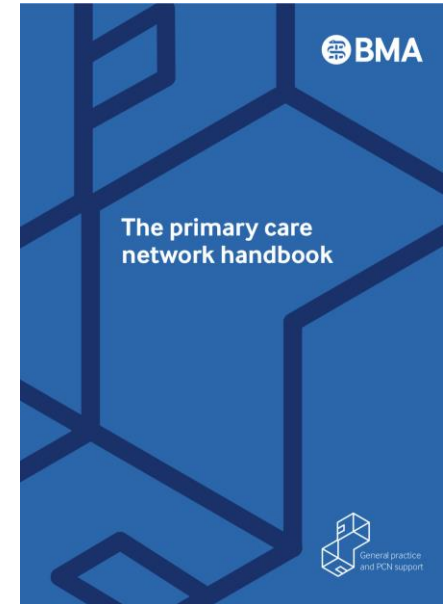
NOTE: Risk Assessment - no VAT nor CQC issues envisaged

@BMA

The primary care network handbook

General practice and PCN support

Primary Care Networks

- CCG Process – communicated to practices & prepared for sign off in May

- Work closely with LMC – CCG & Practices

- Full agreement(s) signed by 30 June*

- ££Network Participation Payment (practice)

- ££Network DES (network)

- Network Area – minimum 30k patients, neighbourhoods, delivery of services, network development, sensible network boundary

- Network infra-structure – nominated payee will be a contract holder of PMS, clinical director (at all times), patient record sharing (patient opt out preferences), data analytics, patient engagement, sub contracting

- Workforce requirements – recruitment of new staff, principle of additionality ie 18/19 baseline (NWRS), Clinical Pharmacists, Social Prescribing Link Workers

- Extended Hours DES – Network DES from 1 July (not CCG commissioned service), additional clinical sessions £1.09 pp,

- Financial Entitlements –
  - Core PCN Funding £1.50 pp (CCG ££)
  - Clinical Director Contribution £0.51 pp Jul-Mar 2020 (£0.57 pp Apr 2020)
  - Staff Reimbursements (70% & 100%)
  - Extended Hours Access DES

- Future Requirements – Collaboration with non GP Providers 2020/21, Network Service Spec's (medication reviews, EHCH, anticipatory care, cancer diagnosis, personalised care, CVD, neighbourhood inequalities

- Monitoring – Social Prescribing & Clinical Pharmacist activity

Primary Care Networks

Date	CCG Action	STP Assurance
January – April 2019	PCNs prepare to meet the Network Contract DES registration requirements	Primary Care Leads confirm progress & raise queries/concerns via fortnightly meetings that in turn are clarified with SRO & Clinical Lead. CCGs are supporting practices & arranging approval panels for 16 & 17 May 2019.
By 27 March 2019	NHS England & GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES	STP Assurance Process developed & agreed with SRO & Clinical Lead Reassurance to NHSE regarding preparedness.
By 15 May 2019	All Primary Care Networks submit registration information to their CCG	CCGs confirm receipt of applications from their membership in line with Network DES/Application Form. Number approved and/or any exceptions to PCN Guidance. CCGs should confirm 100% alignment of all member practices as per requirements of the guidance i.e. practices, map, CD etc in line with the contract. CCG Primary Care Leads confirm the outcome of their panel meetings to GPFV Programme Director by 20 May 2019 (including exceptions) Information will be shared with SRO & CLG
By 31 May 2019	CCGs confirm network coverage & approve variation to GMS/PMS/APMS Contracts	STP work with CCGs to resolve issues where 100% alignment has not been achieved. SRO & CLG review STP application status & agree next steps (date to be confirmed but likely to be 23 May 2019). Assurance that contract variations have been completed by 31 May 2019.
Early June 2019	NHS England and GPC England jointly work with the CCGs and LMCs to resolve any issues	STP receive regular updates on progress made where issues are being resolved (weekly) that will be shared with STP SRO & CLG until all member practices are suitably aligned & documented evidence is in place. Confirmation of CCG Governance arrangements with Clinical Directors & Clinical Chairs linked to STP Clinical Leadership Group.
July 2019	Network Contract DES goes live across 100% of the country	Rolled out via Primary Care Leads & standing item on monthly meetings. STP strategies ie Workforce, Primary Care etc updated to reflect CCG map(s) of PCNs and also confirm how networks will be engaged in the implementation of all relevant work programmes.
July 2019 – March 2020	National entitlements under the 2019/20 Network Contract start: • Year 1 of the additional workforce reimbursement scheme Ongoing support funding for the Clinical Director • Ongoing £1.50 per head from CCG Allocations	Linkage with CLG established & large scale STP wide event arranged at quarterly intervals.
April 2020 onwards	National Network Services start under the 2020/21 Network Contract DES	

@BMA **NHS England**

Network Contract Directed Enhanced Service
Guidance for 2019/20 in England
April 2019

#NHSLongTermPlan
www.longtermplan.nhs.uk

Where any of us propose any change to the services we provide to patients at a Network level, we will discuss how to best to involve and/or inform patients of those proposed changes in line with our collective and individual patient engagement obligations.
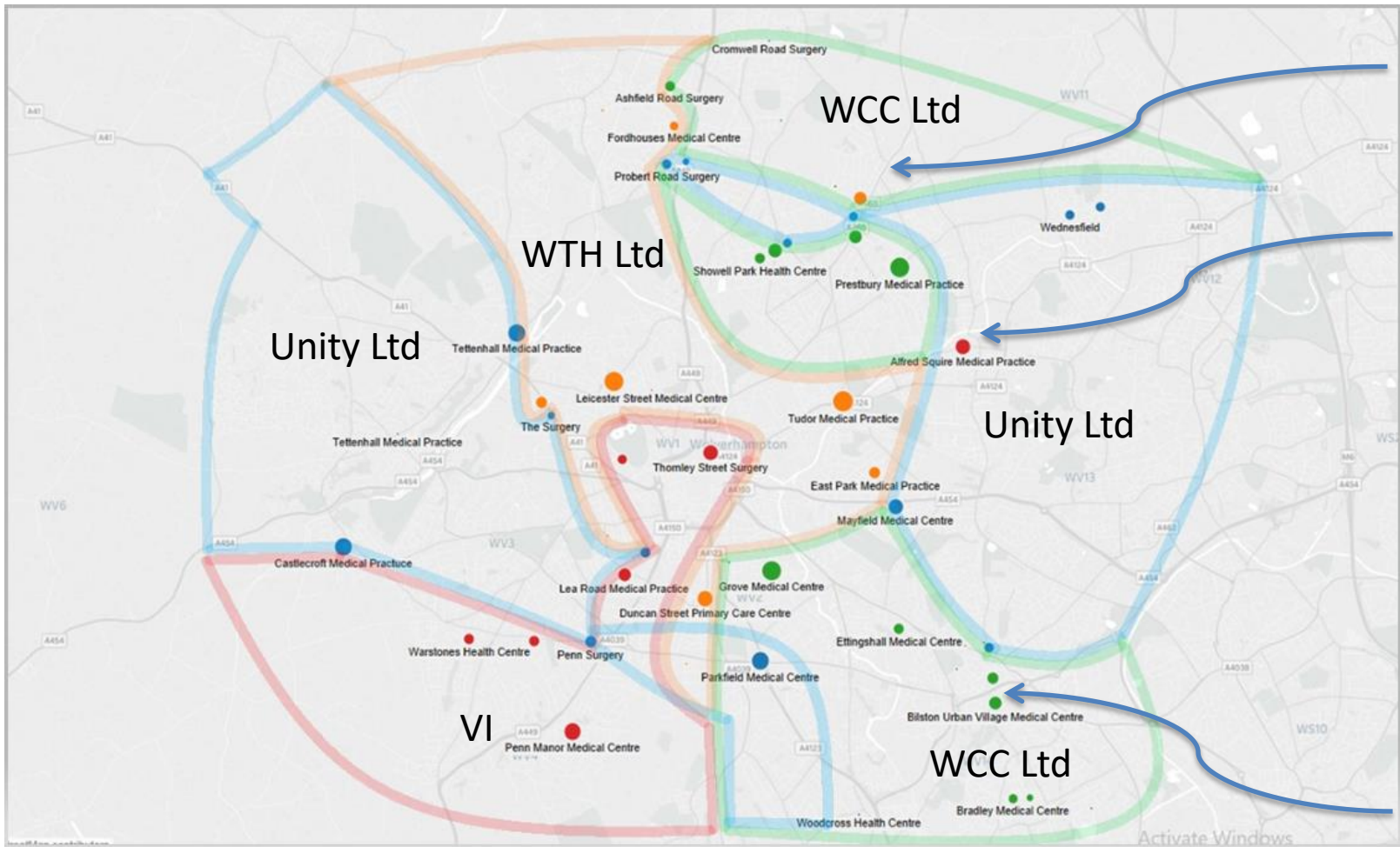
- 6 Networks 36-54,000 population, maintaining integrity
- 3 Practice Outliers (North East & South East)
- Discussions continue at 'network' level regarding moves/changes
- CCG & STP Processes for approval
- PPG Meetings

Multi Disciplinary Team Meetings

All 3 MDT coordinators now in post – these posts deliver all of the administrative function of the MDT

Full range of professionals supporting MDT working

17 practices now live with 2 more going live this week

A mix of models - joint and single practice

Starting to collect feedback from professionals regarding their experience of MDT working – positive feedback to date

Case studies being collated to evidence outcomes for patients (available to all)

Community Services

- There is a need to ensure that Community services are wrapped around PCN's as detailed within the guidance

- Current Community Service specifications have a focus on working in geographical localities, NE/SE/SW to align with the BCF vision of Community Neighbourhood Teams

- 1st CNT developed in December 2018 – NE Health and Social Care Teams

- Commenced re writing Community Service Specifications to ensure alignment with PCN's. A DRAFT District Nursing specification is currently going through governance.

GP Home Visiting Service

Following a successful pilot across a small number od practices, an evaluation has taken place and there will be a recommendation going to CCG Boards to roll out this enhanced service across Primary Care

What worked well?

- Patients received a timely response and were able to be receive a visit on the same day (where clinically appropriate)

- Patient received a day time visit and were able to access medication on the same day if required.

- Patients benefited from a responsive, person centred, coordinated service

- If patients are not suitable for the service; patients are referred onto a more suitable service ensuring continuity of care

- Patients with complex needs benefit from a smooth seamless access/ escalation to the RIT whom are able to more appropriately meet their needs and prevent further deterioration and possible admission

- The Home Visiting Service is able to free up GP time to care, to enable GP's to focus on more complex patients or improve their work life balance

- There are no reported poor patient experience or quality issues

- Practices will be asked to sign up for the service as with other local enhanced services
- There will likely be a phased approach to roll out to manage demand and to manage recruitment to the team
- Look out for the notification

Primary Care Networks

Group Discussions……..

Proposal

Network

Clinical directors at network level influencing & supporting development & providing strategic leadership.

Strong emphasis on workforce.

Working closely with fellow Clinical Directors

CCG(s)

Clinical Directors Meeting (monthly) with CCG Clinical Chair

Place based priorities linked to local network development plans & CCG Operating Plan(s)

STP

Clinical Director(s) & CCG Clinical Chair(s) linked to Clinical Leadership Group (quarterly) driven by PCN priorities & system challenges

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body
14 May 2019

Agenda item 10

TITLE OF REPORT:	**Commissioning Committee – April 2019**
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 April 2019
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	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.
RECOMMENDATION:	That the report is noted.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
5. System effectiveness delivered within our financial envelope	Meeting our Statutory Duties and Responsibilities 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) from the April 2019 meeting.

2. MAIN BODY OF REPORT

2.1 PHB Choices e marketplace pilot proposal report

The Committee was presented with a report on the PHB Choices pilot proposal, the report provided an evaluation of the scheme and sought agreement from the committee to enter into a 12 month contract with PBS choices.

The Committee noted the above and approval was given.

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

2.2 Contracting update

Royal Wolverhampton NHS Trust

Activity/ Performance

The Committee was updated with the current performance of the Trust against Cancer targets; the Trust continues to perform below the required contract standard. Updates were also given in relation to Referral to Treatment waiting times where February was reported the lowest performing month within the contracting year of 2018/19, and Diagnostics targets have not been met since September 2018, however, the last 3 months have seen a significant improvement which now puts the service within the standards required.

Dermatology

The scope of the service to remain at RWT has been identified and agreed as the Cancer and Paediatrics services. All adult non-cancer services will be transferred to the community as part of the procurement process from 1 December 2019. Continued work and progress to be made on the procurement to secure a community based provider.

2019/20 Planning Round

The CCG and Trust have agreed finance and activity for 2019/20 at the value of circa £207m to include both acute and community contracts.

Agreement has also been reached between the Trust and associate commissioners.

Black Country Partnership Foundation Trust (BCPFT)

Performance/ Quality Issues

<u>Improving Access to IAPT</u>

The Trust achieved 18.5% of the IAPT target which is set at 19%; this includes the outcomes of the referral third party providers that the CCG have commissioned to reduce access rates. A data validation process is on ongoing and this number may not yet be final

2019/20 Planning Round

The annual contract value has been agreed for Mental Health with BCPFT.

<u>Nuffield</u>

The contract negotiations have been completed and the agreed value is circa £3.9m for 2019/20 which has been increased from the previous year due to increased activity in services.

<u>Vocare – Urgent Care Centre</u>

Discussions are currently ongoing with the provider to reach an agreeable mutual position closer to that agreed in the financial envelope.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

A six month contract extension has been agreed with WMAS; this gives continuity of the service until April 2020 and allows a 12 month procurement process to take place to secure a new provider for this service. Dudley CCG will be the lead commissioner for this.

The committee noted the update and the assurance given.

Action - The Governing Body notes the updates provided

I2.3   Tolerate or Treat – Risk Session

The Committee was presented with a tolerate or treat risk management process to consider each corporate and committee risk.

The two categories will be -

Tolerated – No action is taken to mitigate or reduce a risk

Treated – Action to be used to control the risk

The committee noted the process and considered the position of each risk on its register.

Action - That Governing Body notes that the process had been undertaken

3.   RECOMMENDATIONS

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

Name: Dr Manjit Kainth

Job Title: Lead for Commissioning & Contracting

Date: 25 April 2019

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
14th May 2019

Agenda item 11

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). February 2019 Data.
ACTION REQUIRED:	☐　**Decision** ☒　**Assurance**
PUBLIC OR PRIVATE:	**This report is confidential due to the sensitivity of data and level of detail.**
KEY POINTS:	This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as: ✓ Cancer performance remains significantly challenged. A revised remedial action plan for 62 day cancer standard has been received with an anticipated trajectory of 85% for June 2019. An additional risk relating to 2 week breast cancer wait has been identified. ✓ Mortality indicators for SHMI remain above national rates and require continued understanding and assurance. An achievement in SHMI is not expected until October 2019 in line with 6 month delay in data reporting. ✓ NHSI Maternity support review visit conducted. Capacity review to be undertaken in Quarter 1, 2019-20. ✓ Clear actions and measures to address the HCAI amber risk are in place and the E Coli improvement plan anticipates progress by next data release in August 2019. ✓ In addition assurance and update was received by committee relating to safeguarding activities and arrangements, CCG complaints, NICE assurance, SEND, E&D, CHC quality update and IPC quarterly report. ✓ One new key risk was identified by committee relating to 2 week breast cancer waits.
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

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.	Overall cancer performance at Royal Wolverhampton Hospital Trust (RWT) remains challenged. Performance of all cancer targets has deteriorated in February. There has been a further decline to 76% in the 2 week wait target and particular concern highlighted for performance relating to 2 week wait Breast Symptomatic in February, which has further declined to 23% this is unprecedented. Key areas of concern, along with breast, are Urology, Upper GI, Lung, Colorectal and Head & Neck. Assurance is now provided relating to the actual or potential impact of harm to patients as a result of the delay.
	Risk Mitigation:
	   • A meeting has been arranged for April 2019 between Cancer alliance and STP to look at the whole system performance.
	   • Trust is looking into managing impact of rearrangement of Black Country pathology services, whilst maintaining current good turnaround times.
	   • WCCG continuously working on engaging and providing support to GP's to improve referrals into the trust.
	   • WCCG is currently in process of reviewing the cancer performance trajectories for 2019/2020 with the trust.
	   • The trust has carried out harm reviews for 29 cancer patients who have been waiting 104 + days in February 2019 and no clinical or prolonged psychological harm has been identified as a result of their long cancer wait. The review has highlighted themes such as patient choice, patient clinical condition and comorbidities, late tertiary referrals, assessment delays and equipment and facility unavailability.
	   • System support has been requested to review breast performance including request for Public Health data to evidence referral activity increase.
		RED

Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country	RWT is currently reporting the highest Standardised Hospital Mortality Index in the country. The SHMI for October 2017 to September 2018 is 1.21, which is a slight increase on the previous 1.20. The SHMI is rated red and the banding still remains higher than expected. The crude mortality rate for January has risen slightly to 3.44% compared to 3.13% in December. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.	RED

Key issue	Comments	RAG
	Risk Mitigation: - A city-wide group (Mortality Improvement Group) with representation form RWT, CCG and Primary care and Public Health has already been established to oversee and review mortality related issues and statistics across the health economy. - The trust is intending to appoint a bereavement nurse to improve overall support and experience for families alongside the role of the medical examiner. They are also in process of recruiting mortality reviewers mainly for SJR2's. - Trust is planning further education along with an initiative to facilitate closer working between physicians and coders to resolve issues pertaining to documentation and recording of primary diagnosis for SHMI alerting diagnosis groups. - The Trust continues to implement the mortality improvement action plan which is closely monitored by WCCG via monthly CQRM's. - Of the 2018 completed SJR2s, 2 have BEEN reported as serious incidents due to the care being identified as poor. The key themes from SJRs has been identified as recognition of deteriorating patient, documentation, end of life care all of which are included in the Quality Improvement Programme for Mortality. - The Trust has CQC alerts currently open for Sepsis, Deficiency and other anaemia, Skin and Subcutaneous Tissue Infections, Senility and Organic Mental Disorders. Case note reviews have been completed and following analysis, reports will be forwarded to CQC by 11th April 2019. The reviews will be presented at the MRG and CQRM.	(red)
Concerns around sepsis pathways	Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways. **Risk Mitigation:** - Trust has appointed 2 sepsis nurses who are now in post and an action plan is in place to improve performance. - WCCG has requested overall trust performance figures for Sepsis screening and treatment indicators and the trust has confirmed that these figures will be presented at the next CQRM. - A revised ward quality audit system is in the final stages of development and will include sepsis and recognition of deterioration. When implemented CCG clinical team will attend the audit to gain assurance relating to processes during April. - National sepsis lead attended Team W event to raise awareness of sepsis management with GPs. The session was very well received.	(amber)

Key issue	Comments	RAG
Maternity capacity remains under review given local issues with maternity services and level of patient and baby acuity.	Maternity services capping remains in place, elective and emergency section rate remain above trajectory, and induction of labour and instrumental delivery rate are also above local trajectory. **Risk Mitigation:** ⸱ RCOG action plan has been devised and trust is working towards compliance with recommendations. The RCOG (Royal College of Obstetricians and Gynaecologists) report and action plan will be presented at the next CQRM in April 2019. ⸱ Restrictions on booking numbers have been successful thus far with end of calendar year birth rate figures slightly over for commissioned births of 5,000 - end of year total was 5,025. ⸱ The maternity dashboard has been reviewed and following the latest national data from NHS digital HES (Hospital Episode Statistics) data 2017/18 the maternity service will be altering tolerance indicators to reflect the national levels for Caesarean section rate. Total C/S rates 29%, new tolerances will be; Emergency rates 16.0%, Elective rates 13.0%. These changes will occur in April 2019. ⸱ The Trust is working hard to implement Saving Babies Lives Care Bundle and Continuity of Care trajectories.	
Black Country Partnership (BCP) (Workforce issues and adult MH beds capacity issues)	Issues identified in relation to capacity of adult mental health beds and also in terms of retention and recruitment. Since October 2017, the trust has reported five 12-hours ED breaches. Four breaches were due to bed capacity issues and one was caused by a MH patient secure transport arrangement delay. A further 12 hour ED breach relating to a mental health patient was reported in December 2018. No further breaches have been reported since then. **Risk Mitigation:** ⸱ Following on from the system wide Mental Health (MH) 12 hour breach review meeting, a meeting with Cygnet Healthcare took place on 21st March 2019 to discuss current MH bed capacity provision i.e. referral to discharge processes, out of hours referral process and escalation process. WCCG is expecting a response to these queries soon. ⸱ BCPFT vacancy rate has slightly reduced to 11.52% compared to 11.79% in January but still remains red rated against the threshold of 4.5%. Turnover remains within the target range. ⸱ A joint announced quality visit has been planned for 18th April 2019 to visit Penn hospital in-patient areas to seek assurance on the concerns raised by CQC during the visit.	
Quality concerns identified at a Nursing Home providing discharge to access (D2A)	Recruitment of registered nurses and in particular clinical lead roles remains a challenge. Three month utilisation and occupancy review has been shared with CCG. CQC inspection report now published detailing the Provider rated as RI (Requires Improvement) in all domains. Further quality and safety concerns raised by the RITs team and CHC assessors.	

Key issue	Comments	RAG
provision could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton	**Risk Mitigation:** ✓ Clinical lead and senior nurse recruited and now in post. ✓ The Deterioration Project has been launched with the staff. ✓ Some QI improvement initiatives have been sustained. ✓ Thematic review of falls completed identifying areas for further improvement. ✓ A recent contract led review meeting with the provider identified significant cost increases being requested by provider. ✓ A review and option appraisal of service is due to be heard at Commissioning Committee.	
Concern relating to HCAI which could potentially impact on the Quality and safety of care provided.	The Royal Wolverhampton Trust is currently not achieving training trajectories for hand hygiene and within year there have been an increased number of MRSA cases. As a system, Wolverhampton has been identified as being in the bottom 30 CCG's for gram negative infections. **Risk Mitigation:** ✓ Ongoing work by the trust to review patients from VI practices who have been discharged with a urinary catheter (regarding Gram negative bacteraemia reduction). ✓ Hand hygiene performance is regularly monitored and discussed at the monthly IPCG (Infection Prevention and Control Group) and resulting actions have been local monitoring as well as resilience on trust wide systems and a systematic process of reminders and follow-ups to staff. ✓ WCCG closely monitors trust hand hygiene compliance at monthly CQRM & CRM's. ✓ WCCG ward review visit is being planned for April, where IPC compliance will be reviewed.	

