NHS
Wolverhampton
Clinical Commissioning Group

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body will take place on Tuesday 14th March 2017 commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

A G E N D A

		1	Apologies for absence		
		2	Declarations of Interest		
		3	Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on 14 February 2017		1 - 10
		4	Matters arising from the minutes		
		5	Committee Action Points		11 - 12
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		7	Chairing Arrangements	Mr P McKenzie	Document to follow
		8	Future Commissioning across the Black Country	Dr H Hibbs/ Mr S Marshall	Verbal
		9	Black Country Sustainability Transformation Plan update	Mr S Marshall/ Dr H Hibbs	Verbal
		10	Board Assurance Framework	Ms M Garcha	Document to follow
		11	Equality Delivery System2 (EDS2) Implementation Plan sign off	Ms M Garcha	Document to follow
		12	Environmental Sustainability Development Plan	Mr M Hastings	19 - 34
		13	Transforming Care Partnership update	Ms C Parker/Mr D Hughes	35 - 56
		14	Commissioning Committee	Dr J Morgans	57 - 60
		15	Quality and Safety Committee	Ms M Garcha	61 - 82
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		17	Audit and Governance Committee	Mr J Oatridge	105 - 108

		18	Primary Care Joint Commissioning Committee	Mr M Hastings	109 - 112
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			Items for Information		
		20	Communication and Engagement update		125 - 130
		21	Minutes of the Quality and Safety Committee		131 - 138
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		23	Minutes of the Finance and Performance Committee		143 - 150
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		26	Minutes of the Primary Care Strategy Committee		163 - 170
		27	Any Other Business		
		28	Members of the Public/Press to address any questions to the Governing Body		
			Date and time of next meeting ~ Tuesday 11 April 2017 ~ Governing Body Board Meeting		

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 14 February 2017
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	Yes
Dr M Kainth	Board Member	Yes
Dr J Morgans	Board Member	Yes
Dr R Rajcholan	Board Member	Yes
Management ~		
Ms M Garcha	Executive Lead for Nursing and Quality	Yes
Dr H Hibbs	Chief Officer	Yes
Mr S Marshall	Director of Strategy and Transformation	No
Ms C Skidmore	Chief Finance Officer/Chief Operating Officer	Yes
Lay Members/Consultant ~		
Mr J Oatridge	Lay Member	Yes
Mr P Price	Lay Member	Yes
Ms P Roberts	Lay Member	Yes
Ms H Ryan	Lay Member	Yes

In Attendance ~

Ms H Cook	Communications and Engagement Manager
Ms K Garbutt	Administrative Officer
Mr M Hastings	Associate Director of Operations
Mr R Jervis	Public Health Director
Mr P McKenzie	Corporate Operations Manager
Ms E Reade	Observer
Ms S Southall	Head of Primary Care

Apologies for absence

Apologies were received from Mr D Watts and Mr S Marshall

Ms P Roberts chaired the meeting

Declarations of Interest

WCCG.1700 Ms Roberts reported that agreement is required from the Governing Body regarding Dr De Rosa continuing as Chair of the Governing Body until the 31 March 2017. She pointed out that the Clinical Commissioning Group (CCG) will manage any conflict of interest. Dr H Hibbs supported this as it is important for a smooth transition to take place. There was total support from the Governing Body. Ms Roberts added that plans are in place regarding succession. Mr P McKenzie will be submitting a report in March 2017.

Dr D De Rosa now chaired the meeting

Dr D De Rosa declared an interest as currently his practice have signed the necessary papers to support vertical integration with his practice and the Royal Wolverhampton Trust with a view to GMS services being sub-contracted to the Trust as part of the vertical integration project. There was not a conflict between this interest and any of the items on the agenda so Dr De Rosa remained in the Chair throughout the meeting.

Dr Hibbs declared an interest in connection with Estates contained within the Chief Officer report.

Mr J Oatridge welcomed Dr Hibbs back to the Governing Body.

RESOLVED:

(1) That the Governing Body agreed for Dr D De Rosa to continue as Chair of the Governing Body until 31 March 2017.

(2) That Mr McKenzie will be submitting a report to the Governing Body in March regarding the succession of Chair from April 2017.

Minutes

WCCG.1701 **Minute WCCG.1694 Contracting 2017 – 2019 update**

Dr De Rosa stated that Ms Skidmore has pointed out that the third paragraph, final sentence should read "she pointed out that around £9m has been agreed as part of contract negotiations and was therefore deemed to be 'low risk' which puts the QIPP programme in a firm place to start the next financial year".

She also added that the next paragraph second sentence should read "Ms Skidmore stated that we are not meeting our target where there is slippage in recruitment to community posts. There will be some part to full year impact of 2016.17 schemes that occurs in 2017/18"

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 13 December 2016 be approved as a correct record subject to the above amendments.

Ms C Skidmore arrived

Matters arising from the Minutes

WCCG.1702 There were no matters arising from the minutes.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1703 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.1704 Dr Hibbs presented the Chief Officer report which has been jointly prepared with Ms T Curran. She pointed out that the NHS England Performance team have informed us that the CCG and the Royal Wolverhampton Trust (RWT) jointly supported appeal for non-attainment of the Sustainability and Transformation Fund (STF) Trajectories for both A&E and Referral to Treatment (RTT) have been upheld.

Dr Hibbs added that a Governing Body Strategy session took place on the 24 January 2017 and the recommendations are being taken forward. A workshop with the executive team has been arranged for the 2 March 2017 relating to future commissioning across the Black Country and West Birmingham. The Governing Body will receive a further report on Collaborative Commissioning at the March meeting.

Ms H Cook referred to the proactive media strategy which has been developed to provide a more structured approach for the CCG around public relations planning

Mr M Hastings reported that the CCG made a joint bid with the Local Authority, RWT and Black Country Partnership Foundation Trust (BCPFT) for One Public Estate funds to support a feasibility study across the City for existing estate prioritisation of need and requirements for health and social care "Hub" in line with the Better Care Fund strategy. This bid has been successful and the Local Authority have appointed a full time project lead to take this work forward. Dr De Rosa emphasised the importance of this process.

Mr Oatridge commented that the strategy session was well carried out and this should be planned on a half yearly basis. He also asked whether more in depth media training could be made available for likely spokespeople. Mr Hastings confirmed that he will raise media training with the Commissioning Support Unit (CSU). Mr P Price commented that Wi-Fi in the CCG, GP practices and the Acute Trust is a good initiative.

RESOLVED: That the above is noted.

Revised Board Assurance Framework and Risk Register update

WCCG.1705 Ms Garcha gave an overview of the report which shows how future reports will be presented. She highlighted Appendix 1 on page 39 confirming that the columns will be expanded and this will be on A3 paper in the future to allow for expansion. Ms Garcha talked through the risk, Nursing Home in Suspension as an example. Going forward once we have aligned the risks to the sub committees it is likely that quite a significant number will be closed. She confirmed this is what the risk register will look like and will be brought back to the Governing Body. Senior members of staff will receive technical training regarding the risk register.

RESOLVED: That the above is noted.

Emergency Preparedness, Resilience and Response (EPRR)

WCCG.1706 Mr Hastings presented the report which is to assure the Governing Body of the EPRR status. He pointed out that each EPRR Core Standards self-assessment is comprised of a number of key standards accompanied by a "deep dive" into a particular area. He referred to Appendix 1 relating to the timelines and confirmed a further report will be brought back to the Governing Body in May/June 2017 for sign off.

RESOLVED: That a final report will be brought back to the Governing Body in May/June 2017.

Equality Delivery System2 (EDS2) update

WCCG.1707 Ms Garcha presented the report. The framework has been designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act 2010. The EDS has four goals that are supported by 18 outcomes, the four goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Ms Garcha pointed out that at present goals 1 and 2 are 90% complete and 3 and 4 70% completed and that the work will be completed on time. Ms Roberts stated that this is a good piece of work and has been managed well.

The next report will be submitted to the Governing Body for sign off in March 2017.

RESOLVED: That a further report for final sign off will be submitted in March 2017.

Commissioning Committee

WCCG.1708 Dr Morgans gave an overview of the report. He pointed out that a review of the existing services specification written in 2011 is taking place relating to the Heart Failure Service. Dr De Rosa commented that patients who have right sided heart failure receive a poor service with referrals difficult to place. Dr Morgans stated this will be one of the issues which will be looked at. Ms Andrea Smith is conducting the review and would welcome feedback from clinicians. Ms H Cook confirmed she will add this to the GP newsletter.

Ms Skidmore pointed out for clarification that the total contract value for 2017-18 of £328.7m represents the total value negotiated on behalf of the commissioners not just Wolverhampton CCG

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1709 Dr R Rajcholan presented the report. She went through the key issues of the report highlighting the Never Events May 2015 – January 2017. The trust has reported 4 Never Events in the current year. Of these there was another wrong eye injection making this the third incident of the type since September 2015.

Ms S Southall arrived

Mr Price enquired why there were 31 safeguarding referrals this quarter a large increase on previous quarters Ms Garcha felt that the raised awareness and extra work being carried out with care homes has resulting in increased reporting however not all referrals are substantiated and the number that are has not significantly increased

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1710 Ms Skidmore presented the report stating at month 9 there have been no fundamental changes and we are still on track to deliver our control totals. In relation to performance we are aware that RWT are struggling with the Referral to Treatment (RTT) target. It is extremely difficult to maintain the elective list due to high volumes of non-elective patients. The CCG team is in regularly dialogue with RWT and discussions are also ongoing through the A&E Delivery Board.

Ms Skidmore gave an overview of the latest plans for 2017/18-2018/19 and the risks contained with the final position.

The main challenge and risk is the scale of Quality, Innovation, Productivity and Prevention (QIPP) target of £12.1m. Programme Boards continue to develop and agree schemes to deliver the target as there is currently a gap of approximately £3m where there are no plans identified. It was felt that this may take some time identifying ways of achieving the unidentified QIPP, however, more information would be known after the next Programme Board meetings. The outcome from this will be reported

to the QIPP Board and in future reports to the Finance and Performance Committee.

The impact of full delegation of Primary Care to the CCG on 1 April 2017 was highlighted as no additional money will be received to support the increase in staff time to manage this area and work is underway to identify what is required to deliver future work agendas.

Whilst the CCG financial plan for 2017/18 meets all the planning requirements and can withstand the mitigation of a certain level of risk there are still a number of variables that, without their resolution, place additional risk on the position that may make it undeliverable. In summary these are

- Scale of QIPP target given that an element is yet to be attributed to specific schemes.
- Identification Rules (IR) presents a large risk to the CCG.

Ms Skidmore recommended to the Governing Body that it signs off the budget, noting the inherent risk and support the CCG's Executive Team to continue to pursue avenues to close the QIPP gap and therefore reduce financial risk. Mr Price confirmed he supported this.

RESOLVED: That the Governing Body agreed to sign off the budget for 2017/18.

Primary Care Joint Commissioning Committee

WCCG.1711 Ms P Garcha gave an overview of the report. She highlighted the Primary Care updates. She pointed out that there was a Practice Manager Network Events. Helen Ryan attended an event which took place in Birmingham. She confirmed the slides have been circulated to all practice managers.

RESOLVED: That the above is noted.

Primary Care Strategy Committee

WCCG.1712 Ms S Southall presented the report which covers the months of December and January. She pointed out the Task and Finish Groups highlighted on pages 2-5. She referred to the New Models of Care pointing out there are only 5 practices in the city who have not yet aligned with a new model of care, discussions continue to take place with practices to support them in aligning with their preferred model of care.

Since the report has been prepared a further meeting has taken place there are now only 2 practices who have not aligned with a new model of care.

Ms Roberts asked if there was a timeline for practices to decide. Ms Southall stated this hopefully will take place within the next 2 to 3 months and the practices will be supported. Ms Southall stated that discussions will continue to take place regarding back office functions.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1713 Ms P Roberts referred to agenda item 15 which updates Governing Body on the key communications and participation activities in December 2016 and January 2017. She gave an overview of the report.

RESOLVED: That the above is noted.

Finance and Operating Plan

WCCG.1714 RESOLVED: That the plan is noted.

Minutes of the Quality and Safety Committee

WCCG.1715 RESOLVED: That the minutes are noted

Minutes of the Commissioning Committee

WCCG.1716 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1717 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Joint Commissioning Committee

WCCG.1718 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Strategy Committee

WCCG.1719 RESOLVED: That the minutes are noted.

Joint Negotiating and Consultation Committee

WCCG.1720 RESOLVED: That the report is noted.

Minutes of the Health and Wellbeing Board

WCCG.1721 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.1722

RESOLVED: That the above is noted.

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

WCCG.1723 There were no questions.

Date of Next Meeting

WCCG.1724 The Board noted that the next meeting was due to be held on **Tuesday 14 March 2017** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.45 pm

Chair……..

Date ……

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Wolverhampton Clinical Commissioning Group Governing Body

14 March 2017

Date of meeting	Minute Number	Action	By When	By Whom	Status
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	On private agenda – 14 March 2017
10.1.17	WCCG.1696	Future Commissioning across the Black Country – a further paper be brought to the Governing Body setting out the discussions from each Governing Body in January and the outcomes of the workshop	March 2017	Helen Hibbs	
14.2.17	WCCG.1700	Declarations of Interest – a report to be submitted regarding the succession of Chair from April 2017	March 2017	Peter McKenzie	
14.2.17	WCCG.1706	Emergency Preparedness, Resilience and Response (EPRR) – a final report is submitted to the Governing Body.	May/June 2017	Mike Hastings/ Tally Kalea	
14.2.17	WCCG.1707	Equality Delivery System2 (EDS2) – final report for sign off to be submitted	March 2017	Manjeet Garcha	

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY MEETING
14 MARCH 2017

Agenda item 6

Title of Report:	**Chief Officer Report**
Report of:	Dr Helen Hibbs –Chief Officer
Contact:	Dr Helen Hibbs – Chief Officer
Governing Body Action Required:	☐ **Decision** ☒ **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 by the Chief Accountable Officer.
Relevance to Board Assurance Framework (BAF):	
• **Domain 1:** A Well Led Organisation	This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties. By its nature, this briefing includes matters relating to all domains contained within the BAF.
• **Domain2:** Performance – delivery of commitments and improved outcomes	
• **Domain 3:** Financial Management	
• **Domain 4:** Planning (Long Term and Short Term)	
• **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 Healthy Living Pharmacy

Pharmacies in the City have confirmed their willingness to train their staff as Health Champions. This is part of the Healthy Living Pharmacy Scheme, training commenced in February and has been met with high levels of uptake for not only Pharmacy champions but also leadership training too.

Pharmacies will be running campaigns and promoting self-care as well disease and/or condition specific promotions from April, many will be in partnership with general practice groups as they work more closely with their communities.

1.3 Wolverhampton Musculoskeletal Services

Wolverhampton Clinical Commissioning Group (WCCG) commissions (buys) Musculoskeletal (MSK) services on behalf of the population of Wolverhampton. MSK services diagnose, treat and care for conditions or injuries that affect muscles, tendons, ligaments, bones, joints and associated tissues for example arthritis, back pain, and osteoporosis. Such services can include treatment by a physiotherapist, rheumatologist or orthopaedic surgeon.

Following a review in 2014/15 of the local MSK services, WCCG agreed to procure a Community Integrated MSK Service. The aim being for the service to provide a more streamlined, efficient, high quality service for patients, in a local community setting, also providing value for money for WCCG. A robust stakeholder consultation was held (https://wolverhamptonccg.nhs.uk/images/docs/MSK_consultation_evaluation_report_FINAL.pdf) and the feedback used to design the new service, thus ensuring that the views of patients and the public helped to shape the service development. In addition, a patient representative was engaged in the procurement process and supported the evaluation panel in evaluating the patient engagement approach by bidders.

Following a robust procurement process, WCCG Governing Body approved the award of the Integrated MSK Service to Connect Physical Health Centres Ltd in November 2016.

The new service will deliver an integrated service model with the overall aim of providing a multi-disciplinary team approach for the non-surgical care of people with a musculoskeletal condition, which must ensure that high quality, safe and sustainable services are delivered for patients. It will be:

- Accessed via a single point of access via your GP

- Delivered locally, based within existing community settings
- Integrated using a 'one stop shop' model
- Consultant led with multidisciplinary teams to deliver care
- Promoting effective communication with other persons/organisations also involved with the patient, throughout the patients journey

The new service is expected to go live from 1 April 2017.

1.4 Mental Health Provider Landscape

Dudley and Walsall Mental Health Partnership NHS Trust have agreed to receive a business case from Black Country Partnership Foundation Trust and Birmingham Community Healthcare NHS Foundation Trust with regards to a proposed merger. The full business case is planned to be submitted in October 2017.

1.5 Mental Health Collaborative Commissioning

The 4 CCG Mental Health Commissioners which constitute the Black Country Sustainability and Transformation Plan have agreed that in principle services should be harmonised, designed and commissioned as one service. Discussions will take place at the meeting of the CCGs boards/senior management on 02/03 with regards to the mechanics of this early adoption.

1.6 Collaborative Commissioning

The four Black Country CCGs have agreed to work collaboratively to form a joint committee to commission those things which are better comissioned on a wider footprint. There is a meeting of the executive and Governing Body teams on 2 March 2017 to discuss how this will work in practice. Further regular updates will be brought to the Governing Body. There is currently no expectation that the four CCGs will merge.

1.7 Sustainability and Transformation Plan (STP)

Wolverhampton CCG continues to play an important role in the STP footprint with a particular lead for mental health. Discussions on how the STP plan will be fully implemented are ongoing.

1.8 Secondary Care Consultant

Following the resignation of Tony Fox last year, the role of Secondary Consultant has been vacant. This is an important role on the Governing Body – providing a vital insight into our working from a Secondary Care perspective at both Governing Body and committee level. We advertised the vacancy nationally before Christmas and interviews were held in February by a panel made up of the Chair, Peter Price and myself. We have made a provisional offer to one of the candidates (subject to the

necessary pre-employment HR processes) and we hope to be able to recommend their appointment to the Governing Body at the meeting in April.

1.9 City Board Smart City

Discussions at the City Board were held around making Wolverhampton a sustainable city and it was agreed to focus on how Wolverhampton can become a 'smart city'. Further work is being done to look at the implications and feasibility of this.

1.10 Primary Care Delegation

Following approval of our application for full delegation of primary medical services, the CCG has completed one of the key preparatory steps by signing a delegation agreement with NHS England. This is a standard national agreement that sets out the functions delegated to the CCG, those which remain reserved to NHS England and details on the financial governance and information sharing arrangements that will support the delivery of these functions from 1 April 2017. The Primary Care Joint Commissioning Committee have been appraised on the content of the agreement, in particular the requirement to produce a plan detailing how the CCG proposes to deliver the new responsibilities it will receive. Work is well underway in teams across the CCG in preparation for 1 April and this will be reflected in the plan which will be ratified by the Primary Care Commissioning Committee within two months of the CCG being delegated.

Dr Helen Hibbs
Chief Officer
Date: 1 March 2017

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)	**Dr Helen Hibbs**	**01/03/17**

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY 14th March 2017

Agenda item 12

Title of Report:	**Sustainable Development Management Plan**
Report of:	Claire Skidmore: Chief Finance and Operating Officer and Governing Body Sustainability Lead
Contact:	Tally Kalea: Commissioning Operations Manager
Governing Body Action Required:	☒ **Decision** ☐ **Assurance**
Purpose of Report:	To outline the work done in 2016/17 in support of the support of the sustainability agenda and seek Governing Body Sign off for the 2017/18 plan.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	To continue to commission the most valuable healthcare for our population, maintaining the highest levels of quality, safety and esteem, whilst maintaining financial balance.
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why
• **Domain 1:** A Well Led Organisation	This report assures Governing Body a programme of work is planned within the CCG around the sustainability agenda
• **Domain2:** Performance – delivery of commitments and improved outcomes	The SDMP aims to provide a focus on delivering sustainable improvement in outcomes across the CCG's work.
• **Domain 4:** Planning (Long Term and Short Term)	The SDMP forms part of the CCG's long term approach to planning, setting out principles to promote sustainability in the local healthcare system.

1. BACKGROUND AND CURRENT SITUATION

1.1. Sustainability is a key challenge and the NHS Sustainable Development Unit (SDU) has been established to support NHS organisations in meeting these challenges. One of the tools promoted by the SDU is a Sustainable Development Management Plan (SDMP), to set out a high level approach and actions to meeting sustainability obligations.

1.2. The SDMP has been updated to reflect the on-going Sustainability agenda for 2017/18

2. SUMMARY OF SUSTAINABLE DEVELOPMENT MANGEMENT PLAN

2.1. The SDMP highlights the need to adopt sustainable approaches to commissioning and delivering healthcare to ensure that limited resources are best used. This includes a focus on integration, preventative interventions and building resilience and efficiency.

2.2. There are three high level themes of work set out in the plan with a range of specific actions under each one:-

- **Developing an organisational infrastructure for sustainability –** This includes using tools to establish a baseline for sustainability performance and then developing actions in response.
- **Commissioning for Sustainability –** This is a key area of work that will support the development of a sustainable approach across the Health Economy by ensuring that this is built into commissioning and contracting arrangements.
- **Being a Sustainable Organisation –** This includes consideration of actions the organisation can take to set an example through how we use our own resources (such as buildings and approaches to travel) and minimising levels of waste.

2.3. The Governing Body lead for Sustainability is the Chief Finance and Operating Officer (CFOO). The lead will engage Operational and Contracting colleagues as required for this agenda. Update reports will be provided the Governing Body as required.

3. REVIEW OF 2016/17 SUSTAINABILITY PROGRAMME

3.1. As we do not manage our own state and occupy space in The Wolverhampton Science Park (WSP), we continue to work closely and contribute to assisting WSP to have “First Class” in the nationally recognised Green League programme. The CCG also ensured the LED replacement light scheme was implemented in all offices.

3.2. The adoption of a mobile app for meeting papers was deployed and continues to be utilised in the majority of Board and Committee meetings. This supports the continuing paperless drive of the CCG.

3.3. As part of Wolverhampton's Public Health's efforts to address issues associated with obesity the CCG participated in the 'Million miles for Wolverhampton' Challenge and staff members took part in a 'step challenge' to encourage them to increase the distance they walk.

4. 2017/18 SUSTAINABILITY DEVELOPMENT MANAGEMENT PLAN

4.1. One of the key targets for the 2017/18 year is to undertake the Good Corporate Citizen (GCC) Assessment. This will benchmark CCG against other health providers and give the organisation information to improve and refine its action plan.

4.2. As highlighted in the SDMP 17/18 another key area will be to support and review sustainable pathway planning. This will be achieved by working closely with the CCG Contracting and Commissioning leads throughout the year.

4.3. A key change in the plan for 2017/18 is the change in the lead for Sustainability, previously noted as the Corporate Operations Manager. This role is now being undertaken by the Commissioning Operations Manager who will promote the sustainability agenda within the organisation. The CFOO will continue as the Governing Body lead. Having an individual fulfilling this role at Governing Body level will not only emphasise the CCG's commitment to this agenda but will act as a driving force within the organisation to support the other actions set out in the plan.

4.4. The Commissioning Operations Manager will be supported in fulfilling the identified actions other members of the CCG team as required.

4.5. A copy of the 2017/18 plan is included with this report. The Governing Body are requested to sign off the plan

5. CLINICAL VIEW

5.1. Not applicable at this stage, as this plan is developed further, the views of clinicians will be sought and acted upon if applicable.

6. PATIENT AND PUBLIC VIEW

6.1. Not applicable at this stage, the views of patients and the public may be sought on specific areas of work as the plan progresses.

7. RISKS AND IMPLICATIONS

Key Risks

7.1. None arising directly from this report or the SDMP itself. There is a risk that a failure to think and act sustainably will cause the CCG to not make the best use of its resources. The development of the plan aims to prevent this from happening.

Financial and Resource Implications

7.2. There are no financial implications arising from this report, the work identified in the plan will be delivered within existing resources. Any specific work that does have a resource implication will be identified as the plan progresses.

Quality and Safety Implications

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

Equality Implications

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

Medicines Management Implications

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

Legal and Policy Implications

7.6. Following the work identified in this plan, there may be implications for a number of CCG policies (for example, staff travel). These will be addressed as they progress.

8. RECOMMENDATIONS

8.1. The Governing Body **Notes** the work done in 2016/17 in support of the Sustainability Agenda

8.2. **Notes** and **Approves** the work plan for 2017/18

Name	Tally Kalea
Job Title	Commissioning Operations Manager
Date:	February 2017

ATTACHED:

Sustainable Development Management Plan 2017/18

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		
Signed off by Report Owner (Must be completed)	**T Kalea**	**01/03/2017**

NHS
Wolverhampton
Clinical Commissioning Group

Sustainable Development Management Plan
2017/18

DOCUMENT STATUS:	
DATE ISSUED:	
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Contents

1. Introduction – What is Sustainable Development?

1.1. This plan sets out Wolverhampton Clinical Commissioning Group's approach to supporting sustainable development in the local health economy. It outlines the key strands of work that will need to be undertaken to ensure that, in the words of the Brundtland Commission[1], "the needs of today are met without compromising the needs of tomorrow."

1.2. As a commissioner of healthcare, the CCG aims to ensure that services for our population are focussed on continually improving health and wellbeing and delivering high quality care when necessary. Guidance from the NHS Sustainable Development Unit highlights some of the challenges the CCG will face in the future:-

- A perpetually increasing demand on health services, fuelled by a growing, less healthy, aging population with numerous co-morbidities;
- The need to meet increasing expectations around the quality of clinical outcomes and experience of using services;
- Budgetary constraints in the public sector;
- Global resource uncertainty, due to diminishing resources coupled with increasing demand from the developing world;
- A changing climate and the well documented impact this will have on health.

1.3. The CCG will only be able to meet these challenges by developing sustainable plans for the future that ensure we make the best use of the limited resources available to us. In practice this includes such measures as:-

- Exploring effective approaches to integration across the health and care system;
- Focussing on proactive and preventative services that can be delivered in the most appropriate and sustainable setting. This includes maximising the use of community services and bringing delivery to people's homes where possible;
- Building resilience by balancing present operational needs and longer term strategic goals;
- Improving efficiency and reducing waste, both within the organisation and across the system;
- Minimising the impact of our own organisational carbon emissions.

1.4. There is clear evidence in support of taking action to improve sustainability in healthcare, both in terms of reducing costs and benefits to health. The actions outlined in this plan set out both what we will do as an organisation and how we will encourage our partners across the health economy to help to develop a sustainable system in Wolverhampton. This will then lead to reduced inappropriate demand, a reduction in waste and a system that promotes greater effectiveness in the use of services and products.

[1] 'Our Common Future' – The Report of the Brundtland Commission 1987, http://www.un-documents.net/our-common-future.pdf

2. Key Work streams – How will the CCG support Sustainable Development?

2.1. The development of this plan marks a key point in sustainable development in local healthcare and it focuses on identifying key areas for action as well as setting clear principles to move forward with. It is designed to be a 'living' document that will be built upon in future to outline what the CCG will be doing to support sustainability in the local health economy.

2.2. The content of the plan sets out the work that will be delivered across the following three high level themes:-

- **Developing an organisational infrastructure for sustainability**
- **Commissioning for Sustainability**
- **Being a Sustainable Organisation**

These themes are the foundations for the plan and for ultimately ensuring that the healthcare system in Wolverhampton remains sustainable for the future.

2.3. The specific work across these themes identified in this plan will support the CCG to adapt to the changing environmental, social and financial climate and help to develop resilience across the system. This plan is structured around these themes and sets out a number of actions that will be followed over the coming years to deliver our commitment to sustainability.

3. Developing an Organisational Infrastructure for Sustainability

3.1. Whilst the development of this plan is an important first step for the CCG, there still work to do to ensure that our commitment to sustainability is fully embedded within the organisation. One of key ways we have demonstrated this is through the nomination of a Governing Body lead for sustainability, The Commissioning Operations Manager (COM) and the Chief Finance and Operating Officer (CFOO) be responsible for promoting this plan and the wider sustainability agenda within the organisation.

3.2. The Commissioning Operations Manager will support the monitoring of sustainability performance across the CCG, ensuring that we focus on continuous improvement. We will achieve this by benchmarking our performance against other similar organisations, using the Good Corporate Citizen tool which will also support us in identifying key areas for future development work. This will help us to develop specific, quantifiable targets that we can measure effectively, including targets for Carbon Reduction in line with national requirements.

3.3. The Commissioning Operations Manager will be accountable to the Governing Body's Sustainability Lead for action against the plan. Regular progress updates will be provided to the CFOO and Accountable Officer (AO) who will either authorise direct action in response to issues or make recommendations to responsible decision makers, including the Governing Body or Committees.

3.4. The Commissioning Operations Manager will ensure that the CCG reports at least annually against its sustainability targets. This will form a key element of the CCG's

Annual Report and Governance Statement but the Sustainability Lead will also be empowered to bring to the Governing Body's attention any further information or updates that might be relevant during the year.

3.5. Clearly the work under this work stream is primarily focussed on establishing a clear framework to encourage continuous improvement and embed good practice throughout all levels of the CCG. As such, many of the actions identified should be completed quickly in order to set foundations for future years. Once they are completed, the key task will be to monitor to ensure continuous improvement.

3.6. **Summary**

Action	Target Date	Responsibility of
1. Undertake Good Corporate Citizen (GCC) Assessment	May 2017	COM
2. Develop GCC Action Plan and Targets	July 2017	COM & GB sustainability lead
3. Report progress against Action Plan for CCG Annual Reporting arrangements (Governance Statement)	Feb 16/17 Feb 2018 (for 17/18)	COM & GB sustainability lead
4. Provide updates for SDMP and GCC Action Plan to CFOO & AO	Ongoing	COM

4. Commissioning for Sustainability

4.1. The CCG's primary statutory responsibility is to buy and manage the majority of healthcare services for the 265,000 patients registered with GPs in Wolverhampton. This involves annual expenditure of over £330 million and it is vital that we discharge this responsibility in a sustainable manner.

