

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 23rd May 2017 commencing at 1.00 pm

at Wolverhampton Science Park, Stephenson Room

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 11 April 2017
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

VOTING MEMBERS ~

Clinical ~		Present
Dr D Bush	Board Member	No
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	No
Dr H Hibbs	Chief Officer	Yes
Mr S Marshall	Director of Strategy and Transformation	Yes
Ms C Skidmore	Chief Finance Officer/Chief Operating Officer	Yes
Lay Members/Consultant ~		
Mr J Oatridge ~ Chair	Lay Member/Interim Chair	Yes
Mr P Price	Lay Member	Yes
Ms P Roberts	Lay Member	Yes
Ms H Ryan	Lay Member	No

In Attendance ~

Mr S Forsyth	Head of Quality and Safety
Ms K Garbutt	Administrative Officer
Ms R Jervis	Public Health
Mr M Hastings	Associate Director of Operations
Ms E Learoyd	Health Watch representative
Mr D Watts	Wolverhampton Council

Apologies for absence

Apologies were received from Ms M Garcha, Ms H Ryan, Mr P McKenzie

Declarations of Interest

WCCG.1776 Mr P Price declared an interest in agenda item 9 – Audit and Governance Interim Chairing arrangements.

Dr J Morgans declared an interest as he will be carrying out locum cover for maternity with effect from 1 May 2017.

RESOLVED: That the above is noted.

Dr Kainth arrived

Minutes

WCCG.1777 **WCCG.1749 Commissioning Committee**

Mr J Oatridge pointed out that the second sentence should read “He highlighted the decommissioning of the breast feeding service”.

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 14 March 2017 be approved as a correct record subject to the above amendments.

Matters arising from the Minutes

WCCG.1778 There were no matters arising from the minutes.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1779 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.1780 Dr H Hibbs presented the report. She pointed out that the Executive team met with NHS England representatives for the end of year Assurance Review. We have recently been informed that the mid-year assurance rating was maintained at ‘Green Star’ (formerly outstanding) and that Wolverhampton Clinical Commissioning Group (WCCG) is the only CCG in the West Midlands to have retained this highest level of assurance.

Dr Hibbs highlighted that the Health and Wellbeing Board had a discussion around the future of commissioning, the Sustainability and Transformation Plan (STP) process and the development of a local place based commissioning model for Wolverhampton.

The CCG has now formally begun operating as a fully delegated commissioner of Primary Care from 1 April 2017.

Dr Hibbs pointed out the IMT Infrastructure refresh within the report. On a national level WCCG were selected as early adopters of GP Wi-Fi by NHS Digital and then went on to become the first CCG to deploy patient/public/staff Wi-Fi within practices by March 2017.

RESOLVED: That the above is noted.

Black Country Sustainability Transformation Plan (STP)

WCCG.1781

Mr S Marshall stated that the STP has a key consideration in how services may be delivered and underpin new models of care that support care closer to home and improve the management of Long Term Conditions.

Dr David Watts arrived

Ms P Roberts pointed out 1.3.1 within the report and asked how lay members are involved in the STP plans. She added that there has been a lack of patient and public engagement in the process to date. She expressed concern that these issues are not being addressed. Mr Marshall confirmed he will take these concerns back. Mr Oatridge pointed out the need for basic governance and support and direction of travel. Dr Hibbs stated there are currently no minutes to share from the meetings as there is no formally constituted board.

RESOLVED: That the above is noted.

Future Commissioning across the Black Country

WCCG.1782

Dr Hibbs stated that currently a governance structure is being put in place. The first meeting of the Sandwell and West Birmingham and the Black Country Joint commissioning committee took place on the 23 March 2017 which involved Accountable Officers and Chairs from the CCGs. Discussions at this meeting included governance, structure, lay member membership and finance representation. The next meeting is scheduled to take place on the 20 April 2017. She expressed concern regarding capacity within the organisation to serve the various developing forums.

She indicated that a possible timescale involves the task and finish groups reporting back in three months and some delegation starting in six months' time from October 2017. Dr Hibbs pointed out the need to develop placed based commissioning which would continue to be for this Governing Body to make decisions around.

Ms Roberts expressed concerns that the public/patients do not know about joint commissioning. Patients do not understand and suggested a briefing sheet could be published on the website. Dr Hibbs confirmed she will feedback her concerns. Ms Roberts added the importance of engagement and on-going dialogue. Dr Morgans supported Ms Roberts in her concerns and the importance that the CCG inform the public that we are looking at joint commissioning of certain functions across the Black Country. Ms R Jervis pointed out she will request that the scoping of delegated work will be included on the next Health and Wellbeing Board meeting.

Mr Mike Hastings arrived

RESOLVED: That a report will come back to the Governing Body regarding delegation to the Joint Committee.

Audit and Governance Interim Chairing Arrangements

WCCG.1783

Ms C Skidmore stated that the report asks the Governing Body to approve an interim arrangement for the Lay Member for Finance and Performance to act as Chair of the Audit and Governance Committee and for the Deputy Chair of the Audit and Governance committee to deputise for them on the Finance and Performance Committee. This is in order to support the appointment of the Lay Member for Audit and Governance who is now covering the Governing Body Chair vacancy.

The Governing Body supported this.

RESOLVED:

- (1) That Mr Peter Price, Lay member for Finance and Performance be appointed to act as interim Chair of the Audit and Governance Committee whilst the lay Member for Audit and Governance is covering the Governing Body Chair.
- (2) That Mr Les Trigg, Deputy Chair of the Audit and Governance Committee be co-opted on to the Governing Body to cover the role of Lay Member for Finance and Performance for the interim period.

Better Care Fund Plan

WCCG.1784 Ms Skidmore presented the report to inform the Governing Body of the recently published 2017-18 Integration and Better Care Fund (BCF) Policy Framework and to request the Chair's action for approval of the BCF plan due to restricted timeframes. The delegated approval is agreed in order for the plan to be submitted within the given timeframes. The submitted plan and update on approval will be presented in June/July 2017 Governing Body meeting. The Governing Body supported this.

RESOLVED: That the delegated approval was agreed in order for the plan to be submitted within the given timeframes. The submitted plan and update on approval will be presented to the Governing Body in June/July 2017.

Commissioning Committee

WCCG.1785 Dr Morgans gave an overview of the report. He pointed out that following approval at the Committee in September 2016, the Committee was presented with an interim Falls Service Specification to be varied into the Acute Contract for 2017/18 whilst the CCG develop a more responsive model and undertake a procurement exercise during 2017/18.

Mr Watts stated that anything we can do to improve patients' confidence is a good idea. Ms Jervis added that falls is a big area we need to be at one in respect of this. Dr Morgans added this needs to be a multi-agency development. Mr Marshall stated in the interim this will be a tiered approach taking into consideration where falls take place and the total cost involved. Ms Roberts stated that the pathway for patient care seems disjointed. Dr Morgans reported that part of the plans is to bring care with regard to falls out of the hospital and will be much more community orientated service led by a consultant who specialises in frailty,

Dr Morgans highlighted 2.3 resuming the provision of Therapy Services in Step Down within the report. The step down beds under consideration are provided at Probert Road and any other step down beds commissioned by the CCG.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1786 Dr R Rajcholan introduced the paper and for clarity this is an amended document.

Mr S Forsyth shared some good news reporting on two issues .First that Wolverhampton Council have received 'Good' Ofsted following the recent inspection around children's services for which they are to be congratulated. Secondly at the Quality and Safety Committee, which took place this morning, a patient story took place regarding excellent provision of services from The Royal Wolverhampton Hospital Trust to a patient receiving maternity care..

Mr Forsyth went on to present the body of the report highlighting the key issues of concern contained within the report.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1787 Ms Skidmore gave an overview of the report. At month 11 we are still on track to deliver our control totals. A letter has been received from NHS England regarding the treatment of the 1% reserve and now requires CCGs in month 12 reporting to increase their planned surplus by the value of the 1% reserve. Dr Hibbs commended all the teams in the CCG for their hard work in ensuring that we deliver a good end of year position.

Ms Skidmore pointed out there is an outstanding invoice of £4.8m from The Royal Wolverhampton Hospital Trust (RWT). This has been not been recognised by the CCG as it has no contractual basis. A meeting at regional level has taken place but a conclusion has not yet been reached. NHS England are supportive of the CCG's position. The external auditors are aware of the invoice with regard to the year-end accounts.

Ms Skidmore reported that within performance there has been no significant movement since last month.

RESOLVED: That the above is noted.

Remuneration Committee

WCCG.1788 Mr Oatridge gave a brief overview of the report.

RESOLVED: That the above is noted.

Primary Care Joint Commissioning Committee

WCCG.1789 Ms Roberts gave an overview of the report. She highlighted that WiFi is now available in all Wolverhampton GP practices with the exception of one due to a technical problem. New models of care extended hours access scheme had been extended until the end of March 2017.

RESOLVED: That the above is noted.

Primary Care Strategy Committee

WCCG.1790 Mr Marshall presented the report highlighting the key points ~

- Four of the Task and Finish groups have reported slippage within their programmes of work. These have been accepted by the Committee and timescales amended.
- There are no red risks associated within the delivery of work programme.
- The Extended Opening Scheme for Saturday morning appointed has now been extended until the end of March 2017.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1791 Ms Roberts gave an overview of the report. She pointed out that the Practice Managers Forum continues to meet delivers regular information to practice managers and some good discussions take place.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.1792 RESOLVED: That the minutes are noted

Minutes of the Commissioning Committee

WCCG.1793 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1794 RESOLVED: That the minutes are noted..

Minutes of the Primary Care Joint Commissioning Committee

WCCG.1795 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Strategy Committee

WCCG.1796 RESOLVED: That the minutes are noted.

Health and Wellbeing Board Minutes

WCCG.1797 RESOLVED: That the minutes are noted

Any Other Business

WCCG.1798

RESOLVED: That the above is noted.

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

WCCG.1799 There were no questions.

