

**A meeting of the Wolverhampton Clinical Commissioning Group Governing Body
will take place on Tuesday 13th September 2016 commencing at 1.00 pm
at Wolverhampton Science Park, Stephenson Room**

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**Wolverhampton
Clinical Commissioning Group**

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 12 July 2016
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

VOTING MEMBERS ~

Clinical ~		Present
Dr D De Rosa ~ Chair	Board Member	Yes
Dr D Bush	Board Member	No
Dr M Kainth	Board Member	No
Dr J Morgans	Board Member	Yes
Dr R Rajcholan	Board Member	Yes
Management ~		
Dr H Hibbs	Chief Officer	Yes
Ms M Garcha	Executive Lead for Nursing and Quality	Yes
Mr S Marshall	Director of Strategy and Transformation	Yes
Ms C Skidmore	Chief Financial Officer/Chief Operating Officer	Yes
Lay Members/Consultant ~		
Mr T Fox	Secondary Care Consultant	No
Mr J Oatridge	Lay Member	Yes
Ms P Roberts	Lay Member	Yes
Ms H Ryan	Lay Member	Yes

In Attendance ~

Mr S Cook	Senior IM&T Project Manager (part)
Ms K Garbutt	Administrative Officer
Mr M Hastings	Associate Director of Operations
Mr R Jervis	Public Health Director
Mr D McIntosh	Healthwatch representative
Mr P McKenzie	Corporate Operations Manager
Mr V Middlemiss	Head of Contracts and Procurement (part)

Apologies for absence

Apologies were received from Dr M Kainth, Ms V Griffin, Dr D Bush,

Declarations of Interest

WCCG.1510 Dr D De Rosa reported declarations of interest for all Governing Body GPs in respect of the Conflicts of Interest policy and also prescribing within the Commissioning Summary.

RESOLVED: That the above is noted

Minutes

WCCG.1511 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 24 May 2016 be approved as a correct record.

Matters arising from the Minutes

WCCG.1512 There were no matters arising from the minutes.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1513 RESOLVED: That the progress report against actions requested at previous Board meetings be noted ~

Minute 1474 Communications and Engagement

Ms P Roberts confirmed that is now complete.

Minute 1482 Questions from the public

Ms Roberts confirmed this has been communicated to the Communication and Engagement Team.

Chief Officer update

WCCG.1514 Dr H Hibbs introduced the Chief Officer report which is to provide assurance to the Governing Body of robust leadership across the Clinical Commissioning Group (CCG). She highlighted that members of the CCG's Executive Team met with Sir Sam Everington, Chair of NHS Tower Hamlets Clinical Commissioning Group and lead GP of the Bromley by Bow Health Centre. The Centre offers a full range of services to help to improve health and wellbeing alongside traditional primary care services.

Dr Hibbs reported an event took place on the 7 June 2016 “Immediate solutions to address demand and capacity pressures in the Hospital Eye Service”. She was asked to attend and present on behalf of Wolverhampton CCG as we have commissioned a number of enhanced eye care services through a Primary Eye-care Assessment and Referral Service (PEARS).

Mr J Oatridge referred to 2.1 Commissioning Support Unit (CSU) Mobilisation and enquired if there were any areas of concern. Mr M Hastings confirmed nothing was required to be escalated. He added feedback received was good and regular monitoring takes place.

RESOLVED: That the above is noted.

Ms C Skidmore pointed out that as we were not quorate to change the order of the agenda items that do not require a decision.

Any Qualified Provider (AQP) Nursing Homes

WCCG.1515 Mr Marshall summarised Ms Maxine Danks update on AQP Care Home Framework. He pointed out that the main risk would be that all of the care home provision commissioned via the Framework has no vacancies and that care would need to be purchased from providers who are not part of the Framework. This risk should be minimised as a new window of opportunity is due to be opened in October 2016 for further providers to join the Framework.

Dr J Morgans arrived

Dr De Rosa pointed out that the quality and standard of care in the homes varies we need to ensure quality is maintained. Mr Marshall added it is about quality rather than demand.

RESOLVED: That the above is noted.

Dr De Rosa confirmed that the Governing Body meeting was now quorate

Joint All Age Carer Strategy

WCCG.1516 Mr Marshall gave an overview of the report. The CCG are required to provide support for carers as part of The NHS Commitment Carers. The Care Act is now in place and there are specific actions that must be taken to meet the needs of carers. This is a living document owned jointly by the CCG and the local authority and it will be revised regularly as changes are required.

Dr R Rajcholan enquired if the 6.8 million people who provide unpaid care was an annual figure. Mr Marshall confirmed these are national figures. Ms M Garcha pointed out that the strategy did not contain the sign off Quality Impact Assessment (QIA) on the back sheet. Dr De Rosa added is there a possibility for provision of carers health checks (mental and physical) as part of this strategy development/implementation. Mr Marshall will raise these points with Ms Danks.

RESOLVED: That the Governing Body endorsed the strategy to include the items raised.

Mr S Cook arrived

Managing Conflicts

WCCG.1517

Mr P McKenzie presented the report which is to recommend a revision to the Policy for Declaring and Managing Interests following changes to the statutory guidance for managing conflicts of interest for CCGs that has been issued by NHS England and to ask the Governing Body to agree in principle to the appointment of an additional lay Member in response to the Guidance.

Mr D McIntosh arrived

Mr McKenzie highlighted that the proposed changes to the policy were in response to the statutory guidance. He advised that many of the more significant areas of principle addressed by the new guidance were already incorporated in the existing policy and the changes made ensured that the appropriate terminology was used. This included changes to the categories of interests recorded and to the introduction of the 'Conflict of Interest Guardian' role for the Chair of the Audit Committee. He highlighted that the strong suggestion that an additional lay member should be appointed to the Governing Body was the most significant area for the CCG to consider. He referred to the previously reported intention of the Finance and Performance Committee to appoint an independent member to strengthen the membership of the committee and the intention to conduct an internal recruitment process for this role by seeking expressions of interest from the existing members of the Audit and Governance Committee. Following the publication of the guidance, the Governing Body were asked to consider expanding this planned role to become a Lay Member position for Finance and Performance. Both of the existing Audit and Governance Committee members had been approached to determine whether they would be interested in the expanded role and Mr Peter Price had expressed an interest. In line with the principles for appointment of Lay Members for CCGs and ensuring that such appointments are made on merit consideration had been given to Mr

Price's considerable experience of NHS Finance and Performance matters and his contribution to the work of the Audit and Governance Committee during his membership. On this basis, Mr Price demonstrated his suitability to fill this post and the Governing Body agreed to appoint him to the post, to be formally effective once the Constitution is varied to reflect the change in Governing Body Membership. Mr Price will take up his duties in shadow form pending this being formalised through the NHS England processes.

Mr Oatridge endorsed Mr McKenzie's comments pointed out that these matters had been reported through to the Governing Body on a number of occasions. In response to comments from Ms Roberts in respect of the contribution of this role to Primary Care commissioning and the work of the joint committee, Dr De Rosa added that the possibility of a further lay member role could be looked at in the future.

RESOLVED: That the Governing Body agrees in principle to approve the revised policy for Declaring and Managing interests, subject to review by the Audit and Governance Committee and staff engagement.

That the Governing Body delegates authority to the Corporate Operations Manager (in consultation with the Conflicts of Interest Guardian) to make any minor and consequential amendments to the policy arising from the Audit and Governance Committee review.

That the Governing Body agrees to appoint Mr Peter Price to the new position of Lay Governing Body member for Finance and Performance, subject to the CCG's constitution being varied to give effect to this change

Local Digital Roadmap

WCCG.1518 Ms Skidmore explained that in September 2015 a three step process began to allow local health and care systems to produce Local Digital Roadmaps (LDRs) by 30 June 2016, setting out how they will achieve the ambition of 'paper-free at the point of care' by 2020.

Mr S Cook summarised the reports. He pointed out that there is a good working relationship with the Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust (BCPFT). We are very well placed in Wolverhampton to deliver the LDR. Mr D McIntosh made an observation that IT within NHS does not have a good track record. He also expressed concern relating to charges for patients to have access to their medical records and how this may impact on them. Ms Ryan and Ms Roberts noted Mr McIntosh's comments and said that they would look into this as discussions have already been had via the Practice Managers Forum on this subject.

Dr Morgans pointed out that there is reluctance from front line staff to use computers therefore do we have an effective plan to resolve this. Mr Cook stated that support will be provided through the process. Mr Oatridge pointed out that it might be worthwhile to have support from the University into this project given the need to innovate. He also added that the whole area of training/skills/IT change should be recognised. Ms Skidmore thanked Mr Cook for his work and requested he provides future updates to the Governing Body on progress of the project.

RESOLVED: That the Governing Body support the Wolverhampton Local Digital Roadmap.

Mr S Cook left

Better Care Fund Big Lottery

WCCG.1519 Mr Marshall presented the report stating that the business case developed through Big Lottery grant funding to propose a project of social prescribing underpinned by a Social Impact Bond, which will improve patients wellbeing and reduce emergency activity and demand on Primary Care. He stated that the Local Authority do not wish to pursue this project via a Social Impact Bond model, resulting in the business case being no longer being financially viable with the CCG as sole Commissioner.

A discussion took place regarding the Local Authority's withdrawal from the model. Ms R Jervis stated there were reservations from the outset. Dr Morgans added learning about the process had taken place and what possibly could be carried out. Ms Skidmore stated this could be carried out in a different way. Mr Marshall confirmed he will share an email from the Local Authority regarding the Social Impact Bond.

RESOLVED: That the Mr Marshall share an email regarding the Social Impact Bond proposal.

Mr V Middlemiss arrived

Grant Policy/Funding Allocation

WCCG.1520 Mr V Middlemiss updated the Governing Body on the outcome of grant allocations to the third sector, following the second round of bidding which concluded in May 2016. He highlighted that there is a summary report within the policy detailing the evaluation process. Dr Hibbs requested that once this information has been received and collated to bring a report back to the Governing Body at the end of 2016.

RESOLVED: That a report is brought back at the end of 2016 relating to details of the evaluation process.

Mr Middlemiss left

End of Life Strategy

WCCG.1521 Mr Marshall presented the report which is to provide the Governing Body with a timetable for the development and approval of Health and Social Care economy wide strategy for End of Life care in Wolverhampton together with the principles underpinning the strategy and an update on progress.

He highlighted the timetable for development and approval of the strategy under 2.3. A final report will be brought back to the Governing Body in October 2016. Mr McIntosh pointed that some work is currently being carried out through Healthwatch regarding End of Life care.

RESOLVED: That the final report is brought back in October 2016.

Commissioning Committee

WCCG.1522 Dr Morgans presented the summaries for the reporting period May and June 2016. He highlighted the Short Breaks Provision for Vulnerable Pupils. A business case was presented to the committee to request funding for additional nursing support at Penn Hall School and Green Park School for a period of 3 years, to allow pupils, with complex medical needs, access to a short breaks provision and after school activities. This relates to a very small number of pupils.

Mr McIntosh raised that there is a consultation currently out regarding Learning Disabilities across the Black Country as well as one regarding the local provision at Pond Lane. He asked that the CCG must be very clear about the messages.

Dr Morgans reported that he has a meeting with Vocare on Thursday 21 July 2016 regarding urgent care services and the outcome will be communicated to the Governing Body.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1523 Dr Rajcholan presented the Quality and Safety Committee report. She highlighted the key issues of concern.

Ms Garcha referred to the Board Assurance Framework and Risk Register Quarter 1 which provides an update to the Governing Body on progress made during the reporting period April-June 2016. A further report will be brought back to the Governing Body in October 2016.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1524 Ms Skidmore gave a brief outline of the Finance and Performance Committee reports. She highlighted the current position of the Quality, Innovation, Productivity and Prevention (QIPP) programme performance as at month 2. Ms Skidmore pointed out that the performance at headline level for Referral to Treatment (RTT) incompletes failed to achieve target which was primarily affected by the 4 days of Junior Doctors Industrial Strike Action in April.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.1525 Mr Oatridge stated that the report is to provide an update of the Audit and Governance Committee to the Governing Body of the Wolverhampton CCG.

RESOLVED: That the above is noted.

Primary Care Joint Commissioning Committee

WCCG.1526 Ms Roberts presented the combined report for May and June 2016 which provides an update on the work of the Joint Commissioning Committee.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1527 Ms Roberts gave a brief overview of the report highlighted items 2.3.2 Commissioning Intentions and 2.3.3 and Pond Lane pre-engagement and consultation. Mr McIntosh pointed out that under 2.4.1 this should read "The Lay Member is meeting with the Interim Chief Officer of the new Healthwatch Wolverhampton."

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.1528 RESOLVED: That the minutes are noted

Minutes of the Commissioning Committee

WCCG.1529 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1530 RESOLVED: That the minutes are noted.

Minutes of the Audit and Governance Committee

WCCG.1531 RESOLVED: That the minutes are noted.

Joint Negotiating and Consultation Committee

WCCG.1532 RESOLVED: That the report is noted.

Minutes of the Primary Care Joint Commissioning Committee

WCCG.1533 RESOLVED: That the minutes are noted.

Minutes of the Health and Wellbeing Board

WCCG.1534 RESOLVED: That the minutes are noted

Any Other Business

WCCG.1535 There were no items.

RESOLVED: That the above is noted.

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

WCCG.1536 There were no questions from the public/press.

Date of Next Meeting

WCCG.1537 The Board noted that the next meeting was due to be held on **Tuesday 13 September 2016** to commence at **1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.30 pm

Chair.....

Date

Wolverhampton Clinical Commissioning Group Governing Body

13 September 2016

Date of meeting	Minute Number	Action	By When	By Whom	Status
10.5.16	WCCG.1465	Emergency Preparedness, Resilience and Response (EPRR) – <ul style="list-style-type: none"> • A further report is presented to the Governing Body. • How can Prevent requirements be delivered to GP practices 	July/September 2016	Andy Smith Dr Dan De Rosa	
12.7.16	WCCG.1519	Better Care Fund Big Lottery – An email is shared regarding the Social Impact Bond proposal.	July	Steven Marshall	Email distributed 21 July 2016
12.7.16	WCCG.1520	Grant Policy Funding Allocation A report is brought back at the end of the year relating to details of the evaluation process.	February/March 2017	Vic Middlemiss	
12.7.16	WCCG.1521	End of Life Strategy – The final report is brought back to the Governing Body	October 2016	Jeff Love/Steven Marshall	

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**WOLVERHAMPTON CCG
GOVERNING BODY MEETING**

13 SEPTEMBER 2016

Agenda item 7

Title of Report:	Chief Officer Report
Report of:	Trisha Curran – Interim Chief Officer
Contact:	Trisha Curran – Interim Chief Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
Public or Private:	This report is intended for the public domain.
Relevance to CCG Priority:	Update on behalf of Chief Officer.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>The report is primarily submitted to provide assurance to the Governing Body of robust leadership across the CCG that involves patients and the public and works in partnership.</p> <p>By its nature, the report also includes activity that may impact on the domains in the BAF</p>
<ul style="list-style-type: none"> • Domain 2: Performance – delivery of commitments and improved outcomes 	See above.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	



1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update Governing Body Members on matters relating to the overall running of Wolverhampton Clinical Commissioning Group (CCG).
- 1.2. Trisha Curran has been appointed as the interim Chief Officer for six months from the 1 August 2016 to cover Dr Hibbs leave.

2. CHIEF OFFICER REPORT

2.1 Staff Away Day – 29 June 2016

- 2.1.1 The CCG invited all staff to attend an away day to focus on the CCG's vision and values and how we align these with core business. An organisational development programme has been produced subsequently that will support staff appraisal and personal/professional development reviews.
- 2.2.2 The feedback from staff following the event has been very positive.

2.2 TWIRL - The Wolverhampton Integrated Respiratory Lifestyle project

- 2.2.1 An informal drop in session for The Wolverhampton Integrated Respiratory Lifestyle (TWIRL) project took place on 6 July 2016. The session offers social and physical activities alongside an opportunity to seek advice and support on how to cope with the effects of Chronic Obstructive Pulmonary Disease. Attending the TWIRL group can help to reduce feelings of social isolation as well as help to improve a person's health and ability to manage their condition. This a 12 month pilot costing £25k funded by The Health Foundation - the programme is well attended and participants talk very positively about it. The pilot is underpinned by a set of metrics to assess impact and outcomes.

2.3 NHS England Area Team Quarter 1 Assurance Visit – 12 July 2016

- 2.3.1 Dr Hibbs gave an oral update to the Governing Body at its last meeting about the assurance review visit from NHS England Area Team saying that this appeared to have gone well. The CCG is still awaiting a formal letter summarising the outcome of the visit.

2.4 Commissioning Support Services

- 2.4.1 It has been a steady month for commissioning support services supplied by both Arden & GEM and Midlands & Lancashire CSU's. The feedback from staff for July was an average score of 3/4 (satisfied) with particularly good feedback for Finance



and Patient & Public Engagement. The Regional Capacity Management Team continue to score poorly which has been brought to the attention of the Service Director and the CSU are carrying out a review of this service with the goal of adding better value to customers. As the review manifests into a service change in line with the agreed specification, this will be publicised across the organisation.

- 2.4.2 Following the failure to recruit to the contracts manager position, the Contracting team at Arden & GEM have committed to increasing the banding of the role – it is hoped that this will attract a commensurate calibre of applicants to the role. Following negotiation with the CSU there will be no additional costs passed on to the CCG this year, with an increase from 1/4/17 however, this will be offset by already negotiated cost savings on the whole contract for 17/18.

2.5 Members Meeting – 20 July 2016

- 2.5.1 An all Members meeting took place on Wednesday 20 July 2016. The topics discussed were the New Models of Care and the direction of travel for the Member Practices. This included an update by the leads on the Primary Care Home and Vertical Integration projects. There was also a brief discussion of the impact that the STP (Sustainability and Transformation Plans) will have regionally and how it may impact local practices.

2.6 Annual General Meeting 2016 – 21 July 2016

- 2.6.1 The Annual General Meeting (AGM) was held on Thursday 21 July at Molineux Stadium. This was considered to be successful event with over 80 attendees including members of public, patients, staff, press and stakeholders. The attendees were provided with an update on the developments and changes over the past year as well as the plans for the future, with the CCG formally announcing their Outstanding NHS England rating at this event. 96% of those who attended fed back that they found it a useful meeting. The AGM also included some light entertainment including dancing and an interactive drumming session.

2.7 Board to Board Meeting with The Royal Wolverhampton Hospital Trust – 26 July 2016

- 2.7.1 The CCG Governing Body met with the RWHT Board in July to discuss transformation and sustainability plans across the black country, the CCG Primary Care Strategy approved by the Governing Body, and new models of care. The purpose of such meetings is to ensure each board is sighted on key developments that can be discussed in an open and collaborative manner.

2.8 Award of “outstanding” for the CCG for 2015/16 – letter received 2 August 2016

- 2.8.1 Members of the CCG Executive Team met with NHS England on 26 April 2016 to discuss the CCG’s annual assessment for 2015/16.



2.8.2 A letter of congratulations has subsequently been received from Jeremy Hunt, Secretary of State for Health, recognising that though the CCG covers an area of challenging inequalities, we have effectively risen to the challenge of ensuring that local services deliver the best possible outcomes for the population in a sustainable way. This achievement is something for us all to be proud of and is testament to the hard work of everyone in the CCG. The letter from the Rt Hon Jeremy Hunt MP is attached.

2.9 System Leadership and Integration - Workshop

2.9.1 Following discussions at the Better Care Fund Board, Integrated Commissioning and Partnership Board and through the Regional STP process, it had been agreed that a series of strategic workshops are to take place.

2.9.2 An initial Commissioner event took place on 3 August 2016, followed by 3 System Leadership Events including providers. Items discussed included moving to integration by 2019/20, future models of care in Wolverhampton and agenda planning for System Leadership Events.

2.9.3 A System Leadership and Integration Event was held on 24 August 2016. Discussion took place around the over-arching principles to deliver the best possible health and care support to people in Wolverhampton.

2.10 City Board Meeting – 31 August 2016

2.10.1 The City Board is made up of Wolverhampton's key public, private and voluntary sector partners who are working together to create opportunities that encourage enterprise, empower people and re-invigorate the City. A Board meeting took place on 31 August 2016 and items for discussion included sustainability plans for the future.

2.11 Wolverhampton Antimicrobial Stewardship Programme

2.11.1 The CCG has agreed to support a city-wide antimicrobial stewardship programme. The proposed scope of the Wolverhampton City-wide Antimicrobial Stewardship Programme will include all human healthcare and focus on shifting the behaviours of the public, patients, prescribers and staff.

2.11.2 The launch of the programme is on 22 September 2016.

2.11.3 The programme will be structured to embrace activities across all local healthcare organisations. In addition to the CCG key organisational stakeholders are Public Health England, the Royal Wolverhampton Hospital Trust and NHS England Local Area Team for Dental and Pharmacy, constituent clinics and walk in centres, general medical practices, general dental practices and pharmacies. Beyond these organisational stakeholders, private providers, the public, patients, prescribers and NHS staff are all identified as key stakeholder to be influenced and to benefit.



2.11.4 The opportunities to influence non-human use of antimicrobials, whilst important, are less well understood and a parallel work stream focused on the use of antimicrobials in animals will be done to inform further potential work locally. This stakeholder group will need to be extended if the scope of the Programme is to include animal health and the food chain

2.11.5 A Programme Board will direct effective governance and mutual accountability between the main partner organisations which together have the capability to deliver required changes and learning that can be up-scaled and rolled out.

2.12 Primary Care Commissioning - delegation

2.12.1 NHS England have informed the CCG that the process for applications to become a fully delegated commissioner of primary care GP services will be published this month. A web page has been created on the NHSE website with instructions and links will be published to the process documentation. The CCG is prepared for the application process and is standing by, ready to work with the team in Worcester to ensure we take on full responsibility for contracting and managing primary care from 01/04/2017.

2.13 Estates and Technology Transformation Fund (ETTF) Bids

2.13.1 The CCG's Estates lead submitted the ETTF bids to the regional team at NHSE who in turn have submitted the bids to the national panel. We have been informed that the fund has been over-subscribed and that the chances of being allocated funding are low, so our estates team are working with Community Health Partnerships to identify other sources of funding to mitigate this risk.

2.14 New Models of Primary Care Delivery

2.14.1 The CCG continues to work with groups of practices which are trialling new delivery models for GP services. Three practices are working in a vertically integrated model with RWT, sub-contracting the delivery of GP services for their GMS contracts to the Trust. There are a further two practices going through a due diligence process with the trust to test their suitability to do the same. There are two Primary Care Home type models established in the city, forming a more horizontally integrated system of primary care – the practices are linked together by this arrangement and are looking to take on services. A final group of practices are currently in discussions with one another to form into a mutually supportive arrangement whereby they do not have the same appetite for delivery of services but will work together, potentially looking for administrative efficiencies.

2.15 Local Digital Roadmap

2.15.1 The CCG has submitted a Local Digital Roadmap which describes how systems will be put in place to become paperless by 2020. This builds upon the already



successful programme of delivery within IT and the CCG's plan has been recognised as an exemplar. The final touches are being made ready for the final submission in early September.

2.16 Centres of Global Digital Excellence

2.16.1 RWT has been picked as one of twenty six of the most digitally advanced trusts and have been invited by NHS England to apply for a £100m+ funding pot to become centres of global digital excellence and drive forward better use of technology in health. In a bid to win up to £10m each to invest in digital infrastructure and specialist training, the 26 acute trusts, already advanced in their use of technology in hospitals, will need to demonstrate their potential to become world leaders in health informatics. Between 10-16 trusts will be selected to become centres of global digital excellence. The CCG already has a close working relationship with the trust IT department and will continue to work collaboratively with them on this bid.

2.17 System Resilience Groups – A&E Delivery Boards

2.17.1 NHS Improvement and NHS England wrote to all local systems across England in July 2016 setting out the key elements of the national A&E plan and a series of nationally mandated actions to be taken over the coming months to improve A&E performance.

2.17.2 Locally, we are asked to move System Resilience Groups from their wider agendas to focus only on A&E improvement and to narrow the membership to include executive level representation from all relevant statutory bodies that are able to take decisions and commit resources. The new arrangements had to be put in place by 1 September 2016 – the first meeting of the Wolverhampton A&E Delivery Board will be on 14 September 2016.

2.17.3 It is expected that a new reporting process will also be introduced to run from local A&E Delivery Boards to a regional and national equivalents.

2.18 Junior Doctor Industrial Action

2.18.1 It was announced on 1 September 2016 by the BMA that there would be further industrial action taken by junior doctor's week beginning 12 September, Monday to Friday between 08:00 and 17:00 hours. Further details are not known at the time of producing this report, however, the CCG has asked hospital providers what contingency plans are being put in place to manage clinical demand safely.

Trisha Curran
Interim Chief Officer
Date: 1 September 2016



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	Trisha Curran	31/08/16



Department
of HealthFrom the Rt Hon Jeremy Hunt MP
Secretary of State for HealthRichmond House
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Dr Helen Hibbs,
Chief Officer, NHS Wolverhampton CCG,
Technology Centre,
Wolverhampton Science Park,
Wolverhampton
WV10 9RU

- 2 AUG 2016

*Dear Helen,***Award of an “Outstanding” rating to your CCG for 2015/16**

I am writing to offer my congratulations to you and your organisation for achieving an “outstanding” rating in the 2015/16 CCG assurance assessment. Commissioners play a key role in making sure that local services deliver the best possible outcomes for the population in a sustainable way. I am delighted that you and your team have risen to this challenge so effectively.

I understand that your CCG covers an area of challenging inequalities, with a number of hotspots of high social deprivation. You have formed a particularly effective partnership with local public health colleagues to engage with patients, the public and other organisations to shape improved services that meet these complex needs. You have done so with excellent financial discipline and an emphasis on affordable care that means that these improvements will be sustainable into the future despite challenges driven by finances and population change. You have secured buy-in to this from your partners by setting a clear and compelling shared vision.

The background against which you have done all of this is becoming more complex and challenging and NHS England is, rightly, expecting more from CCGs as they mature. Against this backdrop, the excellent leadership and high performance shown by you and your organisation is a credit to all of you, and sets an example to your peers.

*Yours ever
Jeremy***JEREMY HUNT**

WOLVERHAMPTON CCG

Governing Body Meeting
Tuesday 13th September 2016

Agenda item 8a

Title of Report:	Emergency Preparedness, Resilience and Response (EPRR)
Report of:	Mike Hastings, Accountable Emergency Officer
Contact:	Andy Smith, Emergency Planning Manager
Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	The purpose of the report is to brief the Governing Body on the WCCG 2016 WCCG EPRR Core Standards return.
Public or Private:	Public
Relevance to CCG Priority:	Planning
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The CCG is both resilient and compliant in line with statutory and regulatory requirements
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The CCG has a suite of plans in place to enable it to respond to a full range of incidents, both internal and external.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Civil Contingencies Act 2004 (CCA) is the legislative framework for governmental/public sector response to incidents. The CCA designated public, and some private sector, organisations with either category 1 or Category 2 responder status with Category 1 being the most onerous. CCG's have been designated as category 2 with a statutory requirement to:
- Share information (with other responders); and
 - Cooperate (with other responders).
- 1.2. NHS guidance however gives a wider range of duties to CCG more or less commensurate with that of a category 1 NHS responder. The detail is contained within the NHS EPRR Framework Oct 2015 and the annual NHS EPRR Core Standards self-assessment and assurance exercise.
- 1.3. A report was brought to Governing Body in July 2015 summarising the WCCG 2015 submission for EPRR Core Standards, subsequently agreed by NHS England as "substantially compliant".
- 1.4. The 2016 EPRR Core Standards process, outlined in Appendix 1, commenced with a submission time/date of 1700 hours 29 July 2016 which WCCG met. Whilst a presentation at Governing Body had been previously scheduled for the July meeting this was missed due to a period of compassionate leave for the EPRR Manager. The submission was agreed with the WCCG Accountable Emergency Officer (AEO), Mike Hastings, and a report was taken to WCCG Senior Management Team in July to ensure corporate endorsement of the response. This report outlines the submission for Governing Body oversight.

2. MAIN BODY OF REPORT

- 2.1. Each EPRR Core Standards self-assessment is comprised of a number of key standards accompanied by a "deep dive" into a particular area. The 2016 self-assessment "deep dive" is business continuity planning.
- 2.2. Summaries of the 2016 self-assessment ratings and the WCCG return are shown in tabular form below with the full return included at Appendix 2.
- 2.3. The self-assessment ratings are categorised as follows:

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

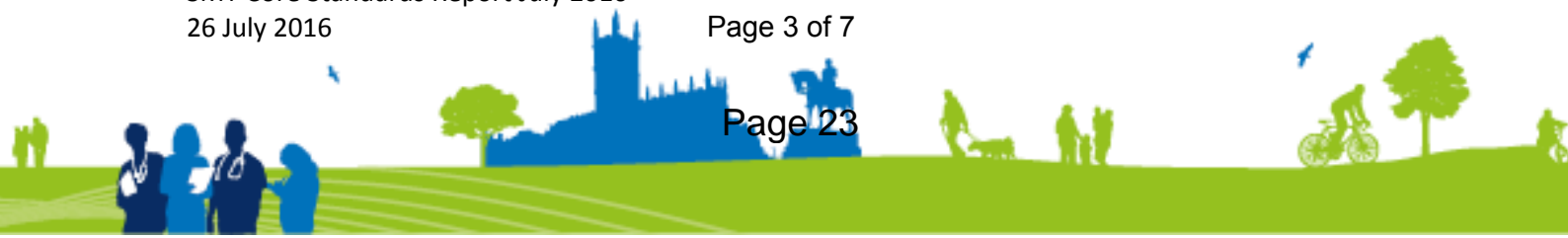
Wolverhampton CCG has RAG rated its 2016 EPRR Core Standards self-assessment and this is shown in tabular form below:

RAG Rating	EPRR Core Standards	Business Continuity Core Standards	Total
Red	0	0	0
Amber	2	2	4
Green	36	3	39

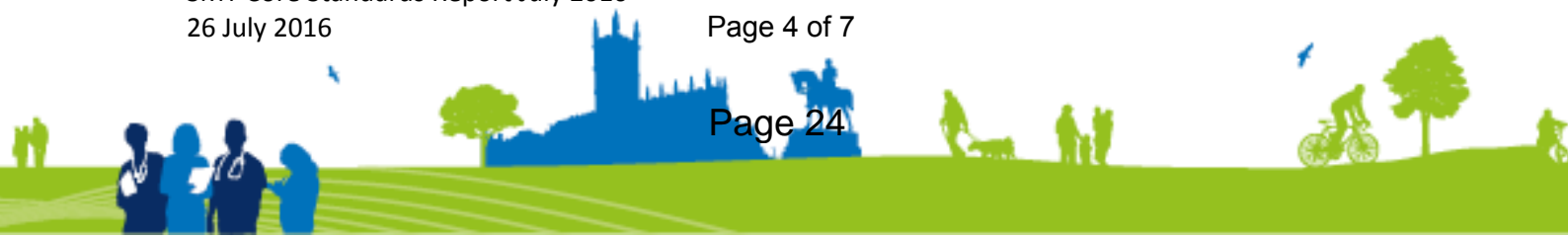
2.4. WCCG has a total of 4 Core Standards assessed as amber and it is therefore deemed to be substantially compliant.

2.5. The standards assessed as amber are:

- That WCCG has corporate and service level Business Continuity (aligned to current nationally recognised BC standards)
- That all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident/exercise participation
- That there is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event; and



- The AEO has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- 2.6. Based upon the areas above the main work priority area is Business Continuity. This has been agreed with the Accountable Emergency Officer, has already commenced and is detailed in the 2016/17 work plan included at Appendix 3.
- 2.3 The overall work programme has been drafted in consultation with the CCGs Accountable Emergency Officer and aims to further improve both compliance and capability across the EPRR and Prevent agendas.
- 2.4 Although previously signed off by the WCCG Senior Management Team, the 2016 EPRR Core Standards submission requires Governing Body approval and this report will be submitted to NHS England (BSBC Locality) as the final part of the 2016 EPRR Core Standards self-assessment process. A presentation on this return will be delivered by Mike Hastings (WCCG AEO) at the September meeting of the Local Health Resilience Partnership (LHRP).
- 2.5 Whilst this year's self-assessment has identified Business Continuity as the "deep dive" work is continuing on Pandemic Influenza. This has included developing a model for implementation across the BSBC LHRP footprint.
- 2.6 Communications are a critical element of incident response and a Crisis Communications Plan has been exercised in concert with expert media training for the executive team. A table top exercise for 2016/17 will be devised and delivered in the current financial year and, at the current juncture, is expected to be pandemic based and will be in a multi-agency environment.
- 2.7 Whilst Pandemic remains the highest national risk, the risk of a catastrophic terrorist attack remains significantly high. In line with CONTEST, the national counter terrorism strategy, WCCG participates in a local CONTEST Board, chairs a Wolverhampton Resilience Group and is compliant with the Prevent Agenda and statutory requirements outlined within the Counter-Terrorism and Security Act 2015.
- 2.8 Mass casualty planning is a key NHS workstream currently and is undergoing revision against latest risk and threat intelligence. WCCG is fully engaged with expectations and planning against this particular workstream. WCCG is also proactively supporting Vocare in ensuring that a seamless model for Major Incident response exists at the W'ton Urgent Care Centre. These arrangements will be exercised in a "live" environment, utilising volunteers as casualties, in partnership with the Royal Wolverhampton Trust, currently planned for January 2017.
- 2.9 The NHS England EPRR Framework was revised in October 2015 and impacts upon the roles and responsibilities of CCGs requiring a greater degree of coordination, command and control, by the CCG, in the event of an incident. To this end a paper has been submitted to the Accountable Emergency Officer outlining a number of key



issues. This is generic across all CCGs and was been tabled at the LHRP July meeting and is an element of discussion going forwards as the overall NHS England Incident Response Plan is reviewed.

- 2.10 WCCG is also expected to review, and report on, the EPRR Core Standards returns of its main providers, Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust (BCPFT). Both providers have submitted their returns and have self-assessed as follows:

- **RWT – Fully compliant**
- **BCPFT – Substantially compliant**

Both providers have shown an improvement based upon the 2015 return and neither gives any cause for concern, or for increased oversight, by WCCG in its role as Commissioner.

3. RISKS AND IMPLICATIONS

Key Risks

- 3.1. At the present time WCCG is well placed in terms of its level of preparedness and planning and continues to make progress in this area. WCCG has a dedicated EPRR capability, albeit 0.5 WTE, and is well represented in terms of external engagement.
- 3.2. Failure to progress however would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy, as the commissioning organisation, and, in extremis, as the tactical tier for supporting NHS England in a major incident environment.
- 3.3. Business continuity is the most significant risk currently and has accordingly been prioritised for delivery as detailed in the 2016/17 work program.

Financial and Resource Implications

- 3.4. The Business Continuity process will confirm the critical areas of WCCG business and ensure that such activities are able to continue, despite and throughout, any disruption or incident. The identification of appropriate strategies to support business need may lead to a resource requirement.

Quality and Safety Implications

- 3.5. Based on the 2016/17 EPRR Core standards self-assessment WCCG maintains its “substantially compliant” assessment and has identified the areas for progression in the attached work programme.



Legal and Policy Implications

3.6. Whilst WCCG remains well placed in terms of both regulatory and statutory requirements the continued development of EPRR needs to be maintained to ensure on-going preparedness and compliance.

4. RECOMMENDATIONS

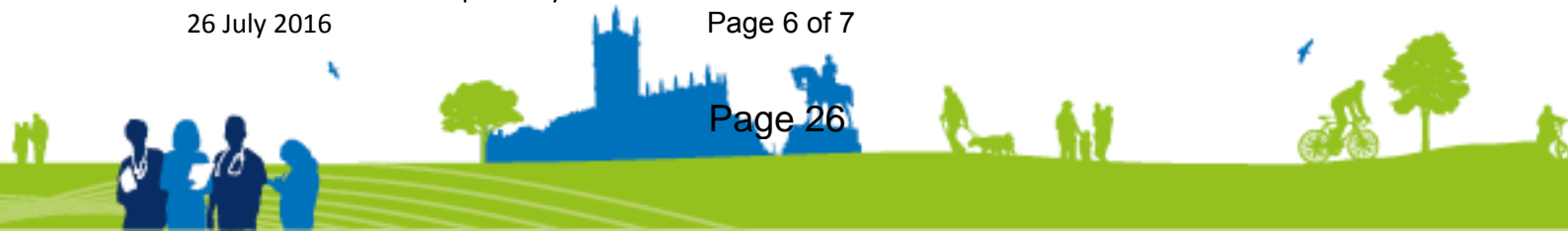
- To **Receive** and discuss this report
- To **Approve** the self-assessment; and
- To **Approve** the accompanying work programme.