4.2. Our approach to commissioning is set out in detail in our operating plan for the next two years. This is supported on an annual basis through our commissioning intentions that are developed to support our contracting activity. We will ensure that sustainability underpins all of this work by planning pathways of care which promote preventative, proactive and self-care and awarding contracts which provide the highest quality care at best value.

4.3. In terms of practical action, we will also actively identify and address any issues identified in relation to sustainability through our contract monitoring and management arrangements. This will ensure that we not only procure services based on sound evidence but that they remain efficient and effective, avoiding duplication and waste. Providers will be held accountable for the delivery of these standards through these processes and, should any services not meet the required standards, consideration may be given to decommissioning or disinvestment.

4.4. The CCG's procurement strategy will ensure that all new procurement exercises will include measures of social value. These measures will be described in the service specifications and weighted in the evaluation of bids. Future performance monitoring

will also include assessments against individual provider organisations' own SDMP. In addition, as part of our system leadership role, we will support other organisations in setting and developing sustainability targets across the health economy.

4.5. Clearly the timescales involved in these processes will be dependent on the establishment of an effective baseline using the information gathered using the GCC and other processes. Following this, the remaining work will be reported regularly to the CFOO and AO as part of their on-going monitoring of sustainability requirements.

4.6. **Summary**

Action	Target Date	Responsibility of
5. Ensure appropriate Sustainability targets are embedded in contracting approaches	Aug 17 (review)	COM Head of Contracting & Procurement
6. Develop approaches to support commissioning for sustainability in pathway planning	January 2018	COM Head of Contracting & Procurement Head of Integrated Commissioning Head of Strategy & Transformation
7. Highlight and address sustainability issues identified through contract monitoring and management	Summer 17 (review)	Head of Contracting & Procurement COM
8. Ensure social value is embedded in procurement processes	Ongoing	Head of Contracting & Procurement COM

5. Being a Sustainable Organisation

5.1. One of the most effective ways that the CCG can influence change in the health economy is to set an example in how we act as an organisation. We employ around 90 people and we will take steps to encourage everyone connected to the organisation to behave in an ethical and sustainable way. This will include raising awareness around sustainability issues, ensuring the working environment promotes health and wellbeing as far as possible and taking steps to reduce carbon emissions. We recognise that small actions have big consequences and we will explore all the options open to us to make a difference.

5.2. There are three key areas where we can take action as an organisation to ensure we act sustainably:-

- **Our buildings and the resources they consume**
- **The amount of waste we produce**
- **Our approach to staff travel**

Steps that we will be taking in these areas are set out below.

5.3. Our Buildings

As a relatively small organisation, we do not manage our own estate, we occupy space in the Wolverhampton Science Park, a venture of Wolverhampton University. The University has a robust sustainability strategy and has achieved a First Class award – the highest possible grade – in the nationally recognised Green League programme.

The University is committed to a 40% reduction in Carbon emissions by 2020 and is engaging on a range of initiatives to achieve this including voltage optimisation, piloting the use of a combined heat and power plant and LED light replacement. The Science Park itself ensures that care for the environment is a prime consideration of their operations. Energy and resources are conserved by an active maintenance and renewal programme to lower energy consumption and a full Building Energy Management System provides the capability to control usage on a day to day basis. In early 2012 a large 50kW photovoltaic generation system was installed on the roof of the building the CCG occupies and this provides a significant reduction in the amount of electricity generated by traditional methods that is drawn from the national grid.

We encourage all our staff to work in partnership with the University and we are committed to working with them in the future to reduce our carbon footprint even further. This will include further development of use of recycling facilities, which are already available for most forms of regular waste materials including glass, paper, cardboard, plastic bottles, printer cartridges and batteries.

5.4. Reducing the amount of waste we produce

As well as working to encourage staff to continue to use the facilities we currently have access to, we will continue to take steps to reduce the amount of waste we generate as an organisation. This will include continuing to adopt new technology to reduce the use of paper, particularly for meetings.

We will work with staff to support other ideas to reduce wastage of resources, including energy (such as turning off lights and equipment when not in use) and ways we can take a lead in promoting this across the health economy.

5.5. Sustainable travel

Our offices are located just outside the city centre alongside the A449 and have good public transport links through a regular bus service into the city centre. There are facilities available for cycle storage and showering and there is a traffic-free cycle route alongside the canal into the city centre.

We will consider action we could take to promote alternatives to car travel and reduce business mileage. This will include making an assessment of our current mileage to ensure we target work effectively. Potential areas we will look at could include:-

- Car/lift sharing incentives

- Learning from other partners in the city – for example, public health colleagues are encouraged to walk to meetings at the CCG from their city centre offices.

5.6. **Summary**

Action	Target Date	Responsibility of
9. Continue to engage with Science Park to ensure we achieve maximum sustainability from our accommodation.	Ongoing	COM GB Sustainability Lead
10. Conduct consultation with CCG staff to identify options for further sustainable practice	June 2017	COM Comms Team
11. Analyse current business mileage to identify options for future development	September 2017	COM
12. Assess options for developing sustainable travel practices across the CCG	December 2017	COM

6. Future Challenges and Opportunities

6.1. Looking ahead it is clear that the way in which healthcare is both delivered and commissioned will see dramatic changes over the coming years. For the CCG this will continue to mean closer working with both provider and commissioning partners to deliver the changes that will achieve the aims set out in this plan.

The CCG will also ensure that sustainability remains an important consideration as our Primary Care Strategy develops. This will include taking a lead to raise awareness of sustainability issues across General Practice and seeking modern and efficient build solutions for our Primary Care estate.

6.2. In terms of wider work, we will ensure that the principles set out in this plan are enshrined in our future planning. This will enable us to continue to develop approaches to meeting health challenges across Wolverhampton in a way that is sustainable.

7. Review

7.1. As highlighted above, regular updates will be presented to the CFOO and AO on progress with this plan and the actions set out above. The Governing Body will review this plan in 12 months' time in the light of the work undertaken and any issues that are identified as a result.

The Black Country

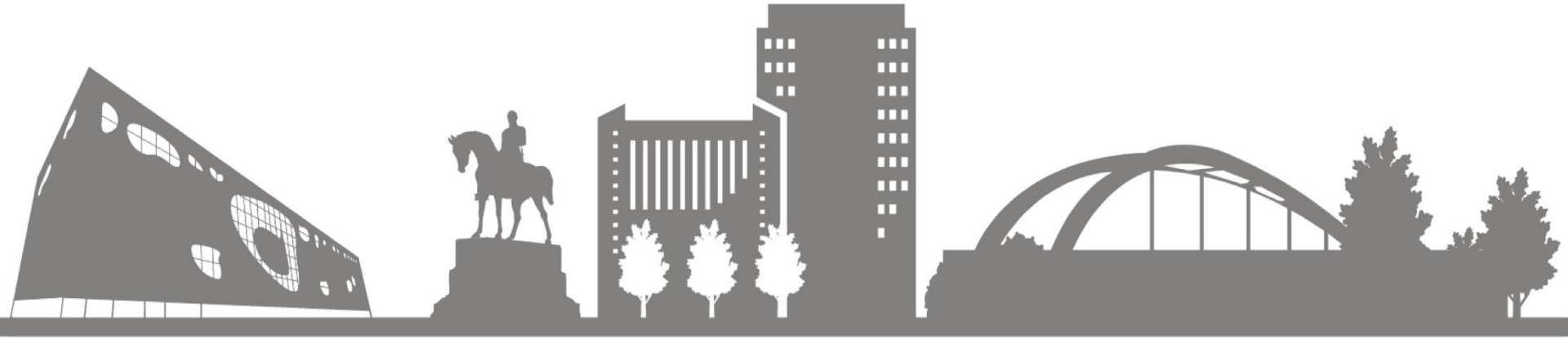
Transforming Care Partnership

Finance Plan

24th February 2017

The Black Country

Transforming care for people with learning disabilities and autism



Contents

The Black Country – Partner Organisations

Overview of Key Issues

Key Area

The Black Country TCP comprises four CCGs, four local authorities and one specialised services commissioning hub. We are also working with the Birmingham TCP where boundaries overlap in West Birmingham. All partners are genuinely bought into the TCP plan.

Total TCP population 1.4 million

1 Cross-system buy-in

2 Clear activity plan as basis

- 103 Black Country patients
- Currently 41 CCG commissioned and 62 Specialised Commissioning (December 2016).
- These patients with a variety of differing needs are placed with a variety of providers across the Black Country, Birmingham and beyond.

3 Clarity on cost pressures/ savings

- £10.4m from closing NHSE Specialised Commissioning beds. Specialised Commissioning funding to immediately follow the patient per NHSE guidance.
- All funding released from CCG commissioned beds will be reinvested in community packages.
- £13m additional cost for care packages (CCGs and LA) off-set by Specialised Commissioning funding
- Non-recurrent costs will be partially off-set by the TCP's Transitional bid – see separate section.

4 Principles/vehicles agreed for moving funds across system

- A set of principles to be formally agreed by all parties. The TCP's financial principles will ensure that the patient is at the heart of the decisions we make.
- Current pooled budget or virtual pooled budgetary arrangements will be used to fund the care of patients. In some areas there is the potential for use of New Care Models as a vehicle for change.

5 Transition costs identified

- The TCP has identified a range of transitional costs totalling £2m. The main element of this relates to double running costs but other associated transitional type costs are included, e.g. workforce analysis. A detailed plan can be found later in this document. The TCP has submitted a transformation bid of £0.65m.

6 Capital costs identified

- Working in partnership with housing providers, the TCP will secure new homes. This capital funding will likely be sourced via providers who may use government grants and private finance. There is no requirement for NHS capital at present.

7 Governance/implementation

- An updated and clear governance structure is in place – see Appendix A.
- Clear implementation plan with milestones, action owners, backed by appropriate resource and robust governance (Operational Group and Partnership Board).

Cross System Buy-in

1 Cross-system buy-in

The Black Country TCP comprises of the following partners:-

- Dudley CCG
- Sandwell and West Birmingham CCG
- Walsall CCG
- Wolverhampton CCG
- Dudley MBC
- Sandwell MBC
- Walsall MBC
- Wolverhampton City Council

All partners are genuinely bought into the TCP plan and want to improve the care and lives of their patients. Members have also contributed to this finance plan. In particular, the CCG CFOs have been sighted on this plan and the SRO is presenting updates at all stakeholder governing bodies and boards (including HWB) during March and Aril 2017.

Each partner is represented upon the Programme Board. A full governance structure can be found in Appendix A.

We are also working with West Midlands Specialised Services Commissioning and the Birmingham TCP, where boundaries overlap in West Birmingham. The Black Country TCP is responsible for reporting West Birmingham activity, whilst the Birmingham TCP is responsible for delivery. This has been agreed with the Birmingham TCP Partnership Board and NHSE.

A stakeholder engagement update has been produced and is incorporated in Appendix F. The TCP's stakeholder engagement has and will involve patients, parents and carers in our service model development.

Activity Plans

Key ingredient

2 Clear activity plan as basis

- 103 Black Country patients
- Currently 41 CCG commissioned and 62 Specialised Commissioning (December 2016).
- These patients with a variety of differing needs are placed with a variety of providers across the Black Country, Birmingham and beyond.

- **Key Issues**
- This activity plan aims to achieve patient numbers below the upper planning limit by March 2019. The Black Country is a significant outlier in its reliance upon in-patient beds when compared to the upper planning limit set by NHSE. In particular, the CCGs' in-patient numbers are four times the upper limit, whilst the specialised commissioning beds are in excess of twice the upper limit.
- The current patient numbers of 103 (December 2016) are planned to reduce to significantly by March 2019 (both CCG patients and Specialised Commissioning patients). This specialised commissioning in-patient bed reduction will limit the number of patients in high, medium and low secure settings. The CCG's will reduce the number of acute and locked rehab beds.
- These bed reductions will be replaced by an increase in community placements and services. These services will be consistent with the national service model and its nine principles. See Appendix E for an overview of the new community serves to be commissioned.

- The Black Country trajectory can be summarised as follows:-

	2015-16	2016-17				2017-18				2018-19			
NHS England Commissioned Inpatients	31.03.16	30.06.16	30.09.16	31.12.16	31.03.17	30.06.17	30.09.17	31.12.17	31.03.18	30.06.18	30.09.18	31.12.18	31.03.19
Sandwell & West Birmingham CCG	21	22	21	21	17	15	12	8	5	5	5	3	2
Dudley CCG	12	12	12	12	7	6	6	4	3	3	3	3	3
Wolverhampton CCG	21	18	18	18	12	12	11	9	6	6	3	1	1
Walsall CCG	10	11	11	11	10	7	4	3	2	2	2	1	1
	64	63	62	62	46	40	33	24	16	16	13	8	7
CCG Commissioned Inpatients													
Sandwell & West Birmingham CCG	8	15	14	12	10	4	2	2	2	2	2	2	2
Dudley CCG	7	11	11	11	7	6	4	3	3	3	3	3	3
Wolverhampton CCG	8	8	8	7	5	5	5	5	5	5	5	5	5
Walsall CCG	10	21	16	11	11	8	3	2	1	1	-	-	-
	33	55	49	41	33	23	14	12	11	11	10	10	10
Total	97	118	111	103	79	63	47	36	27	27	23	18	17

Activity Plans - Continued

- **The TCP has concerns over the validity of the expected discharge dates from specialised commissioning. Queries have been raised and we await a response. Upon a response from Specialised Commissioning, it will be likely that discharge dates amended and the activity and finance model updated.**

- A more detailed activity plan can be found in Appendix C and a more detailed/supporting finance & activity plan has also been provided.

- The TCP will reduce its inpatient bed capacity consistently with the reduction in patient numbers (See Appendix B). However, adjustments will be made for appropriate factors, such as, relocation of out of area patients, etc. Furthermore, commissioners will work with providers to ensure that stability is maintained within the provider landscape.

- The TCP will enhance the capacity of the existing community learning disability teams including the commissioning of more intensive community support, especially for those in crisis or wishing to live with families.

- New packages of care will be commissioned before March 2019.

- New homes will be required for patients – a summary of the TCP's housing strategy can be found in Appendix D

Financial Overview

3 Clarity on cost pressures/ savings

- £10.4m from closing NHSE Specialised Commissioning beds. Specialised Commissioning funding to immediately follow the patient per NHSE guidance.
- All funding released from CCG commissioned beds will be reinvested in community packages.
- £13m additional cost for care packages (CCGs and LA) off-set by Specialised Commissioning funding
- Non-recurrent costs will be partially off-set by the TCP's Transitional bid – see separate section.

The Black Country TCP will aim to deliver care in a better way, whilst optimising the resource available. The financial values contained within this plan are an extract of the TCP's financial model that has also been provided for detailed analysis. A written narrative to further support the financial model has also been provided.

The key financial position of partners and associated issues are summarised in the table below:-

	2016-17 Cost Per Organisation (£)	2017-18 Cost Per Organisation (£)	2018-19 Cost Per Organisation (£)	Recurrent Costs (£)	Double Running Costs (£)	Funding Flows - Specialised Services 2016-17	2017-18	2018-19	2019-2020	Recurrent Funding (£)
Sandwell & West Birmingham CCG	2,787,149	2,674,899	3,861,379	3,797,887	547,021	79,216	821,887	1,509,154	1,795,800	1,795,800
Sandwell MBC	391,651	1,575,495	3,153,296	3,460,863	0	54,344	697,553	1,405,123	1,691,770	1,691,770
NHS England	3,962,070	2,740,950	718,575	474,500	0	(133,560)	(1,519,440)	(2,914,277)	(3,487,570)	(3,487,570)
	7,140,870	**6,991,343**	**7,733,250**	**7,733,250**	**547,021**	**0**	**0**	**0**	**0**	**0**
Dudley CCG	2,629,600	2,859,384	2,828,937	2,553,616	384,697	76,771	527,774	834,875	864,075	864,075
Dudley MBC	72,291	1,843,446	2,068,419	2,553,616	0	76,771	527,774	834,875	864,075	864,075
NHS England	2,323,100	919,740	804,825	594,950	0	(153,542)	(1,055,548)	(1,669,750)	(1,728,150)	(1,728,150)
	5,024,991	**5,622,570**	**5,702,181**	**5,702,181**	**384,697**	**0**	**0**	**0**	**0**	**0**
Wolverhampton CCG (Pooled Budget with LA)	1,506,572	3,102,856	4,801,024	5,266,359	375,830	153,120	1,509,853	2,655,344	3,142,315	3,142,315
Wolverhampton MBC	0	0	0	0	0	0	0	0	0	0
NHS England	3,397,815	2,135,975	720,835	255,500	0	(153,120)	(1,509,853)	(2,655,344)	(3,142,315)	(3,142,315)
	4,904,387	**5,238,831**	**5,521,859**	**5,521,859**	**375,830**	**0**	**0**	**0**	**0**	**0**
Walsall CCG (Pooled Budget with LA)	6,302,600	7,993,969	9,175,712	9,375,627	621,814	13,400	1,221,733	1,873,258	2,013,175	2,013,175
Walsall MBC	0	0	0	0	0	0	0	0	0	0
NHS England	2,268,675	912,035	199,915	0	0	(13,400)	(1,221,733)	(1,873,258)	(2,013,175)	(2,013,175)
	8,571,275	**8,906,004**	**9,375,627**	**9,375,627**	**621,814**	**0**	**0**	**0**	**0**	**0**
	25,641,524	**26,758,749**	**28,332,918**	**28,332,918**	**1,929,362**	**0**	**0**	**0**	**0**	**0**

Financial Overview: Continued

Notes:

- Dowries in respect of in-patients (>5 years) will follow the patients for the remainder of their life at the transitional value without increase.
- Cost of community placements are estimated to be approximately 20% greater (after identifying all related and supporting costs, etc.) than the hospital care package they replace.
- Patient level data is included with the TCP's financial model as described earlier.
- Cost of housing will be via commissioned services from providers/housing associations. This issue is addressed further in the capital section of the finance plan. An overview of the TCP's housing plans can be found in Appendix D.
- A risk register is maintained that includes key risks, such as, new placement affordability, non-recurrent funding, workforce and system capacity.

Financial Principles and Working Arrangements

- A set of principles to be formally agreed by all parties. The TCP's financial principles will ensure that the patient is at the heart of the decisions we make.
- Current pooled budget or virtual pooled budgetary arrangements will be used to fund the care of patients.
- In some areas there is the potential for use of New Care Models as a vehicle for change.

4 Principles/vehicles agreed for moving funds across system

The key financial principles are as follows:-

Specialised commissioning funding (per NHSE West Midlands guidance). This financial model assumes that funding will transfer from specialised commissioning immediately upon the patients transfer.

The current pooled budgets will operate where appropriate, otherwise a virtual pool/risk share will operate (until more formal arrangements have been agreed in 2017/18) in accordance with the principles below.

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Principles:-

- Funding follows the patients, e.g. if the service is entirely commissioned by a CCG, they will receive the funding benefit. However, if a patient's service is jointly commissioned then the two commissioning entities will benefit in proportion to the new liability.
- A Memorandum of Understanding will be used to document the TCP's financial principles.
- The CCG CFO's have agreed the principles. However, formal sign-off is still required an by CCG Governing Bodies and HWB Board, etc.
- Transition monies will be distributed based upon the entity incurring cost. Where costs are not fully met by transitional funding, partners will receive a proportionate share.
- Data and information sharing agreements to be introduced.

Pooled budget agreements. The Black Country TCP has numerous pooled budgets (Section 117 and Section 75) in place across its constituent members.

Transition Costs

5 Transition costs identified

- **A national allocation of £20m is available to support the 48 national TCPs with their transformation costs.**
- **The TCP's transitions costs total £2m.**
- **A transitional bid has been submitted to NHSE for £0.65m over two years.**

The transitional costs associated with this initiative are summarised below:-

	2017/18		2018/19		
Description of service	**Requested NHSE funding**	**Match funding from TCP partners**	**Requested NHSE funding**	**Match funding from TCP partners**	**Brief narrative on how the specific investment will meet the objective.**
Peripatetic Case Management team to focus on discharge of highly complex patients - initial emphasis on those with extended inpatient stays.	£50,000	£50,000	£50,000	£50,000	Establishment of peripatetic case management team expected to comprise three case managers and supporting admin to be employed on fixed term contracts to March 2019. Expecting to discharge 10 patients in 17/18 with a further 14 in 18/19. Also to develop innovations that will support the discharge of less complex patients. Also to look at innovation in support and service provision and share learning to be applied more widely
Double running costs associated with the transition of patients	£215,000	£215,000	£215,000	£215,000	There will be a period of double running associated with the transition of patients from their current in-patient setting to the new proposed community setting. Note: The TCP's double running cost exceed the amount submitted within this bid following conversations with NHSE.
Workforce analysis and skills gap	£10,000	£10,000	£10,000	£10,000	Deep dive into local TCP workforce, commissioning support and local development programme.
Engagement with partners and wider stakeholders	£50,000	£50,000	£50,000	£50,000	Engagement and communications strategy to be refreshed and dedicated resource assigned to engagement with patients, carers and stakeholder organisations. Poor engagement across organisations has been a key factor in the issues the TCP is experiencing currently. Market engagement and development. Also, this will encompass engagement with patients and families
TOTAL	**£325,000**	**£325,000**	**£325,000**	**£325,000**	

The key issues in respect of the above are as follows:-

- Every effort has been made to limit the amount of transitional bid, noting that only £20m is available to support 48 TCPs.
- Double running costs have been modelled and are partially included within the above table as follows :-
  - 2017/18 £0.325m
  - 2018/19 £0.325m
- A full patient level breakdown is included within the supporting model.
- Workforce review costs have been included at £20k and engagement at £100k.
- All monies received by from the transformational fund will be 'match funded' by the TCP.

Capital Plans

6 Capital costs identified

Working in partnership with health care and housing providers, the TCP will secure new homes. This capital funding will likely be sourced via providers who will likely use government grants and private finance. There is no requirement for NHS capital at present.

As a result of this strategy the TCP will access capital via third parties to secure new homes. This capital will likely be secured through provider borrowing.

NHS capital will unlikely be used for the following reasons:-

- The TCP intends to commission combined health, social, housing and support services inclusive of capital infrastructure.
- NHSE guidance instructs CCG's not to hold building assets and stipulates this is the role of NHSPS, etc.
- CCG value for money.

Note: we are awaiting guidance from NHSE re any changes to the usual capital arrangements. Should this guidance offer alternatives different from the norm then the TCP will review its position in respect of this matter. In particular, any mechanism that enables the transfer of NHS capital to external entities, local authorities, housing associations, etc. will be considered.

Governance and Implementation

7 Governance/implementation

The TCP has a clear governance structure that has representation from all key partners. A sub-structure that support all operational issues including the monitoring of milestones, etc.. is also in place.

Key Issues

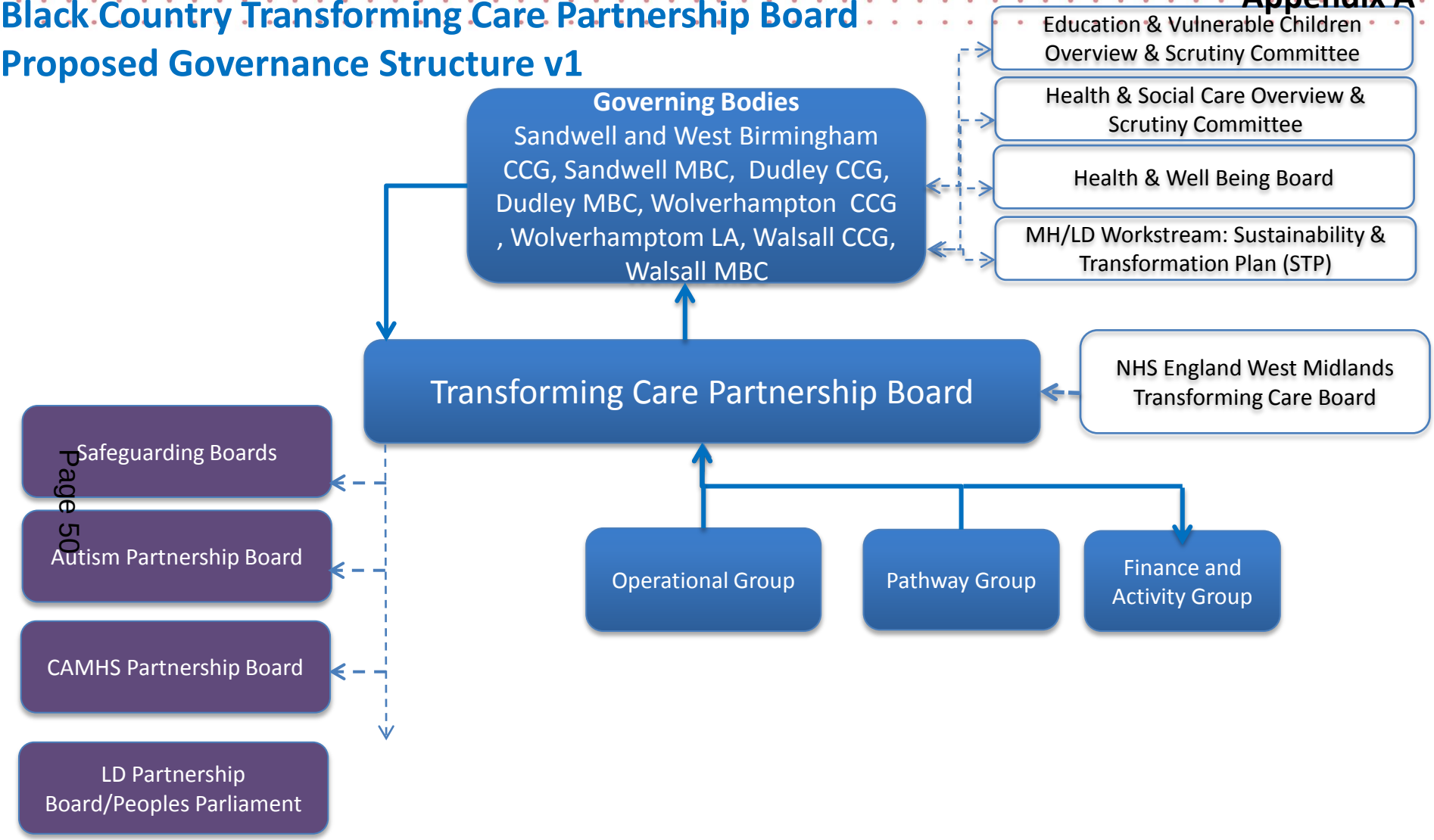
- The TCP has a Partnership Board with agreed terms of reference and representation from all key partners.
- The Partnership Board is chaired by the SRO (Chief Officer at Sandwell and West Birmingham CCG). The SRO is supported by representatives from partners across the TCP. Finance is a standing agenda item for the Board.
- The Partnership Board reports to the partners' governing bodies and has robust links to relevant fora (e.g. safeguarding, HWB boards, etc.) across the Black Country. See Appendix A for the full governance structure.
- The Board is support by a dedicated programme manager and three sub-groups/committees (Finance, Commissioning and Operations and Clinical Pathway).
- The TCP have a milestone plan which is used to report to the Partnership Board and NHSE regional teams on a monthly basis. This plan includes a section on finance.
- The TCP have recently updated the milestone plan, setting out activities relating to the slides within this document, such as:
    - Production of proforma to secure the shift in allocations from NHSE to CCGs
    - Refinement of the assumptions/costings underpinning the plan
    - Key decision points for the TCP partnership board and for individual commissioning organisations
    - The TCP have a finance working group, chaired by the deputy chief finance officer of Sandwell and West Birmingham CCG and involving finance colleagues from all partners (CCGs, local authorities, spec com hub). Different members of this finance working group are clearly identified and responsible for taking forward different pieces of work set out in the milestone plan
- All partners in the TCP have a shared understanding of how work on finance is progressed and decisions made, with most issues brought to the finance working group, then the TCP partnership board, before being formally signed-off by each participating organisation.

Appendices

A. Governance Structure
B. Overview of Bed Reduction Programme
C. Finance and Activity Plan (Overview)
D. Overview of Housing Plan
E. Overview of Service Strategy
F. Engagement Update

Black Country Transforming Care Partnership Board
Proposed Governance Structure v1

Appendix A



Bed Plan: Moving Forward

The key elements of the TCP bed plans are as follows:-

- Planned reduction of beds across the Black Country TCP
- Provision of 'bespoke' packages of care for individuals
- Prevention of entering beds by new model of learning disability services – (e.g. Wolverhampton intensive support service model), reduced A&T beds, treatment taking place in the community
- Development of a holistic approach, for people to stay at home whilst being treated
- Enhanced core service and new intensive/crisis service
- Behavioural support service embedded to prevent in-patient admissions.