Date of Next Meeting

WCCG.1800 The Board noted that the next meeting was due to be held on **Tuesday 23 May 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

Wolverhampton Clinical Commissioning Group Governing Body

23 May 2017

Date of meeting	Minute Number	Action	By When	By Whom	Status
14.2.17	WCCG.1706	Emergency Preparedness, Resilience and Response (EPRR) – a final report is submitted to the Governing Body.	July 2017	Mike Hastings/ Tally Kalea	
11.4.17	WCCG.1782	Future Commissioning across the Black Country – a report will come back to the Governing Body regarding delegation to the Joint Committee	2017	Helen Hibbs/Steven Marshall	
11.4.17	WCCG.1784	Better Care Fund Plan – the submitted plan and update on approval to be presented to the Governing Body	June/July 2017	Andrea Smith/Steven Marshall	

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WOLVERHAMPTON CCG
GOVERNING BODY
23 MAY 2017
Agenda item 7

TITLE OF REPORT:	Chief Officer Report
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> Members Meeting - More than 30 of the cities practices attended the last GP Members Meeting held on 25 April 2017. A series of presentations were delivered including the CCG Interim Chair, Dudley CCG regarding their Multispecialty Community Provider (MCP) model and the journey so far.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	

1. BACKGROUND AND CURRENT SITUATION

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

2. CHIEF OFFICER REPORT

2.1 Urgent Care Centre (Vocare)

- 2.1.1 The CQC visited the Urgent Care Centre (UCC) on 24 March 2017, which was partly initiated following the CCG having raised concerns. Prior to the Care Quality Commission (CQC) unannounced visit the CCG conducted a Board to Board meeting, held 9 March 2017 which sought Chief Executive assurance on the actions being taken by Vocare, to mitigate the risks and rectify the issues which the CCG had identified. Following on from this and the CQC unannounced visit, the CCG is now leading an Improvement Board meeting, which coordinates all of Vocare's action plans in one unified, coordinated and collective membership: NHS England, CQC, Public Health England, associate commissioners and Vocare.

- 2.1.2 As a result of the progress with Vocare to ensure the key issues highlighted are being addressed within agreed timescales, the CQC have not enacted section 31 of the Health & Social Care Act (2008). The CCG will continue to use the levers afforded to them through the contractual route to resolve any outstanding issues. Significant progress has been made to date, providing assurance to the CCG that Vocare are dedicated to addressing areas of concern highlighted. The CCG anticipate a speedy resolution to all outstanding actions. A recent patient survey carried out by Healthwatch found high patient satisfaction levels with the UCC.

2.2 Sustainability and Transformation Plan (STP)

- 2.2.1 A report on governance of the STP was brought to the last sponsorship group.
- 2.2.2 It was agreed that all organisations will continue to be represented at the meetings and that Andy Williams will continue in his role as STP Lead pending a formal appointment process and agreement of the Job Description.
- 2.2.3 A further report on how to move forward with leadership appointment and governance will be brought to the next meeting

2.3 Collaborative Commissioning

- 2.3.1 The Black Country and West Birmingham Joint Commissioning Board has suggested its' membership as the Accountable Officer and Chair from each of the CCGs, along with 2 Chief Financial Officers and two Lay Members covering all CCGs between them. A paper is going to all the Governing Bodies to discuss the terms of reference. There will be a Clinical Reference Group established to inform all commissioning decisions made by the group to ensure clinical input.

2.3.2 The Task and Finish groups (Governance, Communications and Engagement, Finance, Infrastructure including Information Management and Technology, Systems Design and Contractual Frameworks, CCG Collaboration) are scheduled to provide final reports to the Commissioning Board in July.

2.3.3 A programme manager is being appointed to manage the work of the joint committee .This appointment will be made internally from the four CCGs

2.4 **Members Meeting**

2.4.1 More than 30 of the cities practices attended the last GP Members Meeting held on 25 April 2017. A series of presentations were delivered including an introduction from Mr Jim Oatridge, CCG Interim Chair, two General practitioners from Dudley CCG regarding their Multispecialty Community Provider (MCP) model and possible future models for Wolverhampton CCG. Discussions were largely dedicated to the members preferred model for primary and community services. Members also fed back with their preferred option for the Governing Body structure members were keen to retain a range of roles for GPs on the Governing Body and expressions of interest have been invited.

2.5 **Better Care Fund (BCF)**

2.5.1 The Social Prescribing pilot has now commenced. The CCG has commissioned the pilot with Wolverhampton Voluntary sector Council. 3 Link Workers will be working across the City accepting referrals from GP, Community nursing teams, A&E etc. for patients with low level support needs. The link workers work with patients to signpost and support them to improve their wellbeing.

2.5.2 We are continuing to work with Local Authority colleagues to enhance the Wolverhampton Information Network (WIN) to include a new Health Channel. The Health Channel will allow health related information to be uploaded and accessed via WIN, in an bid to create a single information portal for the City. Training sessions are being arranged in June which will cover both the accessing and navigation of the system and how to upload information relating to services.

2.5.3 The BCF team are in the process of developing a 2 year plan which will enable the progress of the BCF programme and continued Integration of health and social care until. Stakeholders will be asked for input and feedback on drafts of the plan ahead of confirmation of national submission timelines. The programme for the next two years include 5 Work streams – Adult Community Care, Mental Health, Dementia, Child and adolescent mental health services (CAMHS) and Integration. CCG and Local Authorities are working together to finalise the content of the Pooled Budget which will again be underpinned by a Section 75 agreement.

2.6 **Local Medical Committee (LMC)**

2.6.1 CCG Executives met with the LMC Officers to discuss possible future models of care in Wolverhampton.

2.6.2 At the LMC meeting in April updates were provided on a range of subjects including, new services, systems and processes that were being introduced through discussion with LMC i.e. Process for payment for safeguarding / Special Educational Needs (SEN) reports, improving the interface between primary and secondary care, new zero tolerance provider, new counselling service for patients in general practice. Discussions also took place regarding premises issues, mental health pathways and the preferred option for the way forward regarding the governing body structure.

2.7 **CCG Executive**

2.7.1 Following the announcement that Claire Skidmore will be leaving the CCG to take up a new position with Shropshire CCG I have been discussing recruitment and mitigating plans with Human Resources and others and an announcement will be made imminently once advice has been taken.

2.8 **Guidance given to City of Wolverhampton Council Social Workers**

2.8.1 In the February 2017 Chief Officer report it was noted that a letter had been sent to the Local Authority around the CCGs concerns surrounding a document that was circulating giving guidance to social workers on the legal limits of social care and advising that the CCG legal advice deemed this document to be unlawful. I can confirm that a response to this letter was received from the Local Authority stating that the guidance was in draft form and had not been formally signed off. One team of social workers had been using the draft guidance and this has subsequently been withdrawn. A commitment was given to ensure that the CCG and the Local Authority work together on any future guidance.

3. **CLINICAL VIEW**

3.1. Not applicable to this report.

4. **PATIENT AND PUBLIC VIEW**

4.1. Not applicable to this report.

5. **KEY RISKS AND MITIGATIONS**

5.1. Not applicable to this report.

6. **IMPACT ASSESSMENT**

Financial and Resource Implications

6.1. Not applicable to this report.

Quality and Safety Implications

6.2. Not applicable to this report.

Equality Implications

6.3. Not applicable to this report.

Legal and Policy Implications

6.4. Not applicable to this report.

Other Implications

6.5. Not applicable to this report.

Name Dr Helen Hibbs
Job Title Chief Officer
Date: 8 May 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	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	08/05/17

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WOLVERHAMPTON CCG
GOVERNING BODY
23 MAY 2017
Agenda item 9

TITLE OF REPORT:	Future Commissioning Arrangements; Joint Committee Governance Arrangements
AUTHOR(s) OF REPORT:	Paul Maubach Accountable Officer Walsall and Dudley CCG, Sara Saville Walsall CCG, Peter McKenzie Wolverhampton CCG, Michelle Carolan Sandwell & West Birmingham CCG, Sue Johnson Dudley CCG
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	The report outlines the proposed governance arrangements for the initial work of Black Country and West Birmingham Commissioning Board (BC&WBCB), including the Terms of Reference, for the Governing Body's approval.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • At its meeting in April 2017, The BC&WBCB agreed the following documents and resources as part of the governance arrangements for the committee. <ul style="list-style-type: none"> ○ Terms of Reference for the Joint Committee, Clinical Reference Group and Task and Finish Groups ○ The resources required to service these groups ○ The committee templates for the Joint Committee and Clinical Reference Group • The Joint Committee have made a recommendation to the CCG to approve the terms of reference
RECOMMENDATION:	That the Governing Body approve the Terms of Reference for the Black Country and West Birmingham Commissioning Board, a Joint Committee of Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton CCGs.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our	Proactively drive our contribution to the Black Country STP The BC&WBCB will become the vehicle for strategic commissioning across the STP footprint. The Joint Committee

financial envelope	will develop proposals for determining the scope of strategic commissioning and ultimately act on behalf of the CCG to commission these services.
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Accountable Officers for the CCGs in the Black Country and West Birmingham took a paper in January 2017 to each of their Governing Body's with a recommendation to establish the Black Country & West Birmingham Commissioning Board (BC&WBCB) as a joint committee of the four CCGs.
- 1.2. Following agreement in principle to form a Joint Committee, the BC&WBCB has met to develop proposed a terms of reference, which are presented to the Black Country and West Birmingham CCGs for consideration and approval.
- 1.3. The Joint Committee will only have the delegated authority covering specific areas that all four CCGs agree to delegate to it. The areas of delegated authority will require frequent review and it is expected that this will change over time. Any change to the areas of delegated authority will require agreement from all four CCGs before being delegated to the Joint Committee.
- 1.4. Whilst the Joint Committee may set up sub committees and task and finish groups which are relevant to its functions, it may not delegate any authority to a sub committee or the task and finish group to make decisions. The sub committees and task and finish groups will make recommendations to the Joint Committee for their consideration and decision.
- 1.5. The Joint Committee have agreed the terms of reference for the Clinical Reference Group and Task and Finish Groups which are included as Appendix two for information to the CCGs.