Name: Andy Smith
Job Title: EPRR Manager
Date: 22 August 2016

Appendix 1. 2016/17 EPRR Core Standards Assurance Letter

Appendix 2. 2016/17 EPRR Core Standards Self-assessment

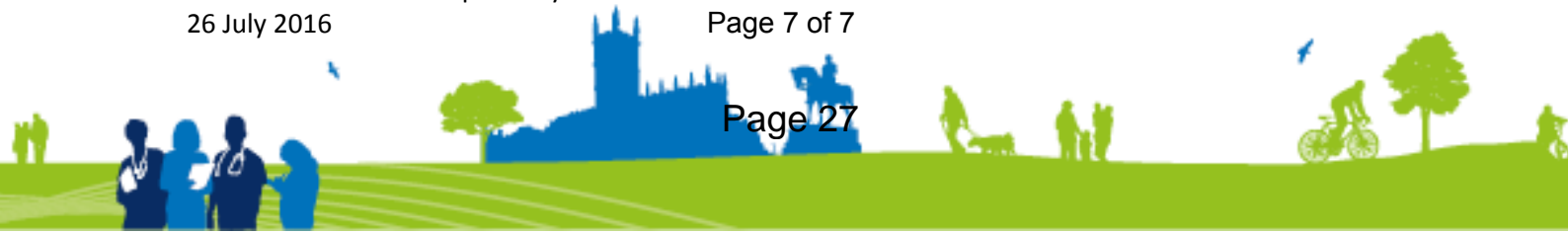
Appendix 3. 2016/17 WCCG EPRR Work Programme



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	A Smith	22.8.2016



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21st June 2016

NHS England
West Midlands
St Chads Court
213 Hagley Rd
Birmingham
B16 9RG

alastair.mcintyre@nhs.net
Tel: 0113 825 1838

To: Accountable Emergency Officers

Dear Colleague,

NHS England EPRR Assurance Process – 2016

Following on from the national letter outlining the process for this year's EPRR assurance¹ this letter formally outlines the next steps expected and clarification of local deadlines:

Deadline: 31st July 2016, 5pm: NHS Trusts and CCGs to submit:

- The results of the organisation's self-assessment against the NHS England Core Standards for EPRR (please note the latest version of the template is available on <https://www.england.nhs.uk/ourwork/epr/gf/>)
- A resulting action/work plan stemming from the self-assessment.
- A copy of your organisation's paper to the relevant Board or Governing Body reporting your progress against EPRR Core Standards
- A declaration of the level of compliance achieved (this can either be a separate letter or it can be contained within your Board/Governing Body report).
- (For acute trusts only): A copy of the last CBRN report.
- Your last live exercise report, together with a short update on implementation of recommendations.
- Your last business continuity desktop exercise report, together with a short update on implementation of recommendations.

These should be submitted by 5pm on 29th July 2016 to england.wmidlands-epr@nhs.net (and for NHS Trusts, these should also be copied to the Accountable Emergency Officer of your Lead CCG). NHS 111 and West Midlands Ambulance Service are only required to make submissions to the above mentioned inbox, as well as Sandwell and West Birmingham CCG as their Lead CCG, and not multiple LHRPs across the conurbation.

26th August 2016: Completion of CCG Review

¹ Gateway Reference 05356

During August, CCGs will lead the local evaluation of Trust submissions and provide an evaluation to LHRPs by 5pm 26th August (via england.wmidlands-epr@nhs.net).

During August, we will also invite CCGs to attend a peer review assessment of CCG submissions.

21st September 2016: Organisations to Present to LHRPs:

At the September meeting, the LHRP will review Core Standards submissions and evaluations and undertake a focussed discussion on business continuity preparedness. To help facilitate discussions, Accountable Emergency Officers of each NHS organisation will need to present at the LHRP September meeting covering the following key areas:

- Overview of business continuity plans/planning in your organisation including external dependencies and how long your organisation could sustain business continuity before requiring mutual aid.
- A short description of how many times your business continuity plan(s) have been activated and under what circumstances.
- Learning that can be shared with LHRP members.
- Issues facing the organisation in maintaining business continuity resilience.

September 2016: Depending on the findings of the LHRPs, organisations may be required to submit further evidence for evaluation during September. Final points of clarification/evidence to be received by LHRPs by 5pm, 30th September. During September, LHRP co-chairs will also develop their statements of assurance.

14th October: Deadline for LHRP co-chair statements of assurance and submission of evidence to regional arms of NHS England (please note that this is earlier than last year).

Please direct queries in the first instance to Peter Jefferson, EPRR Locality Lead for Birmingham, Solihull and the Black Country peter.jefferson@nhs.net

Yours sincerely



Alastair McIntyre

Locality Director, Birmingham, Solihull and the Black Country
NHS England (West Midlands)
Birmingham, Solihull and the
Black Country LHRP co-chair

cc. NHS England (West Midlands) EPRR team
NHS Trust & CCG Emergency Planners

NHS England Core Standards for Emergency preparedness, resilience and response

v4.0

The EPRR Core Standards spreadsheet has 7 tabs:

Introduction - this tab, outlining the content of the other 6 tabs and version control history

EPRR Core Standards tab - with core standards nos 1 - 37 (green tab)

Business Continuity tab:- with deep dive questions to support the review of business continuity planning for EPRR Assurance 2016-17 (blue tab) with a focus on organisational fuel use and supply.

HAZMAT/ CBRN core standards tab: with core standards nos 38- 51. Please note this is designed as a stand alone tab (purple tab)

HAZMAT/ CBRN equipment checklist: designed to support acute and NHS ambulance service providers in core standard 43 (lilac tab)

MTFA Core Standard (NHS Ambulance Services only): designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

HART Core Standards (NHS Ambulance Services only): designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V4.0. The following changes have been made :

- Inclusion of Business Continuity questions to support the 'deep dive' for EPRR Assurance 2016-17, replacing the Pandemic Influenza tab
- Inclusion of the HART service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Inclusion of the MTFA service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Updated the requirements for primary care to more accurately reflect where they sit in the health economy
- update the requirement for acute service providers to have Chemical Exposure Assessment Kits (ChEAKs) (via PHE) to reflect that not all acute service providers have been issued these by PHE and to clarify the expectations for acute service providers in relation to supporting PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, should this be required.

	Core standard	Clarifying information	CCOs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale	
Governance									
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		Y	• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas	WCCG AEO is Mike Hasting (Associate Director of Operations).				
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	Y	• Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.	WCCG has an annual work program, encompassing both EPRR and BC. The work program is based around LRF, LHRP, Wolverhampton and corporate risk registers and is reviewed in light of any changes to either risk, threat, incident learning or guidance.				
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology, • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation	Y		WCCG has both EPRR and BC policies that are in line with, and reviewed against both NHS and statutory requirements. Policies are reviewed on an annual basis.				
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y		WCCG receives regular reports on EPRR through both Board and Quality & Safety Committee throughout the year. In addition the WCCG Operations Board also receives reports on an ad hoc basis.				
Duty to assess risk									
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites)	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages	WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City.				
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc. Other relevant parties could include COMAH site partners, PHE etc.	Y	• Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Sharing appropriately once risk assessment(s) completed	WCCG undertakes regular risk assessments to ensure that planning is appropriate. In addition WCCG engages with both LRF and LHRP risk registers and works through the Wolverhampton Resilience Group to ensure common approach within the City				
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.		Y		Locally identified risks are considered at the Wolverhampton Resilience Group, chaired by CCG				
Duty to maintain plans – emergency plans and business continuity plans									
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Y	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	MIRP updated				
		corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Y	• identify locations which patients can be transferred to if there is an incident that requires an evacuation; • outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	BC Policy updated. Corporate BIA completed with summary of MTPD for all services. Service level BIAs being commenced Aug 2016	Service level BIAs commencing Aug 2016	Andy Smith	30.11.2016	
		HAZMAT/ CBRN - see separate checklist on tab overleaf	Y	• take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres;	Heatwave and cold weather plans in place. Tied into BC Plan flu plan completed				
		Severe Weather (heatwave, flooding, snow and cold weather)	Y	• include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required;					
		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	Y	• make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support	CCG unlikely to be classed as priority user under NEP- F as no delivery of direct patient care. Currently IT policy allows for home working for staff for avoidance of travel where appropriate.				
		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	Y	• ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met.					
		Mass Casualties	Y	• for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	Surge and escalation plans in place. Tied into networks at level				
		Fuel Disruption	Y		Service specification in place. Work ongoing re meds management in absence of national guidelines				
		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Y		Contained within building provider's plans and responsibilities				
		Infectious Disease Outbreak	Y		Contracts/SLAs with IT and building providers around service expectations				
		Evacuation	Y						
		Lockdown	Y						
Utilities, IT and Telecommunications Failure	Y								
Excess Deaths/ Mass Fatalities	Y								
having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab	Y								
firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard tab	Y								
9	Ensure that plans are prepared in line with current guidance and good practice which includes: • Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Identification, roles and actions (including action cards) of support staff including communications • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))		Y	• Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions. • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	MIRP, and supporting documents, all prepared in line with national guidance and against identified good practice. Plans reviewed annually as a minimum and in line with any changes to legislation, organisation or guidance.				
10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	Y	• Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.	MIRP contains triggers, MI declaration info and is supported by 24/7 CCG on call rota across the BC				
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	Y		WCCG has a corporate BIA detailing recovery RTOs and preferred recovery time/% profiles.				
12	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Y						
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		Y	• Specify who has been consulted on the relevant documents/ plans etc.	WCCG plans are consulted, both internally and externally, as required by each plan.				
14	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	Y		WCCG has a debrief policy for incidents and has a trained debriefer, both in line with national National policing College debriefing model.				
Command and Control (C2)									
15	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	WCCG has a switchboard that receives all calls during operational hours. There is a SPOC (Sandwell GH) that has Directors on call access				

Core standard		Clarifying information	CCGs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Y	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	WCCG on call staff have either attended, or are scheduled to attend both SLC and EOT Training. In addition a modular training system is being developed with NHS colleagues and JESIP training is being arranged.			
17	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	This should be proportionate to the size and scope of the organisation.	Y	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required.	WCCG MIRP includes action cards for all roles incl. loggist and provider liaison . In addition there s a mutual aid agreement with walsall CCG allowing relocation in the event of building loss.			
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y		WCCG has trained loggists supported by MIRP Action card			
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRiP) / common operating picture (COP) during the emergency or business continuity incident response.		Y		MIRP contains information recording and reproting templates. Process exercised during Junior Docs IA			
20	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials						
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident.						
Duty to communicate with the public								
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	Y	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. 	WCCG has a crisis comms plan supported by CSU including a 24/7 OOH response capability. WCCG also engaged with Healthwatch to explore enhanced comms to service users in the event of an incident			

Core standard		Clarifying information	CCGs	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Voice & data included in SLA with Acute Trust and covered by SLA and DR. CCG supported by duplicate, resilient data lines. Bi annual DR tests completed. Mobile comms (voice & data) embedded throughout organisation			
Information Sharing – mandatory requirements								
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Y	• Where possible channelling formal information requests through as small as possible a number of known routes • Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. • Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). • Social networking tools may be of use here.	WCCG signed up to LRF info sharing protocol. Data shared as appropriate for incidents on secure NHS mail. Based on non-statutory CCS guidance			
Co-operation								
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Y	• Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings. That meetings take place and membership is quorate.	Representation at LRF through LHRP co chairs.			
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	• Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups	Representation and engagement at LRF, LHRF, LHRP WRG and others			
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Y	• Taking lessons learned from all resilience activities • Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives	Mutual aid agreement for accommodation and EPO support via MoU with Walsall CCG			
28	Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.			• Establish mutual aid agreements				
29	Arrangements outline the procedure for responding to incidents which affect two or more regions.			• Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues				
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y	• Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area	MIRP includes coordination role at level 3 incidents			
31	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared							
32	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months							
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y		AEO, or representative, attends LHRP meetings			
Training And Exercising								
34	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	• Staff are clear about their roles in a plan • Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. • Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate • Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective • Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	Y	• Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises	LHRF rep working on EPRR NOS. On call staff attended/attending SLCEOT. EPRR training delivered on an ongoing basis. Modular EPRR training package being developed for CCG staff. Training in line with JESIP principles. Awaiting revised CCG expectations from NHS England from 2015 EPRR framework			
35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	• Exercises consider the need to validate plans and capabilities • Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. • Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. • If possible, these exercises should involve relevant interested parties. • Lessons identified must be acted on as part of continuous improvement. • Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	Y	• Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	Exercising program evaluated against need on an ongoing basis. Last round of training was media/crisis comms in a MI environment. Mass casualties and pandemic are the focus moving forward			
36	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y		WCCG staff participate fully in exercises			
37	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y		Strategic on call staff manual under development. Includes a CPD template for EPRR training	Document to be reviewed by peers and be ratified	Andy Smith	31.8.2016

Core standard		Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale																
<p>2015 Deep Dive</p>																							
DD1	Organisation has undertaken a Business Impact Assessment	<ul style="list-style-type: none"> The organisation has undertaken a risk based Business Impact Assessment of services it delivers, taking into account the resources required against staffing, premises, information and information systems, supplies and suppliers The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers Risks identified through the Business Impact Assessment are present on the organisations Corporate Risk Register 	<ul style="list-style-type: none"> updated Business Impact Assessment corporate risk register 	Corporate BIA undertaken outlining corporate RTO and % service targets. Corporate BIA continues to be sanity checked against ongoing service level BIAs.	BIAs arranged at service level	Andy Smith																	
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods of disruption for these	<ul style="list-style-type: none"> The organisation has identified their Critical Functions through the Business Impact Assessment. Maximum Tolerable Periods of Disruption have been set for all organisational functions - including the Critical Functions 	<ul style="list-style-type: none"> Business Continuity plan explicitly details the Critical Functions Business Continuity plan explicitly outlines all organisations functions and the maximum tolerable period of disruption 	Corporate BIA identifies MTPD for critical services	Next stage of BCMP is to draft service level plans to support corporate BIA	Andy Smith																	
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	<ul style="list-style-type: none"> The organisation has an up to date plan which has been approved by its Board/Governing Body that will support staff to maintain critical functions and restore lost functions The plan outlines roles and responsibilities for key staff and includes how a disruptive event will be communicated both internally and externally 	<ul style="list-style-type: none"> an organisation wide Business Continuity plan that has been updated in the last 12 months and agreed the Board/Governing Body 	WCCG corporate BC plan and service level plans to be reviewed and updated as work program priority during 2016/17	Next stage of BCMP is to draft service level plans to support corporate BIA	Andy Smith	31.1.2017																
DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	<ul style="list-style-type: none"> The plan details arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and were applicable heating fuel. 	<ul style="list-style-type: none"> detail within the plan that explicitly makes reference to shortage of fuel and its impact of the business. 	COG unlikely to be classed as priority user under NEP. F as no delivery of direct patient care. Currently IT policy allows for home working for staff for avoidance of travel.	Will be included into individual service level plans.	Andy Smith																	
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this .	EPRR Framework 2015 requirement, page 17		Model to be agreed to check a) existing providers BC, and b) incorporate BC assessment into new commissioning process	Model to embed BC as "business as usual" in commissioning to mirror work undertaken for Prevent	Andy Smith	31.10.2016																
DD6	Review of Critical Services Fuel Requirement Data Collection Programme (F1:F18)	Please complete the data collection below - this data set does not count towards the RAG score for the organisations. Please provide any additional information in the "Other comments" free text box.	<ul style="list-style-type: none"> NHS Ambulance Trusts have already provided this information in a national collection in May 2016. 																				
<p>Fuel Demand Summary</p> <p>When providing information on the fuel requirements for both business as usual and to operate a critical service please ensure the supply and demand balances whereby: Total Daily fuel use (F1) = own bunkered fuel use (F5) + any 3rd party bunkered fuel use (F6) + any forecast fuel use (F9)</p>																							
<p>Section 1: Business as Usual Demand</p>																							
F1	How much fuel do you use daily when providing a business as usual service? (litres)																						
<p>Section 2: Bunkered Fuel</p>																							
F2	Do you hold bunkered fuel (Yes/No) If no go to F6	<p>1) What happens if I have mutual aid agreements with another Critical Service provider to utilise their bunkered stock, do I need to record the bunkered stock or will they? DECC is requesting that the supplier records the bunkered stock holdings and the user records the demand. As the user of these bunkered fuels in this instance, please record the use of these stocks under the action referring to access to third party bunkered stock.</p> <p>2) Should we assume that in the build up to an emergency our bunkered stocks would be full, as we would be prioritising deliveries and therefore the days' stock held calculations should be based on full capacity and not average daily stock holdings? The prioritisation of supply will be dependent on the facts of any fuel shortage scenario, and will be a decision taken at the time. Data provided in the template should provide DECC with a sufficient evidence base to make decisions based on capacity and B&U bunkered stocks. Therefore please fill out the template as requested, providing notes where you think that estimates are required, or where you have had to average data in order to fit the template.</p> <p>3) Our choice of bunkered fuel supplier varies depending on supply cost or availability. Who do I record as the primary supplier? Please provide the supplier you get most of your fuel from, but also note that this varies and provide details of the other suppliers and average quantities.</p> <p>4) The terminal our bunkered fuel is supplied from varies depending on who our supplier is. What should we report? Please report your largest supplier based on average B&U, but also provide notes on any secondary service providers and average quantities obtained from those providers.</p>																					
F3	What is the total bunkered fuel capacity? (litres)																						
F4	On average, what volume of bunkered fuel do you hold? (litres)																						
F5	Do you use <u>your own</u> bunkered fuel when providing a business as usual service? If no go to F6																						
F6	Do you access a <u>3rd party or another service's</u> bunkered fuel when providing a business as usual service? If no go to F8																						
F7	If you have answered "Yes" to F6 or have bilateral supply agreements to operate a business as usual service, please provide a description of any agreement(s), amount of supply and companies / organisations involved.																						
<p>Section 3: Petrol Stations / Forecourts</p>																							
F8	Do you use forecourts to operate a business as usual service? (Yes/No) If no go to F10																						
F9	What is the average daily forecourt fuel use to operate a business as usual service? (litres)																						
<p>Critical Service Operation Only</p> <p>Please refer to question 4 of the guidance notes for further information on how to identify the fuel requirements of a critical service. During an emergency it is expected that organisations will not be operating as normal and will only be delivering those essential services that are Critical. Low fuel consumption alternatives should also be explored as part of the Critical Service identification process. For example, if there is the possibility that a Critical Service activity can be carried out remotely, and therefore does not require the use of fuel, this should be. The below section refers to the fuel requirements to deliver a <u>Critical Service only</u>.</p>																							
<p>Section 4: Critical Service Demand</p>																							
F10	How much fuel would you use daily if you were providing a critical service? (litres)																						
<p>Section 5: Critical Service Bunkered Fuel</p>																							
F11	Do you have access to either <u>your own</u> or <u>3rd party</u> bunkered fuel if you were providing a critical service (either from general access or mutual supply agreements)? (Yes/No) If no go to F14																						
F12	What volume of <u>your own</u> bunkered fuel would you use daily if you were providing a critical service? (litres)																						
F13	What volume of <u>3rd party or another service</u> bunkered fuel (either from general access or mutual supply agreements) would you use daily if you were providing a critical service? (litres)																						
F14	If you have answered "Yes" to F13 or have bilateral supply agreements to operate a critical service, please provide a description of any agreement(s), amount of supply and companies / organisations involved. If no go to F15																						
<p>Section 6: Critical Service Petrol Stations / Forecourts</p>																							
F15	Will you need access to Designated Filling Stations (DFS) if you were providing a critical service? (Yes/No) If no go to F17																						
F16	What volume of fuel would you use daily from Designated Filling Stations (DFS) if you were providing a critical service? (litres)																						
<p>Critical Service Operation Only</p>																							
F17	To ensure that there are adequate Designated Filling Stations* (DFS) to meet the demands of all critical users , please detail in the table below the number of vehicles required to operate a critical service A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical use only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical																						
	<table border="1"> <thead> <tr> <th rowspan="2">Vehicles</th> <th colspan="2">Number of Vehicles required to operate a critical service</th> </tr> <tr> <th>Petrol</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>With NHS Logo</td> <td></td> <td></td> </tr> <tr> <td>Without NHS Logo</td> <td></td> <td></td> </tr> <tr> <td>Private vehicles</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>	Vehicles	Number of Vehicles required to operate a critical service		Petrol	Other	With NHS Logo			Without NHS Logo			Private vehicles			Total							
Vehicles	Number of Vehicles required to operate a critical service																						
	Petrol	Other																					
With NHS Logo																							
Without NHS Logo																							
Private vehicles																							
Total																							
F18	If you have answered "Yes" to question 2 (Do you hold bunkered fuel?) please detail which company primarily supplies your bunkered fuel and where known which local or regional supply depot or terminal does the fuel gets delivered from. Please select from drop down list	<p>Who primarily supplies your bunkered fuel? Please select from drop down list:</p>																					

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Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)		Acute healthcare providers	Specialist providers	NHS Ambulance service providers	Community services providers	Mental Health care providers	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information					Evidence of assurance				
Preparedness											
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control			
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	Y	• Site inspection • IT system screen dump			
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Y	Y	Y	Y	Y	• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)			
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y			• Resource provision / % staff trained and available • Rota / rostering arrangements			
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y	• Provision documented in plan / procedures • Staff awareness			
Decontamination Equipment											
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))			
44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y						
45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y						
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y						
47	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Y						
Training											
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Y		Y						
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	• Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme			
50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		Y		Y						
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	• Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Y	Y	Y	Y	Y				

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
EITHER: Inflatable mobile structure			
E1	Inflatable frame		
E1.1	Liner		
E1.2	Air inflator pump		
E1.3	Repair kit		
E1.2	Tethering equipment		
OR: Rigid/ cantilever structure			
E2	Tent shell		
OR: Built structure			
E3	Decontamination unit or room		
AND:			
E4	Lights (or way of illuminating decontamination area if dark)		
E5	Shower heads		
E6	Hose connectors and shower heads		
E7	Flooring appropriate to tent in use (with decontamination basin if needed)		
E8	Waste water pump and pipe		
E9	Waste water bladder		
PPE for chemical, and biological incidents			
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		
Ancillary			
E12	A facility to provide privacy and dignity to patients		
E13	Buckets, sponges, cloths and blue roll		
E14	Decontamination liquid (COSHH compliant)		
E15	Entry control board (including clock)		
E16	A means to prevent contamination of the water supply		
E17	Poly boom (if required by local Fire and Rescue Service)		
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		
E20	Waste bins Disposable gloves		
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		
E22	FFP3 masks		
E23	Cordon tape		
E24	Loud Hailer		
E25	Signage		
E26	Tabbards identifying members of the decontamination team		
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
Radiation			
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)		
E29	Hooded paper suits		
E30	Goggles		
E31	FFP3 Masks - for HART personnel only		
E32	Overshoes & Gloves		

Wolverhampton CCG EPRR Work Programme

Version		1.0		Priority Rating		RAG Rating			
Date Created		27.4.2016			4				
Date updated		25.7.2016			3		G		
Updated by		A. Smith			2		A		
Approved by		M. Hastings			1		R		
Core Standards Ref	Core Area	Programme	Detail	CCG Lead Officer	Start Date	Deadline	Progress	Priority	RAG Rating
	Business Continuity	BC	1. Presentation to Execs to launch BC and identify initial priority of services across CCG	Andy Smith	12.5.16	12.5.16	Completed 2/6/16	1	A
		BC	2. BIA completion across critical services	Andy Smith	16.5.16	30.6.16	Corporate BIA completed. Service level BIAs to follow commencing Aug 2016	2	A
		BC	3. Supplier BC questionnaire distributed and evaluated by services for critical supply chain issues	Andy Smith	16.5.16	30.6.16		2	A
		BC	4. Report back to Execs with BIA results and identified areas where response exceeds capability	Andy Smith	14.7.16	14.7.16		3	A
		BC	5. Drafting initial BC plans	Andy Smith	12.8.16	16.9.16		2	A
		BC	6. Validation of initial plans through testing	Andy Smith	19.9.16	31.10.16		3	A
	Emergency Planning	EPRR Core Standards	1. Completion and submission of 2016 WCCG EPRR core Standards	Andy Smith	31.5.16	31.7.16		2	G
			2. Evaluation and review of RWT and BCPFT EPRR Core Standards submission	Andy Smith	31.7.16	31.8.16		2	G
		Review of WCCG EPRR Roles & Responsibilities against revised NHS England EPRR Framework	Andy Smith			31.5.16	Completed May 2016. Follow up paper to LHRF June 2016 & LHRP July 2016	2	G
		Mass Casualty Planning	1. Briefing to regional workshop around CCG requirements	Andy Smith	9.5.16	9.5.16	Regional workshop postponed. Presentation complete	2	G
			2. Briefing paper to AEO outlining options for Wolverhampton		31.5.16	31.5.16	Awaiting above workshop	2	G
		Pandemic Influenza	1. WCCG Pan Flu Plan produced and ratified	Andy Smith	1. 31.7.15	1. Completed	Work ongoing around City wide plan integration	1	G
			2. Briefing paper to W'ton Health Protection Forum proposing W'ton Interagency approach	Andy Smith	1.4.16	31.5.16	Paper drafted June 2016 and to HPF July 2016	2	G
		EPRR Plan review	1. Review of existing EPRR plans	Andy Smith	1. 1.5.16	1. 31.7.16	Completed. Plans reviewed	2	A

WOLVERHAMPTON CCG

GOVERNING BODY 13 SEPTEMBER 2016

Agenda item 9

Title of Report:	Full Delegation of Primary Care Commissioning
Report of:	Corporate Operations Manager
Contact:	Peter McKenzie
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To ask the Governing Body to note the steps that will be required for the CCG to make an application for full delegation of Primary Care in line with the intention set out in the Primary Care Strategy
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Developing and Strengthening Leadership Capacity and Capability as a CCG.
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The application for delegated commissioning will result in an amendment to the CCG's constitution and governance structure.
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Full delegation will result in a change to



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCG is currently at level 2 (Joint Commissioning) for Primary Care Co-Commissioning with NHS England. The Primary Care Strategy approved in January 2016 included an aspiration to move to fully delegated commissioning by 2017.
- 1.2. NHS England have provided initial details on the process for applying for delegated commissioning for 2017 and this report details some of the formal steps that will need to be taken.

2. APPLICATION PROCESS

- 2.1. It has been announced that deadline for making an application to NHS England for fully delegated commissioning will be **5 December 2016**. The application proforma that CCG will be required to complete is due to be made available shortly. In line with the national guidance the CCG is in discussion with the local NHS England DCO team around the expected requirements for the application. Further details will be provided to the Governing Body once they are available.
- 2.2. In line with previously published guidance, the CCG will be required to establish a Primary Care Committee to exercise the functions currently delegated to the Primary Care Joint Commissioning Committee (PCJCC). This Committee will need to comply with the membership requirements for managing conflicts of interest and will have a Lay Chair and no voting GP members etc. The PCJCC is currently reviewing its terms of reference with a view to developing Terms of Reference for a Primary Care Committee. When established, the Primary Care Committee will be a committee of the Governing Body and the CCG's constitution will need to be varied to take this into account.

3. OTHER CONSTITUTIONAL CHANGES

- 3.1. Following changes to the national guidance for variation of CCG constitution, the CCG can make an application for variation at any point in the year (rather than the two 'windows' previously available). As the application process will require a variation of the CCG's constitution, it is proposed that the opportunity is taken to make a number of other changes. This includes the amendment to the membership of the Governing Body in line with the requirements for managing conflicts of interest and a change to Prime Financial Policies recently agreed by the Finance and Performance Committee.
- 3.2. The variation will be subject to previously reported requirements, including the completion of an impact assessment that covers issues such as stakeholder engagement. This will be aligned with the on-going discussions around the requirements for the application for full delegation.

4. CLINICAL VIEW

4.1. Not applicable.

5. PATIENT AND PUBLIC VIEW

5.1. Not applicable.

6. RISKS AND IMPLICATIONS

Key Risks

6.1. The risks associated with the application for fully delegated commissioning are being managed through the application process. NHS England will require assurance that the CCG will be able to deliver fully delegated commissioning and this will be assessed through the application process. Further details will be provided once the proforma etc. is available.

Financial and Resource Implications

6.2. There are no financial implications arising from this report. The resource implications of fully delegated commissioning will be considered through the application process and up to assuming responsibility in April 2017.

Quality and Safety Implications

6.3. There are no Quality and Safety implications arising from this report.

Equality Implications

6.4. There are no equality implications arising from this report.

Medicines Management Implications

6.5. There are no Medicines Management implications arising from this report.



Legal and Policy Implications

6.6. The application will be submitted in line with the nationally prescribed process and statutory guidance for constitutional review. This will result in an update to the CCG's published constitution.

7. RECOMMENDATIONS

7.1. That the Governing Body **notes** the current situation in respect of the CCG's application for fully delegated commissioning of Primary Care services.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: September 2016

RELEVANT BACKGROUND PAPERS

NHS England webpage on delegated commissioning

<https://www.england.nhs.uk/commissioning/pc-co-comms/pb-cc-approval/>



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	01/09/16
Signed off by Report Owner (Must be completed)	Peter McKenzie	01/09/16



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WOLVERHAMPTON CCG
Governing Body Meeting – 13th September 2016
Agenda item 10a

Title of Report:	Commissioning Committee – Reporting Period July 2016
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in July 2016.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	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.
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	N/A
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	N/A

Governing Body
13th September 2016

<ul style="list-style-type: none"> • Domain 3: Financial Management 	N/A
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	N/A
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	N/A



1. PURPOSE OF REPORT

- 1.1. The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of July 2016.

2. MAIN BODY OF REPORT

2.1 Contracting & Procurement Update – Month 2/May 2016

The Committee was provided with an update report relating to Month 2 (May) activity and finance performance. It also included commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in July 2016.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund (STF)

The Trust has formally signed up to this incentive scheme and access to £10.5m. The Trust must deliver against financial control targets (70%) and contractual targets (30%). The implications are that the CCG cannot apply withholds or sanctions in the following areas:

- A&E 4 hour waiting times
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

Activity figures will continue to be performance managed by the CCG .

Performance Sanctions

Financial sanctions for Month 2 are £28,250.

A&E coding

An issue relating to coding in A&E has been identified as there is a significant shift of activity re categorisation. A meeting has taken place with the Trust and a response is expected by 29th July 2016. If the response received is not satisfactory a formal activity query will be raised and an independent external audit will be initiated.

Other Contracts

Vocare (Urgent Care Centre provider) – The contract is still awaiting signature. This is a formality but is a risk to the CCG given the service has been delivered since 1st April 2016. The situation has been flagged to the provider and a resolution is being sought as a matter of urgency.

Procurement Schedule

Translation Services

The expected start date for the service has been revised to 1st December 2016, to allow the new provider time to mobilise.

It was unclear where this decision was made and clarity was requested.

Black Country Partnership Foundation Trust

Local Authority

Discussions have taken place regarding the Local Authority becoming an associate commissioner to the BCP contract. The aim is for this to take effect from 2017/18 rather than as an in year CVO. Also the issue of £1.3m Learning Disability funds, which is within the contract value but is money the CCG has to invoice the Council for each year needs to be resolved as the Local Authority does not want to include this.

Action – The Committee request that Governing Body note the above.

2.2 QIPP Outcomes & Lessons Learnt

The Committee was presented with a report that set out the achievements and lessons learnt in relation to QIPP.

In order to report via Non-ISFE reporting, the CCG reported its March 2016 position on 15th April 2016 to coincide with the production of annual accounts. Validation of activity for March was not possible, until after the end of the financial year i.e. early May, an estimate for BCF was incorporated in the QIPP figures in order to make the submission.

Total QIPP delivery (as per the M12 Non ISFE Return) was £10,309.00. The delivery was at 87% of the QIPP target which is the best performance since the CCG began.

The actual final reported position for BCF was an increase in savings of £180,988, giving a revised total savings of £1,516,988. The CCG is unable to amend the position reported in April but has subsequently reported the final position internally.

The achievements of all the Programme Boards have been considered to give an understanding of the reasons for the variations. The lessons learnt have been used to inform planning and modelling going forward.

An internal audit of the QIPP process was completed earlier in the year. Three recommendations were made in the report which was reviewed by the QIPP Board. It was felt that the changes had already begun to support a new QIPP process, before the circulation of the report. Therefore, the Board was assured that within 2016/17 the changes required were already identified and addressed.

Improvements have been made in the monitoring and management of projects. The development of a clearly defined process has allowed non-performance to be identified earlier and for projects to be stopped if not achieving the savings anticipated. There is now assurance of planning and the reporting of planning through defined project stages which are traced through the Programme Boards and QIPP board.

Action – The Committee request that Governing Body note the above.

3. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

Name	Dr Julian Morgans
Job Title	Governing Body Lead – Commissioning & Contracting
Date:	28th July 2016



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WOLVERHAMPTON CCG

Governing Body Meeting – 13th September 2016

Agenda item 10b

Title of Report:	Commissioning Committee – Reporting Period August 2016
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in August 2016.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	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.
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	N/A
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	N/A
<ul style="list-style-type: none"> • Domain 3: Financial 	N/A

Governing Body
13th September 2016



Management	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	N/A
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	N/A



1. PURPOSE OF REPORT

1.1. The purpose of the report is to provide an update from Commissioning Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) for the period of August 2016.

2. MAIN BODY OF REPORT

2.1 Contracting & Procurement Update – Month 3/June 2016

The Committee was provided with an update report relating to Month 3 (June) activity and finance performance. It also included commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in July 2016.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund

As stated last month, the Trust has confirmed that it is formally signed up to be part of the Sustainability and Transformation Fund (STF) process. In terms of its performance requirements relating to STF, the Trust has submitted trajectories to for the following areas:

- A&E 4 hour waiting time
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

For A&E and Cancer, the trajectories are consistent with the Remedial Action Plans which are in place for those two areas. The implication to the CCG is that we cannot impose ‘Double Jeopardy’, which means we will not be able to enforce any contractual sanctions, withholds or impose recovery trajectories outside of the agreed STF trajectories, for these KPIs. Sanctions outside of the affected areas can still apply and the CCG is still expected to follow the GC9 process in relation to Remedial Action Plans for areas of sustained under-performance.

Highlights of Key Areas

Percentage of A&E Attendances where the patient was admitted transferred or discharged within 4 hours.

A&E	April	May	June	July
Actual	85.08%	88.03%	91.61%	88.63%
STF Trajectory	90.00%	91.00%	92.00%	95.00%



It has been agreed to amalgamate the Vocare UCC activity with the Trust's A&E activity and for the combined figure to be reported through Unify from August. The Trust has agreed for a separate line to be added to the Performance Dashboard so that performance of both scenarios can be monitored/ compared.

Cancer Treatment within 62 days

YTD performance as follows:

Cancer	April	May	June	July
Actual	79.88%	72.02%	81.36%	84.00%
STF Trajectory	84.00%	84.00%	85.00%	85.00%

The Trust continues to be challenged on delivery of the 62 day referral to first definitive treatment target. The predominant reasons for under-performance, from the Trust's RAP, are stated as capacity issues in Urology as well as the impact of late tertiary referrals, many of which are exceeding 42 days. There are also capacity issues highlighted in Radiology and Gynaecology services.

E- Discharge

YTD performance as follows:

E-discharge (assessment)	April	May	June	July
Actual	84.59%	87.38%	84.48%	82.94%
Target	95%	95%	95%	95%

This target continues to fail despite investment from 15/16 fines monies. E-discharge performance for ward areas also remains under target, albeit very close to achieving. The e-discharge targets are not part of STF and therefore sanctions are being applied accordingly.

Referral to Treatment within 18 weeks

YTD performance of the headline figure as follows:

RTT (headline)	April	May	June	July
Actual	84.59%	87.38%	84.48%	tbc
STF Trajectory	92%	92%	92%	94.2%

Performance Sanctions

Governing Body
13th September 2016

Financial sanctions as at Month 3 (year to date total) are £71, 600.

A&E Coding Issues

The Committee was made aware of an issue with A&E activity and a potential coding and counting charge. Following an investigation by the Trust, it has been identified that the problem was caused by a system update that resulted in under-reporting of VB11Zs and over-reporting of VB09Zs. The Trust has proposed to refund the difference and details of this will be finalised by the end of August. The financial impact to the CCG is circa £60k for Quarter 1 but the rebate will apply to subsequent months until the issue is resolved.

A second A&E coding issue has been flagged to the Trust regarding potential duplicates on the system. A response to notification of this issue remains outstanding.

Other Contracts

Urgent Care Centre

Draft contracts were exchanged between Wolverhampton CCG and Vocare Limited on 5th July 2016. Having completed a face to face page turn with Vocare in late July it became clear that they had a number of issues that had not previously been raised. The CCG has now responded to all the queries, clarified the quality metrics for the contract and drafted a revised Performance Report. The final draft contract was submitted to Vocare and resubmitted it to Vocare on 12th August 2016 and is awaiting signature.

Nuffield Contract Issues/Update

It was agreed with Nuffield Health that WCCG have an individual contract rather than a joint contract in 2016/17. WCCG now lead on this contract with Cannock, Dudley, Staffs and Surrounds and South East Staffs & Seisdon Peninsular as associates.

There has been an issue with reporting of Physiotherapy data and receiving payment from the CCG. We have received all backdated information and payment agreed but will continue to monitor this going forward.

Nuffield has recently submitted a business case to the CCG for undertaking orthopaedic joint injections as outpatient procedures, which otherwise would be performed as day cases. This change is enabled through the opening of a new diagnostic suite. The business cases impacts on three HRGs and represents a small financial saving to the CCG (estimated at £3,515 per annum) as reduced outpatient tariffs apply. It is therefore more of a quality based initiative as it avoids patients having to undertake a GA if appropriate for the outpatient pathway.

The Committee approved the Business Case.

Black Country Partnership Foundation Trust

Non-Achievement of CQUIN Target (Quetiapine)

One of the CQUIN targets in the 2015/16 contract concerned the prescribing and monitoring of patients on Quetiapine - a drug used for patients with psychosis. An action plan has been developed however it has not yet been jointly agreed. There remain differences in interpretation of who should be undertaking the review. The Trust expects the patients to be the responsibility of primary care whereas the CCG expect that responsibility to sit with BCP psychiatrists. A meeting is being arranged to resolve this issue.

Action – The Committee request that Governing Body note the above.