Finance and Activity Overview

Appendix C

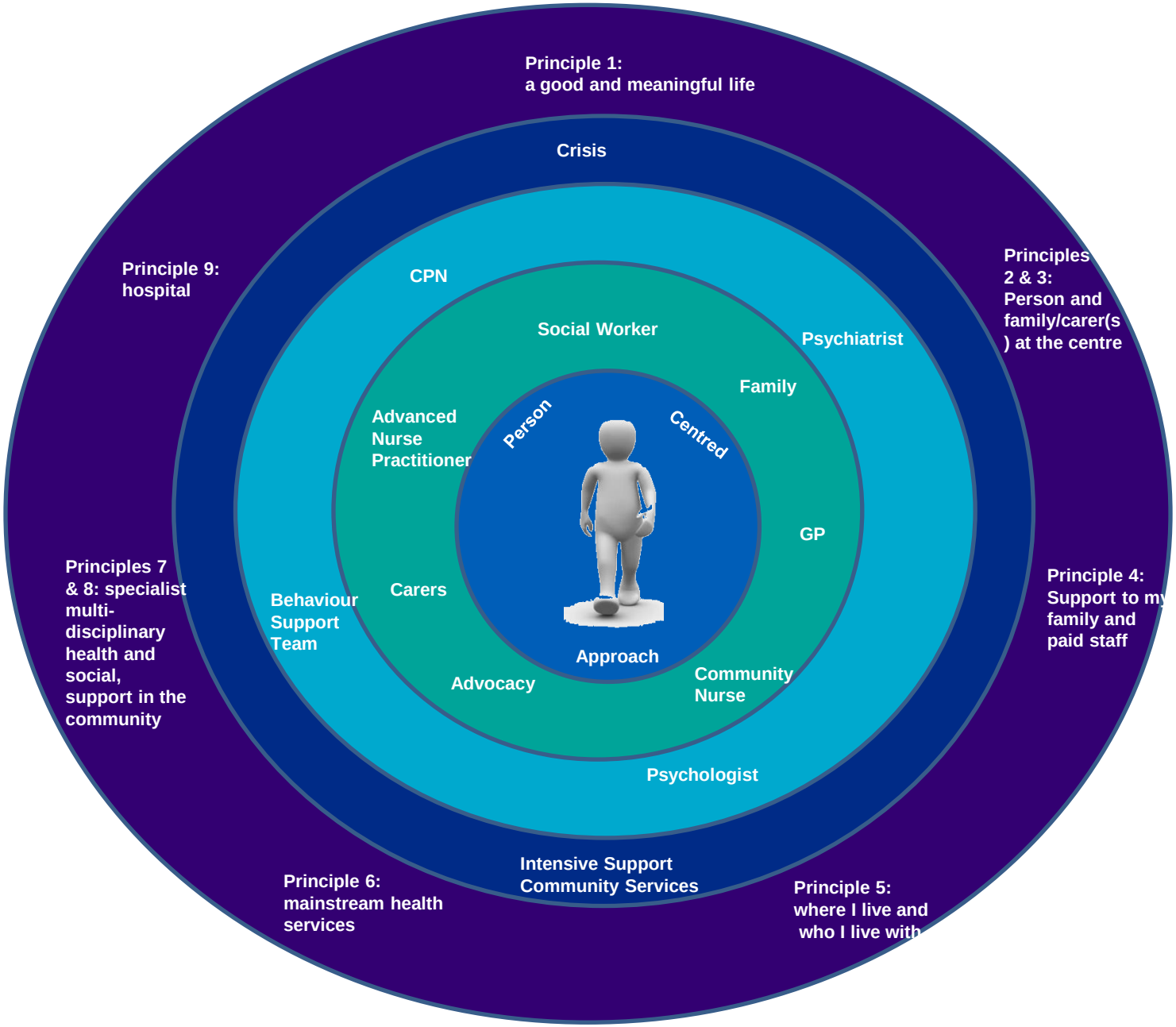
	2015-16	2016-17				2017-18				2018-19			
NHS England Commissioned Inpatients	31.03.16	30.06.16	30.09.16	31.12.16	31.03.17	30.06.17	30.09.17	31.12.17	31.03.18	30.06.18	30.09.18	31.12.18	31.03.19
Sandwell & West Birmingham CCG	21	22	21	21	17	15	12	8	5	5	5	3	2
Dudley CCG	12	12	12	12	7	6	6	4	3	3	3	3	3
Wolverhampton CCG	21	18	18	18	12	12	11	9	6	6	3	1	1
Walsall CCG	10	11	11	11	10	7	4	3	2	2	2	1	1
	64	63	62	62	46	40	33	24	16	16	13	8	7
CCG Commissioned Inpatients													
Sandwell & West Birmingham CCG	8	15	14	12	10	4	2	2	2	2	2	2	2
Dudley CCG	7	11	11	11	7	6	4	3	3	3	3	3	3
Wolverhampton CCG	8	8	8	7	5	5	5	5	5	5	5	5	5
Walsall CCG	10	21	16	11	11	8	3	2	1	1	-	-	-
	33	55	49	41	33	23	14	12	11	11	10	10	10
Total	97	118	111	103	79	63	47	36	27	27	23	18	17

	2016-17	2017-18	2018-19			Funding Flows - Specialised Services				
	Cost Per Organisation (£)	Cost Per Organisation (£)	Cost Per Organisation (£)	Recurrent Costs (£)	Double Running Costs (£)	2016-17	2017-18	2018-19	2019-2020	Recurrent Funding (£)
Sandwell & West Birmingham CCG	2,787,149	2,674,899	3,861,379	3,797,887	547,021	79,216	821,887	1,509,154	1,795,800	1,795,800
Sandwell MBC	391,651	1,575,495	3,153,296	3,460,863	0	54,344	697,553	1,405,123	1,691,770	1,691,770
NHS England	3,962,070	2,740,950	718,575	474,500	0	(133,560)	(1,519,440)	(2,914,277)	(3,487,570)	(3,487,570)
	7,140,870	6,991,343	7,733,250	7,733,250	547,021	0	0	0	0	0
Dudley CCG	2,629,600	2,859,384	2,828,937	2,553,616	384,697	76,771	527,774	834,875	864,075	864,075
Dudley MBC	72,291	1,843,446	2,068,419	2,553,616	0	76,771	527,774	834,875	864,075	864,075
NHS England	2,323,100	919,740	804,825	594,950	0	(153,542)	(1,055,548)	(1,669,750)	(1,728,150)	(1,728,150)
	5,024,991	5,622,570	5,702,181	5,702,181	384,697	0	0	0	0	0
Wolverhampton CCG	1,506,572	3,102,856	4,801,024	5,266,359	375,830	153,120	1,509,853	2,655,344	3,142,315	3,142,315
Wolverhampton MBC	0	0	0	0	0	0	0	0	0	0
NHS England	3,397,815	2,135,975	720,835	255,500	0	(153,120)	(1,509,853)	(2,655,344)	(3,142,315)	(3,142,315)
	4,904,387	5,238,831	5,521,859	5,521,859	375,830	0	0	0	0	0
Walsall CCG	6,302,600	7,993,969	9,175,712	9,375,627	621,814	13,400	1,221,733	1,873,258	2,013,175	2,013,175
Walsall MBC	0	0	0	0	0	0	0	0	0	0
NHS England	2,268,675	912,035	199,915	0	0	(13,400)	(1,221,733)	(1,873,258)	(2,013,175)	(2,013,175)
	8,571,275	8,906,004	9,375,627	9,375,627	621,814	0	0	0	0	0
	25,641,524	26,758,749	28,332,918	28,332,918	1,929,362	0	0	0	0	0

Overview: Housing Plan

- Vision: People with a learning disability should have choice and control over their lives.
  - This includes where they live, who they live with and how they are supported to live in their own homes
  - Housing options that promotes independence and enables individuals to have their own tenancy and be citizens of their community
- Demand/types of housing:
  - For people who do not benefit with sharing accommodation who need bespoke housing and plenty of outdoor space
  - Women only housing option of supported living, specifically those that self harm and have personality disorder
  - Housing for people with autism
  - Housing with a level of supervision for people coming through the criminal justice system
- Supply
  - Across the Black Country so that people can live in their own communities.
  - Housing needs to be flexible for our population which meets the needs of young people and older people.
  - We do not want housing which is or can become institutional e.g. blocks of flats or 'villages'.
- Provider engagement
  - This will include working with housing associations to develop housing that works alongside the pathway models and is affordable for commissioners

The New Care Model for Learning Disabilities



Engagement Update

- Engagement with service users, carers or family members being planned (March 2017) as part of the development of the future model- this will form part of the co-production work

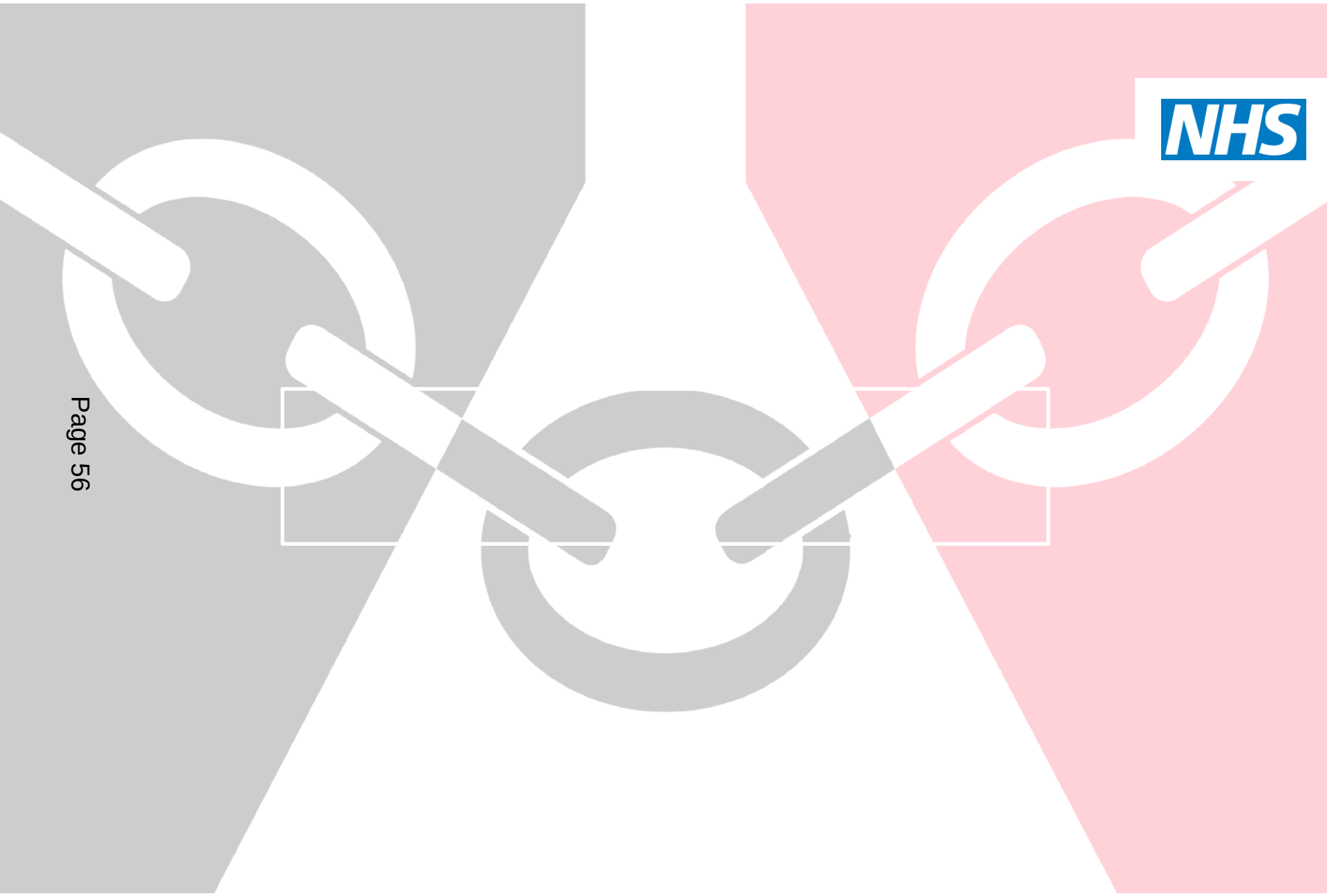
- Voices for Choices, CVS and lay members representing critical friends and service user voice do sit at Partnership Board and are included as part of the refreshed terms of reference.

- A communication and engagement plan is being developed for the TCP (April board).

- A recent workshop to re-energise the programme included a patient engagement leads and other organisations who represent patients and service users.

- The TCP is working in partnership with a national organisation delivering a patient/service user and family engagement event in March 2017.

- Wider engagement with partners and wider stakeholders.



NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body Meeting – 14th March 2017

Agenda item 14

Title of Report:	**Commissioning Committee – Reporting Period February 2017**
Report of:	Dr Julian Morgans
Contact:	Steven Marshall
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in February 2017.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
• **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.
• **Domain 2a:** Performance – delivery of commitments and improved outcomes	N/A
• **Domain 2b:** Quality (Improved Outcomes)	N/A

• **Domain 3:** Financial Management	N/A
• **Domain 4:** Planning (Long Term and Short Term)	N/A
• **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 February 2017.

2. MAIN BODY OF REPORT

2.1 Contract & Procurement Update Report

The Committee was presented with an overview and update of key contractual issues in relation to Month 8 (November) for activity and finance. An update was also included with regards to 2017/18 and 2018/19 contract negotiations which had been omitted from the previous report in error.

Royal Wolverhampton Trust

Ambulance Handovers – Following a large increase in the number of breaches, the Trust have been written to with a request for outline business cases to demonstrate how money currently withheld by the CCG will be re-invested to improved outcomes.

Services Decommissioned (Breast Feeding) – The Committee was informed that following a decision, by the CCG, to disinvest in the Breastfeeding Project at the Trust, this has created some issues for Public Health who are still in contract with RWT for a service that is not viable. This will be picked up as part of a Lessons Learnt Working Session between the CCG and Public Health.

Black Country Partnership Foundation Trust

Associate Commissioner Arrangements - The Committee was reminded of a previous proposal from the City of Wolverhampton Council to become an associate to the contract that the CCG holds with Black Country Partnership Foundation Trust (BCPFT). This request has already been approved by the Council's Cabinet and the CCG has agreed, in principle, to this request, which is also supported by BCPFT subject to executive approval.

Members of the Committee supported the recommendation for the proposal to be approved.

Fines/ sanctions – A decision has been made in conjunction with Sandwell and West Birmingham CCG, that sanctions should be applied so that the Trust is treated the same as any acute provider. This will apply from Q3.

Urgent Care Centre

The Committee was made aware that a contract performance notice has been issued to the Urgent Care Centre provider, Vocare Limited, following a number of issues of significant concerns and a remedial action plan requested. The issues include:

- Safeguarding (concerns about Vocare's staff not having the adequate level of training)
- Failure to complete outstanding actions initially raised in correspondence dated 1st December 2016
- Repeated failure to provide fully completed monthly contract review documentation in the contractually agreed format
- Concerns about quality and the accuracy of data submitted

Action – Commissioning Committee request that Governing Body note the update report provided.

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 February 2017**

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body
14th March 2017

Agenda item 15

Title of Report:	**Executive Summary from the Quality and Safety Committee**
Report of:	Manjeet Garcha, Director of Nursing and Quality
Contact:	Steven Forsyth, Head of Quality and Risk
Governing Body Action Required:	☐ **Decision** ☒ **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 confidential due to the sensitivity of data and level of detail.
Relevance to CCG Priority:	This report is intended for the public domain
Relevance to Board Assurance Framework (BAF):	Domains 1, 2, 3 and 4.

Key issues of concern for noting

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

Key Issue	Level	Comments	Detail on page/RAG
SBAR issues escalated in 2016 Report received, monitor for 3 months	1	• Delayed diagnoses • Delayed treatment • Sub-optimal care (transfer of patient) • NE Quality Visits 14/11/16 • Review in May 2017	4
Pressure Injury Grade 3/4	1	Close monitoring	7
Increased HSMR and SHMI	2	Latest HSMR and SHMI (July15-June16) increased. Full programme of monitoring in place	12
Health Acquired Infections- CDiff	1	Potential risk of increased incidence and potential harm RWT has reached its annual target, monthly CDiff back to trajectory (Nov – Jan) for close monitoring	6
HCAI- CPE and others	2	Mycobacterium chimaera: infections linked to bypass machine, national issue with manufacturer being addressed, local patient look back review in progress CPE, numbers rising as per national picture, improved accountability framework and increased focus	5
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.	F & P report
Vocare	2	Vocare issues concerning quality of data and safeguarding cover. Escalated meeting on 9th March	14
Safeguarding	2	RWT designated and named Dr cover for Safeguarding Children, LAC and CDOP is not as robust. Whilst posts are covered and there are no gaps, substantive plans for recruitment are not known. This has been escalated by contract letter sent to RWT on 3rd March requesting immediate assurance BCP interim safeguarding medical cover till March 13th, then substantive Dr coming into role Awaiting final rating from OFSTED 31st March 2017	15
CQC General Practice RWT/BCPFT	1	2 practices are being supported for 'requires improvement' RWT RI plan in place and BCPFT rating is now 'Good'	16

1.0 BACKGROUND AND CURRENT SITUATION

The CCG Governing Body delegates the quality and safety oversight to its Quality and Safety Committee, which meets on a monthly basis. This report is a material summation of the last Committee meeting 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.

2.0 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

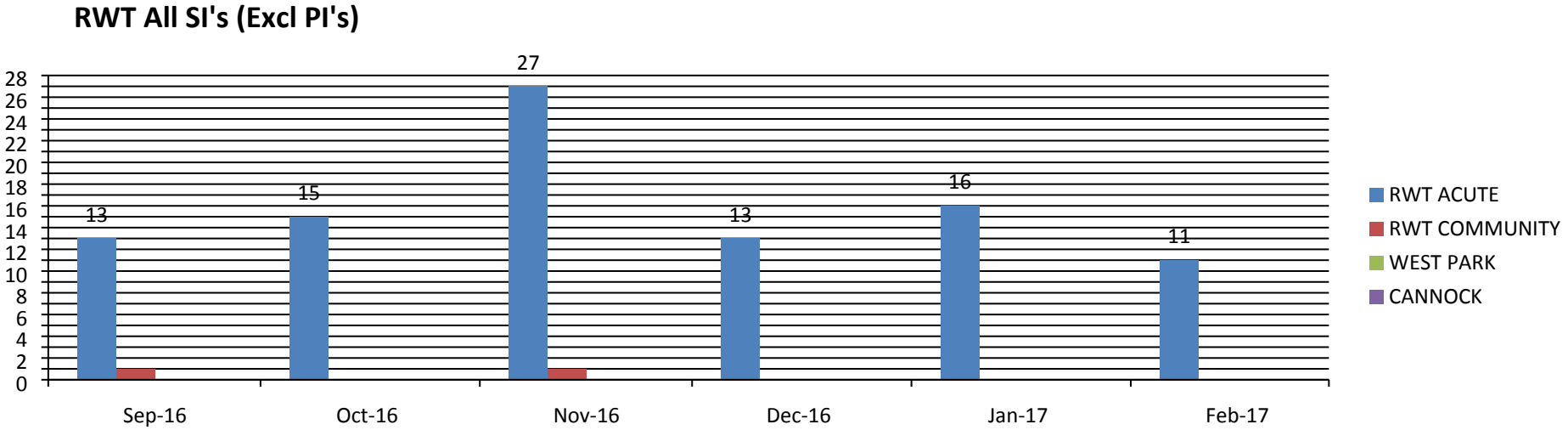
Weekly Exception Reports

There are two homes in the City that are closed due to staff and resident influenza. The home are maintaining safety and standards of care and the Infection Control Team are advising and supporting resilience.

4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Governing Body is asked to note the following:

a) Serious Incidents



Type Of Incident	Number of incidents
Treatment delay	4
Falls	2
IP	1
Diagnostic Delays	2
Pending Review	2
Total	**11**

NB. As reported in the February Governing Body Report, the Professor Mathew Cooke Report into findings related to SIs in Emergency Care has been reviewed and an action plan will come to the March CQRM. This will be monitored closely and hence remains amber on page 2 dashboard.

4.1 Infection Control Serious Incidents

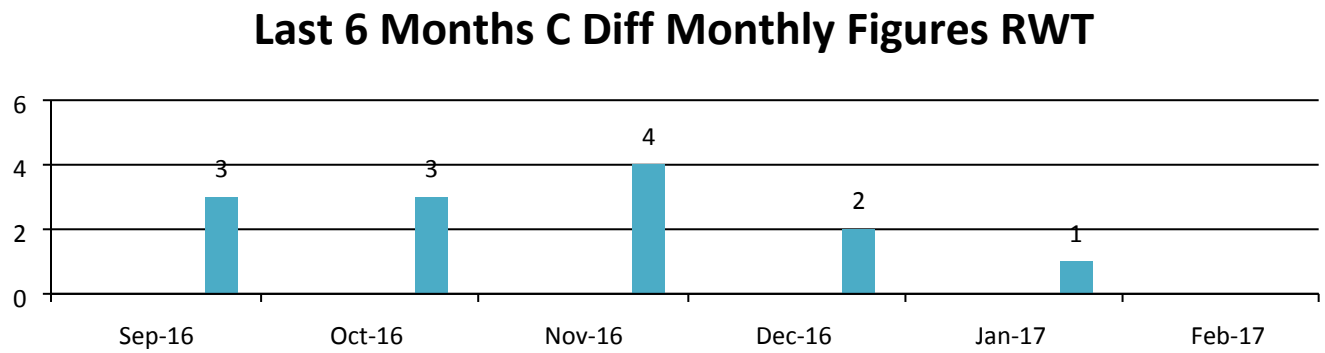
There was one serious incident reported for the HCAI/Infection control. It was reported that a Carbapenemase Producing Enterobacteriaceae (CPE) was detected in a patient's urine specimen and further contact tracing and screening exercise identified a further 3 patients with presumptive CPE. Therefore, it met the criteria for outbreak as defined in the national guidance. The incident was reported as an SI, an outbreak meeting was convened and a full RCA is being undertaken. A further update will be received at the next RWT Infection Prevention Meeting, which the CCG attends.

Mycobacterium Chimaera: infections linked to heater cooler units used with cardiac surgery bypass machines have recently received national media attention. As a result RWT have set up a responsive task and finish group to address the issues this raises:

- National address of issue with manufacturer (the company is the world leader for the production of this machine and if contracts are severed or disrupted, it is perceived that this will have severe impact on cardiac surgery worldwide.
- RWT have introduced a local cleaning regime, this has proved challenging as the local cleaning regime is also adding to the problem of the machine.
- A look back exercise has commenced, cohorts of patients have been identified; this entails contact with GP practices, confirmation patient is still contactable and then contact will be made with each patient within the agreed timescale.
- RWT have prioritised this piece of work and the infection control team are leading
- PH are leading on communications with GPs and wider.
- A regular update and assurance of progress with action plans will be sought at CQRMs and infection control meetings in collaboration with NHSE, Public Health and National Medical Safety Alerts systems.

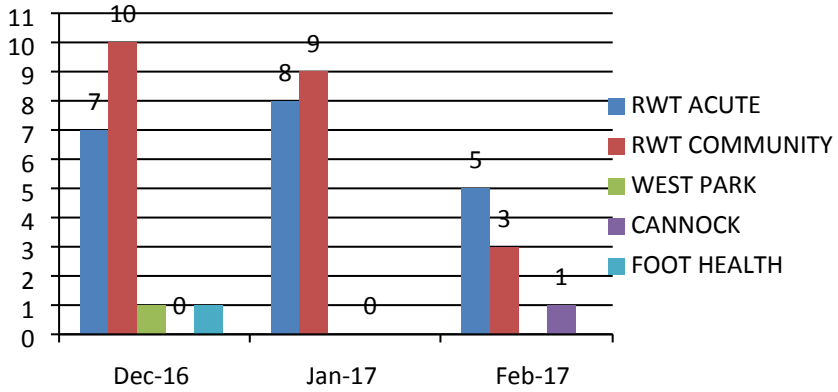
4.1.2 C.Diff Incidence

As previously reported the Trust has breached its annual target. However, there has been a significant reduction in C.Diff numbers reported by RWT in the last 5 months; Sept to Jan with the exception of Nov met its monthly trajectory and zero reported for February 2017 (final data sign off is March 15th) so this figure may change. The improvements appear to be due to a trust wide collection of activities at all levels which now are having a positive impact.

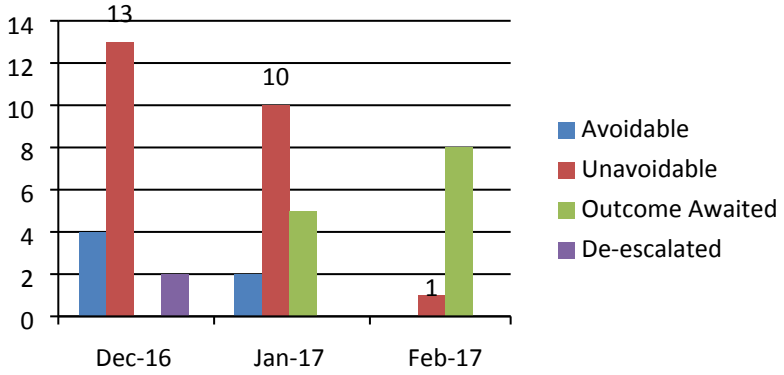


4.1.3 Stage 3 Pressure Injuries, avoidable and unavoidable in the last 3 months

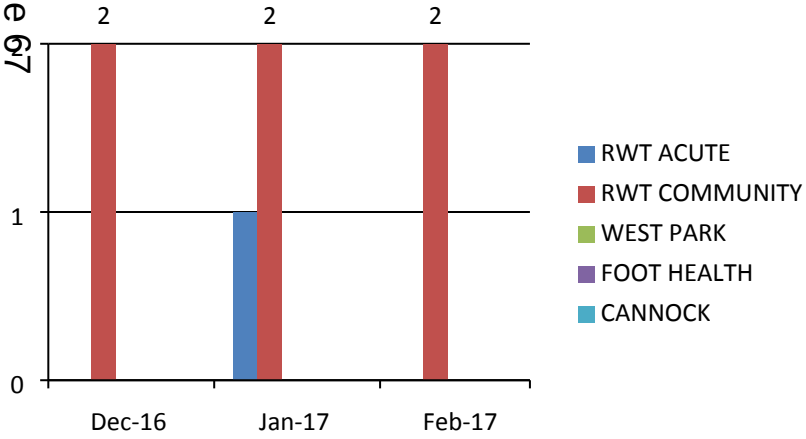
Stage 3 Pressure Injuries - RWT Last 3 Months



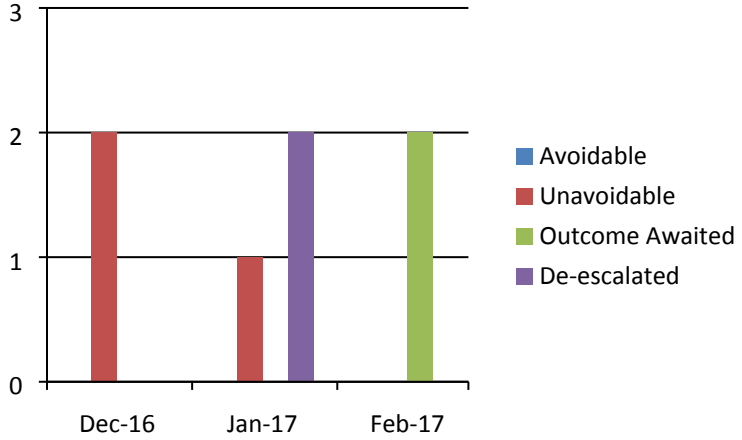
S3 - U/A Outcomes - Last 3 Months



S4 by site Last 3 Months.



S4 - U/A Outcomes - Last 3 Months



- There were 11 Pressure injuries incident reported for February 2017 which is a significant reduction compared to January

2017. 9 incidents reported as stage 3 and 2 incidents were reported as stage 4 pressure injuries.

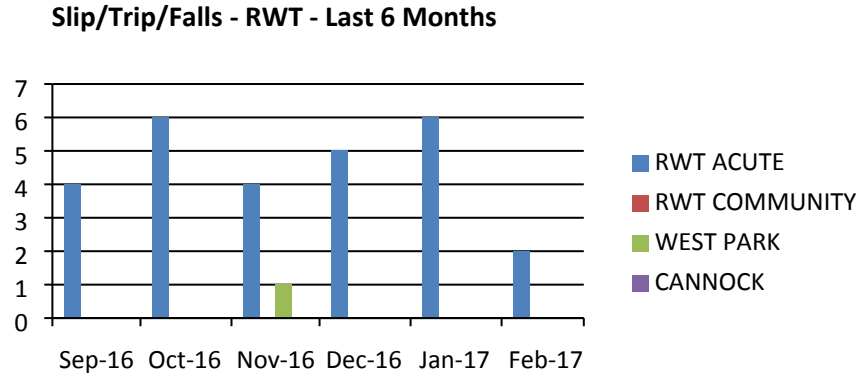
Themes Emerging from Pressure Injury RCA's :

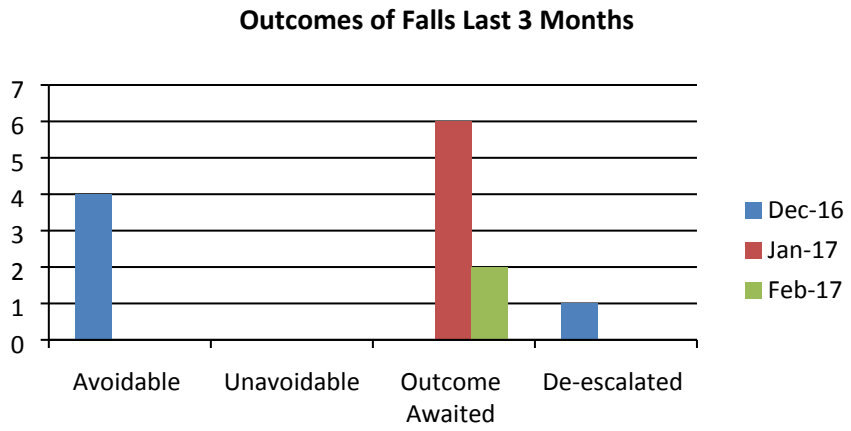
- Failure to assess and escalate pressure injuries in a timely manner
- The avoidable hospital incidents' themes were omissions in recorded interventions or omissions in discharge planning.
- Domiciliary care staff issues, this has been escalated to the LA domiciliary care commissioner and the commissioning manager has been invited to the scrutiny meetings.