2. PROPOSED TERMS OF REFERENCE

BC&WBCB Joint Committee

- 2.1. The proposed terms of reference (ToR) for the BC&WDCB are attached as Appendix One as a recommendation from the Joint Committee for consideration and approval by each CCG . They include the agreements made from the 2 March for the rotating chair, frequency of meetings and that the committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision-making.

2.2. The ToR includes the standard requirements for the committee but discussion and agreement is required by the members to agree the proposed CCG responsibilities to be delegated to the BC&WBCB Joint Committee. The proposed delegated responsibilities will then require approval from each CCG's Governing Body before the ToR can be fully approved. It is acknowledged that the list of delegated responsibilities may need to be revised as the group develops.

Clinical Reference Group

2.3. The Clinical Reference Group will report to the BC&WBCB and make recommendations to drive the process of clinical service reviews, provide robust clinical assurance and identify areas of best practice. The Terms of Reference at Appendix 2 have been agreed by the BC&WBCB and are attached as for information only.

BC&WBCB Task and Finish Groups

2.4. As previously reported, six task and finish groups have been established to support the work of the BC&WBCB as follows:-

- Governance
- Communication and Engagement
- Finance
- Infrastructure including IM&T
- Systems design and contractual frameworks
- CCG Collaboration

2.5. The Joint Committee agreed the Terms of Reference for each task and finish group based on a standard template to give consistency to the arrangements of the groups and ensure that HR/OD and communication & engagement implications and support is shared and appropriate. The suite of Task & Finish group Terms of Reference are attached as Appendix three for information only.

3. RESOURCES FOR BC&WBCB, CLINICAL REFERENCE GROUP AND TASK AND FINISH GROUPS

3.1. There is agreement for a FTE project manager to support the work of the BC&WBCB Joint Committee. This will be on an interim basis for twelve months reporting to the Chair of the BC&WBCB and Accountable Officers. The project manager will be responsible for managing the successful delivery of the agreed key work programmes as agreed by the BC&WBCB. It will include developing a project plan, risk register and ensuring milestone deliverables are achieved.

3.2. The Clinical Reference Group requires dedicated resource to ensure that the clinical engagement is appropriate and inclusive across the Black Country and West Birmingham. It is proposed that a FTE project manager is appointed on a secondment arrangement for twelve months. This project manager would work



closely with the Joint Committee project manager. Initial support to the CRG is being provided by the strategy unit from the CSU.

- 3.3. There is a requirement for the Accountable Officer sponsor and manager to arrange for the resource for each of their Task & Finish groups. There is a proposal from Wolverhampton CCG to provide Programme Management Office support to the Joint Committee and its sub committees and groups. This would standardise documentation and establish reporting processes to monitor the various work programmes including the risk management required during this transitional phase. This would give the Joint Committee a mechanism to oversee all the work programmes and take action if required to keep on track and manage risk.

4. CLINICAL VIEW

- 4.1. The Terms of Reference have been developed by the BC&WBCB, which includes clinical input. Proposals for the scope of strategic commissioning that will be delegated to the Joint Committee will be developed with the input of the Clinical Reference Group.

5. PATIENT AND PUBLIC VIEW

- 5.1. Not applicable at this stage, the Joint Committee will need to determine how it will seek public and patient involvement in its work as it develops to provide assurance to the CCGs that their statutory duties are being met.

6. KEY RISKS AND MITIGATIONS

- 6.1. There is a risk that if the governance arrangements are not robust and in keeping with legislation then the decisions made by the Joint Committee will be open to legal challenge and impact on its ability to deliver its objectives.
- 6.2. The Joint Committee will be developing its own risk register and will report back on how risks are being managed to the CCG Governing Bodies.

7. IMPACT ASSESSMENT

Financial and Resource Implications

- 7.1. The initial resource requirements are outlined in the report. There are further potential implications which will emerge as the Joint Committee's work progresses.

Quality and Safety Implications

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

Equality Implications

7.3. There are no Equality implications arising from this report.

Legal and Policy Implications

7.4. Once the Joint Committee has received formal delegated powers from the CCGs, it will need to be reflected in CCG Constitutions. This will include amending the Scheme of Reservation and Delegation to reflect the specific areas that the Joint Committee will be empowered to act.

Other Implications

7.5. The HR and Infrastructure implications of the BC&WBCB programme of work will continue to emerge. Task and Finish groups managing these areas will report into the Joint Committee.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: May 2017

ATTACHED:

BC&WBCB Terms of Reference
Clinical Reference Group Terms of Reference
Task and Finish Group Terms of Reference

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	09/05/2017
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	09/05/2017



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Black Country & West Birmingham Joint Committee

Terms of Reference – Version D4.0

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
D1.0	31 March 2017	Emma Smith proposed TOR template
D1.0	3 April 2017	Peter McKenzie & Sara Saville submitted amends
D2.0	4 April 2017	Presented back to T&FG for comment
D2.0	4 April 2017	Michelle Carolan provided comments
D3.0	5 April 2017	Amended following Task and Finish Group meeting
D4.0	20 April 2017	Amended following Joint Committee meeting

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Emma Smith	31 March 2017	Governance Support Manager	D1.0
Sara Saville	31 March 2017	Head of Corporate Governance	D1.0
Peter McKenzie	3 April 2017	Corporate Operations Manager	D1.0
Michelle Carolan	4 April 2017		D2.0

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

Black Country & West Birmingham Commissioning Board – Terms of Reference

1. Introduction & Purpose

- 1.1 The Black County & West Birmingham Commissioning Board (the 'Joint Committee') is established in accordance with paragraph 6.4.4 of NHS Dudley Clinical Commissioning Group's (CCG) constitution, paragraph 6.5.4 of NHS Wolverhampton CCG constitution, paragraph 6.6.4 of NHS Sandwell & West Birmingham CCG constitution and paragraph 5.10.4 of NHS Walsall CCG constitution.
- 1.2 The purpose of the Joint Committee is to establish a single commissioning view in line with the Sustainable Transformation Plan (STP) arrangements for key services across the Black Country and West Birmingham through the creation of a Joint Committee of the four CCGs.
- 1.3 Individual CCGs will remain accountable for meeting their statutory duties. Each CCG has nominated its representative members and the Joint Committee will have delegated authority from each CCG to make binding decisions on behalf of each CCG.
- 1.4 Currently the STP has no formal authority or governance and the Joint Committee will provide a basis for coordinated collective action to commission the arrangements in the plan.
- 1.5 It is a committee comprising representatives of the following organisations:
 - Wolverhampton CCG,
 - Sandwell & West Birmingham CCG,
 - Dudley CCG and
 - Walsall CCG
- 1.6 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Joint Committee and will have effect as if incorporated into the constitution.

2. Membership

- 2.1 Each member of the Committee as defined in Paragraph 2.2 shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.
- 2.2 Each of the four CCGs shall nominate three members of the Joint Committee from their Governing Body, two of which will be their Chair and Accountable Officer. The four CCGs will coordinate their remaining nominations to ensure that the Joint Committee membership includes two Lay Members and two Chief Finance Officers.
- 2.3 NHS England lead for commissioning specialised services will be a co-opted member to support the committee's work on developing proposals for the commissioning specialised services – using the 'seat at the table' model.
- 2.4 The Joint Committee will be clinically led, with the Chair being taken by one of the CCG Chair members and will rotate amongst them every six months in line with a schedule determined by the committee.
- 2.5 The Vice Chair of the Joint Committee will be elected from amongst the Clinical Chairs who will deputise for the Chair of the Joint Committee as required.
- 2.6 Other representation that will normally be in attendance (members but non-voting) will include:
 - Programme Manager

- Communications Lead
- Administration support

2.6 Governing Body elected GPs, Clinical Executives, Executive Nurses, Other NHS England representation, other GP members or employees of the CCG (not already listed in the membership) may be asked to attend the committee for the purposes of specific agenda items. This will be in an advisory and non-voting capacity. NHS England's National Statutory Guidance on "Managing Conflicts of Interest" will be observed and complied with at all times.

3. Administrative Support

3.1 The Chair of the Joint Committee will be responsible for arranging administrative support for meetings of the Committee. This will include circulating the agenda and papers for the meeting five clear working days in advance of the meeting, taking minutes and actions of the meeting.

3.2 The Programme Manager shall be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

4.1 A meeting of the Joint Committee will be quorate provided that at least four members comprising of the following are present:

- Chair or Vice Chair
- One member from each CCG
- One Accountable Officer
- One Chief Finance Officer or One Lay Member

5. Frequency of meetings

5.1 The Joint Committee will formally meet on a monthly basis. There may be a need for the Committee to meet informally from time to time. Any informal meetings will support the work of the Committee and will have no delegated decision-making authority.

6. Remit Duties and Responsibilities

6.1 The Joint Committee's specific responsibilities will be delegated to it by each of the four constituent CCGs and will, where appropriate, be reflected in each CCG's Scheme of Reservation and Delegation. The committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision making.

6.2 The responsibilities of the Joint Committee will be reviewed regularly as the single commissioning view for the Black Country and West Birmingham develops. The Joint Committee's initial responsibilities will be:-

- To make recommendations to the four CCGs on the scope of services that should be commissioned at a Black Country and West Birmingham system level;
- To organise, on behalf of the four CCGs, the joint commissioning of Specialised Services across the Black Country and West Birmingham with NHSE – based on the 'seat at the table' model;
- To have oversight of the commissioning of acute and mental health services that have been established as being within the scope of services commissioned at system level, which will include:-
 - Mapping financial risks across the system;
 - Identifying Clinical priorities for transformation;
- To establish and manage a transformation programme to support the development of a

- single commissioning view for the Black Country and West Birmingham;
- To develop an Organisational Development plan across the four CCGs to identify the immediate benefits from shared working and to support the implementation of the transformation plan; and
- To make recommendations for the deployment of resources to support the implementation of the Transformation Programme.