3. RECOMMENDATIONS

- **Receive** and **discuss** this report.
- **Note** the action being taken.
- **Note** the recommendations made by Commissioning Committee

Name
Job Title
Date:

Dr Julian Morgans
Governing Body Lead – Commissioning & Contracting
25th August 2016

WOLVERHAMPTON CCG

Governing Body - Tuesday 13th September 2016

Agenda item 11

Title of Report:	Executive Summary from the Quality & Safety Committee
Report of:	Dr Rajshree Rajcholan – GP Lead Quality
Contact:	Manjeet Garcha Director of Nursing & Quality
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	CCG is committed to ensuring the highest of Quality for all services commissioned.
Relevance to Board Assurance Framework (BAF):	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.
Domain 2b: Quality	

Key issues of concern for noting

Legend

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

Key Issue	Level	Comments	Detail on page/RAG
SBAR issues escalated	2	<ul style="list-style-type: none"> • Delayed diagnoses • Delayed treatment • NEs • Sub-optimal care (transfer of patient) 	6
Confidential Leaks	1	Close monitoring	6
Pressure Injury Grade 3	1	Close monitoring	8
Health Acquired Infections-CDiff	2	Increasing incidence of Cdiff, trust failed its 2015/16 target	9
Performance Improvement notices impacting on Quality	2	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	14
Workforce- RWT Risk Register	2	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety and A&E performance.	19
Sustaining Maternity Services at Walsall impact	2	Full Risk Assessment completed, go live 21 st March. Close scrutiny of impact on Wolverhampton commissioned residents. Joint Quality Review Visit planned for September.	17
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	15
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	15
Safeguarding/PREVENT training	2	Is in line with trajectory, but close scrutiny at quarter intervals.	15
Early Intervention Service CPA Mandatory training	2	Progress is being made and remains under scrutiny.	15
CQC Inspection Reports (BCPFT & RWT)	2	Rating 'requires improvement' for RWT. Action Plans in place. RWT is awaiting the final report.	10/15
CQC General Practice	1	2 practices are being supported for 'requires improvement'	11
Mortality	1	Within expected limits, some data cleansing and audits being conducted.	12



Falls	1	Improvements seen in number of falls causing serious harm. CCG will maintain focus	7
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BACKGROUND AND CURRENT SITUATION

The CCG's Quality and Safety Committee meets on a monthly basis.

This report is a material summation of the Committee's meeting on 9th August 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

1. PURPOSE OF THE REPORT

- 2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of Clinical Quality and Patient Safety, in accordance with the CCG's statutory duties.
- 2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

3.0 CURRENT SITUATION

3.1 Weekly Exception Reports

Weekly Exception Reports continue to be issued to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last few weeks the key concerns raised were:

- Three Nursing Homes in the City are being monitored for poor quality of care, 2 of which have now been suspended to all new business and 1 has made some improvements. There is a joint tripartite approach with Local Authority, CCG and CQC.
- CQC visited Marie Stopes International. Following some concerns MSI has voluntarily ceased surgical treatment at some clinics across the Country. No regulator enforcement action has been taken and the gaps in vacant posts, training, out-dated policies and medicines management are being addressed immediately. This is being managed by NHSE with CCG input to monitor service quality and disruption. Regular briefing conference calls and updates are scheduled.

3.2 Board Assurance Framework (BAF) and Red Risk Register Update

The current CCGs internal assurance framework sets out the business critical factors for the CCG to deliver its essential functions, and in turn allows the CCG to identify any risks that may impact on its ability to deliver the national requirements. It is based upon the national Assurance Framework and associated key lines of enquiry, combined with local priorities for the CCG relating to quality and transformation.

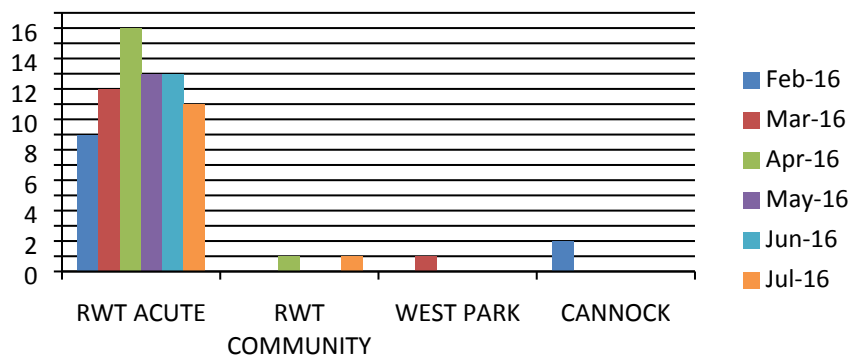


The national Assurance Framework changes each year and for the 16/17 a new 'CCG Improvement and Assessment' regime has been published. A Governing Body workshop has been planned for 27th September with Ernst Young and PricewaterhouseCoopers following which a revised BAF and Risk Register will be incorporated into the November Quality and Safety Executive Summary.

4.0 THE ROYAL WOLVERHAMPTON NHS TRUST
4.1 Serious Incidents (SIs)

12 new Serious Incidents were reported by RWT in July 2016.

RWT All SI's (Excl PU's)



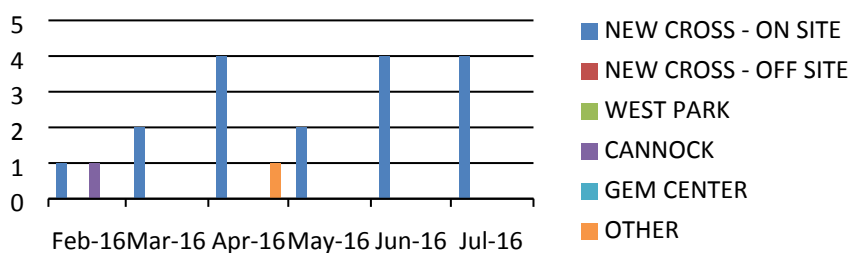
Key trends; failure to diagnose, delay in treatment were observed over a six month period and formally escalated to the Trust Medical and Nursing Directors. The Trust undertook an internal review and has invited The Royal College of Emergency Medicine. A start date is awaited.

4.2 Confidential Breaches

This remains an area of concern; in February 2016 a new Trust wide policy was launched with an awareness raising week of road shows across all sites. As expected we saw a surge of incidents reported in April then a dip in May. June and July are not showing sustained improvement at the acute site and the Trust has been requested to review this.



Confidential Breaches - RWT Last 6 Months



4.3 Never Events

The last Never Event was reported by RWT in May 2016. This was an incident related to a retained gauge swab following a normal delivery. No harm was reported, however, in line with national reporting requirements the Trust have undertaken a full RCA. The root cause looked at the use of the WHO Safer Surgical Check List and learning has been shared across the Trust.

Total NEs for 15/16 was 3 and YTD 16/17 is 1.

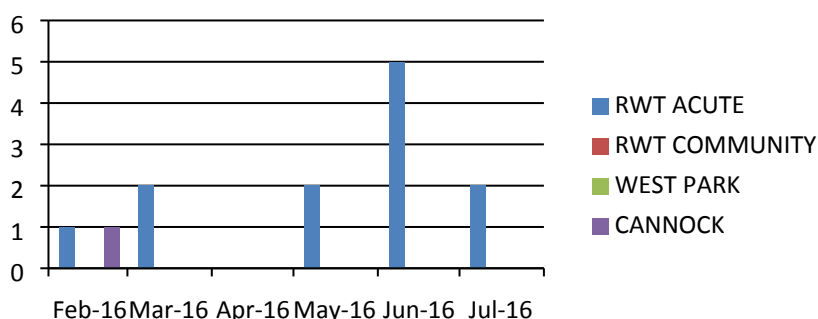
4.4 Slips Trips and Falls

There were 2 slip/trip/falls incidents meeting the SI criteria reported by RWT in July 2016, both occurred at New Cross Hospital. Apart from an increase in June, this is a sustained improvement over the last six months and is being monitored closely. There have been zero reported falls at West Park or Community in the last 6 months and 1 at Cannock Hospital in the same time frame.

The launch of the renewed Falls Steering Group is making good progress and key changes have been implemented across all sites;

- Standardisation of policy and process
- Standardisation of assessment technique and paperwork
- Renewed enhanced care training for patients being nursed on 1:1

Slip/Trip/Falls - RWT - Last 6 Months



4.5 Pressure Injury Grade 3

Previously, the Governing Body was appraised of the launch of a Health Economy Pressure Injury Prevention Steering Group launched by the CCG in February. Since the initial meeting, all stakeholders have undertaken a gap analysis.

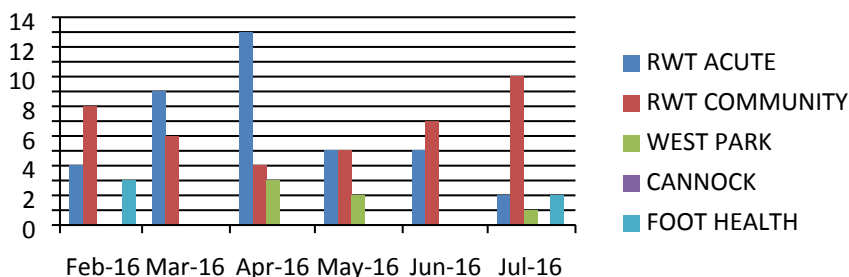
Actions highlighted from the Health Economy Pressure Injury Prevention Group include:

- Training - all health care staff should receive consistent training in prevention, decision making/judgements & include opportunities to develop competency.
- Who/how to refer onto other health care providers/sectors to address gaps that currently exists.
- Information – should clearly define who does what and who to escalate to.
- Communication - eDischarge to be improved to include wound care needs/implications.
- Peer support/advice for Practice Nurses.
- Wound Care Pathway to be reviewed
- Formulary - Compression Therapy Review, changes to products and skills will have implications for health economy, change process should include implementation & training cascade to all stakeholders.

In July, 15 Grade 3 Pressure Injury incidents were reported by RWT; 2 at RWT site, 10 in the Community, 2 in foot health services and 1 at West Park Hospital.

There is an observed improvement over the last 6 months, especially since April. All are progressing through the RCA process.

G3 Pressure Injury - RWT Last 6 Months

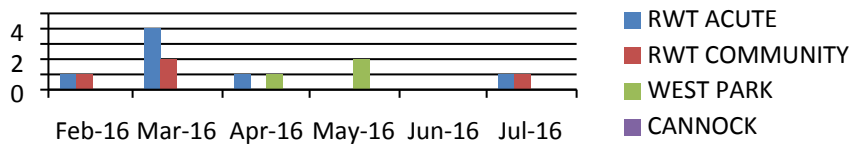


4.6 Pressure Injury Grade 4

Two Grade 4 Pressure Ulcers were reported by RWT in July; 1 at RWT and 1 in the community. This is encouraging and means that pressure injury deterioration initiatives are in place and early data is showing to have a positive impact.



G4 Pressure Injury - RWT Last 6 Months



4.7 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

Staph aureus Bacteraemia – The Trust had reached its internal target of 2, having had 3 cases in month.

MRSA Acquisitions – Figures were far better than in recent months with just 1 attributed to surgical ward

Clostridium *difficile* – Figures were better than in recent months. The Trust had hit its internal target of 9. 2 Toxin positives attributed to RWT, and the Trust were 4 above their external target. The treatment delay from results showed some improvement as has time to isolation. But, more improvement is required for treatment delay from symptoms. This issue is being raised with junior doctors during the August induction.

The quarterly CCG CDI rate was the lowest rate recorded for a number of years, and the monthly CDI rate per hundred thousand bed days also showed some good improvement against the regional average. The Trust remains an outlier in relation to attributable CDI rates.

Blood Culture Contamination rates – Figures for the month are 1.19%, with 5 contaminates within Paediatrics. This is being addressed through junior doctor education.

Device related hospital acquired bacteraemia – 1 recorded in June. 6 community device related bacteraemia.

The IP training compliance figure for June was 94.9%. Antimicrobial Prescriber Training fell short of the 95% target. It was noted that over the last quarter figures for Division 1 had increased, but Division 2 figures had remained almost static for the same period. This is being addressed by the matrons and assurance is sought at the monthly CQRM and RWTs IPC meeting.

Risk Register – Clostridium *difficile* remains as amber on the Trust Risk Register and the Trust is off monthly trajectory with potential to breach the annual total. An extensive action plan is in place.

In September, the Trust is launching an Anti-Microbial Stewardship Programme to participate in a national point prevalence survey audit. The PPS audit will be carried out at acute Trusts in the UK and Europe. The CCG will be supporting this initiative and further updates will be provided as information is known.



The information collated will inform and improve the understanding of local, national and European wide on the following:

- Occurrence of HCAs
- Quality of antimicrobial prescribing
- Quality of antimicrobial stewardship

CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact. In addition, all quality visits have specific lines of inquiry on HCAI to ensure that ward audits, hand hygiene and patient comments are taken into account.

4.8 West Midlands Quality Review Service

There are currently no active action plans from reviews. All are complete and closed. There is an ongoing programme of reviews planned for 16/17 and there is a robust system in place for the CCG to be involved from planning to closure.

4.9 Performance

Performance Indicators are discussed in full detail in the CCG Finance and Performance Paper.

4.10 NHS Safety Thermometer

RWT's harm free care rate for June was 93.64%. Specific areas of harm are related to pressure injury, falls and new VTE.

Assurance: data from several sources has been triangulated. The Trust is reviewing the ward dashboards to identify key themes. This remains under for close scrutiny at present until a step change is seen and sustained.

4.12 Regulator concerns

4.12.1 CQC RWT

The Governing Body has previously been appraised about the 2015 CQC inspection at RWT. The Trust appealed its position of 'requires improvement' and a response from CQC is still awaited. In the meantime, a full and very comprehensive action plan is in place and is monitored at CQRM.

In July the CQC carried out an announced review of safeguarding children and Looked after Children across the acute, CCG and LA pathways. Verbal feedback was received at the end of the review and the written report is expected by end of August. A Strategic Stakeholder Group has been agreed and the first meeting was held on 25th August 2016.



4.12.2 CQC General Practice

General Practice A previously rated as 'inadequate' has recently been rated as overall 'good'. Two other practices are being supported to improve from 'requires improvement'.

4.12.3 CQC BCPFT

BCPFT CQC Risk Summit was held in May. A substantial action plan is in place and this is being monitored at CQRM and Contract Meetings. The Governing Body will be kept apprised of any exceptions.

4.12.4 Health and Safety Executive

RWT received a Notice of Contravention for Radiology Department, the Trust will respond within the required time frame and this will be monitored at CQRM and contract review meetings until satisfactory assurance is received.

4.12.5 Healthwatch

Following discussions with RWT and Healthwatch, it has been agreed that where possible scheduled quality visits to the Trust will be joint with Healthwatch and CCG. Healthwatch colleagues have arranged to accompany the CCG Quality Team at 3 visits in September and October and more will be planned in the New Year.

4.13 Primary Care Joint Commissioning Committee (PCJCC)

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group. Discussions from this meeting are shared with the PCJCC.

As part of the improving quality in primary care initiatives, the CCG has considered what other support can be given to practices and how this would be delivered and monitored. A Primary Care Quality Assurance Coordinator role has been created and recruited into. The incumbent starts employment on 1st September and will work closely with the new Head of Primary Care in assuring systems and processes to improve quality of care in primary care to successfully deliver the CCG Primary Care Strategy and is expected to commence employment in September.

Assurance – monthly overview reports from the PCOMG are discussed at the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern. The Primary Care Strategy Committee is now also fully operational.



4.14 Mortality (RWT)

The published SHMI, released by the Health and Social Care Information Centre (HSCIC) for January - December 2015 is 1.04 and banded "as expected" with no significant variation from the benchmark (England average is 1). This represents a very slight increase of 0.02 when compared to previous publications.

The SHMI is a ratio between observed and expected death rates. The expected death rate is a number statistically derived from the analysis of all ordinary admissions (day cases and regular attenders are excluded). For the last 4 publications a slight increase is noted in crude mortality of up to 0.2%.

The charts below represent the SHMI trend for RWT showing the consistent performance in the last 3 years (Fig. 1) and RWT's position in the national picture for the reporting period (Fig. 2).

Fig. 1 RWT's SHMI by publication period

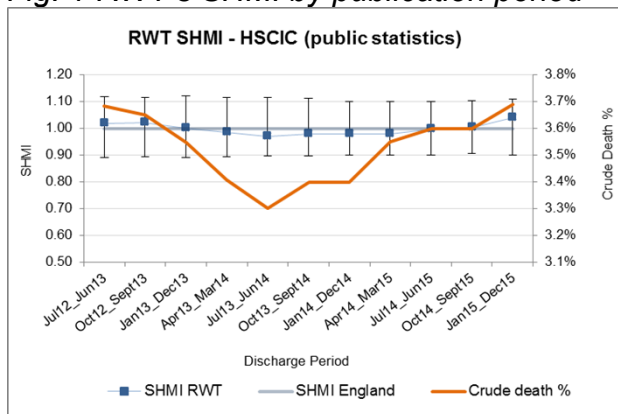
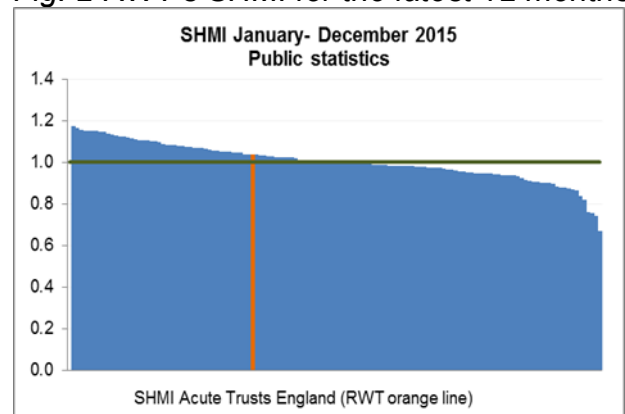


Fig. 2 RWT's SHMI for the latest 12 months



(Source: HSCIC, figures released bi-monthly, next release at the end of September 2016).

The estimated SHMI (provided by Healthcare Evaluation Data – HED) for the latest 12 months, March 2015 - February 2016 is 104.7 and banded as higher than expected (95% CI). Whilst the mortality rates for the Trust have not increased following the latest data refresh, the expected death rate has decreased, which resulted in a higher standardised mortality rate. This is likely to be due to changes in the national dataset which would impact on an individual Trust's data.

To note, this is not the final dataset for 2015-16; this is expected to be released in August 2016 and the analysis will be reviewed accordingly.

A number of diagnoses groups have been showing a higher than expected SHMI at internal alert level. These were discussed at the Mortality Review Group (MRG) and a plan of action was agreed.



MRG is coordinating the coding and clinical reviews for the following diagnosis groups:

- Pneumonia – large clinical audit in progress. An audit conducted in 2015 by a Respiratory Consultant in collaboration with the Coding Department found that coding for Pneumonia was accurate. It is anticipated that the higher SHMI in recent months is attributed to the decrease in the overall number of admissions with Pneumonia. This hypothesis is being tested within the current audit and the evidence will be presented in the final report.
- Acute bronchitis – 51% of the sample reviewed (41 cases) for coding had the diagnosis amended; clinical audit is near completion (following data resubmission this diagnosis group is well within expected limits).
- Intestinal infection - 23% of the sample reviewed (26 cases) for coding had the diagnosis amended; clinical audit is in progress.
- Other liver diseases - 33% of the sample reviewed (15 cases) for coding had the diagnosis amended; clinical audit is to commence shortly.
- Acute myocardial infarction - 7% of the sample reviewed (27 cases) for coding had the diagnosis amended; clinical audit is completed and findings are presented to the MRG in September 16.
- Phlebitis; thrombophlebitis and thromboembolism – 2 out of 9 cases reviewed for coding had the diagnosis amended; clinical audit is in progress.
- Fluid and electrolyte disorders - 12% of the sample reviewed (41 cases) for coding had the diagnosis amended; clinical audit is to commence in August 16.
- Abdominal pain – clinical audit in progress.
- Coma, stupor and brain damage – 17% of the sample reviewed (12 cases) for coding had the diagnosis amended; clinical audit completed report to be presented at MRG in September 2016.

All audits are discussed at the MRG and at the Commissioner Mortality Oversight Group.



Lessons and actions from the audits

All cases coded on admission with pneumonia, bronchitis or chest sepsis are validated by a second coder prior to being input in the system.

A review of admissions recorded as elective found that in some areas some admissions should have been recorded as non-elective. The Head of Coding and Data Quality has been coordinating work to ensure that where local rules apply for direct admission portals, the rules are well documented and administrative staff receive the appropriate training.

Collaborative work between clinical coders and clinicians is on-going in order to improve quality of documentation and accuracy of coding.

NHSE continue their collaborative work with CCGs and they introduced enhanced monitoring and review of mortality data associated with avoidable deaths in primary care. The first of these meetings chaired by NHSE was held on 2nd February 2016. Work has commenced to improve mortality governance and WCCG is represented on the group and wider Tri partite Clinical Forum that met on 22 March 2016. A Memorandum of Understanding for sharing information across the health sector has been developed. The CCG is working with the Trusts to have a shared approach on sharing coroner concerns at CQRMs. Since the agreement, there have been no coroner recommendations discussed at CQRMs.

4.15 Workforce

Further to an extraordinary meeting regarding safer staffing held in January 2016, attended by TDA and the CCG the trust continue to progress a series of work streams and developments in responses to the challenges they face associated with recruitment and retention of their staff, these include: - (progress updates taken from the Chief Nurse Assurance Report to the Trust Governing Body on 25th July 2016 can be seen in brackets)

- Impact on quality on areas of low fill rates and how this is managed (**3 times a day assessment of patient acuity to ensure staff with the right skills are on the appropriate wards**)
- Early capture of new graduate (**see next point**)
- Local recruitment (**29 newly qualified from Sept 2016 cohort have secured staff nurse posts in the Trust**)
- Overseas recruitment (**Filipino nurses have joined the Trust, the numbers are small at the moment due to English competency testing**)
- Workforce strategy direction (**retention- 13 members of staff have been successful in accessing further training courses at University level.**)
- **Return to Practice-3 currently employed on the course**)
- Risks and mitigations **–(management and leadership band 7 insights include conflict management, recruitment and retention and report writing)**
- Impact on recruitment following acquisitions of new site. Planning assumptions reflection and going forward to next planning round.



- Recruitment fairs- **(successful in Dublin and Edinburgh)**
- Ward 3 West Park **(closed)**
- Ward A5/6 **(12 beds closed to support the staffing deficit pending the on-going recruitment)**

Assurance - the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This is under on-going scrutiny at monthly CQRMs and QSGs. The Trust has closed Ward 3 at West Park Hospital as a direct result of staffing issues impacting on quality of patient care. Ward 3 was staffed by an intensive support team of 6 senior nurses from RWT, this was not sustainable. Twelve further beds are closed on A5 and A6 to support the staffing deficit

The CCG Primary Care Workforce Analysis has commenced in March concluded in July 2016. The full report was shared with the Primary Care Strategy Committee and the Workforce Task and Finish Group. The Primary Care Strategy Committee report to the Governing Body includes the detail.

5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST Level of Concern as of 31st July 2016

Black Country Partnership	
Month	Concern Level and Actions
July 2016	Level 2 – Recent CQC inspection rated the Trust as Requiring Improvement. BCPFT has an action plan in place and has now shared this with WCCG. Concern level to be reviewed following re-inspection by CQC possibly in six months' time. Action plan continues to be monitored at CQRM.

a) PREVENT Training

Remedial action plan agreed June 24th June. This will be monitored via CQRM and Contract Review Meetings.

b) Early Intervention Service

Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable

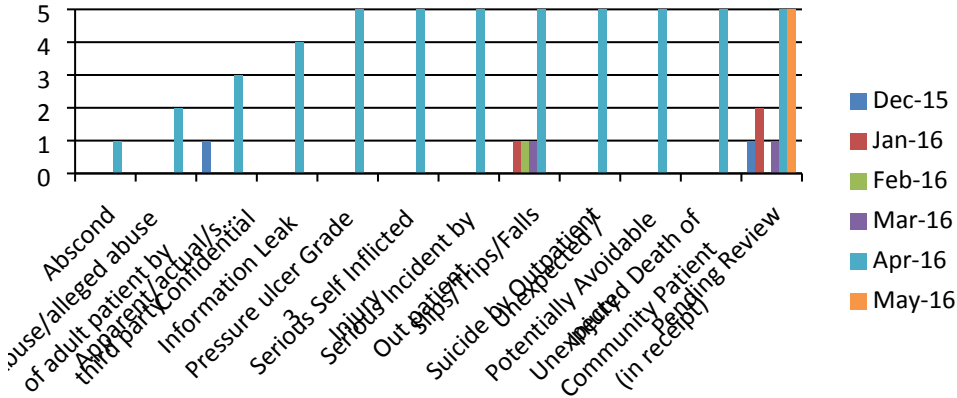


actions are being taken including liaison with a mental health provider who is performing well in this area.

5.1 Serious Incidents

There were 5 incidents reported in May 2016.

BCPFT All SI's - Last 6 Months



5.2 Never Events – zero reported

5.3 Falls – zero falls were reported.

5.4 Numbers of Overdue SI's – zero

5.5 Overdue National Patient Safety Alerts (NPSA) – nil that we are aware of.

5.6 NHS Safety Thermometer

BCPFT's harm free care rate for June 2016 was 97.32%. This is in line with previous performance.

5.7 Items to Note from Clinical Quality Review Meeting

The theme of the quality review meeting which took place in July 2016 was Mental Health Services. Key areas to note were:

- CQUINs 15/16 – Quetiapine CQUIN not achieved, action plan agreed and is being monitored via Contract Review Meetings
- CQUINs 16/17, schedule agreed, Q1 reporting due August.
- Quality visits: announced visits in June, findings positive and no areas of concern noted. Final report will be presented at September CQRM.
- Safeguarding children's review planned for July 12th was superseded by the unannounced CQC safeguarding review. BCPFT are key stakeholders on the Strategic Group are progressing their action plan and the visit will be rearranged for Q316/17.



6.0 OTHER SECTORS

- 6.1 Compton Hospice – CQRM held, no issues of concern noted. A CQC inspection also took place in July 2016. Overall rating is ‘good’.
- 6.2 Vocare - took over the Out of Hours Service at 8.00 am on 1st April 2016. Informal CQRMs are taking place on a monthly basis to review the service. One SI has been reported by Vocare, this is currently being investigated. A scheduled quality visit is being planned for the near future.

7.0 CHILDREN’S SAFEGUARDING

7.1 Serious Case Reviews

On 21 March 2016 Wolverhampton Safeguarding Children Board published the findings of a serious case review following the death of a child in January 2014 as a result of severe malnourishment, bronchopneumonia and rickets. Her parents admitted manslaughter and were jailed. The report makes a number of recommendations including ensuring professionals have a better understanding of how religious beliefs may impact upon a child’s health and development; improving the way agencies work with families who are reluctant to engage with services; the for better information sharing and recording and the importance of reassessing an individual’s circumstances when new events or information come to light. All recommendations have subsequently been implemented. Audits are planned to ensure that changes implemented are sustained.

7.2 Section 11 Audits are currently being undertaken across the health economy. Primary Care is also required to be engaged in these, we are hoping for good levels of responses and the Safeguarding teams are available for additional support. As a statutory responsibility the CCG Section 11 Audit will be shared with the Q&S Committee in September and then subsequently with the Governing Body.

7.3 Looked After Children

The number of LAC continues to show a positive decrease, Wolverhampton CCG remain active partners within multi-agency arrangements and core corporate duties and responsibilities. The following table demonstrates the number of LAC for the month of July 2016

	Number	%age
Wolverhampton City Council	270	42.3
Dudley Metropolitan Borough Council	40	6.3
Sandwell Metropolitan Borough Council	32	5.0
Walsall Metropolitan Borough Council	46	7.2
South Staffordshire Council	33	5.2



All in Adjoining LAs	151	23.6
Anywhere Else - not in W'ton or in Adjoining LAs	218	34.1
TOTAL LAC	639	100

8.0 ADULT SAFEGUARDING

8.1 The Quality and Safety Committee received a detailed assurance report on adult safeguarding, comprising the following key points:-

- Wolverhampton Safeguarding Adults Board
- Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DOLs)
- Adult MASH
- Domestic Homicide Review Standing Panel
- Safeguarding Adult Review Committee
- NHS England Safeguarding Projects

The report also detailed assurances regarding quality indicators in provider contracts and how improvements had been made in 2016/17 contracts and the introduction of an Assurance Framework for Services commissioned by the CCG to provide consistency in reporting, eliminate duplication and identifies timings for the provision of information. The report was fully accepted by the committee.

The CCG has recruited to the post of substantive, fulltime Designated Adult Safe Guarding Lead; the successful incumbent will be commencing the new role 5th September 2016.

9.0 CARE HOMES

The CCG's Quality Nurse Team continue to work closely with the Adult Safeguarding Team at the Local Authority and to oversee investigations and support the Local Authority with quality concerns. Four nursing homes remain suspended under partial or full suspension within the city. One of the homes is being managed under the Local Authority's Failing Home Policy.

SUSPENSIONS	Full – F Partial – PL
Anville	F
Wrottesley Park	PL
Parkfields	F

Assurance – there is a robust system in place whereby safety concerns such as safeguarding, care home acquired pressure injury, falls and frequent attenders to A&E are monitored. The Quality Nurse Advisors have a schedule of planned and



unplanned visits to monitor compliance and improvements.

The process by which care homes are suspended works very well and homes are not permitted to take on new residents until sustained improvements are made and can be evidenced. In future homes in suspension will be recorded on the CCGs risk register in addition to the tracking that takes place via the SBAR process.

Under an Any Qualified Provider (AQP) process Arden & GEM (CSU) Commissioning Support Unit managed the procurement process on behalf of Wolverhampton CCG for care home commissioned care. This opportunity advertised in Contracts Finder opened 1st February 2016 and closed on the 4th March 2016. Nine contracts have been awarded and will run for an initial 3 year period from 1st July 2016 to end of June 2019.

Out of area homes which have Wolverhampton health or social care funded patients and that are of concern are monitored jointly as in area homes and in addition escalation communication is shared with NHSE and the appropriate CCG for awareness. I.e. Hunters Lodge Care Home, Staffordshire. Quality concerns have been raised and shared with Stafford commissioners and with NHSE Quality team.

NHSE have a wider remit to share this information at Quality Surveillance Group Meetings.

10.0 ADDITIONAL ASSURANCE INFORMATION TO NOTE

10.1 Supporting Walsall Maternity Services

Wolverhampton and Walsall Clinical Commissioning Groups, Royal Wolverhampton Hospitals NHS Trust have agreed to increase its delivery capacity by 500 deliveries in 2016/17 to ensure the sustainability of maternity services at Walsall Manor Hospital.

Increased activity commenced on 21 March, mothers from 6 practices identified on the Wolverhampton and Walsall border have been booked for their maternity care to be met at Royal Wolverhampton Trust. Both CCGs are working closely with the trust to ensure patient safety standards are maintained. A joint quality review visit is being planned imminently.

Assurances have been acquired regarding:

- Staffing on maternity
- Staffing and consultant cover for neo natal services
- Current vacancies and recruitment timelines
- Sonographer capacity
- Repatriation of babies back to Walsall in a timely manner



Antenatal and Post natal care will continue to be provided by Walsall Community Midwives in most cases.

Further plan:

June: Walsall maternity capping monitoring meetings now completed.

July: Commence Black Country data collection exercise for maternity services and commissioning semi structured interviews re: maternity services. This has now commenced.

End of July: Commissioning stakeholder event for maternity services. Share commissioning response, in consideration of agreeing scope for Business Case going forward. This event is delayed, currently waiting new date.

September: Joint Walsall and Wolverhampton CCGs (and Healthwatch) quality visit to RWT Maternity Unit.

11.0 CLINICAL VIEW

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

12.0 QUALITY AND SAFETY COMMITTEE

At the Quality & Safety Committee Meeting held in July, information from Quality Review Meetings held during the month of June was considered. Minutes of this meeting are available for information on the agenda.

Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.

Items for escalation have been reported at the front of this report.

13.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

14.0 Risks and Implications

14.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk



14.2 Quality and Safety Implications

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.

14.3 Equality Implications

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

14.4 Medicines Optimisation Implications

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

14.5 Legal and Policy Implications

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

15.0 Recommendations

For **Assurance**

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 26th August 2016



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	Dr Rajcholan	28.6.16
Public/ Patient View	Pat Roberts	NA
Finance Implications discussed with Finance Team	NA	NA
Quality Implications discussed with Quality and Risk Team	Report of Q&RT	June 2016
Medicines Management Implications discussed with Medicines Management team	David Birch	NA
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	NA
Information Governance implications discussed with IG Support Officer	Michelle Wiles	NA
Legal/Policy implications discussed with Corporate Operations Manager	NA	NA
Signed off by Report Owner (Must be completed)	Manjeet Garcha	26.08.16

(V2.0 final)



WOLVERHAMPTON CCG

GOVERNING BODY
13th September 2016

Agenda item 12a

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 26th July 2016
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
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.

<p>Relevance to Board Assurance Framework (BAF):</p>	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>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.</p>
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	<p>The CCG must meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>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.</p>

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£6.172m surplus	£6.172m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£349.982m	£349.982m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	281	70	(211)	G
Maximum closing cash balance %	1.25%	0.31%	2.59%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	96%	-1%	A
QIPP	£1.89m	£2.09m	£0.03m	G
Programme Cost £'000*	82,208	82,734	526	G
Reserves £'000*	445	0	(445)	G
Running Cost £'000*	1,389	1,307	(81)	G

- The CCG continues to exceed the BPPC target of paying 95% of its invoices within 30 days (figures are cumulative April 16-June 16). However, performance against non-NHS invoices has fallen in June (91% achievement in month). The June position is not expected to continue.

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

	Annual Plan £'000	YTD Performance M03			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,513	45,128	45,824	695	1.54%
Mental Health Services	34,455	8,633	8,655	22	0.25%
Community Services	37,514	9,391	9,284	(107)	(1.14%)
Continuing Care/FNC	12,589	3,395	3,198	(197)	(5.81%)
Prescribing & Quality	51,958	12,900	12,664	(236)	(1.83%)
Other Programme	16,072	2,761	3,110	349	12.65%
Total Programme	333,101	82,208	82,734	526	0.64%
Running Costs	5,555	1,389	1,307	(81)	(5.86%)
Reserves	5,154	445	0	(445)	(100.00%)
Total Mandate	343,810	84,041	84,041	0	0.00%
Target Surplus	6,172	1,516	0	(1,516)	(100.00%)
Total	349,982	85,557	84,041	(1,516)	(1.77%)

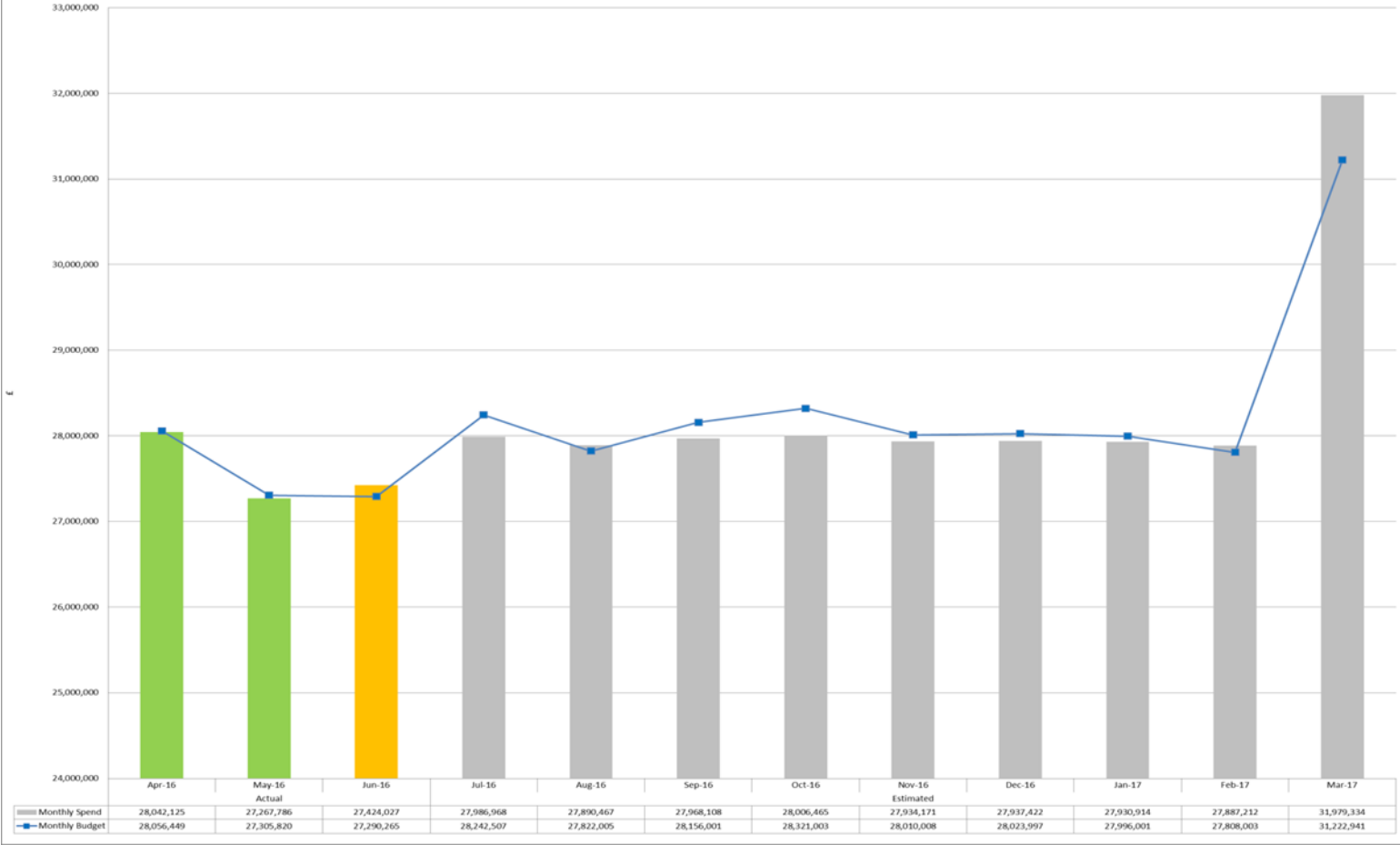
The table below details the forecast out turn by service line at Month 3

	Annual Plan £'000	Forecast Outturn at M03			Forecast Outturn at M02			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance o(u) £'000	Var %	
Acute Services	180,513	182,167	1,654	0.92%	180,062	351	0.20%	1,303
Mental Health Services	34,455	34,463	8	0.02%	34,393	7	0.02%	1
Community Services	37,514	37,350	(164)	(0.44%)	37,275	(172)	(0.46%)	8
Continuing Care/FNC	12,589	12,078	(510)	(4.05%)	11,767	(491)	(4.01%)	(19)
Prescribing & Quality	51,958	51,583	(375)	(0.72%)	51,712	(207)	(0.40%)	(169)
Other programme	16,072	17,239	1,167	7.26%	19,675	2,292	13.19%	(1,125)
Total Programme	333,101	334,880	1,780	0.53%	334,883	1,780	0.53%	0
Running Costs	5,555	5,555	0	0.00%	5,555	0	0.00%	0
Reserves	5,154	3,375	(1,780)	(34.53%)	3,375	(1,780)	(34.53%)	0
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	349,982	349,982	0	0.00%	349,985	(0)	(0.00%)	0

- Acute services FOT has deteriorated following the receipt of Month 2 monitoring information from RWT.
- Challenges relating to A&E coding changes and recording of activity are being pursued by the finance and contract teams.
- The improvement in Other services is due to a reduction in unallocated QIPP.