2. PATIENT SAFETY

2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month
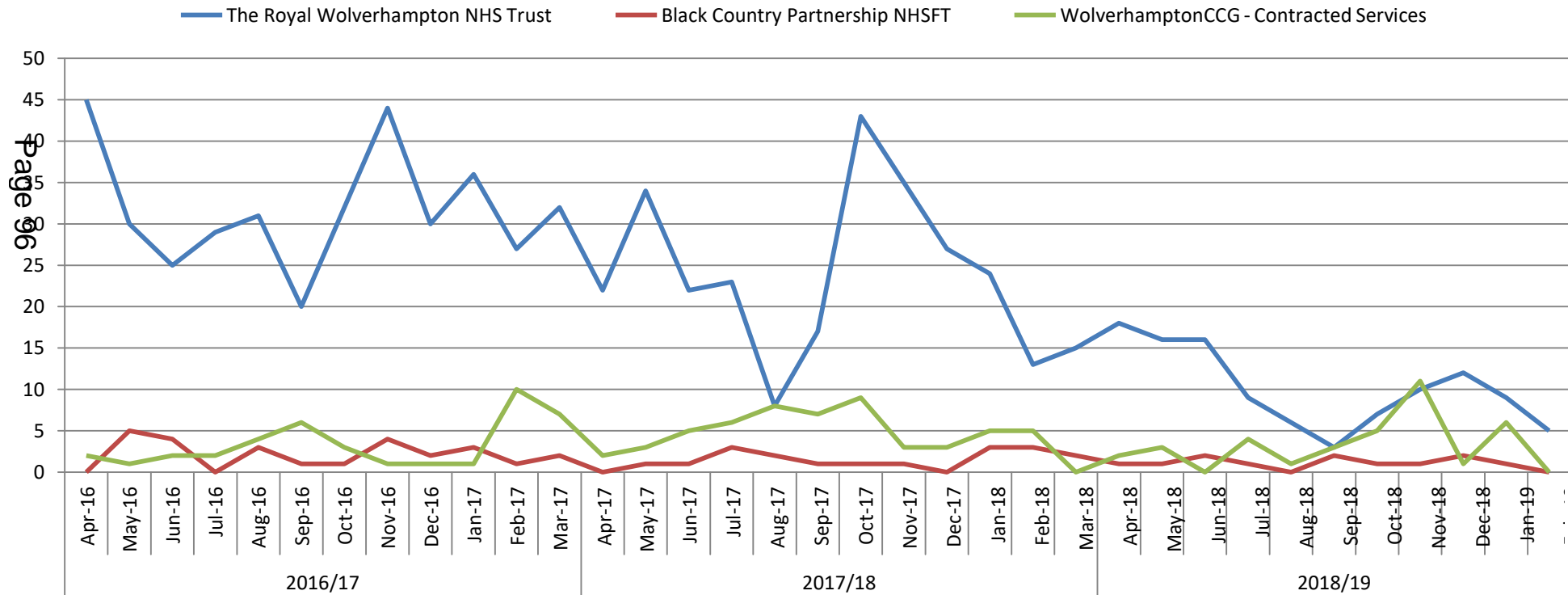
In total, 5 Serious Incidents (SIs) were reported in February 2019.   This is a significant decrease compared to 16 SI's reported in January. The 5 SI's were all reported by RWT.   No SI's were reported for CCG or BCPFT. All serious incidents were reported within the national timescale of two working days.

Chart 2: Serious Incident Types Reported February 2019
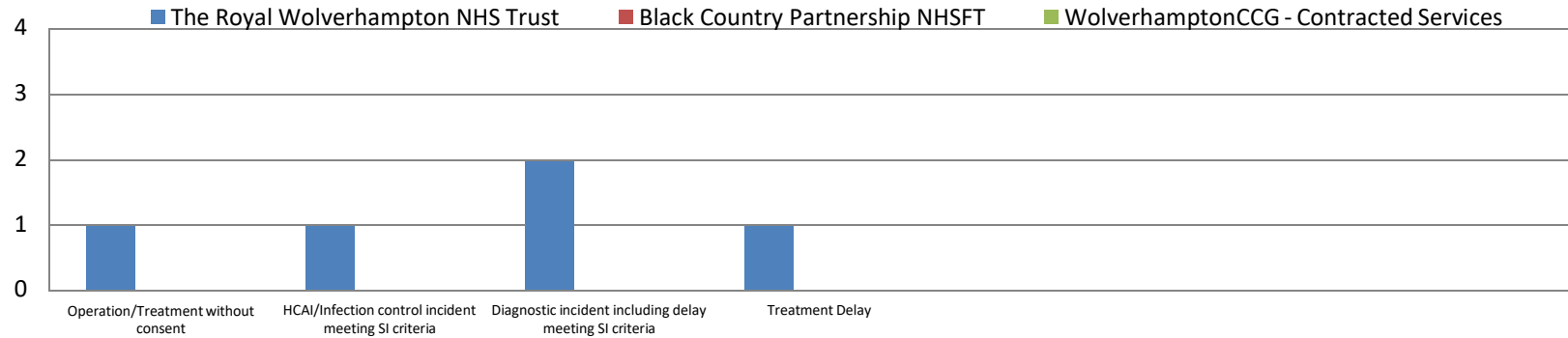
Chart 2 shows the breakdown of serious incident types reported by each provider for January 2019. RWT was the highest reporting provider (9).

Assurance:

- A WCCG representative attends multiple review groups to provide assurance that serious incidents are being appropriately identified.
- WCCG is currently undertaking a thematic analysis of all suboptimal care, diagnostic delay and treatment delays SI's to establish whether there are any service related themes or wider issues or links recurring across these serious incidents.
- Scrutiny of completed serious incident reports continues across all providers.
- Regular monitoring of compliance via CQRMs.
- Announced and unannounced visits undertaken to follow up on action plans.

RWT Endoscopy Surveillance Incident:

Trust has recently reported a diagnostic delay serious incident which relates to endoscopy surveillance which dates back to 2011. Trust is currently in the process of validating the data to confirm the exact number of patients affected by this delay. WCCG chief nurse is fully sighted on this SI and has received immediate assurance from the Medical Director with regards the immediate actions taken by the trust to mitigate the risks. The trust is conducting a comprehensive RCA investigation to identify the root cause, learning to prevent reoccurrence of similar incidents.

2.2   RWT Neonatal Pressure Injuries Concern:

An emerging concern has been highlighted at the weekly pressure ulcer scrutiny meeting as the Trust has reported 7 neonatal pressure ulcers (Cat 3 & 4 device related PU's) since November 2018, which is a significant number of pressure ulcers reported compared to 0 neonatal pressure ulcers reported in the last three years. Please note that 6 out 7 neonates were extremely premature neonates and were born between 23/40 to 27/40 weeks. All these pressure ulcers were discussed at the trust weekly scrutiny meeting and were deemed not reportable on STEIS because no omissions in care were identified. WCCG has escalated this issue with the Trust via CQRM and has requested the Trust to undertake a deep dive into these incidents and to submit an overarching action plan to WCCG.

2.3   CQC Learning from deaths – A review of the first year of NHS Trusts implementing the national guidance

The Care Quality Commission has published Learning from deaths – a review of the first year of NHS Trusts implementing the national guidance in March 2019. Please see the brief summary of this report below:

CQC's review finds that awareness of the guidance is high. Inspections have found evidence of some trusts having taken action to revise policies and establish more robust oversight of the investigation process to ensure learning is shared and acted on.

Overall, CQC found that the key to enabling good practice is: an open and learning culture; clear and consistent leadership; values and behaviours that encourage engagement with families and carers; positive relationships with other organisations; and the ability to support staff with training and the wider resources needed to carry out thorough reviews and investigations.

However, progress made to date varies between trusts and some organisations have found it harder than others to make the changes needed. In particular, improving engagement with bereaved families and carers is an area where some providers have struggled.

Issues such as fear of engaging with bereaved families, lack of staff training, and concerns about repercussions on professional careers, suggest that cultural issues within some organisations may be a barrier to putting the guidance into practice.

The report includes a case study analysis of three NHS hospital trusts – West Suffolk NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust and Norfolk Community Health and Care Trust – that have demonstrated areas of good practice in implementing changes to improve investigations and learning when patients in their care die.

Following this review CQC has committed to further strengthening its assessment of how trusts are investigating and learning from patient deaths and to providing additional support and training for inspection staff involved in monitoring and inspecting trusts progress.

CQC also set out where the challenges lie for the Learning from Deaths programme to continue to support implementation, and to make sure that learning from deaths remains a priority for the NHS so there is the necessary investment made by trusts.

2.4   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	0	0	0	0	0	0		4
Black Country Partnership	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Other providers	0	1	0	0	0	0	0	0	0	0	0	0	0		0
Total Reported	**5**	**5**	2	0	2	0	0	0	0	0	0	0	0		**4**

There were no Never Events reported in February 2019.

3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

3.1 Infection Prevention

Measure	Trend	Target	Assurance/Analysis
MRSA		**0**	No new MRSA cases reported in February 2019.
C. Diff		**<35**	Cumulative figure increased to 26 in February 2019.
Hand Hygiene - All Staff		**95%**	Increase in hand hygiene KPI to 93.47% in February, up from 90.36% in January.
Infection Prevention Training		**95%**	Infection Prevention training above threshold in February 2019 increasing to 96.35%.

3.2 Maternity

Measure	Trend	Target	Assurance/Analysis
Bookings at 12+6 weeks		>90%	The figure for February decreased slightly for the second consecutive month to 89.10% from 90% in January.
Number of Deliveries (mothers delivered)		<416	The number of deliveries decreased significantly from 416 (target) in January 2019 to 346 in February 2019.
One to One care in established labour		100%	Ongoing recruitment of Midwives continues, with a number commencing in post shortly. One to one care in established labour decreased again slightly in February 2019 to 96.1% from 97.8% in January.
Breastfeeding (initiated within 48 hours)		>=66%	Despite the rate of breast feeding initiation in January 2019 meeting the threshold at 66.4%, the figure for February declined to 60.5%.
C-Section - Elective (Births)		<12%	The rate for elective C-Sections remains slightly below the 12% threshold at 11.6% for February.

Measure	Trend	Target	Assurance/Analysis
C-Section - Emergency (Births)		<14%	Emergency C-section case rate continues to decrease, from 18.5% in January to 14% in February 2019. The Trust has undertaken a C-section audit following concerns relating to a rise in C-section rates and the audit findings has indicated that RWT is not an outlier in terms of national total rates.
Admission of full term babies to Neonatal Unit		0	One full term baby was admitted to neonatal unit during February 2019.
Midwife to Birth Ratio (Worked)		<=30	The Midwife to birth ratio has seen significant improvement over the last 8 months and currently stands at 1:27 and is within national standards.
Maternity - Sickness Absence		<3.25%	Maternity Sickness Absence saw a further increase in February 2019 up to 7.7%, from 6.5% in January (reported one month behind).

3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
Mortality – Inpatient deaths		N/A	The SHMI for October 2017 to June 2018 is 1.21 and has been rated red and the banding still remains higher than expected. RWT remains a national outlier for this performance. The crude mortality rate for February has slightly decreased to 2.95% compared to 3.42% in January.

Measure	Trend	Target	Assurance/Analysis
Mortality - SHMI Observed vs. Expected Deaths		N/A	The trust has developed mortality strategy 2019-2022 to ensure that the organisation is learning from mortality through the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care.
Mortality - SHMI		N/A	Trust is making good progress on the mortality improvement action plan which looks to address the governance arrangements, a city wide approach, clinical documentation, coding, clinical analysis and associated learning and overarching staffing. WCCG monitors this action plan via the monthly CQRM.

Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
6 Week Diagnostic Test		<1%	Figure for February shows 0.62% which is a significant improvement compared to 1.74% in January 2019 and is now back within standard.
2 Week Wait Cancer		93%	The 2 week wait cancer performance position in February remains below target at 76.55%. 79.4% of these breaches were due to capacity and 20.6% were due to patient choice.

Measure	Trend	Target	Assurance/Analysis
2 Week Wait Breast Symptomatic		**93%**	February 2019 figure was 23.81%, down from 66.67% in January. 96% of these breaches were due to capacity and 4% were due to patient choice.
31 Day to First Treatment		**96%**	The Trust has not achieved this target for this financial year although February has shown slight improvement at 87.78%. 21 of these breaches were due to capacity issues, and 3 were due to complex cases and 7 were due to patient choice.
31 Day Sub Treatment - Surgery		**94%**	The figure for February 2019 has shown significant improvement, rising to 80% from 57.14% in January. 4 of these breaches were due to capacity issues and 1 breach was due to patient choice.
31 Day Sub Treatment - Radiotherapy		**94%**	31 day sub treatment radiotherapy saw an increase in February 2019 to 91.67%, slightly under target but an improvement on January's figure of 80.62%. 8 of these breaches were due to capacity issues and 1 breach was due to patient choice.
62 Day Wait for First Treatment		**85%**	Performance decreased in February 2019 to 48.57%. 26 of these breaches were due to capacity issues, 9 complex cases, 13 patient choice and 16 tertiary referrals received between day 27 and 176.

Measure	Trend	Target	Assurance/Analysis
62 Day Wait - Screening		**90%**	62-day wait screening target decreased again in February 2019 to 46.67%. 6 breaches were due to capacity issues and 2 breaches were due to patient choice.
62 Day Wait - Consultant Upgrade (local target)		**88%**	The 62-day wait consultant upgrade (local target) performance for February 2019 saw improvement to 78.21% from 71.43%.
62 Day Wait - Urology		**85%**	The average waiting time decreased to 74 in January 2019 (reported one month behind). Performance for Urology in January was 34.29%.
Patients over 104 days		**N/A**	10 patients identified over 104 days in January 2019 compared to 15 in December 2018. All of these patients had a harm review and no harm was identified.

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3.5 Total Time Spent in Emergency Department (4 hours)

Measure	Trend	Target	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross		**92%**	Performance for New Cross remained steady at 81.31%, under target; however 27th in the country. Winter planning remains in place.
Time Spent in ED (4 hours) - Combined		**95%**	The Trust did not achieve the combined target for February 2019; overall performance remained steady, however, at 88.43%.
Ambulance Handover		**N/A**	February saw an improvement in ambulance handovers 30-60 minutes, down from 240 in January to 96 in February. 8 ambulances breached the 60 minute handover in February compared with 24 in January.

3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Sickness Absence Rates (%)		**3.85%**	Attendance levels have improved marginally when considered over the rolling 12 month period despite the slightly worsened performance in the 'in month' figure, which is attributed to expected levels of seasonal illness. Actions to build on this improvement include continued focus particularly on long term absence, such as monthly sickness absence workshops in the divisions.

Measure	Trend	Target	Assurance/Analysis
Vacancy Rates (%)		10.5%	The vacancy rate has reduced slightly, driven by an increase of 27 in the number of staff employed directly by the Trust.
Staff Turnover Rates (%)		10.5%	Turnover has increased marginally from 10.45% to 10.46% over January, however, normalised turnover has reduced.
Mandatory Training Rate (%)		95%	Mandatory training (generic) compliance rates have diminished in month and a detailed review of mandatory training compliance by Division has been considered by the Workforce and Organisational Development Committee and Trust Management Committee.
Appraisal Rate (%)		90%	Appraisal compliance remains below target, and has worsened over the month of January. This is being closely monitored in the Divisions.

4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Sickness Absence Rates (%)		**<4.5%**	Sickness rate reduced in February to 6.44%; however, KPI remains red rated against a target of 4.5%.
Staff Turnover Rates (%)		**10-15%**	Turnover rate reduced slightly for the second consecutive month down to 13.93% in February from 14.26% in January and remains within the target range.
Average Time to Recruit		**55**	Average time to recruit KPI continues to fluctuate. February recorded 64 days compared to 58 in January and remains above the 55 working day target.
Overall vacancy rate		**<9%**	Overall vacancy rate remains steady at 11.52% and is red rated against the target of 9%.

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Measure	Trend	Target	Assurance/Analysis
Agency Usage (%)	*(trend chart, 2016/17–2018/19, y-axis 0.0%–8.0%)*	**<3.9%**	Agency usage continues to remain above target at 5.3% for February 2019.
Mandatory Training Rate (%)	*(trend chart, 2016/17–2018/19, y-axis 78.0%–98.0%)*	**85%**	Performance against annual and 3 yearly mandatory training improved again during February 2019 to 95.2% and is above target.
% of Shifts filled (Bank and Rostered)	*(trend chart, 2016/17–2018/19, y-axis 80%–100%)*	**95%**	Work continues to monitor safe staffing closely. The Trust is planning to implement the safe care tool on allocate which will support the data collection process. It will also enable them to utilise the acuity tool to support safe staffing.
Safe Staffing - %Fill Rate Registered Staff	*(trend chart, 2016/17–2018/19, y-axis 60%–260%; %Fill Rate Registered Staff, %Fill Rate Unregistered Staff)*	**N/A**	No ward/unit fell below the 90% (red) threshold for registered staff for the first time in over two years and eight of the twelve wards/units were just below the 100% (amber) threshold for registered staff. The main reason for amber was ongoing vacancies plus both short term and long term staff sickness.

4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
CPA % of Service Users followed up within 7 days of discharge		95%	BCP continues to meet the target for this indicator – February 97.37%.
% of people with anxiety or depression entering treatment		1.40%	This indicator has increased for the second consecutive month, up to 1.88% in February from 1.58% in January.
% of inpatients with Crisis Management plan on discharge from secondary care		100%	Trust continues to achieve target of 100% for February 2019.

5.1 PRIVATE SECTOR PROVIDERS

5.2 Vocare

There are currently no quality issues or concerns and no serious incidents have been reported for February 2019. Vocare was rated "Inadequate" and "Requires Improvement" in their last two CQC inspections. However, a re-inspection of Wolverhampton Urgent Care Centre undertaken on 8th November 2018 has resulted in the service being rated as "good" in all areas and "good" overall. Vocare continues to achieve key performance targets month on month. There has been no quality matters raised recently.

A permanent Advanced Lead Practitioner/Manager will commence in April 2019. Assistant Operational Manager and Advanced Lead Practitioner are directly supported by the Regional Director, Assistant Director, Medical Director and Clinical Director: SMT meetings have been held weekly throughout January. Local Vocare is now an integral part of the Central Region and therefore also supported by clinical governance, safeguarding and pharmacy teams.

6.1 SAFEGUARDING

6.2 Safeguarding Children

- The Designated Doctor attended a Black Country CDOP steering group meeting. Funding from all four areas is going to be provided to fund eCDOP and training is going to be arranged to use the system. A Black Country CDOP information sharing protocol is going to be formulated to aid consistency in this area. A transition event is being planned and invitations will be sent out to all CDOP members and stakeholders.

- GP reports to Child Protection Conferences – There was a further Task and Finish Group meeting to address ongoing poor compliance. In conjunction with the WSCB Business Unit, and the RWT Safeguarding Team, the Named Doctor for Safeguarding Children has changed the electronic template used for reports to make it quicker and easier to complete, provide focus on the information required and to reduce duplication of information provided by a range of health professionals. The aim is to improve compliance, ensuring effective information sharing by GPs across the city. The new template was launched at TEAM W in March 2019.

- DDSNC attended a further School Nurse Pilot meeting occurred where the mid-term evaluation was discussed and key areas of learning were identified to be addressed. Issues have arisen from the pilot with regards to information sharing in relation to minutes of meetings. A sub group meeting is to occur to discuss and address issues with key partners.

- DDSNC attended a Neglect Strategy meeting where the development of the strategy was progressed and a first draft is due to be presented at the Executive Committee in June.

6.3 Safeguarding Adults

- West Park Hospital (inpatients): A cluster of Safeguarding Concerns were raised in February 2019. 2 of these were for the same patient. 5 were raised in total; the theme is staff attitude towards patients. 4 of the concerns have been closed by the Multi Agency Safeguarding Hub (MASH). These will be investigated via RWT's internal processes. 1 concern has progressed to the SA2 Planning Stage and an internal enquiry is awaited by the MASH from RWT. A copy of the responsive action plan for all concerns has been requested from RWT by WCCG's Designated Adult Safeguarding Lead. To note there have been 3 Serious Incidents reported by West Park Hospital over the past 12 months (1 pressure ulcer, 1 fall and 1 Infection Prevention Incident). These safeguarding concerns are the first to be raised against West Park Hospital since May 2018.

- LeDeR: 6 reviews have been completed and submitted to Bristol. 1 notification has been requested to be removed (no evidence of a Learning Disability) and 1 review has been returned to the reviewer for more information prior to completion.

- DHR 11: a decision is awaited from the Home Office regarding whether this will proceed.

- Safeguarding Adults Level 3 training took place on 21st March and was well attended by Primary Care and Care Home staff. The evaluation data will be presented in the Safeguarding Q4 report.

6.4 Care Homes

14 homes participated in the Survey Monkey Care Home Questionnaire in February 2019 a slight decrease compared to 17 in January 2019. This difference should be taken into account when reviewing data below.

The table below shows a decrease in falls in February 2019 to 41, compared to January (68). Falls requiring a visit from GP/to A&E increased slightly from 8 in January to 9 in February. A falls themed review analysis will be undertaken.
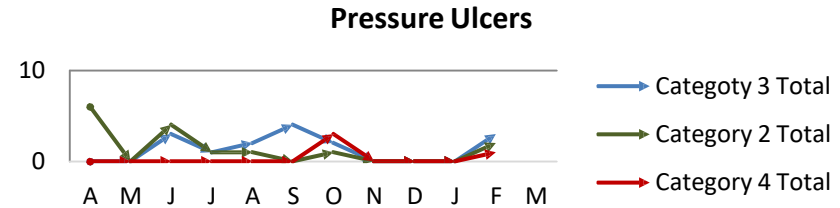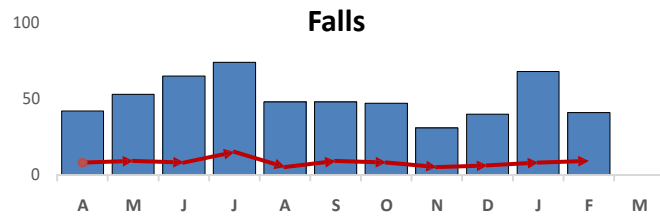
February 2019 saw an increase in reporting of acquired pressure ulcers - 3 x Grade 3, 2 x Grade 2 and 1 x Grade 4. These can be attributed to 3 nursing homes, Eversleigh, Bentley Court and Atholl House. The QNAs are working with the homes to improve their pressure ulcer prevention.

Bentley Court CQC report has been published. Care home rated "inadequate" in all domains. 3 x CHC funded residents currently reside in the home. The Individual Care Team is intending to review the placements to ensure the home is still able to meet the needs of these 3 residents.