6.3 The Joint Committee will be supported in its work by a Clinical Reference Group to advise on clinical strategy. The Joint Committee will determine the Clinical Reference Groups ToR. The Clinical Reference Group will comprise of lead clinicians from across the STP area. The Clinical Reference Group has no delegated authority, but will, by virtue of the clinical knowledge and expertise of the membership have a voice of authority to make recommendations and support the clinical leadership of the Joint Committee.

6.4 The Joint Committee will have the power to establish any task and finish group and determine the ToR for this so long as it is in line with the responsibilities given to the Joint Committee.

7. Managing Conflicts of Interest

7.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The Joint Committee is required to manage any conflicts of interest through a transparent and robust system. Members of the Joint Committee are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair of the Committee will be provided with the latest Declaration of Interest register at each meeting and will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

7.2 It is imperative that members of relevant CCGs ensure complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it give rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

7.3 One of the Lay members on the Joint Committee will be the designated lead for overseeing conflicts of interest (within the membership of the committee).

8. Relationship with CCG Governing Body

8.1 The Joint Committee is accountable to the each retrospective governing body to ensure that it has effectively discharging its functions.

8.2 All CCG governing body meetings will receive a copy of the Joint Committee meetings minutes. The Joint Committee will also make any recommendations or decisions reserved for the governing body directly.

8.3 Establish Task and Finish Groups as required which will report directly to the Joint Committee.

9. Review of Joint Committee Effectiveness

9.1 The Joint Committee will annually self-assess and report to the respective governing bodies and on its performance in the delivery of its objectives.

9.2 The Joint Committee's terms of reference and duties will be reviewed regularly, including at the point of Chair rotation and in line with any defined milestones in the Joint Committee's transformation plan. This will ensure that the Joint Committee reflects any changes as the STP develops.

9.3 Any changes to the terms of reference will be approved by the respective governing bodies.

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Black Country & West Birmingham Clinical Reference Group

Terms of Reference – Version D2.0

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
D1.0	12 April 2017	Governance T&F group proposed TOR template
D1.0	20 April 2017	Joint Committee
D2.0		
D2.0		

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

Black Country & West Birmingham Clinical Reference Group Terms of Reference

1. Introduction & Purpose

- 1.1 The Black Country & West Birmingham Clinical Reference Group (CRG) is established as a sub-committee to the Black Country and West Birmingham Commissioning Board Joint Committee.
- 1.2 The purpose of the CRG is to bring together the clinical leaders from the Black Country and West Birmingham to make recommendations on clinical service reviews and assuring quality proposals in line with the Sustainable Transformation Plan to the Joint Committee. There is a national expectation that together the STP partners will identify the clinical leaders for certain agendas. The CRG will be best placed therefore set out who should be part of the CRG to represent the STP on a number of national and local programmes of work; these include emergency & urgent care, Elective & RTT, cancer, mental health, GP Five year forward view and Maternity.
- 1.3 Currently the STP has no formal authority or governance and the CRG will provide a basis for a coordinated clinical opinion for the Joint Committee to consider.
- 1.5 It is a committee comprising representatives of the following organisations:
- NHS Wolverhampton CCG,
 - NHS Sandwell & West Birmingham CCG,
 - NHS Dudley CCG
 - NHS Walsall CCG
 - Dudley Metropolitan Borough Council
 - Sandwell Metropolitan Borough Council
 - Walsall Metropolitan Borough Council
 - Wolverhampton City Council
 - Birmingham City Council
 - Dudley Group NHS Foundation Trust
 - Sandwell & West Birmingham Hospitals NHS Trust
 - Walsall Healthcare NHS Trust
 - Black Country Partnership NHS Foundation Trust
 - Royal Wolverhampton NHS Trust
 - Birmingham Community Healthcare NHS Foundation Trust
 - Black Country Partnership NHS Foundation Trust
 - Dudley & Walsall Mental Health Partnership NHS Trust
 - West Midlands Ambulance Service NHS Foundation Trust
- 1.6 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the CRG

2. Membership

- 2.1 Each member of the Committee as defined in paragraph 2.2 shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.
- 2.2 The voting membership will include:
A clinical representative from each of the representative organizations listed in 1.5
Clinical leads for priority areas for clinical service review (who may be derived from the clinical representatives) including: Cancer, Mental Health, Elective pathways, Urgent and Emergency Care, Maternity, Primary Care
- 2.3 The Chair of the CRG will be a CCG clinical chair.

- 2.4 The Vice Chair of the CRG will be nominated from the membership of the CRG.
- 2.5 Other representation that will normally be in attendance (members but non-voting) will include:

- LMC representative
- Programme Manager
- Communications lead
- Administrative support

- 2.6 Governing Body elected GPs, Clinical Executives, NHS England representation, other GP members or employees of the CCG (not already listed in the membership) may be asked to attend the committee for the purposes of specific agenda items. This will be in an advisory and non-voting capacity. NHS England's National Statutory Guidance on "Managing Conflicts of Interest" will be observed and complied with at all times.

3. Administrative Support

- 3.1 The Chair of the CRG will be responsible for arranging administrative support for meetings of the Committee. This will include circulating the agenda and papers for the meeting five clear working days in advance of the meeting, taking minutes and actions of the meeting.
- 3.2 The Programme Manager shall be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

- 4.1 A meeting of the CRG will be quorate provided there is at least one voting representative from each of the four boroughs (be that from a CCG, Council or provider)

5. Frequency of meetings

- 5.1 The CRG will formally meet on a monthly basis. There may be a need for the Committee to meet informally from time to time. Any informal meetings will support the work of the Committee and will have no delegated decision-making authority.

6. Remit Duties and Responsibilities

- To develop the clinical strategy to inform commissioning of services across the Black Country and West Birmingham
- To provide robust clinical assurance to each transformation group and workstream, supported by patient engagement
- To employ an evidence based methodology developed by the West Midlands Clinical senate
- To complement evidence for any external assurance processes that may be required for aspects of our plan from time to time
- To identify areas of best practice in the Black Country and West Birmingham and beyond which can inform the standardization of care and quality both in localities and across hospital providers
- To facilitate the development by commissioners, with providers, of consistent pathways and models of care across all care setting and locations
- To ensure the delivery of standardised enablers including common workforce competencies (especially in new roles); shared care records and other technology supportive of better care and self-management; and a common interface between health and social care across the BC&WB to reduce duplication, facilitate repatriation and reduce delayed transfers of care.

To focus on clinical areas with particular challenge or opportunity and
To support the promotion of prevention activities in all setting and facilitate patient activation
and engagement

7. Managing Conflicts of Interest

- 7.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CRG is required to manage any conflicts of interest through a transparent and robust system. Members of the CRG are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair of the Committee will be provided with the latest Declaration of Interest register at each meeting and will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.
- 7.2 It is imperative that members ensure complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it give rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

8. Relationship with Joint Committee

- 8.1 The CRG is accountable to the Joint Committee
- 8.2 The Joint Committee will receive a written summary of the key matters covered by the CRG.

9. Review of CRG Effectiveness

- 9.1 The CRG will annually self-assess and report to the Joint Committee on its performance in the delivery of its objectives.
- 9.2 The CRG's terms of reference and duties will be reviewed annually to ensure that the Committee reflects any changes as the STP develops.
- 9.3 Any changes to the terms of reference will be approved by the Joint Committee

Governance Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T&F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
<p>To organise the governance of the joint committee, clinical board and the task and finish groups; and to evaluate the consequences of CCG statutory duties on any future arrangements.</p>	
Task and Finish Group members	
AO sponsor	Paul Maubach
Manager	Sara Saville
Walsall CCG Representative	Serena Causer
Wolverhampton CCG Representative	Peter McKenzie
Dudley CCG representative	Sue Johnson/Emma Smith
Sandwell CCG Representative	Michelle Carolan/ Robyn Lockley
Additional members can be invited to the task and finish groups as and when required	
Quorum	
<p>The AO sponsor or the manager and at least one member from three of the CCGs should be present.</p>	
Frequency of meetings	
<p>The T&F group will meet monthly The T&F group will progress actions via email in between meetings</p>	
Tasks	Timeframe
Joint Committee TOR	13 April 17
Clinical Board TOR	13 April 17
T&F group TOR template	13 April 17
T&F group TOR approved	13 April 17
Committee resource requirements	13 April 17
PMO process and governance arrangements	18 May 17
Review governance arrangements for JC and CB	15 June 17
Committee Governance arrangements	18 May 17
List CCG statutory duties	18 May 17
Evaluate consequences of statutory duties	15 June 17
Reporting	
<p>The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair</p>	
Responsibilities	
<p>It is the responsibility of the T&F manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.</p> <p>It is the responsibility of the respective CCG to enable attendance from their CCG representatives.</p>	

It is the responsibility of the T&F manager to seek HR/OD/Communications and Engagement input for any work force or engagement implications arising from action plans or project plans.

The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.

There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manger support and facilitate timely responses to information requests.

Risk Management

The T&F group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC&WB joint committee assurance paper or escalated by exception if urgent.

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Collaboration Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T&F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
<p>To explore the opportunities for either the sharing of 'back office functions' and/or to collaborate of common systems and processes to improve the effectiveness of the four CCGs on current activities.</p> <p>To recommend opportunities for joint commissioning arrangements for different service groups – in accordance with the scope of services defined by the systems design group.</p>	
Task and Finish Group members	
AO sponsor	Andy Williams
Manager	Sharon Liggins
Walsall CCG Representative	Matt Hartland/Donna Macarthur
Wolverhampton CCG Representative	Mike Hastings Tally Kalea
Dudley CCG representative	Matt Hartland
Sandwell CCG Representative	Sharon Liggins
Additional members can be invited to the task and finish groups as and when required	
Quorum	
The AO sponsor or the manager and at least one member from three of the CCGs should be present	
Frequency of meetings	
<p>The T&F group will meet monthly</p> <p>The T&F group will progress actions via email in between meetings</p>	
Tasks	Timeframe
Establish T & F Group and agree priority programmes	April
Identify programme commissioners and mandate the programmes	April
Deliver shared plans	June/July
Collaborative Commissioning Plans shared with providers as part of Operating Plan refresh process	September 2017
Reporting	
The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair	
Responsibilities	
<p>It is the responsibility of the T&F manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.</p> <p>It is the responsibility of the respective CCG to enable attendance from their CCG representatives.</p>	

It is the responsibility of the T&F manager to seek HR/OD/Communications and Engagement input for any work force or engagement implications arising from action plans or project plans.