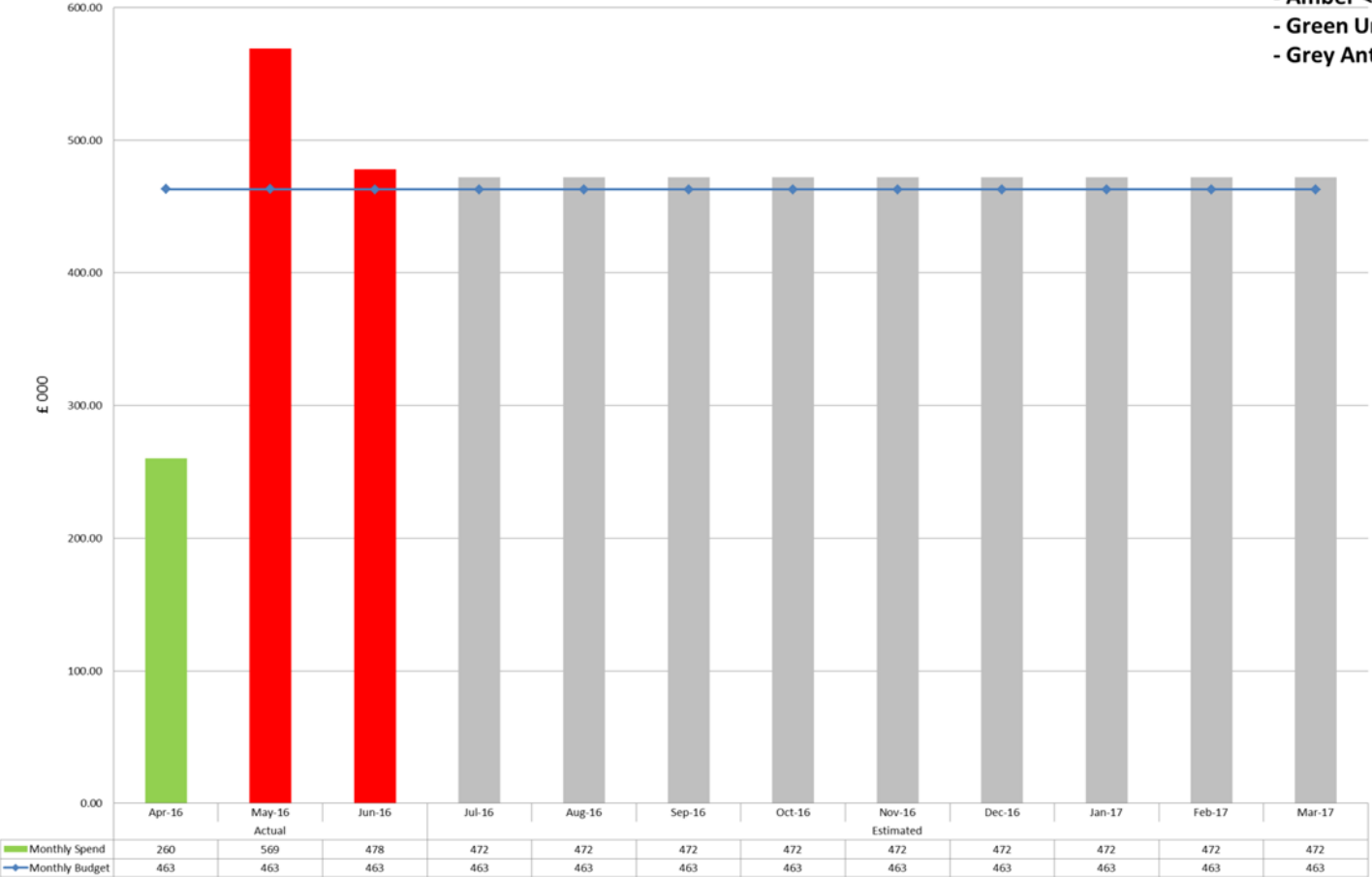
Monthly Planned vs Monthly Actual Programme Expenditure

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



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

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



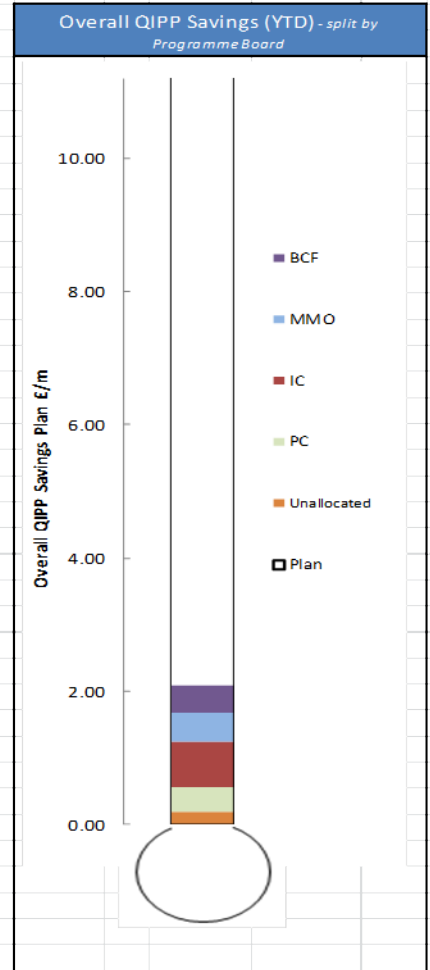
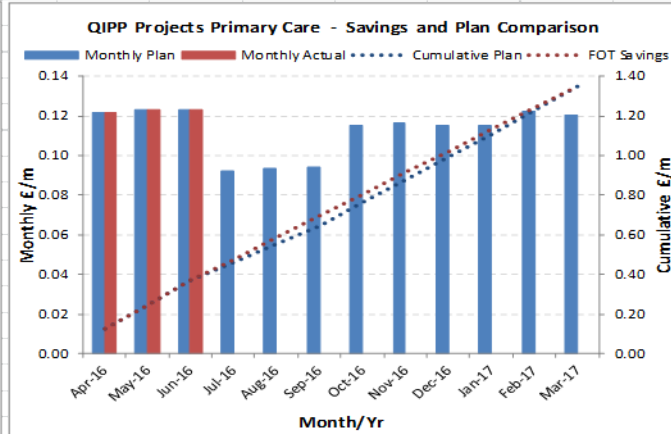
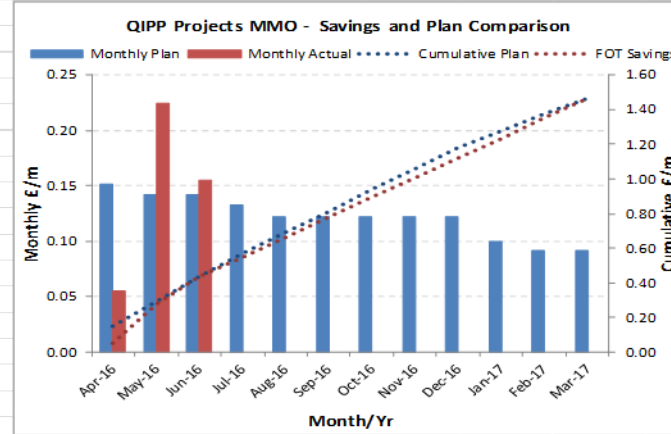
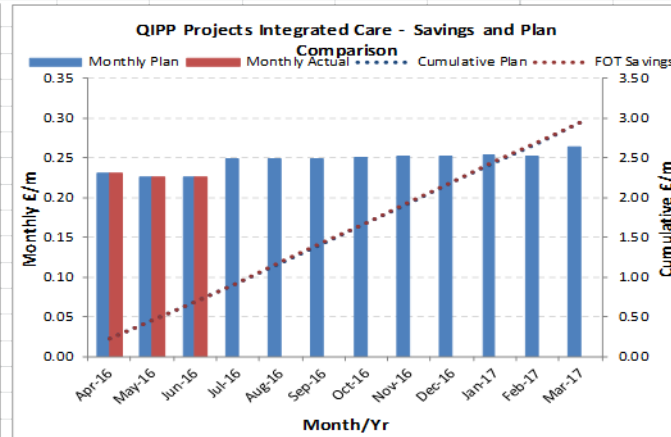
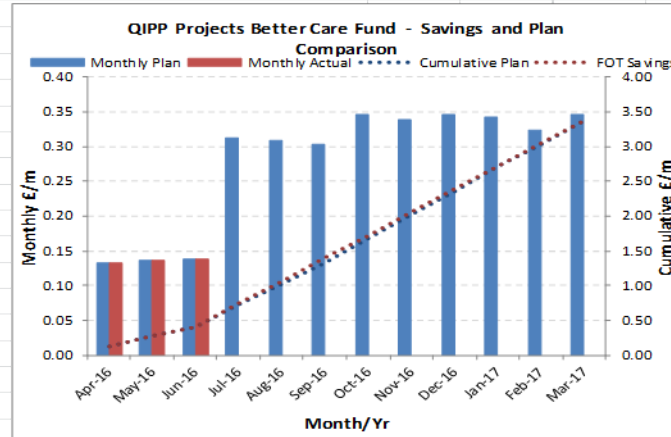
2. QIPP

The Committee noted the improved position of QIPP Programme performance as at Month 3.

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	0.54	0.62	0.08	2.21	2.52	0.31
Transformational	1.35	1.47	0.12	6.93	7.39	0.46
Unallocated				2.12	1.35	-0.77
Total	1.89	2.09	0.2	11.26	11.26	0

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only



Note : Cumulative figures are based on a secondary axis

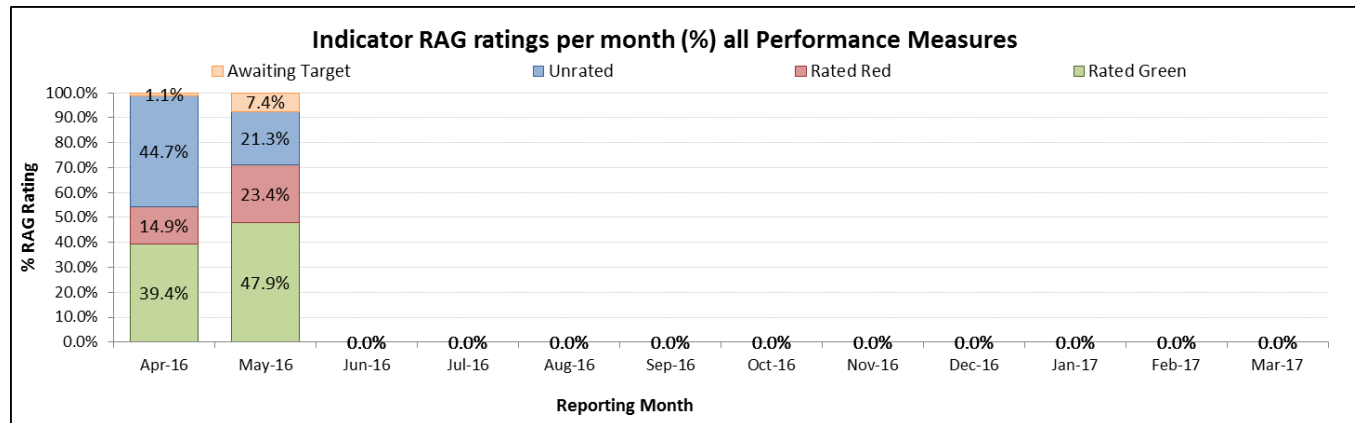
Notes : Figures are PPAI format only until verified by Finance team and the Non ISFE Submission Authorisation

3. PERFORMANCE

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

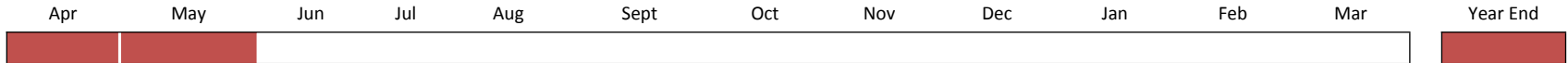
Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	Unrated (blank)	Previous Mth	Awaiting Target	Total
NHS Constitution	16	11	7	10	1	3	0	0	24
Outcomes Framework	9	14	2	5	25	11	1	7	37
Mental Health	12	20	5	7	16	6	0	0	33
Totals	37	45	14	22	42	20	1	7	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)	Previous Mth	Awaiting Target
NHS Constitution	67%	46%	29%	42%	4%	13%	0%	0%
Outcomes Framework	24%	38%	5%	14%	68%	30%	3%	19%
Mental Health	36%	61%	15%	21%	48%	18%	0%	0%
Totals	39%	48%	15%	23%	45%	21%	1%	7%



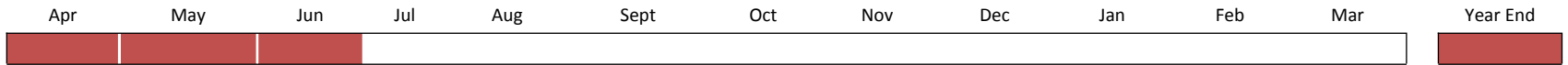
Exception highlights were as follows;

18 Weeks Referral To Treatment (RTT) Incompletes :



Performance at headline level for RTT Incompletes failed to achieve the 92.00% target for the second time this financial year with Month 2 performance at 90.95%. The Trust have advised that the decline in RTT performance is due to a combination of the industrial action in April and following a detailed review of waiting list practices in Orthodontics, it was identified that it has been incorrectly reporting the number of patients currently waiting for treatment. A detailed Action Plan has been received for each failing specialty and includes recovery trajectories and actions. The recovery trajectories indicate that failing specialties are planned to hit the 92% target by the following reporting month: General Surgery (March17), Gynaecology (January17), T&O (March17), Plastic Surgery (July17) and Urology (June17). The Trust are presently working on a Orthodontics recovery plan to ensure all patients are seen and we are expecting details of this plan by end of July. All patients affected by the industrial action taken in April are expected to be seen by the end of June. The RWT predicted fines at specialty level for May were estimated to be £243,300, however due to the industrial action, the Commissioner have agreed to waive the RTT sanctions for April and May. The CCG Commissioner performance for May16 has been confirmed via National Extracts as 92%. There are currently 2 patients confirmed as waiting over 52 weeks, 1 x Royal Orthopaedic Hospital, 1 x North Bristol.

A&E 4 hr Waits :



The A&E 4 Hour Wait performance has failed to meet the 95.00% national target since August 2015. Month 2 (May) performance is 88.03%. The Trust failed to achieve the STF recovery trajectory and both Type 1 and the All Types target for the month. The Emergency Department continue to see high numbers of attendances with a 13% year on year increase. Performance has also been affected by the current DTOC issues including Social Care staffing issues (sickness levels, leavers and recruitment issues). The Trust have recruited an additional 3 Advanced Consultant Practitioners (ACP) (early May) and an additional ANP Practitioner Nurse who are due to start in June. The Trust are experiencing problems recruiting to consultant roles and are now looking to recruit overseas. It has been confirmed that all Band 5 nursing roles will be fully recruited to by September. Discussions with Vocare continue to combine A&E and Vocare data to present a wider health economy view of performance with a view to run a 'shadow' combined reporting in July with a view to go live 1st August 2016. This KPI falls within the STF and in order to minimise the risk of Trusts facing 'double jeopardy' (CCG sanctions against underperformance and reductions in STF funding), national guidelines specify that the CCG will not be able to enforce contractual fines for this indicator for 16/17. The CCG is discussing A&E performance regularly with the Trust at weekly Exec-to-Exec teleconferences and monthly CQRM and CRM meetings. A RAP is in place with the Trust (June16) with a recovery trajectory in line with the Sustainability and Transformational Fund Improvement Trajectories. Provisional data for M3 (June) is 91.61% and therefore below both the STF recovery trajectory.

Cancer Waits

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
2WW	Green	Red	Green										Green
31 Day	Red	Green	Green										Red
31 day (Surgery)	Green	Red	Red										Red
62 Day (1st)	Red	Red	Red										Red
62 Day (Screening)	Red	Green	Red										Red

In month breaches for Cancer Waits for May 2016 are:

2WW (2 week wait) - 91.72% against 93% target. Validated figures now confirm May performance as 91.80% and still below target.

31 Day - (1st Definitive Treatment) - 97.00% against 96% target; however YTD remains RED (95.15%). Validated figures now confirm May performance as 97.1%.

31 Day (Treatment is Surgery) - 91.11% against 94% target. Validated figures now confirm May performance as 91.84% and still below target.

62 Day (1st Definitive Treatment) - 72.02% against 85% target. Validated figures now confirm May performance as 71.75% and still below target.

62 Day (Screening) - 96.88% against 90% target; however YTD remains RED (88.82%). Validated figures now confirm May performance as 96.9%.

RWT_EB6, RWT_EB8, RWT_EB9, RWT_EB12 & RWT_EB13

E-Discharge

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Excl Assessment													
All													

RWT_LQR1 &
RWT_LQR2

The Trust have advised that the primary issues with performance sit with PAU/GAU. The issues affecting performance are around delays with patients being input onto the PAS systems within these assessment units.

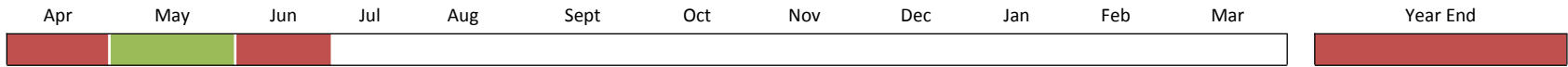
Performance for E-Discharges is split into 2 indicators :

93.40% against a target of 95% - Completion within 24 hours for all wards excluding assessment units

87.38% against a target of 95% - Completion within 24 hours for all assessment units

The CCG have received revised remedial action plans (RAPs) for review. The Trust are continuing to work on a solution for wards PAU/AMU delays on discharges overnight, this may require a process driven solution rather than a clinical solution.

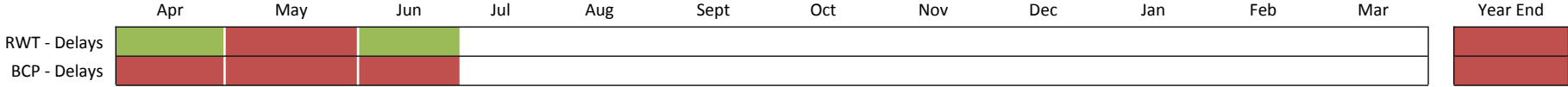
>50% of people experiencing a 1st episode of psychosis will be treated with a NICE approved care package within two weeks of referral



This indicator has achieved the 50% target May16 with current performance achieving 50%, however, the YTD is currently below target (41.67%). The team aim to offer 100% of referrals an appointment for assessment to meet the 5 day target with the service delivering an assessment clinic and 3 initial assessment slots in Outpatient clinics which support the clients being seen within 5 days and thus being able to establish a care plan within 2 weeks. The Team have reviewed the assessment process and are developing a triage system and risk assessment to determine as to whether home visits can be instigated dependant on the risk level identified. A member of the team has been identified to take on managerial responsibility for allocations and ensure prompt allocation is made following assessment. The team is continually reviewing the high number of DNAs and exploring ways to reduce them, including contacting clients who DNA to establish the reasons why. The team continue to text message and telephone new clients to remind them about appointments (as well as sending out appointment letters) and informing referrers of the details of initial assessments so that they can pass the information to the clients if they are seeing them again before the Team. Capacity within the team has increased following the recruitment of an agency nurse who will remain in post until the substantive CPN role joins the team at the beginning of July. This is a local indicator carried over for monitoring purposes from 15/16, there is a National indicator (see reference BCP_EH4) which the Area Team monitor performance directly from the Trusts Unify2 submissions.

BCPFT_LQGE04

Delayed Transfers of Care (DTOC)



RWT have failed to meet the in month stretch target of 3.50% in May, with performance at 3.52%. RWT have indicated the following top 3 delay reasons for May:

- 34.6% - Delay Awaiting Assessment (previously 44.9%)
- 25.0% - Delay awaiting further NHS Care (previously 16.9%)
- 16.2% - Delay awaiting domiciliary package (previously 17.6%)

The Black Country Partnership Foundation Trust have failed to meet the 7.50% target for the 2nd consecutive month with the reported performance of 13.22% for May.

RWT_LQR3 & BCPFT_LQGE11

1. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of the contract and procurement situation. There were no significant changes to the procurement plan.

2. DETAILED FINANCIAL POLICIES AND SCHEME OF DELEGATION

The Committee reviewed and approved the amendments to the Detailed Financial Policies.

The Committee noted the outcome of the review of the CCG's Prime Financial Polices and Scheme of Delegation.

3. COSTING TEMPLATE FOR EXTENDED PRIMARY CARE SERVICES

The Committee noted the approach to be taken in respect of new or amended Extended Primary Care Services which are commissioned and took assurance from this.

A post meeting Chair's action was taken to confirm that the model was supported and agreed by the Committee.

4. RISK and MITIGATION

Risks	Potential Risk Value Mth02	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	1.88	1.50	75.00%	1.13	43.25%
Community SLAs	0.00			0.00	0.00%
Mental Health SLAs	0.00			0.00	0.00%
Continuing Care SLAs	0.00			0.00	0.00%
QIPP Under-Delivery	1.02	1.35	50.00%	0.68	25.99%
Performance Issues	0.00			0.00	0.00%
Primary Care	0.00			0.00	0.00%
Prescribing	0.00			0.00	0.00%
Running Costs	0.00			0.00	0.00%
Other Risks	0.80	1.00	80.00%	0.80	30.76%
TOTAL RISKS	3.70	3.85		2.60	100.00%

The CCG has identified mitigations to cover 100% of the risk identified as outlined in the table below.

Mitigations	Expected Mitigation Value Mth02	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %
Uncommitted Funds (Exd 1% Headroom)					
Contingency Held	0.00			0.00	0.00%
Contract Reserves	0.00			0.00	0.00%
Investments Uncommitted	0.00			0.00	0.00%
Uncommitted Funds Sub-Total	0.00	0.00		0.00	0.00%
Actions to Implement					
Further QIPP Extensions	0.00			0.00	0.00%
Non-Recurrent Measures	1.42	1.42	100.00%	1.42	54.49%
Delay/ Reduce Investment Plans	0.40	0.40	100.00%	0.40	15.35%
Other Mitigations	0.00	0.47	100.00%	0.47	18.11%
Mitigations relying on potential funding	0.00	0.31		0.31	12.05%
Actions to Implement Sub-Total	1.82	2.61		2.61	100.00%
TOTAL MITIGATION	1.82	2.61		2.61	100.00%

- £1.42m comprising the diversion of the planned drawdown to support the bottom line, utilisation of contracts reserve and other small budget flexibilities.
- £0.4m – small delay to the Primary Care Strategy implementation
- £0.47m – corporately held flexibilities
- £310k – central resource to cover NHS Property Services additional costs

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.

5. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 27th July 2016

WOLVERHAMPTON CCG

GOVERNING BODY
13th September 2016

Agenda item 12b

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th August 2016
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>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.</p>
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	<p>The CCG must meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>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.</p>

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£6.172m surplus	£6.172m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£350.213m	£350.213m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	324	530	206	A
Maximum closing cash balance %	1.25%	2.05%	0.80%	A
BPPC NHS by No. Invoices (cum)	95%	98%	-3%	G
BPPC non NHS by No. Invoices (cum)	95%	95%	0%	G
QI PP	£2.91m	£2.87m	£0.04m	A
Programme Cost £'000*	110,176	110,800	623	G
Reserves £'000*	593	0	(593)	G
Running Cost £'000*	1,851	1,774	(78)	G

“* The net effect of the three identified lines (*) is a small underspend and the green rating refers to the overall position”

- The CCG continues to exceed the BPPC target of paying 95% of its invoices within 30 days (figures are cumulative April16-July16).
- Higher than anticipated cash balances were held at month end following an unexpected receipt from NHSE.

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

	Annual Plan £'000	YTD Performance M04			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,513	60,171	60,370	199	0.33%
Mental Health Services	34,455	11,485	11,413	(72)	(0.63%)
Community Services	37,730	12,577	12,484	(93)	(0.74%)
Continuing Care/FNC	12,259	4,086	4,412	326	7.98%
Prescribing & Quality	51,990	17,481	17,127	(354)	(2.03%)
Other Programme	16,385	4,377	4,994	617	14.11%
Total Programme	333,332	110,176	110,800	623	0.57%
Running Costs	5,555	1,851	1,774	(78)	(4.20%)
Reserves	5,154	593	0	(593)	(100.00%)
Total Mandate	344,041	112,621	112,573	(47)	(0.04%)
Target Surplus	6,172	1,903	0	(1,903)	(100.00%)
Total	350,213	114,524	112,573	(1,950)	(1.70%)

The table below details the forecast out turn by service line at Month 4

	Annual Plan £'000	Forecast Outturn at M04			Forecast Outturn at M03			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance o(u) £'000	Var %	
Acute Services	180,513	182,027	1,514	0.84%	182,167	1,654	0.92%	(140)
Mental Health Services	34,455	34,267	(188)	(0.55%)	34,463	8	0.02%	(196)
Community Services	37,730	37,435	(296)	(0.78%)	37,350	(164)	(0.44%)	(132)
Continuing Care/FNC	12,259	13,362	1,103	9.00%	12,078	(510)	(4.05%)	1,613
Prescribing & Quality	51,990	50,932	(1,058)	(2.04%)	51,583	(375)	(0.72%)	(683)
Other programme	16,385	17,090	705	4.30%	17,239	1,167	7.26%	(463)
Total Programme	333,332	335,111	1,780	0.53%	334,880	1,780	0.53%	(0)
Running Costs	5,555	5,555	0	0.00%	5,555	0	0.00%	0
Reserves	5,154	3,375	(1,780)	(34.53%)	3,375	(1,780)	(34.53%)	0
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	350,213	350,213	(0)	(0.00%)	349,982	0	0.00%	(0)

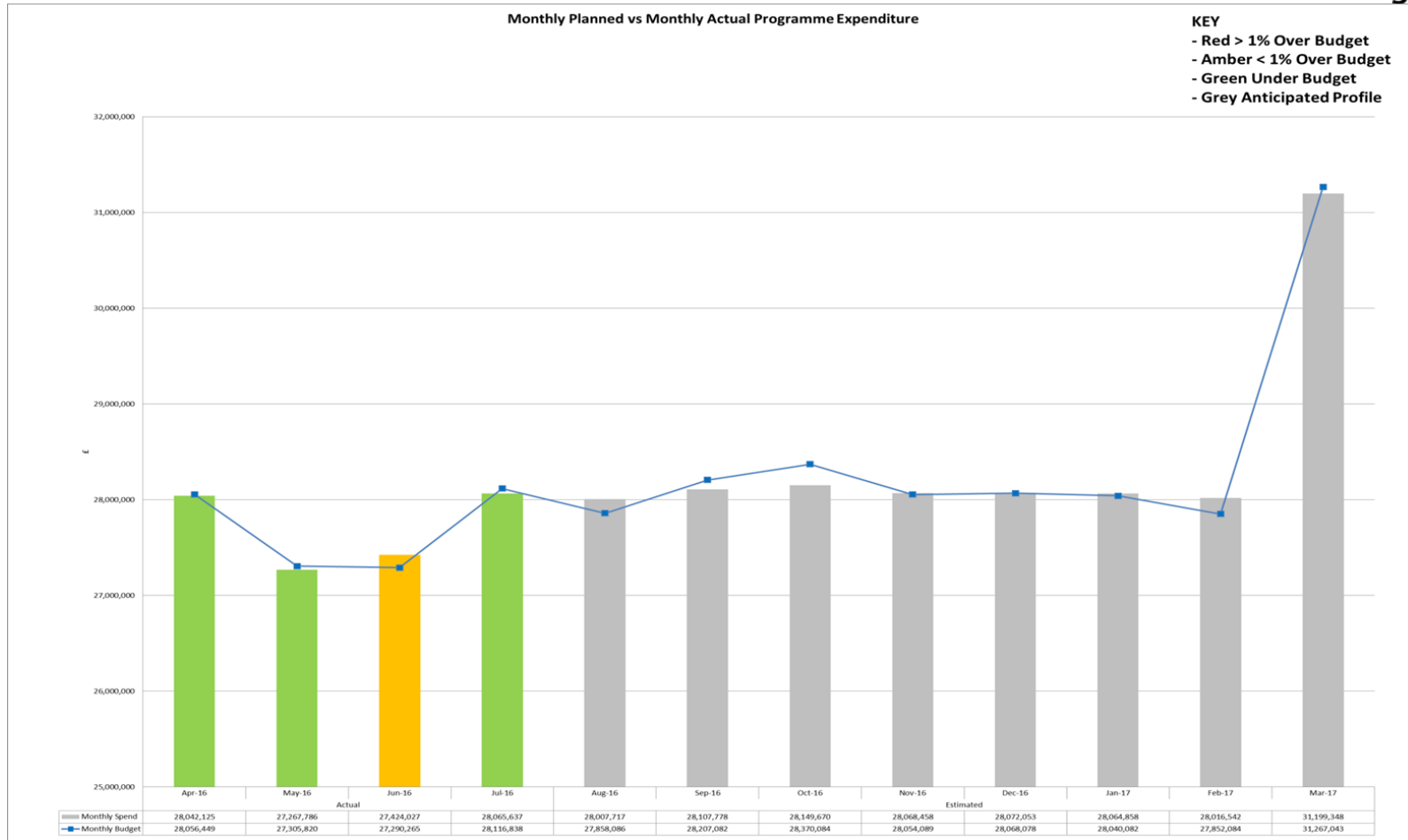
- Following a national increase in Funded Nursing Care (FNC) rates (an increase of 40%) backdated to 1st April 2016 the impact has been estimated to be c£1.2m full year effect. This is the reason for the deterioration in the Continuing Care/FNC position.
- The improvement in 'Other programme' services is due to a reduction in unallocated QIPP and forecast under spends in other budgets.

Recently received

- Prescribing information indicates a more favourable forecast than previously reported hence the improvement in the prescribing forecast between months.

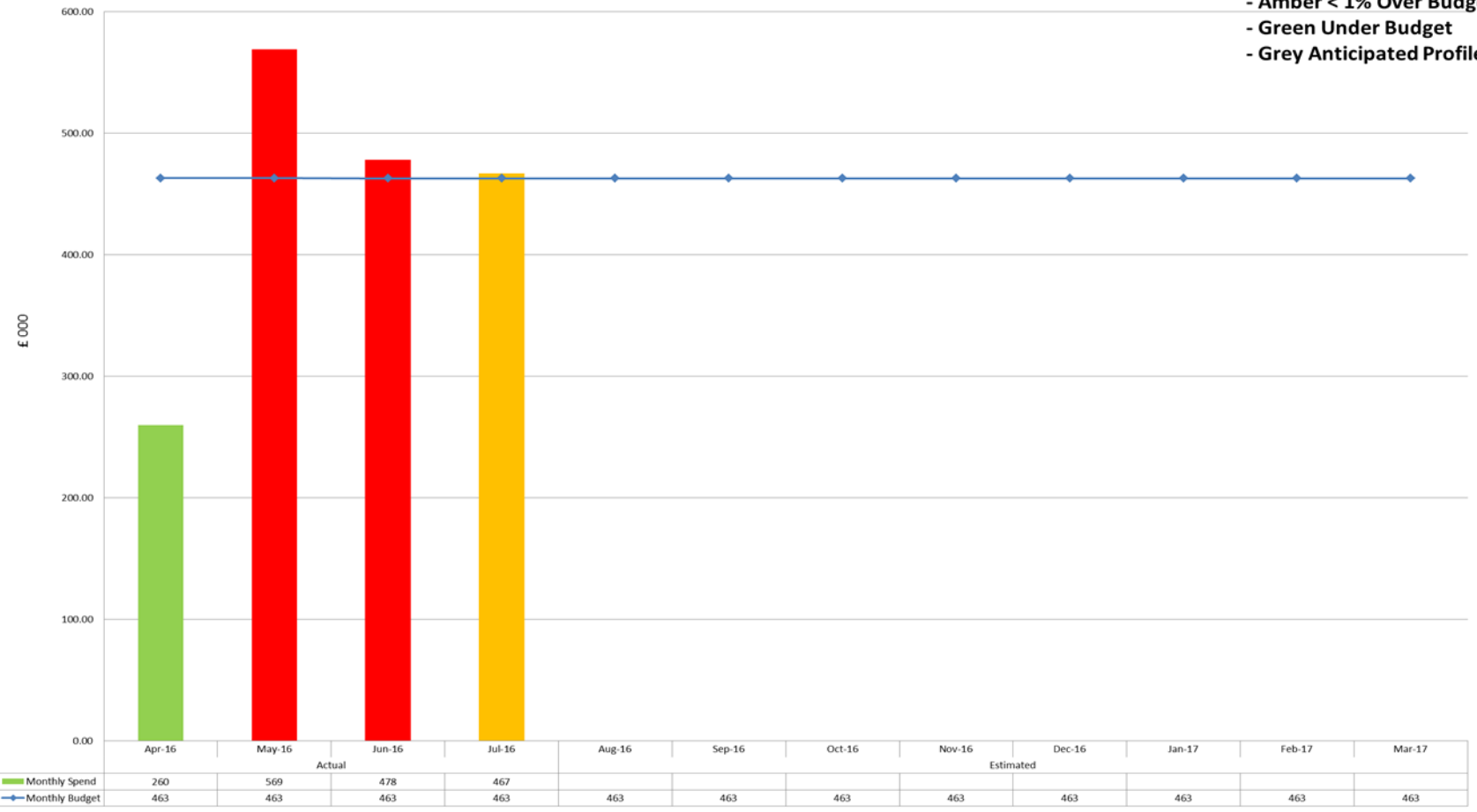
Monthly Planned vs Monthly Actual Programme Expenditure

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

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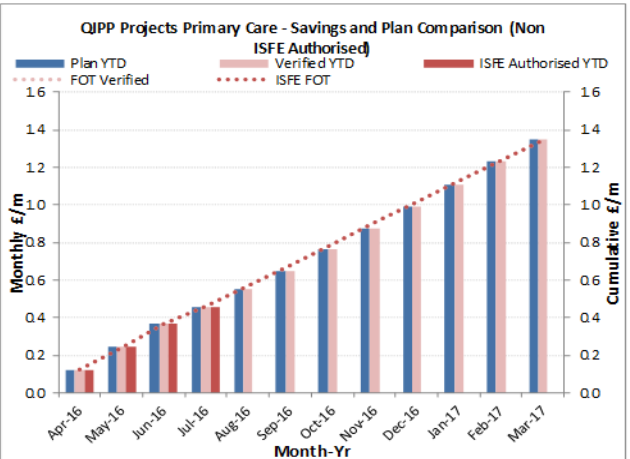
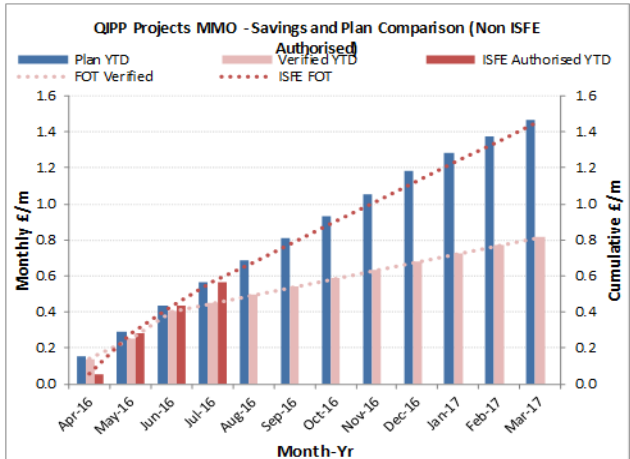
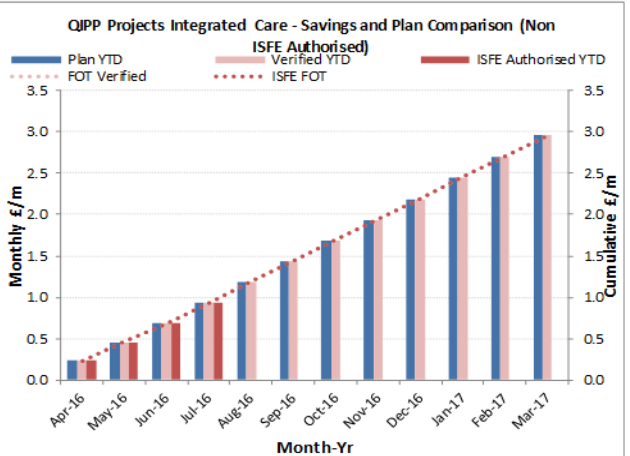
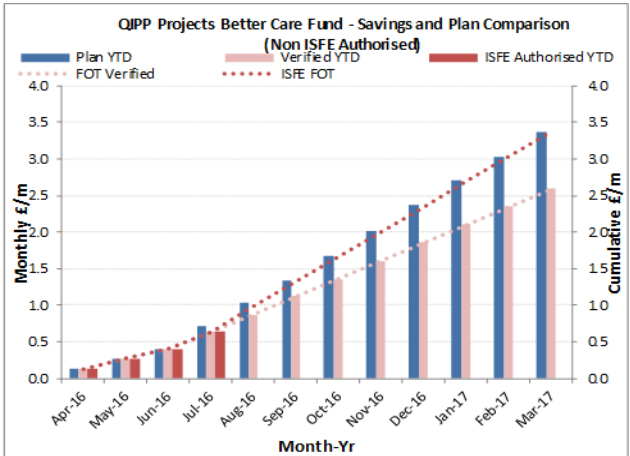
2. QIPP

The Committee noted the improved position of QIPP Programme performance as at Month 4.