Actions :

- Weekly Pressure Injury scrutiny meetings chaired by RWT Chief Nurse
- Tissue Viability Strategy plans for year 1- reviewing the wound formulary as pathway at a time, which leads to further pathway development. Pathways launched with in Trust, General Practices and Nursing Homes.
- Tissue viability steering group and CCG pressure ulcer steering group are working on further analysis of trends and recommended best practice. Some innovations require business cases to support implementation, particularly to prevent inherited incidents.
- CCG are submitting a business case to support a wound centre of excellence in January, with an aim to improve the patient referral and care pathway within a community setting.
- Table top exercise to compare heel offloading devices planned for June now once procurement have completed cost analysis of the 3 preferred products. This is due to plans required for the wound assessment CQUIN.
- The Tissue Viability Team has completed a table top exercise to compare and agree 2 items for the formulary.
- Reinforce all clinical areas to achieve 100% compliance with manual handling and pressure injury prevention and management training. This is part of the mandatory training requirements which the Trust reports to CQRM.
- Daily walk rounds by ward managers to check the overall documentation for the skin assessment and care delivered to the patients. This is part of the ward dashboards and the ward managers are held accountable at the scrutiny meetings.

4.1.4 Patient Slip/Trip/Falls





There were 2 patient falls which me the serious incidents reporting criteria for February 2017. This is a significant reduction compared to the previous 6 months.

It should be noted that a serious patient fall was discussed at February 2017 RWT accountability meeting. In this Incident, an 88 year old patient was admitted to the acute medical Unit at the RWT on 13th January 2017 and was later transferred to ward C19. However, this patient sustained a serious fall on ward C19 and subsequently died on 17th January 2017. WCCG has been informed that this incident is being investigated by the Royal Wolverhampton Hospital Trust, Local Authority, the Coroner and the Police. The CCG is in regular dialogue with RWT to gain assurances regarding this investigation.

Themes emerging from Patient Falls RCA's:

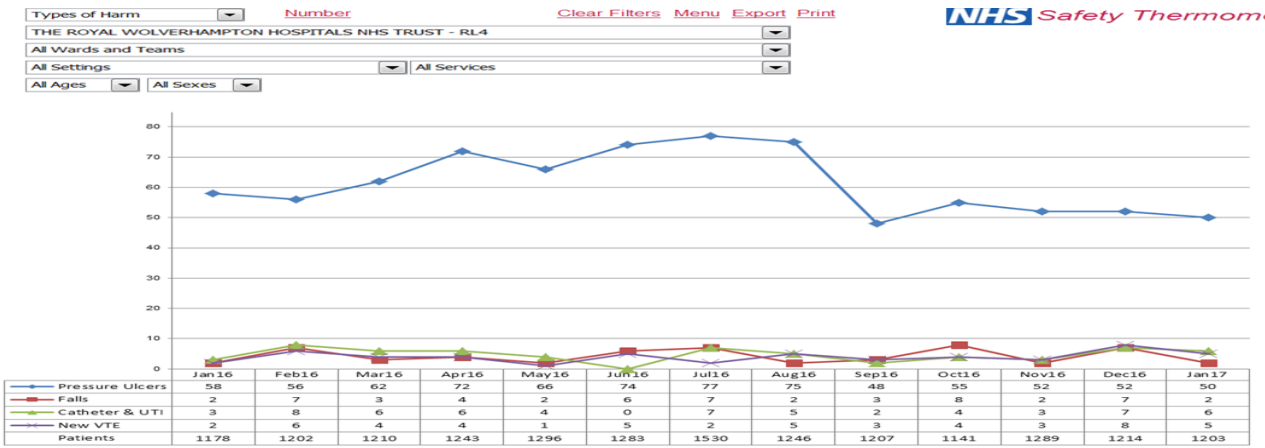
- Delays in patient discharge once medically fit for discharge
- Multiple moves/transfers of patients within hospital
- Patient transfers to inappropriate clinical areas
- Lack of supervision of confused and at high risk of falls patients

Actions :

- Falls prevention and post falls policies has been revised and has been implemented
- Internal audits of time and day of falls (there is evidence to suggest that staffing or environment at night is having impact)
- External scrutiny, NHSi National Falls Collaborative
- Staff training and education compliance monitoring
- All clinical staff to ensure medical falls assessment have been completed, this is monitored via ward dashboards and matrons have accountability at the Chief Nurse scrutiny meetings
- Arm's length and Tag Nursing (i.e. Arm's Length is when someone is within arm's length of the patient throughout and Tag Nursing is when there is someone nominated in the vicinity)

5.0 NHS Safety Thermometer – RWT recorded 94.85% harm free care for January 2017.

Graph below shows areas of harm.



	Jan16	Feb16	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17
Pressure Ulcers	58	56	62	72	66	74	77	75	48	55	52	52	50
Falls	2	7	3	4	2	6	7	2	3	8	2	7	2
Catheter & UTI	3	8	6	6	4	0	7	5	2	4	3	7	6
New VTE	2	6	4	4	1	5	2	5	3	4	3	8	5
Patients	1178	1202	1210	1243	1296	1283	1530	1246	1207	1141	1289	1214	1203

6.0 Never Events

Further to the previous report, there have been no further NEs reported by RWT. The total for the year to date is 4. All 4 have been investigated with comprehensive actions plans in place.

May 2016	Maternity/obstetrics (swab)	1
Sept 2016	Wrong side procedure (wrong heel)	1
Oct 2016*	Wrong side procedure (wrong eye)	1
Dec 2016	Retained Surgical Swab	1
Total 16/17 (ytd)		4

- Wrong side eye injection

7.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. Whilst some significant targeted work is being carried in in collaboration with the RWT, CCG, NHSi and the CSU, the Trust have commenced on the following actions;

1. Ensure that all directorates follow the mortality policy. That all deaths undergo review that the relevant documentation is forwarded to governance /uploaded onto Sharepoint and any deaths graded as potentially avoidable undergo a formal MDT within the designated timeframe with the summary and actions presented to Mortality Review Group. Managing this process will require directorate and Divisional oversight to ensure that the Trust is compliant, and will be supported by Governance.
2. The Trust has been challenged on the "independence" of the case note reviews and advised that the internal directorate reviews currently give poor external assurance. The Trust is arranging some peer review/audit of case records using clinicians from other Trusts. There is no formal process for arranging this regionally or nationally, so it will need local discussions and arrangements.
3. In addition, it has been recommended that the Trust arrange an external review of clinical "pathways" to provide further assurance that these are robust and safe and are not exposing gaps which could cause adverse outcomes. The Trust will review Myocardial Infarction and UGI haemorrhage pathways (these are diagnostic groups which are currently alerting).
4. The Trust will also review their process for palliative care coding. The Trust is suggesting that this has progressively declined since the introduction of the Swan project, perhaps to the detriment of the HSMR, but not so much to the SHMI. Interestingly, in Salford (where the Swan project was developed) their palliative care coding remains high as a percentage.
5. The Trust will need to review notes documentation and coding/ capture of co-morbidities and also review the data submissions more generally compared to peer Trusts. Currently this is being considered.
6. A more comprehensive report is being collated, awaiting business intelligence data from CSU.

8.0 Health and Safety

As reported in February, the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. Q4 report will be presented to SMT/QSC in April 2017 and assurance summary provided for the Governing Body.

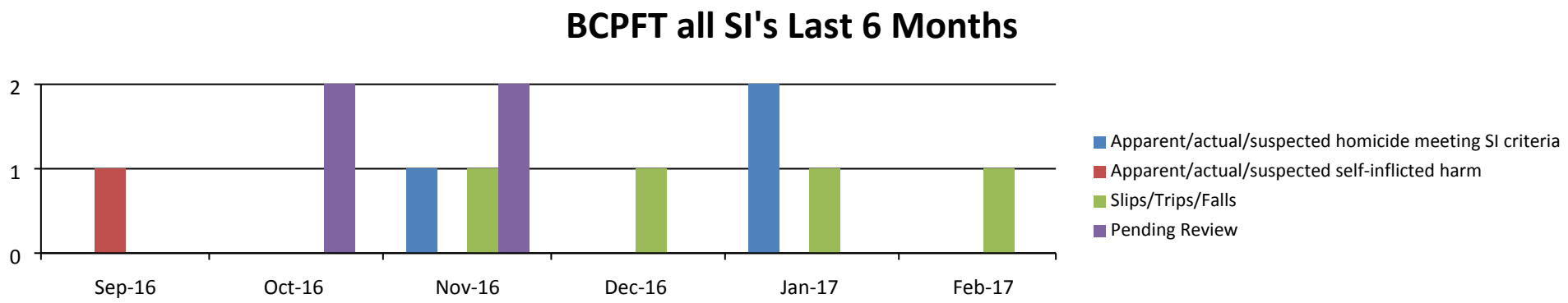
9.0 EDS2 Compliance

A separate report is presented to Governing Body on 14th March 2017, will full assurance of compliance to the EDS2 requirements. The Governing Body will be requested to note and sign off the work for publication by 31st March 2017.

10.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Governing Body is asked to note the following:

Serious Incidents



NHS Safety Thermometer – There is currently no data available for harm free care rates for BCPFT relating to January 2017. This has been queried with the Trust's Head of Governance and a response is awaited. The Trust's harm free care rate was 97.53% in December 2016.

10.1 CQC Report – the Trust has now received the final report from the CQC following last year's inspection. The Trust has been rated as "good" overall which is an improvement on the previous rating. A congratulations letter has been sent to BCPT CEO and Chairman from Dr Dan De Rosa.

10.2 CQUINs Quarter 3, 2016/17 – It was formally agreed that WCCG would withhold monies for the uptake of the flu vaccine CQUIN. The Trust had failed to meet the required milestone of 75% (Trust achieved 60.4%). It should be noted that the Trust achieved all other milestones for Quarter 3 reporting.

11.0 OTHER PROVIDERS

11.1 Vocare (Out of Hours) – Vocare have not been reporting SI incidents with the CCG, but this is now improving. Hence, WCCG received 8 incidents within the last week. Subsequently, 5 out of these 8 incidents have been reported as Serious Incidents and 3 have been deescalated as they did not meet the criteria. Vocare will investigate all 8 to see if there is any learning.

Most of the incidents reported to WCCG highlight significant concerns regarding failure to respond to the clinical needs of the patients as per the disposition code.

Contradictory to what was stated at January's CQRM, it was highlighted at the RAP meeting on February 16th, that Vocare does not have a Safeguarding Children's Level 4 Lead for the organisation. This was addressed immediately and a senior lead was reassigned to the role.

Following a request for Vocare to submit their Adult and Children Safeguarding Training (Levels 1-3) dashboard to WCCG, there is evidence that training compliance falls short of the national and CCG requirements.

Actions:

- CCG issued a contract improvement notice.
- Board to Board meeting is agreed for March 9th with senior executives from provider and commissioner.
- Monitor through CQRM and Contract Review Meetings.

11.2 **Concordia (Dermatology) –** A CQRM held on 27th February was attended by Concordia's new Contracts Manager Mark Deer. Prior to the meeting Concordia were made aware of a number of issues with regard to reporting requirements for the service as well as an increase in the number of complaints. Concordia apologised for the poor service previously experienced and gave assurance that future reporting would be concise and prompt following a management restructure. It was agreed that future CQRM's would be bi-monthly rather than quarterly for the foreseeable future.

In addition to the CQRM, WCCG's Quality Assurance Co-ordinator and Commissioning Manager undertook an announced quality visit on 27th February to Castlecroft Surgery, which is one of the sites the Dermatology service operates from. Concordia's Head of Governance was also in attendance. The visit was undertaken to ensure that the service was safe, effective and providing a positive patient experience and also to review quality assurance systems are in place. Positive discussions took place and a full report will be shared with Concordia by the end of March.

11.3 **Compton Hospice -** An announced quality visit to Compton Hospice took place on 15th February 2017 to review the process of managing falls and pressure injury incidents and to gain assurance that these incidents are managed effectively from a quality and safety perspective.

During the visit issues were identified regarding delays in incident reporting and poor management of pressure injuries and falls. All concerns were immediately raised with the Director of Quality and WCCG has requested urgent actions into these identified issues.

A comprehensive action plan has been received as an assurance from Compton hospice and WCCG continues to work closely with the organisation to resolve all issues identified during this visit.

12.0 CHILDREN'S SAFEGUARDING

11.4 OFSTED - completed their 4 week inspection of Wolverhampton Local Authority and their partner agencies on 9th February 2017. The WCCG Designated Professionals for safeguarding children were involved in a number of meetings with the inspectors relating to the work they do as advisors to WSCB and as chairs and members of WSCB committees. The judgement and its findings are due for publication on 31st March 2017.

11.5 CQC - On Tuesday 14th February 2017, CQC published its report of its review of health services relating to safeguarding children and services for Looked after Children in Wolverhampton in July 2016. The action plan to address these recommendations is currently being developed by WCCG and is due for submission to the CQC on 14th March 2017. This will be monitored by CQC colleagues in the Central Region, who will determine the appropriate regulatory response. The Strategic Group Meeting which is chaired by the Chief Nurse from WCCG meets monthly to monitor the action plan and assures the Children Safeguarding Board if there are any concerns or escalations.

11.6 MASH - The WCCG Safeguarding Children Administration Officers have now commenced in post and are undergoing an induction process to include an understanding of WCCG, LA, GP, BCPFT and the RWT processes and services to ensure they are able to fulfil their role effectively.

11.7 PREVENT - The Prevent strategy, published by the government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as "prevent people from being drawn into terrorism".

The NHS has a statutory responsibility to comply and engage with 'Prevent'. This involves the formulation of policy and procedure, the training of staff and importantly having appropriate mechanism in place to ensure that concerns are noted and shared.

The Prevent agenda is not a standalone duty but one which dovetails with WCCGs existing safeguarding responsibilities for both adults and children and described within the WCCG Safeguarding Strategy.

The Prevent duty has both strategic and operational requirements for WCCG across three themes:

- Effective leadership;
- Working in partnership; and
- Appropriate capabilities

The WCCG Director for Nursing and Quality is the organisations Prevent Lead with the Designated Nurse Safeguarding Children and due to the Public Health Lead moving to another role, the Director of Nursing has recently taken up the role as the co-ordinator of the operational requirements. This includes:

- Ownership, review and updating of the Prevent Policy.
- Management of Prevent/WRAP training for CCG staff
- Answering queries regarding data/report presented by provider organisations
- Ensuring attendance at regional prevent meetings and Wolverhampton CONTEST Board 1/4 in the absence of the Prevent Lead.
- Attendance at Channel on an "as required" basis. Such requests would come to the WCCG Prevent lead in the first instance.

12.0 Adult Safeguarding

12.1 Provider organisations - The WCCG Designated Professionals for Safeguarding Children and Adult are continuing to work together to enable the Safeguarding leads for services commissioned by CCG to understand and provide the required data via dashboards and the Assurance Framework to ensure WCCG is assured that the services have safe and effective safeguarding arrangements. The designated professionals liaise and work with the Head of Quality to address non- compliance.

It has been identified that BCPFT does not have a substantive Named Doctor for Safeguarding Children for Wolverhampton. Following escalation within the organisation interim measures are in place until the substantive post holder commences on 13th March 2017.

The WCCG Designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths is due to leave the organisation in April 2017. On-going discussions continue to place at Executive level and through contracts to ensure RWT identify a suitably trained and experienced individual to fill the role. RWTs executive lead for safeguarding has given the following information, however, a contract letter has been issued requested more detail of the recruitment plan.

- The Trust has advertised the internal role of named Dr for LAC for 3 connective months without any interest. The Trust is reviewing this urgently. The role is covered by the designated Dr but this is not best practice as the two roles are conflicted.
- The job description for the Designated Dr for Safeguarding Children has been sent to the Royal College for approval, this is awaited so advert can be placed, in the meantime, have approached an external candidate who will take this role on an interim basis until a permanent replacement has been secured.

- The CDOP Dr role is currently covered, but the Dr has given his notice to terminate this role. Of the 3 new paediatrician consultants who are commencing with the Trust in April, one of these will take on the CDOP Dr role. The current arrangements will be in place until the new consultant is in place.

13.2 Care Homes

There were 3 pressure injuries presented at CCG Pressure Injury Scrutiny Group in February, 1 unavoidable stage 4 and 2 avoidable stage 3. Action plans of improvement are with the providers alongside support from the QNAT to reduce the risk of recurrence.

In February 2017, The Quality Nurses have participated in 10 Adult MASH strategy discussions of which 4 safeguarding concerns have been escalated for Section 42 investigations; 2 are new SI's (falls with fracture) and 2 are new stage 3 pressure injuries.

There are 2 homes in the City currently suspended. The allocated QNA is working with the homes to facilitate required improvement.

13.3 Care Home Quality Indicator Submission

The Quality Team monitors quality in the care homes via the submissions care homes make. Frequent surveys are undertaken and in January, 26 homes participated. From this survey we have data from which we know that:

- that were 29 separate attendances to A&E and the highest reason for attendance was chest infection. This is an increase of 7 from the December data.
- of the 22 attendances, 22 were admitted. Again an increase of 3 from the December data. The main reason for admission was chest infection, followed by end of life patients.
- there were 11 falls which resulted in either GP attendance or A&E attendance
- 3 service users with one or more pressure injury. The RWT Tissue Viability Team supports care homes for targeted education and training.

14.0. Improving Quality in Primary Care

As of 1st April 2017, the CCG will be fully delegated for Primary Care Commissioning. In preparation for this, the Quality Team have met with NHSE colleagues to ascertain the handover. A full handover for Quality is planned for March 20th (both Directors of Nursing from CCG and NHSE). The Quality Team are also reviewing what impact this will have on team resource and capacity. This will be kept under review for the first few months to monitor.

14.1 Primary Care Workforce

This is part of the wider CCG Primary Care Strategy, however, the Workforce and Task and Finish Group are making steady progress. In the last few months the following activity has taken place:

- The Workforce Fayre is still in the planning phase. Two events are being planned; an evening event for GPs and afternoon event for other staff. It is anticipated that this will be late April.
- Nursing Associate training has now commenced. The Primary Care Quality Nurse Co-ordinator will link with the candidates for 12 hours mandatory contact between now and September. 4 nurses from across the City are enrolled.
- Two nurses have commenced the Fundamentals of Practice Nursing Programme, one at Wolverhampton and one at BCU.
- GPFV programmes, including administrator training and practice manager development are due to commence in the next few months.

- In anticipation of full delegation, Root Cause Analysis training is being provided for practice staff involved in investigating serious incidents/significant events (times have been shared with PC staff).
- A 2 day a week shared band 7 nurse role has been secured via the Walsall CPEN for workforce development. This role supports the CCG band 7 improving primary care nurse who also covers general quality issues for primary care.

15.0 BOARD ASSURANCE FRAMEWORK/RISK REGISTER

a) Number/Breakdown of Risks on Datix:

28/02/17	TOTAL
Open Risks	87
Extreme	9
High	47
Moderate	29
Low	2

Work continues on the refresh of the Risk Register and alignment of domains to the CCG's Board Assurance Framework:

- All risks have been aligned to sub committees of the Governing Body i.e. Quality and Safety Committee, Commissioning Committee, Finance and Performance, Primary Care Joint Commissioning Committee and Corporate (executive group).
- All open risks on the risk register have been reviewed for appropriateness and rating
- The risk register has been aligned to the new NPSA grid
- Changes have been made to DATIX
- Staff briefings held, staff training sessions planned for March.
- Gov Body Development sessions x3 since November to discuss and reconfirm the new Strategic objectives and aims
- New template for BAF agreed
- Report to Governing Body 14th March.
- All Committees to review risks as appropriate, agree actions so risks will now be reviewed monthly
- To be added to all agendas and TOR following advice from Governance Lead.

16.0 RECOMMENDATIONS

For **Assurance**

- **Note** the actions being taken.
- **Note** the actions taken to address RWT Mortality Alert
- **Note** the actions in relation to the Safeguarding, CQC and LAC Review in July 2016 and the concluded OFSTED Inspection.
- **Note** the contractual action taken with Vocare
- **Note** the actions taken for statutory Health and Safety arrangements for the CCG
- **Note** the actions taken to meet the EDS2 requirements
- **Continue** to receive monthly assurance reports

Name: **Manjeet Garcha**
Job Title: **Director of Nursing and Quality**
Date: **3rd March 2017**

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WOLVERHAMPTON CCG

GOVERNING BODY
14th March 2017

Agenda item 16

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 28th February 2017**
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	• **Receive** and **note** the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

• **Domain 1:** A Well Led Organisation	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **Domain 3:** Financial Management	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following 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	£351.230m	£351.230m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	294	79	(215)	G
Maximum closing cash balance %	1.25%	0.34%	-1.13%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	94%	1%	A
QIPP	£9.18m	£7.65m	£1.53m	A
Programme Cost £'000*	277,515	279,161	1,647	G
Reserves £'000*	1,483	0	(1,483)	G
Running Cost £'000*	4,629	4,578	(50)	G

- The net effect of the three identified lines (*) is a small over spend. The CCG anticipates delivering breakeven by the end of the financial year.
- Forecasting to deliver target surplus at year end (£6.172m).
- The utilisation of the Contingency Reserve is required to achieve the target position leaving little cover for any deterioration in position.
- QIPP is below target for Month 10.
- 2% underlying recurrent position is achieved.

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

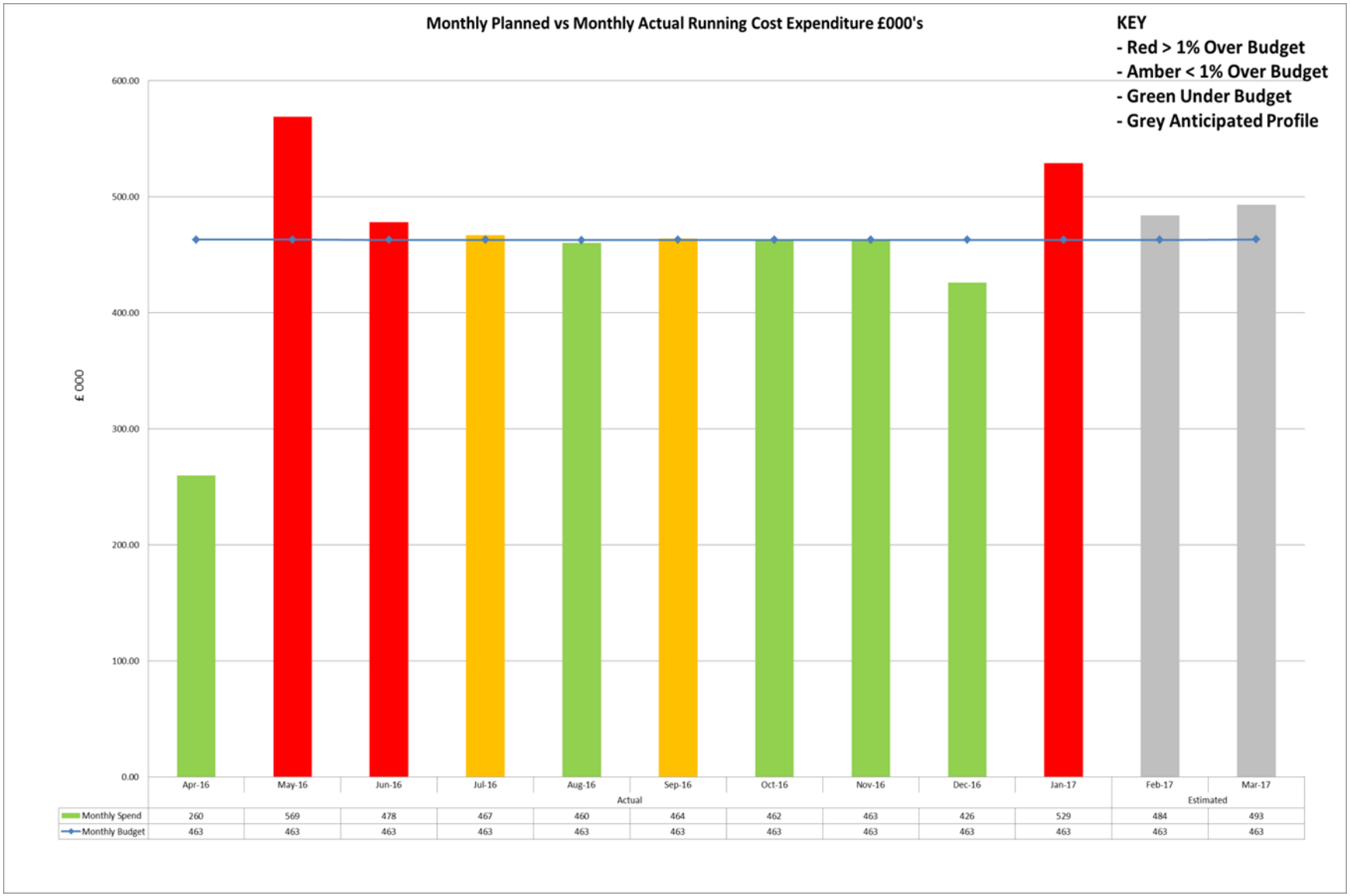
	Annual Plan £'000	YTD Performance M10			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,885	150,349	153,510	3,161	2.1%
Mental Health Services	34,686	28,905	28,889	(16)	(0.1%)
Community Services	37,682	31,408	30,459	(950)	(3.0%)
Continuing Care/FNC	12,259	10,215	11,333	1,118	10.9%
Prescribing & Quality	51,726	43,326	42,005	(1,321)	(3.0%)
Other Programme	16,304	13,312	12,966	(346)	(2.6%)
Total Programme	**333,542**	**277,515**	**279,161**	**1,647**	**0.6%**
Running Costs	5,555	4,629	4,578	(50)	(1.1%)
Reserves	5,961	1,483	0	(1,483)	(100.0%)
Total Mandate	**345,058**	**283,627**	**283,740**	**113**	0.0%
Target Surplus	6,172	5,426	0	(5,426)	(100.0%)
Total	**351,230**	**289,053**	**283,740**	**(5,313)**	(1.8%)

The table below details the forecast out turn by service line at Month 10.

	Annual Plan £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000 o(u)	Yr End Variance Non Recurrent £'000 o(u)	Yr End Variance %
Acute Services	180,885	184,267	3,382	2,552	830	1.87%
Mental Health Services	34,686	34,737	51	271	(220)	0.15%
Community Services	37,682	36,577	(1,105)	(1,596)	491	(2.93%)
Continuing Care/FNC	12,259	13,668	1,409	1,260	149	11.50%
Prescribing & Quality	51,726	49,928	(1,798)	(1,914)	116	(3.48%)
Other Programme	16,304	16,144	(160)	1,206	(1,366)	(0.98%)
Total Programme	**333,542**	**335,321**	**1,780**	**1,780**	**(0)**	**0.53%**
Running Costs	5,555	5,555	0	0	0	0.00%
Reserves	5,961	4,182	(1,780)	(1,780)	0	(29.85%)
Total Mandate	**345,058**	**345,058**	**0**	**0**	**(0)**	**0.00%**
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
Total	**351,230**	**345,058**	**(6,172)**	**0**	**(6,172)**	**(1.76%)**

- The Acute portfolio variance is due to reporting the year end settlement for RWT Acute and a series of favourable movements in other providers including unwinding of a 14/15 accrual. In negotiating the settlement both CCG and RWT shared their FOT which reflected the potential effects of Winter and additional Elective work to occur in the last third of the year to achieve headline RTT. The CCG in reaching a settlement released reserves being held specifically to fund activity and also released resource from Other Programme budgets.
- The FNC forecast has worsened between months due to the correction of an error discovered in the calculation of the price increase in the early months of the year.
- The adverse variance in Community Services is due to the inclusion of an adjustment for incomplete spells
- The favourable variance in Mental Health relates to the benefit being taken in M10 in relation to two substantial accruals no longer required as agreement on funding streams have been made.
- The variance on BCF is included within the Other Programme line and now reflects the revised forecast for WCC budgets within the BCF pool.
- The favourable variance in Other Programme is due to additional QIPP being identified and a reduction in BCF costs.


Monthly Planned vs Monthly Actual Programme Expenditure
KEY
- Red > 1% Over Budget
- Amber < 1% Over Budget
- Green Under Budget
- Grey Anticipated Profile
35,000,000
30,000,000
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
£
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
Actual
Estimated
Monthly Spend 28,042,125 27,267,786 27,424,027 28,065,637 27,861,197 27,826,810 28,548,326 27,761,879 28,101,388 28,223,444 27,801,110 32,579,272
Monthly Budget 28,056,449 27,305,820 27,290,265 28,116,838 27,868,085 28,249,124 28,368,860 27,352,668 28,173,927 28,215,829 27,778,286 32,726,849


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
£ 000
600.00
500.00
400.00
300.00
200.00
100.00
0.00
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Actual
Estimated
Monthly Spend 260 569 478 467 460 464 462 463 426 529 484 493
Monthly Budget 463 463 463 463 463 463 463 463 463 463 463 463

2. QIPP

The Committee noted a small improvement in the QIPP Programme FOT as at Month 10.