The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.

There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manager support and facilitate timely responses to information requests.

Risk Management

The T&F group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC&WB joint committee assurance paper or escalated by exception if urgent.

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Communications and Engagement Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T&F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
To establish both standard communications relating to this agenda and any shared requirements for public engagement and/or consultation.	
Task and Finish Group members	
AO sponsor	Helen Hibbs
Manager	Mike Hastings
Walsall CCG representative	Sally Roberts / Hardeep Dhillon
Wolverhampton CCG representative	Mike Hastings / Helen Cook
Dudley CCG representative	Laura Broster
Sandwell & West Bham CCG representative	Jayne Salter-Scott / Sarah Makin
Additional members can be invited to the task and finish groups as and when required	
Quorum	
The AO sponsor or the manager and at least one member from each of the CCGs should be present	
Frequency of meetings	
The T&F group will meet monthly and ad hoc as required	
The T&F group will progress actions via email in between meetings	
Tasks	Timeframe
Public:	
Reactive and proactive function	Immediate & Ongoing for all tasks
Overall advise and guide on the comms and engagement activity as a network	
Keep public informed through existing local channels	
Scope the legal impact (statutory duties) with regard to consultation / involvement if required as an output from another group – advise on any potential Judicial Review	
Listening exercise – scope and plan, implement	
Single set of commissioning intentions for the CCG's using existing patient and community groups available to the CCGs	
Develop initial message to public: Successful comms for past 5 years. Know what you want already as you tell us. However, things have to change. Budgets, health needs, living longer, complexity, etc. Need to commission differently. Buy services differently across wider area.	
Run through with staff. *Dependency on staff consultation	

Explore options of pooled comms £ for programme	
Staff:	
Reactive and proactive function	
Define and disseminate comms to staff using existing internal mechanisms	
AO's to define/agree/articulate a 'single version of the truth'; Place based commissioning Vs collaborative Vs wider determinants - what is the scope of this? What are the four local place based systems planned to look like?	
Work with Governance and OD T&F groups to define and communicate plans	
Define and agree timeline – disseminate to staff	
Ultimate vision - what will things look like in 12, 24, 36, 60 months? – AO agreement	
Reporting	
The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair	
Responsibilities	
<p>It is the responsibility of the T&F manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.</p> <p>It is the responsibility of the T&F manager to seek HR/OD/Communications and Engagement input for any work force or engagement implications arising from action plans or project plans from the other T&F groups</p> <p>It is the responsibility of the respective CCG to enable attendance from their CCG representatives.</p> <p>The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.</p> <p>There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manger support and facilitate timely responses to information requests.</p>	
Risk Management	
The T&F group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC&WB joint committee assurance paper or escalated by exception if urgent.	

Finance Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T&F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
To develop a shared approach to financial planning and identify key financial risks to the Black Country system and consequential actions/review.	
Task and Finish Group members	
AO sponsor	Andy Williams
Manager	James Green
Walsall CCG Representative	Tony Gallagher
Wolverhampton CCG Representative	Claire Skidmore
Dudley CCG representative	Matt Hartland
Sandwell & West Birmingham CCG Representative	James Green
Additional members can be invited to the task and finish groups as and when required	
Quorum	
The AO sponsor or the manager and at least one member from three of the CCGs should be present	
Frequency of meetings	
The T&F group will meet fortnightly	
The T&F group will progress actions via email in between meetings	
Tasks	Timeframe
Draft scope of financial review	31/3/17
Finalise scope and agree appointment of independent firm to undertake review	28/4/17
Agree scope of consolidation of financial reporting information	5/5/17
Review progress on consolidation of financial information	19/5/17
Review progress on financial review	19/5/17
Review final draft financial review	16/6/17
Present financial review to Joint Committee	22/6/17
Reporting	
The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair	
Responsibilities	

It is the responsibility of the T&F manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.
It is the responsibility of the respective CCG to enable attendance from their CCG representatives.

It is the responsibility of the T&F manager to seek HR/OD/Communications and Engagement input for any work force or engagement implications arising from action plans or project plans

The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.

There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manager support and facilitate timely responses to information requests.

Risk Management

The T&F group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC&WB joint committee assurance paper or escalated by exception if urgent.

DRAFT

Infrastructure Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T&F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
To determine the opportunities for joint working on the use of IM&T, estates and the Black Country digital roadmap.	
Task and Finish Group members	
AO sponsor	Dr Helen Hibbs, Wolverhampton CCG
Manager	Claire Skidmore, Wolverhampton CCG
Walsall CCG Representative	Tony Gallagher Graham Westgate
Wolverhampton CCG Representative	Stephen Cook
Dudley CCG representative	Matthew Hartland Richard Corner
Sandwell CCG Representative	Manoj Behal Andrew Lawley
Additional members can be invited to the task and finish groups as and when required	
Quorum	
The AO sponsor or the manager and at least one member from three of the CCGs should be present	
Frequency of meetings	
In recognition of the fact that there are already a number of established infrastructure workstreams (including an STP level Estates group and LDR Leads meeting) which share the same membership as the task and finish group, the manager, on behalf of the task and finish group will ensure that its actions and work plan are progressed through these existing forums. The Task and Finish group will also meet if required to progress specific tasks and progress actions via email in between meetings.	
Tasks	Timeframe
To ensure that Estates and IM&T work plans align with the clinical strategy of the BC&WB as it develops	TBC
To identify and manage any infrastructure issues or co-dependencies arising from the other Task and Finish Groups' work	To be informed by the other work streams
To ensure opportunities for joint working on infrastructure issues are identified and addressed	On-going
Reporting	

The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair
All notes and papers from the T&F groups will be shared with the Communications and engagement lead for HR/OD and Engagement consideration

Responsibilities

It is the responsibility of the T&F manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.
It is the responsibility of the respective CCG to enable attendance from their CCG representatives.

It is the responsibility of the T&F manager to seek HR/OD/Communications and Engagement input for any work force or engagement implications arising from action plans or project plans.

The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.

There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manger support and facilitate timely responses to information requests.

Risk Management

The T&F group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC&WB joint committee assurance paper or escalated by exception if urgent.

Systems design and contractual frameworks Task and Finish Group

Terms of Reference

Introduction	
<p>Dudley, Walsall Wolverhampton and Sandwell and West Birmingham CCGs have agreed to collaborate across the STP footprint to change the model of commissioning health services in the future. In order to progress this work the Accountable Officers and Chairs have approved six task and finish groups to be established with a mandate to each CCG to contribute to the groups.</p> <p>The T and F groups will complete their allocated tasks within the timeframe. They have no delegated authority from the CCGs to make strategic decisions but are required to make recommendations which will be put to the BC&WB Joint Committee for a decision.</p>	
Purpose of the Task and Finish Group	
To establish the scope of services between local place and system-wide services; and develop the methodology for enabling each CCG to implement their place-based model(s) of care.	
Task and Finish Group members	
AO sponsor	Paul Maubach
Manager	Neill Bucktin
Walsall CCG Representative	Paul Tulley
Wolverhampton CCG Representative	Vic Middlemiss/Andrea Smith/Sharon Sidhu
Dudley CCG representative	Anthony Nicholls
Sandwell CCG Representative	Claire Parker/Angela Poulton
Additional members can be invited to the task and finish groups as and when required	
Quorum	
The AO sponsor or the manager and at least one member from three of the CCGs should be present	
Frequency of meetings	
The T and F group will meet monthly	
The T and F group will progress actions via email in between meetings	
Tasks	Timeframe
Agree scope of services	June 2017
Agree outcomes framework	September 2017
Agree contracting methodology	September 2017
Stakeholder engagement	September 2017
Draft contracts/integration agreements developed	December 2017
Reporting	
The Task and Finish Group AO sponsor will produce a monthly assurance report to the BC&WB Joint Committee and report by exception any urgent and important issues to the BC&WB Joint Committee Chair	
Responsibilities	
It is the responsibility of the T and F Group manager to convene the group meetings and ensure appropriate minute taking, action log and supporting papers.	
It is the responsibility of the respective CCGs to enable attendance from their CCG representatives.	
It is the responsibility of the T and F Group manager to seek HR/OD/Communications and	

Engagement input for any workforce or engagement implications arising from action plans or project plans.

The T&F group may then make recommendations to the Joint Committee regarding HR/OD/Communications or Engagement.

There will be a Programme Management Office arrangement for the T&F group and it is the responsibility of the T&F manger support and facilitate timely responses to information requests.

Risk Management

The T and Finish Group will manage all identified risks within the group. Any unmitigated risks will be included in the assurance report to the BC and WB Joint Committee assurance paper or escalated by exception if urgent.