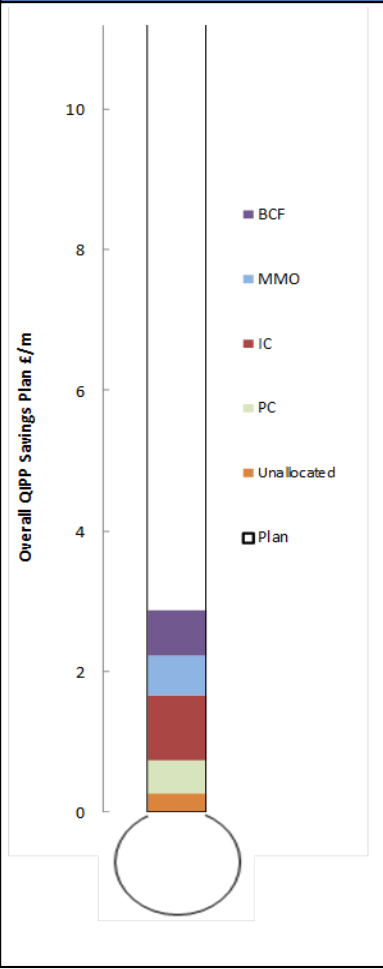
	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	0.74	0.85	0.11	2.21	2.60	0.39
Transformational	1.94	2.03	0.09	6.93	7.40	0.47
Unallocated	0.24	0.00	-0.24	2.12	1.26	-0.86
Total	2.92	2.88	-0.04	11.26	11.26	0.00

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only



Overall Non ISFE QIPP Savings (YTD) -split
by Programme Board



Note : Cumulative figures are based on a secondary axis
Note : Updates provided by Project Leads as verified figures on Project Highlight sheets may exclude data due to lags in data availability.

3. PERFORMANCE

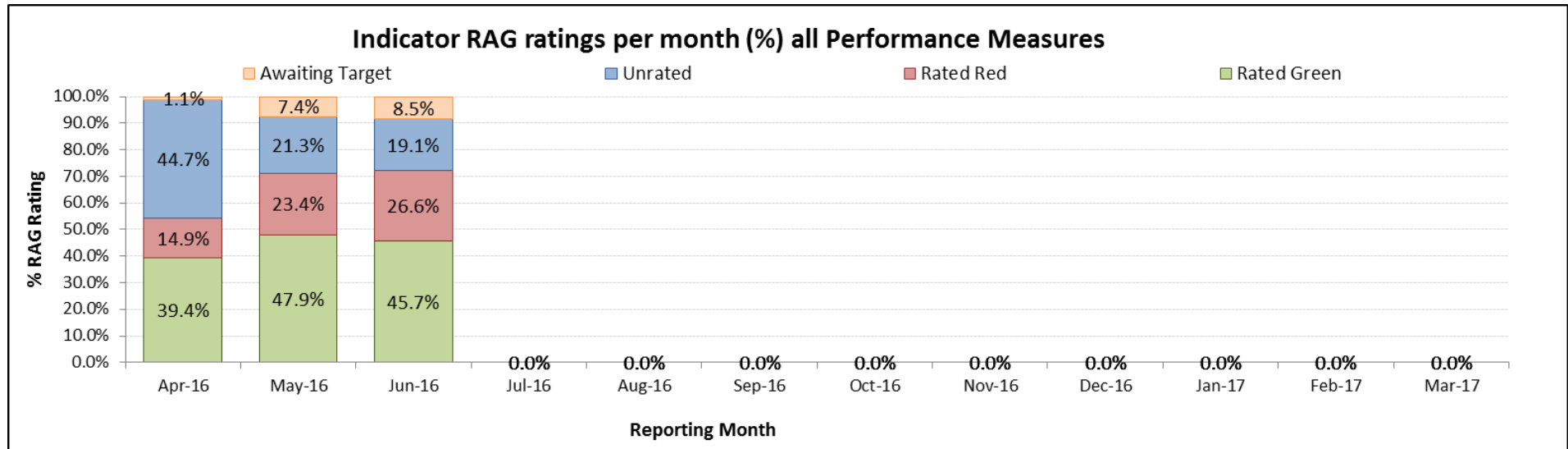
The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

Jun-16

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	Unrated (blank)	Previous Mth	Awaiting Target	Total
NHS Constitution	11	11	10	10	3	3	0	0	24
Outcomes Framework	14	11	5	7	11	11	7	8	37
Mental Health	20	21	7	8	6	4	0	0	33
Totals	45	43	22	25	20	18	7	8	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)	Previous Mth:	Awaiting Target
NHS Constitution	46%	46%	42%	42%	13%	13%	0%	0%
Outcomes Framework	38%	30%	14%	19%	30%	30%	19%	22%
Mental Health	61%	64%	21%	24%	18%	12%	0%	0%
Totals	48%	46%	23%	27%	21%	19%	7%	9%



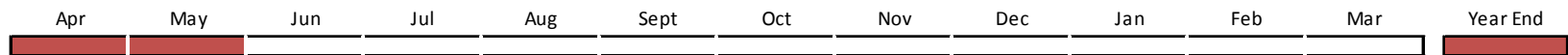
* Figures reported via the Executive Summary Overview in Month 2 for April (Previous Mth column) have been noted as erroneous due to a formula error. Figures have been confirmed as follows :

Performance Measures	Month 1 (April)				Month 2 (May)			
	Green	Red	Unrated	Awaiting Target	Green	Red	Unrated	Awaiting Target
NHS Constitution	16	7	1	0	11	10	3	0
Outcomes Framework	9	2	25	1	14	5	11	7
Mental Health	12	5	16	0	20	7	6	0
Totals	37	14	42	1	45	22	20	7

Exception highlights were as follows;

Indicator Ref: Title and Narrative

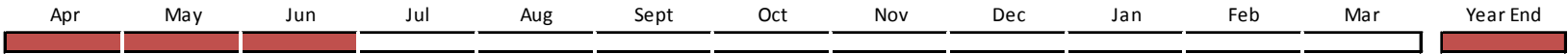
18 Weeks Referral To Treatment (RTT) Incompletes :



The performance data for headline level RTT (Incompletes) was not submitted at Month 3. At time of submission the Trust confirmed that this was due to "On-going validation". The June performance has since been confirmed at the Royal Wolverhampton Trust Board as 91.04%, the Trust have confirmed that RTT performance is still recovering from the impact of patient cancellations due to the Junior Doctors Industrial Action that took place in April and the long waiting patients on the Orthodontic waiting list identified following a details review of waiting list practices. The Trust has confirmed that excluding Orthodontics, the headline performance was within target and have shared a 2 year recovery plan place for the specialty. All patients affected by the industrial action taken in April are expected to have been seen by the end of June.

RWT_EB3

A&E 4 hr Waits :



The A&E 4 Hour Wait performance has failed to meet the 95.00% national target since August 2015. Month 3 (June) performance is 91.61%. The Trust failed to achieve the STF recovery trajectory and both Type 1 and the All Types target for the month. The Trust has confirmed that recent poor performance over weekends and bed pressures continue to impact on performance. Vocare are now providing daily validated figures and the triage model was being refined in conjunction with Vocare and changes would be introduced from beginning of July (including a Vocare streaming nurse providing an initial triage on arrival to the Emergency Department). From 1st September, a joint streaming service (both Vocare and RWT nursing staff) will be available and will include a more clinical triage and ability to have assessments in privacy. A revised remedial action plan (RAP) has been received (July) from the Trust with a recovery trajectory in line with the Sustainability and Transformational Fund Improvement Trajectories.

RWT_EB5

Cancer Waits

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
2WW													
31 Day													
31 day (Surgery)													
62 Day (1st)													
62 Day (Screening)													

RWT_EB6, RWT_EB8, RWT_EB9, RWT_EB12 & RWT_EB13

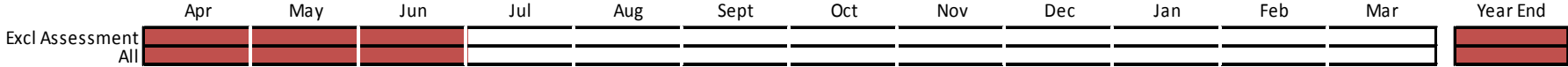
In month breaches for Cancer Waits for June 2016 are:

31 Day (Treatment is Surgery) – 75.76% against 94% target. Validated figures now confirm June performance as 77.78% and still below target.

62 Day (1st Definitive Treatment) – 81.36% against 85% target. Validated figures now confirm June performance as 83.16% and still below target.

62 Day (Screening) – 82.35% against 90% target (in-month) and the YTD remains RED (86.67%). Validated figures now confirm June performance as 88.00%.

E-Discharge



RWT_LQR1 & RWT_LQR2

The Trust has advised that the primary issues with performance sit with PAU/GAU. The issues affecting performance are around delays with patients being input onto the PAS systems within these assessment units.

Performance for E-Discharges is split into 2 indicators:

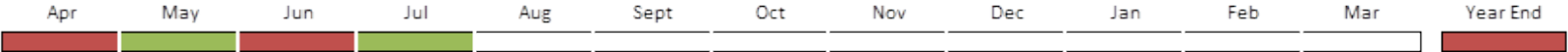
94.59% against a target of 95% - Completion within 24 hours for all wards excluding assessment units

84.48% against a target of 95% - Completion within 24 hours for all assessment units

An updated remedial action plan (RAP) has been received (July16) for assessment units which includes updates on actions and any slippage in timescales.

>50% of people experiencing a 1st episode of psychosis will be treated with a NICE approved care package within two weeks of referral

BCPFT_LQGE04



This indicator failed to achieve the 50% target both in-month for June with 20% (numerator = 1, denominator = 5) and YTD (34.44%). An Action Plan is being worked through with the Trust and the Commissioner is incorporating new guidance into the action plan which has delayed agreement. The Trust has confirmed that all appointments in June were offered within 10 working days of the referral being received. Small number variations and high levels of DNA continue to affect performance for this indicator. This is a local indicator carried over for monitoring purposes from 15/16, there is a National indicator (see reference BCP_EH4) which the Area Team monitor performance directly from the Trusts Unify2 submissions.

Delayed Transfers of Care (DTOC)

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
RWT - Delays													
BCP - Delays													

RWT_LQR3 &
BCPFT_LQGE11

RWT met the in month stretch target of 3.50% in June, with performance at 2.43%. The Trust have indicated the following top 3 delay reasons for June:

- 37.3% - Delay Awaiting Assessment (previously 34.6%)
- 19.0% - Delay awaiting further NHS Care (previously 25.0%)
- 20.9% - Delay awaiting domiciliary package (previously 16.2%)

The Black Country Partnership Foundation Trust has failed to meet the 7.50% target for the 3rd consecutive month with the reported performance of 13.62% for June.

Good News Stories

Quarter 1 2016/17:
 Patients admitted with Primary Diagnosis of stroke should spend >90% of their hospital stay on a dedicated stroke unit - The RWT June performance indicates 95% achieved against a 80% target. High risk patients assessed and treated within 24 hrs also remains above the 60% target for June achieving 66%.

4. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of the contract and procurement situation. There were no significant changes to the procurement plan. It was noted that the guidance has been received relating to the contract planning round for 2017/18 and it is a requirement that contracting be completed by the end December 2016, a significantly shortened timeframe than previously followed.

5. RISK and MITIGATION

Financial Risk

Risks	Potential Risk Value Mth03	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	1.13	1.50	75.00%	1.13	44.03%
Community SLAs	0.00			0.00	0.00%
Mental Health SLAs	0.00			0.00	0.00%
Continuing Care SLAs	0.00			0.00	0.00%
QIPP Under-Delivery	0.68	1.26	50.00%	0.63	24.66%
Performance Issues	0.00			0.00	0.00%
Primary Care	0.00			0.00	0.00%
Prescribing	0.00			0.00	0.00%
Running Costs	0.00			0.00	0.00%
Other Risks	0.80	1.00	80.00%	0.80	31.31%
TOTAL RISKS	2.60	3.76		2.56	100.00%

- Risk associated with Acute over performance and BCF is the CCG's biggest risk being £1.5m gross but probability rated to £1.13m.
- The CCG is anticipating delivering its QIPP programme. However it is prudent to identify some risk relating to the delivery of the unallocated QIPP. The reduction in risk is associated with the identification of £630k against the unallocated QIPP plan.
- Other risks are in the main associated with the price impact of NHS Property Services moving to charging market rents

The CCG has identified mitigations to cover 100% of the risk identified as outlined in the table below.

Mitigations	Expected Mitigation Value Mth03	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %
Uncommitted Funds (Excl 1% Headroom)					
Contingency Held	0.00			0.00	0.00%
Contract Reserves	0.00			0.00	0.00%
Investments Uncommitted	0.00			0.00	0.00%
Uncommitted Funds Sub-Total	0.00	0.00		0.00	0.00%
Actions to Implement					
Further QIPP Extensions	0.00			0.00	0.00%
Non-Recurrent Measures	1.42	1.38	100.00%	1.38	53.85%
Delay/ Reduce Investment Plans	0.40	0.40	100.00%	0.40	15.64%
Other Mitigations	0.47	0.47	100.00%	0.47	18.38%
Mitigations relying on potential funding	0.31	0.31		0.31	12.12%
Actions to Implement Sub-Total	2.61	2.56		2.56	100.00%
TOTAL MITIGATION	2.61	2.56		2.56	100.00%

- Non Recurrent measures relate to the diversion of Drawdown funding to support the financial position and the use of SOFP flexibilities.
- Delay/ reduce investment plans would require the CCG to review the use of funds to support the Primary Care Strategy.
- In delivering the financial surplus in M3 the CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.

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 other avenues; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

6. RECOMMENDATIONS

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

Name: Claire Skidmore
Job Title: Chief Finance and Operating Officer
Date: 31st August 2016

ATTACHED: Performance Indicators as at Month 3

Performance Indicators 16/17

Current Month:

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

16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month														
									A	M	J	J	A	S	O	N	D	I	F	M	Yr End		
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*	RWT	95%	91.61%	R	88.24%	R																
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	RWT	93%	93.63%	G	93.05%	G																
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*	RWT	93%	93.26%	G	96.03%	G																
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	RWT	96%	96.41%	G	95.57%	R																
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	75.76%	R	88.08%	R																
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	RWT	98%	100.00%	G	99.49%	G																
RWT_EB11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	98.28%	G	99.04%	G																
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*	RWT	85%	81.36%	R	77.75%	R																
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*	RWT	90%	82.35%	R	86.67%	R																
RWT_EBS1	Mixed sex accommodation breach*	RWT	0	0.00	G	0.00	G																
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*	RWT	0	0.00	G	0.00	G																
RWT_EAS4	Zero tolerance methicillin-resistant Staphylococcus aureus*	RWT	0	0.00	G	0.00	G																
RWT_EAS5	Minimise rates of Clostridium difficile*	RWT	2.92 (mth) 35 (Yr End)	2.00	R	13.00	R																
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	100.00	R	100.00	R																
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*	RWT	0	53.00	R	166.00	R																
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*	RWT	0	3.00	R	8.00	R																
RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G																

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RWT_EBS6	No urgent operation should be cancelled for a second time*	RWT	0	0.00	G	0.00	G	→		
RWT_CB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	93.93%	R	95.05%	G	↓		
RWT_CB_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	RWT	99.00%	99.68%	G	99.57%	G	↑		
RWT_CB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	99.93%	G	97.79%	G	↑		
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	94.59%	R	93.61%	R	↑		
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.]	RWT	95.00%	84.48%	R	85.48%	R	↓		
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 3.5% Q2 - 3.2% Q3 - 2.8% Q4 - 2.5%	2.43%	G	2.83%	G	↑		
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	2.00	R	2.00	R	↓		
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).	RWT	0	3.00	R	4.00	R	↓		
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.	RWT	0	6.00	R	6.00	R	↓		
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.42%	G	0.59%	G	↑		
RWT_LQR11	Completion of electronic CHC Checklist	RWT	TBC	88.89%	#VALUE!	85.28%	#VALUE!	↑		
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	95.00%	G	89.20%	G	↑		
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	66.67%	G	71.17%	G	↓		
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	90.00%	91.32%	G	92.75%	G	↓		
RWT_LQR18ai	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Biopsy Follow up ≥ 4 patients per month	RWT	4	5.00	G	28.00	G	↓		
RWT_LQR18aai	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Cancer Follow up ≥ 17 patients per month	RWT	17	31.00	G	87.00	G	↑		
RWT_LQR18b	Optimising Outpatient Follow-Ups - Paediatric Rheumatology and Paediatric Endocrinology patients receiving telephone follow up clinic ≥ 30 per month	RWT	30	24.00	G	77.00	R	↓		
RWT_LQR18c	Optimising Outpatient Follow-Ups - Gynaecology Nurse Led Clinic – patients followed up in nurse led clinics for the management and implantation of pessaries instead of in a consultant clinic ≥ 50 per month	RWT	50	2.00	G	13.00	R	↓		
RWT_LQR19a	Dressings - % formulary and exception compliance	RWT	98.00%	99.70%	G	99.70%	G	↑		

RWT_LQR19b	Dressings - % spend via non FP10 supply route	RWT	98.00%	99.55%	G	99.55%	G	↑		
RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	95.14%	Awaiting Target	96.29%	Awaiting Target	↓		
RWT_LQR22a	Avoidable Grade 2 Hospital Acquired Pressure Ulcers (HAPU) as a percentage of all G2 HAPU	RWT	TBC	29.41%	Awaiting Target	33.04%	Awaiting Target	↑		
RWT_LQR22b	Avoidable Grade 3 HAPU as a percentage of all G2 HAPU	RWT	TBC	50.00%	Awaiting Target	61.03%	Awaiting Target	↓		
RWT_LQR22c	Avoidable Grade 4 HAPU as a percentage of all G2 HAPU	RWT	TBC	0.00%	Awaiting Target	0.00%	Awaiting Target	→		
RWT_LQR23a	Avoidable Grade 2 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	25.00%	Awaiting Target	15.00%	Awaiting Target	↓		
RWT_LQR23b	Avoidable Grade 3 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	0.00%	Awaiting Target	5.56%	Awaiting Target	→		
RWT_LQR23c	Avoidable Grade 4 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	0.00%	G	0.00%	G	→		
RWT_LQR24a	Dementia – FAIR - Percentage of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to hospital.	RWT	90.00%	99.74%	G	99.77%	G	↓		
RWT_LQR24b	Dementia – FAIR - Percentage of patients aged 75 years and over admitted as emergency inpatients identified as potentially having dementia or delirium who are appropriately assessed.	RWT	90.00%	100.00%	G	100.00%	G	→		
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	98.02%	G	98.67%	G	↓		
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0.00	0.00	G	0.00	G	→		
BCPFT_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*	BCP	95.00%	100.00%	G	94.72%	R	↑		
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→		
BCPFT_DC1	Duty of Candour	BCP	Yes	Yes	G	-	G			
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→		
BCPFT_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	BCP	50.00%	20.00%	R	34.44%	R	↓		
BCPFT_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	BCP	75.00%	93.33%	G	89.07%	G	↑		
BCPFT_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	BCP	95.00%	100.00%	G	99.62%	G	↑		

BCPFT_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)	BCP	90.00%	90.00%	G	96.67%	G	↓		
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	92.59%	R	97.53%	R	↓		
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	91.38%	G	83.44%	G	↑		
BCPFT_LQGE03	Meeting commitment to serve new psychosis cases by early intervention teams. Quarterly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance rounded down. (Monitor definition 11)	BCP	44.00	11.00	G	17.00	G	↑		
BCPFT_LQGE04	More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral	BCP	50.00%	20.00%	R	34.44%	R	↓		
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	100.00%	G	79.17%	R	↑		
BCPFT_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	BCP	85.00%	92.39%	G	93.84%	G	↓		
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.44%	G	95.31%	G	↑		
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G	→		
BCPFT_LQGE11	Delayed transfers of care to be maintained at a minimum level	BCP	7.50%	13.62%	R	12.17%	R	↓		
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	86.26%	G	90.10%	G	↓		
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	81.08%	R	81.33%	R	↑		
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	97.90%	G	97.28%	G	↓		
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	100.00%	G	↑		
BCPFT_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). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	92.86%	R	↑		
BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2RCA reports within 60 working days where possible, exception report provided where not met	BCP	100.00%	100.00%	G	100.00%	G	→		
BCPFT_DB01	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.	BCP	Yes	Yes	G	-	G			
BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	Yes	G	-	G			
BCPFT_DB03	IAPT – failure to achieve thresholds for specific indicators as detailed in the IAPT Dashboard.	BCP	Yes	Yes	G	-	G			
BCPFT_DB04	Dementia Data Set – failure to complete the Dementia Data Set	BCP	Yes	Yes	G	-	G			

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**WOLVERHAMPTON CCG
GOVERNING BODY
13 September 2016**

Agenda item 13a

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC)- 19 July 2016
Report of:	Jim Oatridge – Chair, Audit and Governance Committee
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The AGC delivers its remit in the context of the CCG's priorities in order to provide assurance to the Governing Body of the robustness of system and process.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> Domain 1: A Well Led Organisation 	<p>The AGC is accountable to the group's governing body and its remit is to provide the governing body with an independent and objective view of the group's systems, information and compliance with laws, regulations and directions governing the group. It will deliver this remit in the context of the group's priorities, as they emerge and develop, and the risks associated with achieving them.</p> <p>The AGC shall critically review the group's financial reporting and internal control principles and ensure that an appropriate relationship with both internal</p>



	and external auditors is maintained.
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1. BACKGROUND AND CURRENT SITUATION

1.1 Chief Internal Auditors Progress Report

The Committee noted the contents of the report which included a summary of progress against the 2016/17 work programme.

An update was given on outstanding audit actions as at 18 July 2016. The Actions rated high priority were confirmed to be under review and all have plans of action.

Slippage in the delivery timescales for business continuity work was highlighted and Mrs Skidmore agreed for an update report to be provided to the Governing Body. (This is separately reported on today's agenda.)

1.2 Internal Audit Charter

The Internal Audit Charter which is a requirement of the Public Sector Internal Audit Standards was presented by PriceWaterhouse Coopers, the CCG's internal auditors and was noted by the committee..

1.3 Counter Fraud Progress Report

The Committee received an update from the local counter fraud specialist which detailed good progress against the 2016/17 work programme.

1.4 Local Security Management Annual Workplan

A report to inform the committee of the proposed plan of work in relation to Security Management was presented to the committee and accepted.

1.5 Annual Audit Letter including Horizon Scan

The 2015/16 Annual Audit Letter was presented by the external auditors Ernst & Young LLP. This, in effect, is the final step of the 2015/16 audit programme,

1.6 Risk Register Reporting /Board Assurance Framework.

This item was deferred until the November 2016 meeting.

1.7 Review of Performance against Whistleblowing Policy

The policy was presented by the Corporate Operations Manager for assurance and review. The committee noted only minor amendments to the existing content. There have been no disclosures received at the CCG regarding whistleblowing in the last 12 months.

Mr McKenzie took an action from the meeting to seek clarification of application of the policy for Governing Body Members. Further inquiries have indicated that, whilst Non-employed Governing Body would not be formally covered by the legislation, the principles would still apply to any disclosures made.

Note: HR63 Whistleblowing Policy attached for information.

1.8 New Conflict of Interest Guidance

The Committee was asked to review the revisions to the policy following publication of revised national guidance. All revisions were agreed.

1.9 Assurance of the Robustness of Activity and Performance Monitoring

A report was presented to provide assurance to the Audit and Governance Committee that CCG activity and performance monitoring processes are proactive and robust and endorsement was given for a work programme to audit coding practice at RWT in order that the CCG can be satisfied with current system and process.

1.10 Losses and Compensation Payments – Quarter 1 2016/17

No losses or special payments were reported in quarter 1 2016/7.

1.11 Suspensions, Waiver and Breaches of SO/PFPS

There have been no suspensions of SO/PFPs in quarter 1 2016/17.

1.12 Receivable/Payable Greater than £10,000 and over 6 months old

The Committee noted that as at 30 June 2016, there were 3 receivables and 14 payables over £10,000 and greater than 6 months old. It is expected that the payables will be cleared shortly.

1.13 Review of Prime Financial Policies (PFP)

Members were asked to review the amendments to PFP's SoRaD and Detailed Scheme of Delegation. The final version will be brought to the Governing Body for approval as part of the broader changes to the constitution that will be required as part of the application for delegated primary care commissioning.

2. KEY RISKS AND IMPLICATIONS

2.1 The Audit and Governance Committee will regularly scrutinise the risk register and the 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.



2.2 A failure to embed appropriate whistleblowing arrangements could lead to serious issues not being addressed with the consequent reputational, patient safety and legal consequences. Having the policy in place and ensuring its effectiveness through this assessment by the Audit and Governance Committee helps to mitigate this risk.

2.3 There is a risk that an ineffective approach to managing potential conflicts of interest would leave the CCG's decisions open to challenge. Adopting the revised policy and appointing an additional lay member will mitigate this risk.

2.4 It would appear that risk to the CCG relating to RWT's coding practices is low given the results of an CHKS audit. Findings from the CCG's own work will also provide additional evidence with which to test this assertion.

3. RECOMMENDATIONS

The Governing Body of Wolverhampton CCG is asked to:

- **Receive** this report and **note** the actions taken by the Audit and Governance Committee

Name: Claire Skidmore
Job Title: Chief Finance and Operating Officer
Date: 20 July 2016

ATTACHED:

Appendix 1 - HR63 Whistleblowing Policy



HR36 Whistleblowing Policy



DOCUMENT STATUS:	Approved
DATE ISSUED:	01 November 2014
DATE TO BE REVIEWED:	01 November 2017

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
1.0	01/11/2014	New CCG Policy
2.0	26/03/2015	Updated Policy

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION
CCG Quality Leads	Consultation	June 14	Version 1
Staff Engagement Forum	Consultation	June 14	Version 1
JNC	Negotiation	September 14	Version 2
Staff Engagement Forum	Review updates	March 2015	Version 2
Robert Downing	Interim Senior HR Business Partner	December 2015	Healthcheck

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
JNC	4th September 2014	V1
Remuneration Committee	14 October 2014	V1
JNCC	23rd March 2015	V2
Remuneration Committee	26th May 2015	V2

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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

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POLICY OVERVIEW

Whistleblowing Policy

Purpose

Where malpractice is suspected, each employee has a responsibility to 'blow the whistle' on individuals or organisations. The method for doing so is detailed within this policy.

The CCG is committed to creating a culture of openness and accountability and encourages employees to raise genuine concerns about malpractice or serious risk as early as possible to mitigate against any potential damage to patients, staff, the wider public and the organisation. All employees are encouraged to raise concerns as soon as they arise. This policy sets out a process whereby employees, who have genuine concerns about malpractice or serious risk, which they believe to be in the public interest, may raise those concerns without fear of reprisal.

Malpractice may include suspicions regarding fraud, danger to the public or criminal activity. More detail about malpractice can be found in section two of the policy.

Who this Policy applies to

This policy applies to everybody who is employed by or works for the organisation including temporary agency staff, professional contractors and volunteers. Wherever the term "employee" or "staff" is used, it applies to all of the above as well as substantive staff.

Key Principles

The most sensible and effective way of preventing and remedying malpractice and serious risk is for employees to raise their concerns through the existing lines of management immediately as they arise.

Employees are required to explicitly state that they are making a disclosure under the Whistleblowing Policy to assist the organisation to record and track progress of any whistleblowing concerns raised.

If the concerns have not been dealt with satisfactorily or the matter is deemed too serious for the informal stages, employees are encouraged to raise the matter formally through a variety of channels.

Legal Considerations

The Public Interest Disclosure Act 1998 ("PIDA 1998") protects workers who 'blow the whistle' about wrongdoing or malpractice and places a clear responsibility on public sector employers to remind staff of their responsibility to disclose suspected malpractice without fear of recriminations.

The Francis Report recommends that:

1. Compromise agreements containing clauses seeking to prevent disclosures protected under the PIDA 1998 are not acceptable.
2. Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon.

SUPPORTING PRINCIPLES

Whistleblowing Policy

If workers bring information about suspected wrongdoing to the attention of their employers or a relevant organisation, they are protected in certain circumstances under the Public Interest Disclosure Act 1998.

If a worker is to make a disclosure it should be made to the employer or a prescribed person or Body, so that employment rights are protected. The disclosure must also be in the public interest. This can be done through the CCG's 'Speak up Guardian', as recommended in the Robert Francis Report published on 11 February 2015.

Qualifying disclosures are disclosures of information where the worker reasonably believes one or more of the following matters is either happening, has taken place, or is likely to happen in the future:

- A criminal offence
- The breach of a legal obligation
- A miscarriage of justice
- A danger to the health and safety of any individual
- Damage to the environment
- Deliberate attempt to conceal any of the above.

The CCG operates within the principles of the Nolan Principles of Public Life (Appendix 2) and any whistleblowing should take these principles into consideration.

Employers and employees should raise and deal with issues promptly and should not unreasonably delay meetings, decisions or confirmation of those decisions.

The legislation allows employees to seek legal advice about any malpractice concerns they may have.

Professional staff may also contact their professional registration bodies e.g. GMC, NMC for guidance about any malpractice concerns.

In instances where fraud or corruption is suspected to have occurred, there is a confidential telephone hotline, "NHS Fraud and Corruption Reporting Line" which may be used to report suspicions of fraud or corruption in the NHS – this can be accessed on 0800 028 40 60.

Where a whistleblowing allegation is proven against an individual within the CCG, consideration will be given to the use of the Disciplinary policy.

The policy seeks to balance the need to provide safeguards for employees who raise genuine concerns about malpractice against the need to protect others and the organisation against malicious and vexatious allegations.

If a satisfactory response is not received within 5 working days of raising the whistleblowing concern or the employee feels unable to report concerns to their line manager or next in line manager, they should continue to escalate their concerns.

No CCG employee will be victimised for raising a matter under this procedure. This means that the continued employment and opportunities for future promotion or training of the employee will not be prejudiced because they raised a legitimate concern.

Settlement agreements containing clauses seeking to prevent disclosures protected under the PIDA 1998 are unacceptable

Where employees feel that they are being bullied or harassed they should raise such matters via the Bullying and Harassment Policy.

Where employees have concerns or grievances that are not covered by the Whistleblowing Policy they should raise such matters via the Grievance Policy.

The CCG promotes equality and diversity and aims to ensure that patients and staff feel valued and treated in a fair and equitable manner. The whistleblowing policy takes into consideration the protected characteristics as set out in the Equality Act 2010 and in guidance are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

THE POLICY

The Legal Framework: The Public Interest Disclosure Act 1998

The Public Interest Disclosure Act 1998 (“PIDA 1998”) protects workers who ‘blow the whistle’ about wrongdoing or malpractice and places a clear responsibility on public sector employers to remind staff of their responsibility to disclose suspected malpractice without fear of recriminations.

PIDA 1998 protects workers from being subjected to a detriment by their employer as a consequence of making a whistleblowing disclosure. Detriment may take a number of forms, such as denial of promotion, facilities or training through to direct intimidation or harassment.

A disclosure qualifies under PIDA 1998 if it regards a risk, wrong doing or malpractice that affects patients, the wider public or other staff. A qualifying disclosure is a disclosure of information in the public’s interest which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following:

- That a criminal offence has been, is being or is likely to be committed (e.g. assault, bribery, theft);
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This could include professional malpractice or a failure to comply with any rules, regulations or codes of practice;
- That a miscarriage of justice has occurred, is occurring or is likely to occur;
- That the health and safety of any individual has been, is being or is likely to be endangered;
- That the environment has been, is being or is likely to be damaged; or
- That information tending to show any of the above has been, is being or is likely to be deliberately concealed.

Examples of malpractice which qualify as protected disclosures under PIDA 1998 include (but are not limited to) the following:

- Abuse or mistreatment of service users;
- Exposing service users to unacceptable or unnecessary risk;
- Acts of fraud and theft against the organisation or service users;
- Procuring or accepting bribes from service users, staff or other third parties (e.g. suppliers of goods or services);
- Dangerous Health and Safety situations and breach of fire regulations;
- Deliberately concealing information relating to any malpractice; and
- Staff working under the influence of alcohol or drugs.

PIDA 1998 provides statutory protection, including compensation, against employer reprisals to all employees who disclose information reasonably and responsibly in the public interest. A qualifying disclosure will be **legally protected** where it is made:

- To the worker’s employer, either directly to the employer or by procedures authorised by the employer for that purpose; or
- To another person whom the worker reasonably believes to be solely or mainly responsible for the relevant failure

PIDA 1998 (and subsequent amendments) places responsibilities upon the worker making a disclosure in so far as the matter must be in the public's interest.

It is recommended that an employee wishing to make a disclosure follows internal procedures first, otherwise he or she *may* have committed a fundamental breach of contract by disclosing confidential information belonging to the employer. As an employee, the whistleblower may also have fundamentally breached the duty of trust and confidence owed to the employer and may therefore be liable to the organisation's disciplinary procedures. It is therefore strongly advised that employees follow an internal procedure before considering other options. Employees are encouraged to contact the Royal Mencap Society or Public Concern at Work if they have any questions or concerns about making a disclosure under PIDA 1998 (Section 7.1).

The following people are protected by the legislation when considering whistleblowing:

- Employees
- Agency workers
- People who are training with an employer, but not employed
- Self-employed workers, if supervised or working off-site.
- NHS workers who work under certain contractual arrangements e.g. Office Holders, GPs and dentists

Whistleblowing as an early warning system

As an early warning system, whistleblowing can help alert employers to risks such as to other systemic issues within the organisation and with employees and office holders. These risks may include, but are not limited to, the following:

- Malpractice or ill treatment of a patient or service user by any member of staff/contractor;
- Repeated ill treatment of a patient or service user, despite a complaint being made;
- A criminal offence has been committed, is being committed or is likely to be committed;
- Suspected fraud, corruption or abuse of position;
- Disregard for legislation, particularly in relation to health and safety at work;
- The environment has been, or is likely to be damaged;
- Breach of Prime Financial Policies and/or Standing Orders;
- Showing undue favour over a contractual matter or to a job applicant;
- A breach of a professional code of conduct;
- Information on any of the above has been, is being or is likely to be concealed;
- Financial irregularity;
- Unethical practice;
- Negligence; and

- Maladministration.

Raising an Informal Concern

If employees have a concern about malpractice they are required to raise the matter immediately with their line manager. If the manager is suspected to be involved or is condoning malpractice, employees are required to raise the matter with a more senior manager in the first instance. This may be done verbally or in writing. Employees are required to explicitly state that they are making a disclosure under the Whistleblowing Policy to assist the organisation to accurately record and track progress of any whistleblowing concerns.

Feedback will be given within 5 working days regarding the management action being taken, with due regard to the organisation's duty of confidence and without infringing the rights of other parties, for example where disciplinary action is being taken against another employee.

Escalating an Informal Concern

If a satisfactory response is not received within 5 working days of raising the whistleblowing concern, or the employee feels unable to report concerns to their line manager or more senior manager, they should contact the Senior Human Resources Business Partner. This may be done verbally or in writing. Employees are again required to explicitly state that they are making a disclosure under the Whistleblowing Policy.

Making an Internal Formal Disclosure

If the concerns have not been dealt with satisfactorily or the matter is deemed too serious for the informal stages, employees are encouraged to raise the matter formally and immediately to one of the following designated officers:

- The Accountable Officer
- The Chief Finance & Operating Officer
- The Clinical Chair
- Any of the CCG Lay Members

Contact can be by telephone, via email or in writing and all correspondence should be marked **“in confidence to be opened by the addressee only”** and again employees are required to explicitly state that they are making a disclosure under the Whistleblowing Policy.

The person making a formal disclosure should, as soon as practicable, disclose in confidence the grounds for their belief of malpractice or serious risk to one of the designated officers identified above. Any disclosure under this procedure shall, wherever possible, be in writing. The person making the disclosure should provide as much supporting evidence as possible about the grounds for his or her belief although there is no requirement to 'prove' the malpractice allegations. When a person reports a concern, it is likely that they will be requested to provide more information. Therefore, when making a disclosure or raising a concern they should try to include as much of this detail as possible. Appendix 3 provides a pro-forma a list of questions that should be completed as far as possible.