The key points to note are as follows:

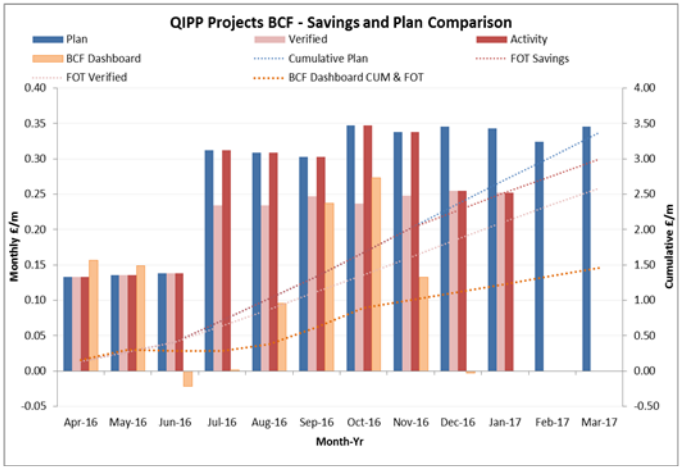
- The financial position of the CCG is predicated on achieving 100% of QIPP.
- The CCG is experiencing overperformance in areas where QIPP has been removed from contracts but schemes are not taking the desired levels of activity out e.g. BCF, as identified between reported and verified QIPP.
- There are no plans to achieve the residual unallocated QIPP, the majority of which is in relation to BCF Stretch, therefore the financial impact has been incorporated into the FOT.
- QIPP Programme Board has identified the urgent need to replenish the Hopper and to move schemes that are currently in scoping or baselining to the implementation and delivery phases.

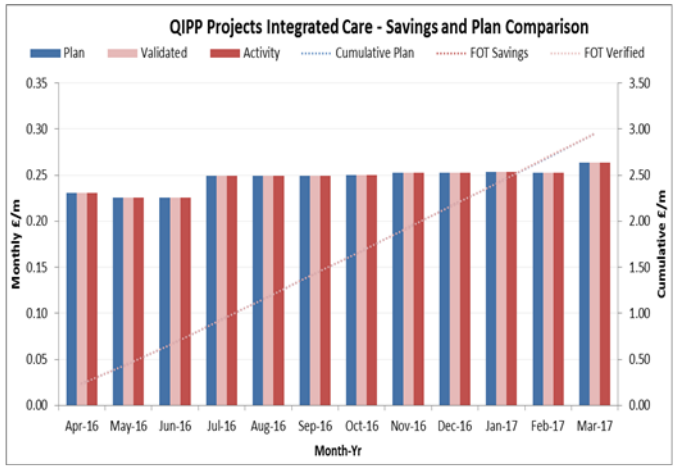
QIPP Programme Delivery Board - Validated Figures for Non ISFE

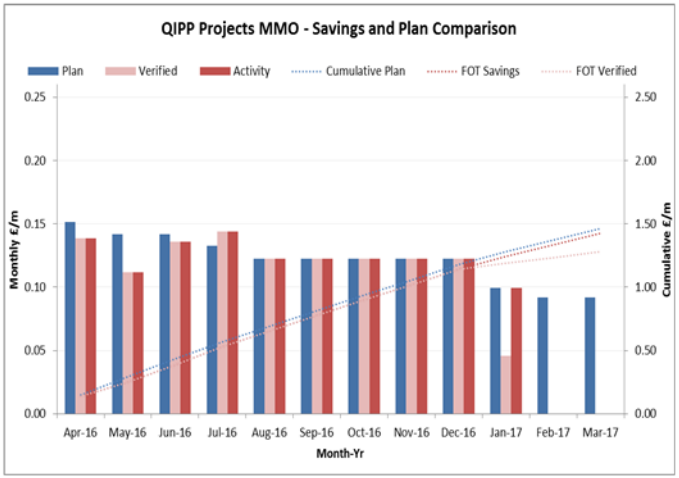
Reporting Period : Jan-17

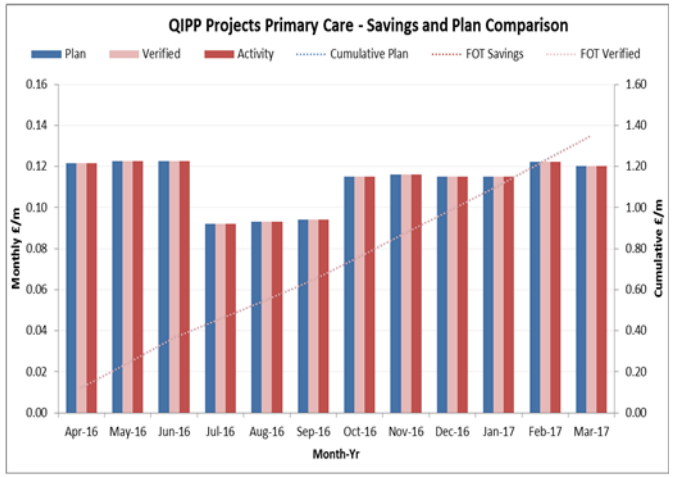
Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

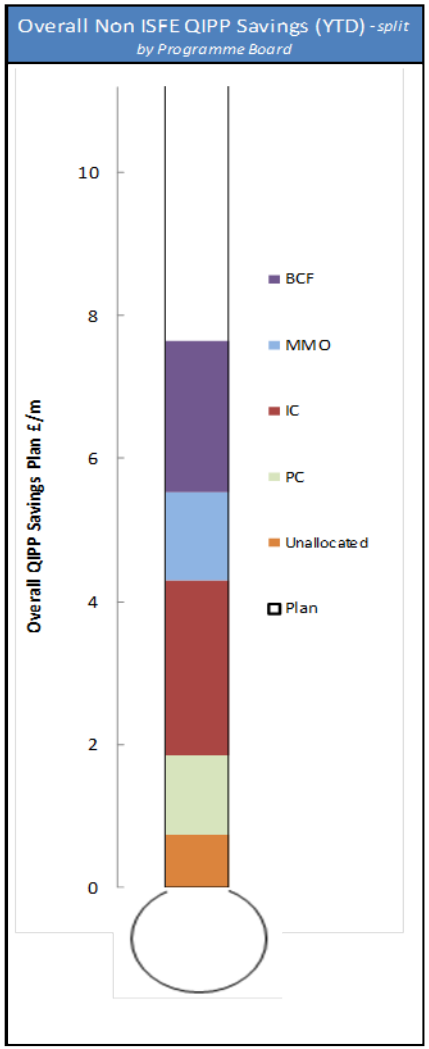
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only & BCF Dashboard











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.

QIPP Programme Delivery Board - Validated Figures for Non ISFE

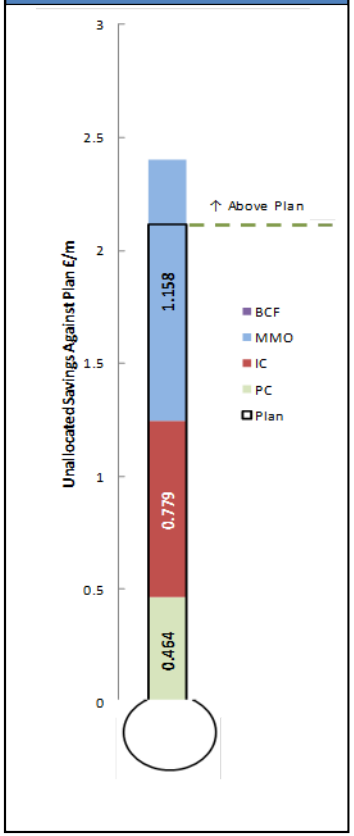
Non ISFE Reporting Period **Jan-17**

Projects within QIPP Programme Delivery Board and Annual Plan

Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only

Project Ref	Project Description	M10 Plan (YTD)	M10 Non ISFE (YTD)	M10 Variance From Plan	Annual Plan (FOT)	M10 Non ISFE FOT	FOT Variance from Plan	M10 YTD Non ISFE diff from Prog Brd	M10 FOT Non ISFE diff from Prog Brd
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.22	-0.22	0.00	-0.28	-0.28	0.00	0.00	0.00
FRP12	Asthma Avoidable Admissions	-0.07	-0.07	0.00	-0.10	-0.10	0.00	0.00	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.07	-0.07	0.00	-0.09	-0.09	0.00	0.00	0.00
FRP14	**UC Centre Procurement**	**1.06**	**1.06**	**0.00**	**1.32**	**1.32**	**0.00**	**0.00**	**0.00**
FRP14a	OOH - UCC Scheme	1.46	1.46	0.00	1.76	1.76	0.00	0.00	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (incl Ambulance Service)	0.56	0.56	0.00	0.68	0.68	0.00	0.00	0.00
FRP14c	UCC - (Acute Contracts - NHS (incl Ambulance Service)	1.12	1.12	0.00	1.38	1.38	0.00	0.00	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-2.08	-2.08	0.00	-2.50	-2.50	0.00	0.00	0.00
FRP18	Interpreting Contract	0.06	0.06	0.00	0.07	0.07	0.00	0.00	0.00
FRP20	Maternity Pathway Review & ad hoc contract lines	0.36	0.36	0.00	0.43	0.43	0.00	0.00	0.00
FRP30	Products Containing Glucosamine	0.04	0.00	-0.04	0.04	0.00	-0.04	0.000	0.000
FRP31	Prescribing Internal Efficiencies	0.77	0.77	0.00	0.86	0.86	0.00	0.00	0.000
FRP35	Community Ultrasound (Diagnostic Health) (Post ERG)	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.00
FRP36	PUVA/B tariff	0.21	0.21	0.00	0.25	0.25	0.00	0.00	0.00
FRP37	**MSK Procurement (Savings)**	**0.00**	**0.00**	**0.00**	**0.01**	**0.01**	**0.00**	**0.00**	**0.00**
FRP37a	Independent Physio MSK	0.01	0.01	0.00	0.02	0.02	0.00	0.00	0.00
FRP37b	Community Physio MSK	0.05	0.05	0.00	0.14	0.14	0.00	0.00	0.00
FRP37c	Acute Physio / T&O MSK	0.05	0.05	0.00	0.15	0.15	0.00	0.00	0.00
FRP37d	OCAS MSK	0.03	0.03	0.00	0.08	0.08	0.00	0.00	0.00
FRP37e	MSK Investment	-0.12	-0.12	0.00	-0.37	-0.37	0.00	0.00	0.00
FRP38	PEARS	0.25	0.25	0.00	0.30	0.30	0.00	0.00	0.00
FRP41	Respiratory in A&E/AMU	0.44	0.44	0.00	0.54	0.54	0.00	0.00	0.00
FRP49	Mental Health ICS	0.21	0.21	0.00	0.25	0.25	0.00	0.00	0.00
FRP51b	RWT EOL SDIP	0.17	0.17	0.00	0.20	0.20	0.00	0.00	0.00
FRP54	Therapy Service Review (R+R TEAM RWT)	0.16	0.16	0.00	0.21	0.21	0.00	0.00	0.00
FRP55	WVSC Grant Payment	0.06	0.06	0.00	0.07	0.07	0.00	0.00	0.00
FRP56	Age Uk Supportive discharge (Post ERG)	0.01	0.01	0.00	0.02	0.02	0.00	0.00	0.00
FRP58	CHC Adults	0.12	0.12	0.00	0.15	0.15	0.00	0.00	0.00
FRP59	EPP (Specific Client)	0.15	0.15	0.00	0.18	0.18	0.00	0.00	0.00
FRP62	Closed List LD	0.11	0.11	0.00	0.14	0.14	0.00	0.00	0.00
FRP63	Heatun Transactional Costing	1.00	1.00	0.00	1.20	1.20	0.00	0.00	0.00
FRP65	**BCF 2016/17 Savings**	**2.63**	**2.04**	**-0.59**	**3.29**	**2.50**	**-0.79**	**-0.59**	**-0.79**
FRP65a	BCF 2016/17 Savings (banked)	2.04	2.04	0.00	2.50	2.50	0.00	0.00	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.59	0.00	-0.59	0.79	0.00	-0.79	-0.41	-0.409
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.07	0.07	0.00	0.09	0.09	0.00	0.00	0.00
FRP78	Unallocated Savings 2016/17	1.65	0.74	-0.90	2.12	2.40	0.28	0.25	0.31
	Other								
	Grand Total	9.18	7.65	-1.53	11.26	10.72	-0.54	-0.155	-0.104

New Schemes To Address Unallocated Savings (FRP78) FOT Thermometer - *split by Programme Board*



Key:

Modernisation and Medicines Optimisation	Better Care Fund
Integrated Care	Unallocated
Primary Care	*Closed (project reference only)*

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3. PERFORMANCE

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

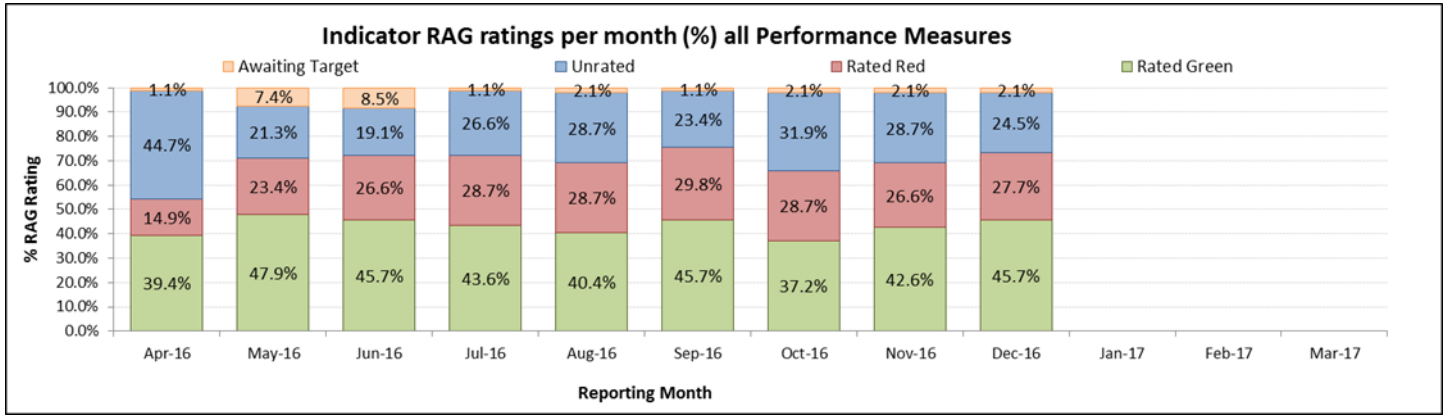
Executive Summary - Overview

Dec-16

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	11	11	11	11	2	2	0	0	24
Outcomes Framework	8	10	6	8	21	17	2	2	37
Mental Health	21	22	8	7	4	4	0	0	33
Totals	40	43	25	26	27	23	2	2	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	46%	46%	46%	46%	8%	8%	0%	0%
Outcomes Framework	22%	27%	16%	22%	57%	46%	5%	5%
Mental Health	64%	67%	24%	21%	12%	12%	0%	0%
Totals	43%	46%	27%	28%	29%	24%	2%	2%

* figures for Target TBC can vary month to month as the number of indicators not submitted (blank) for the month count will take priority. There are currently 4 indicators with targets yet to be agreed (2 of which had no data submitted for December 16)



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Yr End Target / Threshol
RWT_EB3	**Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral***	

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.50%	90.95%	91.04%	91.18%	90.45%	91.22%	90.30%	91.08%					90.97%	92.00%

The performance data for headline level RTT (Incompletes) has not been submitted as part of the December report. At time of submission the Trust confirmed that "Data was not available at time of submission" and have since confirmed performance as 90.11% and below the 92% target. The December data has since been validated via the National Unify2 submission as 90.11% with 3,116 (out of 31,505) waiting more than 18 weeks. The Trust have confirmed that the Incompletes backlog has not changed significantly due to cancelled and reduced sessions over the Christmas holiday period. Work on the Demand Management Plan (DMP) continues with several actions to recover headline performance (including referral diversions to Nuffield Health). 84 staff members have been trained on cleansing waiting lists to ensure that no inappropriate patients are being added to the waiting list. This has led to a deterioration in performance as breaches remained constant however, the denominator decreased following data cleansing. Individual specialty Remedial Action Plans (RAPs) are to cease at the end of 16/17 to allow the Trust to concentrate on the headline position following discussions (and subsequent agreement) with NHSE.

RWT_EB3

The monthly Contract Performance Report was presented to the January 2017 CRM meeting with the Trust and included trend analysis for Referrals (GP referrals = 2.22% increase from Nov15 to Nov16, Consultant referrals = 22.25% from Nov15 to Nov16). As part of the referral discussions, analysis of numbers of Outpatients discharged after a first attendance that did not include a procedure was shared for discussion. Further analysis is required between the Trust and CCG to understand if the high percentages of discharges (with no procedures) are due to inappropriate referrals or whether the referral triage process requires a review. The report also provided analysis for Outpatient DNA (Did Not Attend) percentages, with the Trust calculating as the 3rd highest percentage of DNAs (10.8%) and highlighted the high proportion specialties as : Vascular Surgery, Trauma & Orthopaedics, Paediatric Dermatology, Diabetic Medicine, Paediatrics and Physiotherapy. The Trust have confirmed that they are confident of recovery at headline level by March 2017 (including Orthodontics, although Orthodontics at spec level is likely to remain below target). The CCG performance for December has been confirmed as 90.67% (1,580 breaches out of 16,933 patients) and is therefore is also rated RED.

RWT_EB4

Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
99.08%	99.19%	99.18%	99.01%	99.20%	99.00%	99.23%	97.59%					98.94%	99.00%

The performance data for Diagnostic Tests was not submitted by RWT on the SQPR at Month 9, however, has been confirmed by the Trusts Board Reports as 98.65% and therefore breaches the 99% target (RED). Although performance represents an improvement on November (97.59%), performance remains below threshold for the second consecutive month. The Trust had previously confirmed that performance levels dropped during November due to the increase in referrals for ECGs, and the December reports have confirmed that all breaching patients have now been seen and remaining patients are below the 6 week threshold. The December breaches related to Magnetic Resonance Imaging (MRI) and Computed Tomography Scan (CT) and reasons for breaches have been confirmed as capacity issues over the holiday period. Additional sessions were arranged during January to facilitate performance improvements. The National verified figures have confirmed that breaches occurred in December for both MRI (40 breaches out of 1,163 - 96.56%) and CT scans (26 breaches out of 492 - 94.72%). There were 3 patients breaching the 6wks threshold for Non Obstetric Ultrasounds however this test area remains GREEN as within tolerance (3 breaches out of 1,419 patients - 99.79%).

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*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
85.08%	88.03%	91.61%	88.63%	90.32%	93.86%	92.33%	92.08%	91.47%				90.38%	95.00%

The Month 9 performance has failed to achieve both the National target (Type 1 and All Types) and STF trajectory (95.01%) and has seen a decline from previous months to 91.47%, however has continued to achieve over 90% for the 5th consecutive month. It should be noted that despite performance being below 95%, the continuing performance above 90% reflects strongly when compared to 15/16 local and National Trust performance. The headline performance of 91.47% can be split into the following : Emergency Department New Cross - 84.91%, Walk In Centre - 100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 98.11%. The Trust and CCG continue to hold Urgent Care teleconferences (3 per week) to discuss performance and actions. The joint triage process between RWT and Vocare has been in operation since September 2016 and will be reviewed before the end of March 2017 with a focus on safety of diverts and increased diverts to the Urgent Care Centre. The A&E Delivery Board continue to maintain an overview of the Urgent and Emergency Care System and the delivery of the 95% standard with the focus on the top three priorities (See and Treat pathway, Joint Triage and Discharge to Assess pathway). Discussions are on-going with the Local Authority to ensure adequate social care provision with deeper analysis of Delayed Transfers of Care (DToC) to gain greater understanding of where delays can be reduced. The A&E Delivery Board have taken funding decisions for 2017/18 at the earliest opportunity to ensure continuity of provision that impacts positively on system flow and pressure. GP support to Resource Centre, Voluntary Sector Scheme and Homeless Patient Schemes are to be extended into 2017/18. Comparisons using local Urgent and Emergency Care reported figures for December indicate that the decline in performance trend is consistent with other Acute Trusts within the region for the same time period Dudley Group - 83.3% with 8,722 attendances, Walsall - 67.8% with 6,240 attendances, Sandwell - 75.6% with 13,579 attendances). Early indications are that the January performance has seen a significant decline to 86.36% and is the first month to dip below 90% since July17.

Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*

RWT_EB8

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
93.30%	97.00%	96.41%	95.36%	95.63%	96.37%	96.98%	93.56%	98.40%				95.89%	96.00%

The performance for December has seen a significant increase to 98.40%, however due to previous below target performance the YTD performance remains below the 96% target (95.89%). Analysis of the Year on Year performance shows that the M9 performance is above that of 2015/16 for the same month (15/16 - 96.79% Nationally Validated). Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for December confirm that the Trust achieved 98.48% (relating to 3 breaches out of 197 patients seen) and therefore GREEN. Early indications are that the January performance remains GREEN with a small decrease to 96.65%.

Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*

RWT_EB9

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.37%	91.11%	75.76%	89.47%	87.27%	89.36%	91.67%	80.00%	72.97%				86.11%	94.00%

The 31 Days Standard for subsequent treatement (Surgery) has seen a further decrease in performance since November and has breached the 94% target for the 8th consecutive month (72.97%) and remains RED both in month and YTD (86.11%). This indicator is affected by small cohorts of patients with a total of 37 patients seen in December (8 of which breached target). Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end. The validated figures for December have now been confirmed as 78.38% (8 breaches out of 37) and therefore remains RED. Sanctions for the Q3 performance has been estimated at £12,000. Early indications are that the January performance has seen a significant decrease to 68.75% and therefore remains RED.

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_EB13

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.77%	96.88%	82.35%	84.00%	95.83%	76.92%	80.00%	95.65%	89.47%				86.88%	90.00%

Performance in Month 9 has seen a decline from the previous month and has failed to achieve the 90% target both in-month (89.47%) and YTD 86.88%. The SQPR submission indicated that there was 1 patient breach (out of 10 patients) The Trust have confirmed that this indicator is impacted by a small cohort of patients (predominately Urology patients) and is directly impacted by 62 Day urgent GP Referral to 1st definitive treatment performance issues. The Trust continue to schedule additional Saturday clinics for Urology. Following the previous Intensive Support Team (IST) visit and implementation of all their recommendations, the Trust have requested any further recommendations to aid improvement from NHSI (NHS Improvement) and the IST. The Trust have also confirmed that the December performance excluding tertiary referrals as 88.89% and therefore remains RED. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and December performance has been confirmed as 90.48% (1 patients breaching target out of 10.5) and therefore is rated GREEN. Early indications are that the January performance has seen a further decline in performance to 85.71% and therefore remains RED.

Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*

RWT_EB12

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
79.88%	72.02%	81.36%	79.77%	75.63%	80.13%	70.00%	70.76%	80.41%				76.66%	85.00%

The performance in Month 9 has seen a significant increase to 80.41% however, performance remains below both the STF trajectory and the 85% target in-month and YTD (76.66%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 18 patient breaches in December (4 x tertiary referrals, 3 x capacity issues, 5 x patient initiated and 6 x complex pathways). Analysis by Cancer site confirms the breaches are relating to : Head & Neck (4.5 breaches out of 6 - 25.00%), Gynaecology (1.5 breaches out of 6 - 75.00%), Urology (3 breaches out of 17 - 82.35%), Upper GI (1 breach out of 6 - 83.33%), Colorectal (2 breaches out of 6 - 66.67%), Lung (2 breaches out of 6 - 66.67%) and Skin (1 breaches out of 13.5 - 92.59%). Brain, Breast and Haematology saw 100% of patients seen within standard during Month 9. The Trust have confirmed performance excluding tertiary referrals as 81.69% (RED) and although this indicator has seen improvement from previous months this remains a challenging area with no tertiary centres achieving target at this time. The Trust continue to schedule additional Saturday clinics for Urology, however due to the backlog for this specialty, all patients seen currently will be breaches which has a negative impact on the compliance percentage. Following the previous Intensive Support Team (IST) visit and implementation of all their recommendations, the Trust have requested any further recommendations to aid improvement from NHSI (NHS Improvement) and additional support from the IST. Early Indications are that the January performance has seen a decline in performance and compliance is estimated to be 72.97%.

RWT_EBS4

Zero tolerance RTT waits over 52 weeks for incomplete pathways*

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	0	100	64	53	51	49	23	23				363	0

This indicator has breached the zero threshold for 52 week waiters as it continues to manage the outstanding long waiting Orthodontic patients following an in-depth review of waiting list practices. At the end of December, 23 patients were recorded as waiting over 52 weeks and the National Unify2 data has confirmed that all 23 patients are Orthodontic patients. The Trust have confirmed that reduced capacity over the holiday period has affected the December activity, however remain within target against the recovery action plan trajectory of 35 remaining waiters by the end of December. As a commissioner, the CCG have 1 Trauma & Orthopaedics patient waiting over 52 weeks at the Royal Orthopaedic Hospital (Birmingham). The co-ordinating Commissioner (Birmingham Cross City) have been contacted for updates and it has been confirmed that the breach relates to a complex spinal deformity case. A Remedial Action Plan (RAP) is in place for all of the spinal deformity long waiters at the Trust however, due to the nature of the complex cases long waits are expected. As at the end of January, it has been confirmed that there are 5 additional Wolverhampton responsible patients waiting over 36 weeks at the Royal Orthopaedic for Spinal and Spinal Deformity treatment.

BCPFT_LQGE05

Percentage of all routine EIS referrals, receive initial assessment within 10 working days

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
50.00%	87.50%	100.00%	100.00%	92.86%	83.33%	90.00%	100.00%	90.00%				88.19%	95.00%

Performance for this indicator saw a decrease in December and failed to achieve the 95% target both in month (90.00%) and Year to Date (88.19%). Performance is affected by small number variations and the January breach refers to 1 client (out of 10) failing to receive an initial assessment within 10 working days. The Trust has confirmed that the client was offered an assessment within the 10 working days target, however did not attend (DNA'd) the appointment. Following a subsequent cancellation of further appointments the client was seen, however was referred on to the Wellbeing service as an inappropriate referral for the Early Intervention Service (EIS) service. The EIS Team have reviewed assessment process and have implemented changes which appear to be improving access and waiting times - including a triage system and risk assessment to determine as to whether home visits can be instigated dependent on level of risk.
The high number of DNAs continue to be reviewed and the team continue to explore ways to reduce them, including contacting clients who DNA to establish the reasons why. If the team are able to address the reason for the DNA then alternatives can be offered to meet the need. The standard initial assessment letter has been amended to include the reason for offering early appointments to assist recovery as a lack of understanding regarding a quick initial appointment time may have impacted on DNA. The Trust have confirmed that they expect performance to meet target by Jan 2017 with the team employing a flexible approach to accommodate the clients requirements for appointments to promote engagement.

BCPFT_LQGE11 **Delayed transfers of care to be maintained at a minimum level**

BCPFT_LQGE11

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
9.67%	13.22%	13.62%	14.00%	18.45%	18.55%	18.87%	23.09%	26.73%				17.36%

BCPFT_LQGE11

Delayed Transfers of Care (DTOCs) remain an on-going issue and this indicator has breached the 7.5% threshold since August 2015 with the current performance reporting at 26.73% (the highest breach percentage reported so far). The performance relates to the total number of delay days for the month (366) over the total number of occupied bed days excluding leave for the month (1369) and is based on the Provider total (all Commissioners) and currently cannot be split by individual commissioner. Weekly bed management meetings continue with detailed discussions (with Local Authority, CCG and Trust representation) in order to agree how to move forward on each delayed patient. A detailed report showing the comparison between 15/16 and 16/17 YTD delayed discharge numbers has been shared with both the Sandwell and Wolverhampton A & E boards which is chaired by Trust Chief Execs. The A&E Delivery Boards have agreed to support the Trust in a focused piece of work to reduce delays which will ultimately have a positive impact across the Health economy.

The Head of Quality & Risk (WCCG) continues to press for a joint Local Authority/Trust and Commissioner meeting dedicated to the discussion of actions to address the DTOC issue. Difficulties have included the acknowledgment of differences between Social Care and Health DTOC definitions and processes. The Trust have confirmed that the number of delays (on the National reporting snapshot) has reduced with 5 patients (out of 48) classified as Delayed. With this reduction, the Trust expect to see the monthly occupied bed day figures to reflect the same trend for the Month 10 report.

4. Contract and Procurement Report

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

5. HMRC Taxation Changes Effective from 1st April 2017

The Committee received a briefing on changes in taxation which are due to come into effect in April 2017 and the effect on the CCG and its employees.

6. RISK and MITIGATION

Risks	Potential Risk Value Mth09	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	0.41	0.75	55.00%	0.41	49.25%
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	0.00			0.00	0.00%
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	0.75	0.50	85.00%	0.43	50.75%
TOTAL RISKS	**1.17**	**1.25**		**0.84**	**100.00%**

- The table above details the current assessment of risk for the CCG; a gross risk of £1.17m but risk assessed to £0.84m.
- The reduction in risk level is associated with the agreed year end settlement with RWT which has now been factored into the reported financial position
- Other risks are in the main associated with 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 Mth09	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	0.77	0.65	100.00%	0.65	77.38%
Delay/ Reduce Investment Plans	0.22			0.00	0.00%
Other Mitigations	0.00			0.00	0.00%
Mitigations relying on potential funding	0.18	0.19		0.19	22.62%
Actions to Implement Sub-Total	1.16	0.84		0.84	100.00%
TOTAL MITIGATION	1.16	0.84		0.84	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.
- The CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.
- The CCG has been advised that risk associated with NHS Property Services will be centrally funded in 2016/17.