DRAFT

WOLVERHAMPTON CCG
Governing Body Meeting
23rd May 2017
Agenda item 10

TITLE OF REPORT:	Children's Emotional Health and Wellbeing
AUTHOR(s) OF REPORT:	Mags Courts
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	<p>The Local Transformation Plan¹ has identified that there has been minimal investment in the emotional mental health and wellbeing service (formerly Tier 2), and that this represents a specific and significant gap in the service system.</p> <p>This paper seeks approval for:</p> <ol style="list-style-type: none"> 1. Additional funds to be made available from both NHS Wolverhampton CCG and the City of Wolverhampton Council for the emotional mental health and wellbeing services to close the gap in the service system identified through the CAMHS transformation programme 2. Agreement for the CCG to procure the emotional mental health and wellbeing services for three years 3. Agreement to include the funding for the 'new' emotional mental health and wellbeing service as well as Inspire, Child and Families Service and Key team into the Better Care Programme board 4. Services which are funded by both City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (WCCG), to be managed under a pooled financial arrangement (Section 75) which is already established as the Better Care Fund.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Funding has been identified of £100,000 from the additional growth funds available for Child and Adolescent Mental Health Services to support this new service. • Provision of an Emotional Mental Health and Wellbeing service will reduce the number of referrals being sent to the specialist CAMHS service and ensure support is being received in the right place at the right time and provided by the right people. • This service along with the following tier 3 services (CAMHS, Key and Inspire) will be managed under a pooled financial



	arrangement (Section 75) through the Better Care Fund.
RECOMMENDATION:	Approval to use CAMHS funds to commission a joint Emotional Mental Health and wellbeing service with the City of Wolverhampton Council for a three year period. Approval also sought for the service to be governed under the Better Care Fund via pooled budget arrangements.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	Provision of an Emotional Mental Health and Wellbeing service will ensure that young people are being seen at the right place, at the right time and by the right people rather than being referred to the specialist CAMHS service, where nearly 33% of those referred did not receive a service.
2. Reducing Health Inequalities in Wolverhampton	Development of an Emotional Mental Health and Wellbeing service will provide an integrated commissioned service for the children and young people of Wolverhampton which will ensure easier access to relevant services.
3. System effectiveness delivered within our financial envelope	Development of the Emotional Mental Health and Wellbeing services will ensure that we are working with our partners in the council to provide a service where young people’s emotional mental health issues can be managed rather than in a more specialist setting.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. As the children and young people’s CAMHS transformation in Wolverhampton is entering the implementation phase, it is vital that commissioning activities become more closely aligned, critical gaps in service provision are closed and a new governance structure is established. The Local Transformation Plan¹ has identified that there has been minimal investment in the emotional mental health and wellbeing service (formerly Tier 2), and that this represents a specific and significant gap in the service system.
- 1.2. This paper seeks approval for:
- additional funds to be made available from both NHS Wolverhampton CCG and the City of Wolverhampton Council for the emotional mental health and



wellbeing services to close the gap in the service system identified through the CAMHS transformation programme,

- agreement for the CCG to procure the emotional mental health and wellbeing services for three years
- agreement to include the funding for the ‘new’ emotional mental health and wellbeing service as well as Inspire and Key team into the Better Care Programme Board
- services which are funded by both City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (WCCG), to be managed under a pooled financial arrangement (Section 75) which is already established as the Better Care Fund.

2. BACKGROUND

2.1. Children and young people of Wolverhampton have been identified as having significant mental health needs.^{1,2} For the majority of risk indicators for mental health, the population of Wolverhampton scored significantly higher when compared to England averages – e.g. hospital admissions for self-harm, rate of children being looked after, first entrants into the youth justice system, and numbers of children living in poverty. Applying the Centre for Mental Health model to the Wolverhampton population³, the prevalence of mental health problems in children and young people can be calculated. As this model uses England averages, the data underestimates the reality, as the Wolverhampton population scores higher on most indices of risk than the English averages.

Prevalence ³	Number	Level of mental health need
15%	12,214	Children needing extra help to build resilience as they face greater risk. Some also have deteriorating mental health and need early help to de-escalate and restore wellbeing.
7%	5,700	Children with less complex and risky level needs.
1.85%	1,221	Very complex or high risk diagnosable mental health needs.
0.075%	61	Children with highly complex, concerning specialist diagnosable mental health needs.

Table 1: Numbers of children at each level of need based upon Centre of Mental Health model

¹ see Local Transformation Plan for details and references (<https://wolverhamptonccg.nhs.uk/your-health-services/mental-health-services>)

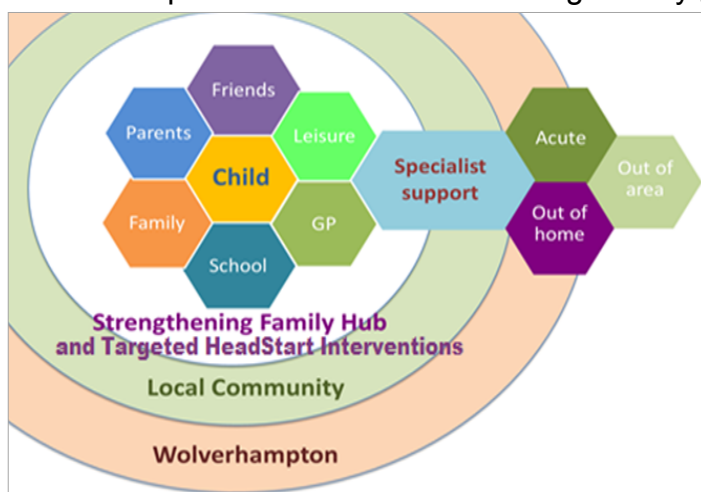
² See Joint Strategic Needs Analysis - <http://www.wolverhampton.gov.uk/jsna>

³ Model uses England averages. Centre of Mental Health - www.centreformentalhealth.org.uk.



2.2. In response to the high needs identified in the city of Wolverhampton, a major transformation of mental health services for children and young people has been undertaken. A place based care model has been co-designed with partners, and aligns with the establishment of the Strengthening Family Hubs and the HeadStart satellite sites. These co-located, multidisciplinary teams will be able to deliver care closer to home, as well as devise specific proactive interventions targeted to meet the needs of the neighbourhoods in which they work.

2.3. Wolverhampton has been awarded a Big Lottery grant to develop and implement a



Phase Three test and learn model of HeadStart (Wolverhampton) to deliver four different components over a five year funded programme:

Figure 1:

Place based care model resulting from system transformation

- City-wide mental wellbeing information and awareness raising.
- An area-based Universal Offer.
- A Universal Plus Offer for those in our specified age-range.
- Targeted Intervention for those most at risk.

2.4. These four components will support the prevention and early help initiatives that are required when looking at transforming the whole system to ensure that children and young people develop emotional resilience and receive appropriate services at a time and place when they require it. It is anticipated that an outcome of the HeadStart model is to provide evidence to support the implementation of the Emotional Mental Health and Wellbeing Service (old tier 2 services). It also includes the universal digital strategy which forms an important element of the universal offer and early intervention in Wolverhampton in promoting, protecting and preserving the mental well-being of young people through the building of skills and supports in developing resilience, and providing online support.

2.5. The targeted interventions to children and young people most at risk, in the four designated HeadStart areas, are yet to be specified but will potentially match the specification of the Emotional Mental Health and Wellbeing service. However, within their Lottery bid, HeadStart has agreed to focus on working with vulnerable groups of



children and young people, including those from Black and Minority Ethnic communities; those in contact with the criminal justice system; lesbian, gay, bisexual and transgender young people; and those who misuse substances.

- 2.6. WCCG, CWC and HeadStart commissioners will need to work closely to avoid duplication, and ensure that all children and young people across all Strengthening Family Hubs are able to access appropriate interventions. These targeted interventions will be provided at the same level as the Emotional Mental Health and Wellbeing services.
- 2.7. While some details about the implementation of the transformation model (represented in figure1), as well as pathways in and out of services are still to be finalised, it is clear that a gap in service provision exists at the targeted intervention or early help level which is going to be called the Emotional Mental Health and Wellbeing Service (formerly referred to as Tier 2). This gap has meant that the early intervention services do not have the opportunity to refer children, young people and their families to more appropriate and qualified, but not specialist, mental health services.
- 2.8. With few options available, professionals in the city refer to the CAMH services provided by Black Country Partnership Foundation Trust (BCPFT). This service has a significant number of referrals for children and young people, with a proportion of conditions that do not reach the criteria to receive a mental health diagnosis – the flow of children and young people accessing the specialist provision of CAMHS data from 2015-16 is presented in Figure 2. While 66 per cent of children and young people assessed by a mental health practitioner were provided specialist intervention by CAMHS professionals, a large minority (711 or 34%) were not. A proportion of these 711 children and young people were signposted to information, or other possible agencies to receive a service, though many were returned to referral point (355 or 50%), or simply told that they did not meet threshold for service (240 or 36%). This has caused a great deal of frustration across the service system, with referrers disgruntled with an inability to find solutions to current problems, and dissatisfaction amongst mental health providers unable to deliver services to children and young people clearly in need.