Use of the RITs team declined during February 2019 to 44, compared to 69 in January. Unscheduled GP visits also show a slight decrease from 47 in January to 44 in February. This can be seen in the table below left and again the fluctuation in the numbers of care homes submitting data should be taken into account.
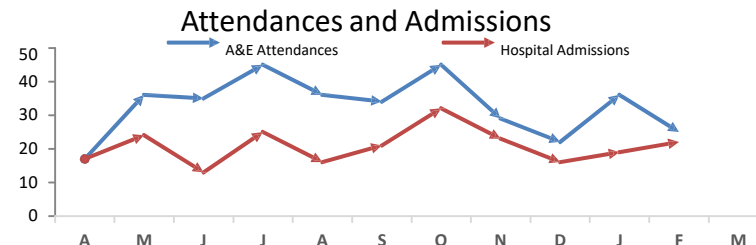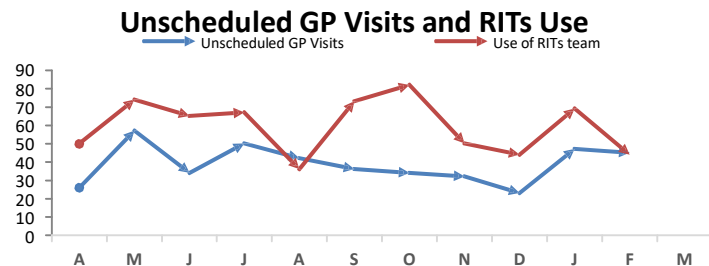
The table above right shows a decrease in the number of attendances to A&E from Care Homes. January saw 36 attendances, with February down to 25. However, admissions to acute wards from care homes show a slight increase for the second consecutive month from 19 in January to 22 in February. Mortality data continues to show that the majority of nursing home residents are dying in care homes rather than in hospital (75% February 2019).

Of the 20 deaths in February, 15 residents died in nursing homes, 5 in hospital. 20 residents died in their preferred place of care (100%) with 16 of them having an EOL/Advanced Care Pathway (80%).

ELEMENT	Total
Palliative Care in last MONTH	
Number of residents passing away in their preferred place of care	20
Number of residents passing away in the nursing home	15
Number of residents passing away in hospital	5
number of residents passing away on a EOL/Advanced Care Pathway	16
Number of residents passing away with DNACPR in place	19
Total number of residents passing away in last **MONTH**	20

Mortality
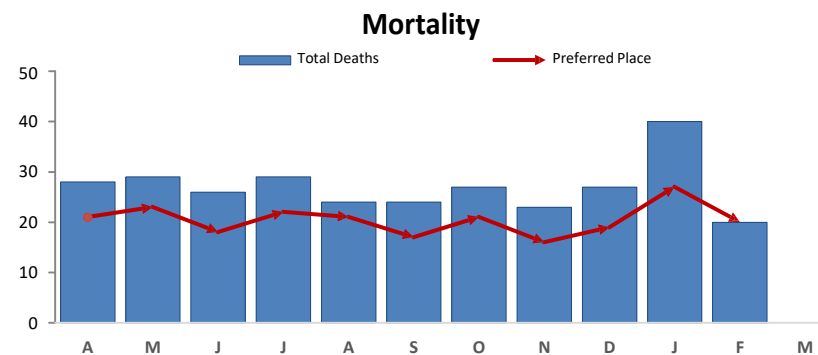
7.1 PRIMARY CARE QUALITY DASHBOARD

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

Issue	Concern	RAG rating
Infection Prevention	Four IP audit have been undertaken in late February early March– the overall average rating is silver. The flu vaccination programme is now complete for 2018/19, some flu outbreaks have been noted in care homes. Work continues to drive the improvement in the management of sepsis in primary care.	1b
MHRA	Since 1st April 2018 ✓ 51 weekly field safety bulletins with all medical device information included. ✓ 5 device alerts/recalls ✓ 16 drug alerts/recalls	1a
Serious Incidents	One serious incident currently under investigation at the practice	1b
Quality Matters	Currently up to date: 10 open 3 of these are overdue	1b
Practice Issues	Issues relating to DocMan, and maternity discharges are being managed.	1b
Escalation to NHSE	On-going process	1a
Complaints	Six complaints received by NHSE in Quarter 3	1a
FFT	In February 2018 ✓ 1 practice did not submit ✓ 4 submitted fewer than 5 responses (supressed data)	1a
NICE Assurance	NICE assurance is now linked to GP Peer Review system – next meeting due in May	1a
CQC	One practice currently have a Requires Improvement rating and is being supported with their action plan.	1b
Workforce Activity	Work around recruitment and development for all staff groups including new roles continue.	1a
Training and Development	Spirometry training, Nursing Associate and HCA apprenticeship programmes now up and running. Practice Nurse Strategy and documents for submission to Primary Care Commissioning Committee. Training for nurses and non-clinical staff continues as per GPFV	1a
Training Hub Update	Training Hub work continues across the Black Country. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process. Risk identified and logged on register.	2

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 12

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th April 2019**
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	• **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):	

• **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.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **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:

- The CCG has achieved all its financial metrics and Statutory Financial duties;
- The Control total of £9.986m surplus has been exceeded by £42k resulting in a year end surplus of £10. 028m;

- The reported financial position is subject to Audit.

Financial Targets				
Statutory Duties	**Target**	**Out turn**	**Variance o(u)**	**RAG**
Expenditure not to exceed income	£9.986m surplus	£10.028m surplus	(0.042)	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£424.036m	£414.008m	(£10.028m)	G
Revenue Administration Resource not exceeded	£5.560m	£5.442m	(£0.118m)	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£403k	£67k	(£336k)	G
Maximum closing cash balance %	1.25%	0.21%	(1.04%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£13.948m	£13.948m	Nil	G
Programme Cost *	£405,857k	£408,566k	£2,709k	G
Reserves *	£2,633k	£0k	(£2,633k)	G
Running Cost *	£5,560k	£5,442k	(£118k)	G

- The net effect of the three identified lines (*) is an under spend of £42k.
- Underlying recurrent surplus metric of 2% has been maintained.

- Programme Costs inclusive of reserves is showing a small overspend.
- Royal Wolverhampton Trust (RWT) M11 data indicates a financial under performance.
- The CCG control total of £9.986m has been exceeded, delivering £10.028m.
- The CCG is reporting an end of year position of £776k underspend within Delegated Primary Care as claims in respect of QOF, maternity and sickness claims and developments are less than planned
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report confirms the need to deploy reserves in order to meet the QIPP target as planned.

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

	Annual Budget £'000	Performance M12			
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)
Acute Services	201,468	201,468	204,095	2,627	1.3%
Mental Health Services	39,906	39,906	40,682	776	1.9%
Community Services	40,882	40,882	40,570	(312)	(0.8%)
Continuing Care	15,061	15,061	14,880	(181)	(1.2%)
Primary Care Services	53,937	53,937	53,363	(574)	(1.1%)
Delegated Primary Care	36,023	36,023	35,795	(228)	(0.6%)
Other Programme	18,580	18,580	19,180	600	3.2%
Total Programme	**405,857**	**405,857**	**408,566**	**2,709**	**0.7%**
Running Costs	5,560	5,560	5,442	(118)	(2.1%)
Reserves	2,633	2,633	0	(2,633)	(100.0%)
Total Mandate	**414,050**	**414,050**	**414,008**	**(42)**	**(0.0%)**
Target Surplus	9,986	9,986	0	(9,986)	(100.0%)
Total	**424,036**	**424,036**	**414,008**	**(10,028)**	**(2.4%)**

- Within the out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.

- The Acute over performance of £2.6m includes both contractual and out of contract spend, £850k of which is offset by earmarked reserves reducing the variance to £1.777m.
- 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 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 M12 non ISFE demonstrates the CCG is on plan, achieving 1.9% 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)	414.050				(11.784)							402.266
Acute Services	201.468	204.095	(2.627)	(1.3%)	(2.084)	-		(8.521)				193.490
Mental Health Services	39.906	40.682	(0.776)	(1.9%)	(2.702)	-		(1.066)				36.915
Community Health Services	40.882	40.570	0.312	0.8%	-	-		0.426				40.996
Continuing Care Services	15.061	14.880	0.181	1.2%	-	-		(0.028)				14.852
Primary Care Services	53.937	53.363	0.574	1.1%	(2.430)	-		0.718				51.651
Primary Care Co-Commissioning	36.571	35.795	0.776	2.1%	0.285	-		0.472				36.552
Other Programme Services	20.665	19.180	1.485	7.2%	(4.808)	-	(2.021)	2.319				14.670
Commissioning Services Total	408.490	408.566	(0.076)	(0.0%)	(11.739)	-	(2.021)	(5.680)		-	-	389.125
Running Costs	5.560	5.442	0.118	2.1%	(0.045)	-		0.160				5.557
TOTAL CCG NET EXPENDITURE	414.050	414.008	0.042	0.0%	(11.784)	-	(2.021)	(5.521)		-	-	394.682
IN YEAR UNDERSPEND / (DEFICIT)	-	0.042	0.042	0.0%						Underlying Underspend / (Deficit)		7.584
										% 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

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Monthly Spend	33,239,399	33,239,399	33,930,116	33,560,880	34,535,202	33,969,594	33,624,420	33,999,401	34,563,686	34,394,395	34,369,809	35,139,431
Monthly Budget	33,081,233	33,361,601	33,985,748	33,564,545	34,525,646	33,955,816	33,624,273	33,966,203	34,523,044	34,378,709	34,387,624	35,135,558

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 Actual	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19 Estimated
Monthly Spend	167	752	461	459	477	464	463	430	422	448	481	418
Monthly Budget	460	459	461	459	477	464	463	464	463	463	463	464

DELEGATED PRIMARY CARE

- Delegated Primary Care allocations for 2018/19 as at M12 are £36.571m. The outturn is £35.795m delivering a underspend position of £0.776m.
- Further to last month when a £0.970m underspend was reported the CCG has identified potential costs relating to the consequences of List size adjustments for a practice and an ongoing issue relating to PMS/GMS. This has reduced the forecast underspend to £776k.
- The 0.5% contingency and 1% reserves are showing an underspend year to date partially offset by an overspend on "other GP Services" line. In line with NHSE planning metrics no expenditure should be shown on the 0.5% contingency and 1% reserves
- The table below shows the outturn for month 12:

	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	22,309	22,133	(176)	🟢	(176)	0
General Practice PMS	1,916	1,507	(409)	🟢	(409)	0
Other List Based Services APMS incl	2,433	2,849	416	🔴	416	0
Premises	2,817	2,466	(351)	🟢	(351)	0
Premises Other	94	60	(34)	🟢	(34)	0
Enhanced services Delegated	887	776	(111)	🟢	(111)	0
QOF	3,802	3,727	(74)	🟢	(74)	0
Other GP Services	1,765	2,277	512	🔴	1,482	(970)
Delegated Contingency reserve	183	0	(183)	🟢	(183)	0
Delegated Primary Care 1% reserve	366	0	(366)	🟢	(366)	0
Total	36,571	35,795	(776)	🔴	194	(970)

2018/19 forecast figures have been updated on quarter 4 list sizes to reflect Global Sum, Out of Hours, MPIG, Rent adjustments and DES.

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.
- As at M12 QIPP is being reported as delivering on plan supported through the planned application of reserves and underspends in the overall position. The following table identifies that, as reported by Scheme Leads, QIPP has under delivered by £6.274m. However, the final position is likely to show more QIPP delivery once M12 activity is reported.

QIPP Programme Delivery Board

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

Area of Spend Category	Annual Plan	April to Mar (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Mar (YTD) Prog Brd diff from Plan	Mar (FOT) Prog Brd diff from Plan
A&E attendances - Other	200	132	132	0	200	0	-92	-24
Acute O P	0	0	0	0	0	0	0	0
CCG Pay costs	115	115	115	0	115	0	0	0
CH Contracts - NHS	281	141	141	0	281	0	-398	-369
Net Non-elective (non-zero length of stay)	4921	3199	3199	0	4921	0	3798	4738
Net Non-elective (zero length of stay)	1618	1072	1072	0	1618	0	396	808
NHS CHC Adult Fully Funded	400	266	266	0	400	0	-59	75
NHS Property Services re-charge (excluding running cost)	100	50	50	0	100	0	-50	100
Other acute	1256	906	906	0	1256	0	-148	41
Other adult and older adult - inpatient mental health (excluding dementia)	950	750	750	0	950	0	-200	0
Other Programme Services	160	140	140	0	160	0	20	40
Prescribing	2507	1603	1603	0	2507	0	-723	-74
Social Care	500	332	332	0	500	0	-168	0
Total first outpatient attendances	718	468	468	0	718	0	648	718
Total follow-up outpatient attendances	221	74	74	0	221	0	74	221
Grand Total	13947	9248	9248	0	13947	0	3099	6274
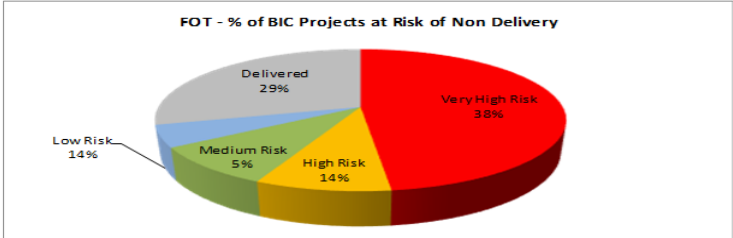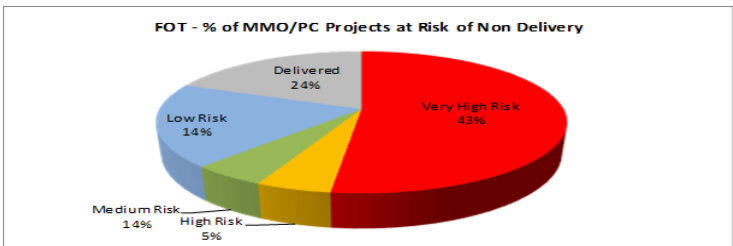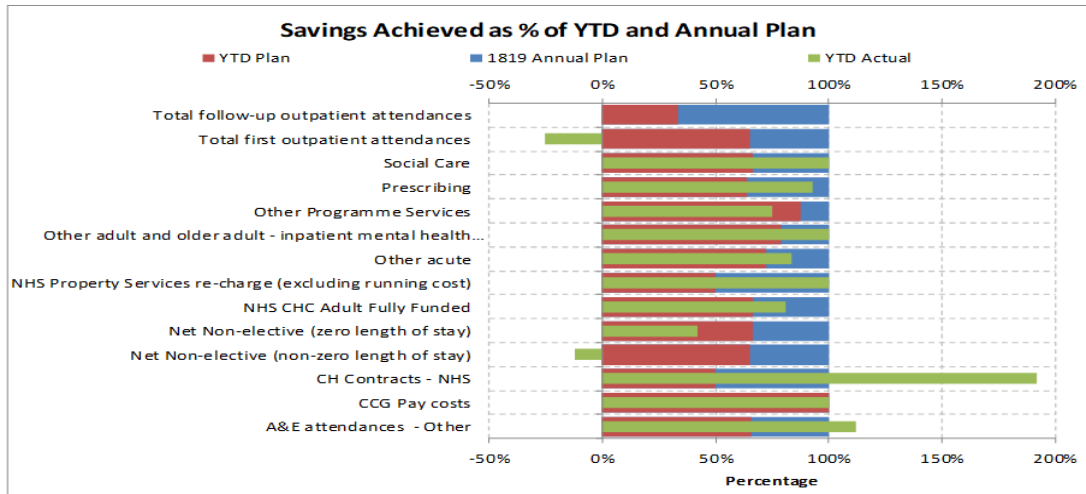
Savings Achieved as % of YTD and Annual Plan

FOT - % of MMO/PC Projects at Risk of Non Delivery

FOT - % of BIC Projects at Risk of Non Delivery

QIPP Programme Delivery Board

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

BIC Delivery Board QIPP Savings against Plan 2018-19

MMO/PC Delivery Board QIPP Savings against Plan 2018-19

Overall Delivery Board Savings (YTD) - *split by Programme Board*
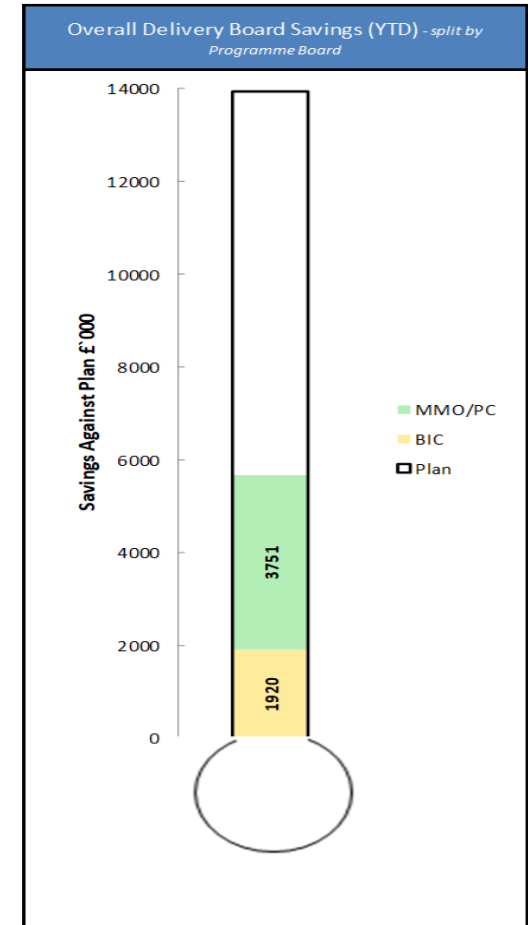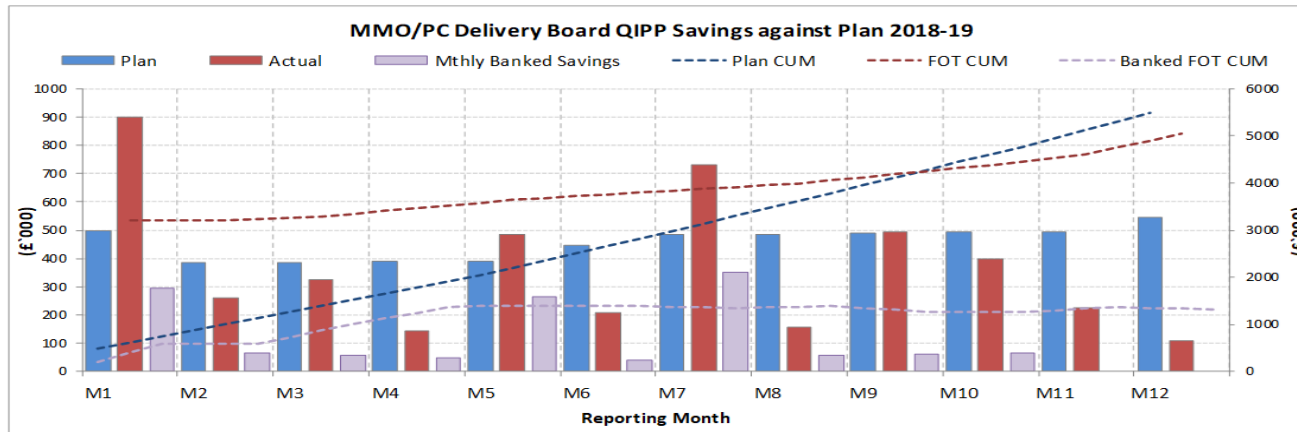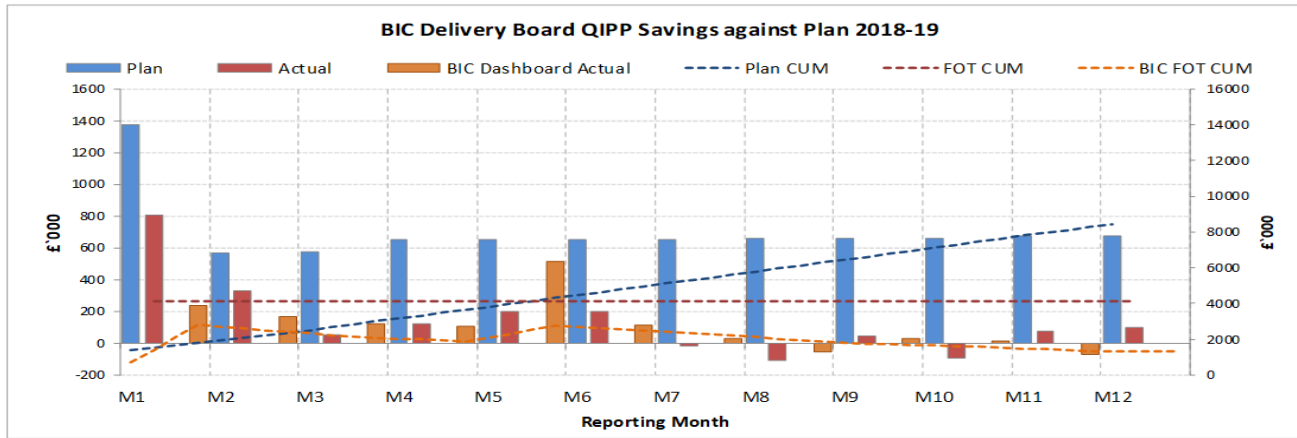
3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st March 2019 is shown below:

STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH 2019

	31 March '19 £'000	28 February '19 £'000	Note	Change In Month £'000
Non Current Assets				
Assets	0	0	1	0
Accumulated Depreciation	0	0	2	0
	0	0		
Current Assets				
Trade and Other Receivables	3,210	4,309	3	-1,099
Cash and Cash Equivalents	67	54	4	13
	3,277	4,363		
Total Assets	**3,277**	**4,363**		
Current Liabilities				
Trade and Other Payables	-41,149	-43,847	5	2,698
	-41,149	-43,847		
Total Assets less Current Liabilities	**-37,872**	**-39,485**		
TOTAL ASSETS EMPLOYED	**-37,872**	**-39,485**		
Financed by:				
TAXPAYERS EQUITY				
General Fund	37,872	39,485	6	-1,612
TOTAL	**37,872**	**39,485**		

Key points to note from the SoFP are:

- The cash target for month 12 has been achieved, further details are provided in 13.2 below;
- 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);

- As at 31st March 2019 the CCG recorded £1,806k (£1,041k increase on February figures) Trade & NHS Receivables (Debtors).