Other Risk

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

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

7. RECOMMENDATIONS

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

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **28th February 2017**

Performance Indicators 16/17

Current Month: Dec

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 J 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%	91.47%	R	90.38%	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%	94.50%	G	93.58%	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%	99.46%	G	95.49%	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%	98.40%	G	95.89%	R	↑	
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	72.97%	R	86.11%	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	99.66%	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%	98.75%	G	97.57%	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%	80.41%	R	76.66%	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%	89.47%	R	86.88%	R	↓	
RWT_EBS1	Mixed sex accommodation breach*	RWT	0	0.00	G	4.00	R	→	
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	3 (11 mths) 2 (mth 12) 35 (Yr End)	2.00	G	40.00	R	↑	
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	23.00	R	363.00	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	105.00	R	532.00	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	17.00	R	93.00	R	↓	
RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G	→	
RWT_EBS6	No urgent operation should be cancelled for a second time*	RWT	0	0.00	G	0.00	G	→	
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	97.06%	G	95.69%	G	↑	
RWTCB_S10B	Duty of candour	RWT	Yes	Yes	G	-	R	↓	
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.86%	G	99.69%	G	↓	
RWTCB_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%	98.43%	G	97.64%	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%	94.56%	R	93.45%	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%	84.05%	R	83.05%	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%	2.18%	G	2.21%	G	↓	
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	0.00	G	6.00	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	1.00	R	6.00	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	1.00	R	11.00	R	→	
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.39%	G	0.44%	G	↓	
RWT_LQR8	Hospital GSF - % patients recognised as end of life are on the GSF register within the hospital.	RWT	95.00%	100.00%	G	100.00%	G	→	
RWT_LQR11	Completion of electronic CHC Checklist	RWT	TBC	88.89%		90.72%	Awaiting Target	↓	
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	91.70%	G	90.43%	G	↑	
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	91.89%	G	89.36%	G	↑	

RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	64.10%	G	72.22%	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	3.00	R	54.00	G		
RWT_LQR18aii	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Cancer Follow up ? 17 patients per month	RWT	17	56.00	G	326.00	G		
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	9.00	G	49.00	R		
RWT_LQR19a	Dressings - % formulary and exception compliance	RWT	98.00%	99.29%	G	99.46%	G		
RWT_LQR19b	Dressings - % spend via non FP10 supply route	RWT	98.00%	99.63%	G	99.49%	G		
RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	96.65%		96.92%	Awaiting Target		
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%	77.51%	R	97.18%	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%	97.30%	G	98.57%	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%	96.77%	G	97.06%	G		
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%	100.00%	G	55.37%	G		
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%	93.88%	G	91.74%	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	99.61%	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%	100.00%	G	100.00%	G		
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	100.00%	G	99.35%	R		
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	93.48%	G	88.97%	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	33.00	G	33.00	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%	100.00%	G	55.37%	G		
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	90.00%	R	88.19%	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%	84.28%	R	91.68%	G		
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.80%	G	95.74%	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%	26.73%	R	17.36%	R		
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	94.55%	G	89.64%	G		
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	94.29%	G	87.36%	G		
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	100.00%	G	98.55%	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	98.41%	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	No	R	-	R		
BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	Yes	G	-	R		
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		

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
GOVERNING BODY
14 March 2016

Agenda item 17

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC) – 21 February 2017**
Report of:	Jim Oatridge – Chair, Audit and Governance Committee
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	• 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):	
• **Domain 1:** A Well Led Organisation	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. The AGC shall critically review the group's financial reporting and internal control principles and ensure that an appropriate relationship with both internal

	and external auditors is maintained.

1. BACKGROUND AND CURRENT SITUATION

1.1 Internal Auditors Progress Report
The Internal Auditors Progress Report gave an update on the progress of internal audit work against the 2016/17 plan. Also presented were the Internal Audit Report on Corporate Governance and Internal Audit Report on Risk Management and recommendations and management actions were noted by the Committee.

1.2 Draft Head of Internal Audit Opinion and Draft Internal Audit Plan 2017/18
Drafts of both of these reports will be made available for the Audit and Governance Meeting due to take place in April 2017.

1.3 Local Counter Fraud Specialist Progress Report
The Local Counter Fraud Specialist Progress Report was presented to the Committee and an update given to advise that work was progressing well and to plan.

1.4 Draft Counter Fraud Plan 2017/18
The draft counter Fraud Plan 2017/18 was presented to the Committee outlining resources by the counter fraud team for the coming financial year.

1.5 External Audit Update
Mr Rohimun presented the External Audit Report for 2016/2017 to the committee.

A further updated version will be considered by the Committee as it was agreed that a further element of work is required to review risk management as highlighted in the Internal audit report presented by PWC.

1.6 Risk Register Reporting /Board Assurance Framework.
Work is ongoing work in this area to redesign reporting and promote staff awareness of risk. This is being undertaken by the Executive Nurse. Manjeet Garcha briefed the Committee on the progress of actions to cleanse the risk register, assign risks to CCG Committees and redesign the Board Assurance Framework.

1.7 Draft Annual Governance Statement
The Corporate Operations Manager presented to the Committee a draft version Annual Governance Statement for initial comment and review.

1.8 Committee Annual Report
A draft version of the Committee Annual Report was presented to the Committee for review and comment. It will be finalised at the April 2017 Committee meeting with a view to presenting it to Governing Body in May 2017.

1.9 Final Accounts and their preparation including update on submission of Month 9 accounts
Work is on track to meet the submission deadline of 31 May 2017 with a draft set of accounts being considered by the Audit and Governance Committee on the 18 April 2017. Governing Body has a meeting scheduled for 23 May 2017 at which the Audit and Governance Committee will be requesting that the accounts and annual report be signed off.

1.10 Losses and Compensation Payments – Quarter 3 2016/17
No losses or special payments were reported in quarter 3 2016/17.

1.11 Suspensions, Waiver and Breaches of SO/PFPS
There were no suspensions of SO/PFPs in quarter 3 2016/17.

1.12 Receivables/Payables Greater than £10,000 and over 6 months old
The Committee noted that as at 31 December 2016, there were 5 receivables and 18 payables over £10,000 and greater than 6 months old.

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.

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: **23 February 2017**

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WOLVERHAMPTON CCG

GOVERNING BODY
14 MARCH 2017

Agenda item 18

Title of Report:	**Summary – Primary Care Joint Commissioning Committee 7 February 2017**
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:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide the Governing Body with an update from the meeting of the Primary Care Joint Commissioning Committee on 7 February 2017.
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
• **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 7 February 2017. This report provides a summary of the issues discussed and the decisions made at those meetings.

6 DECEMBER 2016 COMMITTEE MEETING

2. PRIMARY CARE UPDATES

2.1. The Committee received the following update reports:-

- **NHS England**
  The Committee noted that they have not received any updates from the regional or national team. It was stated that the contract changes have now been agreed between NHS employers and the General Practitioners Committee and will be published shortly.

- **Wolverhampton CCG**
  The Committee were informed that a Members Meeting had taken place on 25 January 2017 where discussion took place around the new models of care. It was noted that the General Practice Five Year Forward Plan for the CCG has now been submitted to NHS England. The Committee were also informed that Wolverhampton CCG is one of the first in the country to roll out WIFI access within their member practices.

- **Primary Care Programme Board**
  The Committee were updated around the Community Equipment Procurement and it was noted that this would be a joint exercise with the City of Wolverhampton Council.

- **Primary Care Operations Management Group**
  The Committee noted an update around the GP Five Year Forward View training programme and it was highlighted that additional staff resources would be allocated to support this. An overview of the collaborative contract review visit programme was provided and it was noted that the process continues to receive positive feedback from practices.

3. OTHER ISSUES CONSIDERED

The Committee met in private session to discuss the vertical integration evaluation report, an application for a practice re-location and the new Zero Tolerance specification that has been developed in anticipation of the CCG assuming commissioning responsibilities for primary care from 1 April 2017.

4. CLINICAL VIEW

4.1. Not applicable.

5. PATIENT AND PUBLIC VIEW

5.1. Not applicable.

6. RISKS AND IMPLICATIONS

6.1. None arising from this update.

7. RECOMMENDATIONS

That the Governing Body Note the Report

Name Pat Roberts
Job Title Lay Member for Public and Patient Involvement, Committee Chair
Date: 27 February 2017

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**	**27/02/17**

New Models of Care (Wolverhampton)

NHS
Wolverhampton
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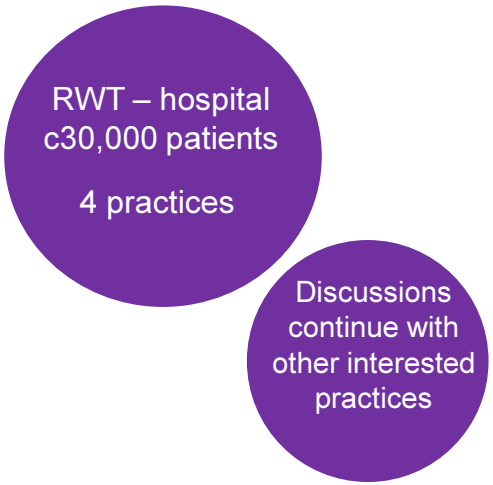
Multi-speciality Care Provider is a new deal for GP's as part of the 5 Year Forward View. This would take the shape of being a collaboration of a group practices i.e. federations, networks or single organisation(s). This is not only an opportunity to standardise back office functions and avoid replication but also a way of expanding leadership to include many healthcare professionals. Across the grouping there will be a collaborative approach to service provision whilst there will be a greater convenience for patients shifting the majority of outpatient consultations & ambulatory care out of hospital settings.

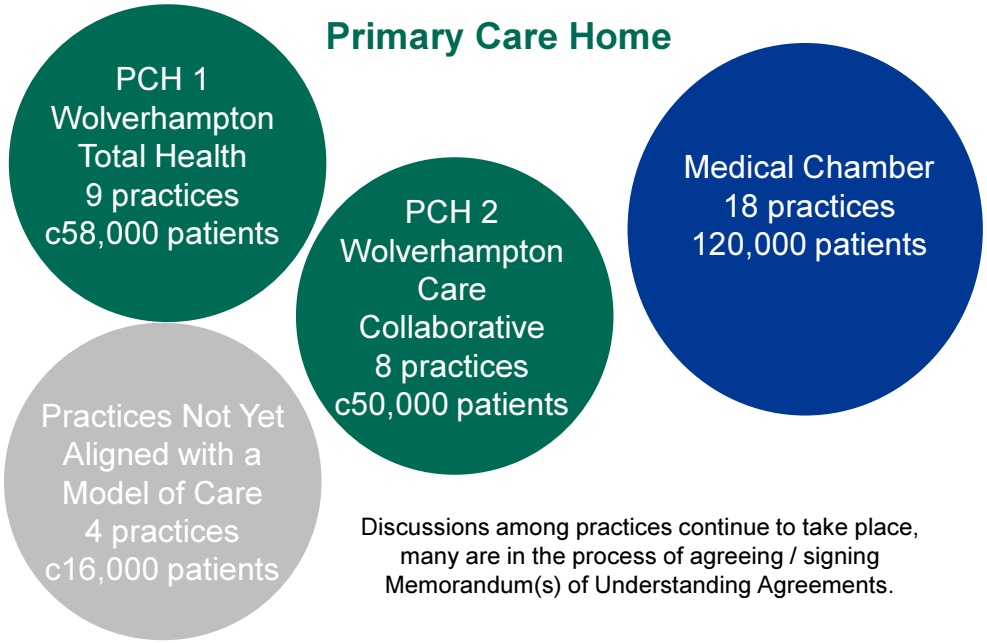
Primary & Acute Care Systems (PACs/VI) is a collaboration between NHS Trusts and GP Practices to meet the needs of registered list(s) of patients. This is an opportunities for trust's to kick-start primary care expansion but reinforce out of hospital care which could evolve into taking accountability for all health needs of a registered list of patients. Part of Vertical Integration is a greater level of back office support which is intended to improve the business element of General Practice.

Vertical Integration (VI)



Primary Care Home is a joint NAPC and NHS confederation programme. Primary Care Home Model is based on care hubs/neighbourhood approach. Supported by the new models programme featuring provision of care to a defined, registered population between 30-50,000 people, function with an integrated workforce with a strong focus on partnerships spanning primary/secondary/social care, a combined focus on the personalisation of care with improvements in population health outcomes, alignment of clinical & financial drivers with appropriate shared risks and rewards.

Primary Care Home



Discussions among practices continue to take place, many are in the process of agreeing / signing Memorandum(s) of Understanding Agreements.

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NHS
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Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body – March 2017

Agenda item 19

Title of Report:	**Report of the Primary Care Strategy Committee**
Report of:	Steven Marshall
Contact:	Sarah Southall
Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	Provide assurance on progress made towards implementation of the CCGs Primary Care Strategy:- • Program of Work Delivery & Governance Arrangements • New Models of Care • General Practice Five Year Forward View Implementation Reports from the committee are provided at monthly intervals to ensure the Governing Body are kept appraised the extent of implementation of the CCGs Primary Care Strategy. On this occasion the report spans activity that has taken place during December and January.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	Better Care – Primary Medical Care including access to services

1. BACKGROUND AND CURRENT SITUATION

1.1. The CCGs Primary Care Strategy was ratified by the Governing Body in January 2016 in recognition of the changing demands in primary care. The programme of work was launched in the summer of 2016 and this report provides an overview of the progression taking place.

1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities.

2. PRIMARY CARE STRATEGY COMMITTEE

2.1. This report provides an overview of progress reported in December & January 2017:-

- Program of Work Delivery & Governance Arrangements
- New Models of Care
- General Practice Five Year Forward View

2.2 The programme of work was largely performing in line with predicted timescales however, the committee did receive two exception reports as follows:-

- New Models of Care – Relating to EMIS; functionality to enable shared access to clinical records across Primary Care Home
- IM&T – Development of Text Messaging Solution

Both reports were considered and accepted by the committee and subsequent amendments were being made to the programme of work to reflect the revised timescales.

2.3 The Program Management Office continue to support all seven task and finish groups attached to this program of work. The Primary Care Strategy Committee received highlight reports from the following groups in February, the highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	• Group met in February • Non-clinical support functions review continues to take place in conjunction with Primary Care Home & Medical Chambers • Discussions continue within the group regarding delivery models for improving access at group level and the priority areas each group intend to work towards from the 10 High Impact Actions. • An evaluation report was also received regarding extended access over the xmas & new year bank holiday period.

	• The specification for Risk Stratification had been considered at the Clinical Reference Group and discussions with the Community Matrons Service Lead & Group Leaders was due to take place in March to ensure effective implementation. • Ten high impact actions will be included in the incentive scheme for practices 2017/18 to improve access for patients in line with the new ways of working advocated in the GPFV. Delivery plans are being finalised at group level. • Appointment to the role of Mental Health Project Manager had been secured in February with an anticipated start later in March to focus on Primary Mental Health Care.
Localities as Commissioners	• Alignment of practices with each New Model of Care continues to be monitored by the group. • The Basket Services Review had concluded and the revised arrangements were due to take affect from 1 April 2017. • Local discussions regarding the development of a Quality Outcomes Framework (QoF Plus) had commenced. The Steering Group met for the first time in January and will meet at 4-6 week intervals. The Terms of Reference were agreed & clinical engagement had been identified to review disease/condition specific indicators with a view to developing a series of additional local indicators. • Group level meetings continue to take place with an interface from the CCG for each model of care.
Workforce Development	• Arrangements for the Workforce Fair continue. • Funding for development of nurse mentors in Primary Care was due to be confirmed. • Nurse Facilitator from the CEPN had commenced in post. • Five GP Practices had been confirmed as student nurse placement sites with mentor support from the University. • Four nurses have applied for SLAiP Mentorship Training. • Risks identified in relation to the lack of suitably qualified mentors placing reliance on the University & may result in students having to withdraw from course(s). • A range of educational programmes were underway in response to the GPFV in conjunction with NHS England & Health Education England ie Vulnerable Practice Programme, Practice Resilience Programme, Time for Care, Admin & Reception Training plus Triumvirate

	Leader. • Interface with each Model of Care is also factored into discussion in relation to workforce data & development of staff groups as per the GPFV.
Clinical Pharmacists in Primary Care	• The Task & Finish Group had not met since January. • Work stream Lead highlight report confirmed that each model of care had submitted bids for funding and the outcome was awaited. • The Clinical Pharmacist role continues to be promoted among practices so that they recognise the benefits of the role.
General Practice Contract Management	• Preparation for full delegation was in its final stages. The Task and Finish Group continue to meet and intend to meet early into the new financial year to conclude their activities. • Formal approval for full delegation from NHS England had been received in February. • The final revised offer from NHS England Primary Care (Contracting) Hub is awaited. • Collaborative contract review visits continue to take place, the sixth visit was due to be undertaken on 1 March. An evaluation of the 6 month pilot is planned for later in March. • The maturity & organisational readiness for each model of care was discussed in relation to MCP contracting. • The outcome of GMS Contract Negotiations was acknowledged. The implications will be discussed in further detail in March. • Feedback from recent Kings Fund Event was also shared. • Expressions of interest for End of Life, Zero Tolerance Service & Counselling Services were also underway.
Estates Development	• Contractual implications associated with the South East Locality Hub continue to affect slippage of this work programme. • An independent prioritisation exercise was taking place and expected to take 4-6 weeks to conclude. • Cohort 1 Schemes (ETTF) noted that 3 month slippage as a result of land lease agreements. Assurance had been received to confirm funding remained secure for these developments.
IM&T	• EMIS Remote Consultation meetings for Primary Care Home and PACs were taking place. • Funds had been received for the Early Adopters WIFI Project; completion is due by the end of March 2017. • The Jayex Project had commenced across practices in

	the city. • ETTF bid had been submitted to expand the existing shared care record • Exception report also received regarding the development of text messaging.

2.4 Each task & finish group has a detailed programme of work that was also reviewed by the committee in support of the performance detailed the highlight & exception reports mentioned above.

2.5 Whilst there are risks attached to the delivery of the work programme there are no red risks to report based on discussions upto and including the committee meeting held in February 2017.

3.0 NEW MODELS OF CARE

3.1 There has been slight movement in practice alignment to each model of care in the city during the month of February as follows:-

- Practices not yet aligned to a model of care is was 5 in January, one of these practices has aligned with Medical Chambers and signed their memorandum of understanding leaving 4 practices not yet aligned. Two of these practices are in discussion with Primary Care Home regarding the feasibility of inclusion in Primary Care Home 1 or 2. The remaining practices have been invited to meet with the Head of Primary Care and Chairman to ascertain their intentions.
- One further practice has aligned with the Primary & Acute Care Model (PACs) taking the total to 5 practices & early discussions are taking place other practices who are exploring this option.
- Appendix 1 confirms that latest configuration within each model of care.

3.2 Regular meetings continue to take place with the leaders of each model of care, a group leaders meeting was held in February where discussion took place in the following areas:-

- General Practitioner Training Programme was agreed for the period April to June.
- Feedback on the outcome of discussions pertaining to Peer Review that had been considered at the Clinical Reference Group
- Extended access scheme & intention to March 2017 and beyond
- Invitations for expressions of interest for co-ordination at group level for counselling services
- CCG Constitutional changes & organisational governance
- Updates were received from each model of care
- Physicians Associate Trainee placements were also discussed

Meetings are held monthly, the next meeting will take place in March 2017.

3.3 The CCG remain committed to supporting each model of care, Project Manager(s) were actively supporting both Primary Care Home(s) and the Medical Chambers groups of practices in their organisational preparedness for working at scale in response to the General Practice Forward View and Primary Care Strategy that feature within the CCGs Programme of Work for primary care development.

3.4 Primary Care Home(s) 1 & 2 continue to provide extended opening via a hub model providing improved access to General Practitioner appointments on Saturday mornings. Patient uptake had continued to increase & patient feedback was positive. Other areas included in their update included:-

- Joint meetings between both Primary Care Home 1 and 2 are taking place to ensure consistency & continuity and the avoidance of replication.
- A Presentation was provided on the Primary Care Home progress to the Members Meeting on the 25th January 2017.
- Service and Pathway development meetings have taken place to agree requirements for Mental Health, Frailty, Clinical Pharmacist and Paediatrics.
- Primary Care Homes Managers Meetings continue to take place regularly.
- Exception report pertaining to EMIS was shared with the committee.
- Documents have been developed such as Caldecott Guardian and Privacy Officer and Information sharing agreements.
- Review of options for extended access as a collaborative approach was due to take place.

The Committee noted progress and accepted the report presented by their Project Manager.

3.6 Medical Chambers are our largest group of practices working together focussing on managing demand, working at scale and identifying opportunities where they can work together to provide services.

Some of the practices were involved in the extended access scheme. An update on activities was provided as follows:-

- Practices had agreed they would prefer to meet at 4-8 week intervals & had met again in January.
- Time for Care priorities were confirmed & an expression of interest was due to be prepared & submitted to NHS England by the Primary Care Team.
- Social Prescribing & development of the Medical Chambers Group had also been discussed by practice representatives.
- A clinical pharmacist bid had been submitted, Intrahealth have offered to act as the employing organisation.
- Extended opening from April has been shared and is being explored in relation to the feasibility of working as smaller groups within localities.
- A visit took place to Erewash CCG to understand their arrangements and how they have moved forward towards MCP.

3.7 A smaller cohort of practices have sub-contracted their general medical services contracts to the Royal Wolverhampton Trust, there are currently 4 practices covering a population of approximately 30,000 patients. A further practice has confirmed their intention to sub contract from 1 April and practices continue to consider if this model is for them. Identification of high risk patients & supporting those with long term conditions are current priorities that is resulting in closer working between primary and secondary care.

4 CLINICAL VIEW

There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven.

5 PATIENT AND PUBLIC VIEW

Whilst patients and the public were engaged in the development of the strategy and a commissioning intentions event held in the summer specific to primary care the Governing Body should note that Practice based Patient Participation Groups are being encouraged to ensure their work with the practice(s) encompasses new models of care and the importance of patient and public engagement moving forward. A further update is due to be provided to the Patient Participation Group Chairs in March 2017.

6 RISKS AND IMPLICATIONS

Key Risks

6.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

Financial and Resource Implications

6.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and tasks and finish group level will enable appropriate discussions to take place in a timely manner.

Quality and Safety Implications

6.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

Equality Implications

6.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

Medicines Management Implications

6.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

Legal and Policy Implications

6.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

7 RECOMMENDATIONS

The recommendations made to governing body regarding the content of this report are as follows:-

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

Name Sarah Southall
Job Title Head of Primary Care
Date March 2017

Enclosure New Models of Care Graphic

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	Manjeet Garcha	2.3.17
Public/ Patient View	Pat Roberts	2.3.17
Finance Implications discussed with Finance Team	Claire Skidmore	2.3.17
Quality Implications discussed with Quality and Risk Team	Manjeet Garcha	2.3.17
Medicines Management Implications discussed with Medicines Management team	NA	-
Equality Implications discussed with CSU Equality and Inclusion Service	NA	-
Information Governance implications discussed with IG Support Officer	NA	-
Legal/ Policy implications discussed with Corporate Operations Manager	NA	-
Signed off by Report Owner (Must be completed)	Steven Marshall	2.3.17

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body – 14 March 2017

Agenda item 20

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:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	This report updates the Governing Body on the key communications and participation activities in February 2017. The key points to note from the report are: **2.1.1 Stay Well this Winter– Stay Well bus, advan and outreach** **2.1.2 Patient online** **2.3.1 Patient Engagement Assurance**
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
• **Domain 1:** A Well Led Organisation	• Involves and actively engages patients and the public • Works in partnership with others
• **Domain 2a:** Performance – delivery of commitments and improved outcomes	• Delivering key mandate requirements and NHS Constitution standards
• **Domain 2b:** Quality	• Improve quality and ensure better outcomes for patients
• **Domain 4:** Planning (Long Term and Short Term)	• 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 February 2017, 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 Stay Well this Winter– official campaign

The 2016/17 Stay Well This Winter campaign, jointly led by NHS England and PHE, is running throughout England with a national TV, radio, print and online advertising campaign. The campaign aims to keep vulnerable people well through winter and reduce pressures on the NHS.

During February, people were invited to hop on board the **Stay Well in Wolverhampton Bus** and get some top tips to improve their health and wellbeing and how to keep well this winter. Free health checks, diabetes information and details about the Affordable Warmth Grant from Public Health Wolverhampton were all available when the bus visited

- Queen Square, Wolverhampton, Friday 3 February
- Co-operative, Kempthorne Avenue, Bushbury, Saturday 4 February
- Sainsbury's, Wolverhampton, Saturday 4 February
- Aldi, Goldthorn Hill, Saturday 11 February
- Waitrose, Wolverhampton, Saturday 11 February
- Brodie Close, off Dudley Road, Blakenhall, Saturday 11 February

On average we were able to have a conversation about Staying Well in Wolverhampton with between 150-200 people per day.

On 9 and 10 February an Advan travelled around the city advertising the Stay Well in Wolverhampton message.

We have also done some more targeting outreach events during February, particularly with community groups such as African Caribbean Community Initiative, Refugee and Migrant Centre, Patient and Participation Groups along with others. These outreach events will continue in March 2017.

Locally, our joint winter campaign will mirror the national stay well campaign until end of March 2017, particularly targeted to pregnant women, children under 5 and those with long term conditions.

https://wolverhamptonccg.nhs.uk/your-health-services/stay-well-this-winter - the CCG Stay Well webpages which will be updated with new information.

2.1.2 Patient online

During February we assisted eighteen GP practices across the city to encourage sign up to the practice patient online services. We will continue this work into March 2017.

Staff worked with GP staff to highlight the benefits to signing up to patient online to patients attending their surgery, and facilitated completion of the paperwork with patients to start the process to use individual surgery online services.

There will be on-going work to encourage patients to sign up to their surgery's online services in the coming months. 39 practices had under 12% of patients signed up to online services when we started the campaign in December 2016.

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 latest edition of 2017 Practice Nurse Bulletin went out in mid February. Topics included: Vaccine Update Newsletter update, training on Maximising Supply Through Education Workshops and information on new legislation for mandatory reporting of FGM.

2.2.3 **Practice Managers Forum**

- Presentation from the Telecare service to promote in practice and to patients
- Patient online support to reach targets from WCCG
- Digital Clinical Champion for the Patient Online team and a practicing GP – Ideas for raising awareness and explaining to patients the benefits
- Electronic Repeat Dispensing - Implementation in practices
- Primary Care QA Coordinator WCCG – Serious Incidents and Complaints (Incidents, NICE, Risk, Complaints) Using DATIX in your practice
- Connect Health – Introduction of the new MSK Community Service in April
- EGTON Digital - Intradoc 247 System – sharing communication solutions

Distributed: posters for Alcohol for putting up in practices; New MECS/PEARS posters; booklets for GP referrals into Nuffield; Training opportunities for GP's and Nurses.

Discussed safer sharps and sharing of ordering codes via PCSE, new Infection Control audits via CCG starting this year and full delegation.

Planned training:

- Violent patient scheme
- Promoting the bowel screening services to your patients

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 **Patient Engagement Assurance**
NHSE and Healthwatch Birmingham created a new assurance framework for PPI and WCCG completed and submitted the matrix provided including evidence of our participation, engagement framework, quality and communication work. The CCG has been informed that WCCG is being held as an exemplar in the West Midlands for PPI.

2.3.2 **Commissioning Intentions**
Planning for next 2017 Engagement Commissioning Cycle public event is now fixed as May 17 – 19 inclusive and the event bus will be sited in many local areas throughout this period.

2.3.3 **PPG and Citizens Forum**
The next PPG will be held on 21 March, which will include an update on Primary Care and Models of Care, the STP and patient stories request.

3. LAY MEMBER MEETINGS

3.1.1 Meeting with Healthwatch and Engagement leads for RWT and BCPFT, this was a very useful joint meeting, which discussed the issues of patient engagement in all facilities and included an update from each agency on what might impact on patient engagement, an example is the RWT proposal to create a new patient council in May, and disband their patient forum. This will become a more formal arrangement of patient and public recruitment to the council representing the whole community and reporting to the Trust Board

4. 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.

5. RISKS AND IMPLICATIONS

None to note.

6. RECOMMENDATIONS

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

Name – Pat Roberts
Job Title - Lay member for PPI
Date: 28 February 2017

RELEVANT BACKGROUND PAPERS
(NHS Act 2006 (Section 242) – consultation and engagement
NHS Five Year Forward View – Engaging Local people
NHS Constitution 2016 – patients' rights to be involved
NHS Five year Forward View (Including national/CCG policies and frameworks)

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		
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 February 2017

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NHS
Wolverhampton
Clinical Commissioning Group

MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 10th JANUARY 2017, COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON SCIENCE PARK.

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Jim Oatridge	-	Lay Member, WCCG
	Marlene Lambeth	-	Patient Representative
	Annette Lawrence	-	Designated Adult Safeguarding Lead
	Peter McKenzie	-	Corporate Operations Manager
	Philip Strickland	-	Administrative Officer
APOLOGIES:	Steven Forsyth	-	Head of Quality & Risk

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members.

2. MINUTES & ACTIONS OF THE LAST MEETING

2.1 Minutes of the 13th December 2016

The minutes of the meeting held on the 13th December 2016 were approved as an accurate record with the exception of the attendance which should have included the following:

Gus Bahia	-	Business & Operations Manager
Peter McKenzie	-	Corporate Operations Manager

2.2 Action Log from meeting held on the 13th December 2016

The Action Log from the Quality & Safety Committee held on the 13th December 2016 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

3. DECLARATIONS OF INTEREST

No declarations of interest were raised.