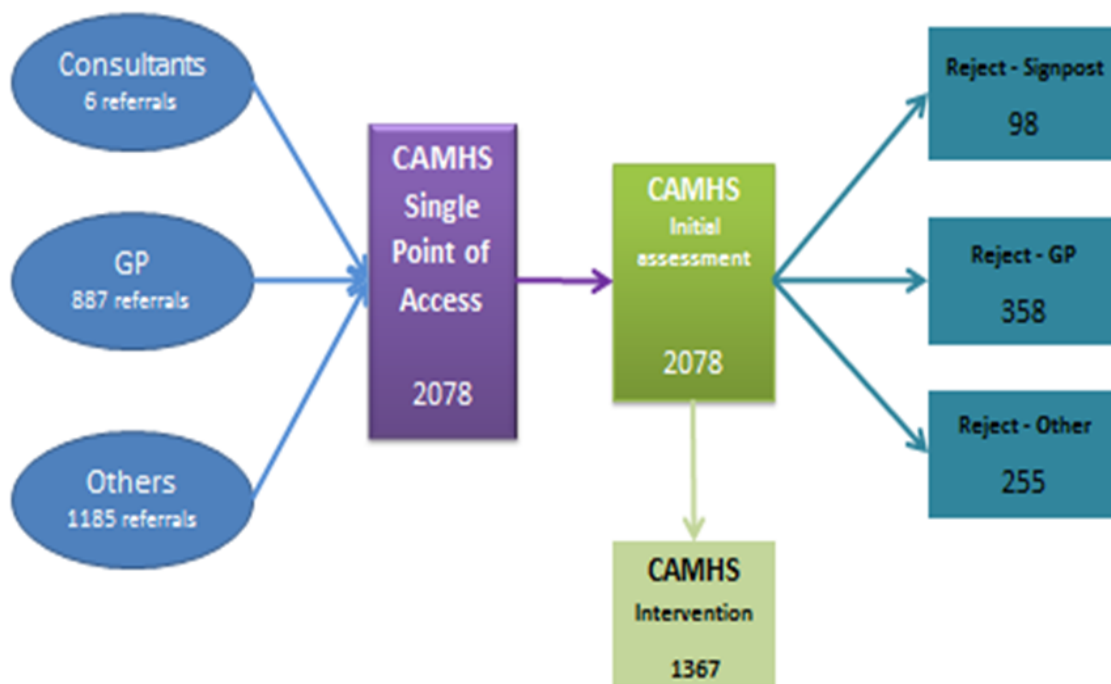


Figure 2: Referrals to CAMHS with numbers receiving an intervention (2015-16)

2.9. The lack of an Emotional Mental Health and Wellbeing service has placed pressure both on frontline early help and primary care workers as well as specialist mental health services, because

- 1.) there have been few therapeutic services available to intervene early in emerging wellbeing and mental health problems, and
- 2.) 34 per cent (711) of children and families referred to Child and Adolescent Mental Health services (CAMHS) in 2015/16 did not have a mental health disorder, were not provided with a service, and were often returned to the referral source.

2.10. Funding the Emotional Mental Health and wellbeing services will reduce the problems identified above and WCCG has identified funding of £100,000 from the additional growth funds available for Child and Adolescent Mental Health Services to support this new service. CWC has agreed to provide £125,000 towards the funding of this integrated service. This joint funding stream will be available recurrently.

2.11. HeadStart are potentially providing at least another £100,000 for a fixed period of three years towards this service with the funding for their targeted groups within the specific geographical areas identified as part of the Lottery Bid.



- 2.12. Given that HeadStart is providing funding for three years only as part of the Big Lottery Bid, it is felt that the procurement of the Emotional Mental Health and Wellbeing service in this instance should be for this period of time.
- 2.13. By combining funds from WCCG and CWC along with potential funding from HeadStart for a fixed period of time, specifically identified for the new Emotional Mental Health and Wellbeing service, it will be possible to commission a more effective, integrated, and aligned service than if budgets and commissioning activity were kept separate.
- 2.14. It is suggested that agreement to include the funding for the 'new' emotional mental health and wellbeing service as well as the funding provided by WCCG and CWC for the Inspire and Key team (which is considered old tier 3 services) be moved into the Better Care Programme Board where it can be managed in a more integrated manner.
- 2.15. It is anticipated that as part of the funding arrangements a contract variation will be completed and CWC will become an associate on the current contract which WCCG holds and manages with BCPFT. Management of this contract will be undertaken as part of the contract monitoring arrangements which are in place at the CCG which CWC are invited to attend.
- 2.16. The pooled funding arrangement for these services should be managed under a Section 75 which will enable greater integration between health and social care and ensure the service is more tailored to local needs.
- 2.17. The budget lines that are to be considered to become part of the joint funding arrangement are detailed in Table 3.

Specialist Services funded by CWC (2016/17 budget) and WCCG (2017/18 budget) – formerly tier 3

	CWC	WCCG
Inspire (CAMHS)	167,000	475,566
Key team (CAMHS)	178,000	171,707
	345,000	647,273

However, it must be noted that currently the expenditure for the Key team



from the Local authority consists of both the local key team expenditure and the commissioned key team expenditure i.e. the city of Wolverhampton Council provides both funding to the team and also provides staff which they fund. The figure included in the budget lines excludes the internal support of the City of Wolverhampton Council as there are ongoing discussions about whether this can will continued to be allocated to the key team going forward. Agreement has still not been reached as to what staffing levels are required to meet the service specification which is currently under review.

New funding for Emotional Mental Health and Wellbeing Services – formerly tier 2

Emotional Mental Health and Wellbeing services	125,000	100,000
CAMHS Link Workers	--	76,291
	125,000	176,291

Total contribution to pooled arrangements

Total	470,000	823,564
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Table 3: Budgets to be considered to become part of a Section 75 arrangement

2.18 Options Appraisal

<p>Option 1:</p> <p>Status quo maintained</p>	<p>Keeping the current arrangements will not fully satisfy the agreed vision for an integrated service system in Wolverhampton for promoting Emotional Mental Health and Wellbeing. It means that a significant service gap remains, where early help workers do not have the necessary therapeutic support services needed to work effectively with children, young people, and their families. It will also maintain pressure on CAMHS with a large number of inappropriate referrals, and no services available to signpost to appropriately.</p>
<p>Option 2:</p> <p>Introduction of new funding for Emotional Mental Health and</p>	<p>CWC and WCCG to contribute new funds to the procurement of Emotional Mental Health and Wellbeing services. These services will be readily available to the front line workers in the Strengthening Family Hubs and primary care. Consideration will be given as to how these services will be accessed and whether it will be through the same point of</p>



Wellbeing services	access as CAMHS. This will ensure that children and young people will be directed to the most appropriate level of intervention first time, and that step-up and step-down can be managed more efficiently.
<p>Option 3:</p> <p>Introduction of new funding for Emotional Mental Health and Wellbeing services under pooled budget arrangements as well as for those services funded by both CWC and WCCG which will be procured for a three year period.</p>	<p>Option 3 is an extension of Option 2, and includes:</p> <ul style="list-style-type: none"> • pooled budget arrangement (Section 75) for Emotional Mental Health and Wellbeing services • services that are funded by both CWC and WCCG • CAMHS Link Workers <p>This would result in a joint approach to commissioning, contract management, and activity monitoring for these services. Combining funds and commissioning resources for the new Emotional Mental Health and Wellbeing services will facilitate the aligning of all Emotional Mental Health and Wellbeing activities, including specialist CAMHS, and accountability to the BCPB (Better Care Programme Board). This service is to be procured for a three year period.</p>

2.19 **Recommendation:** Option 3 is recommended for approval which will include WCCG along with CWC providing the funding for the Emotional Mental Health and Wellbeing service. It also details the management arrangements for the services including pooled funding arrangements under a section 75. The length of contract for these services will be for three years.

2.20 **Governance of CAMHS transformation**

<p>Option 1:</p> <p>Status quo maintaining CAMHS Transformation Partnership Board</p>	<p>Keeping the current arrangements will not fully satisfy the vision for having an integrated service for promoting emotional mental health and wellbeing for children and young people. It means that services for children and young people are governed and monitored in a different manner to adult mental health services, and duplicates the work of the BCPB. It also maintains service silos as providers work in an environment where funding decisions and commissioning activity are not fully coordinated.</p>
<p>Option 2:</p> <p>Governance</p>	<p>This option is for the work of the CAMHS Transformation Partnership Board to be absorbed into the BCPB. This would then result in a joint approach to commissioning, contract</p>



through BCPB.	management, and activity monitoring for children and young people's emotional mental health and wellbeing services, and channels responsibility through the BCPB for both children's, and adult's mental health services. This option also introduces efficiencies which will reduce the number of meetings commissioners and service providers need to attend.
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2.21 **Recommendation:** Option 2 is recommended for governance of the CAMHS transformation work to be undertaken through the Better Care Programme Board (BCPB).

2.22 **Implementation and operation of Option 2 – Inclusion in Better Care Programme Board**

By being incorporated into the BCPB, the emotional mental health and wellbeing activities in children and young people's services will be constituted as a workstream of the Board. The following is an outline of the structure and activities of the proposed workstream.

<i>Workstream</i>	Children and Young People's Emotional Mental Health and Wellbeing Workstream
<i>Governance</i>	Better Care Programme Board and the link across to the Childrens' Trust Board
<i>Budget arrangements</i>	See separate report ⁴ that proposes that budgets for services funded by both CWC and WCCG be managed jointly through a Section 75 agreement.
<i>Senior Responsible Officer</i>	Steven Marshall Director of Strategy & Transformation, WCCG
<i>Workstream Leads</i>	Joint lead arrangement with: <ul style="list-style-type: none"> • Mags Courts, Children's' Commissioning Manager, WCCG. • Kush Patel, Commissioning Officer, CWC.
<i>Workstream Projects</i>	At this stage, specific Workstream projects have not been identified.



	<p>To maintain its governance and oversight of the emotional wellbeing and mental health service system, the Workstream will work closely with a number of extant Boards, (including Childrens’ Trust Board, Strengthening Family Board, and Contract Review meetings) to which Workstream members are already attending. Specific Projects may be initiated as needs are identified.</p>
<p><i>Disbanding CAMHS Transformation Partnership Board (CTPB)</i></p>	<p>The CTPB be disbanded as the governance arrangements for children and young people’s emotional mental health and wellbeing services are taken over by BCPB. Some members of CTPB are currently members of the BCPB, while others may be invited onto the Board. Other members of the CTPB could be invited to membership of the BCPB Workstream’s projects as and when required.</p>

3 CLINICAL VIEW

3.1 Currently as there are no equivalent tier 2 services available for children and young people with Emotional Mental Health and Wellbeing difficulties, there are a significant number of referrals made to the specialist CAMH service which are inappropriate. Procuring of an Emotional Mental Health and Wellbeing service would ensure that children and young people would be directed to the most appropriate level of intervention first time, and that step-up and step-down could be managed more efficiently by having clear pathways in place. There will be a quicker response to need – right professional, first time, and in the right place.

4 PATIENT AND PUBLIC VIEW

4.1 There has been a great deal of frustration across the current service system, due to lack of provision with referrers disgruntled with an inability to find solutions to current problems, and dissatisfaction amongst mental health providers unable to deliver services to children and young people clearly in need. Children, young people and their families and carers have been unhappy with the difficulties accessing the CAMH services although they often report that once seen by CAMHS professionals the service is good.