   These are included within the 'Trade and Other Receivables' figure on the SoFP shown above. The profile is as follows:

Trade & NHS Receivables (Debtors) at 31st March2019

- Current £1,027k
- 1-30 Days £332k
- 31-60 Days £68k
- 91-120 Days £31k
- >90 Days £348k

Trade & NHS Payables (Creditors) at 31st March 2019

- Current £235k
- 1-30 days £842k
- 31-60 days £372k
- 61-90 days £147k
- >90 days £134k

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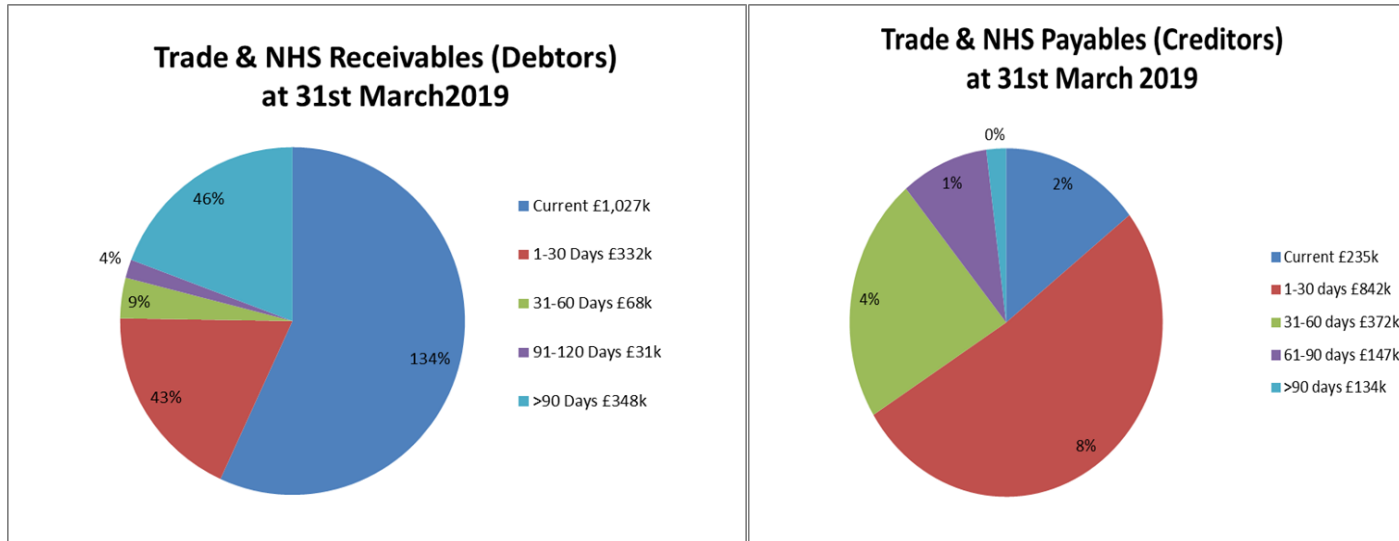
PERFORMANCE

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

Executive Summary - Overview

Feb-19

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	8	8	15	15	1	1	0	0	24
Outcomes Framework	8	6	7	6	11	14	0	0	26
Mental Health	24	24	4	2	13	15	0	0	41
Sub Totals	*40*	*38*	*26*	*23*	*25*	*30*	*0*	*0*	*91*
RWT - Safeguarding	4	5	4	4	3	4	0	0	13
RWT - Children & Young People in Care (CYPiC)	0	0	0	0	6	6	0	0	6
BCP - Safeguarding	11	10	1	2	1	1	0	0	13
Dashboard Totals	*15*	*15*	*5*	*6*	*10*	*11*	*0*	*0*	*32*
Grand Total	**55**	**53**	**31**	**29**	**35**	**41**	**0**	**0**	**123**

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Indicator RAG ratings per month (%) all Performance Measures (includes Safeguarding and CYPiC Dashboards)
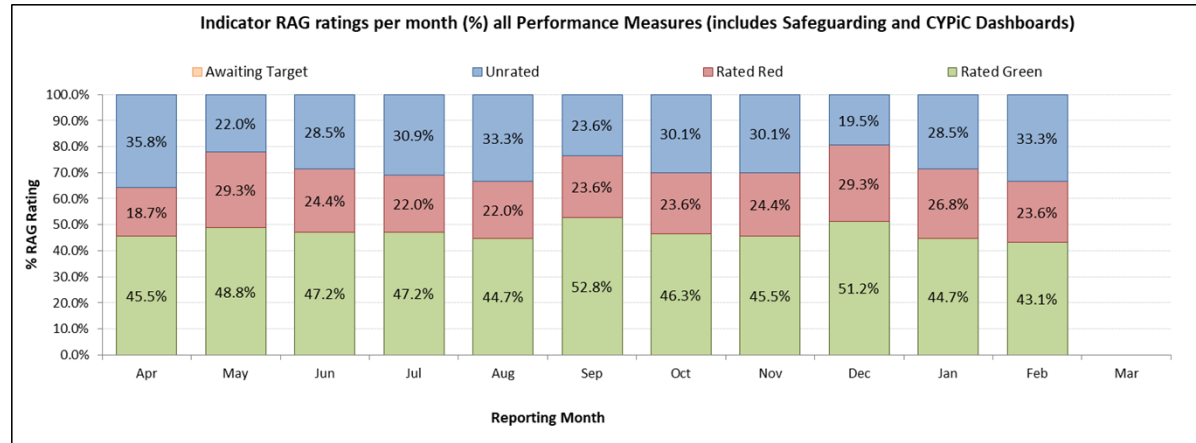
Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

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

- RTT data measures waiting times from referral to the start of first definitive treatment in weeks at treatment speciality level. The length of the RTT period is reported for patients whose RTT clock stopped during the month, and those who are waiting to start treatment at the end of the month.
- The Trust's performance for February was 89.8% against the national target of 92%.
- 92% patients were waiting less than 20 weeks to start treatment, compared to nationally 92% waiting 22 weeks.
- M11 in-year trajectory (as agreed with NHSI) of 91.29% has not been achieved; however performance is once again better than the national position of 87%.
- The Trust continues to prioritise resources to meet increased cancer activity.
- Potential impact of Staffordshire CCGs decommissioning of community services and drive to reduce activity at other local provider.

- As previously reported up until December the Trust had been on track to achieve the national requirement to sustain or reduce RTT waiting list size against the March 18 baseline of 33,858; as at February the list size exceeds this position at 35,553 with the Trust anticipating a March 19 position of circa 35,500.
- The Trust is providing exception reports which are discussed at the monthly CRM and a recovery trajectory is currently in discussion.
- The performance Wolverhampton CCG patients waiting to start treatment at any Trust is 91.4% for February 2019 where 92% of patients waited 18.5 weeks or less to start treatment against a national target of 18 weeks.
- National performance is 84.9% patients starting treatment within 18 weeks and 92% by 23.4 weeks.
- Regional performance is 87.4% by 18 weeks and 92% within 21.6 weeks.
- There are no patients waiting 52+ weeks at the Trust or CCG.

3.1.2. EB4 – Percentage of Service Users Waiting 6 weeks or more from Referral for a Diagnostic Test.

- The % of patients waiting 6 weeks (or more) for diagnostic tests at the Trust has achieved the 1% target for the first time since August 2018 with 0.62% in February. The CCG's performance for February was 0.51%.
- Performance has been steadily improving since October with only MRI, CT and Non-Obstetric Ultrasound waits below standard.

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

- 88.4% of A&E attendances were admitted, transferred or discharged within 4 hours from arrival in February.
- The February PSF trajectory target of 90.7% was not achieved.
- Although the Trust fell short of the national target of 95%, nationally only 6 acute trusts out of 136 achieved the national standard with RWT ranked at 39th in February.
- NHS England performance was 84.2% and the Black Country STP achieved 84.8%.
- Attendances (Type 1 & 3) have reduced on the previous months however remains high at 22nd highest number of attendances nationally.
- Ambulance handovers breached both the 30min (96 breaches out of 4,081 conveyances) and 60min (8 breaches) targets.
- The 12 hour decision to admit target breach reported in January has been discussed with NHS England as it related to a paediatric patient who was unstable and unable to be transferred. The CCG Quality Team has

confirmed that the incident does not qualify as a breach as the child was critically ill and required extensive clinical input and was unable to transfer out of the Emergency Care.

- The Trust has reported zero 12 hour Trolley breaches (decision to admit target) during February, however early indications are that there has been a breach during March bringing the Year End total to 6 (excluding the January incident).

3.1.4. Cancer 2WW, 31 Day and 62 Day

- Validated national data have confirmed performance as: Trust 53.77% (49 breaches out of 105) and CCG 68.09% (15 breaches out of 47).
- National performance at Trust level also failed to achieve the standard at 75.2% and STP 76.14%.
- As forecast the Trust has not achieved the agreed recovery trajectory which was 70.3% for January.
- All 104+ patients had a harm review and no harm was identified.
- Late tertiary referrals; of the 13 tertiary referrals received in February 11 breached the 38 day standard with 4 already breaching 62 days - Worcester Head & Neck @ day 111, Walsall Urology @ day 112, Dudley Group Urology @ day 68 and SATH lung at day 100.
- The increase in Breast cancer referrals following the Breast Cancer Awareness Campaign in October shows no signs of abating.
- Public Health has been commissioned to analyse Breast referrals.
- NHSI confirms that this is reflected regionally and nationally and as yet there is no obvious cause of the sustained increase in the level of referrals.
- Demand and capacity analysis at STP level is currently under discussion.
- Current performance levels :

Ref	Indicator	Target	Feb19	YTD
EB6	2 Week Wait (2WW)	93%	76.49%	83.58%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	23.81%	57.39%
EB8	31 Day (1st Treatment)	96%	88.05%	88.90%
EB9	31 Day (Surgery)	94%	80.00%	72.26%
EB10	31 Day (anti-cancer drug)	98%	98.44%	97.25%
EB11	31 Day (radiotherapy)	94%	91.67%	87.98%

		M11= 66.7% (Recovery) 85% (National)	50.24%	60.32%
EB12	62 Day (1st Treatment)			
EB13	62 Day (Screening)	90%	46.67%	77.40%

3.1.5. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections :
  - o Excluding Assessment Units which has seen a decrease in performance however is achieving 96.56% (against a 95% target).
  - o Assessment Units which have seen an increase in performance, however, is currently showing as failing (90.59%) against the 18/19 increased target of 92.5%. This indicator has failed to achieve target since July 2017 and a new stretch target has been agreed for 19/20 (87% to 90%) as part of the contract planning rounds.
- The Trust has submitted an exception report indicating reasons for underperformance as :
  - o No overnight ward clerk support, regular attenders and the clerking of patients onto the system.

  Actions have been identified which include ensuring all new staff are aware of the importance of timely inputting of patient data onto the IT System and Weekly Performance reports continue to be distributed to clinical leads every Tuesday, which also includes a breakdown of all breaches for specialities to view and raise discrepancies to investigate.

3.1.6. VTE Risk Assessment (CB_S10C)

- The VTE Assessment has breached the 95% target throughout 2018/19 with the February performance at 93.79% (YTD: 92.78%).
- The Trust exception report links poor performance to the increased activity from Stroke Services with late assessments (and lower age requirement).

3.1.7. Stroke (LQR14 and LQR15)

- The performance for Stroke services is split into 2 sections:
- Patients spend 90% of time on the stroke unit (83.95% against 80% target)
- Percentage of higher risk transient ischaemic attack (TIA) cases assessed and treated within 24 hours (96.77% against a 60% target)
- Both indicators have seen a drop in performance with early indications that the March TIA indicator is below target at 55.03%.

3.1.8. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust in February have achieved both the NHS delays (excluding Social Care = 1.32% against a 2.00% target) and all delays (including social care of 3.01% based on 17/18 threshold of 3.5%)
- The Trust has identified that the main areas of delays remain :
  - Patient Family Choice (top NHS delay = 2.61 average bed day delay)
  - Care Packages in Home (top Social Care delay = 6.00 average bed day delay)
- The proportion of Staffordshire patient delays at the Trust during February has been confirmed as 54.34% of the total delays (Wolverhampton patients = 33.83%).

3.1.9. Serious Incident Breaches (SUIs) - RWT

- 1 breach was identified for February (see table below), there have been no reported Never Events for February; however the YTD total for 18/19 is currently at 4 incidents.
- 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	Feb19	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	1	27

3.1.10. Safeguarding

- 5 out of the 19 Safeguarding indicators for Children and Young People in Care (CYPiC, formally known as LAC) indicators were reported as achieving targets for February 2019 (and 10 non submissions – however, 6 of the CYPiC indicators have transferred to Quarterly reporting and updates will be available in the March submission).

3.1.11. Infection Prevention

- Hand Hygiene compliance has seen an increase in February but remains below the 95% target at 93.47%. The Trust has confirmed that performance has been impacted by the TUPE transfer of staff (from Dudley Group of Hospitals, Sandwell and West Birmingham and Walsall Healthcare) whose training modules differ in completion requirements.
    - Trust has continued monthly reporting to line managers of non-compliant staff and to gain assurance that each directorate has an effective process of non-compliance/holding staff to account and staff awareness, with discussions at IPCG every month (chaired by Executive Directors).
- Infection Prevention Training (Level 2) has seen further increases in performance with February achieving the 95% target for the 2nd consecutive month at 96.35%.
- There were no MRSA cases reported for February.
  The Trust Clostridium Difficile (C.Diff) position is currently below the in-month threshold, however early indications are that the March performance breaches the in-month threshold with 5 cases

3.1.12. CHC Checklist (LQR11)

- The performance for the Continuing Health Care checklist has seen an increase in performance during February to 100%.
- The February figures relate to 25 patients CHC templates.
- The CHC team have confirmed that from the 1st March 2019, submission data will no longer be available as checklists will be completed in (Decision To Admit) D2A beds

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 (with February achieving 61.54%), however, national reporting is based on extracts from the Mental Health Minimum Data Set and a rolling 3 month calculation. The MHMDS is subject to a publication data lag, with latest data confirming achievement of the 50% target performance for the 6th consecutive month during 2018/19 in December with 51.67%.

3.2.2. CYP Receiving Treatment from NHS Funded Community Services (EH9)

- This is a quarterly submission from the Trust however; National monthly reporting confirms the CCG performance for February 2019 22.32% and the YTD as 23.62% against the 32% target, however currently excludes the Q4 Kooth provider figures which are unavailable by CCG split as part of the Mental Health Minimum Data Set.

3.2.3. IAPT Access (LQIA05)

- February achieved the 2018/19 in-month target of 1.58% with 1.88%, this has increased the Year to Date performance, however remains below the cumulative target (YTD = 16.27% against an YTD target of 17.42%); performance is measured against the Year End target of 19%. Based on the February data, March performance will need to achieve 2.73% (819 Patients during the month - an additional 344 patients above original planning trajectories) to meet the year end 19% target.
- The CCG has explored the use of external counselling services to boost performance
    - Serenity (local counselling service) following loss of accommodation the CCG has booked rooms on the services behalf to continue appointments, however this has ceased from 31st March 2019.
    - Big White Wall (online therapy) have been contracted to treat 100 patients from 11th February 2019 to support access rates to the end of March 2019.
    - Base 25 and ACCI (African and Caribbean Community Initiative) and Relate activity are currently being assessed for possible inclusion to performance during 19/20.
- Early indications are that the Year End performance is currently at 18.54% and below standard

3.2.4. Safeguarding

- 10 of the 13 Safeguarding indicators were reported as achieving targets for February 2019 (with 1 non submission).
- The 2 breaches relate to:
  - LQSG08 – Level 3 Training for Safeguarding Adults (79.32% against an 85% target.
  - LQSG13 – Prevent Awareness (94.79% against 95% target).
- The Trust have submitted an exception report for the safeguarding training which confirms Learning & Development liaise with safeguarding leads to ensure adequate training provision for the number of staff currently non-compliant

3.3. Other Providers :

3.3.1. Referral to Treatment Time (18weeks) – Nuffield Wolverhampton

- The performance for the Nuffield (Wolverhampton) has previously been included within this report although there was a discrepancy in reported numbers. National publications have confirmed the February performance as above the 92% target at 92.91% (with the Wolverhampton element at 92.37% and therefore also GREEN).

3.3.2. Commissioner Mixed Sex Accommodation Breaches (EBS1)

- 1 breach was identified for the CCG during February 2019 at Sandwell and West Birmingham Hospital (out of 229 breaches for the Trust during February).
- Following discussions with the lead commissioner (Sandwell CCG) it has been confirmed that the Trust had previously incorrectly reported data to the national collection. The Trust has now rectified this following advice from NHS Improvement that national policy and guidance should be followed.
- Following a visit from NHSI to Sandwell General Hospital, it has been confirmed that new guidance will be released which will clarify MSA breaches. The overall number of Sandwell breaches continues to fall with an expectation of zero by end of March.
- The Commissioner year to date total is 7 breaches.

3.3.3. Referral to Treatment (18 Weeks) – 52 Week Breaches

- No breaches have been identified for the CCG during February 2019, with the longest CCG waits currently as :
  - University Hospital of North Midlands (Neurology 1 x 46 wks)
  - Royal Orthopaedic Hospital (Trauma & Orthopaedics 1 x 46 wks)
- The Commissioner year to date total remains at 27 breaches.

4. 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.

5. RISK REPORT

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

6. 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.

7. RECOMMENDATIONS

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

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **1st May 2019**

Current Month: | Feb-19

Key:

(based on if indicator required to be either Higher or Lower than target/threshold)

⬆ Improved Performance from previous month

⬇ Decline in Performance from previous month

➡ Performance has remained the same

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
RWT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92.0%	No Data	90.71%		
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.38%	98.40%	⬆	
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95.0%	88.43%	91.18%	⬆	
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	93.0%	76.49%	83.80%	⬇	
RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	93.0%	23.81%	53.46%	⬇	
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	96.0%	88.05%	88.88%	⬆	
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	80.00%	72.82%	⬆	
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98.0%	98.44%	97.27%	⬆	
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	94.0%	91.67%	87.46%	⬆	
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	Stretch from 73.91% to Yr End 85.2%	50.24%	60.17%	⬇	
RWT_EB13	Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	90.0%	46.67%	77.63%	⬇	
RWT_EBS1	Mixed sex accommodation breach	0	0	0	➡	
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	0	0	0	➡	
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	0	0	2	➡	
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	1	26	⬆	
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	➡	
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	0	96	936	⬆	
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	8	91	⬆	
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	0	6	⬆	
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	➡	
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	93.79%	92.88%	⬆	
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0		
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.0%	99.87%	99.89%	⬇	

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
RWTCB_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%	98.82%	98.68%	⬆	
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	96.56%	95.84%	⬆	
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%	90.59%	85.88%	⬇	
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	1.32%	1.06%	⬇	
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	1	27	⬇	
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.49%	0.49%	⬆	
RWT_LQR10	DToC – compliance with checklist *awaiting confirmation of removal to Schedule 6	95.0%	No Data	66.96%		
RWT_LQR11	% Completion of electronic CHC Checklist	98.0%	No Data	89.67%		
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	24.02%		
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	89.10%	90.55%	⬇	
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	83.95%	91.17%	⬇	
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	96.77%	87.82%	⬇	
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	13		
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	6		
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	3		
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	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%	93.47%	91.66%	⬆		
RWT_LQR29	Infection Prevention Training Level 2	95.0%	96.35%	94.72%	⬆		
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	99.44%	96.71%	⬆		
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	9	➡		
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	99.89%			
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	95.87%			
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%	74.07%	⬆		
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%	82.50%	84.05%	⬆		
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%	99.11%	➡		
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	9.28%			
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	92.31%			
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%	97.37%	95.69%	⬇		
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 themsleves against clinical advice or who are AWOL)	100.00%	100.00%	98.33%	➡		
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	94.49%			
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	85.76%			

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
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%	95.30%	96.52%	⬇	
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	100.00%	99.63%	➡	
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.00%	1.04%	➡	
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.32%	99.39%	⬇	
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	100.00%	96.23%	➡	
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	93.48%	98.23%	⬇	
BCP_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	100.00%	No Data	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%	No Data	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%	61.54%	⬆	
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%	61.54%	59.25%	⬆	
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%	82.50%	84.05%	⬆	
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%	100.00%	99.11%	➡	
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%, Sanction: GC9]	80.00%	No Data	92.93%		
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%	1.88%	16.32%	⬆	
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	16.27%	16.27%	⬆	
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%	100.00%	97.24%	➡	
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%	100.00%	100.00%	➡	

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY
14 May 2019

Agenda item 13

TITLE OF REPORT:	Summary – Wolverhampton Clinical Commissioning Group Audit and Governance Committee – 23 April 2019
AUTHOR(s) OF REPORT:	Peter Price – Chair, Audit and Governance Committee
MANAGEMENT LEAD:	Tony Gallagher – Director of Finance
PURPOSE OF REPORT:	• To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• To provide an update of the WCCG Audit and Governance Committee to the WCCG Governing Body.
RECOMMENDATION:	• That the Governing Body **receive** and **note** the actions taken by the Audit and Governance Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

1. BACKGROUND AND CURRENT SITUATION

1.1 Local Security Management Update
The Head of Computer Audit and Local Security Management Specialist presented to the committee the proposed plan of work for 2019/2020 in relation to Security Management. The committee agreed and accepted the report.

1.2 External Audit Progress Report
External Audit presented the External Audit Progress Report to the Audit and Governance Committee which included a summary of interim audit work, a final timeline of audit deliverables and also an identified risk around performance of cancer and mortality.

1.3 Register/Board Assurance Framework including GBAF and Risk Register
The version of the Risk Register/Board Assurance Framework that was presented at the committee had also been presented at the Governing Body.

1.4 Cyber Security
The committee were given a presentation on Cyber Security by the Deputy Chair of the Governing Body and Audit and Governance Committee which had been seen at a recent Audit Chairs Forum.

The presentation covered areas such as:
- Progress across the cyber programme
- Responsibilities and accountabilities of CCG
- Assurances that CCGs should be seeking
- How issues are escalated
- Top 10 risks
- Support package for CCGs

The Corporate Operations Manager would report back about the organisation's performance against the 10 cyber risks once this had been completed.

1.5 Delegated Commissioning Final Report
The delegated commissioning final report was shared with the committee with one medium risk identified. The committee noted the findings

1.6 Risk Management Report
This report reported one low risk and was overall deemed as positive.

1.7   Draft Internal Audit Annual Report including the Draft Head of Internal Audit Opinion
        A draft audit opinion had been submitted at present at present as 'generally satisfactory with some improvements'. The committee queried this and it was clarified that this was an interim assessment subject to the completion of the remaining internal audit reports.

        A final opinion would be issued once the DPA and Stakeholder reports had bene received.

1.8   Draft Internal Audit Plan for 2019/2020
        Comments that had previously been sent to Internal Audit by committee members had now been incorporated into the plan including Brexit planning.

        The committee discussed the use of allocated days for work. They also asked that the work around the Better Care Fund was looked at every two years. The committee approved the plan.

1.9   Counter Fraud Annual Report 2018/2019
        The Counter Fraud Annual report contained information that had been received during the year.

1.10   Draft Governance Statement
        The latest version of the draft governance statement was presented to the committee. The document would be further updated once the internal audit opinion had been received.

1.11   Draft Committee Annual Report
        The draft Audit and Committee Report was shared with the committee in line with its Terms of Reference. The committee is required to review its effectiveness on an annual basis and then presented to the Governing Body detailing work completed through the year.

1.12   Feedback to and from the Audit and Governance Committee and Wolverhampton CCG Governing Body Meeting and National Chairs Meeting
        The Chair advised committee members that the Governing Body had approved the dementia strategy. It also reviewed a presentation for mortality from RWT.

1.13   Draft Final Account and their preparation
        The committee were presented with the tabled draft annual accounts to committee
        members. The date of submission wan on 24 April 2019 with the final submission
        due on the 29 may 2019.

        The committee noted the position and thanked the Finance team for getting to this
        position.