4. MATTERS ARISING

4.1 Vacancy Breakdown - BCPFT

Following a previous meeting JO had requested a breakdown of Vacancy rates at Black Country Partnership following statistics that had been raised at the November QSC. The breakdown of statistics were tabled for the committee members. It was confirmed that the rates were retrieved through the contracting route. The breakdown highlighted the following vacancy rates:

Staff Group	Vacancy Rate %
Nurses	13.00%
Clinical Support	10.83%
Admin & Clerical	13.00%
Therapists	17.24%
Medical	24.70%
Estates	18.29%
Trust	14.04%

The statistics produced were accurate as of the 30th November 2016. MG stated that the vacancy rates were useful but felt that they would have more meaning if they highlighted out of how many Whole Time Equivalents (WTE) they related to. JO stated that the original request was around how the vacancy rates affected front line staff pressures. JO also added that the most stand out statistic was that of medical staff which was almost 1 in 4 medical staff and therefore was a concern.

5. FEEDBACK FROM ASSOCIATED FORUMS

5.1 Draft CCG Governing Body Minutes

JO raised a concern that the minutes submitted from the Governing Body are draft minutes and are subject to further amendments before becoming the final minutes. JO enquired whether only confirmed minutes should be submitted to the QSC due to QSC papers being published publicly. PS stated he would enquire with Peter McKenzie regarding this issue.

ACTION: ***PS to enquire with PMc regarding the publication of Governing Body minutes through QSC***

5.2 Health & Wellbeing Board Minutes

The minutes of the meeting were noted by the Committee. PR highlighted a comment from the minutes that David Laughton, Chief Executive, The Royal Wolverhampton Hospitals NHS Trust, had commented that the viability of maintaining the current number of acute hospitals across the region given the reported levels of budget deficit, for example,

Cannock Hospital has budget deficit of £13 million. The Chief Executive had added that the extent
of the budgetary challenges facing the health sector should have been set out more clearly from the report submitted at the Health & Wellbeing Board.

PR also highlighted that Robin Morrison of Healthwatch had highlighted and expressed concerns about the implications of the predicted budget shortfall and that the public did want to know how the savings would be achieved. He had continued that at a recent public meeting 500 people met to consider the future of Staffordshire Hospital. The public were also concerned about the lack of information in the draft plan about the funding pressures in social care provision.

PR also highlighted that the national news of the day had been regarding the difficulties currently experienced in social care. PR questioned whether this should be discussed through the Quality & Safety Committee? MG highlighted that a lot of the news had highlighted the under spend in social care.

5.3 Quality Surveillance Group

The minutes of the QSG were noted by the committee. MG had not been able to attend the meeting however a report had been submitted on the CCGs behalf. All Wolverhampton Hospital had been recognised as business as usual as opposed to under enhanced surveillance.

5.4 Primary Care Operational Management Group

RR enquired which practice was included in the Triumvirate Leadership Programme as documented in the minutes. MG stated she would enquire which practice was involved.

ACTION: ***MG to enquire which practice was involved in the Triumvirate Leadership Programme.***

5.5 Draft Commissioning Committee Minutes

No minutes were available as no meeting had taken place in December 2016.

5.6 Pressure Injury Steering Group

No minutes were available the next meeting had taken place on the 6th January 2017 and the minutes would follow at the February QSC meeting.

5.7 Area Prescribing Committee

DB highlighted that minutes were for the committee's information and was happy to take any queries. The committee highlighted that the Gain Share Policy had been discussed under contract negotiations. The policy was noted as helping the RWT to tap into regional buying power.

PR enquired whether the QSC was the right forum to discuss placing the cost of medication on each individual prescription for the patient's knowledge. DB stated this had been a discussion that had been happening nationally. DB stated that one of the negatives

around placing the cost on a prescription would be that a perfectly effective medicine that had been around a long time could have a low cost value but been deemed cheap by the patient and as a result the patient may not take the medicine. DB stated that discussions continue nationally on this. It was noted that the costs could be colour coded as an example.

JO raised an issue that had been raised at the Audit & Governance Committee on the back of a specific incident in which a Pharmacy had been prescribing a higher cost drug than had been necessary purely for profit. JO stated that on the back of that he had written to the Chair of the NHS England Audit Committee to gauge if this was a wider issue and if so what the scale of it had been. JO stated he would provide feedback when he received a response.

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SP reported that for the month of December RWT had reported 2 infection control SI's and the Trust had now taken preventative actions including a deep cleaning programme and Environmental Audits. It was confirmed that a proposal for disposable bed curtains had now been agreed and implemented as a result of these incidents.

SP continued that there were 19 grade 3 pressure injuries reported for December 10 of which were acquired in the community. SP confirmed that from the weekly scrutiny meeting the problems in the community are in relation to Domiciliary Care and Residential Homes. SP did highlight that many of the reported grade 3's are now seen as unavoidable as opposed to avoidable which was noted as positive. It was also highlighted that there were 2 Grade 4 community acquired pressure injuries for December.

SP reported that there had been a follow up quality visit to ED and the UCC by WCCG Executives which had taken place on 26th September 2016. RWT had checked the report for factual accuracy and made a number of comments which WCCG colleagues had responded to. SP continued that issues pertaining to quality would be discussed at January's CQRM. It was confirmed that there were Remedial Action Plans in place for Quality/performance Indicators; these are monitored at Contract Review meetings. MG added that there are daily conversations with NHS England with regard to A&E. MG stated that with the national picture being one of extreme pressure on A&E's NHS England's approach to RWT is rather light touch due to the positive performance that it is currently showing. RWT was noted as consistently performing in the top 25 Trusts for A&E performance in the country.

In relation to Never Events SP confirmed that there was a reported Never Event on the 15th December in relation to a Surgical/invasive procedure incident meeting SI criteria. The detail of the Never Event was contained in the report.

Following the Never Event reported at the Eye Infirmary on the 21st October an announced Quality Visit to The Eye Infirmary at RWT took place on Monday 14th November to ensure effectiveness of actions. Verbal feedback was shared with the Trust. SP stated that a full report had since been shared with recommendations, which will be discussed at January's CQRM. SP highlighted that he had conducted a further unannounced visit to Ophthalmology which had taken place on Saturday 10th December 2016. SP wish to add that a further Never Event associated table top review meeting has been arranged for 20th January 2017 to review how practice had changed in the following areas: Maternity,

Cardiothoracic Theatre, Eye Infirmary, Dental, and Gynaecology. This was noted by the committee.

SP stated that following emerging themes from RCA falls data the Trust had implemented a new Falls Policy that was being implemented through appropriate staff training and communication.

SP wished to highlight from the report the SBAR in relation to RTT performance and the impact of orthodontic outpatients initially raised in January 2016 and matter referred to NHSE. SP stated that SBAR review had identified that this does not materially impact the RTT performance and as such contracting team is now reviewing the issue. The committee noted that the report had been shared regarding the learning. An update would be given at the CQRM in January. MG stated that her understanding was that 1 patient would be left from the backlog by the end of March 2017. The current backlog was reported as 22 patients.

SP highlighted the BCPFT reporting profile from the report for the committee's attention. SP confirmed that a table top review meeting had been arranged for 19th January 2017 between the CCG's Mental Health Commissioner and BCP to discuss complex SI's. These SI's had been overdue for closure but not closed, as the CCG is not assured by BCP's response to these incidents and there are recurrent themes emerging.

SP raised a concern in relation to the quality of the reports received from Vocare in terms of the quality report to CQR and the SQPR data submission delays received. PR enquired if the numbers attending the UCC had improved? SP confirmed that his was the case.

SP raised a concern from the Heantun CQRM in the way in which Medication Safety incidents were recorded. Following the CQR the quality team conducted an unannounced visit to Heantun which raised a number of issues in terms of medicine safety and stock balance. SP stated that the management of Heantun responded by implementing an action plan and further assurance that these issues are being resolved.

6.2 Safeguarding Adults Quarterly Report

AL asked the committee to note the report and by exception reported that following the WSAB on the 15th December 2016 that a process needed to be identified for 'persons in a position of trust' allegations. AL stated that she was currently working through this that would be in addition to the already existing Local Authority process.

AL highlighted that there are currently no outstanding issues in relation to Domestic Homicide Review. However AL did highlight that on the 12th December 2016 a request had been received from the Wolverhampton Safer Partnership to secure medical records following the death of a Wolverhampton woman on 08.12.16 (DHR 07). A brief summary from the GP records for both husband and wife had subsequently been submitted to the Safer Wolverhampton Partnership Chair. A decision is awaited whether the incident will progress to a Domestic Homicide Review. AL also reported that there had been no conviction in relation to DHR 05. This case therefore did not proceed to publication; however learning would be shared via a briefing paper which would be presented at the next DHR Standing Panel meeting in March 2017.

JO enquired how the sharing of the learning from the DHRs are not lost over a longer period of time? AL stated that the learning was shared periodically through the Wolverhampton Safer Learning Group as well as the Wolverhampton Safeguarding

website. MG stated that reiterating the message of learning was key through Auditing and distributing periodic messages through GP bulletins and other communication channels.

AL highlighted that Dip sampling of cases is now carried out on a monthly basis by the MASH. Positive feedback had been received from the dip sampling regarding WCCG's responses to requests for information required by the MASH for all red, amber and green rated referrals. AL highlighted that an example was included with the submitted report.

AL stated that £10k had been received by NHS England to spend on Safeguarding projects to support NHS England's safeguarding priorities. The CCGs plan was detailed within the report.

AL confirmed that the CCG was rolling out Safeguarding Adults training to all staff members.

AL stated that the Safeguarding Dashboards for all providers were currently being finalised and incorporated into the 2017/18 contracts. AL added that these dashboards would provide greater assurances in relation to Safeguarding performance.

AL reported that The United Nations' Orange the World campaign took place over 16 days from 25th November, which was International Day for the Elimination of Violence against Women, and 10th December, United Nations Human Rights Day. The committee noted that WCCG fully supported the campaign, with posters, TV screen information, banners, ribbons and a display with information leaflets and cards in the entrance to the Science Park.

6.3 Health & Safety Performance Quarterly Report

MG asked the committee to note the Quarter 3 assurance report for Health & Safety. MG confirmed that there had been some changes in the management of Health & Safety. This had previously been held by Sarah Southall prior to moving on to a new role. Steve Forsyth with the support of Matthew Boyce would now be picking up this remit. MG confirmed that the quarter 3 safety assessment had taken place and the actions highlighted in red from the report detailed actions outstanding from previous quarters. MG confirmed that the Landlord was planning an overhaul of the property and these outstanding actions would be addressed. MG did highlight that the some of the actions related CCG staff responsibility for example staff work stations being untidy. Other issues highlighted included boxes that are stacked unsafely in office environments and needless electrical equipment that had been plugged in for instance fans from the summer. These items were leaving trailing wires as a potential trip hazard.

JO enquired whether the CCG should be paying a full service charge to the landlord if there are outstanding Health & Safety Issues.

MG also reported that the electrical PAT testing had taken place and was completed on the 23rd December 2016.

MG continued that Statutory and mandatory training compliance figures were currently not available for Q2 and Q3. It was added that staff were transitioning to the new provision (ESR) as of 1st November and a further update will be provided in Q4.

MG highlighted to the committee the Health & Safety Audit as attached to the main committee report.

6.4 Information Governance Quarterly Report

PMc asked the committee to note the submitted Quarterly report. PMc highlighted that the report highlighted the progress with the CCGs IG improvement plan and also asks for the approval of the annual work plan and Fair processing notice. The report confirmed the on-going staff IG training. There had been a number of IG sessions in house and a final session was planned for the following week. PMc stated that the usual process for anyone that cannot attend the face to face sessions would be for them to complete the online interactive tool. The online tool was confirmed as being ceased from the 31st December 2016 and would be replaced at some point in 2017.

PMc confirmed that the priority for IG over the next few months would be relating to the Information Risk Action Plan. PMc that Sarah Hirst the IG officer for the CSU would be meeting to with information owners to work through the actions.

6.5 Freedom of Information Report

PMc confirmed that up until the 1 April 2016, the CCG had been supported with FOI work by the FOI Team at the Midlands and Lancashire CSU but have recently begun to manage this process in house. PMc confirmed that response rates had improved since bringing the service in house. PMc continued that the CCG had received 60 Freedom of Information requests. At the time of writing the submitted report the CCG had responded to 52 of the requests, 49 (94%) of which had received a response within the statutory 20 working days. An extension had been agreed with requestors for the requests which did not meet the limit and the response was provided within the extended timeframe.
PMc wished to stress that the aim was to meet 100% compliance with all FOI requests. It was confirmed that the service had become much more cost effective by bring the service back in house at the CCG.

7. ITEMS FOR CONSIDERATION

7.1 Patient Stories

No Patient Stories were discussed by the committee.

7.2 Swan Project – End of Life Care

A short film relating to the SWAN Project was shown to committee members for information. The film detailed the projects background and the positive impact of this at RWT.

8. POLICIES FOR CONSIDERATION

There were no policies for consideration at this months meeting.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

10. ANY OTHER BUSINESS

There was no further business for the committee to discuss.

11. DATE AND TIME OF NEXT MEETING

- ***Tuesday 14th February 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE

Minutes of the Commissioning Committee Meeting held on Thursday 26th January 2017 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

		Present
Dr J Morgans	Chair	Yes

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	No

Management ~

Steven Marshall	Director of Strategy & Transformation (Chair)	Yes
Claire Skidmore	Chief Financial Officer	No
Manjeet Garcha	Executive Director Nursing & Quality	Yes
Juliet Grainger	Public Health Commissioning Manager	Yes
Paul Smith	Interim Head of Commissioning - WCC	No

In Attendance ~

Vic Middlemiss	Head of Contracting & Procurement	Yes
Andrea Smith	Head of Integrated Commissioning	Yes
Michelle Howes	Wolverhampton City Council	Yes
Liz Hull	Administrative Officer	Yes

Apologies for absence ~

Apologies were submitted on behalf of Paul Smith, Claire Skidmore and Cyril Randles.

Declarations of Interest

CCM551 Julian Morgans declared that he was involved in the original Heart Failure project team.

RESOLVED: That the above is noted.

Minutes

CCM552 The minutes of the last Committee, which took place on Thursday 24th November 2016 were accepted as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM553 (CCM548) Contract & Procurement Report – Query Log: A log is being used as part of the contract review process to capture activity and finance queries. In addition, the query log has become a standing agenda item at the RWT CQRM meeting.

RESOLVED: That the above is noted

Committee Action Points

CCM554 (CCM538) RWT Outline Business Case for Additional Safeguarding Resource: A formal response has been made to confirm that Wolverhampton CCG cannot support this request. Action closed.

Heart Failure Service Specification

CCM555 Andrea Smith presented a report to the Committee to provide assurance in relation to a 12 month review of the existing service specification written in 2011. The review will involve collecting measurable outcomes around the current service and clinical input to identify any changes required in pathways.

RESOLVED: The Committee noted the contents of the report and asked that the Service Specification is amended to include:

- An outline of rehabilitation services
- A clearer statement in relation to annual reductions
- Quantify %'s for Key Performance Indicators
- Provider Lead name to be changed to Helen Reade

Contracting & Procurement Update

CCM556 Vic Middlemiss provided members of the Committee with an overview and update of key contractual issues, predominantly relating to Month 8 (November) activity and finance performance.

The Committee recognised an error in the report and requested that an amended version of Section 3 onwards is included in February's update.

Royal Wolverhampton NHS Trust

- The contract is c£1.4m over plan at Month 8 with A&E and non-electives continuing to be major contributors
- Outpatients are £1.3m over plan due to OP procedures
- There is currently £2.3m and £1.2m under performance in day case and elective activity respectively
- There has been a big increase in consultant referrals
- Cancer 62 day target – The Trust provided Wolverhampton CCG with assurance 12 months ago in relation to an improved trajectory, which has not been achieved.
- Financial sanctions for Month 7 total £72,800 and are mostly in relation to ambulance handovers
- Contract Negotiations have concluded and a signed contract was returned to Wolverhampton CCG on 6th January 2017.
- Total contract value for 2017/18 (including CQUIN) is £328.7m and £336m for 2018/19.

RESOLVED: The Committee noted the update report and the following actions were agreed:

- Vic Middlemiss to provide an amended version of Section 3 onwards in February's update
- Vic Middlemiss to review consultant to consultant referral costs and feedback
- Vic Middlemiss to establish the detail in relation to financial penalties applied to the Cancer 62 day KPI
- Manjeet Garcha to establish the role and base of the HALO at RWT
- Vic Middlemiss to arrange a working session with Juliet Grainger to review lessons learnt around contract negotiations

Any Other Business

Risks

CCM557 Manjeet Garcha informed the Committee that a recommendation following the Risk Register and Board Assurance Framework audit is to align risks to committees of the Board.

RESOLVED: The Committee accepted the recommendation and it was agreed to include Review of Risks as a standing agenda item going forward, for both the public and private sessions.

Victoria Court, Midland Heart

CCM558 Steven Marshall advised the Committee that Midland Heart, the provider of a step down service for people with complex health issues at Victoria Court, have stated their intention to withdraw from the service.

Two providers applied for a 12 month step in contract, for which a quality criteria was applied and Heantun was successful. A notice for re-tender will be issued on 1st March 2017.

RESOLVED: The Committee noted the information provided.

Date and Venue of Next Meeting

CCM559 Thursday 23rd February 2017, CCG Main Meeting Room

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

Minutes of the meeting held on 31st January 2017
Science Park, Wolverhampton

Present:

Mr P Price	Independent Committee Member (Chair)
Mr J Oatridge	Independent Committee Member
Dr Bush	Governing Body GP Finance and Performance Lead
Mrs C Skidmore	Chief Finance and Operating Officer
Mr M Hastings	Associate Director of Operations

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr G Bahia	Business and Operations Manager

In attendance

Ms A Nixon	Interim Senior Contracts Manager
Mrs H Pidoux	Administrative Team Manager
Ms C Armstrong	Administrative Support Officer
Ms E Reade	Performance Support Officer

1. Apologies

Apologies were submitted by Mr Marshall and Mr Middlemiss.

2. Declarations of Interest

FP.16.122 There were no declarations of interest.

3. Minutes of the last meetings held on 29th November 2016

FP.16.123 The minutes of the last meetings, public and private sessions, were agreed as a correct record.

4. Resolution Log

FP.16.124

- Item 95 (FP.16.105) – Explanation of £2.3m movement in receivables to be circulated to Committee members – this error was due to the use of the wrong code, which has been corrected. An explanation was circulated to Committee members – action closed.
- Item 96 (FP.16.116) – Mrs Skidmore to be asked to raise with the Interim Accountable Officer writing to RWT stating that the CCG will

not reimburse for any activity over and above 92% and for a response to be requested – Interim Accountable Officer wrote to the RWT Chief Executive. No formal response had been received however this was captured as part of Year End negotiations – actions closed.

- Item 97 (FP.16.116) – Mr Hastings to review possibility of an enhanced service or incentive scheme for acute activity – the use of Choose and Book was considered, however, it was felt that this should be included in risk stratification work. The use of Quality Premium money to be considered, however, it was noted that this is non-recurrent and therefore financial support cannot be given recurrently to practices as an incentive – action closed.
- Item 98 (FP.16/118) – Mr Middlemiss to check if Safeguarding e-learning has commenced at BCPFT – this commenced in November 2016 and is due to be completed by end of January 2017. Updates and new starter training will be given as required – action closed.

5. Matters Arising from the minutes of the meeting held on 29th November 2017

FP.16.125 There were no matters arising from the previous minutes.

6. Finance Report

FP.16.126 Mrs Sawrey reported on the Month 9 financial position, stating that whilst financial targets have been achieved, there is no flexibility in the financial position. The utilisation of the Contingency Reserve is required to achieve the target position leaving little cover for any deterioration in position. The Year End settlement agreed with RWT has slightly worsened the recurrent position.

The target for QIPP for 16/17 is £11.26m. A thorough Q3 review identified a level of double count in QIPP delivery particularly in Prescribing/Scriptwitch as a result of the reporting process. Figures have been amended and the opportunity for this to occur again has been removed.

An update relating to receivables and payables over 90 days old was given as follows;

- £241k, relating to an invoice raised to NHS England (NHSE) for a recharge for specialised services activity. A 50/50 split has been agreed with NHSE in final settlement of the charge.
- £88k relating to CHC recharge invoices raised against Wolverhampton City Council (WCC). PO's have been received for £60k.

- £63k relating to 2 invoices raised to MLCU for IT recharges. This has been agreed with a difference of approximately £3k and a partial credit will be made.
- Payables include £556k relating to invoices from NHS Property Services (NHSPS). The CCG continues to try to resolve this. Mrs Skidmore noted that there are two separate issues, first is the outstanding debt relating to charges from previous years and second is a problem in recognising charges levied for market rent uplifts from poor information provided. Mr Oatridge offered to raise this at the Audit Chair's conference on 7th March if it is felt this was necessary as this has previous been discussed at this forum. Mrs Skidmore agreed to contact Mr Oatridge if this was required.

It was noted that a semi hard close had occurred at the end of Month 9 and that there were no issues to raise with the Committee following this.

Mr Price raised a query regarding the general underperformance of General Surgery and T&O and whether there was a potential to use other providers. Mr Hastings explained that a demand management programme of referral diversion is underway. This has looked at diversions at first point of contact (general practices) and reviewed a list of patients on the waiting list at RWT that could be moved to the private sector within affordability limits. Nuffield activity has been reallocated within the contract value and in line with the POLV policy.

A query was raised relating to the underspend in running costs in Quality and Safeguarding. It was clarified that this related to vacant admin roles which have now been filled. There was no clinical risk attached.

Resolved: The Committee;

- Noted the contents of the report and the current position.
- Noted the risks inherent in the financial position presented
- Mrs Skidmore to contact Mr Oatridge if there is a need to raise issue with NHSPS invoices at the Audit Chair's Conference in March.

7. Performance Report

FP.16.127 Mr Bahia highlighted that of the indicators for Month 8, 40 are green rated, 25 are red rated, 27 have no submissions and 2 are awaiting target.

The following key points from the report were discussed;

- RTT - continues to fail to meet headline. As discussed earlier in the meeting demand management plans relating to referral diversion are being implemented. Remedial Action Plans are in place at a speciality level. As reported at the November Committee meeting, the CCG sent a letter in support of the Trust appeal relating to the non-achievement of the Sustainability and Transformation Fund (STF) trajectory for quarter 2. It was noted that RWT won the appeal and have received additional funding.

  It was reported that assurance is taken that waiting list data is correct as cleansing has been carried out also revalidation is done both centrally and within divisions.
- Concerns were raised regarding the decline in performance relating to referral to a diagnostic test. The Trust has reported that this is due to an increase in referrals for ECGs. Additional sessions have been added to address the issue. As this is not part of the STF, sanctions can be implemented and if target is not achieved in January RAPs will be put in place. This and the reason for the increase in referrals will be discussed at the next CQRM.
- A&E – although target has been missed in line with the STF trajectory, performance has improved year on year and the trust is performing well nationally.

  The A&E Delivery Board continues to assess the issue and identify areas of concern and how to improve. It was raised that the numbers of people going through A&E are not increasing materially and there appears to be a system issues with ambulances. Ambulance batching is creating system pressures.
- 62 day cancer waits – performance has dropped and is below trajectory and against STF target. It is anticipated that the position is likely to remain static. Additional clinics for Urology at weekends have been introduced. As this indicator is part of the STF the CCG does not have any sanctions. Regular updates are reported to NHSE.
- Waits over 52 weeks for incomplete pathways – the majority of cases relate to Orthodontics. An action plan has been developed and the Trust is currently ahead of trajectory.
- Delayed Transfers – the majority of delays relate to BCPFT and numbers follow the same trend as last year. This is both a local and national problem. This is an on-going issue and efforts continue to resolve it.
- C Diff – This indicator is regularly breached, however, there is a reduction in numbers in quarter 3. Work is on-going by the Trust to address this.

- Handover breaches over 30 minutes – significant increase in December which is similar to the same time the previous year. However, comparatively performance is good.
- Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard – this target continues to breach and a RAP is in place covering levels 3 and 4. High levels of sickness and turnover have affected staff availability to attend training sessions. It was agreed to bring a breakdown of the levels 3 and 4 achievement to next meeting.

Discussion took place regarding how and what information should be reported to the Governing Body. It was suggested that the following should be considered for future reports;

- where a provider is not hitting target or making progress towards this and is a risk to the CCG this should be reported to the Governing Body.
- the report should follow the agenda of the monthly performance call with NHSE with local issues included
- show where remedial action plans are in place
- include the outcomes of the contract review meetings
- highlight where support is required from the Committee and Governing Body to escalate

Consideration was also given to how to highlight comparisons of performance last year against the current year.

Resolved: The Committee

- Noted the content of the report
- Agreed to support the future structure and format of reporting to the Governing Body as discussed above.
- Breakdown of achievement of Level 3 and 4 Safeguarding training to be included in next report

8. Monthly Contract and Procurement Report

FP. 16.128 Ms Nixon presented this report based on Month 8 and highlighted the following key points;

- CQUIN – partly fulfilled for Quarter 2, further work needed in Quarter 3 to achieve. Sanctions have been applied for non-achievement.

Year to date sanctions total £214,650 as at Month 7. This excludes any sanctions pertaining to A&E, Cancer 62 day waits and RTT, which are subject to the STF process.

It was noted that an agreed approach for a 'Risk and Gain Share' in order to address the commonly share financial challenges and that aims

to prevent financial destabilisation of the health and social care economy as a whole formed part of the agreed contract.

Ms Nixon highlighted that in the report the Committee was asked to support the recommendation to enable WCC to become an associate commissioner to the contract the CCG holds with BCPFT following discussions at Commissioning Committee in January. She stated that the Commissioning Committee had asked for a paper to be submitted to the February meeting for discussion. The outcome of this would be brought back to the Finance and Performance Committee.

The Procurement Policy is currently subject to internal consultation and will be shared with the Committee when this is complete.

Resolved – The Committee:

- noted the contents of the report and actions being taken.

9. Finance Plan and Budget for 2017/18

FP.16.129 Mrs Skidmore gave an overview of the latest plans for 2017/18-2018/19 and the risks contained with the final position. The key elements considered were;

- Significant financial challenges including within the health economy for providers and local authority. Increase in demand is leading the need for joint working
- The plan has been developed in adherence to the 2017/19 planning rules
- STP wide assumptions have been applied for growth and inflation
- As all the major contracts have been signed already this gives confidence in the figures contained in the Long Term Finance Model and Plan.
- The allocation for HRG4+ is £3m short of the full impact in the plan. This cost impact is driving the high QIPP figure.
- The CCG considers costs associated with HRG4+ and IR to be recurrent and such as treated them as this in the LTFM. The actual impact of the adjustments is considerably different to the allocation received and this is being challenged.
- The IR allocation is materially different to the CCGs anticipated cost pressure and the team continue to pursue this with NHSE.

It was discussed that the main challenge and risk is the scale of QIPP target of £12.1m. Programme Boards continue to develop and agree schemes to deliver the target as there is currently a gap of approximately £3m where there are no plans identified. Mr Price queried whether there was a realistic timeframe for identifying ways of achieving the unidentified QIPP. It was felt that this may take some time, however, more information would be known after the next Programme Board meetings. The outcome from this will be reported to the QIPP Board and in future reports to this Committee.

The impact of full delegation of Primary Care to the CCG on 1st April 2017 was highlighted as no additional money will be received to support the increase in staff time to manage this area and work is underway to identify what is required to deliver future work agendas. It was agreed that these risks should be highlighted to the Governing Body.

Whilst the CCG financial plan for 2017/18 meets all the planning requirements and can withstand the mitigation of a certain level of risk there are still a number of variables that, without their resolution, place undue additional risk on the position that may make it undeliverable. In summary these are;

- Scale of the QIPP target given that an element is yet to be attributed to specific schemes.
- IR presents a large risk to the CCG

Mrs Skidmore stated that she is now in a position to ask the Committee to consider recommending to the Governing Body to sign off the budget at the Governing Body meeting due to be held on 14th February and fully appraise them of the risks inherent in doing so.

Resolved – The Committee,

- noted the content of the report
- noted the level of financial risk associated with the proposed 2017/18 budgets
- recommends to the Governing Body that it signs off the budget, noting the inherent risk and supporting the CCG's Executive Team to continue to pursue avenues to close the QIPP gap and therefore reduce financial risk.

10. Planning for 2017-2019

FP.16.130 Mr Bahia gave an overview of the 2017-19 planning submissions which have been made by the CCG to NHSE.

It was noted that contracts were signed off and plans submitted by the 23rd December 2016 deadline.

Included with the report for information were the submitted monthly activity plans, summary level activity plan and Operational Plan. The Contract Tracker was also included.

The Committee recognised the amount of good work which had gone into achieving the deadline.

Resolved: The Committee;

- Noted the planning submissions made
- Took assurance on the quality and financial considerations which have been taken into account during the planning round.

- Recognised the good work of all those involved.

11. Any Other Business

FP.16.131 There were no items raised under any other business.

12. Date and time of next meeting

FP.16.132 Tuesday 28th February 2017 at 3.15pm, CCG Main Meeting Room

Signed:

Dated:

NHS
Wolverhampton
Clinical Commissioning Group

Wolverhampton Clinical Commissioning Group
Audit and Governance Committee

Minutes of the meeting held on 15 November 2016 commencing at 11.00am
In Main Meeting Room, Science Park, Wolverhampton

Attendees:

Members:

Mr J Oatridge	Chairman
Mr D Cullis	Independent Lay Member
Mr L Trigg	Independent Lay Member

In Regular Attendance:

Ms D Kortus	Manager, Counter Fraud Specialist,
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 J Watson	Senior Internal Audit Manager, PwC (part meeting)

In Attendance

Ms A Breadon	Head of Internal Audit, PwC
Mrs M Garcha	Director of Nursing and Quality, WCCG
Mr S Grayson	Local Security Management Specialist, CWADIT (part meeting)
Mr N Mohan	Senior Manager – Lead Counter Fraud Specialist, PwC (part meeting)
Miss M Patel	Administrative Support Officer, WCCG (minute taker)

Apologies for attendance:
AGC/16/81 Apologies for absence were submitted by Ms D Kortus.