If the person receiving the formal disclosure does not feel that this policy is appropriate to use, they may make reference to other organisational policies that exist for dealing with concerns. For example:

- Safeguarding Policies
- Disciplinary Policy

- Grievance Policy
- Bullying and Harassment Policy

A designated officer may decline to become involved on reasonable grounds. Such grounds include previous involvement or interest in the matter concerned, incapacity or unavailability or that the designated officer is satisfied that a different, designated officer would be more appropriate to consider the matter in accordance with this procedure.

Investigating the disclosure

On receipt of the disclosure, the designated officer will offer to interview, in confidence, the person making the disclosure. Such an interview will take place as soon as practicable after the initial disclosure and should usually start by the 5th day after the disclosure is received. The purpose of the interview will be for the designated officer to obtain as much information as possible about the grounds for the belief of malpractice and to consult about further steps which could be taken. The person making the disclosure may be accompanied by a trade union representative or work colleague at the interview. The designated officer may be accompanied by an administrative assistant to take notes. Due regard will be given to confidentiality.

Where the designated officer is satisfied that the Whistleblowing Procedure is appropriate, they shall decide on the nature of the investigation of the allegations. This may be an internal investigation by organisational staff, referral of the matter to the police or other appropriate public authority or the commissioning of an independent enquiry, for example by the organisation's auditors or Local Counter Fraud Officer. In the event that a Safeguarding Children concern is presented and the feature of the 'Position of Trust' is in question, existing Safeguarding Children procedures need to be followed and, where necessary, the LADO (Local Authority Designated Officer) arrangements put into operation.

Any investigation should not exceed 4 weeks except in exceptional circumstances where this should be discussed with the Accountable Officer or Chair for approval for the exception. Where appropriate, the individual who made the disclosure should be kept informed of the progress of the investigation, however consideration should be given as to the appropriateness of sharing the outcome with the individual where the outcome results in disciplinary action against an individual, or the sharing of information would undermine other investigations taking place.

If the designated officer decides that the Whistleblowing Procedure is not appropriate in respect of the matter disclosed, they shall inform the discloser, giving reasons in writing. These could be on grounds that:

- The matter should be, is already or already has been the subject of appropriate proceedings under one of the CCG's other procedures;
- The matter is already the subject of legal proceedings, or has already been referred to the police or other public authority;
- There is reasonable doubt as to the discloser's good faith and/or reasonable belief about malpractice or serious risk.

If the discloser is not satisfied with the designated officer's decision, they may ask the Chair of the CCG's Governing Body to review the matter of the disclosure, the information and evidence presented, the process followed and the grounds for the decision. If the Chair of the Governing Body decides that the matter should be investigated under the Whistleblowing Procedure, they shall direct a second designated officer to arrange an appropriate investigation. If they decide to uphold the view of the original designated officer, no further

action will be taken under this process. The discloser may then consider whether to refer the allegations of malpractice or serious risk to an external agency (see below).

Making a Regulatory External Disclosure

While it is hoped that this policy gives employees the confidence to raise their concern internally, there may be circumstances where they feel they can only report the concern to an appropriate, external organisation. Organisations relevant to the NHS include:

- The Care Quality Commission (CQC)
- The Health and Safety Executive; or
- The National Patient Safety Agency.

Disclosures to regulatory bodies may also be 'protected disclosures' under certain circumstances; for example the discloser must believe the matter is in the public's interest. It is recommended that advice is sought from the Royal Mencap Society or Public Concern at Work if considering making an external disclosure before exhausting internal procedures outlined above.

If a concern is about fraud and corruption, the NHS Fraud Hotline can be contacted.

Making a Wider External Disclosure

Examples of wider, external disclosures include Police, Media, MPs and Non-Prescribed Regulators. Employees are advised that wider disclosures *may* also be 'protected disclosures' under very particular circumstances. As with regulatory disclosures, the discloser must make the disclosure in the public's interest.

In addition a further pre-condition to secure protection for a wider disclosure must be met. This is either:

- The person reasonably believed he/she would be victimised if the matter was raised either internally or with a prescribed regulator; or
- There was no prescribed regulator and he/she reasonably believed the evidence was likely to be concealed or destroyed; or
- The concern had already been raised with the employer or a prescribed regulator without being addressed in a timely manner; or
- The concern is of an exceptionally serious nature.

It is strongly recommended that advice is sought from the free, confidential services provided by the Royal Mencap Society or Public Concern at Work if considering making a wider external disclosure before exhausting internal and regulatory disclosure procedures.

Employees should note that failure to meet these requirements means that they would not qualify for protection under this policy and may be subject to disciplinary action for fundamental breach of contract and/or disclosure of confidential information.

Additional Advice and Support to Staff

Where there is doubt as to the way forward (i.e. the employee is not sure whether to make a formal disclosure), an employee may seek a confidential meeting with one of the designated officers detailed in this policy to discuss whether it would be appropriate to make a formal disclosure under PIDA 1998. An individual seeking or taking part in such a meeting is

guaranteed the same protection against personal detriment as is given under the procedure to someone making a formal disclosure, whether or not a formal disclosure follows.

Employees have the option to share their concerns in the first instance with colleagues or other representatives including trade union officials. Staff may also be accompanied by a colleague or representative when discussing allegations and suspicions with management.

Although it is far more effective for management to discuss matters with an identified person it is permissible for concerns to be shared anonymously, where a disclosure would not otherwise be made.

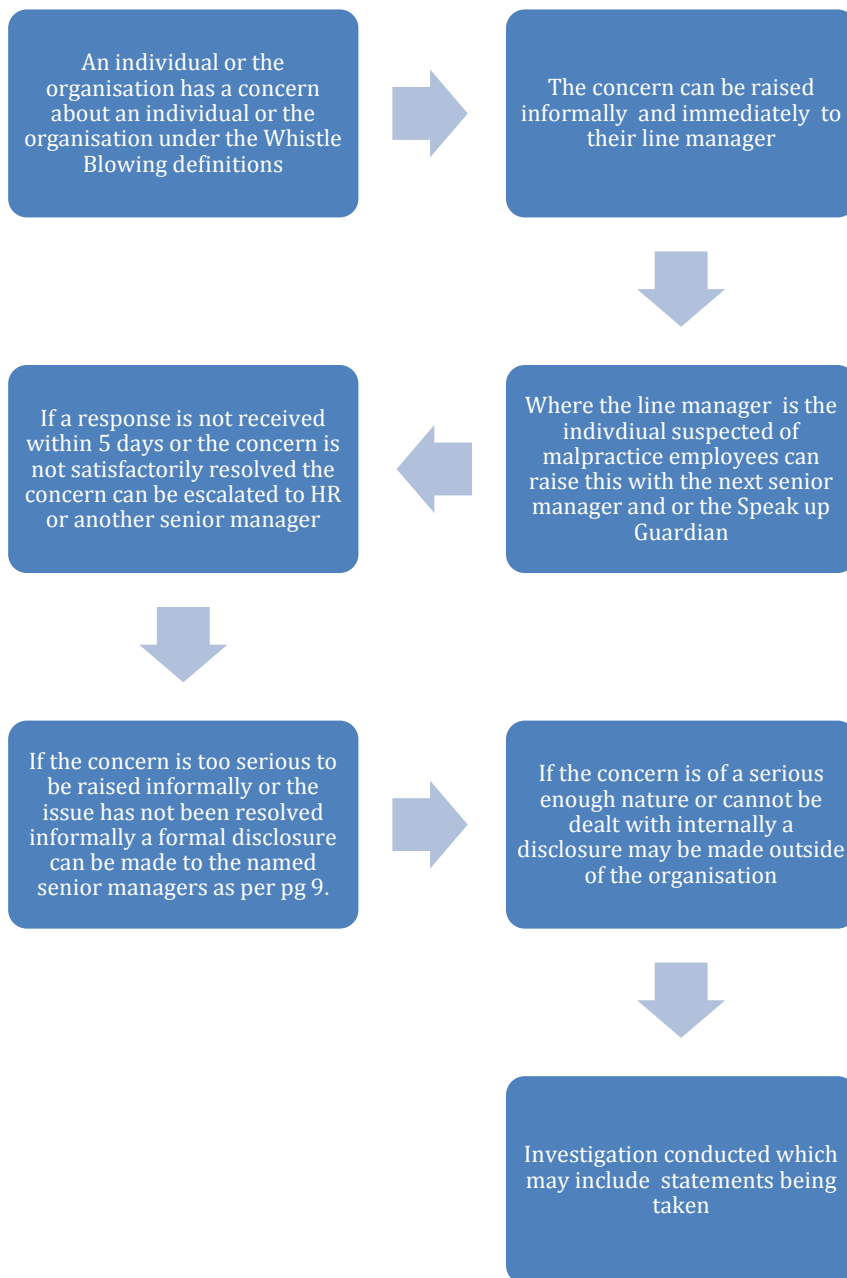
It is strongly recommended that advice is sought from the free, confidential service provided by the Royal Mencap Society; this is the nominated national provider of whistleblowing advice for NHS staff. Their contact details are:

Free telephone: 08000 724 725
Email: enquiries@wbhelpline.org.uk

Alternatively, employees may contact Public Concern at Work, a charity offering free advice on raising whistleblowing concerns. Their contact details are:

Confidential Telephone: 020 7404 6609
Website: www.pcaw.co.uk
Email: helpline@pcaw.co.uk

Appendix 1 Process Flow Chart



Appendix 2 Nolan Principles of Public Life

The seven Nolan Principles of Public Life (taken from *First Report of the Committee on Standards in Public Life (1995)*)

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

Appendix 3 Disclosure Form

Please note that this form is to aid a disclosure and subsequent investigation into the concerns. Therefore you should aim to provide as much information as possible.

Name:	
Whistleblowing disclosure against:	
Whistleblowing disclosure made to:	
Date submitted:	

When considering a disclosure please consider the following questions:

- What has happened?
- When did it occur?
- Where did it occur?
- Who was involved?
- Has it happened before?
- Are there any other witnesses?
- Is there any supporting information?
- How did you become aware of the situation?
- Do you have any personal interest in the matter?
- Has the matter been raised with anyone else? If so, who?
- Are you prepared to make a written statement?

Please use the following space to summarise the disclosure

Appendix 4 Key Contacts

Designated Officers	
Accountable Officer	Name: Dr Helen Hibbs E-mail: Helen.Hibbs@nhs.net Telephone: 01902 44 4854
Chief Finance and Operating Officer	Name: Claire Skidmore E-mail: Claire.Skidmore@nhs.net Telephone: 01902 44 4847
Clinical Chair	Name: Dr Dante De Rosa Email: dante.derosa@nhs.net Telephone: 01902 444854
CCG Speak up Guardian	Name: Peter McKenzie Email: Corporate Operations Manager Telephone: 01902 44 4664
CCG Lay Members	Pat Roberts E-mail : patriciaroberts@nhs.net Telephone:01902 444878 Jim Oatridge E-mail: jim.oatridge@nhs.net Telephone: 01902 444878 Helen Ryan E-mail: helen.ryan3@nhs.net Telephone: 01902 444878 Mr Tony Fox E-mail: Tony.Fox@sath.nhs.uk Telephone: 01902 444878
Counter Fraud Referrals	
Local Counter Fraud Specialist (LCFS)	Neil Mohan Local Counter Fraud Specialist Wolverhampton CCG Wolverhampton Science Park, Glaisher Drive, Wolverhampton, WV10 9RU E-mail: neil.mohan@uk.pwc.com Telephone: 07843 325993
National Fraud & Corruption Reporting Hotline	0800 028 40 60
External Agencies	
Public Concern at Work	020 7404 6609 helpline@pcaw.co.uk
Trade Unions	To be confirmed
Nursing & Midwifery Council	0207 637 7181
General Medical Council	0161 923 6200
West Midlands Police	0845 113 5000
Care Quality Commission	020 7448 9200
Financial Services Authority	020 7676 4646
Health & Safety Executive	0541 545500 (main info line)

National Patient Safety Agency	020 7062 1620
BSI Code of Practice on Whistleblowing Arrangements	www.pcaw.co.uk/bsi
NHS Improvement	0300 123 2257
The National Audit Office	020 7798 7999 or enquiries@nao.gsi.gov.uk
Professional Regulators	
General Chiropractic Council	020 7713 5155
General Dental Council	020 7887 3800
General Optical Council	020 7580 3898
General Osteopathic Council	020 7357 6655
Health Professions Council	020 7840 9802
Royal Pharmaceutical Society of Great Britain	020 7735 9141

Further information

BSI Code of Practice on Whistleblowing Arrangements

Organisations can download a free copy of the 2008 British Standards Institution's Code of Practice on Whistleblowing Arrangements from www.pcaw.co.uk/bsi

Public Concern at Work
For information about the Public Interest Disclosure Act 1998, please visit: www.pcaw.co.uk/law/uklegislation.htm

NHS Counter Fraud and Security Management Services (CFSMS)
Weston House
246 High Holborn
London WC1V 7EX
Tel: 020 7895 4500

Care Quality Commission (CQC)
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG
Tel: 020 7448 9200

Monitor
4 Matthew Parker Street
London SW1H 0NP
Tel: 020 7340 2400

National Patient Safety Agency (NPSA), 4–8 Maple Street, London W1T 5HD, Tel: 020 7062 1620

Professional Regulators

- General Chiropractic Council
44 Wicklow Street
London WC1X 9HL
www.gcc-uk.org Tel: 020 7713 5155
- General Dental Council
37 Wimpole Street
London W1G 8DQ
www.gdc-uk.org Tel: 020 7887 3800
- General Medical Council
Regents Place
350 Euston Road
London NW1 3JN
www.gmc-uk.org Tel: 0161 923 6602
- General Optical Council
41 Harley Street
London W1G 8DJ
www.optical.org Tel: 020 7580 3898
- General Osteopathic Council
176 Tower Bridge Road
London SE1 3LU
www.osteopathy.org.uk
Tel: 020 7357 6655
- Health Professions Council
Park House, 184 Kennington Park Road
London SE11 4BU
www.hpc-uk.org
Tel: 0845 300 4472 or 020 7840 9802
- Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ
www.nmc-uk.org Tel: 020 7637 7181
- Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN
www.rpsgb.org.uk Tel: 020 7735 9141

WOLVERHAMPTON CCG
Governing Body Meeting – 13 September 2016
Agenda item 14

Title of Report:	Summary – Remuneration Committee – 19.7.16
Report of:	Jim Oatridge – Remuneration Committee Chair
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of key discussions and decisions made at the Remuneration Committee to the Governing Body of Wolverhampton Clinical Commissioning Group (CCG).
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The CCG requires a highly skilled and motivated workforce in order to deliver its priorities.
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> Domain 1: A Well Led Organisation 	<p>The Remuneration Committee makes decisions on behalf of the Governing Body and CCG membership in relation to the remuneration and allowances paid to its employees. It is also responsible for approving HR related policies.</p> <p>This is a fundamental role to ensure the effective management of the team and equitable treatment of staff with regard to pay and conditions.</p>

1 BACKGROUND

1.1 This report gives details of the issues discussed and decisions made at the meeting of the Remuneration Committee on 19 July 2016.

2 ITEMS DISCUSSED BY THE COMMITTEE

2.1 Very Senior Manager – Pay arrangements

The Committee considered the pay arrangements for CCG employees on Very Senior Manager contracts and agreed performance related payments for 2015/16 in line with the CCG's agreed framework. The committee commended those employees on their performance during the previous year, in particular their contribution to the improvement in the CCG's assurance rating to Outstanding. Performance objectives for 2016/17 were also agreed at the meeting.

2.2 Lay Member remuneration

The Committee noted the Governing Body's decision to appoint a Lay Member for Finance and Performance in response to statutory guidance for managing conflicts of interest. The committee agreed that this role should be remunerated at the nationally agreed level for CCG Governing Body Lay Members.

The committee also discussed the appointment of the Deputy Chair of the Audit and Governance Committee and agreed the remuneration for this post, recognising the time commitment and skills required.

2.3 Interim Accountable Officer

The committee agreed a request to recruit an interim Accountable Officer to provide appropriate Executive level support to the CCG during the Accountable Officer's absence due to illness.

3. RECOMMENDATIONS

That the Governing Body:

- Receive and note the contents of this report.

Name: Jim Oatridge
Job Title Chair Remuneration Committee
Date: July 2016

WOLVERHAMPTON CCG
**GOVERNING BODY
13 SEPTEMBER 2016**
Agenda item 15

Title of Report:	Summary – Primary Care Joint Commissioning Committee 5 July 2016 and 2 August 2016
Report of:	Pat Roberts, Primary Care Joint Commissioning Committee Chair
Contact:	Pat Roberts, Primary Care Joint Commissioning Committee Chair Jane Worton, Primary Care Liaison Manager
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body with an update from the meetings of the Primary Care Joint Commissioning Committee on 5 July 2016 and 2 August 2016
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via the Better Care Fund and co-commissioning of primary care services, to further the preventative and public health agenda and opportunities for early intervention and proactive care through greater integration.
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	This report provides an update on the work of the Joint Commissioning Committee, through which the CCG exercises delegated functions for commissioning Primary Medical Services



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Joint Commissioning Committee met on 5 July 2016 and 2 August 2016. This report provides a summary of the issues discussed and the decisions made at those meetings.

5 JULY 2016 COMMITTEE MEETING

2. BETTER CARE FUND – THIRD SECTOR ORGANISATIONS

- 2.1 The Committee was given an overview of the plans within the Better Care Programme with regards to increasing support from Third sector organisations to the developing Community Neighbourhood teams.
- 2.2 The person-centred Care Model was outlined and it was noted that the aim of the integrated health and social care teams was to provide both a proactive and a rapid response service to people at high risk of emergency admission.

3. PRIMARY CARE UPDATES

- 3.1. The Committee received the following update reports:-

- **NHS England**

An update was provided outlining the key developments that have been made nationally and locally in relation to the GP Forward View. A request was made by Wolverhampton CCG to be involved / kept apprised of any appropriate NHS England GP Forward View working groups to avoid duplication.

- **Wolverhampton CCG**

The Committee was updated on the Estates and Technology Transformation Fund (ETTF) and it was noted that all bids that met the NHS England criteria had been supported and now been submitted to the portal. A prioritisation process has taken place based on a scoring matrix developed by a Wolverhampton CCG independent consultant. It is likely that the outcome of the submission process will be communicated in September / October 2016.

- **Primary Care Operations Management Group**

It was reported that the Group had discussed information governance in GP practices and it was noted that discussions were taking place with NHS England, who fund Midlands and Lancashire CSU to deliver and support information governance in GP practices, to outline and clarify the level of support required.



4. OTHER ISSUES CONSIDERED

- 4.1. The Committee met in private session to discuss specific details of the proposed merger between two Wolverhampton practices on GMS contracts.

2 AUGUST 2016 COMMITTEE MEETING

5. PRIMARY CARE FORWARD VIEW – WCCG RESPONSE

A report was presented which outlined the new guidance that was published in April 2016 regarding general practice services for the future. The report included a summary of requirements highlighting the key areas where changes will be realised over a 5 year period as detailed within each of the chapters within the document, this included; investment, workforce, workload practice, infra-structure and care redesign.

6. PRIMARY CARE UPDATES

The Committee received the following update reports:-

- **NHS England**
An overview was provided to the Committee outlining the progress and key issues in primary care. Discussion took place around Patient Participation Groups and the forthcoming review due to be undertaken by NHS England. It was also noted that a Wolverhampton practice had been successful in its application to take part in the Vulnerable Practices Programme.
- **NHS England – Practice Participation in Enhanced Services**
NHS England provided a summary document to provide details of Wolverhampton practices who have signed up to deliver the directed enhanced services in 2016/17 in comparison to 2015/16.
- **Wolverhampton CCG**
The Committee was updated on the primary care models as the CCG moves towards full delegation by 1 April 2017. It was noted that a second Primary Care Home style model is being formed and there are emerging groups of practices who are looking at a ‘mutual support’ arrangement whereby they will look for inefficiencies and working together to share responsibilities at scale.
- **Primary Care Programme Board**
An update was provided on the delivery of work being undertaken by the Primary Care Programme Board in July 2016. This included a progress update on the interpreting services procurement and the use of choose and book in GP practices.

- **Primary Care Operations Management Group (PCOMG) Update**
An overview was provided of the key areas covered at the PCOMG meeting which took place on 19 July 2016. Discussion took place around the response rate to the Friends and Family Test and prescribing issues following acute discharge. A query was raised regarding the implications for GP practices now that NHS Property Services had started to commercialise service charges for Wolverhampton GP premises.

7. CLINICAL VIEW

7.1. Not applicable.

8. PATIENT AND PUBLIC VIEW

8.1. Not applicable.

9. RISKS AND IMPLICATIONS

9.1. None arising from this update.

10. RECOMMENDATIONS

That the Governing Body Note the Report

Name	Pat Roberts
Job Title	Lay Member for Public and Patient Involvement, Committee Chair
Date:	31 August 2016



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Signed off by Report Owner (Must be completed)	Pat Roberts	31/08/16



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WOLVERHAMPTON CCG
Governing Body – 13 September 2016
Agenda item 16

Title of Report:	Communication and Participation update
Report of:	Pat Roberts – Lay member for PPI
Contact:	Pat Roberts and Helen Cook, Communications & Engagement Manager
Communication and Participation Team Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<p>This report updates the Governing Body on the key communications and participation activities in July and August June 2016.</p> <p>The key points to note from the report are:</p> <p>2.3.1 Commissioning Intentions</p> <p>2.3.2 Pond Lane pre-engagement and consultation</p> <p>2.4.2 Quality Standard for Patient insight</p>
Public or Private:	This report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	1,2,2a,4
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<ul style="list-style-type: none"> • Involves and actively engages patients and the public • Works in partnership with others
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	<ul style="list-style-type: none"> • Delivering key mandate requirements and NHS Constitution standards
<ul style="list-style-type: none"> • Domain 2b: Quality 	<ul style="list-style-type: none"> • Improve quality and ensure better outcomes for patients
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	<ul style="list-style-type: none"> • Assurance that CCG plans will be a continuous process, covering not only annual operational plans but the 5 Year Forward View and longer term strategic plans including the Better Care Fund.

1. BACKGROUND AND CURRENT SITUATION

- To update the Governing Body on the key activities which have taken place in July and August, to provide assurance that the Communication and Participation Strategy of the CCG is working satisfactorily.



2. MAIN BODY OF REPORT

Communication – key updates

2.1.1 Annual General Meeting 2016

The Annual General Meeting was held on Thursday 21 July at Molineux Stadium. This was a successful event with over 80 attendees, including members of public, patients, staff, members of the press and stakeholders. The attendees were provided with an update on the developments and changes over the past year, as well as the plans for the future, with the CCG formally announcing their Outstanding NHSE rating at the event. 96% of those who attended said that they found it a useful meeting. The AGM also included some light entertainment including dancing from a local school and an interactive drumming session.

2.1.2 Sustainability Transformation Plans (STP)

Work has begun across the Black Country area to formulate a STP. Alongside this, we are working with our communication and engagement partners in the Black Country from Acute Trusts, Local Authorities and other CCGs to develop a long term Communications and Engagement strategy to aid delivery of the local STP.

2.1.3 Seven Day Hospital Services

Working jointly with our colleagues at Royal Wolverhampton Trust (RWT) and NHS England we are developing communications and engagement around the seven day hospital services, with which RWT is an early implementer site.

Communication and Participation framework

2.2.1 GP Bulletin

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

2.2.2 Practice Nurse Bulletin

The seventh edition of the Practice Nurse bulletin went out in August. Topics included: training courses on Domestic Abuse, Care Certificate and FGM, information about the new three digit emergency line for electricity and various newsletters and News from NHS England.

2.2.3 Practice Managers Forum

The July meeting discussed varied topics including:

- Risk stratification updates and training
- Community Matron presentation on their role with practices
- Relate McMillan counselling service presentation
- Urgent care centre and use of NHS111 services for practice overflow
- TWIRL project, reminder and update of first meeting
- PCSE problems, updates and Feedback to take to the managers
- Accessible Information Standard offer of support to manage this workload and sharing of policy
- Patient Online Services offer of support to help reach targets
- Information with regards to Primary Care Support, new teams within the CCG.
- Update of discussions from the CCG Members meeting

2.2.4 Joint Engagement Assurance Group

The Joint Engagement Assurance Group (JEAG) took place in July. Input and reports were made from all stakeholders and discussion held on service waiting times in some areas. Healthwatch are concentrating on GP access solutions and RWT are working to change the



culture around complaints. The CCG contribution was around commissioning intentions and quality.

2.2.5 Members Meeting

A Members Meeting took place on Wednesday 20 July. The topics discussed were the New Models of Care and the direction of travel for the Member Practices. This included an update by the leads on the Primary Care Home and Vertical Integration projects.

Patient, Public and stakeholders views

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

2.3.1 Commissioning Intentions

Programme Boards have been analysing and prioritising feedback from the public engagement events in July Commissioning Intentions for inclusion into commissioning intentions 2017/18. A full report has been compiled covering the events and submitted to the programme boards in August for final action.

2.3.2 Pond Lane pre-engagement and consultation

We held two events for pre engagement during May, open to service users and their carers who have accessed the inpatient beds for Learning Disability Services in the last 18 months. We also engaged with staff and stakeholders (including Healthwatch) to gather their views about the proposal to possibly move the beds to Walsall, Dudley and Sandwell.

The consultation ran from 4 July to 22 August 2016. We held a public drop in event in July and also an event for patients, carers and their families in August. We produced and disseminated a consultation document and also an easy read version of the document for service users.

Work has begun on the consultation report which will go to both Wolverhampton CCG and Wolverhampton Health Scrutiny in late 2016.

Lay member's report of key meetings

2.4.1 The Lay Member is meeting monthly with the Interim Chair of Healthwatch Wolverhampton and the Patient Engagement lead at RWT, these meetings are leading to triangulation of patient issues and ways of working together.

2.4.2 The Lay Member attended the launch in August of the Pilot by NHSE and Healthwatch Birmingham of a Quality Standard and CCG assessment – using Patient and Public insight, Experience and Involvement to reduce health inequality and drive improvement. This requires self- assessment and is being undertaken by 14 CCG's locally and is to be submitted by 3 October 2016. It is being linked to the Assurance Framework and involves a strategic approach by the whole CCG organisation.

The guidance can be found here:

http://www.wmscnsenate.nhs.uk/files/2614/7125/0585/QS_Guidance_Document_v2.pdf

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.

4. RISKS AND IMPLICATIONS

None to note

5. RECOMMENDATIONS

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

Name – Pat Roberts

Job Title - Lay member for PPI

Date: 28 August 2016

RELEVANT BACKGROUND PAPERS

(NHS Act 2006 (Section 242) – consultation and engagement

NHS Constitution 2016 – patients' rights to be involved

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



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 and Practice View		
Public / Patient View	Public events for both CI and Pond Lane consultation	July - August 2016
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (must be completed)	Pat Roberts	28 th August 2016



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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
QUALITY & SAFETY COMMITTEE**

Minutes of the Quality and Safety Committee Meeting held on 14th June 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Dr R Rajcholan	(RR)	Board Member, WCCG (Chair)
Annette Lawrence	(AW)	Quality and Patient Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Geoff Ward	(GW)	Patient Representative
Marlene Lambeth	(ML)	Patient Representative
Philip Strickland	(PS)	Administrative Officer, WCCG

Part Attendance:

Lorraine Millard	(LM)	Designated Nurse Safeguarding Children
Gus Bahia	(GB)	Business and Operations Manager
Matt Boyce	(MB)	Quality Assurance Co-ordinator, WCCG

Apologies:

Jim Oatridge	(JO)	Lay Member, WCCG
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG

Declarations of Interest

QSC500 There were no declaration of interest raised.

RESOLVED: **That the above is noted.**

Minutes, Actions from Previous Meetings

QSC501 The minutes of the Quality and Safety Committee held on 10th May 2016 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on 10th May 2016 was discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: **That the above is noted.**

Matters Arising

QSC502

a) Annual Report – Quality & Safety Committee 2015/16

SS confirmed that the submitted report detailed the work undertaken by the Quality and Safety Committee during 2015/16. It captures the detail of the minutes throughout the year including attendance. The report details its conclusions for the year highlighting:

- That the committee has met its terms of reference as set out in the CCG's constitution.
- The committee's role in developing the Quality Strategy. The strategy will continue to guide the committee and the CCGs drive to see continuous improvement in the quality of services offered to patients
- The committee will continue in its work next year and will remain focused on providing assurance to the governing body that quality matters are being effectively managed and escalated for further action.

RESOLVED: That the Quality & Safety Committee Annual Report of 2015/16 is noted by the committee members.

Feedback from Associated Forums

QSC503

a) Draft WCCG Governing Body Minutes

There were no items to raise from the minutes of the 24th May 2016.

RESOLVED: That the above is noted.

b) Health and Wellbeing Board Minutes

There were no minutes available from the previous meeting.

RESOLVED: That the above is noted.

c) Quality Surveillance Group Minutes

There were no minutes available from the previous meeting.

RESOLVED: That the above is noted.

d) Draft Primary Care Operational Management Group

RR questioned what the interim provision would be for violent patients given the highlighted issues in the minutes relating to Dr Obi? SS confirmed that the responsibility for violent patients currently was the responsibility of NHSE. It was also highlighted that David Rosalin was setting up a new scheme that would align with other violent patient schemes across the West Midlands.

RESOLVED: That the above is noted.

e) Draft Clinical Commissioning Group Minutes

There were no issues raised from the Committee.

RESOLVED: That the above is noted.

f) Commissioner Mortality Oversight Group

SS highlighted from the minutes of the 25th May 2016 that the CSU mortality pack had been discussed in detail. Coding discussion had been held regarding primary and secondary cause of death codes and whether they could be standardized across the NHS.

It was added that Mr Fox had suggested including GPs in the RCA process for those deaths within 24 hours of admission to hospital. RR highlighted that perhaps this was already occurring for some practices.

RESOLVED: That the above is noted.

g) Health Economy Pressure Ulcer Prevention Steering Group

SS confirmed that this had been the second meeting of this group and stated that this group was striving to improve issues relating to pressure ulcers across the health economy. The committee noted from the minutes of the 5th May 2016 that RWT had been reviewing bandage provision for dressings, and intended to replace them with Hosiery packs. It was added that the CCG were in discussion regarding this. There are a series of work streams detailed in the minutes, these were noted.

RESOLVED: That the above is noted.

Assurance Reports

QSC504

a) Monthly Quality Report

SS presented the Monthly Quality Report and highlighted the following key points to the Committee:

Royal Wolverhampton NHS Trust

For April 2016 RWT remained at a level 2 concern for the following reasons;

- * Infection Control (Cdiff)
- * Pressure Ulcer Prevalence
- * Recurring Serious Incidents (treatment delays)
- * Never Event(s)
- * Quality Indicators (A&E/Cancer)
- * HSE Notification of Contravention – Radiation Levels
- * Whistleblowing Issue (Safeguarding)

SS confirmed that the HSE notification was the result of incidents of exposure to Radiation and the trust has now implemented an action plan as a result of these incidents. It was noted that that a further never event had been reported and referenced on the summary.. A visit has been arranged to look at previous never events at the Trust in July.

- 13 new serious incidents were reported by RWT in May 2016 this included 1 never event.
- There two slips/trip and falls reported in May 2016 on EAU and CHU.
- There were 2 confidential breaches reported for this period
- 1 New Never Event was reported.
- From the serious incident reporting profile SS highlighted that this had been the 1st time that a consent issue had been raised.
- The Trust reported 12 grade 3 pressure ulcers in May 2016 which was noted as a reduction from 20 reported in April 2016.
- The A&E performance was shared with committee members. It was highlighted that attendance had been unprecedented and as a result A&E continues to miss its targets. The opening of the Urgent Care Centre is still yet to have an impact on the figures however it was noted that the UCC was being visited by 200 patients per day. The trust is currently looking at how to combine the wait time data of patients in A&E and in the Urgent Care Centre.
- It was highlighted that compliance for the 62 day cancer treatment wait was currently red for the month of April 2016.
- There was one duty of candour breach during April 2016 this was the result of a Grade 3 pressure ulcer.
- There were 12 reported cases of C-Diff were positive by toxin test. 5 of these were attributable to RWT using the external definition of attribution against a target of 3 for the month.
- Response rates of the Friends and family test were noted by the committee. PR stated that the data alone did not show the whole picture and it would be more useful to examine individual comments to help gauge the context of why a patient scored the service how they did. SS agreed and stated that comments were held departmentally. It was noted that RWT scored lower than the national average. SS confirmed that the trust did have a long term plan to turnaround this statistic. It was believed that all staff would need customer care training regardless of their role in the organisation.

Black Country Partnership Foundation Trust

- For May 2016 BCPFT was at concern level 2 following a recent CQC inspection within the trust the rating assigned was requires improvement. It was noted that an action plan had been put in place and this had been shared with the CCG. A further inspection is expected in October 2016.

- There have been 5 serious incidents reported in May by the Trust. All of these have been reported under the pending review category and stop clock had been applied to 2 of them.
- The CQC report has been shared and SS agreed to send a summary to the Committee.
- The theme of the Quality Review Meeting which took place in May was CAMHS, an overview of the incidents reported by site and type were shared.
- The sickness absence was reported at 6% however SS wished to highlight that this is quite a small workforce and context is needed when reviewing the figures.

Care Quality Commission (CQC)/Notification or Advice from Monitor

- PR asked that the CQC Visit Summary embedded in this month's report is to be circulated following this meeting as embedded files cannot be accessed from a pdf file.

User and Carer Experience

- It was confirmed that 3 new complaints had been received and 2 had been closed.
- It was noted that from the 1st June 2016 there were 10 red risks, 63 Amber Risks and 12 overdue risks that have been altered to the leads for each risk.
- SS was asked to clarify whether there were 6 or 7 clinical priority areas as detailed on page 155 of the meeting pack.

RESOLUTION: SS had arranged for a summary of the CQC Report to be shared with committee members.

SS to clarify the number of Clinical priority areas as highlighted under the CCG Risk Register part of the Quality & Risk report.

QSC505

b) Safeguarding Children and Looked after Children's Report

LM reported that the submitted report had been deferred from May due to the submission of the annual report. It was noted that this month's report highlighted the key points of activity from January to March that had not been included on the Annual Report.

LM reported that a Safeguarding Audit was carried out by the Internal Audit Team in March 2016 to carry out a review of the CCG's safeguarding arrangements. It was confirmed that the overall rating was substantial. It was noted that a new reporting framework had been developed. This framework had been developed however this was still under negotiation with the Heads of Safeguarding before being included in contracts.

LM confirmed that the children's MASH went live on the 5th January 2016 as planned. It was noted that both the Executive Director for Nursing and Quality and Designated Doctor Safeguarding Children were members of the MASH strategic board that meet monthly. Both designated professionals are key to providing on-going advice and support to the respective forums regarding the appropriate health representation. It was added that the MASH operational group now carries out bi-weekly 'dip sampling' of cases referred to MASH. The health representation continues to provide appropriate and effective challenge within this process.

LM stated that a national inquiry had been set up with the aim of conducting an overarching national review of the extent to which institutions in England and Wales have discharged their duty of care to protect children against sexual abuse. Dame Lowell Goddard DNZM the chair of the inquiry (Goddard Inquiry) had urged organisations to take a proactive stance toward the inquiry. LM added that in order to raise awareness of the inquiry a presentation will be made at the RWT safeguarding forum.

LM concluded that the CCG is compliant with its statutory requirements. Moving forward future work needs to focus on demonstrating improved outcomes for children and young people.

RESOLVED:
QSC506

That the above is noted.

c) Infection Prevention Service Update

SS highlighted exceptions from the submitted report including:

- No MRSA bacteraemia attributed to WCCG in the year to date. It was added that this had been the 1st time this had occurred in the past 20 years.
- It was confirmed that 11 GP Audits had been conducted by the IP team, there were generally high standards being sustained.
- 2 CDI cases had been investigated, 4 outbreak reporting within 1 working Day, 3 CDI pathway compliance and 12 MRSA decolonisation.

RESOLVED:
QSC507

That the above is noted.

d) Health & Safety Performance

SS highlighted to the committee in her report that issues arising from the Health & Safety Checklist had been raised with the landlord and discussed at the tenants meeting. It was noted that the Health & Wellbeing Training Plan had been considered at the Staff Forum following discussions with UNISON. It was also noted that due to an increased headcount further

office space and an additional meeting space had come into effect from early April.

From the Health & Safety Dashboard it was noted that there had been a decrease in compliance against mandatory training and managers had been alerted to remind their staff to complete training within timescale.

RESOLVED: That the above is noted.

QSC508

e) Quality Assurance in CHC Quarterly Report

The submitted report had been circulated to members and was noted by members.

RESOLVED: That the above is noted.

QSC509

f) Finance and Performance Report

GB highlighted exceptions from the submitted report. The committee were asked to consider the Hot Topics from page 236 of the report. It was reported that each hot topic currently had its own remedial action plan. It was noted for RTT that overall performance was positive. However GB reported that recovery trajectories implemented for general surgery and T&O by March 2016 have not been achieved.

GB confirmed that the trust had failed its headline performance for month one due to the Junior doctors strike. It is estimated that recovery should have been made by the end of June.

It was confirmed that A&E performance continued to be poor. It had been recorded that there had been unprecedented use of A&E. Performance failure was noted as the result of high attendance and an ongoing issue with the recruitment of nurses for the department. GB continued that the remedial action plan trajectory for 2016/17 has been aligned to the STF improvement trajectories with the 95% target proposed to be met by July 2016.

GB confirmed that the effect on A&E pressures since the opening of the Urgent Care Centre is still yet to be understood. It was noted that discussions are currently underway between RWT and Vocare relating to capturing accurate data in relation to attendance and performance by combining the Urgent Care Centre and A&E figures.

GB stated that 62 day Cancer Waits are under performing against the set targets. Indeed it was added that the cancer waits remedial action plan has been agreed with a phased trajectory to recover to 85% for 1st definitive by June 2016. GB highlighted that there was a recognized problem in urology as there is a national shortage of urologists.