1.14   Losses and Compensation Payments – Qaurter 4 2019/2020
        An update for this was given under the agenda item for Draft Final Account and their
        position.

1.15   Suspensions, Waiver and Breaches of SO/PFPS
        Update to be given at next meeting.

1.16   Receivable/Payable Greater than £10,000 and over 6 months
        Update to be given at next meeting

2.   CLINICAL VIEW

2.1.   N/A

3.   PATIENT AND PUBLIC VIEW

3.1.   N/A

4.   KEY RISKS AND MITIGATIONS

4.1.   The Audit and Governance Committee will regularly scrutinise the risk register and
        Board Assurance Framework of the CCG to gain assurance that processes for the
        recording and management of risk are robust. If risk is not scrutinised at all levels of
        the organisation, particularly at Governing Body level, the CCG could suffer a loss of
        control with potentially significant results.

5.   IMPACT ASSESSMENT

Financial and Resource Implications

5.1.   N/A

Quality and Safety Implications

5.2.   N/A

Equality Implications

5.3.   N/A

Legal and Policy Implications

5.4.   N/A

Other Implications

5.5.   N/A.

Name	Tony Gallagher
Job Title	Director of Finance
Date:	April 2019

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**	**28/02/19**

NHS
Wolverhampton
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WOLVERHAMPTON CCG

GOVERNING BODY
14 MAY 2019

Agenda item 14

TITLE OF REPORT:	Summary – Remuneration Committee – 23 April 2019
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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	The Committee discussed the following points • Pay arrangements in respect of Additional Duties Undertaken • Committee Annual Report.
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	<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.

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 23 April 2019.

2. ITEMS CONSIDERED BY THE COMMITTEE

2.1. Pay Arrangements in respect of additional duties undertaken

The Committee agreed a proposal in respect of pay arrangements for CCG staff who had undertaken additional duties.

2.2. Committee Annual Report

The committee received and commented on its draft annual report, which sets out the work undertaken during the year in discharge of its terms of reference. The final version of the report will be presented to the Governing Body at the 21 May meeting.

2.3 Future committee meetings

The committee agreed a schedule of dates for meetings during 2019/20.

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.   There are no additional legal or policy implications arising from this report.

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:	April 2019

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	30/04/19

NHS
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WOLVERHAMPTON CCG

GOVERNING BODY MEETING
14 May 2019

Agenda item 15

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 2 April 2019
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 2 April 2019.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	**Primary Care Networks** The Head of Primary Care (WCCG), Sarah Southall, provided an update on the requirement for GP practices to establish formal Primary Care Networks giving timelines for the process that had been established at STP level. The process enables a consistent approach to be adopted across all 4 CCGs. A members meeting was planned for 4 April 2019 with the aim of confirming the outline geographies for each network and to discuss the DES in more detail.
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 2 April 2019. This report provides a summary of the issues discussed and the decisions made at those meetings.

2.   PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 2 April 2019

2.1   **Primary Care Quality Report**

2.1.1   The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, updated the Committee around primary care quality, providing an overview of quality improvement in primary care. The report gave detail around a number of issues including a new practice infection prevention audit cycle which would enable a comparison with 2018/19 ratings.

2.1.2   Ron Daniels, Chief Executive of the Sepsis Trust, had attended a well-received session at Team W. A steering group involving relevant professionals had been established to improve sepsis diagnosis and prevention work across primary care and care homes.

2.1.3   A successful GP Intensive Support Event had been held at the Molineux on 27 March 2019. This highlighted work being done to retain GP trainees in the Black Country and offer alternative options for those wanting to retire or reduce their workload.

2.2   **Primary Care Operational Management Group Update**

2.2.1   The Director of Operations (WCCG), Mike Hastings, provided an update from the meeting and highlighted the following:

- The Rosevillas branch site closure had been completed.
- The national NHS app is to go live on 17 June 2019. This shared app brings together multiple provision that patients can access.
- Primary Capital Horizons (PCH) are conducting an estates gap analysis following on from the six facet survey which was conducted on Wolverhampton estate in 2014.
- The Group had considered a proposal that the GP Forward View programme of work be aligned across the STP and recommended to the Committee to progress on this basis.

2.3   Primary Care Contracting Update

2.3.1 The Primary Care Contracts Manager (WCCG), Gill Shelley, provided an update on primary care contracting and noted a contract change at Woden Road Surgery where Dr Jones had come off the contract as a partner but remained as a salaried GP.

2.3.2 The Committee also noted that the mobilisation of the new APMS contracts was now complete and the new providers were in place post 1 April 2019.

2.4   Primary Care Strategy Update

2.4.1 The Director of Strategy and Transformation (WCCG), Steven Marshall, provided an update around a workshop that had taken place to develop a vision of where Primary Care needed to be, based on the 10 year plan and 5 year forward view. It was noted that the Commissioning Support Unit had been commissioned to develop a draft strategy based on the outcome of this session by the end of May 2019. Following this, there will be a period of engagement with GPs, public and patients after which a 2 year plan (on a rolling refresh) will be produced. This would then feed into the development of the STP Primary Care Strategy for submission to NHS England in Autumn.

2.5   QOF+ 2019/20

2.5.1 The Head of Primary Care (WCCG), Sarah Southall, informed the Committee that the 2018/19 QOF had closed and work was taking place to reconcile activity to allow payments to be confirmed. A draft scheme for 2019/20 would be available by the end of April for the Committee to consider in May 2019. Scheme value increased from £1.2m to £2.1m in 2019/20 and includes alcohol, diabetes and obesity being carried forward.

2.6   Primary Care Networks

2.6.1 The Head of Primary Care (WCCG), Sarah Southall, provided an update on the requirement for GP practices to establish formal Primary Care Networks giving timelines for the process that had been established at STP level. The process enables a consistent approach to be adopted across all 4 CCGs.

2.6.2 A members meeting was planned for 4 April 2019 with the aim of confirming the outline geographies for each network and to discuss the DES in more detail.

2.7   Delegated Commissioning: Audit Report and Action Plan

2.7.1 The Primary Care Contracts Manager (WCCG), Gill Shelley, presented the action plan following the CCG's internal audit report 2018/19 for delegated commissioning. The audit rated the CCG as a low risk with a recommendation that practice patient list sixes are presented to the Primary Care Operational Management Group on a

quarterly basis. It was agreed that the figures would be presented on the Primary Care Dashboard.

2.7.2   There was also one recommendation to regularly assess practices on quality, safety and performance.

2.8   **Black Country GP Nursing Strategy**

2.8.1   The Primary Care Quality Assurance Co-ordinator (WCCG), Liz Corrigan, presented the General Practice Nursing (GPN) Strategy Report and supporting documents. The aim being to provide a forward view for general practice / primary care nursing for the Black Country.

2.8.2   The strategy had built on work undertaken in Walsall and received input from all CCGs, Nursing Staff and GP Practices. The frameworks include guidance on competency and induction for practice nurses as well as information on education and career development. As the frameworks are relatively lengthy documents, consideration is being given to the development of a website for ease of reference.

2.8.3   The frameworks were intended to be used by nurses across the lifespan of their career by standardising and defining nurse roles across primary care. The skills frameworks were based on the Royal College of General Practitioners (RCGP) toolkit with additional sections including learning disabilities, mental health, end of life and frailty.

2.8.4   The Committee recognised the hard work undertaken by Mrs Corrigan to develop the strategy.

2.9   **Primary Care Commissioning Committee (Private) – 4 April 2019**

2.9.1   The Committee met in private to receive feedback from a recent LMC meeting, Thrive into Work and it was noted that Dr Bilas had written to the CCG to advise that he wished to subcontract all clinical services to RWT as from 3 June 2019.

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:	23 April 2019

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**	**23/04/19**

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NHS
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WOLVERHAMPTON CCG

Governing Body
14 May 2019

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 during April 2019.
ACTION REQUIRED:	☐ **Decision** ☒ **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 GP and pharmacy opening over Easter holidays** 2.2.3 **Annual Report**
RECOMMENDATION:	• **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	• 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	• 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	• 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 April 2019, 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 GP and pharmacy opening over Easter holidays

We advertised our extended GP opening and their hub addresses for over the Easter holidays with printed materials to each surgery, on our website, Twitter and via ad messenger.

2.1.2 Pharmacy opening over May Bank holidays

We have advertised our local pharmacy opening over the May Bank holidays on our website.
https://wolverhamptonccg.nhs.uk/about-us/news/849-may-bank-holiday-2019-pharmacy-opening-in-wolverhampton

2.1.3 Press Releases

Press releases since the last meeting have included:

April 2019
- May Bank Holidays 2019 Pharmacy opening in Wolverhampton
- Keep children well this half term
- Wolverhampton parents urged to catch up on life-saving vaccinations
- Choose the right service this Easter
- Bowel Cancer Awareness Month
- Thousands in Wolverhampton urged to take action to prevent diabetes
- City makes progress towards autism friendly ambition

2.2. Communication & Engagement with members and stakeholders

2.2.1 Members Meeting

We met with our GP Members on 3 April. There was turnout of over 60 people.

Members received an update about the CCG, the NHS Long Term plan and place-based commissioning workstreams locally and also heard the latest information on QOF+.

The majority of the meeting was reserved for discussions amongst the GP members around the formation of Primary Care Networks in Wolverhampton.

2.2.2. **We want to hear your views on community care for people with learning disabilities**
We have been working with the other CCGs and LAs in the Black Country and with Black Country Partnership Foundation Trust as the Transforming Care Partnership to develop a model of community care for people with learning disabilities. This supports this vulnerable group of people to stay close to their families and friends and will reduce the number of inappropriate, often long-term, hospital admissions.

During April across the Black Country we have held events in Dudley, Sandwell, Walsall and Wolverhampton. Our local drop in event was held on Tuesday 9 April 2019 at Molineux stadium, between 10am – 12pm and was well attended by around 15 people who shared their views on the new community model.

There is still time to have your say, as the engagement period runs until **Thursday 23 May 2019.**

To find out more visit: https://wolverhamptonccg.nhs.uk/your-health-services/learning-disabilities/transforming-community-services where you can read the engagement document and complete the online questionnaire:

2.2.3 **Annual Report**
We have submitted the first draft of our Annual Report to NHS England.

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

2.2.4 **Practice Nurse Bulletin**
There has been no bulletin in April.

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**
Following on from the PPG Chair / Citizen Forum meeting in March, communication has now gone out to members advising of the cancellation of future meetings. The rationale for this action is so that we can we can work on potential opportunities for developing and enhancing the Communications and Engagement Strategy related to the emergence of PCNs. In addition to this we shall also canvass Citizens Forum representatives to determine the most appropriate way to engage and communicate with these groups.

5. LAY MEMBER MEETINGS – attended:

5.1   Primary Care Commissioning Committee
CCG Governing Body
Quality and Safety
Strategic communications
Engagement Cycle meeting
Discussion around Hard to Reach communities with Healthwatch Wolverhampton
Medical Chambers / Unity Hub PPG Chairs meeting
1:2 meeting with Patient Representatives

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: 30 April 2019

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**	**30 April 2019**
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**	**30 April 2019**

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Wolverhampton
Clinical Commissioning Group
NHS

Minutes of the Quality & Safety Committee
Tuesday 12th February 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:
Steve Barlow – Public Health, Wolverhampton Council
Yvonne Higgins – Deputy Chief Nurse, WCCG
Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG (Minute Taker)
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Dr R Rajcholan – WCCG Board Member (Chair)
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:
Jim Oatridge – Lay Member (Deputy Chair)
Peter Price – Independent Member – Lay Member
Sue McKie – Patient/Public Involvement – Lay Member

In attendance (part):
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Molly Henriques-Dillon - Quality Nurse Team Leader, WCCG
Annette Lawrence - Designated Adult Safeguarding Lead, WCCG
Hemant Patel – Head of Medicines Optimisation, WCCG
Rachel Stone - Deputy Designated Nurse Safeguarding Children, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG
Lesley Thorpe – Primary Care Macmillan Nurse Facilitator, WCCG

APOLOGIES:
Fiona Brennan - Designated Nurse for Children and Young People in Care, WCCG
Mike Hastings – Director of Operations, WCCG
Marlene Lambeth – Patient Representative – Lay Member
Lorraine Millard - Designated Nurse Safeguarding Children, WCCG
Ankush Mittal – Public Health, Wolverhampton Council

QSC/19/011   Apologies and Introductions

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

QSC/19/012   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.

Mr Price advised that he is a Non-Executive Director for a domicilary nursing company.

QSC/19/013   Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/013.1   Minutes from the meeting held on 8th January 2019 (Item 3.1)

The minutes from the meeting which was held on 8th January 2019 were read and agreed as a true record.

Mr Oatridge commented about the quality report and the risk register details as they were sometimes different.

Ms Higgins replied that she would ensure that the detail in the future reports was also shown on the risk register.

– Ms Higgins to find out about mental health step down beds and let Dr Rajcholan know.

Dr Rajcholan asked Ms Higgins about the step down beds.

Ms Higgins replied that there were three step down beds that BCP utilise.

QSC/19/013.2 **Action Log from meeting held on 8th January 2019 (Item 3.2)**

QSC/19/005.1: Quality Report - Work is being done around prevention and screening. Mrs Roberts and Dr Mittal are going to do some work around this for the next meeting.

Mrs Roberts advised that as of the next financial year they will include a Public Health detailed quarterly update report (May 2019).

It was **agreed** to **close** this action and **remove** it from the action log.

QSC/19/005.1: Quality Report **–** To review the table within the report to possibly show some clear timelines and show when it will be completed.

Mrs Roberts advised that they have tried to review this in the Quality Report.

It was **agreed** to **close** this action and **remove** it from the action log.

QSC/19/005.2: Primary Care Report: Workforce Activity – To share the benchmarking work that has already been undertaken and next month.

Workforce information in February's report under item 5.2.

It was **agreed** to **close** this action and **remove** it from the action log.

QSC/19/005.6: Quarterly CQUIN Update **–** To request an update on Tobacco control indicators for BCPFT for the next meeting.

Mrs Roberts advised that they are still awaiting national guidance around this.

QSC/19/006.1: Quality and Safety Risk Register - SEND – To check with Ms McCormick to see if SEND needed to go on the Risk Register.

Mrs Roberts advised that she had spoken with Ms McCormick and it was felt that it didn't need to be put on the Risk Register. However, she had asked Ms McCormick to do an update at Governing Body. She added that Mr Gary May has now started in the CCG and he has not found any concerns.

It was **agreed** to **close** this action and **remove** it from the action log.

QSC/18/071.1: Quality Report **–** To present a synopsis of the work undertaken by the Deterioration project.

Ms Higgins stated that there is an update that will be provided after the Quality Report.

It was **agreed** to **close** this action and **remove** it from the action log.

QSC/18/060.4: Safeguarding Adults, Children and Looked After Children Report **–** To review the contract around School Nurses and would confirm by e-mail. Health visiting contracts have been escalated at QSG. Mrs Roberts to take an action to speak with Dr John Denley around assurance for Health Visiting and School Nursing.

Mrs Roberts advised that with regards to Health Visitors and School Nurses there will be future discussions to be had and stated that she had asked Mr Barlow to bring detail to a future meeting.

It was **agreed** to **close** this action and **remove** it from the action log.

QSC071: H&S Performance Report - New H&S Provider to look into supporting CCG with H&S requirements. Had agreed some terms and met with a company in December 2018; in the process of getting some people for each directorate to lead on Health and Safety and added that she would provide a further update in February 2019.

Mrs Roberts advised that she had had a meeting with the company and the plan is signed off and a meeting is due to take place soon with the named CCG personnel and the company.

QSC/19/014   **Matters Arising**

There were no matters arising.

QSC/19/015   **Performance and Assurance Reports**

QSC/19/015.1   **Quality Report (Item 5.1)**

The above report was previously circulated and noted by the Committee.

Cancer – With regards to the 104/62 day breaches; RWT still continues to be under performance. There was a decline in performance in December 2018. There was an update in italics in the comments column. There was a significant increase in 2 week wait for breast cancer referrals with no clear understanding as to why, further analysis to be undertaken. Mrs Roberts to liaise with STP lead to understand what the system may be able to offer to support with regards to the deteriorating performance.

ACTION: Mrs Roberts

Mr Price stated that it was really helpful but asked if the italics update could be shown in another column as it wasn't very clear.

Ms Higgins agreed and advised that there had been increased activity in January 2019 and they were expecting it to return to normal hopefully after the Bank Holidays.

Mr Barlow advised that Public Health are looking into this and added that there may be a problem with missed ladies and it was thought that it could be due to contacts made. With regards to FOG testing instead of FIT testing; there has been an increase (10%) with this.

Ms Higgins asked how this was linked with Primary Care.

Mr Barlow replied that it doesn't as cervical screening was undertaken by nurses, breast screening was undertaken by the mobile vehicle and bowel screening was via postage. He added that there was going to be a bowel cancer van in the area in May and they are awaiting breast van dates.

Ms Higgins stated that in terms of breast screening there had been an increase and that the Trust has maintained the high level of screening.

Mrs Roberts commented that with regards to the two week breast screening they was 10% higher and they were unsure as to why.

Mr Barlow advised that the van only covers Wolverhampton and Dudley and they are looking at evidence.

Harm Reviews - Ms Higgins advised that with regards to the 104 and 62 day harm reviews, there was some key themes identified and they are working with local providers. The CCG are continuing with weekly calls and the Trust are expecting a further visit from NHSI.

Mr Oatridge enquired what the relationships were like with NHSI and RWT and if they were supportive.

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Ms Higgins replied that the relationships are good.

Mortality – This is still a key issue; the Trust has identified improvement on the SHMI but it will not be expected to be seen until November 2019. RWT have identified eight issues from CQC outliers. Identified coding as an issue on primary diagnosis and a coding policy has been developed.

Mr Price enquired about the CQC outliers and how they get picked up.

Ms Higgins replied that Dr Foster picks it up.

Mrs Roberts explained the difficulty with coding.

Mr Price asked if it was national benchmarking data.

Mrs Roberts replied that it was best coding practice; they want assurance and they believe what they are doing is the right thing to do.

Ms Higgins added that they want assurance and it is easy to change the coding issues' they need to know it fits with best practice.

Mr Oatridge enquired about the initial coding and subsequent coding.

Ms Higgins commented that it was the same with other Trusts and added that they just need to ensure the pathways are right.

Dr Rajcholan advised that it was explained really well on page 74 of the papers and added that Dr Foster has 54 scenarios.

Ms Higgins added that the explanation was in the presentation that was presented at the Mortality NHSE group and it started on page 57 of the papers.

Mrs Roberts advised that the presentation was RWTs and added that Wye Valley and Burton also presented and the wider group was assured from the system wide work.

Mr Oatridge wondered if someone from RWT could come and present the presentation to the Committee.

Mrs Roberts agreed that they could present to the Committee or wondered if it would be better to be presented to the Governing Body as a focus session on perhaps a development session.

Mr Price stated that it raises the profile if it goes to Governing Body.

Mrs Roberts agreed that it should be presented to the Governing Body.

ACTION: Mrs Roberts

Ms Higgins advised that ongoing alerts are being raised and added that RWT are doing audits and stated that she is going to walk the sepsis pathway at New Cross Hospital.

Mrs Roberts added that the CCG have also asked to be part of the nursing audit so that they can get wider assurance.

Ms Higgins commented that further work is to be done around care homes; they had had the national data this month and Wolverhampton are in a favourable position.

Sepsis – They are hoping to see some improvement by June 2019 with the introduction of electronic flagging on the new system which had been rolled out this month. They are also undertaking a themed review as they have seen concerns of sepsis in the deteriorating patient.

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Maternity – They have refined the risk slightly as it was around maternity capacity; the real risk given was acuity as well for mothers and they are still awaiting the RCOG audit report.

Mrs Roberts stated that the CCG have got a tight process around Serious Incidents.

BCPT – They have now received the CQC report they have gone from 'Good' to 'Requires Improvement'. Mrs Roberts is going to be chairing the BCPT CQRM going forward.

Mrs Roberts advised that Dudley and Walsall Mental Health Trust received their CQC report last week and a 'Good' rating. There will be a merger of the two trusts.

Probert Court – There are still ongoing concerns and the Quality Nursing Assurance team are working extensively with them.

Mrs Roberts added that the Quality Nurses have been in giving staffing resilience.

Mrs Corrigan joined the meeting.

Mrs Roberts advised that Accord Housing have asked to meet with Mrs Roberts and Mr Marshall and added that she will update the Committee at a future meeting. Probert Court have appointed a clinical lead and head of nursing and RWT is supporting them at the moment.

Mr Oatridge asked if the note was correct about RWT providing support.

Ms Higgins replied that RWT are supporting the team with infection control etc.

Mr Oatridge enquired about the support from their nurse bank.

Mrs Roberts replied that that had been delayed.

HCAI – RWT are an outlier for e-coli and they have developed a robust e-coli improvement plan; they are hoping to see an improvement by August 2019.

Mr Oatridge commented that the notes were helpful but asked if they could show forward programmes.

Mrs Roberts replied that they will have a look at the logistics of that.

Mrs Roberts stated that the latest SHMI was not yet published; but they were expecting it to stay the same and they didn't expect it to improve.

Complaints – Mrs Roberts advised that they have revised the policy around complaints for both anecdotal and personal complaints; the team get a few complaints for the CCG and acknowledged that we should ask for a deep dive and for the findings to come back here. She added that as a Committee we don't see themes and trends.

Mr Price commented on Never Events and that he recognised that there used to be some but have not seen any reported for a while.

Ms Higgins replied that RWT have worked with AFFP and when the team did a walkaround at Cannock the staff had said they had seen an improvement.

Mrs Roberts advised that AFFP and that they were for theatre practitioners; they are highly esteemed and so they were highly engaged with them.

Mr Price stated that this needed to be flagged to the Governing Body as good work.

Ms McKie commented on the Serious Incidents and asked what the incidents were.

Mrs Roberts replied that some were related to intubation, NNU and cooling.

Ms Lawrence and Ms Stone joined the meeting.

Mr Parvez offered to bring detail to the next meeting.

ACTION: Mr Parvez

Ms McKie commented on hand hygiene compliance and enquired as to how they measure this.

Ms Higgins replied that it was mainly to do with observations on people entering wards etc.

Vocare – Mr Oatridge commented on the improvement and CQC visit to Vocare and wondered if there was a risk now with the senior person leaving and wondered if it might lead to softening of performance.

Ms Higgins replied that they are aware of this and added that she was meeting with them soon and advised that the Senior Manager had gone onto a national role within Vocare.

Mrs Roberts stated that the manager has already left and added that the CCG are working with them for a smoother transition. She added that there is a Clinical Lead and they were putting sessions on there and he delivers clinical shifts too.

Mr Price wondered if we could see what we had done to help them.

Step Up Beds - Ms Higgins advised that there were three mental health step up beds at Victoria Court and added that they could go for fourth and fifth bed if needed.