Declarations of Interest
AGC/16/82 There were no declarations of interest

Minutes of the last meeting held on 19 July 2016
AGC/16/83 The minutes of the last meeting were agreed as a correct record.

Matters arising (not on resolution log)
AGC/16/84 There were no matters arsing.

Resolution Log

AGC/16/85 The resolution log was discussed as follows;

- Item 70 (AGC/16/16) – Committee to consider a Deep Dive from the Risk Register on a quarterly basis – closed
- Item 75 (AGC/16/36) – Benchmarking of Risk Management against that of other CCGs – ongoing work - closed.
- Item 79 (Item b/f from private session) – Review results of Coding Audit at Nuffield; arranged via CCG Contracts Team – remain open.
- Item 82 (AGC/16/32 & AGC/16/52) – Tier 4 CAMHS (risk ID 267) – continued red risk for CCG. Waiting confirmation from NHS England that this has been entered on their risk register before risk is closed down by CCG – closed on risk register as confirmation had been received that this was on the NHSE risk register – close.
- Item 83 (AGC/16/65) - Concern was expressed about how to update the CCG's business continuity plans. Mrs Skidmore agreed to arrange for an update to be taken to the Governing Body – update paper will be taken to the Governing Body in December 2016, January and February 2017 – closed.
- Item 84 (AGC/16/70) – all below actions were closed.
  - That this item was added to the agenda for the next Committee meeting a member of the Quality Team in attendance to present it.
  - JO to speak to Mrs Garcha regarding points raised about the paper.
  - CS to feed back comments on presentation to Mrs Garcha.
- Item 85 (AGC/16/71) - Clarification from HR regarding applicability of the Whistleblowing policy to Governing Body Members – the policy had been reported to the GB. PM was asked to seek legal advice around this action to ascertain Mr Oatridge's query if the Governing Body may be liable for prosecution if a case of whistleblowing was against a board member.
- Item 86 (AGC/16/75) - To receive an update regarding the figure of £12,667 for performance relating to the analysis of retrospective orders in quarter 1 2016/2017 – Ms Tongue had actioned this by sending round an email to committee members – closed.

RESOLUTION: Resolution log to be updated accordingly.

Appointment of Committee Member

AGC/16/86 Mr McKenzie briefed the Committee on the appointment of Mr Dean Cullis as the new Independent Member of the Audit and Governance Committee subject to the Committee's approval following the vacancy left by Mr Price due to his appointment to the Finance and Performance Committee.

The recruiting panel had been made up of the Chair, Deputy Chair and Corporate Operations Manager. Mr Oatridge stated that there had been 4 candidates. The 2 top scoring candidates were excellent tied in scores and Mr Cullis was appointed following discussions. Mr Cullis is very experienced in areas such as facilities management contracts, whistleblowing and fraud and is a Charted Internal Auditor.

RESOLUTION: The Committee:

- Noted the recommendations and agreed to the appointment of Mr Cullis as an Independent Member of the Audit and Governance Committee.

Local Counter Fraud Specialist Progress Report

AGC/16/87 Mr Mohan introduced the paper in the absence of Ms Kortus which highlighted the progress on counter fraud activity at the CCG against the Annual Local Counter Fraud Work Plan. The plan had been approved at the Committee on 19 April 2016.

The key points were as follows;

- Inform and Involve – this work continues to be ongoing.
- Prevent and Deter – work continues to be ongoing with fraud alerts issued for the following:
  - NHS Mail fraudulent emails
  - Payment requests emails
  - Phishing scam relating to remote monitoring service
- Hold to account – Mr Mohan discussed two referrals that had been received and had been closed.
  - The first referral had been inherited from the predecessor auditors and related to 2015/2016 and the potential overcharging for prescriptions by a pharmacist. Discussions had taken place with Mrs Skidmore and also Mr D Birch – Head of Medicines Optimisation. Whilst there were no grounds for a case, the issue around the potential for pharmacists to increase their own profitability at the CCG's expense whilst not breaching current guidelines was discussed. Mr Oatridge suggested that it might be beneficial to raise this at the Audit Chairs Conference in order to highlight this issue. The Committee agreed that this would be a good idea.
  - The second referral had been received in 2016/2017 and related to concerns about a patient who had attempted to register with a GP practice on a temporary basis. This did not fall under the remit of the Local Counter Fraud Specialist (LCFS) so details for the NHS England LCFS were passed onto the practice.

RESOLUTION: The Committee:

- Agreed to note this report.
- Mr Oatridge to raise the prescribing issue at the National Audit Chairs Forum.

Mr Mohan left the meeting.

Local Security Management

AGC/16/88 Mr Grayson presented this report and other enclosures to inform the Committee of work in relation to Security Management.

The reports presented to the Committee were:

- WCCG Lone Working Policy
- Local Security Management Strategy
- Local Security Management Policy
- WCCG LSMS Progress Report November 2016
    - This is a new report and a brief overview was given around the progress report including its objectives and deliverables. It uses a traffic light system which Mr Oatridge asked if it was a work in progress function and not a RAG rating system. Mr Grayson confirmed that this was correct. Mr Grayson confirmed that the Security Management Director had been confirmed as Mrs Skidmore and that he was the Local Security Management Specialist. This had been formally notified to NHS Protect.

Ms Breadon and Mr Cullis arrived.

Mr Oatridge enquired if the Committee was an approving body for policies. Mr McKenzie advised that the policies had been bought to the Committee meeting for review and that the once finalised they would be ratified by the appropriate committee.

RESOLUTION: The Committee:

- Noted the report and policies.

Mr Grayson left the meeting

Internal Auditors Progress Report

AGC/16/89 Mrs Watson presented this report which gave an update of progress with Internal audit work against the 2016/2017 audit plan.

Fieldwork has been carried out in the following areas:

- Corporate Governance
- Risk Management
- IT Risk Diagnostic
- Audit follow-up
- Contract Management

Draft reports have been issued on Risk Management and Corporate Governance with final reports issued on IT Risk Diagnostic, Contract Management and Audit follow-up. NHSE had issued guidance and information around a new requirement to audit Conflicts of Interest.

The Committee discussed the headlines from the draft risk management report. Identified were 3 high risks and 4 low risks. Mrs Watson had observed through her attendance to key CCG meetings that although staff were aware of risk, documentation completed did not reflect this. It is important that ownership is taken of risk and risk should be a standing item on agendas.

The Contract Management report was shared with the Committee. Currently identified were a number of low risks. Mrs Watson felt it would be beneficial that the Governing Body had more insight into contract working. It would also be advisable to ensure that the right people are attending the Contract Review meetings and that they are quorate. Mr Oatridge asked if the Finance and Performance Committee had a copy of the full schedule of Contracts. Mrs Skidmore advised that this is shared at Commissioning Committee.

Mrs Watson presented the IT Risk Diagnostic Assessment and Benchmarking Report. There was a positive view overall, IT risks are being managed effectively but some actions had been identified. Mr Oatridge felt that this could be reflected in the annual governance statement. Mrs Skidmore advised that she is working with Mr T Kalea who had recently been recruited to the position of Commissioning Operations Manager to ensure that the CCG has an up to date Sustainability policy (which includes 'green IT').

RESOLUTION: The Committee;

- The group noted the contents and comments of the report.

Internal Audit Report – Audit Follow Up

AGC/16/90 Mrs Watson presented the Internal Audit Follow Up Report. There were 30 audit recommendations that had been agreed with the previous auditors and were outstanding as at 31 March 2016. It was reported that 25 of these recommendations had now been put in place with 5 remaining outstanding but with target dates (none of these are high risk items). Mr Oatridge enquired if recommendations were all from 2015/2016 and that they were not related to 2016/2017 or previous years. Mrs Skidmore confirmed that this was correct.

RESOLUTION: The Committee:

- Noted the contents and comments relating to this report.

External Audit Update

AGC/16/91 Mr Rohimun and Mr Surridge gave a verbal update to the Committee. Following a meeting with Mrs Skidmore discussions had been had around the work plan for 2016/2017. This will be shared at the next meeting.

Risk Register Reporting/Board Assurance Framework

AGC/16/92 Mrs Garcha advised that the although a report had been made available to the Committee regarding the Board Assurance Framework (BAF) and Risk Register for Quarter 2, 2016/17 there had been further developments in this area.

The key points were:

- There had been numerous discussions and meetings around BAF working since July 2016 including a deep dive.
- There would be further information given to the Governing Body at a forthcoming Development session.
- Mrs Watson had attended several CCG meetings including the Governing Body Meeting, SMT and Quality and Safety Committee.
- A paper had been received at the November Governing Body meeting on the Governing Body Risk Management Workshop which had taken place on 27 September 2016.
- It is recommended that all agendas for Committees and Senior Meetings will have Risk as an agenda item.
- There is a plan to cleanse the risk register in January 2017.
- There are 12 open risks of which 15 are red rated.

RESOLUTION: The Committee:

- Noted and received the report.
- Expect an update on the Risk Register/Board Assurance Framework to be given at the next Committee meeting.

Annual Governance Statement

AGC/16/93 Mr McKenzie presented to the Committee a report and template for the Annual Governance Statement that would need to be completed for the CCG. The statement is a key part of the CCG's annual accounts and reporting requirements.

A timeline has been proposed with key committee meetings and key milestone details.

Mr Oatridge asked who would be signing off the Governance Statement as the Accountable Officer (AO) is currently on long term sick leave but is anticipated to return early in the New Year. Mrs Skidmore advised that the AO will sign off the statement but a narrative will be included to advise of the periods covered by the Interim Accountable Officer.

RESOLUTION: The Committee:

- Noted the action being taken to develop the Annual Governance Statement for 2016/17

Mrs Garcha left the meeting.

Financial Control Environment Assessment Submission and update on actions

AGC/16/94 This report was provided to the Committee for information. Submissions have been made and shared with the Finance and Performance Committee. No feedback had been received to date from NHSE.

RESOLUTION: The Committee:

- Noted the report.

Losses and Compensation Payments – Quarter 2 2016/17

AGC/16/95 Mrs Skidmore presented this report and advised the Committee that there had been no losses or special payments during quarter 2 of 2016/2017. However the Committee was asked for approval to dispose of an asset that had nil residual value.

This relates to an IT asset that was transferred to the CCG's asset register from the PCT asset register. The asset is not physically located in CCG premises and cannot be traced therefore should not be included in the asset register.

RESOLUTION: The Committee:

- Noted the report
- Agreed to formally 'dispose' of the asset and therefore remove from the CCG asset register.

Suspension, Waiver and Breaches of SO/PFPS

AGC/16/96 Mrs Skidmore noted that there have been no suspensions of SO/PFPs in quarters 1 and 2 during 2016/17.

4 waivers were raised during quarter 2.

Mrs Skidmore advised that she had not approved one waiver as there had been no evidence of due process being undertaken. The person requesting the waiver was currently on long term sickness and the individual's work was being picked up by the team. Mrs Skidmore had met with the Manager of the team and reiterated the importance of following proper process.

RESOLUTION: The Committee;

- Noted the contents of the report and the action taken by the Chief Finance and Operating Officer.

Receivables/Payables Greater than £10,000 and over 6 months old

AGC/16/97 The Committee noted that as at 30 September 2016 there were:

- 4 sales invoices greater than 10k and over 6 months old.
- 18 purchase ledger invoices greater than £10k and over 6 months old.
- Of the remainder, the majority related to invoices from NHS Property Services (NHSPS). The CCG has met with NHSPS on several occasions to discuss this and are waiting for a response, NHSE are apprised of the situation.

RESOLUTION: The Committee:

- Noted the contents of the report.

Any Other Business

AGC/16/79 The Committee discussed the proposed dates for the forthcoming Audit and Governance Meetings as listed below:

- Tuesday 21 February 2017
- Tuesday 18 April 2017
- Tuesday 23 May 2017
- Tuesday 18 July 2017
- Tuesday 21 November 2017

RESOLUTION: The dates were accepted by the Committee.

Date and time of next meeting

AGC/16/80 Tuesday 21 February 2017 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 (Public)
Held on Tuesday 3rd January 2017, Commencing at 2.00 pm in the in the Stephenson Room, 1st Floor, Technology 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	No
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	No
Peter Price	Lay Member (Vice Chair)	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	Yes
Karen Payton	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	No
Elizabeth Learoyd	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

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
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Trisha Curran	Interim Accountable Officer	No
Sarah Southall	Head of Primary Care	Yes
Laura Russell	Primary Care PMO Administrator (WCCG)	Yes

Welcome and Introductions

PCC275 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

PCC276 Apologies were submitted on behalf of Dr Helen Hibbs, Alastair McIntyre, Trisha Curran, Manjeet Garcha, Sarah Gaytten and Jenny Spencer.

Declarations of Interest

PCC277 Dr Bush declared that, as GPs they had a standing interest in all items related to primary care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

RESOLVED: That the above is noted.

Minutes of the Meeting Held on 6th December 2016

PCC278 RESOLVED:

That the minutes of the previous meeting held on 6th December 2016 were approved as an accurate record.

Matters arising from the minutes

PCC279 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

PCC280 **Minute Number PCC176 – Premises Charges**
It was confirmed NHS England are still awaiting further assurance from the National Guidance. It was agreed as the Local Medical Committee had raised this initial concern and the CCG needed to inform them of this position.

Minute Number PCC186a – NHS England Update – Primary Care Update
Mr Hastings confirmed to send the CCG Primary Care Commissioning Activity return to the Committee following the meeting.

Minute Number PCC211 - Vertical Integration
Mr Hastings informed the Committee the CCG have received the minutes from the VI assurance visit and they will be circulated following the meeting.

Minute Number PCC259 – NHS England Finance Update
Ms Skidmore confirmed the MOU had been reviewed, signed and returned to NHS England.

Minute Number PCC260 – Wolverhampton CCG Update
Mrs Southall advised the pilot for extended opening hours had been commenced on Christmas Eve and plans were submitted to NHS England on the 23rd December 2016.

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC281 Ms Shelley informed the Committee there were no items or contract variations to report for the month.

RESOLVED: That the above is noted.

NHS England Finance Update

PCC282 Ms Payton informed the Committee there had been no changes in the forecast and the next report will be presented at the February meeting following the Quarter 3 update.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC283 Mrs Southall provided the following update on the work being progressed within Primary Care;

- The Primary Care Strategy Committee met on the 7th December and updates were provided from all of the Task and Finish Groups. There have been no red risks reported by the Task and Finish Groups.
- Discussions have taken place regarding the future model of the Locality structure, which will be discussed at the Governing Body Away day and Members Meeting.
- A Pilot for extended opening hours within Primary Care Home 1 over the Christmas and New Year period has been funded by the A&E Delivery Board. The evaluation report will be shared with the Committee at the March Meeting.

A further extended opening hours scheme funded by NHS England has also been launched which enabled a number of other practices to extend their opening hours from December until March 2017. This scheme will be monitored and evaluate with outcomes being shared with the Committee at the May Meeting.

RESOLVED: Ms Southall to provide Evaluation Reports on extended opening hours at the March and May Meetings.

Primary Care Programme Board Update

PCC284 Ms Roberts reported in Manjeet Garcha's absence the Primary Care Programme Board meeting in December had been cancelled and a full report would be provided at the February meeting.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Meeting

PCC285 Mr Hastings presented the Primary Care Operational Management Group report, which provided an overview of the discussions that had taken place at their meeting on the 20th December 2016. Ms Roberts queried in relation to the Zero Tolerance Scheme would the specification be in place for April 2017. It was confirmed the CCG and NHS England would be working together to meet this timescale.

RESOLVED: That the above is noted.

Any Other Business

PCC286 No further items were raised by the Committee.

PCC287 **Date, Time & Venue of Next Committee Meeting**
Tuesday 7th February 2017 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee
Held on Wednesday 11th January 2017
Commencing at 12.30pm in the CCG Main Meeting Room, Wolverhampton Science Park, Glaisher Drive, Wolverhampton

Present:

Sarah Southall	Head of Primary Care, Wolverhampton CCG (Vice Chair)
Mike Hastings	Associate Director of Operations, WCCG
Sharon Sidhu	Head of Strategy and Transformation
Claire Skidmore	Chief Finance and Operating Officer
Jane Worton	Primary Care Liaison Manager, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead, WCCG
Stephen Cook	Senior IM&T Project Manager
Dr Mehta	GP/LMC, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
David Birch	Head of Medicines Optimisation, WCCG
Barry White	Project Manager – New Models of Care (PCH)
Jason Nash	Project Manager - New Models of Care (Unity)
Anita Kumari	Admin Support Officer, WCCG
Laura Russell (minutes)	Primary Care PMO Administrator, Wolverhampton CCG

Declarations of Interest

PCSC69 Dr Kainth and Dr Mehta declared as GP's their interest they had a standing interest in all items related to primary care.

Dr Mehta declared he was attending in the capacity of representing LMC, however declared an interest in Primary Care Home as his practice is a member.

As Dr Kainth and Dr Mehta declarations did not constitute a conflict of interest, they both remained in the meeting whilst these items were discussed

Apologies for absence

PCSC70 Apologies were submitted on behalf of Trisha Curran, Dr Helen Hibbs, Steven Marshall, Manjeet Garcha, Vic Middlemiss and Andrea Smith.

Minutes and Actions

PCSC71 The minutes of the previous meeting held on 7th December 2016 were approved as an accurate record.

The action log was discussed and an updated version will be circulated with the minutes.

RESOLVED: That the above was noted.

Matters Arising

PCSC72 **A) Outcomes of Discussions - Report to Governing Body of the Primary Care Strategy Committee**
The Governing Body did not receive a report in January 2017 and a combined December 2016 and January 2017 will be received at the next Governing Body Meeting.

RESOLVED: That the above was noted.

Risk Register

PCSC73 **Risk Register Report Datix**
Mrs Southall presented the risk register to the Committee and highlighted there were no risks to escalate to the Committee. There were a number of other risks identified within Task and Finish Groups programmes, which have been recorded onto Datix but they are not being pulled through onto the Committees report.

RESOLVED: That the above was noted and discussions with Quality Team continue.

Performance

PCSC74 **Implementation Plan**
The implementation plan for the Strategy was shared with the Committee Mrs Southall stated the new models of care objectives have been included as recommended at the previous meeting and all timescales have now been included.

Ms Russell informed the Committee a lot of work has been undertaken with the various Task and Finish Group Leads to review the highlight level milestones as well as the individual plans. In particular Practices as Providers and Localities as Commissioners have extensively been reviewed and Ms Russell noted it was also important to recognize the work that has commenced, these timescales have been brought forward to reflect these changes.

RESOLVED: That the above was noted.

Task and Finish Groups

PCSC75 **Task and Finish Group - Practice as Providers**

Mr Khular informed the Committee the Task and Finish Group had not met since the last Committee and were due to meet on the 17th January 2017. Mr Khular provided the following feedback of the work that is currently taking place:

Improved access to Primary Care – A Work Programme has been developed based upon the 10 high impact changes for Primary Care, which will be shared with GPs tomorrow morning.

Social Prescribing/Self-care initiatives – work has taken place to devise timescales for implementing the social prescribing model including self-care initiatives. Meetings have been arranged with the Project Managers to discuss how the model will be implemented within the practice Groups. It was queried how they would measure the model, it was clarified through KPIs.

Self-Care Initiatives – A plan on a page is being developed for self-care initiatives.

Asthma/COPD Enhanced Review – Timescales and the process for evaluation of Asthma/COPD Enhanced Reviews have been confirmed.

Aristotle/Risk Stratification - A group level risk has been identified with regards to the DES for risk stratification. As there are concerns how their will be embedded within practice as there is limited capacity within the Community Matron service to deliver the input into practice MDTs as specified within the DES.

RESOLVED: That the above was noted.

PSCS76 **New Models of Care (Primary Care Home)**

Mr White provided the Committee with the following update on the new models of care progress (Primary Care Home);

- A newsletter has been produced and shared with all the Locality Meetings during December to inform them of the PCH progress to date.
- Developed and implemented a CCG Pilot for extend hours over Christmas and New Year across PCH 1 which was funded by A&E Delivery Board. Mr White thanked IM&T for their support in putting the information sharing agreements in place to ensure this took place in time. The pilot consisted of 5 practices and the evaluation will be undertaken and provided at a future meeting.
- NHS England announced another pilot for extended hours over the Christmas, New Year and Saturdays up until the end of February. This is currently taking place across PCH1 and PCH2.

- Information sharing, privacy impact agreements have been developed, agreed and signed for both PCHs.
- Both PCH 1 and PCH 2 groups agreed to look at options for extended hours as a collaborative across WCCG. This will also be in line with developing an improved access plan to meet NHS England's guidance regarding the 10 point high impact plan.
- Initial contact has been made with a provider called the 'Sound Doctor' to develop Patient engagement and self-health care information and dates for these meetings will be arranged and shared shortly.

RESOLVED: That the above was noted.

PCSC77 **New Models of Care (Medical Chambers)**

Mr Nash provided the Committee with the following update on the new models of care progress (Medical Chambers);

- The Memorandum of Understanding has been shared with member practices and the majority have been signed and those practices that are undecided Mr Nash is currently in contact with them.
- The first Unity meeting is scheduled for the 24th January 2017 and the meeting will aim to discuss the organisational structure, 10 high impact actions, improving access (including extended access scheme) and leadership and team working. Scoping extent of variation among practices, including non GMC services, GPSI's and other resources with a view to move to more standardised delivery.
- Some Practices are taking part in Extended Access up until the end of February 2017 and those taking part have highlighted an increase to patients and will report the impact throughout the scheme.
- Discussions are taking place with David Birch regarding the NHS England Clinical Pharmacists in General Practice Phase 2 Scheme.

Discussions took place regarding different extended access schemes as concerns were raised by Dr Mehta that not all the practices may not have understood the differences between the schemes and that the NHS England scheme could be within core hours. The group was assured that all practices received the same information, however recognized that practices could have interpreted the information differently. SS agreed to review the process, the information and coms that had been circulated and to clarify if PCH1 and PCH2 had received the same information and communication.

RESOLUTION: SS agreed to review and confirm what communication had been shared with each practice/groups.

PSCC76 **Task and Finish Group – Localities as Commissioners**

Mr Khular informed the Committee the Task and Finish Group last met on the 15th November and informed the group of the on-going work taking place at the moment;

- **Practice Budget Statements –** A Meeting has taken place with Medicines Optimisation Team to discuss the inclusion of Medicines Management within these statements and have started to review prescribing enhanced services.
- **Basket Services Costing Template –** there is no single source of provisions for consumable as the costs vary across practices. A meeting has been scheduled to discuss on the 12th January 2017.
- **Practice Level Dashboards -** A demonstration of the practice level view of Aristotle is to be delivered at the next meeting.
- **Local QOF -** Mr Khular has been looking into local QOF schemes developed by other CCGs to inform the development of a local scheme. Details have been requested from All Together Better Dudley Vanguard site and Somerset Practice Quality Scheme.
- **Aristotle –** An overview plan has been developed for embedding the use of Aristotle locally.

Dr Mehta advised in relation to the costing template and the variation of costing's the LMC Buying Group could be a source to use to review and determine an average price for consumables. Mr Khular agreed to review.

RESOLUTION:

Dr Mehta agreed to share details of the LMC Buying Group Information with Mr Khular.

Mr Khular agreed to review the LMC Buying Group information to determine if an average costing for consumables could be identified.

PSCS77 **Task and Finish Group – Workforce Development**

Mrs Southall shared with the Committee the highlight report for the Workforce Development Task and Finish Group and highlighted the following key points;

- The workforce fayre planning continues and will hold an afternoon session and evening sessions. It was highlighted that Sandwell and Dudley have undertaken a recruitment fayre and it was suggested the group link with them to understand the lessons learnt.
- CPEN project Manager has been recruited and is now in post.
- The possible risks that have been identified by the group include:
  - A lack of suitably qualified mentors resulting in staff having to drop out of courses.
  - Lack of buy in from practices resulting in no support for staff undertaking courses.

  It has been highlighted since the report has been written the University have identified that they do have sufficient mentors available to support those nurses who have expressed an interest and this will commence in May/June 2017.

RESOLUTION: Workforce Development Task and Finish Group to make contact with Sandwell and Dudley to understand the lessons learnt from their recruitment Fayre.

PSCS78 **Task and Finish Group – Clinical Pharmacists in Primary Care**

Mr Birch informed the Committee details of the second wave of funding from NHS England have released in December 2016. This is for practices to bid and apply for funding to help recruit, train and develop more clinical pharmacists to meet the commitment of an additional 1,500 clinical pharmacists in general practice by 2020/21.The deadline to submit applications will be the 9th March 2017 and the successful cohort of practices will be announced in March 2017. VI practices have indicated they will apply for funding and discussions are taking place with PCH1 and PCH2 to review their willingness to put a bid together. However there are concerns with indemnity and how they will employ clinical pharmacists as the clinical pharmacists will be working across different sites and have different employers.

RESOLVED: That the above was noted.

PSCS79 **Task and Finish - Primary Care Contracting**

Mrs Southall presented in Mr Middlemiss absence the following update;

- The collaborative review visit programme continues with three visits being completed, receiving positive feedback and action plans are being developed. The practices have recognised the benefits of having one visit with all the commissioners.
- It has been confirmed that the revised MOU for the Primary Care Hub is expected mid/end of January 2017.
- A report has been prepared and shared with the Primary Care Joint Commissioning Committee which confirms the intentions to submit their application by the 5th December 2016.
- The programme of work (Implementation plan) has been refreshed and has been shared for information.
- The next meeting will be taking place on the 25th January 2017 and will work to identifying suitable contracting mechanisms for enhanced primary care services (2017/18).
- It was highlighted the following risks would need to be included on the risk register;
    - Contracting Mechanisms for Primary Care 2017/18
    - Primary Care Groups readiness to respond to new contracts & sub contract responsibilities
    - Impact of responsibilities Primary Care Hub/ Full Delegation
    - Capacity within the Contracting Team

RESOLVED: That the above was noted.

PSCS80 **Task and Finish Group – Estates Development**

Mr Kalea informed the Committee the group had met on the 7th December 2016 and provided an overview of the progression of work;

- **Locality Hubs –** the plans should have been signed and agreed on the 9th January 2017, however this has slipped until the end of the month as Black Country Partnership did not have the data available. There is potential the timescale of the 1st April 2017 for the North East Locality hub may slip if the agreement is not made. It was queried if this has been escalated to the BCF Programme Board, it was agreed Ms Skidmore would highlight at the BCF Programme Board and Mr Kalea agreed to speak with Andrea Smith.
- **Failed ETTF Bids –** The CCG have written to practices that have failed the EFFT bids and have been advised on alternative options around securing capital for building work.
- **Cohort 1 –** There could be a potential to slip from the original March 2017 completion date as NHS Property Services have asked practices to sign full lease of agreements instead of 'Heads of Terms' agreement which is what they have been working towards. NHS England are aware of the issues and are happy with the potential deviation in the timescales.

RESOLUTION: Ms Skidmore would highlight at the BCF Programme Board regarding the potential slip in timescales if an agreement is not made regarding the Locality Hub and Mr Kalea agreed to speak with Andrea Smith.

PCSC81 **Task and Finish Group - IM&T Business Intelligence**

Mr Cook provided the Committee the following update on the IM&T Programme of work:

- Wolverhampton LDR Enablement Group have finalised the MOU and Terms of Reference and are being passed through the individual member organisations.
- DXS has been removed from 19 practices with another 2 practices due to have the system removed shortly. They are also looking to update those practices with who still use DXS with version 5.
- WI-FI adopters will go live from next month and will be completed by the end March 2017.
- Work is being undertaken to bid for ETTF funds in 2017/2018. The bid is being developed in collaboration with NHS Walsall CCG to expand on existing Shared Care Record. The bid will be submitted by the end of next week.

RESOLVED: That the above is noted.

GP 5 Year Forward View

PCSC82 Ms Southall informed the Committee two expression of interests for the Practice Resilience Programme have been approved by NHS England and the practices

are due to commence shortly. The practices have agreed to share the high level outputs and lessons learnt as the contract is between the Practice and the provider delivering the programme and elements could be confidential to the practice.

The time for care expression of interests are being reviewed and a bid will be made to NHS England with a view to start the programme summer 2017.

The directory of approved providers for the reception and admin staff training has been identified and three companies are now being approached for quotes.

The CCG have now received the presentation slides from the Practice Manager Event as well as positive feedback from their attendance.

Ms Southall advised the Committee an action plan will be shared at the next meeting for further discussion.

RESOLUTION: Mrs Southall to provide a copy of the Implementation Plan at the next meeting.

STP Update

PCSC83 Ms Southall advised a STP Public Event was held in December 2016 and a further STP (Black Country) Meeting had also taken place to outline the intentions and the plan going forward. The STP had agreed that rather than continue meetings a series of workshops would be organized to share good practice i.e. Diabetes, MDT working and dates would be shared when available.

Mr Hastings informed the Committee the STP HR meeting had taken place and all areas provided an update on their progress made in achieving the Primary Care Forward View. Following discussion the group have decided to focus upon three main areas they will be moving forward upon, these are Engagement, Health and Wellbeing, Equality and Diversity.

RESOLVED: That the above is noted.

Discussion Items

PCSC84 There were no further items for discussion.

Resolution: Any Other Business

PCSC85 There were no items of Any Other Business.

RESOLVED: That the above is noted.

Date of next meeting
Wednesday 8th February 2017 at 12.30pm – 2.30pm in the CCG Main Meeting Room, Wolverhampton Science Park