RESOLVED: That the above is noted.

Items for Consideration

QSC510

a) Quality Matters Annual Review

MB presented the Quality Matters Annual Review for 2015/16. MB confirmed that the report provided an overview of the Quality Matters system and shared learning from matters raised by all sources in 2015-16.

MB reported that Quality Matters had been well used in 2015/16 with 255 new concerns being closed in the last financial year. Most of those pertained to RWT and are predominantly categorised with regard to discharge, compliance and referrals. SS confirmed that issues with e-discharge are currently included in a remedial action plan with RWT.

MB welcomed any comments after the meeting via email at matthew.boyce@nhs.net

RESOLVED: That the above is noted.

Policies for Consideration

QSC511

a) Volunteer Policy

SS introduced the volunteer policy to members stating that the policy had been developed as part of the Patient Reviewer Working Group and to help capture the role of the volunteer in line with the engagement strategy. SS highlighted that the policy attempts to capture and support the work in which the reviewers would be undertaking and to formally recruit them as volunteers. The 1st cohort of reviewers had been recruited following an introduction to the organization and formal training as a reviewer had also been undertaken, provided by WMQRS. SS stated that in line with the policy each reviewer had undertaken an enhanced DBS check. SS welcomed comments from the committee.

PR stated that the policy was a positive step. However PR questioned whether the policy captured all volunteers or whether or not this was specific to Patient Reviewers? SS confirmed that the policy would be revised to reflect more clearly its purpose of who it captures.

RESOLUTION: SS to revise the Volunteer Policy to reflect its purpose more clearly. PS is to distribute the policy for ratification with the minutes of this meeting.

Items for Escalation/Feedback to CCG Governing Body

QSC512

a) There were no items for escalation.

RESOLVED: That the above is noted

QSC513**Any Other Business**

RR wished SS all the very best in her new Primary Care role and on behalf of the committee thanked her for her dedicated contribution to the success of the Quality and Safety agenda during her time in post.

Date and Time of Next Meeting

Tuesday 12th July 2016 at 10.30am – 12.30pm, CCG Main Meeting Room

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 30th June 2016
Commencing at 1 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~		Present
Dr J Morgans (JM)	Chair	Yes

Patient Representatives ~

Malcolm Reynolds (MR)	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall (SM)	Director of Strategy & Transformation	Yes
Claire Skidmore (CS)	Chief Financial Officer	Yes
Manjeet Garcha (MG)	Executive Lead Nurse	No
Viv Griffin (VG)	Assistant Director, Health Wellbeing & Disability	No
Juliet Grainger (JG)	Public Health Commissioning Manager	No

In Attendance ~

Vic Middlemiss (VM)	Head of Contracting & Procurement	Yes
Andrea Smith (AS)	WCCG Head of Integrated Commissioning	Yes (Part)
Natasha Jolob (NJ)	Kai-Zen Global Business Services Ltd	Yes (Part)
Russ Buble (RH)	Kai- Zen Global Business Services Ltd	Yes (Part)
Margaret Courts (MC)	WCCG Children's Commissioning Manager	Yes (Part)
Karen Evans (KE)	WCCG Solutions & Development Manager	Yes (Part)
Hemant Patel (HP)	WCCG Deputy Head of Medicines Optimisation	Yes (Part)
Liz Hull	CCG Admin Officer	Yes

Apologies for absence

Apologies were submitted on behalf of Viv Griffin, Juliet Grainger and Manjeet Garcha.

Declarations of Interest

CCM500 JM declared a conflict of interest with section 2.6.3 of the Contracting and Procurement Update report.

RESOLVED: That the above is noted.

Minutes

CCM501 The minutes of the last Committee, which took place on Thursday 26th May 2016 were accepted as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM502 (CCM490) Vocare: It was confirmed that the contract for Vocare still remains unsigned due to a number of reasons including a change in personnel which has presented significant challenges. This has been recorded on the Risk Register and it is anticipated that the contract will be signed following an urgent meeting scheduled to take place next week.

RESOLVED: That the above is noted.

Committee Action Points

CCM503 (CCM471) Community Neighbourhood Team Specification – Included as an agenda item.

(CCM491) Short Breaks Provision for Vulnerable Pupils – Included as an agenda item.

(CCM497) Black Country Transforming Care Partnership – Included as an agenda item for the Committee in August 2016.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM504 The Committee was provided with an update report relating to Month 1 (April) activity and finance performance, and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in June 2016.

Contracting 2016-17

Offers have been agreed for all other acute and Mental Health contracts to which the CCG is either the host or associate commissioner. There are just 4 awaiting signature.

Royal Wolverhampton NHS Trust

Percentage of A&E Attendances where the patient was admitted transferred or discharged with 4 hours.

The Trust's monthly performance remains below the required threshold of 95% and the Trust has been formally notified of the CCG's intention to continue withholding 2% of the appropriate contract line, in line with General Condition 9.

The Trust has provided a revised Remedial Action Plan for which the CCG has requested additional information to be included regarding patient flow and the management of patients at first assessment.

Cancer Targets

The Trust continues to be challenged on delivery of the 62 day referral to first definitive treatment target and failed to meet the 85% target in May. The Trust has confirmed that this is predominantly due to the number of tertiary referrals received which exceed 42 days.

The other two cancer indicators below threshold in May were:

- Two week wait from referral to first outpatient appointment
- % of service users waiting no more than 31 days for surgical treatment

The CCG has accepted a request from the Trust to amalgamate the current Remedial Action Plan with NHS Improvement reporting requirements and this will be sent to the CCG once it has been through the Trust's internal governance processes.

Referral to Treatment (RTT) within 18 weeks (February – Unify)

The headline figure had been achieved for all of 2015/16. However, there is increasing risk of this not being maintained, taking into account the impact of the recent junior doctors' strike. The Trust has agreed to provide the CCG with cumulative data regarding cancelled activity as a result of all the strike action and to confirm an endpoint for the period that the strike will no longer impact on performance delivery.

The Trust has also agreed to the CCG's request for the recovery plan to be broadened to cover the five specialty areas of:

- General Surgery
- Urology
- Plastic Surgery
- Gynaecology

E- Discharge – RWT

The Trust has provided a revised action plan for assessment areas which highlights the reasons for current performance and shows a revised trajectory to August 2016. The CCG has accepted this revised Remedial Action Plan.

Sustainability and Transformation Fund (STF)

The Trust has advised that it is likely that it will be eligible for participation in the STF and confirmation is expected in the next few weeks. This will impact on the CCG's performance monitoring of local quality indicators and particularly the application of withholds and sanctions. A full update on this issue will be provided at the next meeting.

Performance Sanctions

Financial sanctions for Month 1 are £364,000.

Black Country Partnership Foundation Trust (BCPFT)

Performance issues

Contract Performance Notices:

- **Care Programme Approach**
The Remedial Action Plan and performance figures were discussed and are being monitored monthly.
- **Safeguarding Training**
BCPFT are currently meeting the trajectory in the Remedial Action Plan.

Prevent Training (Mandatory)

A contract performance notice has been issued to the Trust this month with regards to Prevent Training. BCPFT's current level of training is less than 30%, for Levels 3 and 4, against a target of 85%. Discussions are taking place to establish assurance as to how performance will be improved and maintained.

Non-achievement of CQUIN target (Quetiapine)

One of the CQUIN targets in the 2015/16 contract concerned the prescribing and monitoring of patients on Quetiapine, a drug used for patients with psychosis. A meeting took place earlier this month regarding this issue and in particular to discuss associated safeguarding concerns. The following of actions have been agreed with the Trust:

- Develop a Recovery Plan
- Produce a shared care agreement for Quetiapine by September 2016
- GPs to be given open access to pharmacy and clinicians at BCPFT for advice and guidance
- A joint assessment carried out to establish what other mental health drugs require closer monitoring for patients discharged to Primary Care

Grant Agreements

A second opportunity was given to voluntary sector organisations to apply for grant funding. 6 organisations were successful meaning 10 organisations have benefitted from the process, with a total of £185,000 allocated by the CCG. An internal communication will be issued to summarise details of the organisations/projects.

Other Contracts

Vocare (Urgent Care Centre provider) – a draft contract was issued in March but remains unsigned. This presents a degree of risk to the CCG, given the service has been delivered since 1st April. The situation has been flagged to the provider and a resolution is being sought as a matter of urgency. The CCG is aiming to achieve sign off no later than the end of June.

RESOLVED: The Committee welcomed the report and noted its contents.

An action was agreed for VM to check the patient pathway included within the service specification for Nuffield Health contract. An update to be provided at the next Committee with regards to the benefit of having a shared care arrangement and the risks associated with not having this in place.

Big Lottery: Commissioning Better Outcomes

CCM505 The Committee was presented with a report and business case that proposed a project of social prescribing underpinned by a Social Impact

Bond intended to improve the wellbeing of patients, reduce emergency activity and the demand placed on Primary Care.

In January 2016 the CCG was successful in its bid to the Big Lottery to secure Grant Funding to develop a model of Social Prescribing utilising a Social Impact Bond model of funding. Kaizen-group have been working with the CCG as an Intermediary to develop a business case that describes the operational and financial model, and demonstrates the level of potential savings to the Health and Social Care Economy.

Subject to approval of the business case by the CCG and the Local Authority, the opportunity exists to submit a full application to Big Lottery to fund the project. This application needs to be submitted by the end of July 2016 and if successful, it is anticipated that Big Lottery will fund 15% of the outcomes. Within the current financial modelling the project would only be financially viable if it were jointly commissioning between the CCG and Local Authority as savings related to individual organisations would not be sufficient to offset the cost of the outcomes payments alone.

The project would involve the following:

- A Care Co-ordinator working within the developing community neighbourhood teams aligned to GP practices within a locality.
- Patients (over 65 with Chronic Ambulatory Care Sensitive Conditions) would be referred to the Care Co-ordinator for assessment.
- Patients would be allocated a Well Being Coach who would facilitate a package of support.
- Delivery by local Voluntary Sector Organisations, managed by People in Partnership Consortium which is a social enterprise and community interest company underpinned by a Social Impact Bond funding model.

The Committee cautiously welcomed the proposed business case subject to:

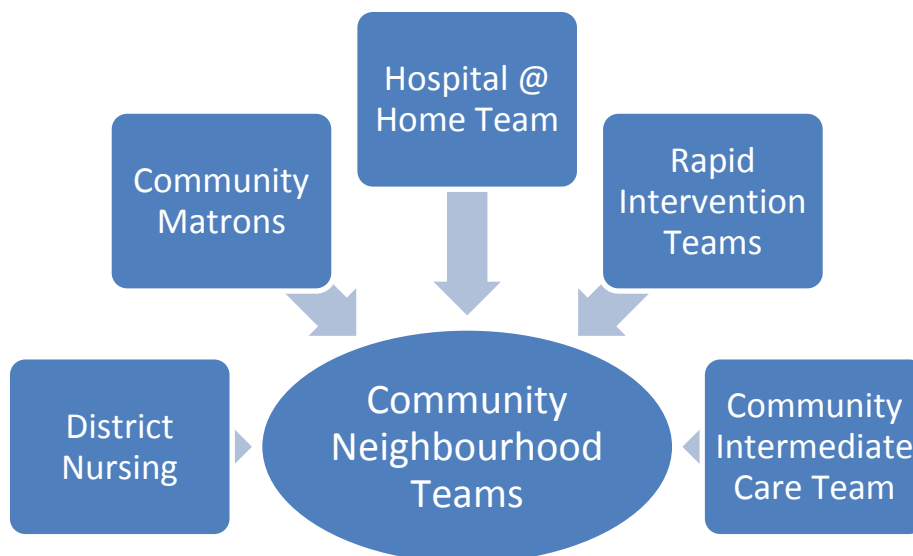
- A further summary report being submitted to the Committee in July to include a formalised version of the Return of Investment and Cash Flow.
- Approval being granted by the Local Authority
- Big Lottery funding

RESOLVED: That the above is noted.

Community Nursing Services Review

CCM506

The Committee was referred to an overview of the proposed structure of Community Nursing Services following completion of review.



The above model was explained to the Committee to provide assurance of the proposal to review & redesign all Community Nursing Services and give an insight into the proposed service reviews and pathway/service re-designs.

The Committee acknowledged that it would take at least 12 months to design a full service specification and requested regular feedback on the proposals to develop Community Neighbourhood Teams.

RESOLVED: That the above was noted.

Short Breaks Provision Service Specification

CCM507

The Children's Commissioning Manager presented the Committee with a service specification for the Children's Community Nursing Service which includes a short breaks provision for vulnerable pupils at Penn Hall and Green Park School.

Currently the community children's nursing team provide the service to children, with complex medical needs, who attend both schools. The

children with the most complex medical needs have been unable to enjoy the short break provision if nursing staff were unavailable.

Previously, support has been provided in such cases by accessing the Aiming High for Disabled Children Programme. This has enabled the children to participate in out of school activities such as day trips and residential trips. The current service provides nursing support to allow pupils who are disabled with complex and/or palliative care needs to accompany their peers.

The funding for this support is due to finish at the end of the summer and as a result concerns exist that this cohort of children will be at a disadvantage and will not be able to fully participate in school life.

The service specification has been updated to enable the service to provide the additional support for the short break provision for the most vulnerable pupils attending both schools. This includes a clear indication of what the service needs to provide, to assure the CCG that the details of the business case, approved at Commissioning Committee, on 26th May 2016, are met.

RESOLVED: The Committee approved the updated service specification.

The Value of Using Blue Teq

CCM508 A report was presented to the Committee to provide assurance on the use of the BlueTeq system.

The system clearly provides the CCG with assurances that the provider is treating patients in line with national or local commissioned criteria. It also provides us with a mechanism to check whether patients are receiving timely reviews of their treatment. The total amount refunded within year (84.4K) so far compared to the outlay (6K) provides assurance to the CCG this is also a cost effective system.

RESOLVED: The Committee were assured by the report provided.

Any Other Business

CCM509 None.

Date, Time & Venue of Next Committee Meeting

CCM510 Thursday 28th July 2016 at 1pm in the CCG Main Meeting Room.

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 28th July 2016
Commencing at 1 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~		Present
Dr J Morgans (JM)	Chair	No

Patient Representatives ~

Malcolm Reynolds (MR)	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall (SM)	Director of Strategy & Transformation (Chair)	Yes
Claire Skidmore (CS)	Chief Financial Officer	No
Manjeet Garcha (MG)	Executive Lead Nurse	No
Viv Griffin (VG)	Assistant Director, Health Wellbeing & Disability	No
Juliet Grainger (JG)	Public Health Commissioning Manager	No

In Attendance ~

Vic Middlemiss (VM)	Head of Contracting & Procurement	Yes
Jane Woolley (JW)	PMO Lead	Yes
Ranjit Khular (RK)	Public Health Commissioning Officer	Yes
Helen Pidoux (HP)	CCG Admin Team Manager	Yes

Apologies for absence

Apologies were submitted on behalf of Julian Morgans, Claire Skidmore, Manjeet Garcha, Nicola Ensor and Viv Griffin

It was noted that as the meeting was not quorate decisions could not be made and reports were received for information only.

Declarations of Interest

CCM511 There were not declarations of interest made.

RESOLVED: That the above is noted.

Minutes

CCM512 The minutes of the last Committee, which took place on Thursday 30th June 2016 were agreed as a true and accurate record to be approved at the next meeting when quorate.

An addendum to be added to CCM504 Performance Sanctions to read;
Financial sanctions for Month 1 are £364,000, pending the outcome of the sustainability and Transformational Fund Improvement (STF) discussions.

RESOLVED: That the above is noted.

Matters Arising

CCM513 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

CCM514 (CCM504) Contracting and Procurement Update: Nuffield Health Contract Patient Pathways - a specific update will be included in the report to the next meeting.

Investigate pathways to determine if there are standardised pathways for T&O procedures for NHS provided procedures – VM to pick up with Clare Barratt, Planned Care Lead. An update on the timetable for producing this information will be brought back to the next meeting.

(CCM505) Big Lottery: Commissioning Better Outcomes – this item has been deferred until August as following the presentation made to the Committee in May, the Local Authority has informed the CCG that it did not support the business case and will not support any application. As the application required a joint response from health and social care the CCG Governing Body was advised at its last meeting that this application would not be taken forward.

Clarification was given that the social prescribing route has not closed down as social prescribers will be financed by the CCG to alleviate the pressures on GPs. This will be brought back to the August meeting of this Committee.

RESOLVED: That the above is noted.

Contracting & Procurement Update

CCM515 The Committee was provided with an update report relating to Month 2 (May) activity and finance performance, and includes commentary and key actions from the Clinical Quality Review and Contract Review meetings conducted in July 2016.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund (STF)

The Trust has formally signed up to this incentive scheme and access to £10.5m. The Trust must deliver against financial control targets (70%) and contractual targets (30%). The implications are that the CCG cannot apply withholds or sanctions in the following areas:

- A&E 4 hour waiting times
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

Activity figures will continue to be performance managed by the CCG and it was agreed to give a pictorial representation of performance in this report going forward.

A query was raised relating to what will happen to the money if the Trust does not achieve targets and whether this is channeled through the CCG. It was agreed to provide an update on this at the next meeting.

Performance Sanctions

Financial sanctions for Month 2 are £28,250.

A&E coding

An issue relating to coding in A&E has been identified as there is a significant shift of activity re categorisation. A meeting was held with the Trust and a response requested by 18th July, this was extended to 29th July to allow the Trust time to access the necessary staff to carry out their review.

If the response received is not satisfactory a formal activity query will be raised and an independent external audit will be initiated. An update will be given to the next meeting.

Other Contracts

Vocare (Urgent Care Centre provider) – as discussed at the last meeting this contract is still to be signed. This is a formality but is a risk to the CCG given the service has been delivered since 1st April. The situation has been flagged to the provider and a resolution is being sought as a matter of urgency.

Steven Marshall left the meeting

Procurement Schedule

Translation Services

The expected start date for the service has been revised to 1st December 2016, to allow the new provider time to mobilise.

Steven Marshall rejoined the meeting.

It was unclear where this decision was made and it was agreed to clarify this as it was felt that the decision should be made by Commissioning Committee. It was noted that there may be occasions when decisions have to be made outside the Committee timetables.

Black Country Partnership Foundation Trust

Local Authority

Discussions have taken place regarding the Local Authority becoming an associate commissioner to the BCP contract. The aim is for this to take effect from 2017/18 rather than as an in year CVO. Also the issue of £1.3m Learning Disability funds, which is within the contract value but is money the CCG has to invoice the Council for each year needs to be resolved as the Local Authority does not want to include this.

RESOLVED: The Committee welcomed the report and noted its contents.

The following actions were agreed:

- Establish what happens to the STF money if the Trust does not meet the targets
- A&E coding issues – update to be brought to the next meeting.
- Clarification required regarding decision to revise start of service date for the Translation Services

2015/16 QIPP Outcomes and Lessons Learnt

CCM516 Jane Woolley introduced the report setting out the achievements and lessons learnt.

Vic Middlemiss left the meeting

It was highlighted that in order to report via Non-ISFE reporting, the CCG reported its March 2016 position on 15th April 2016 to coincide with the production of annual accounts. Validation of activity for March was not possible, until after the end of the financial year i.e. early May. An estimate for BCF was incorporated in the QIPP figures in order to make the submission.

Total QIPP delivery (as per the M12 Non ISFE Return) was £10,309.00. The delivery was at 87% of the QIPP target which is the best performance since the CCG began.

The actual final reported position for BCF was an increase of savings of £180,988, giving a revised total savings of £1,516,988. The CCG is unable to amend the position reported in April but has subsequently reported the final position internally.

It was reported that the achievements of all the Programme Boards have been considered to give an understanding of the reasons for the variations. The lessons learnt have been used to inform planning and modeling going forward.

An internal audit of the QIPP process was completed earlier in the year. Three recommendations were made in the report which was reviewed by the QIPP Board. It was felt that the changes had already begun to support a new QIPP process, before the circulation of the report. Therefore, the Board was assured that within 2016/17 the changes required were already identified and addressed.

Vic Middlemiss rejoined the meeting.

It is felt that improvements have been made in the monitoring and management of projects. The development of a clearly defined process has allowed non-performance to be identified earlier and for projects to be stopped if not achieving the savings anticipated. There is now assurance of planning and the reporting of planning through defined project stages which are traced through the Programme Boards and QIPP Board.

RESOLVED – That the above is noted.

Any Other Business

CCM517 There were no items raised.

Date, Time & Venue of Next Committee Meeting

CCM518 Thursday 25th August 2016 at 1pm in the CCG Main Meeting Room.

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 26th July 2016
Science Park, Wolverhampton**

Present:

Dr D Bush	Governing Body Finance and Performance Lead (Chair)
Mr J Oatridge	Independent Committee Member
Mr S Marshall	Director of Strategy and Transformation (part meeting)
Mr M Hastings	Associate Director of Operations
Mr P Price	Lay Member

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement
Mrs H Pidoux	Administrative Officer

1. Apologies

Apologies were submitted by Mrs Skidmore.

Dr Bush informed the Committee that Mr Price will be the Chair of this Committee from the August meeting.

2. Declarations of Interest

FP.16.72 Dr Bush declared an interest in item FP.16.80 Costing Template for Extended Primary Care Services

3. Minutes of the last meeting held on 28th June 2016

FP.16.73 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.16.74 Item 87 (FP.1667) – Committee to receive update on A&E coding issues as appropriate – including in report on agenda – action closed.

5. Matters Arising from the minutes of the meeting held on 31st May 2016

FP.16.75 There were no matters raised.

6. Finance Report

FP.16.76 Mrs Sawrey reported that all financial targets are being met, with the exception of BPPC non NHS by number of Invoices. This is currently amber rated, however, it is anticipated that this will return to green in the reporting next month.

The following key points were highlighted and discussed

- The final tranche of 2014/15 brokerage to Dudley CCG as agreed through the Black Country Risk Share agreement has been repaid in full.
- Mr Price queried the use of reserves to mitigate against risk and if there were any plans if the problems were to increase. Mrs Sawrey clarified that risk has been absorbed into the forecast and there is minimal flexibility which is non-recurrent. An additional risk has been identified following the recent notification of a 40% increase in the cost of Funded Nursing Care, a rise from £120 to £156 per week. This gives a £1m to £1.1m cost pressure to be absorbed
- Acute services continue to cause concern particular coding issues relating to A&E and in Specialties. Mrs Sawrey explained that a meeting was held in June to discuss the A&E issues and RWT were given until 18th July to respond. However, there was a misunderstanding in respect of the response and the deadline has been extended until Friday 29th July. The Committee was asked to consider a contract challenge and invoke an independent external audit if the response is not considered to be adequate.

Steven Marshall joined the meeting.

Coding issues were discussed in detail and, for one area in particular, it was clarified that whilst there is no difference in tariff between the codes, therefore, this is not impacting on the bottom line, however, incorrect data impacts on planning and contract negotiations.

Clarification was given that these issues are raised with RWT through the monthly Contract Review meetings. It was noted that speciality coding is not prescribed in the contract with RWT however, there are service conditions relating to the accuracy of coding. Last year a sub group of the CQRM met to review data quality. This could be re-introduced, however, it was highlighted that the outcomes from this last year were not very good.

It was agreed that the response from RWT would be reviewed on receipt. If this was not considered satisfactory a formal contract challenge would be issued and an independent external audit of data codes would be expedited

- NHS111 – the forecast has increased reflecting the potential for increased costs arising from the step in provider.
- Continuing Health Care – guidance has been received that there will be a 40% increase in FNC costs backdated to April 2016 which will create a cost pressure.
- Better Care Fund (BCF) - there are concerns relating to the BCF figures received from the Local Authority. These have been challenged and a meeting planned to review these. This is a risk, however, assurance was given that this is included in the position and mitigated against. An update will be brought back to the next meeting.
- QIPP – The CCG target for QIPP for 2016/17 is £11.26m. Schemes have been identified for £9.14m (82%). In Month 3 £764K of additional QIPP against the target has been identified reducing the Unallocated QIPP from £2.116m to £1.352m.
- Risks – Acute over performance and BCF are the biggest risks at £1.5m gross but mitigated to £1.13m. Full delivery of the QIPP programme is anticipated; however some risk relating to the delivery of the unallocated QIPP is identified. Delayed or reduced investment plans would require the CCG to review the use of funds to support the Primary Care Strategy.

Risks have been identified associated with NHS Property Services moving to charging market rents. RWT are currently reviewing community sites, where staff are based and these are being rationalised. The CCG has been advised that risk associates with NHS Property Services will be centrally funded in 2016/17.

Resolved: The Committee;

- noted the contents of the report and the current position, particularly with regard to risk.
- Agreed that if the response from RWT relating to data coding was unsatisfactory an external independent audit would be instigated.
- An update relating to BCF figures to be brought to the next meeting.

6. Performance Report

FP.16.77 Mr Bahia highlighted that of the indicators, 45 are green rated, 22 are red rated and 20 are unrated. Mr Bahia explained the report has been amended to show the indicators where information on national targets is still to be published.

The following key points from the report were highlighted;

- RTT – performance at headline level failed to achieve target, 90.95% against a target of 92%. The Trust has advised that this is due to industrial action by Junior Doctors and a review of waiting list practices in Orthodontics.

Detailed action plans have been received from the 5 failing specialities, General Surgery, Gynaecology, T&O, Plastic Surgery and Urology, which include recovery trajectories and actions. A recovery plan for Orthodontics is expected by end of July. Mrs Sawrey stated concern over the underperformance of Elective activity, both in patient and day case as well as over performance in Out Patient First attendances. The concern raised was if outpatient continue to rise and convert into Elective activity and the trust are already underperforming on plan this could have a detrimental effect on RTT. It was noted that a decision would be required by the middle of September if the CCG wished to look at an alternative providers.

Clarification was given that as this indicator falls within the Sustainability and Transformational Fund Improvement (STF) the CCG will not be able to enforce contractual fines for 2016/17.

- A&E – challenges continue and the Trust failed to achieve the STF recovery trajectory for the month. An agreement is in place to amalgamate the Vocare Urgent Care Centre activity with the Trust A&E activity and for the combined figure to be reported through Unify from August. A separate line will be added to the Performance Dashboard so that performance of both providers can be monitored.
- Cancer Waits – failed to achieve target for a number of reasons including strike action by Junior Doctors, consultant sickness and on-going issues in Urology. It was highlighted that as these are small numbers of patients, one breach has a significant impact on failing to achieve target.
- 62 day Cancer Waits Tertiary Referrals – performance has dropped in reporting month and continues to fail to achieve the national target. There are challenges in recovering performance and the NHS England Area Team (NHSE AT) is involved with discussion to find a resolution to improve performance.

- C Diff - there have been 6 cases in May, further information is awaited. The Trust has reported that they are looking at recruiting to an Anti-Microbial Prescribing (AMP) post to address this issue.

Resolved: The Committee

- Noted the content of the report and the updates given.

7. Monthly Contract and Procurement Report

FP. 16.78 Mr Middlemiss reported that the Trust has submitted trajectories for the following areas relating to STF;

- A&E 4 hour waiting time
- 62 day cancer waiting times
- Referral to treatment incomplete pathways
- Over 6 week diagnostic waiting times

As the Trust is part of the STF process the CCG will not be able to impose 'Double Jeopardy, which means that contractual sanctions, withholds or impose recovery trajectories outside the agreed STF trajectories for these KPIs. Sanctions outside the affected areas can still be applied.

As discussed earlier in the meeting issues with A&E coding are being closely monitored.

Mr Oatridge raised a query relating to the agreement to waive the fines associated with RTT for Months 1 and 2 because of the impact of Junior Doctor strikes as these were exceptional circumstances. He asked for clarification of how this was agreed and whether there is a delegated scheme for this process and if the governance around this was followed. It was agreed that this would be reviewed and an update brought to the next meeting.

The non-achievement of CQUIN target (Quetiapine), a drug used for patients with psychosis, has been reviewed with Black Country Partnership Foundation Trust (BCPFT). A Recovery Plan is to be developed and a shared care agreement to be produced by September 2016. Also GPs should be given open access to pharmacy and clinicians at BCPFT for advice and guidance. A joint assessment is planned to assess which other mental health drugs require closer monitoring for patients discharged to primary care.

It was reported that the contract with Vocare (Urgent Care Centre provider) is still to be signed. This presents a degree of risk to the CCG, as the service has been delivered since 1st April. Urgent resolution is

being sought with Vocare and meetings have been set up accordingly and the aim is to resolve this in the near future.

The Procurement Schedule was considered and it was agreed that there is a need to report on when contracts are due to expire so that an informed decision can be made as to when to start procurement processes to limit the need to roll over contracts in future.

Mr Middlemiss reported that the Contract Register is being reviewed to include this level of detail and will be used to inform commissioning intentions. This level of detail will be reported to the Commissioning Committee and discussed there.

Resolved – The Committee:

- noted the contents of the report
- requested an update regarding the process and governance relating to the waving of fines at the next meeting.

8. Detailed Financial Policies & Scheme of Delegation

FP.16.79 Mrs Sawrey reminded the Committee that the Prime Financial Policies (PFPs) and Scheme of Reservation and Delegation (SoRaD) form part of the CCG's constitution and an annual review is required to ensure they continue to be aligned with the CCG's objectives and overall governance framework. In addition, the Detailed Financial Policies (DFPs) need to be reviewed to ensure they are consistent with the PFPs.

The minor changes to the DFPs were reviewed and approved. It was noted that there were no major changes.

The amendments to the PFPs, SoRaD and Detailed Scheme of Delegation were reviewed and noted.

Resolved – The Committee;

- approved the changes to the DFPs
- reviewed the changes to the PFPs and SoRaD and recommended to the Governing Body that these are approved.

9. Costing Template for Extended Primary Care Services

FP.16.80 Mrs Sawrey reported that a model for costing new or revised extended Primary Care Services has been developed in conjunction with input from both the Clinical Reference Group and Finance Task and Finish Group where membership included GPs, Practice Manager, Practice Nurse and representation from the LMC.

It was reported that this is well tested model used elsewhere and has been supported by the Clinical Reference Group.

It was highlighted that the reimbursement has a variable level of hourly rates. It was questioned if there is a possibility of double counting of profit. Clarification was given that this reimbursement is to cover locum backfill, which is high cost, or work carried out outside normal working hours.

Resolved – The Committee

- noted the contents of the report
- took assurance from the approach being taken in respect of new or amended Extended Primary Care Services commissioned.

Post meeting note:

Chair's action – as Dr Bush declared an interest in this item, as a GP in the area, Mr Price confirmed that the model was supported and agreed by the Committee.

10. Any Other Business

FP.16.81 There were no items raised under any other business.

11. Date and time of next meeting

FP.16.82 Tuesday 30th August 2016 at 2.00pm, CCG Main Meeting Room

Signed:

Dated:

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 28th June 2016
Science Park, Wolverhampton**

Present:

Dr D Bush	Governing Body Finance and Performance Lead (Chair)
Mr J Oatridge	Independent Committee Member (part meeting)
Mrs C Skidmore	Chief Finance and Operating Officer
Mr S Marshall	Director of Strategy and Transformation
Mr M Hastings	Associate Director of Operations
Mr P Price	Lay Member

In regular attendance:

Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement
Mr P McKenzie	Corporate Operations Manager
Mrs H Pidoux	Administrative Officer

1. Apologies

Apologies were submitted by Mrs Sawrey.

Declarations of Interest

FP.16.61 There were no declarations of interest.

2. Minutes of the last meeting held on 31st May 2016

FP.16.62 The minutes of the last meeting were agreed as a correct record with the caveat that the following amendment is made;

Item FP.16.56 – ‘it was reported that for the first time in 20 years there have been no reported MRSA breaches across RWT and the CCG in month’ to be changed to ‘it was reported that for the first time in 20 years there have been no reported MRSA breaches across RWT and the CCG in year’.

3. Resolution Log

FP.16.63 There were no open items as at 31st May 2016.

5. Matters Arising from the minutes of the meeting held on 31st May 2016

FP.16.64 There were no matters raised.

6. Finance Report

FP.16.65 Mrs Skidmore reported to the Committee on the CCG financial position as at Month 2, May 2016. She acknowledged that although it is early in the reporting year and not all data sources are yet to report, it is expected that both the running and programme cost targets will be achieved.

Mrs Skidmore highlighted that risk is incorporated in the forecast modelling. It was noted that there is a small unallocated commissioning reserve which was not negotiated into the contract which can be used in year if a need arises to purchase additional activity to meet constitutional targets such as Referral to Treatment (RTT).

Mr Oatridge joined the meeting.

The CCG's risk position was discussed and Mrs Skidmore explained that as the final plans were signed off the CCG was notified that it would not be possible to spend from the 1% reserve which created an unmitigated risk, which was reported to the NHS England (NHSE) Area Team. The expectation is that this should be reducing over time. However, there is now a clear expectation from the NHSE Area Team that this needs to be reduced in full in the Month 3 reporting or the current financial rating will not be maintained.

Mrs Skidmore stated that it may not be possible to close the full gap of £1.8m risk in Month 3. She confirmed that the position will be discussed with the Area Team during the regular monthly call once Month 3 figures have been collated.

A query was raised as to what would happen if it is not possible to clear the unmitigated risk. It was confirmed that risks would need to be covered with resources identified for activity in other areas if they could not be reduced or removed.

The current QIPP position was considered and Mrs Skidmore brought the Committee's attention to the change in reporting style to show activity and financial information. QIPP has now been amalgamated into the Finance Report.

Mrs Skidmore noted that reports from the Programme Boards are that plans are on track and that they are focusing on reducing the £2m unallocated savings.

The QIPP Board is reporting the following key headlines;

- 4 possible schemes are being worked up which may contribute to the unallocated QIPP position.

- There are concerns that the Hopper currently has very few new ideas, particularly as the QIPP target for next year is around £14m.
- The Better Care Fund group are meeting to review schemes to ensure the stretch target is delivered.
- There is a need to speed up the process from scoping to solution development as the progress of ideas/schemes through gateways is proving very slow. It was acknowledge that this needs to be done without compromising the quality of decision making.
- Programme Boards are to review allocation of projects and capacity to ensure the CCG is focusing on the right schemes and to test whether resource is sufficient to deliver the programme.

It was queried where ideas for schemes come from and it was confirmed that this could come from anyone including discussions at locality meetings.

A question was raised regarding the spike in spending in March and Mrs Skidmore clarified that this was due to a number of large items (such as CQUIN) which are not paid until March as some are not settled until year end.

Resolved: The Committee;

- noted the contents of the report and the current position, particularly with regard to risk.
- noted the steps being undertaken to plug the gap in QIPP savings.

6. Performance Report

FP.16.66 Mr Bahia highlighted that of the indicators, 37 are green rated, 14 are red rated and 42 are unrated. Mr Bahia explained that the high number of unrated indicators will reduce in future months once further data is recorded in the template.

The following key points from the report were highlighted;

- 18 Weeks referral to treatment (RTT) incompletes – the headline level failed to achieve target in Month 1. This was primarily affected by the Junior Doctor's strike, however, initial specific data for May indicates that the Trust has failed to achieve target again. 5 specialities are failing and the Trust has been asked to broaden the Recovery Plan to cover all 5 specialities. A pragmatic view is being

taken and fines not imposed. However the Trust will be closely monitored on its actions to achieve target.

- A&E 4 hour waits – performance issues continue.

It was reported that discussion re on-going with RWT and Vocare regarding operational flow. A meeting is due to help to discuss the merging of data and how to improve the flow of data. A Remedial Action Plan (RAP) is in place with a trajectory for recovery by July (which was noted as challenging).

- Cancer Waits – as previously reported issues continue with Urology due to capacity. Issues with tertiary referrals also continue to affect performance. A revised RAP is expected at the end of June and will be discussed with RWT when received.
- C Diff – 5 breaches have already occurred which means it will be a challenge to hit trajectory. The Trust has put forward their intention to recruit to an Anti-Microbial Prescribing post. Discussion had taken place that this role should be looking at a city wide campaign. The issue is being monitored by the CCG Quality Team and through the Clinical Quality Review meetings.
- E-Discharge – all wards failed to achieve target mainly due to the Junior Doctors strikes and issues with the PAS system. It was noted that this was an area where money from sanctions imposed has been invested to support training and improved IT systems. A RAP is in place and will continue to be monitored.
- Early intervention in Psychosis programmes – there are issues with patients not attending for appointments often on multiple occasions. A RAP is in place and systems and options to improve performance are being reviewed. An update will be brought back to this Committee when a plan is in place.

Resolved: The Committee

- Noted the content of the report and the updates given.

7. Monthly Contract and Procurement Report

FP. 16.67 Mr Middlemiss explained that the report has been revised to complement information provided in previous reports on the agenda.

The key points highlighted were;

- Sustainability and Transformation Fund (STF) – at the June Contract Review meeting RWT advised that it is expecting to be eligible for participation in the STF and confirmation is expected shortly. This will impact on the CCG's performance monitoring of

local quality indicators and particularly the application of withholds and sanctions. A full update will be provided at the next meeting.

- Performance Sanctions – update given that since the paper was written there has been an additional sanction relating to RTT performance giving a total of £364,000.

Mr Hastings commented that Choose and Book information is now available to be reported. Mr Middlemiss agreed to ensure that this information is captured in future reports.

A potential up coding issue was discussed at the Contract Review meeting as there was significant over performance in A&E seen in Month 1 and 2. It was explained that there are a number of HRG codes for A & E now being reported differently causing a higher cost to the CCG. This has been raised with the Trust as it now a significant outlier to other local trusts and there is a step change in data. They have until 18th July to provide a response. Updates will be brought to this Committee.

Mr Middlemiss explained that the procurement schedule contained in the report has been revised to show procurements in progress and those due to take place this year. This included the CCG as both the host and associate commissioner. This was reported to NHSE in June.