Synopsis of Deteriorating Patient – SPACE project was related to Nursing Homes and the work identified further work to recognise the work that had been done. They have got some additional funding across the collaborative for a nine month post for an innovative project, recognising frailty and considering if person is at end of life and rolling out early warning score to Nursing Home whereby each Nursing Home will do an assessment. Part 1 and Part 2, they have got lots of training out there and sessions are being filled quickly. From Wolverhampton perspective, it can be sustained. Support from RWT and from Quality Team and WMAS will ensure that training can be continued.

Mrs Roberts stated that this will also play a part in the mortality pathway. She added that she had had a meeting with the chief nurse from WMAS last week.

Cancer – Dr Rajcholan enquired as to whether we had received the formal letter yet.

Mrs Roberts replied that the letter was shared at the Trust's CQRM last month.

Dr Rajcholan commented about hand hygiene and the links with the concern around HCAI and advised that RWT used to have a video they used for mandatory training.

Ms Higgins stated that hand hygiene was being done same as training; issue with medics mainly and it is being discussed within the directorates.

Dr Rajcholan advised that she was expecting C-Section and Emergency C-Section rates audit which would be raised with CQRM.

Ms Higgins commented that as part of the LMS, the clinical network are supporting us with guidelines across the four providers across the Black Country; policies are really different across the Trusts and Tracey Vanner has been visiting the four providers looking at different pathways.

Dr Rajcholan stated that this month the emergency c-section rate increased to 20%.

Ms Henriques-Dillon joined the meeting.

BCPFT – Dr Rajcholan commented that BCPFT had set smoking times and wondered why that was.

Ms Higgins replied that it was the least restrictive practice.

QSC/19/015.2 **Primary Care Report (Item 5.2)**

The above report was previously circulated and noted by the Committee.

Infection Prevention – Mrs Corrigan advised that she was working with Mike Christie and Jill Shelley and that they had identified with practices the correct flooring, damage to walls etc. Ms Shelley is looking at how issues can be resolved. The audits have been fairly good with overall scores from mid to high 90s.

Flu vaccines – Everybody has now got stock of both vaccines and the CCG are aware of where there are spares if needed.

Mrs Roberts commented that the flu incidents were lower overall.

Mr Barlow advised that care home outbreaks are a lot lower this year.

Mrs Corrigan added that they have been looking at which practices cover care homes.

Mrs Roberts stated that she wanted to recognise the good work that Mrs Corrigan, Ms Henriques-Dillon and Mr Barlow have done.

Deterioration and Sepsis – Work is ongoing.

Serious Incidents – There is currently one serious incident being investigated relating to sub-optimal care.

Ms Higgins added that this had not flagged by NHSE as a Serious Incident.

Quality Matters – There are three overdue which are being managed or are resolved. Prescribing is currently the highest theme it was Information Governance but it is now PSD which are coming from the prescribing advisors.

Practice Issues – DocMan Issues will only be resolved by implementation of DocMan 10; there have been no near misses or issues flagged so far.

Mr Patel joined the meeting.

Mrs Corrigan advised that she was going to visit the practice to see what was happening around discharge letters.

MGS Medical Practice Action Log – All records have now gone back. DocMan issues are national issues.

Complaints – These are all with RWT at the moment.

Patient Experience Complaints – One complaint has gone through to PEIGG and there were 13 complaints in July.

FFT – They are doing well with submissions and they are being monitored as per the FFT policy and practices have been contacted where there are potential contract breaches for non-submission. LMC are supporting them to help with their figures. There were eight practices last month that didn't submit. Mrs Corrigan advised that the table in the report was incorrect and she will send the correct report to Mrs Hough. Practices are going to utilise a 'You said, we did' board in their reception.

CQC Inspections and Ratings – There is currently one practice with a 'Requires Improvement' rating and they are due for a re-visit soon.

Mrs Thorpe joined the meeting.

Workforce – Recruitment and Retention continues. The Physicians Associate internship programme is due to commence with three practices taking part. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice takes them on. There is also a nurse retention scheme event being held tomorrow.

Figures – There is a variance; last month should say last quarter. There is fluctuance around nurses and GPs and the next lot of figures are due next month which will be December figures.

Mrs Corrigan left the meeting.

QSC/19/015.3   **Safeguarding Adults, Children and Looked After Children Report (Item 5.3)**

The above report was previously circulated and noted by the Committee.

Safeguarding Assurance Tool – Work was done on this last year is currently being revised. They had previously submitted an action plan and the actions are all mainly completed; they have downloaded evidence and there is a big piece of work taking place nationally. There are also plans to roll out a provider dashboard. The team were audited by PwC in quarter 3 (audit - appendix 1) there was one advisory recommendation and they will pull together a team action plan.

Training – There is a rolling training plan for nursing, GPs, CCG. Ms Lawrence and Mrs Roberts attended an executive leadership Safeguarding training session which wasn't great but have been offered an additional session.

Statutory Reviews:
Domestic Homicide Reviews (DHR7) – The team was awaiting the final report which has now been received. **DHR10** is currently with the author.

Safeguarding Adult Reviews (SAR) – With regards to adult C permission has now been sought from the family.

Care Act Section 42 Enquiries – RWT have now agreed to pick up enquiries.

New Post in Team – The Safeguarding and CYPiC Administrator and the MASH Safeguarding Administrator both commenced in post in Quarter 3. The Quality and Safeguarding Adults Practitioner post was successfully recruited to and is also in post.

Ongoing Projects – The NHSE Funded Safeguarding Project came to an end in November; but they have got additional funding to fund it in the city.

GP Domestic Violence – training and support project – 192 practice staff have been trained, 42 GP practices covered and seven Multi-Agency Risk Assessment Conference referrals have been made by GP's/Practice nurses.

Orange Wolverhampton – This took place in the city in quarter 3 to end violence against women and girls; this was led by Sharon Fitzgerald who did really well.

NHSE Black Country Regional Safeguarding Funds – There is a newly established ICS/STP Safeguarding Leads Forum which Rachel Stone is leading on.   The work has been divided into two areas.

Wolverhampton Safeguarding Boards – Submitted partner appraisals in quarter 3 and positive feedback with clear commitment.

Mr Strickland joined the meeting.

LeDeR – Work is being completed; there are six that have now been completed and there are nine in progress and have had another one sent today. They are working across the Black Country to help each other and another person has been employed by BCPT to also help out.

Training – The team is still awaiting RWT training compliance for final end of March figures; there was a dip in Level 3 training but VIs came in half way through the year.

BCPT had a dip in compliance in November 2018; but has improved since then.

Serious Case Reviews (SCR) - Ms Stone advised that there were currently three children's SCRs:
- Child N – Panels and practitioner events are ongoing as well as an extra-ordinary board scheduled to take place in April 2019.

Mrs Roberts stated that Child N is likely to attract some media attention.
- Child K – This has also been in the media, with an extra-ordinary board scheduled to take place in March 2019. There is not a lot of learning to pick up on with this case.
- Child Q (Croydon SCR) – There is a lot of learning from systematic review; they are awaiting publication dates but nothing released as yet but there will be a conference first which is taking place at the end of February 2019.

Table Top Reviews (TTR) – A TTR is taking place following the death of a 17 year old. There was a delay in the Terms of Reference for that but has now reviewed the case. A new table top review was supposed to start in quarter 3 which has now started.

Child Sexual Abuse – Ms Stone advised that they know their responsibilities if it happens.

Child Protection – Information Sharing (CP-IS) – This is moving forward slowly; it was supposed to be rolled out in quarter 3, but there has been some IT system issues so are still awaiting on that happening.

Working in Partnership - There is a WeCAN Neglect Assessment Tool, but are awaiting the IT system. There is a two phase system with a Multi-agency electronic tool in 2019 with a training programme.

NPRF – Ms Stone has been involved in the work stream that has developed a NRPF Multi-agency Protocol. This was presented to Wolverhampton Safeguarding Board in December 2018.

Working Together 2018 – Task and Finish Groups are taking place.

Child Death Review Guidance – This was released in October 2018; Ms Stone and Dr Williams are involved across the city with the City CDOPs and Black Country CDOPs; there were three different options to be looked at.

GPs: Report to Child Protection Conference – Trying to improve the reports that GPs have to use to make it easier and therefore increase the amount that are completed and to explain the ideal process in practices when a case conference invite is received by a GP practice; this is to be rolled out soon.

Ms McKie commented on the form B's in Child Deaths from GPs as they have difficulty with that.

Dr Rajcholan replied that there is not a form that GPs gets to complete.

Ms McKie stated that they do get sent out and they practically get none back.

50 Mile Plus Cohort - Ms Lawrence advised that there is a significant amount of work that has been done internally over the last quarter around this vulnerable cohort

Mrs Roberts referred the Committee to page 29 of the report and the chart which refers to 'LAC: % new requests for IHA completed within 13 working days' she advised that there was a delay in performance which was due to Public Health and she had asked for some commentary around this.

Ms Lawrence and Ms Stone left the meeting.

QSC/19/015.4 **Quality Assurance in Care Home Report (Item 5.4)**

The above report was previously circulated and noted by the Committee.

Serious Incidents (SI) – There has been a slight increase in serious incidents for quarter 3 (8) and the homes concerned were listed on page 2 of the report. There have been a few slips, trips and falls and also a Grade 3 PU.

Probert Court – The team are working with the home.

Performance Data – The team are working with the Care Homes to get the data. A&E attendances are on a decline and the highest reasons for admissions are chest infections and falls. The team are also working with Public Health around oral health.

Residents Deaths – There have been 81 deaths in the quarter and 65 were in the care homes and 40 of them died in their preferred place of death.

CQC – There are a few homes that have been inspected and are showing an improved picture.

Safeguarding Referrals – There was an increase of referrals.

Section 42 – These are decreasing.

Flu – There have been no outbreaks in the care homes; they are mainly in residential homes.

SPACE Programme – This has now come to an end; but Wolverhampton are continuing with the Quality Advisors; there has been some good practice spread across the region as well as nationally and also at conference next month. There was a SPACE Care Home Improvement Event 2018; which went really well, there was detail available in the appendices.

Mrs Roberts asked how many people attended the event.

Ms Henriques-Dillon replied that there was over a hundred people that attended.

Dr Rajcholan commented on the table that showed the homes against each CQC category as of the end of quarter 3 and the homes who had been rated 'good' overall with a good well-led.

Ms Henriques-Dillon stated that there was new manager put in place after the well led inspection in one of the homes.

Mrs Roberts commented on the data and added that it had taken some time to get the data but it was really interesting and added that it may be helpful to look at this from a system point of view and which sector is getting on and delivering and stated that this was significant work.

Dr Rajcholan stated that the report was commendable.

Mr Oatridge enquired about safeguarding.

Mrs Roberts advised that CHC have also been in flagging as well.

Ms Henriques-Dillon commented that priory group have a home that has had four managers in two years and there has been an issue with retaining staff.

Ms Henriques-Dillon and Ms McKie left the meeting.

QSC/19/015.5   End of Life Update (Item 5.5)

The above report was previously circulated and noted by the Committee.

Education Training – The total number of staff that have attended the End of Life training sessions are 561. The training had been received quite well and Mrs Thorpe will look at further training sessions.

QSC/19/017   Items for Consideration

QSC/19/017.1   Policies for Ratification (Item 7.1)

The above report was previously circulated and noted by the Committee.

Mr Price commented on the issue on training staff and asking them not to leave.

Mrs Thorpe advised that she asked them to stay for at least 12 months following the training and will get feedback on this.

Ms Higgins left the meeting.

Mrs Roberts stated that the reality is verification, it is fairly straight forward, it saves having to wait for a GP to come to verify death and some people didn't know that funeral directors can verify death too.

Dr Rajcholan commented that this would save families having to wait for verification of death and added that if she is needed she goes after 6pm to certify a death.

Mrs Thorpe added that this will mean a little bit more work for the GP initially.

Mrs Roberts stated that we can verify this policy as a committee.

Mrs Thorpe replied that it will be going to CRG for the final stamp.

Mr Oatridge asked for clarification as he didn't understand the registered nurse can carry out verification of death when the residents' death was expected.

Mrs Thorpe commented that it was an expected death from GP.

Mr Oatridge queried the last bullet point of 'Circumstances when Doctors Must Verify Death' which read 'The death is expected and not accompanied by any suspicious circumstances. This includes when the person has died expectedly from mesothelioma'.

Ms Higgins rejoined the meeting.

Mrs Roberts stated that the wording needs amending.

Mrs Thorpe agreed to amend the wording.

Mrs Thorpe left the meeting.

Dr Rajcholan advised that she has undertaken some cancer harm reviews and added that the pathways are robust. She added that she passes any queries onto Ms Higgins who then meets with Dr Simon Grommett (RWT) to discuss them.

QSC/19/015.6   Medicine Optimisation Report (including APC Minutes) (Item 5.6)

The above report was previously circulated and noted by the Committee.

Mr Patel advised that a piece work was taking place across the city with a flash glucose monitoring system; this was an excellent bit of technology that came out in 2017. It was piloted here and at Dudley; it has a filament sensor which goes on back of patients arm for glucose testing, this was mainly for patients with type 1 diabetes. Patients tend not to check levels appropriately enough, so it was beneficial to see how good it was for patients.

The testing is phenomenal as some patients had lost awareness; the kit doesn't have an alarm on it.

Mrs Roberts enquired as to how we are going to share this work as it is commendable and asked if we would be getting it published.

Dr Rajcholan queried how many patients took part in the pilot.

Mr Patel replied that there were 65 patients and NHSE wants it to be accessible to everyone; he added that they are currently in discussions with finance to see how we can do it. He added that the next stage is that the kit will send a message to the patients phone to say it is going low.

Mr Oatridge queried what the sense of loss was.

Mr Patel replied that the patch had fallen off and the patient has to contact the company to send a new one, it currently stays on for two weeks and the cost is approximately £70 per month.

Dr Rajcholan commented on the long term cost if the patient has to go into hospital.

Mr Strickland asked if this was going to available from April this year.

Mr Patel replied that NHSE are using their wording carefully.

Mr Oatridge stated that this puts us in preventative stage.

Mrs Roberts added that this is part of the long term plan.

Mr Oatridge enquired what the breakdown of costing was.

Dr Rajcholan advised that the costings were shown on page 186 of the papers, showing the immediate costs, immediate gains and delayed gains.

Mr Oatridge commented that it was in the GP hands and that there was not necessarily any funding for it.

Mr Patel replied that we would cover that cost as a CCG.

Mr Oatridge asked if we would continue to fund it.

Mrs Roberts replied that yes we would.

Mr Patel stated that it is being flagged nationally and NHSE are taking all of this.

Mrs Roberts added that there is an immediate impact on patients.

Mr Patel advised that every other area looked at this and only a few of us took it on.

Dr Rajcholan commented that it was only for those patients who need testing eight times a day and queried whether it was only for type 1 patients.

Mr Patel replied that it was only for type 1 patients at the moment.

Mrs Roberts stated that it also helps the patient to see the impact.

Dr Rajcholan stated that it was commendable for the team and added that it would be great if they can get for type 2 as well.

Mrs Roberts thanked Mr Patel for the rest of the report too.

Mr Patel left the meeting.

QSC/19/016   **Risk Review**

QSC/19/016.1   **Quality and Safety Risk Register (Item 6.1)**

The above report was previously circulated and noted by the Committee.

Mr Strickland advised that there were no new risks for the Committee.

Corporate risks:

EPRR Support (CR05) – This needs to be followed up.

Maternity Services (CR13) – This is ongoing and it was noted that the risk was on the Committee's risk register and Mr Strickland asked if it still needed to be on the Corporate risk register too.

Mrs Roberts advised that it needed to remain on the corporate risk register.

Committee risks:

Vocare (QS01) – This has been reduced following the 'good' CQC rating received.

Mrs Roberts stated that the CCG team need to do another visit to Vocare and then they can review it after that.

Flu (QS09) – Mrs Corrigan will provide an update to Mr Strickland.

Mr Barlow stated that he thought they could lower the risk score on this now.

Ms Higgins added that this risk was based around supplies so thought it could be closed down.

Mr Strickland left the meeting.

QSC/19/018   **Feedback from Associated Forums**

QSC/19/018.1   **Commissioning Committee (Item 8.1)**

The Commissioning Committee minutes were received for information/assurance.

QSC/19/018.2   **Governing Body Minutes (Item 8.2)**

The Commissioning Committee minutes were received for information/assurance.

QSC/19/018.3   **Primary Care Operational Management Group (Item 78.3**

The Primary Care Operational Management Group minutes were received for information/assurance.

QSC/19/019   **Items for Escalation/Feedback to CCG Governing Body**
- Reporting style
- Mortality – GB
- Work around excellence
- Work from Mr Patel

QSC/19/020   **Any Other Business**

Mrs Roberts advised that there is quite a bit of media locally about a patient who was admitted to New Cross in a poor state of health; it was a 15 year old who presented with Diabetic ketoacidosis, he was 20 stone and home schooled and there was a 12 hour breach in ED. She added that she wanted to do some table top work around this; there is a safeguarding element around this. They have already had a rapid response for this and maybe do lessons learned in April.

Mr Oatridge asked if there was a safeguarding issue for other siblings.

Mrs Roberts replied that there could be.

QSC/19/021   **Date of Next Meeting:** Tuesday 12th March 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.55pm

Signed: ………………………………………………………… **Date**: ………………………………
         Chair

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

Minutes of the meeting held on 26th March 2019
Science Park, Wolverhampton

Present:

Dr M Asghar	Governing Body GP (part meeting)
Dr D Bush	Governing Body GP, Finance and Performance Lead
Mr T Gallagher	Chief Finance Officer
Mr M Hastings	Director of Operations
Mr S Marshall	Director of Strategy and Transformation
Mr L Trigg	Independent Committee Member (Chair)

In attendance

Mr M Duhra	Senior Contract Manager (part meeting)
Mrs G Moon	Business Operations Manager
Mr P McKenzie	Corporate Operations Manager (part)
Mrs H Pidoux	Business Operations Support Manager

1.   Apologies

Apologies were submitted by Mr Middlemiss and Mrs Sawrey

2.   Declarations of Interest

FP.357   There were no declarations of interest.

3.   Minutes of the last meetings held on 26th February 2019

FP.358   The minutes of the last meeting were agreed as a correct record.

4.   Resolution Log

FP.359   Item 142 (FP.352) –   To be raised with Mr Hastings whether the decrease in RTT performance in December happens year on year and what is being done to address this – confirmed that this does happen due to patient choice, winter pressures and this year the impact of the paper switch off for referrals. Discussions take place and actions are undertaken to increase activity or outsource capacity where possible to meet increased demand. A change of data reporting had also caused an increase in the reported waiting list. The data is now more accurate, however, this had

taken it above the March 2018 baseline which cannot be changed retrospectively and will therefore fail the target this year.

Item 143 (FP.352) – To be raised with Mr Hastings whether the control limits in the Statistical Process Chart contained in the Performance Report is appropriate as set at 90% rather than 95% - confirmed that this is set to 3 standard deviations. It was felt that this gives the wrong message that this is an acceptable tolerance. Consideration to be given to removing the upper and lower control level.

5.   Matters Arising from the minutes of the meeting held on 26th February 2019

FP.360   There were no matters arising to discuss from the last meeting.

6. Monthly Performance Report

FP.361   Mrs Moon presented the key points of the report as follows;

Royal Wolverhampton NHS Trust (RWT)

Referral to Treatment – The Trust is failing to achieve the national 92% target and is exceeding the March 18 waiting list baseline. The Trust is currently forecasting that it is unlikely to be able to reduce the list size to March 2018 levels before the year end.

There are no patients waiting 52+ weeks at the Trust, however, there are two Wolverhampton patients waiting over 52 weeks at other providers.

Referral to Treatment (6 weeks) – performance had been steadily improving since October and had achieved target in February.

Urgent Care – the Trust reported a 12 hour decision to admit target breach which related to a paediatric patient awaiting a PICU bed. Patient was unstable and unable to be transferred within target. A RCA report is due by the end of April.

Cancer – January performance had not achieved the agreed recovery trajectory. The increase in breast cancer referrals following the Breast Cancer Awareness campaign had continued. Public Health is carrying out a deep dive to find out the cause of this.

Black Country Partnership NHS Foundation Trust

Percentage of People Moving to Recovery – achieving target for each month in 2018/19.

Early intervention in Psychosis Programme – performance had breached target for the first time since April 2018. This related to an individual patient who did not attend scheduled appointments due to incorrect contact details.

CYP receiving treatment from NHS funded community services – it was queried whether the submission from the Trust was just for the Trust. Mrs Moon agreed to confirm this.

IAPT Access – the provider failed to meet the in-month target and the Year to Date performance remains below the cumulative target. The provider is reporting achieving target by year end.

Other providers

Nuffield RTT – an issue with reporting had been resolved and target was now being achieved.

Commissioner Mixed Sex Accommodation Breaches- 4 breaches for the CCG were identified for Sandwell and West Birmingham Hospitals in January 2019. Discussion with the lead commissioner confirmed that this was due to incorrectly reported data.

Referral to Treatment (18 weeks) 52 week breaches – 2 breaches were identified for the CCG during January 2019 at Guys & St Thomas' NHS FT and Imperial College Healthcare NHS Trust. An update will be brought to the next meeting.

Resolved: The Committee;
- Noted the contents of the report and the actions being undertaken
- Request confirmation on CYP submission
- Update on 52 Week breaches at other providers to next meeting

7. Finance Report
FP.362 Mr Gallagher introduced the report relating to Month 11 February 2019;
- All financial metrics are being met
- Month 11 Forecast Outturn is breakeven
- Underlying recurrent surplus metric of 2% is being maintained
- Currently reporting a nil net risk

An allocation received from West Midlands Cancer Alliance would be used to support pathology service redesign at RWT.

To achieve the target surplus the CCG had utilised all of the Contingency Reserve and all of the 1% reserve. For 19/20 the CCG will need to reinstate these reserves.

RWT is under performing in a number of key areas including elective activity, outpatients and day cases. Following the signing of the Risk/Gain share agreement (Aligned Incentive Contract) the CCG had been reporting

breakeven. However, the Month 10 SLAM data reflects that RWT would now deliver an underspend of £0.464m.

The forecast outturn for Nuffield is around £520k over a base contract of £3.2m (the contract was set low).

The year to date prescribing budget is current reporting an overspend which is due to NCSO and Cat M drugs. Since the report had been written a further allocation related to NCSO had been received.

Last month the CCG was reporting a £1.4m underspend in Delegated Primary Care. Further to this the CCG had identified additional expenditure relating to costs for NHS health Checks and a provision for an ongoing issue relation to PMS/GMS. This had reduced the forecast underspend to £970k.

Agreement had been reached in relation to the Better Care Fund with the City of Wolverhampton Council (CWC) to maintain the risk share agreement being capped at £240k for the CCG and £190k for CWC. This will help mitigate the CCG risk within the overall pool position as the CCG already accounts for its under and overspends within its overall financial position.