A discussion took place around whether an overview of when contracts are due to end should be included in the report to give a forward view. It was agreed to include this, however, it was considered that it was more pertinent for the Commissioning Committee to have an overview of this.

Mr Oatridge asked for more clarification around the unsigned contract with Stafford and Stoke on Trent Partnership NHS Trust and the fact that the contract is in arbitration. It was explained that whilst this is a large contract in total (for Community Mental Health), this is with the lead commissioner and it is a relevantly small contribution for the CCG.

Resolved – The Committee:

- noted the contents of the report
- will receive update on A&E up coding issues as appropriate

8. New Lay Member – Finance and Performance Committee Representative

FP.16.68 Mr McKenzie gave an update on the proposed appointment of a Lay Member to the Committee following the issuing of revised guidance for managing conflicts of interest.

The guidance gave a strong recommendation for an additional lay member of the Governing Body. At this time agreement had already been made by the Finance and Performance Committee to appoint an additional lay member to support the on-going development of its assurance and scrutiny role.

Following discussion to determine the most appropriate response to the guidance and in line with the need to strengthen the membership of this Committee, the preferred option was to expand this role description to become a Governing Body member. The additional responsibilities will entail chairing this Committee and becoming a member (and deputy chair) of the Joint Primary Care Commissioning Committee.

The Governing Body will be asked to agree the proposed approach to establishing a new lay member position at its meeting on 12th July 2016.

The role will proceed in a shadow format until it is formally finalised in the CCG's Constitution. It was clarified that Mr Price will become the Lay Member Chair of the Finance and Performance Committee. Dr Bush will continue to attend the Committee as a GP member.

Correct process will be followed to fill the resulting Lay Member vacancy for the Audit and Governance Committee. This will also affect the Auditor Panel which will oversee the procurement of the CCG's external auditors who should be appointed by December 2016.

Resolved – The Committee;

- noted the proposed appointment of an additional Lay Member to the Governing Body
- noted the recruitment of an additional Lay Member to this Committee
- took assurance from the process followed.

9. New Assurance Regime

FP.16.69 Mrs Skidmore explained that information on the new assurance regime was shared with the Committee for information. She noted that a greater level of information will need to be submitted to the Area Team including minutes of meetings.

It is also proposed that finance colleagues from NHSE will attend some meetings in a supportive manner and to share best practice.

Resolved – The Committee

- noted the requirements of the new assurance regime.

10. Any Other Business

FP.16.70 There were no items raised under any other business.

11. Date and time of next meeting

FP.16.71 Tuesday 26th July 2016 at 3.15pm, CCG Main Meeting Room

Signed:

Dated:

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Wolverhampton Clinical Commissioning Group
Audit and Governance Committee

Minutes of the meeting held on 24th May 2016 commencing at 11.00am
In Main Meeting Room, Science Park, Wolverhampton

Attendees:

Members:

Mr J Oatridge	Chairman
Mr P Price	Independent Lay Member
Mr L Trigg	Independent Lay Member

In Regular Attendance:

Ms D Kortus	Manager, Counter Fraud Specialist, PwC
Mr P McKenzie	Corporate Operations Manager, WCCG
Mr H Rohimun	Executive Director, E&Y LLP
Mrs C Skidmore	Chief Finance and Operating Officer, WCCG
Mr M Surridge	Senior Manager, E&Y LLP
Mrs H Pidoux	Administrative Officer, CCG (minute taker)

In Attendance

Dr H Hibbs	Chief Officer, WCCG
Dr D DeRosa	Chair, WCCG
Mrs M Tongue	Head of Financial Resources, WCCG
Miss M Patel	Administrative Support Officer, WCCG (observer)

Apologies for attendance:

AGC/16/49 Apologies for absence were submitted by Mrs J Watson.

Declarations of Interest

AGC/16/50 There were no declarations of interest.

Mr Oatridge, as Chair of the AGC, welcomed Dr DeRosa, WCCG Chair, to the meeting.

Minutes of the last meeting held on 19th April 2016

AGC/16/51 The minutes of the last meeting were agreed as a correct record.

Matters arising (not on resolution log)

AGC/16/52 The following was raised;

- AGC/16/32 – Tier 4 CAMHS (risk ID 267). Mr Price asked for an update following his query raised at the last meeting regarding the continual rating of this risk as red. It was confirmed that the CCG Senior Management Team are waiting for confirmation from NHS England that this has been entered on their risk register before it can be closed down by the CCG.

RESOLUTION: The Committee agreed to add this as an action on the Resolution Log.

Resolution Log

AGC/16/53 The resolution log was discussed as follows;

- Item 69 (AGC/16/15) – EY to share with Committee how much reliance is place on 3rd party/service auditor reporting and include in report – report and letter from Deloittes have been received and assurance taken from these. Agreed to share with members.
- Item 77 (AGC/16/38) – Clarify the frequency of requirements for information governance audits. The CCG’s Information Governance Support recommends that it is best practice to review annually. The Internal Audit work plan has been amended to incorporate this and specific areas have been identified for audit as part of the rolling programme.
- Item 78 (AGC/16/42) – Conflicts of Interest, consultation response to be submitted to NHS England – a response was made and final guidance is awaited before any actions arising can be recommended to Governing Body for sign off.
- Item 81 (AGC/16/47) – Draft accounts to be shared with Committee once submitted to NHS England – on agenda – item closed.

Chief Internal Auditors Opinion

AGC/16/54 Mrs Skidmore explained that this report was considered at the last Audit and Governance Committee meeting, where Mr Larby stated the following;

‘My overall opinion is that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.’

The summary of opinions contained in the report and shown below, was noted as indicating where improvement has been made between years;

Domain	Overall Opinion 2015/16	Overall Opinion 2014/15
Finance	Substantial	Substantial
Governance and Risk	Substantial	Substantial
HR	Substantial	Substantial

IM & T	Substantial	-
Performance	Substantial	Requires Improvement
Quality and Safety	Substantial	Requires Improvement

It was highlighted that appendix A of the report, Head of Internal Audit Opinion on the effectiveness of the system of internal control at Wolverhampton CCG, was added to the summary Committee for the last Governing Body meeting.

RESOLUTION: The Committee;

- Noted the Internal Auditor's overall opinion of **significant assurance** and the improvements made year on year.

2015/16 Report to those charged with Governance (ISA260)

AGC/16/55 Mr Rohimun reported that as of 24th May he expects to;

- Issue an unqualified opinion on the financial statements
- Issue an unqualified opinion on the regularity of income and expenditure; and
- Confirm that the figures reported in the final audited statutory financial statements agreed to the figures reported in the summarisation schedules/accounts template

In respect of Value for Money it is anticipated that there will be no matters to report about the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources.

It was recommended that going forward the CCG should keep its, governance arrangements under review due to increased joint working and changes to the commissioning environment.

During the audit process a misstatement within receivables and payables was noted. Mr Surridge report that this had been raised with Mrs Skidmore and it had been agreed that the accounts would not be changed.

Mrs Skidmore described to the Committee how the ledger system can post entries into SOFP codes that whilst not complying with a 'gross accounting' principle were not necessarily incorrect. The audit recommendation to deploy gross accounting principles would only be possible via manual recording as the CCG cannot alter the system postings. Mrs Skidmore noted that the use of manual overrides in the system may introduce additional risk with regard to SOFP posting and therefore was not minded to do this.

The external audit team were comfortable with this response and the Committee supported Mrs Skidmore's view.

Mr Surridge reported that the report set out the significant audit risks considered. Work was completed as planned and testing gave assurance that there are no significant concerns.

The Committee was reminded that at the last meeting arrangements regarding the manual inputting for journals was discussed. This was tested as part of the audit and there were no issues to report.

All other audit risks had been addressed in line with the Audit Plan and assurance gained over those issues.

The impact on the Value for Money conclusion from the Better Care Fund (BCF) was considered and assurance was given at year end that processes and reporting were adequate. No issues have arisen relating to expenditure through BCF.

Mr Surridge reported that the majority of the audit work has been completed and it is expected that an unqualified audit opinion on the financial statements and an unqualified conclusion on the use of resources will be issued.

It was recommended that going forward the CCG should keep its, governance arrangements under review due to increased joint working and changes to the commissioning environment.

Discussion took place regarding risk and assurance going forward relating to shared arrangements. It was stated that as part of the CCG's Audit Plan early work is planned to baseline governance and culture to show the impact of these changes.

RESOLUTION: The Committee:

- Noted the contents of the ISA260 and comments relating to this report.
- Agreed not to amend the accounts in relation to the misstatement identified.

CCG Annual Report, Accounts and Governance Statement

AGC/16/56 Mrs Skidmore introduced the paper which included a full set of accounts and financial policies.

Mrs Skidmore stated that due to the hard work of the teams pulling the document together the information was robust and completed in a timely manner. She commented that draft submission to NHS England had received positive feedback.

The key points of the full set of CCG accounts were highlighted as follows;

- All statutory financial duties have been met.
- There is no capital expenditure.

- Exceeded requirement for 1% underspend.
- There are no significant material areas of judgement to note relating to debtors or creditors.

The report was considered and a few minor changes to wording were highlighted to be made prior to submission.

Dr Hibbs commented that she was comfortable with the reporting contained in the document and thanked the teams for producing a satisfactory report at the end of year.

Mrs Skidmore set out the next steps for the finalisation of the statutory returns as follows;

- To Governing Body for sign off 26th May
- Cosmetic points to be resolved
- All requirements to be submitted and published in line with national deadlines.

RESOLUTION: The Committee agreed to make the recommendation to the Governing Body to sign off the CCG's Annual Report, Accounts and Governance Statement for 2015/16.

Management Representation Letter

AGC/16/57 Mrs Skidmore stated that she was happy to sign off the Management Representation Letter, which would reflect the decision not to amend the accounts in line with the misstatement identified.

It was highlighted that the letter will also be signed by Dr Hibbs as the CCG's Chief Officer.

RESOLUTION: The Committee

- The Committee noted that Mrs Skidmore and Dr Hibbs will sign off the Management Representation Letter.

Any Other Business

AGC/16/58 Mr Oatridge conveyed congratulations, via Dr Hibbs, from the Audit and Governance Committee, the Finance Team and all the staff who had been involved with meeting the challenging deadlines.

Date and time of next meeting

AGC/16/59 Tuesday 19th July 2016 at 11.00am in the CCG Main Meeting Room, Science Park

Signed:

Dated:

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 7 June 2016
Commencing at 2.00 pm in the PC108 Room, Creative Industries Centre
Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr S Reehana	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	No
Emma Cox	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Ro Jervis	Service Director Public Health and Wellbeing	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	No
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Darren Plant	Assistant Contracts Manager (NHS England)	Yes
Laura Russell	Primary Care PMO Administrator (Minutes Taker)	Yes

Welcome and Introductions

PCC107 Ms Roberts welcomed attendees to the meeting and introductions took place.

Ms Roberts took the opportunity to thank Cllr Samuels for her contributions to the Committee and welcomed Ros Jervis, Service Director Public Health and Wellbeing who would be replacing Cllr Samuels in the capacity of the statutory observer from the Health and Wellbeing Board.

Apologies for absence

PCC108 Apologies were submitted on behalf of Dr Helen Hibbs, Alastair McIntyre, Sarah Gaytten and Charmaine Hawker.

Declarations of Interest

PCC109 Dr Bush, Dr Reehana and Dr Kainth declared that, as GPs they had a standing interest in all items related to primary care.

Ms Spencer declared that, in her role as an employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

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 3 May 2016

PCC110 RESOLVED:

That the minutes of the previous meeting held on 3 May 2016 be approved as an accurate record.

Matters arising from the minutes

PCC111 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC112 **Minute Number PCC19 Upcoming Issues for Provisional Work Programme**
Ms Shelley reported she had raised the reporting template query with NHS England and they no longer have this template. It was agreed to close the action.

Minute Number PCC38 West Midlands MOU for the Primary Care Hub

Mr Hastings informed the Committee the MOU has now been signed off by Wolverhampton CCG Governing Body and has been submitted to NHS England. The Committee agreed to close the action.

Minute Number PCC100 GP Communication

Mr Hastings confirmed with the Committee it has been agreed that until the Wolverhampton Clinical Commissioning Group (WCCG) are fully delegated all correspondence will continue to be distributed by NHS England.

Minute Number PCC101 PMS Premium Schemes

It was noted that the PMS Premium Schemes was included on the Private Primary Care Joint Commissioning Committee meeting agenda.

Minute Number PCC103 Protected Learning Time for GPs

Mr Marshall noted further discussions need to take place to determine the details and requirements for protected learning time for GPs. It was agreed a further update would be provided for the next meeting.

RESOLVED: That the above is noted.

Terms of Reference

PCC113 Mr McKenzie presented the Terms of Reference for the Primary Care Joint Commissioning Committee and noted it was a requirement of the Committee to review the Terms of Reference every April and September.

Mr McKenzie noted changes would need to be made to the Terms of Reference in line with statutory guidance on managing Conflicts of Interest for CCGs. This guidance required the CCG to recruit an additional lay member to sit on the Governing Body and that this additional member should sit on the Committee and take the Vice Chair.

Mr McIntosh queried what process would be followed to recruit the additional lay member. Ms Skidmore advised an internal process would be undertaken for this role, as the two independent lay representatives who sit on the Audit and Governance Committee, are qualified and have the relevant experience. If they are successful an external process would be undertaken to appoint for the vacant role on the Audit and Governance Committee.

The Committee agreed to review the Terms of Reference in September 2016.

RESOLVED: That the above is noted.

The Committee agreed to review the Terms of Reference in September 2016.

NHS England Update – Primary Care Update

PCC114 In Mr McIntyre's absence, Ms Shelley presented a report to update the Committee on latest developments in Primary Medical Care nationally and locally. The report included updates on the following;

- GP Forward View / Workforce 2020.
- Clinical Pharmacists in General Practice.
- Recommissioning of Community Pharmacy Seasonal Influenza Vaccination Advance Service 1016/17.
- Clinical Waste Contracts
- PMS Investment Plans
- DES settlement
- GMS Contract Changes

Dr Reehana and Dr Kainth joined the meeting.

Ms Skidmore asked in relation to the GP Forward View work streams around recruiting and retaining workforce how can WCCG be involved with work. Ms Shelley agreed to find out and report back to Ms Skidmore.

RESOLVED: That the above is noted.

Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.

NHS England Finance Update

PCC115 Ms Cox informed the Committee they are currently working on month 2 position and it is too early to provide a report, which Ms Skidmore agreed. The Committee will receive a detailed report on the month 2 position at the next meeting.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC116 Mr Marshall provided an update on the WCCG in relation to Primary Care and the following was reported for assurance;

- GP Forward View has been announced and WCCG are working upon their organisational response. It was agreed to bring back an update to the August Meeting.
- Ms Sarah Southall has been appointed to the Head of Primary Care and will start in her role on the 5 July 2016. Ms Southall will be working to deliver the Primary Care Strategy Implementation Plan.
- The first Primary Care Strategy Implementation Working Group is taking place this week.
- A Clinical Reference Group has been established to review re-pricing and re-specifying of a number of services ensuring close working with the LMC.
- The Locality Group meetings have changed in line with the Primary Care Strategy and will meeting on a quarterly basis.

Ms Roberts queried if there was an update in relation to Public Health. Mr Marshall noted Migrant Health Checks Specification is now in a position to share with the LMC. In addition the Public Health Team have now been embedded with the WCCG.

Discussions took place in relation to the third sector bidding process, which has now been finalised and successful bids have been notified. PR asked if a model on how this will link into Primary Care Services could be developed and shared.

RESOLVED: That the above is noted.

Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View.

Mr Marshall agreed to develop and share a model of how the third sector organisations and other groups will link into Primary Care Services.

Primary Care Programme Board Update

PC117 Ms M Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board.

It was noted that the WCCG are looking to re-procure the Community Equipment services. The Local Authority have approached the WCCG to ask if they can jointly commission these services.

A meeting has taken place to determine the impact of undertaking a joint procurement and what this will have on the procurement timescales. If WCCG undertake a joint procurement with the Local Authority there will be a 6 month

delay due to their internal decision making processes. Due to this the WCCG have agreed to review other market providers, in order for the WCCG to be in a good position on whether to re-procure with or without the Local Authority.

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

PCC118 Mr Hastings provided an overview of the key areas covered at the Primary Care Operational Management Group meeting, which took place on Tuesday 24 May 2016.

Dr Bush asked once the WCCG are fully delegated will they have an influence on contractual requirements for GPs, in particular of data collection mechanisms such as Friends and Family Test. It was highlighted that national contractual requirements will remain. Discussions followed around a proposal of setting up a steering working group to review how patient experience data collection mechanisms could be improved, in which Healthwatch expressed an interest to be involved.

Any Other Business

PCC105 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC106 Tuesday 5 July 2016 at 2.00 pm, in the Stephenson Room, Technology Centre, Wolverhampton Science Park

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 5 July 2016
Commencing at 2.00 pm in the Stephenson Room, Creative Industries Centre
Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	No
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr S Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	No
Anna Nicholls	Contract Manager (Primary Care)	Yes
Karen Payton	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	Yes

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	No
Sarah Southall	Head of Primary Care (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (Minute Taker)	Yes

Welcome and Introductions

PCC121 Mr McKenzie welcomed attendees to the meeting and introduced Ms Gaytten to the Committee, as she would be Chairing the meeting in the absence of Ms Roberts.

Apologies for absence

PCC122 Apologies were submitted on behalf of Claire Skidmore, Dr David Bush, Pat Roberts, Mike Hastings, Dr Mahay, Gill Shelley and Jeff Blankley.

Declarations of Interest

PCC123 Dr Kainth and Dr Hibbs declared that, as GPs they had a standing interest in all items related to primary care.

Ms Gaytten and Ms Spencer declared that, in their role as employees of the University of Wolverhampton, they worked closely with practices to arrange placements for student nurses and therefore had a standing interest in 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 7 June 2016

PCC124 RESOLVED:

That the minutes of the previous meeting held on 7 June 2016 be approved as an accurate record.

Matters arising from the minutes

PCC125 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC126 **Minute Number PCC103 Protected Learning Time for GPs**
Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting.

Minute Number PCC113 Terms of Reference

This agenda item is due to be presented at the September Committee Meeting.

Minute Number PCC114 NHS England Update – Primary Care Update

Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting.

Minute Number PCC116 Wolverhampton CCG Update

Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting.

Minute Number PCC116 Wolverhampton CCG Update

Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC127 In Mr McIntyre's absence, Ms Nicholls presented the NHS England update to the Committee outlining the key developments that have been made nationally and locally in relation to the GP Forward View. The report also included updates on the following;

- Clinical Waste Contracts
- Primary Care Support England
- Direct Enhanced Services
- GMS Contract Changes

Dr Hibbs asked if NHS England had any indication on the working groups in place to address the GP Forward View, as the WCCG would like to work in line with NHS England to avoid any duplication. Ms Nicholls stated these discussions would be picked up at the next Network Meeting.

Dr Hibbs asked about the GMS Contract change for MGS Medical Practice (Dr Bagary) as this is a vertical integration site and queried how this would impact the new partner joining the contract. Ms Nicholls agreed to take this back and provide an update to Dr Helen Hibbs.

Discussions took place around the funding criteria for the GP forward View and when the WCCG would be informed of the financial contributions. Ms Payton informed the Committee they have been given no indication and once this information had been received this will be cascaded to CCGs.

RESOLVED: That the above is noted.

Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.

NHS England Finance Update

PCC128 Mr Payton provided the Committee with an update on the Month 2 position for Wolverhampton GP Services on behalf of Charmaine Hawker, Assistant Head of Finance (NHS England).

Ms Payton highlighted this is the first financial report for the year as they do not report in April. At the end of Month 2 Wolverhampton are forecasting a break even position against the £34.1million. In the table (page 5 of the report) it was noted under other GP services, which is reported as £764,000 that within this there is currently £96,000 uncommitted and will be used to fund in year cost pressures.

The PMS premium plan was shared and discussed at the previous meeting on how this was going to be spent. Discussions have since taken place with regards to a shortfall in the £311,000 with the overall plan being short by £13,000, there were concerns on how the WCCG going to commit the funds. The advice given by Ms Charmaine Hawker is to within the WCCG plan to build in a contingency line of £13,000.

The PMS Premium Investment plan needs to be submitted at the end of July 2016, this has been shared and needs to be signed off by the Director of Finance and Locality Directors.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC129 In Mr Hastings absence, Mr Marshall gave the following update to the Committee on the WCCG in relation to Primary Care;

- ***Estates and Technology Transformation Fund (ETTF)*** ~ all bids have now been submitted and everything that has met the NHS England criteria has been supported. A prioritisation process has taken place based on a scoring matrix developed by the WCCG independent contractor. It was reported top priority was given to the bids which were given previous commitment. The second priority was in relation to estates work to support the BCF and Primary Care Strategy and the third priority was in relation to IT bids. Mr Marshall stated it is important to recognise that not all bids will be undertaken as NHS England will choose to support to the National level.

In addition Ms Payton advised the portal for submission has now closed. A modernisation process will take place during July to review the bids to see if they meet the criteria. Once this process is completed the bids will be

submitted for national approval. If all the bids are approved nationally the value of the bids will exceed the fund, if this happens discussions are likely to place in September/October between NHS England and WCCG to discussion prioritisation of the bids.

- ***Vulnerable Practices*** ~ The WCCG have been approached by NHS England to submit round 2 bids for vulnerable practices. There are a series of 15 questions which need to be completed within the submission. The support for these vulnerable practices will be in the form of consultancy support however practices may be required to match fund the NHS England investment. Ms Nicholls provided the definition of vulnerable practices and confirmed that GP Practices would need to match fund.
- ***Estates*** ~ The Local Authority are undertaken housing developments as a consequence all the tenants will be removed from Chervil Rise. This has impacted on the GP Practice, who are also under CQC scrutiny in supporting patients within Chervil Rise. This Practice are now in negotiations with neighbouring practices regarding the possibility of merging practices.
- ***Primary Care Transformation Lead*** ~ an appointment has been made to this position.
- ***Vertical Integration*** ~ meetings are taking place to establish baseline information and appropriate KPIs, one of the key considerations is the commitment to improving avoidable emergency admissions with fail and elderly and vulnerable people.
- ***Local Digital Road Map*** ~ this has now become out of sync as one of the requirements from the STP is there needs to be a Black Country footprint digital road map. The WCCG now need to align to this and Mr Stephen Cook is in discussions with other CCGs in the Black Country.
- ***Healthwatch Open Day*** ~ The WCCG were not present at the open day as the WCCG had their Staff away day and sent apologies. Discussions took place regarding the configuration of all Health Care including Primary Care in Wolverhampton. It was noted there is a lot of value in the different care models and there are still many discussions to be undertaken including planning, governance and engagement as the WCCG are a member organisation.

RESOLVED: That the above is noted.

Better Care Fund - Third Sector Organisations

PCC130 Mr Marshall presented the report to the Committee, which informed them of the plans within the Better Care Fund Programme in particular to the increasing support from Third Sector Organisations. Mr Marshall provided an overview of the Person-Centered Care Model and highlighted appendix 1 which outlined a

summary of Third Sector organisations who have received grant funding from WCCG.

Mr McIntosh queried the issue of sustainability, monitoring and evaluation and how this would be undertaken. Mr Marshall noted NHS England had challenged WCCG and the advice given was to articulate this within the individual patient journey and gaining feedback from patient experiences.

RESOLVED: That the above is noted.

Primary Care Programme Board Update

PC130 Ms Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board. The following key points were made;

- All current active work streams are being progressed well and dates for reviews and benefit realisation planned for the end of July.
- The procurement process for interpreting has commenced, it was noted if the successful bidder is not the current provider there will need to be an extension to the current contract by a maximum of 2 months to allow for transition.
- The Local Authority was late in providing a decision on whether to be involved in the community equipment procurement process. It was noted the Committee needed to be mindful of the tight timescales due to this delay and any slippage will report to Committee.
- A new QIPP proposal for Atrial Fibrillation has been presented which seems very positive. The project will be scoped and presented back to the Primary Care Programme Board.

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

PCC131 Mr McKenzie provided an overview of the key area covered at the Primary Care Operational Management Group Meeting, which took place on Tuesday 21 June 2016. The report included updates on the following;

- CQC Update
- Primary Care Joint Monitoring
- Primary Care Quality Update
- Primary Care Matrix

Mr McKenzie noted in relation to Primary Care Quality Update there were discussions around Information Governance issues in GP practices. There are discussions taking place with NHS England who fund Midlands and Lancashire CSU to deliver and support Information Governance in GP Practices to outline and clarify the level of support provided.

RESOLVED: That the above is noted.

Any Other Business

PCC133 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC134 Tuesday 2 August 2016 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park.

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Health and Wellbeing Board

Minutes - 20 July 2016

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence	
Councillor Sandra Samuels	
Ros Jervis	Service Director Public Health and Wellbeing
Tim Johnson	Strategic Director - Place
Jeremy Vanes	Chair, The Royal Wolverhampton Hospitals NHS Trust
Linda Sanders	Service Director - People
Jan Sensier	Chief Executive, Engaging Communities, Healthwatch

Employees

Earl Piggott-Smith	Scrutiny Officer
Glenda Augustine	Consultant in Public Health, Community Directorate
Viv Griffin	Service Director - Disability and Mental Health
Tim Johnson	Strategic Director – Place

In Attendance

Alan Coe	Chair, Wolverhampton Safeguarding Children and Adult Board
Tracey Cotterill	Deputy CEO, Black Country Partnership, NHS FT
Mike Hastings	Associate Director of Operations, Wolverhampton CCG

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence (if any)**
Apologies for absence had been received from the following member(s) of the Board

Cllr Paul Sweet
Dr Helen Hibbs, Wolverhampton City Clinical Commissioning Group
- 2 Notification of substitute members (if any)**
There were no substitutes for this meeting.
- 3 Declarations of interest (if any)**
No declarations of interest were made relative to items under consideration at the meeting.

4 **Minutes of the previous meeting**

The minutes to be amended to show Alan Coe and Linda Sanders as being in attendance at the meeting on 27 April 2016.

Resolved:

That the minutes of the meeting held on 27 April 2016 be confirmed, subject to the agreed changes, as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes.

6 **Summary of outstanding matters**

The Scrutiny Officer apologised for not including a written report in the papers for the meeting.

Viv Griffin, Service Director-Disability and Mental Health, gave a brief verbal report on matters previously considered by the Board.

Resolved:

The summary of outstanding matters be noted.

7 **Health and Wellbeing Board Forward Plan 2016/17**

Viv Griffin, Service Director - Disability and Mental Health, presented the Board's Forward Plan of items to be considered during the current year.

The Service Director emphasised the importance of effectively managing the Board's workload and suggested that items requiring priority focus be included at the top of agendas.

The Service Director added that partner agencies were undertaking a trial aimed at ensuring that the appropriate bodies were made aware of upcoming priority areas with a view to enabling them to schedule timely consideration.

Resolved:

The Board's Forward Plan 2016/17 is noted.

8 **How can the Council, hospital and CCG work more effectively together? verbal report (Chair)**

The Chair commented on the range of health issues facing the City and the work being done to improve the situation. The Chair commented on the successful bid for HeadStart programme and congratulated everyone involved for their efforts. The Chair commented on the benefits of the programme.

The Chair commented on the need for a joined up approach in tackling health issues and finding workable solutions that can improve the lives of local people.

9 **Making prevention everyone's business - Public Health Overview**

Ros Jervis, Service Director Public Health and Wellbeing, presented a report highlighting the importance of prevention being part of every member of the Board's work as part of efforts to promote good health. The members of the Board were invited to comment on the report.

Linda Sanders, Strategic Director, Community, welcomed the report and the importance given to supporting behaviour change and its focus on disease. The Strategic Director commented on the challenges presented by less generous funding for adult care social services. The Strategic Director commented on the introduction of the Telecare initiative as an example of work being done to contribute to improving health through prevention.

Resolved

That the report be received and comments noted.

10

Merit Vanguard - Black Country Partnership NHS Foundation Trust

Jo Cadman, Associate Director of Strategy, Black Country Partnership NHS Foundation Trust, gave a short PowerPoint presentation on work of the MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) programme.

The Associate Director commented that the scale of the programmes matches the size of the West Midlands Combined Authority, with only a few exceptions. The Associate Director outlined the rationale behind the initiative and the intended benefits, for example the opportunity to share good practice and a centralised bed management system. The Associate Director commented on the development of evidence based models across the partnerships and work done to improve skills and help reduce costs as part of the initiative.

The Associate Director commented on the opportunity to use the findings of the peer review to improve preventative services and clinical work streams outlined in the presentation. The Associate Director commented on the governance structure intended to deliver the shared vision across the seven national bodies.

The Chair commented on the need to support people with mental health needs to find employment and also to help people with mental issues to stay employed. The Board commented on the low level of funding for mental health services when compared to other services.

The Board were advised that each partner organisation is responsible for meeting their own responsibilities to handle personal information appropriately – it was accepted that not everything has been shared but the report highlighted the opportunity to share good practice.

The Board discussed the analysis of population figures compared the income summarised in the report and the difference in funding levels. The panel commented on the need for specialist mental health services.

The Board discussed the issue of sharing of personal data and records across the different agencies in the West Midlands region to improve health care.

Resolved:

That the report be received and noted.

11

Wolverhampton Local Digital Map

Mike Hastings, Associate Director of Operations, NHS Wolverhampton CCG, presented a report for approval by the Board of plans for Wolverhampton Local Digital Roadmap (LDR) as a requirement by NHS England in order to access funding.

The Associate Director explained that the proposal is an agreement between different health partner agencies who have each contributed to the drafting of the plan. NHS Wolverhampton CCG is the lead organisation responsible for the development of Wolverhampton LDR. The Associate Director explained that the plan was presented to the regional panel meeting in Birmingham. The plans will then be presented to national body for approval. The Board were advised that this is a condition of getting funding to invest in technology intended to transform the delivery of health services. Claire Skidmore is leading on the IT infrastructure and will be represented on the LDR Board.

The Associate Director explained the work being done with GPs to create longitudinal clinical records and progress for the sharing of patient data between primary and secondary care. The Associate Director commented that new system would allow access by The Royal Wolverhampton NHS Trust (RWT) to patient records, with patient permission. The Associate Director explained that RWT plan to make all correspondence electronic to support the plans. The Associate Director commented that the all the partner agencies are working well together and are very supportive of the programme aims.

The Board queried the reference in the report to the development of a shared care record across the whole health and social care economy and progress to date. The Board queried the sharing the records involving child protection issues. The Associate Director explained the issues in achieving this are not insurmountable; however the biggest issue is around complying with information governance requirements. The Associate Director commented that Better Care funding would be used to put a data sharing agreement into place. Furthermore, there will be a need to do a privacy impact analysis, which is being prepared, plus other initiatives to comply with governance requirements about the sharing of health care records.

A member of the Board commented about an event organised by Kings Fund which discussed the how a similar data sharing scheme had been delivered in Canterbury, New Zealand. The Board were advised of the benefits reported of medical staff having access to real time when caring for patients.

The Board commented on concern that there will be parts of the population will never be adopt to using digital technology and queried how the proposal would respond to this challenge. The Associate Director commented that the expectation that the need for paper systems will continue to be made available to the public as means of accessing services. The Board were advised that Government guidance is that access to services should be moved online – digital by default. The Associate Director reassured the Board that the new LDR will not remove existing methods of people accessing health care services on the basis of digital by design. The Board discussed that the Council is working on the principal of digital by design and not default as part of the Chanel Shift initiative to change how the public access Council services.

Ros Jervis, Service Director Public Health and Wellbeing, commented on the importance of using the work of the LDR to support the commissioning of services and also feeding into the work of the Joint Strategic Needs Analysis (JSNA).

The Board sought reassurance that the reference in the document to the safeguarding of adults, also applied to child care protection. The Associate Director confirmed. The Board commented that the aim of LDR programme is not just about information sharing and it was important that full use is made of the information.

The Board commented that the embedded documents listed in Appendix 2 of the report could not be opened and this problem should be corrected asap before it is shared with the public.

The Strategic Director, Community, queried the sign-off process for the LDR and if key people within the Council had been consulted about the plans. The Strategic Director commented that the report had not been shared with People Leadership Team and requested that it presented for more detailed consideration of the plan.

Cllr Samuels commented that the Cabinet Member with lead responsibility for Health and Wellbeing is Cllr Paul Sweet.

Resolved:

1. The Wolverhampton Local Digital Roadmap report to be presented to People Leadership Team.
2. The Board support the aims of Wolverhampton Local Digital Roadmap and approved the report.

12

Sustainability and Transformation Plans (STP) 2016/17 update - 2020/2021

Viv Griffin, Director Disabilities and Mental Health, gave an overview of the background and aims of the Black Country Sustainability and Transformation Plan (STP). The Director Disabilities explained that there has been a high level of engagement in the development of the plan, however there is more work to be done. The meetings with representatives of key partners have been positive and productive.

A final submission is timetabled to be completed in September 2016. The final version will provide details about specific areas of work, deliverables, outcomes and timings.

The Board agreed that the report should be added to the Forward Plan for consideration.

The Director of Disabilities outlined the main themes of the plan and explained that it was aimed at supporting people to be independent and move away from placements in institutional care settings. The amount spent on providing adult social care is too high.

The Board commented on the changes to the management and delivery of adult and social care as part of wider devolution plans affecting the Greater Manchester region. The Greater Manchester Devolution and Locality Plans will give local control over how public money is spent in the area to deliver agreed improvements in health outcomes.

The Board commented the plans include looking at alternative models for delivering primary care and a recognition that acute care is the most expensive care to provide.

Tracey Cotterill, Deputy CEO, Black Country Partnership NHS Trust commented on the speed of progress and the need for the Board to review progress.

The Chair commented that the Board will watch the developments in Manchester with interest to see how it progresses.

The Board commented on the importance of public engagement about the plans for transforming services to provide reassurance, where the plans raise concerns. The Board commented that the Sustainability and Transformation Plan (STP) has to be the vehicle for any joint work planning in the future. The Board queried how the plan will fit with the bigger picture of other health improvement initiatives. The Board were advised that the SDP should be the 'golden' thread that links all part of the work aimed at improving health outcomes.

The Board discussed the reference in the report to reducing the number of acute mental health sites across the Black Country from five to four. Jo Cadman, Associate Director of Strategy, Black Country Partnership NHS Foundation Trust, responded that there is a discussion needed about what the appropriate level of provision required to deliver improved quality and economies of scale across the acute care sector.

The Board discussed the implications of the £124 million local authority balance of challenge and to work to reduce this gap in funding.

The Strategic Director, Community, outlined the process by which the local authority and finance leads have been engaged in the process to assess the scale of the financial challenge

Jan Sensier, Chief Executive, Engaging Communities, Healthwatch, Wolverhampton expressed concerns the speed of the timescale detailed in the report will militate against full public engagement. The Chief Executive commented on the challenges in getting the public involved and the work done by Healthwatch Sandwell and Walsall to explain the implications of the plans. Mike Hastings, Associate Director of Operations, commented that in discussions with Stephen Marshall there was acknowledgement that the pace has been quick. The Board were advised that any planned changes to services would be subject to full public consultation. The issue of public consultation has also been embedded into the project plan.

Jan Sensier commented on the value of pre-consultation work done with the public to help inform the development of standards in Sandwell. Jan Sensier commented on the statutory processes that need to be completed before the plans can be implemented. The Board discussed the issue of ownership of the plan and how the views of different partner organisations will be considered. The Board accepted that further work was needed to consider the implications of the proposals and also the concerns that it may be seen as top-down re-organisation, which may lead to resistance from the public and staff.

The Board discussed the timetable for the STP and agreed that it would be useful for this information to be shared.

Linda Sanders commented that the issue about pre-consultation with the public will be discussed at the next regional STP meeting.

Jeremy Vanes, Chair, The Royal Wolverhampton NHS Hospital Trust, commented that the service supported the transformation plans and the need for change, but shared the concern about the speed of the plans and the implications for governance. For example, the issue of pooled budgets and the different financial position of the partners involved. The Chair added that there was also a need to consult with staff about the plans

Resolved:

1. That the report be noted and received.
2. That a progress report on STP is added to the Forward Plan for further consideration.

13 **Revised Mission Statement**

Ros Jervis, Service Director for Public Health and Wellbeing, explained the Board requested an updated mission statement to that presented on 27 April 2017. The mission statement has been amended in response to comments received.

Resolved:

That the report be received and noted.

14 **Director of Public Health Annual Report 2015 16 - Presentation**

Ros Jervis, Service Director Public Health and Wellbeing, gave an overview of the content of the public health annual report. 2015/16 The report will detail the history of public health and the changes in Wolverhampton population and place over the last 150 years. The report will give a historical overview of changes in the population and the opportunity to celebrate the progress made, for example the reduction infant death rates.

The Service Director commented Wolverhampton appointed its first medical officer for health 150 years who led work to tabulate the causes of death for the first time. The main cause of death at the time was TB and smallpox. The Service Director commented on changes in the causes of death overtime and the analysis of six biggest killers. The list the list has remained unchanged and are linked to poor lifestyle choices.

The Service Director commented on changes in life expectancy between men and women and the challenge of how to support people, who typically will need a high level of care and provision. The annual report is timetabled to be completed in October 2016 and presented to a future meeting of the Board for consideration.

Resolved:

1. That the presentation be received and noted.
2. That the Director of Health Public Annual Report 2015/16 be added to the Health and Wellbeing Forward Plan 2016/17 for future consideration.

15 **Minutes from sub Group (Children's Trust Board)**

Resolved:

That the report be received and noted.

16

Information and update item

The Chair wanted formally record his thanks on behalf of the Board to Viv Griffin for all work and support, who will be leaving the Council.

The meeting closed at 14:04