Overall Running Costs are reporting a £75k underspend year to date and an overall year end underspend of £100k.

QIPP is being reported as delivering on plan supported through the planned application of reserves and underspends in the overall position.

The CCG submitted a M11 position which included £0.6m risk which had been fully mitigated. There was no change from the previous months.

The control total and key metrics are being met and late allocations are being managed.

Resolved: The Committee;
- Noted the contents of the report.

Dr Ashghar joined the meeting

8. Risk Report
FP.363 Mr McKenzie informed the committee that the outcomes of discussions to tolerate or treat risks at the last meeting would be reflected in the report to the April meeting once this had been carried out by each CCG committee.

It was noted that the narrative for FP07, CHC budget, had been updated. FP06, over performance of Prescribing Budget, was awaiting update. There were no additional items to add to the risk register.

Resolved: The Committee
- Noted the updates.

9. Committee Annual Report

FP. 364   Mr McKenzie reminded the committee that an Annual Report is produced to provide details of how the Committee has discharged its duties in the year. It was noted that there have not been any concerns raised and all the aims set out in the terms of reference have been met.

It was asked that any comments were directed to Peter McKenzie, Corporate Operations Manager, who is compiling the report to feed into the Governance Statement

Resolved: The committee;
- Agreed to feedback any comments to Peter McKenzie.
- Noted that the committee has discharged it's duties as set out in its terms of reference.

Resolved: The Committee noted;
- The current position of the Committee level risks.

10. Contract and Procurement Report

FP.365 Mr Duhra presented this report on behalf of Mr Middlemiss;

Royal Wolverhampton NHS Trust
- The 2019/20 contract had been agreed by the Trust and the CCG and its associates with the exception of Staffordshire CCGs. Escalation meetings are taking place between the organisations to try and resolve the issues.
- In year performance has improved.
- Details of the Risk Gain Share agreement are to be finalised.

Black Country Partnership Foundation Trust (BCPFT)
- 2019/20 contract had been agreed.
- There are concerns regarding Improving Access to Psychological Therapies (IAPT). The CCG has commissioned an alternative provider to help deliver IAPT services and increase the access rate for 2018/19.

WMAS Non-Emergency Patient Transport Service (NEPTS) – A request from the provider for increased funding was not affordable for the CCG and also had implications which would have left the CCG open to challenge by other providers if it was honoured. It had been agreed with the provider that the current contract be extended for 6 months which will allow for a 12 month timeframe to conduct a re-procurement of the service. This had been agreed by the CCG's Governing Body.

Vocare – the Urgent Care Centre provider had presented the CCG with a proposal for the 2019/20 contract value to be set at £3m. This exceeds what is set aside in the LTFM. The provider tendered for a 5 year term contract (2019/20 being year 4) and the CCG is not obliged to conduct any review of payment arrangements within that term. A response was being prepared and discussions are ongoing.

Resolved: The Committee;
- Noted the contents of the report

11. Any other Business
FP.366   There were no items to discuss under any other business.

12.   Date and time of next meeting
FP.367   Tuesday 30th April 2019 at 2.00pm, CCG Main Meeting Room

Signed:

Dated:

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 2 April 2019 at 2.00pm
PA025 Marston Room, Technology Centre, Wolverhampton Science Park WV10 9RU

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Sue McKie	Chair (voting)	Yes
Steven Marshall	Director of Strategy & Transformation (voting)	Yes
Sally Roberts	Chief Nurse (voting)	Yes
Les Trigg	Lay Member (Vice Chair) (voting)	Yes
Dr David Bush	Locality Chair / GP (non-voting)	Yes
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes

NHS England ~

Bal Dhami	Contract Manager	No

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
John Denley	Director of Public Health	Yes
Jeff Blankley	Chair of Wolverhampton LPC	Yes

In attendance ~

Dr Helen Hibbs	Accountable Officer (WCCG)	Yes
Mike Hastings	Director of Operations (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes

Welcome and Introductions

WPCC485   Ms McKie welcomed attendees to the meeting.

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Apologies

WPCC486   Apologies were submitted on behalf of Dr M Kainth, Dr B Mehta (LMC), Tracy Cresswell (Healthwatch) and Sarah Gaytten.

Declarations of Interest

WPCC487   Drs Bush and Reehana declared that as a GP they had a standing interest in all the 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 5th March 2019

WPCC488   The minutes of the meeting held on 5 March 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC489   There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC490   **Minute Number WPCC452 Primary Care Strategy Update.** A verbal update to be provided to today's meeting (WPCC494). Report to be submitted to the May meeting.

Minute Number WPCC468 Primary Care Networks. A report was presented to today's meeting (WPCC496)

Primary Care Quality Report

WPCC491   Ms Corrigan presented the report, providing an overview of activity in primary care. The following points were noted:-

- Further to a request from Quality & Safety Committee (QSC), next month's report will be presented in a dashboard format with more focus on data, highlighting trends and themes.
- A new practice infection prevention audit cycle was beginning, which would enable a comparison with 2018/19 ratings.
- Ron Daniels, Chief Executive of the Sepsis Trust had attended a well received session at Team W. A steering group involving relevant professionals had been established to improve sepsis diagnosis and

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prevention work across primary care and care homes.

- It was noted that the team was monitoring one primary care serious incident. A Root Cause Analysis (RCA) was being undertaken prior to review at the Practice & Performer Intelligence Gathering Group (PPIGG).
- Quality matters was now up to date and issues viewing the Quality Matters (QM) inbox had been resolved
- Quarter 3 complaints data had been received from NHSE, showing that clinical issues and staff attitude were the most common themes, in line with previous data. Conflict resolution/customer care training for practice staff had been implemented in response.
- The uptake of Friends & Family Test for March 2019 was the best so far, partially due to the use of MJog text messaging. An anomaly was noted in the data this month which has been reviewed and correct figures will be circulated. A question was asked if it was possible to identify if responses were received from the same person more than once and it was confirmed this was not possible.
- Meetings in relation to developing a regional primary care training hub have been held with Kathrine King (Health Education England (HEE) Training Hub Lead). Funding is being provided at an STP level and a task and finish group is being established to develop a Training Academy.
- A successful GP Intensive Support Event had been held at the Molineux on 27th March. This highlighted work being done to retain GP trainees in the Black Country and offer alternative options for those wanting to retire or reduce their workload.
- A question was asked about what the numbers in the Workforce Numbers chart represented and it was confirmed these were full time equivalent posts in Primary Care.
- Reports from Public Health demonstrated that 66.9% of over 65 year olds had received the flu vaccination, which was slightly less than last year partially as a result of issues with the supply of vaccine. It was also noted that Wolverhampton had seen the highest increase in the rate of child flu uptake, which reflected the success of the marketing work undertaken.

RESOLVED:

1) **That the updated Friends and Family Test figures will be circulated.**
2) **That the update be noted.**

Primary Care Operational Management Group Update

WPCC492   Mr Hastings presented the Primary Care Operational Management Group Update from that group's March meeting. Points to note included:-

- The Rosevillas branch site closure had been completed. It was confirmed that the practice was not using the building for back office.
- The national NHS App is to go live on 17th June 2019. This shared app brings together multiple provision that patients can access.

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- The Newbridge ETTF development will be completed in May and the planning issues at East Park are in the process of being resolved.
- Due to a change in funding arrangements, 100% rent reimbursements may be available in the future. Development of Alfred Squire practice is being considered.
- Primary Capital Horizons (PCH) are conducting an estates gap analysis following on from the six-facet survey which was conducted on Wolverhampton estate in 2014.
- The group had considered a proposal that the GP Forward View (GPFV) programme of work be aligned across the STP and recommended to the committee to progress on this basis.

RESOLVED:

1) **That the proposal to align the GP Forward View programme of work across the STP be approved by the committee.**
2) **That the update be noted.**

Primary Care Contracting Update

WPCC493   Ms Shelley provided an update on primary care contracting to the committee. The report highlighted a contract change at Woden Road Surgery where Dr Jones had come off the contract as a partner but remained as a salaried GP.

She also advised that the new APMS Contracts had been mobilised by the new providers on 1 April 2019. The transition from the old providers to the new providers appeared to have gone smoothly but a full update would be provided to the committee in May.

RESOLVED: That the update was noted.

Primary Care Strategy Update

WPCC494   Mr Marshall provided a verbal update.

A workshop had taken place to develop a vision of where Primary Care needed to be, based on the 10-year plan and 5-year forward view. The CSU have been commissioned to develop a draft strategy based on the outcome of this session by the end of May.

Following this there will be a period of engagement with GPs, public and patients after which a 2 year plan (on a rolling refresh) will be produced. This would feed into the development of the STP Primary Care strategy (completion expected by end June) for submission to NHS England in Autumn.

RESOLVED: That the update was noted

QOF+ 2019/20

WPCC495   Mrs Southall provided a verbal update, highlighting that the 2018/19 QOF had closed and work was taking place to reconcile activity to allow payments to be confirmed.
A Draft scheme for 2019/20 would be available by the end of April for the committee to consider in May 2019. Scheme value increases from £1.2m to £2.1m in 2019/20 and includes alcohol, diabetes & obesity being carried forward. Additions include hypothyroidism, COPD and asthma, as well as a group of quality indicators comprising of SMI & LD health checks, Dementia diagnosis rates & bowel cancer screening.

In response to a question about cervical screening, Mrs Southall confirmed this was now included in QOF. It was felt that some collaborative work could be done to improve the uptake of screening and earlier detection rather than patients presenting much later.

RESOLVED: That the update was noted

Primary Care Networks

WPCC496   Mrs Southall presented the report, which provided an update on the requirements for GP Practices to establish formal Primary Care Networks (PCN) giving timelines for the process that had been established at STP level. The process enables a consistent approach to be adopted across all 4 CCGs.

A Members Meeting was taking place on 4 April 2019 with the aim of confirming the outline geographies for each network and to discuss the DES in more detail. Following this, formal applications for the establishment of the networks would be made and considered by a panel comprising of the committee Chair, Executive Nurse, The Directors of Strategy and Transformation and Operations, Head of Primary Care, Corporate Operations Manager and a Local Medical Committee representatives. A further update will be provided at the next meeting.

The CCG needs to ensure that the whole CCG area is covered, which will be different to current GP area maps. Funding for roles in the PCNs will be based on patient headcount and there are slightly different arrangements for roles already employed in general practice and those commissioned elsewhere. It was noted that this particularly applied to social prescribing and there was an offer from Public Health to assist with developing this service with a workshop planned for May 2019. The current service in the City was partially funded by the Department of Health with CCG match funding.

RESOLVED: That the update was noted

Delegated Commissioning: Audit Report & Action Plan

WPCC497   Ms Shelley presented the action plan following the CCG's Internal Audit Report 2018/19 for Delegated Commissioning.

The audit rated us as low risk with a recommendation that practice patient list sizes are presented to Primary Care Operational Management Committee (PCOMG) on a quarterly basis. It was agreed figures would be presented on the Primary Care Dashboard.

There was also one implication/recommendation to regularly assess practices on quality, safety and performance.

A Primary Care dashboard, now in draft form, is to be developed to report both of the above to Primary Care Operational Management Group (PCOMG) and will assist in identifying practices to be targeted for visits alongside a random visiting plan approach.

RESOLVED: That the update was noted

Black Country GP Nursing Strategy

WPCC498   Mrs Corrigan presented the General Practice Nursing (GPN) Strategy Report and supporting documents. The aim being to provide a forward view for general practice/primary care nursing for the Black Country. Supporting documents included:-

- A career progression framework aligned to the HEE career and education framework for GPNs

- A competency framework based on the RCGP GPN framework

- An induction and preceptorship framework based on existing programmes e.g. Capital Nurse

The strategy had built on work undertaken in Walsall and received input from all CCGs, Nursing Staff and GP Practices. The frameworks include guidance on competency and induction for practice nurses as well as information on education and career development. As the frameworks are relatively lengthy documents, consideration is being given to the development of a website for ease of reference.

The frameworks were intended to be used by nurses across the lifespan of their career by standardising and defining nurse roles across primary care. The skills frameworks were based on the Royal College of General Practitioners (RCGP) toolkit with additional sections including learning disabilities, mental health, end of life and frailty.

The committee recognised the hard work undertaken by Mrs Corrigan to develop the strategy.

RESOLVED: That the committee endorse the General Practice Nursing Strategy.

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Any Other Business

WPCC499   Mrs Southall advised that the NHS Benchmarking Network had produced a Primary Care 2018 report which would be presented to the May meeting of the committee.

Date of Next Meeting

WPCC450   **Tuesday 7th May at 2.00pm in PA125 Stephenson Room, 1st Floor, Technology Centre, University of Wolverhampton Science Park WV10 9RU**

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 5 March 2019 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

Name	Position	Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP (non-voting)	Yes
Dr Manjit Kainth	Locality Chair / GP (non-voting)	No
Dr Salma Reehana	Clinical Chair of the Governing Body (non-voting)	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	No

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Dr Helen Hibbs	Accountable Officer (WCCG)	
Mike Hastings	Director of Operations (WCCG)	
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	
Peter McKenzie	Corporate Operations Manager (WCCG)	
Gill Shelley	Primary Care Contracts Manager (WCCG)	
Sarah Southall	Head of Primary Care (WCCG)	

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Welcome and Introductions

WPCC457   Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies

WPCC458   Apologies were submitted on behalf of J Denley, B Dhami, T Gallagher, Dr B Mehta and D North.

Declarations of Interest

WPCC459   Drs Bush and Reehana declared that as a GP they had a standing interest in all the 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 5th February 2019

WPCC460   The minutes from the meeting held on 5 February 2019 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC461   There were no matters arising from the minutes.

RESOLVED: That the update was noted.

Committee Action Points

WPCC462   **Minute Number WPCC436 – Healthwatch Wolverhampton: GP Communication Report (Action 24).** The report had now been shared with GP Practices and would be discussed at the next Members meeting. **Action Closed**

Minute Number WPCC439 – Enhanced Services (Action 26). It was noted that the approval process would be in line with the CCG's Urgent Action procedure. It was agreed that this would be circulated. **Action Closed.**

Minute Number WPCC440 – Unprocessed Files associated with Docman (Action 27). It was confirmed that the alternative solutions did not provide the same functionality which would necessitate a degree of dual running implemented that would create clinical risks. **Action Closed**

Minute Number WPCC449 – Updated prescribing budget (Action 29).

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The updated information had been circulated. **Action closed.**

Primary Care Quality Report

WPCC463   Ms Corrigan presented the report, which gave an overview of quality improvement in Primary Care. The report gave details of a number of issues, including infection prevention, flu vaccination programmes, serious incidents, Friends and Family Test response rates and workforce development in Primary Care.

A question was raised about the increase in responses to Friends and Family Test that would not recommend their practice. In response, Ms Corrigan advised that potential reasons for this related to the overall increase in responses and that, as the number of responses for individual practices was often small, the impact of individual responses was often statistically significant.

The rate of flu vaccination was discussed, in particular low rates amongst pregnant women. Ms Corrigan advised that the CCG's overall rate was lower than other areas in the STP, partially as a result of issues with vaccine supply for practices. A de-brief meeting to ensure lessons were learned for future flu seasons was planned. A number of potential approaches to improve rates amongst pregnant women were highlighted, including working with midwives to promote vaccination and working with maternity units to deliver vaccinations at scan appointments. Ms Corrigan confirmed this would form part of the learning from this year's flu season.

RESOLVED: That the update is noted.

Primary Care Operational Management Group Update

WPCC464   Mr Hastings presented the Primary Care Operational Management Group Update, highlighting that matters discussed at the most recent meeting had included: -

- The group had reviewed the risks that it was responsible for managing.
- Following discussions at the last Primary Care Commissioning Committee, the Group was working with practices and NHS Property Services to understand the impact of changes in service charges for practices.
- An outline business case for estates improvements in the Bilston area was being produced and would be shared with the committee in April or May.
- NHS England had advised the group that an update of the Primary Care Policy Manual was being undertaken.
- A GP Practice Nursing strategy was been produced as part of the CCG's workforce task and finish group. It was noted that this strategy was been adopted across the Black Country and that Wolverhampton was leading

progress in this area.

RESOLVED: That the update is noted.

Primary Care Contracting Update

WPCC465   Ms Shelley provided an update on primary care contracting to the committee

The report highlighted that work was underway with both the exiting and incoming providers to mobilise the contracts that had been awarded for two Additional Primary Medical Services practices. This work was on track for contracts to be mobilised by the end of March 2019.

The report also briefly highlighted details of the changes in General Medical Services (GMS) contracts from April 2019. This included an emphasis on building Primary Care Networks to provide support for general practice through expanding and diversifying the primary care workforce, retaining GPs and investing in digital solutions for patient care.

RESOLVED: That the update was noted.

Corporate Governance – Primary Care Strategy: Audit Recommendations

WPCC466   Ms Southall presented the report which introduced the outcomes of an internal audit review into the development and implementation of the CCG's Primary Care strategy. The review had comprised a series of interviews with CCG staff and a survey of GPs from member practices and had made a number of recommendations. The report highlighted that since, the strategy had been written, a number of developments had occurred, including the establishment of the Primary Care groupings and the publication of the NHS England GP Forward View. The recommendations highlighted the need to update the strategy to reflect these developments and an action plan had been produced to respond to them. This included, as previously reported to the Committee, an update to the strategy in May 2019.

The committee discussed the outcome of the GP survey, noting that it had a very low response rate. Ms Southall advised that the update to the strategy would reflect on the outcome and ensure that communication routes around progress through established mechanisms was improved.

RESOLVED: That the internal audit report and action plan be noted.

GP Forward View – Extended Assurance Visit: Audit Recommendations

WPCC467   Ms Southall presented the report, which outlined the outcome of an NHS England Assurance visit into the CCG's work to commission extended access to primary care. The visit had assessed the CCG against seven core components in relation to the delivery of extended access:-

- Timing of appointments
- Capacity
- Measurement

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- Advertising and Ease of Access
- Digital
- Inequalities
- Effective access to wider whole system services

The report highlighted that the CCG had been assessed as fully or partially compliant against all of the relevant components and made a number of recommendations to support achieving full compliance. An action plan to respond to these recommendations which included developing website advertising, access to wider services, linkage to wider digital strategies and future commissioning of additional capacity was appended to the report.

It was noted that a number of actions had already been completed and that work was progressing against the others in line with the agreed timescales.
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RESOLVED: That the outcome of the assurance visit and the action plan be noted.

Primary Care Networks

WPCC468   Ms Southall presented the report, which provided an introductory outline of requirements for GP Practices to establish formal Primary Care Networks (PCN) from May 2019.

The report highlighted that, in line with the NHS Long Term Plan and the General Medical Services (GMS) contract for 2019/20, practices were required to establish PCNs to support the delivery of services at scale and to facilitate measures to support developments in the skill mix of the Primary Care workforce and leadership in Primary Care. PCNs were required to serve a list size of between 30,000 and 50,000 patients, designate a clinical director and developa a work agreement amongst the constituent practices. Funding to support this development was being made available through a Directed Enhanced Service (DES) at Network level. Further guidance on the establishment of PCNs, along with the Network DES were expected at the end of March 2019.

The report also highlighted that, in order to identify PCNs in Wolverhampton, the CCG was working with the existing practice groupings to ensure that this development built on the work undertaken to establish these groups over the previous two years. The CCG would be required to develop an assurance process to support practices in applying to establish PCNs, which would include coordination with other Black Country CCGs and NHS England approval. It was noted that PCNs would be geographically based which presented some challenges in alignment with existing groupings.

During the discussion, the committee noted that it was important that clear information was provided to patients in respect of PCN developments as there was capacity for confusion. Ms Southall confirmed that work was underway to support practices in patient involvement via their networks. It was noted that a considerable amount of effort had been undertaken already to support practices to work together and it was vital that the establishment of

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PCNs in Wolverhampton built on this work. Ms Southall confirmed that a workshop for all practices would take place to support them in understanding the requirements of the DES and how this could build on existing ways of working.

RESOLVED: That the committee receive a further update on the development of Primary Care Networks when further guidance was available.

Any Other Business

WPCC469   There was no other business on this occasion.

Date of Next Meeting

WPCC   Tuesday 2 April 2019 at 2.00pm in PA025 Marston Room, Technology Centre, University of Wolverhampton Science Park WV10 9RU

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP COMMISSIONING COMMITTEE

Minutes of the Commissioning Committee Meeting held on Thursday 28th March 2019 commencing at 1.00 pm in the CCG Meeting Room 1, 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	No
Tony Gallagher	Chief Finance Officer	Yes
Sally Roberts	Chief Nurse & Director of Quality	Yes
Andrew Wolverson	Head of Service People - Commissioning - WCC	Yes

In Attendance ~

Alison Lake	Administrative Officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	No
Sarah Fellows	Mental Health Commissioning Manager	No
Sharon Sidhu	Head of Strategy and Transformation	Yes
Mandeep Duhra	Senior Contracts Manager	Yes
Margaret Courts	Children's Commissioning Manager	Yes (Part)

Apologies for absence

Steven Marshall, Vic Middlemiss

Declarations of Interest

CCM786   None.

Minutes

CCM787   The minutes of the last Committee meeting, which took place on 28th February 2019 were agreed as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM788   None

Committee Action Points

CCM789   None to review.

RESOLVED: That the above is noted

Diagnostic Pathway for Autistic Spectrum

CCM790   The committee was presented with a report that was originally presented at January 2019 committee for assurance and has been resubmitted for a decision.

The all age strategy developed by Wolverhampton CCG working jointly with the City Council for a clear pathway across the system, for children and young people with conditions such as ASD and ADHD, to ensure quality and safety of service.

RESOLVED: That the above is noted and approval was given.

Contracting Update

CCM791   The Committee was presented with a report update for the period March 2019.

Royal Wolverhampton NHS Trust

Activity and Performance

The current performance of Cancer shows that the Trust continues to perform below the required contract standard.

Activity Queries

Community Phlebotomy – This service continues to over perform of approximately 25%. Upon raising this with the Trust, the CCG learned that patients seen in Acute Rheumatology are now being referred to RWT Community. Consequently, this has been raised as a counting and coding challenge with the Trust.

<u>Performance Targets</u>

Diagnostics - the Trust has not achieved the target since September 2018 but has shown significant improvement in December and January. A continued increase in Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy referrals have impacted on this service and led to an adverse effect on routine waiting times. The Trust have advised that they will continue to improve and reach the 99% target.

Referral to Treatment - There has been a significant decline in December and January for this service due to patient referrals. The Trust advised that the head and neck and within the Ophthalmology where consultant recruitment has been made and waiting list initiatives have been completed.

Cancer – The Trust continues to predict none achievement of the 2 week waiting times in the 31 day sub-surgery target, 62 day screening and the 62 day wait. A 19.75% increase in growth in the Breast referral service and additional capacity has been made to help deal with this rise.

<u>Other Contractual Issues</u>

<u>Dermatology</u>

Work continues project to re-procure the Community Dermatology services. The CCG is currently awaiting a response from the provider of the activity cohort that is to remain with the acute contract an escalation letter will be forwarded to the Trust.

<u>2019/20 Planning Round</u>

Discussions are continuing to reach an agreed position, whilst Finances position between RWT and WCCG has been agreed, associates and in particular South Staffs CCGs remain outstanding. Further meeting will take place in March 2019.

Black Country Partnership Foundation Trust (BCPFT)

Performance/Quality Issues

<u>Improving Access to IAPT</u>

The CCG has commissioned the Big White Wall (BWW) to help deliver the IAPT service to increase access rates , information and communications are being increase to help GPs to achieve target.

<u>Data Quality Improvement Plan (DQIP)</u>

A new RIO system implementation has been delayed due to the Dudley and Walsall MHT merge and the alignment of their systems. Updates on progress will be forthcoming.
<u>2019/20 Planning Rounds</u>

There is a signed contract in place for the 19/20 Contract with the mental health provider.

<u>Vocare – Urgent Care Centre</u>

Discussions are currently ongoing with the provider, a proposal for 2019/20 contract has been received which is circa £3m and is significantly higher than the 18/19 £2.6m contract. Negotiations are ongoing and the CCG are optimistic of reaching a conclusion to the 19/20 contract settlement.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

The CCG has received a Contract Extension Proposal from WMAS which requests a significant increase in funding. Commissioners have been unable to agree financial terms for a two year extension. An alternative of a six month extension is being considered which will give a 12 month allowance to conduct a re-procurement process for this service.

Any Other Business

Date, Time and Venue of Next Meeting

Thursday 25th April 2019 at 1pm in the CCG Meeting Room 1

NHS
Wolverhampton
Clinical Commissioning Group

Wolverhampton Clinical Commissioning Group
Audit and Governance Committee

Minutes of the meeting held on 20 February 2018 commencing at 11.00am
In Armstrong Room, Science Park, Wolverhampton

Attendees:

Members:
Mr P Price	Chairman
Mr D Cullis	Independent Lay Member
Mr J Oatridge	Deputy Chair of the Governing Body and Audit and Governance Committee (partial meeting)
Mr L Trigg	Independent Lay Member

In Regular Attendance:
Mr P McKenzie	Corporate Operations Manager, WCCG
Miss M Patel	Administrative Support Officer, WCCG (minute taker)

In Attendance:
Mr T Gallagher	Chief Finance Officer, WCCG and Walsall CCG
Mr N Mohan	Senior Manager, LCFS, PwC
Mr M Stocks	Partner, External Audit, Grant Thornton
Ms M Tongue	Head of Financial Resources, WCCG
Ms J Watson	Senior Internal Audit Manager, PwC

Apologies for attendance:
AGC/18/01   Apologies for absence were submitted by Dr Hibbs.

Declarations of Interest
AGC/18/02   Mr Cullis advised that he had now changed job roles and had submitted a new Declarations of Interest Form to the CCG reflecting the change.

Minutes of the last meeting held on 18 July 2017
AGC/18/03   The minutes of the last meeting were agreed as a correct record with the emittance of the word 'her' in the sentence on page 1. The sentence should read 'Ms Watson asked to declare for information that Dr Julian Parkes who was currently a member of the Wolverhampton Clinical Commissioning Group Governing Body was her GP.'

Matters arising (not on resolution log)

AGC/18/04   There were no matters arising to discuss.

Resolution Log

AGC/18/05   The resolution log was discussed as follows;

- Item 99 (AGC/17/86a) – Ms Watson to meet with Mr Gallagher to discuss internal audit reporting of actions – Meeting had taken place and this was on agenda. Close.
- Item 100 (AGC/17/86b) - An update on internal audit follow up to any recommendations to actions to be brought to next meeting – On agenda.
- Item 101 (AGC/17/87a) – Risks from each committee meeting to are brought back to next meeting – On agenda.
- Item 102 (AGC/17/87b) - A report on the observations by Ms Watson and internal audit at committee meetings be brought back to the next meeting – Verbal Update to be given.
- Item 104 (AGC/17/93) - Mr Gallagher to look into the number of contracts that are up for renewal and report back to the committee including the current contract with Mills and Reeves – The Mills and Reeves contract would need to be looked at via the procurement process. The information regarding the other contracts would be circulated externally by Mr Gallagher.
- Item 105 (AGC/17/95) - Mr Grayson to liaise with Mr McKenzie around LSM updates to staff – Mr Grayson had attended a staff meeting and briefings/newsletters were circulated to staff.
- Item 106 (AGC/17/96a) - A full report on GDPR to be brought back to the meeting in February 2018 – On agenda.
- Item 108 (AGC/17/96c) - Committee members to review and send back any comments to Miss Patel. This will then be circulated at the next meeting with the agreed amendments – Information had been provided and circulated.

Internal Audit Plan 2018/2019

AGC/18/06   Ms Watson gave a verbal update on this agenda item.

The Internal Audit team had met with members of the Executive Team and talked through their findings of report writing, national themes and this year would reflect on the Board Assurance Framework (BAF). Ms Watson would be meeting with the Executive Team on the 28 February 2018 to plan using the BAF, findings of previous audit work, themes and areas the Executive team identified. This information would be used to draft a risk based plan. This would then be circulated to the Audit Chair and members prior to the next meeting.

RESOLUTION: The Committee:

- Report to be brought to next meeting for approval.
- Ms Watson to circulate the internal Audit Plan to members prior to the next meeting.

Internal Audit Progress Report

AGC/18/07   Ms Watson presented the Internal Audit Progress Report and gave a summary on the below items against the 2017/18 Internal Audit Plan:

- Corporate Governance – Primary Care Co-commissioning.
- Conflicts of Interest
- Risk Management
- Finance
- Better Care Fund
- Arrangements with the CSU
- QIPP
- Information Governance
- Audit follow-up

Mr Oatridge arrived.

Ms Watson made specific reference to the risk management report. Mr Hastings – Director of Operations and Mr McKenzie – Corporate Operations Manager had implemented new changes which had seen a marked improvement in areas particularly related to risk.

The committee provided the below comments:

- Felt that the new system was working much better and that information presented was much more accurate.
- Risk was now a fundamental issue on agendas but needed developing further in other committees.
- Risk was everyone's responsibility.
- Dashboards and Deep Dives were used better.

Ms Watson and her team would try and go to City of Wolverhampton Council in order to complete their fieldwork on the Better Care Fund for this quarter. The Internal Audit team would be revisiting their report and comments they had been made about the Commissioning Support Unit (CSU) as the CSU had felt they were of a negative nature.

It had been identified that team time was being utilised better for QIPP and there had been an improvement in reporting. The report on Information Governance was being drafted and Ms Watson would circulate this before the next Committee Meeting.

The Lay Members felt that it would be a good idea for the Internal Audit report to contain management comments including any when there was no agreement on recommendations made by the Internal Audit team. Mr Gallagher informed the Committee that the Management Team had agreed all of the actions made by Internal Audit but was in agreement that comments should be added to the final report.

RESOLUTION: The Committee:
- Noted the report.
- Ms Watson to circulate the IG report before the next meeting.
- Ms Watson to circulate the internal Audit Plan to members prior to the next meeting.
- Ms Watson to add any management comments to report.

External Audit Plan

AGC/18/08   Mr Stocks presented the first external audit plan produced by Grant Thornton for the CCG.

Areas discussed were:
- Deep Business Understanding
- Significant Risks Identified
- Other Matters
- Materiality
- Value for Money Arrangements
- Audit Logistics, Team and Fees
- Independence and Non-Audit Services

Mr Stocks informed the Committee that Wolverhampton was the only CCG in his portfolio who had delivered their QIPP Plan and had a surplus. The annual assessment was also outstanding.

Mr Oatridge commented that he felt that the report focused from an STP point of view rather than a CCG point of view. Mr Stocks said that he would take the comments on board.

RESOLUTION: The Committee:
- Noted the Plan.

Draft Counter Fraud Plan

AGC/18/09   Mr Mohan presented the Annual Counter Fraud Work Plan 2018/19 to the Committee had been allocated a similar level of resource to last year. The highest level of risk assessment was around leavers and Mr Mohan asked the Committee to feedback to managers to reinforce the recommendations that had previously been made by Ms Watson and Internal Audit.

Mr Price asked if any references were made to the Organisational Risk Register. Mr Mohan said that it might be useful to have an extra column indicating if there was anything on the fraud risk register that needed to be escalated.

The Counter Fraud Progress Report to be discussed under the agenda

item 'For Information' had not been circulated to the Committee. Miss Patel was asked to circulate the attachment after the meeting and that any comments were sent back to Mr Mohan by Friday 9 March 2018.

RESOLUTION: The Committee:

- Agreed the Annual Counter Fraud Work Plan 2018/19.
- Miss Patel to circulate the Counter Fraud Progress Report to committee members with comments to be sent back to Mr Mohan by Friday 9 March 2018.
- Mr Price to raise with Mr Gallagher around feedback to Mangers when staff leave the organisation that protocol has been followed.

Risk Register Reporting/Board Assurance Framework

AGC/18/10   Mr McKenzie presented a report on the Risk Register and Board Assurance Framework. This was the latest version of the paper which had also been presented to the Governing Body Meeting in February 2018. In addition the Committee were also presented with the Update Risk Management Strategy which they were asked to approve.

Risk was now looked at in a much more robust way in greater detail at individual committees. There was ongoing work in the CCG to develop the culture around risk. Mr McKenzie that he had now recruited internal support to help with the work he was undertaking. There was now more involvement from the Governing Body in addressing and looking at the risks on the corporate risk registers.

The committee were in agreement that the work undertaken by the Director of Operations and Mr McKenzie was significant and a marked improvement on last year and welcomed the changes.

RESOLUTION: The Committee:

- Noted the report and its recommendations.
- Approved the Risk Management Strategy.

Draft GBAF – February Audit Committee

AGC/18/11   This was discussed under (AGC/18/10) Risk Register Reporting/Board Assurance Framework.

Risk Management Strategy

AGC/18/12   This was discussed under (AGC/18/10) Risk Register Reporting/Board Assurance Framework.

Governance Statement

AGC/18/13   Mr McKenzie shared the draft Annual Governance Statement with the

Audit and Governance Committee which included reference to changes in risk management and the impact of the cyber-attacks and the CCG response. The Accountable Officer had seen the draft statement and was happy with it. Mr McKenzie asked for any comments from the Committee.

Mr Price asked that reference was made to the Black Country Joint Commissioning Committee and also the impact and changes that commissioning had on the CCG.

Mr Oatridge felt that that the statement should incorporate more of the achievements of the CCG including where progress had been made and also the fact that the CCG had been rated outstanding.

RESOLUTION: The Committee:
- Received assurance from the report.
- Mr McKenzie would incorporate the comments of the Committee members in the Governance statement.

Draft Committee Annual Report

AGC/18/14   Mr McKenzie advised that he had been looking at the Committee Annual Report. The same format and themes had been used as last year. The Governing Body had received assurance from the report which had also been discussed with Internal Audit.

The Committee were asked to support the approach to the Annual Report and the proposed changes to the Committee Terms of Reference. Mr Oatridge asked if the outcome of the Audit and Governance Committee Effectiveness Questionnaire could be fedback to the Governing Body.

RESOLUTION: The Committee:
- Approved the Annual Report
- Approved the Terms of Reference
- Approved the Review of Committee Effectiveness
- Outcome of the Audit and Governance Committee Effectiveness Questionnaire to be fedback to the Governing Body.

Draft Review of Terms of Reference

AGC/18/15   This was discussed under (AGC/18/14) Draft Committee Annual Report.

Draft Review of Effectiveness including Audit Committee Questionnaire

AGC/18/16   This was discussed under (AGC/18/14) Draft Committee Annual Report.

It was agreed that the questionnaire would be circulated to members in advanced of the next meeting and feedback can be discussed at the April Meeting.

RESOLUTION: The Committee:
- Mr McKenzie to circulate the Effectiveness questionnaire in advance of the next meeting and feedback discussed at next meeting.

General Data Protection Regulation (GDPR)

AGC/18/17 The GDPR will come into force in May 2018. The paper presented to the Committee gave an outline of arrangements for the CCG including training for staff, communications and updates being provided at the Quality and Safety Committee as well as this committee.

An action plan has been developed to support the CCG's preparation for implementation of the new legislation and is being supported by Arden and Gem CSU.

RESOLUTION: The Committee:
- Noted the report

Feedback to and from the Audit and Governance Committee and Wolverhampton CCG Governing Body Meetings and Black Country Joint Governance Forum

AGC/18/18 Governing Body:
- The high risk regarding Vocare and its provision at the Urgent Care Centre in Wolverhampton. An action plan was in place.
- The financial position of the CCG was also highlighted as a risk.

Black Country Joint Commissioning Committee:
- The Terms of Reference had now been agreed following concerns that had been raised from West Birmingham.
- The Committee had discussed using a standard template for the risk registers at each CCG and had tasked the Governance Task and Finish Group to look at this.
- The Governance Task and Finish Group to look at risk around joint committee working and reporting.

RESOLUTION: The Committee:
- Noted the update

Final Accounts and their preparation plan including update on submission of Month 9 accounts

AGC/18/19 Mr Gallagher and Ms Tongue highlighted the below:
- That the committee had been presented with the draft accounts with working balances.
- The accounts would be finalised by 24 April 2018 with a view to produce the full accounts on 29 May 2018.
- Mr Gallagher and Ms Tongue were looking into a coding error which had been identified.

- The 2017/2018 position only shows expenditure until Month 9 whereas the 2016/2017 expenditure showed until Month 10.
- The process had gone well and the CCG were able to evidence why there were variances between the CCG and the Providers.
- The CCG does not anticipate any risks associated with the process.

RESOLUTION: The Committee:
- Noted the report

Losses and Compensation Payments – Quarter 3 2018/19

AGC/18/20   Mr Gallagher presented this report and advised the Committee that there was 1 loss of £36.12 during quarter 3 of 2017/2018 relating to the write-off of a salary overpayment to a previous CCG lay member. There were no special payments during the same quarter.

RESOLUTION: The Committee:
- Noted the report.

Suspension, Waiver and Breaches of SO/PFPS

AGC/18/21   Mr Gallagher noted the below in quarter 3 of 2017/18:

- During quarter 3 of 2017/18 there were 20 invoices in breach of PFPs (2.70% of all invoices paid);
- 2 waivers were raised during quarter 3;
- 33 non-healthcare invoices were paid without a purchase order being raised during quarters 1 - 3.

RESOLUTION: The Committee:
- Noted the report

Receivable/Payable Greater than £10,000 and over 6 months old

AGC/18/22   The Committee noted that as at 31 December 2017 there were:
- No sales invoice greater than 10k and over 6 months old.
- 13 purchase ledger invoices greater than £10k and over 6 months old.
- The £4.8m invoice sent by RWT continued to be disputed by the CCG.

RESOLUTION: The Committee:
- Noted the above.

NHS CFA Strategy

AGC/18/23   Mr Mohan presented the NHS CFA Strategy for information.

RESOLUTION: The Committee:
- Received the report for information.

Any Other Business

AGC/18/24   There were no items to discuss.

Date and time of next meeting

AGC/18/25   Tuesday 17 April 2017 at 11am in the Armstrong room at Wolverhampton Science Park

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Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 14th March 2019

Members:

Dr Salma Reehana – Chair, Wolverhampton CCG

Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG

Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG

Dr Anand Rischie – Chair, Walsall CCG

Dr David Hegarty – Chair, Dudley 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

Laura Broster – Director of Communications and Public Insight

Julie Jasper – Lay Member, Sandwell and West Birmingham CCG

Alastair McIntyre – Portfolio Director, Black Country and West Birmingham STP

In Attendance:

Charlotte Harris – Note Taker, Black Country and West Birmingham STP

Jonathan Fellows – Black Country and West Birmingham STP

Mike Beak – Sandwell & West Birmingham CCG

Peter McKenzie – Wolverhampton CCG

Apologies:

Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG

Prof Nick Harding – Chair, Sandwell & West Birmingham CCG

Paula Furnival – Director of Adult Social Care, Walsall MBC

Jim Oatridge – Lay Member, Wolverhampton CCG

Mike Abel – Lay Member, Walsall CCG

Peter Price – Lay Member, Wolverhampton CCG

Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above.

1.3 There were no declarations of Interest.

1.4 The minutes of the meeting held on the 14th February 2019 were agreed as an accurate record.

1.5 The action log was reviewed and actions confirmed as delivered or others taken within the agenda.

1.6 Action 130 and 134 were discussed and agreed as closed with a new actions agreed.

Actions:

CCGs to meet and discuss the models under consideration in the four places and look at how these build to a sustainable ICS and ensure sustainability when trying to establish acute collaboration.

Alastair McIntyre to confirm the workshop with Toby Lewis for Senior Responsible Officers regarding Midland Metropolitan Hospital assumptions and activity flows.

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The Black Country and West Birmingham STP and Birmingham and Solihull STP Board to Board to be arranged regarding the Midland Metropolitan Hospital being financially and clinically sustainable.

1.8   Action 131 was closed. Dr Helen Hibbs and Alastair McIntyre met with the Association of Black Country Authorities (ABCA) and it had been a positive meeting. Local Authority leaders asked to be kept informed of progress with the ICS with a six monthly update

1.9   Action 133, a draft paper was considered by the STP the Directors of Finance group with a subsequent paper to be presented to the Health Partnership being held on 18 March 2019.

1.10   Action 135, it was agreed there will be a single paper for the JCC and the Governing Bodies.

1.11   Action 138, it was agreed the CCGs all purchase access to the "Quality Standards" and value access to these. The CCGs are not in support of the pooling of the commissioned credits. It was agreed to leave the commissioning of credits to the individual CCGs for the 2019/20 cycle.

1.12   Action 139, noted as work in progress.

2.   CCG TRANSITION BOARD

2.1   The Transition Director has been appointed to Deborah Rossi, who is starting on 20 March 2019. There will be an induction programme. The Transition Board are next meeting after the JCC.

3.   CLINICAL LEADERSHIP GROUP UPDATE

3.1   There was no update given this month. The next meeting is being held on 21 March 2019.

4.   UPDATE FROM STP

4.1   The group received an update on progress with the STP.

A discussion was held around the options appraisal currently being held by Sandwell and West Birmingham CCG around their boundaries and the potential effect this might have in future on STP boundaries**.**

5.   FORMALLY DELEGATED AREAS

5.1   **Transforming Care Partnership**

5.1.1 Dr Helen Hibbs updated the group on the Transformation Care Partnership (TCP). There had been an escalation call with the national team. The national team recognised the actions that are in place and work is being done regarding increasing the planning around discharges is good. However the number of admissions remains high and there has been disappointing slippage of the numbers of patients being discharged in quarter 4. The programme will be continuing for another two years. There is a big challenge across the TCP and individual CCGs in meeting trajectories for 2019/20.

5.2   **Mental Health**

5.2.1 Dr Helen Hibbs presented on the update from the One Commissioner Programme. There continues to be a big focus on improving Mental Health services. Regulators are challenging the system to bring programmes together for greater assurance. The Mental Health

Investment standard is under scrutiny and will be reviewed at the Health Partnership on 18 March 2019.

5.3 **CHC Care Home Procurement – Highly Complex Care – Proposal**

5.3.1 This item was deferred until May.

5.4 **Other Areas for Formal Delegation – Future Pipeline Discussion**

5.4.1 The Accountable Officers were asked to consider areas to be brought forward for delegation to the JCC. Specialised Commissioning to be invited to attend the JCC or Clinical Leadership Group (CLG) for discussion on specialised services

Actions:
Prof Nick Harding to discuss at the Clinical Leadership Group the delegation of Specialised Commissioning to the Joint Commissioning Committee.
Accountable Officers to consider any other areas that they think could be formally delegated to the JCC and bring it to the board as a suggestion for further discussion.

6. **RISK REGISTER**

6.1 It was agreed there would be attendance from one of the governance leads at the JCC moving forward.

7. **MATTERS OF COMMON INTEREST**

7.1 **Place Based Update – Wolverhampton**

7.1.1 Dr Helen Hibbs gave an update on the Wolverhampton Integrated Care Alliance.

7.2 **Performance and Assurance Return**

7.2.1 The performance and transformation report was noted. There are currently 88 transformation assurance statements for 2019/20. There will need to be a sign off process for Senior Responsible Officers from April.

7.3 **Primary Care Development Agenda**

7.3.1 This item was deferred until July.

7.4 **SCC Planning Commissioner Update**

7.4.1 Mike Beak gave a presentation on the Strategic Capacity Cell (SCC) in WMAS that went live on 27 February 2019.

Action: Simon Brake to attend the JCC to give an update on the Strategic Capacity Cell.

8. **FEEDBACK FROM GOVERNING BODIES**

8.1 No comments were raised.

9. **ITEMS FOR INFORMATION**

9.1 No comments were raised.

10. ANY OTHER BUSINESS

10.1 Dr David Hegarty informed there is a current process in Dudley CCG to identify the non-executive representative to attend the JCC and Transition Board.

10.2 Alastair McIntyre noted that a Planned Care Workstream Lead was yet to be recruited and asked Accountable Officers to consider a nomination before the Health Partners board on 18 March 2019.

11. DATE OF NEXT MEETING

Thursday 14 April, PD017, Wolverhampton Science Park, Glaisher Drive, Wolverhampton, WV10 9RU

JCC Action Log

No.	Date	Action	Lead	Deadline	Status Update
133	10th Jan 2019	A presentation of overall financial commitments for the JCC and STP to be delivered.	James Green		
140	14th Mar 2019	CCGs to meet and discuss the models under consideration in the four places and look at how these build to a sustainable ICS and ensure sustainability when trying to establish acute collaboration.	Alastair McIntyre Matthew Hartland	31st May 2019	
141	14th Mar 2019	Alastair McIntyre to confirm the workshop with Toby Lewis for Senior Responsible Officers regarding Midland Metropolitan Hospital assumptions and activity flows.	Alastair McIntyre	31st May 2019	22/03/2019 – Availability has been requested
142	14th Mar 2019	The Black Country and West Birmingham STP and Birmingham and Solihull STP Board to Board to be arranged regarding the Midland Metropolitan Hospital being financially and clinically sustainable.	Dr Helen Hibbs Jonathan Fellows	31st May 2019	
143	14th Mar 2019	Prof Nick Harding to discuss at the Clinical Leadership Group the delegation of Specialised Commissioning to the Joint Commissioning Committee.	Prof Nick Harding	9th May 2019	
144	14th Mar 2019	Accountable Officers to consider any other areas that they think could be formally delegated to the JCC and bring it to the board as a suggestion for further discussion.	Andy Williams Dr Helen Hibbs Paul Maubach	9th May 2019	02/04/2019 – In light of the wider work underway looking at transformation, this is not the right time to increase the scope of delegation
145	14th Mar 2019	Simon Brake to attend to give an update on the Strategic Capacity Cell.	Paul Maubach	9th May 2019	