5 KEY RISKS AND MITIGATIONS

Risk	Mitigation
<p>Funds contributed to the pooled arrangement may change over time as organisations respond to fiscal challenges that may then impact on the service system.</p>	<ul style="list-style-type: none"> ➤ Finance leads and SRO to note fiscal challenges and identify risks to the service system funding. ➤ With early identification of possible risks, a range of options be developed by SRO and Workstream Leads for presentation to BCPB for consideration
<p>Under the HeadStart agreement with The Big Lottery, funding will need to be found for maintaining the web based early help universal service from 2019/20. This may place pressure on the funds allocated for Emotional Mental Health and Wellbeing services.</p>	<ul style="list-style-type: none"> ➤ Discussions to be held by Workstream Leads with HeadStart about the development and implementation of universal web based services and the digital offer. ➤ Robust activity and outcome reporting to be provided by HeadStart on this initiative.
<p>Schools withdraw funding of student counselling and support services, believing these to be the responsibility of the Emotional Mental Health and Wellbeing services.</p>	<ul style="list-style-type: none"> ➤ Communication plan to accompany the implementation of the new arrangements, including Emotional Mental Health and Wellbeing services funding that reiterated continuity of schools responsibility for the welfare of student and service provision ➤ Engagement with schools to encourage them to join the commissioning arrangements for the Emotional Mental Health and Wellbeing services.
<p>Poor data collection systems that do not allow sufficiently robust view of assessed need, service activity, and outcomes.</p>	<ul style="list-style-type: none"> ➤ Essential that all services within the system are commissioned and supported to collect data on activity and outcomes. ➤ Highlight use of web based client record system by all service providers.
<p>Cultural change requiring collaboration and integration, with a focus on child or young person's need is slow or does not occur at point of service.</p>	<ul style="list-style-type: none"> ➤ Operational service managers to reinforce that the service system needs to be flexible and focus on meeting presenting needs. ➤ Service look to updating policies and processes to reinforce cultural change.

1.1 There are no risks included on the risk register specifically related to the Emotional Mental Health and Wellbeing services.



6 IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Wolverhampton CCG has agreed to use £100,000 from the additional growth funds available for Child and Adolescent Mental Health Services to support the new Emotional Mental Health and Wellbeing Services. This will be recurrent funding.

Quality and Safety Implications

- 6.2. Procuring an Emotional Mental Health and Wellbeing service will improve the quality of provision of mental health and emotional wellbeing services for children and young people in the city of Wolverhampton, ensuring they are seen at the right place, at the right time and by the right professionals. It will ensure that there is a reduction in the number of inappropriate referrals to the specialist CAMH services.

Equality Implications

- 6.3. There are no equality implications.

Legal and Policy Implications

- 6.4 There are no legal and policy implications.

Name	Mags Courts
Job Title	Childrens Commissioning Manager
Date:	11th May 2017

ATTACHED:

¹see Local Transformation Plan for details and references (<https://wolverhamptonccg.nhs.uk/your-health-services/mental-health-services>)

² See Joint Strategic Needs Analysis - (<http://www.wolverhampton.gov.uk/jsna>)

³ Model uses England averages. Centre of Mental Health - www.centreformentalhealth.org.uk.

RELEVANT BACKGROUND PAPERS

(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 View	Not applicable	10.05.17
Public/ Patient View	Not applicable	10.05.17
Finance Implications discussed with Finance Team	Andrea Hadley	10.05.17
Quality Implications discussed with Quality and Risk Team	Not applicable	10.05.17
Equality Implications discussed with CSU Equality and Inclusion Service	Not applicable	10.05.17
Information Governance implications discussed with IG Support Officer	Not Applicable	10.05.17
Legal/ Policy implications discussed with Corporate Operations Manager	Not Applicable	10.05.17
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	10.05.17
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	10.05.17
Signed off by Report Owner (Must be completed)	Mags Courts	09.05.17



WOLVERHAMPTON CCG
GOVERNING BODY
23 MAY 2017
Agenda item 11

TITLE OF REPORT:	Appointment of Secondary Care Consultant
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To advise the Governing Body that, following a recruitment process, Mr Amarbaj Chandock has been appointed to the position of Secondary Care Consultant
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Following Mr Tony Fox's resignation in August 2016 a recruitment exercise was undertaken to identify a new Secondary Care Consultant • Interviews were conducted by the Accountable Officer, Lay Member for Finance and Performance and the former Governing Body Chair. • Mr Amarbaj Chandock, Consultant Gynaecologist at Heart of England Foundation Trust has been appointed following the interview process.
RECOMMENDATION:	To agree the appointment of Mr Amarbaj Chandock as the Secondary Care Consultant on the Governing Body
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Secondary Care Consultant is a statutory requirement for the CCG's Governing Body to be fully constituted.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. Following the resignation of Mr Tony Fox in August 2016, there has been a vacancy for the role of Secondary Care Consultant. It is a statutory requirement for the CCG to have a Secondary Care Consultant on the Governing Body.
- 1.2. To be eligible for the role, applicants must be either a current or recently retired consultant in a secondary care setting. Consultants from organisations that the CCG has a major contract with are not eligible for appointment.

2. RECRUITMENT PROCESS

- 2.1. The role was advertised nationally on the NHS Jobs in line with the CCG's recruitment processes and candidates were shortlisted for interviews, which took place in February 2017. The interview panel consisted of the Accountable Officer, the Lay Member for Finance and Performance and the former Governing Body Chair.
- 2.2. Following the conclusion of the interview process, the panel unanimously decided to offer the post to Amarbaj Chandock, Consultant Gynaecologist at Heart of England Foundation Trust. Amarbaj is an experienced consultant who is a lead for gynaecological cancers at Heart of England and also has commissioning experience as secondary care consultant at NHS Bury CCG.
- 2.3. Following the successful completion of the pre-employment checks, Amarbaj can be appointed to the role and join the Governing Body. In line with the responsibilities undertaken by his predecessor, he will also be appointed as a member of the Quality and Safety and Remuneration committees of the Governing Body.

3. CLINICAL VIEW

- 3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

- 5.1. There are no risks associated with this report. Appointing a Secondary Care Consultant mitigates risks associated with the on-going make-up of the Governing Body.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. There are no financial implications as the post is an established and funded role.

Quality and Safety Implications

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

Equality Implications

6.3. There are no Equality implications arising from this report.

Legal and Policy Implications

6.4. The requirement to have a Secondary Care consultant on the Governing Body is set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012.

Name	Peter McKenzie
Job Title	Corporate Operations Manager
Date:	May 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	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	11/05/2017



WOLVERHAMPTON CCG
GOVERNING BODY
23 MAY 2017
Agenda item 12

TITLE OF REPORT:	Committee Annual Reports
AUTHOR(S) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To introduce the annual reports of the Governing Body Committees, which have been submitted to demonstrate that they have met their terms of reference.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Each of the Committees have duties set out in their terms of reference in the CCG's Constitution. • The committees' work for the year has been mapped against broad themes in the terms of reference. • Each Committee has concluded that it has successfully met its terms of reference for the year.
RECOMMENDATION:	That the Governing Body receive and note the Committee Annual Reports.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Committee Annual Reports include details of how the Committees have discharged any statutory duties that have been delegated to them. The Committee Annual Reports have also been used to support the Accountable Officer in the preparation of the Annual Governance Statement.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Terms of Reference for the committees of the Governing Body set out in the Constitution set out what their areas of responsibility are. The terms of reference also state that they are required to demonstrate to the Governing Body how effectively they have met these responsibilities during each year.
- 1.2. The committees discharge this requirement by producing annual reports to build on the regular reporting from each committee to the Governing Body. This allows the Governing Body to assess how effectively they have met their terms of reference.

2. ANNUAL REPORTS

- 2.1. As with previous years, the committees have chosen to reflect on their work based on broad themes drawn from their terms of reference rather than giving a chronological account of meetings throughout the year. This allows the Governing Body to have an overview of their work, as the regular reports given to Governing Body meetings have provided the required specific detail. This approach ensures the committees assess their activity across the full scope of their areas of responsibility in their terms of reference.
- 2.2. As well as providing the Governing Body with assurance on the work of the Committees, the content of the annual reports has been used to support the Chief Officer in preparing the Annual Governance Statement, which forms part of the Annual Report. This includes brief details of work undertaken by each of the committees that relate to the CCG's overall governance framework.
- 2.3. Each of the committee's reports are attached for comment by the Governing Body. And will be published on the CCG's website.

3. CLINICAL VIEW

- 3.1. The clinical committee chairs have been involved in the production of the annual reports.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

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

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. There are no financial implications arising from this report.

Quality and Safety Implications

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

Equality Implications

6.3. There are no Equality implications arising from this report.

Legal and Policy Implications

6.4. The annual reports have been produced in line with the requirement within the committee terms of reference. They have been used in the preparation of the Governance Statement as part of the assessment of the CCG's governance framework. No significant issues have been identified.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: May 2017

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Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	12/05/2017



ANNUAL REPORT

Audit and Governance Committee

2016/2017



DOCUMENT STATUS:	Final Version presented to Governing Body May 2017
DATE ISSUED:	May 2017
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	21.02.2017	First draft
0.2	11.04.2017	Second draft
1.0	12.05.17	Final Version

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Audit and Governance Committee	February 2017	0.1
	April 2017	0.2

DOCUMENT STATUS

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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

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1. Introduction

1.1 This report provides an overview of the work of the Audit and Governance Committee during the financial year. The committee's duties and responsibilities are set out in its terms of reference, which are part of the Clinical Commissioning Group's Constitution and this report includes an assessment of how effective the committee has been in meeting these duties during the year.

1.2 The Health and Social Care Act 2012 requires the CCG's Governing Body to appoint an Audit Committee. The Audit and Governance Committee fulfils this role and its terms of reference set out that its main purpose 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..."

1.3 The evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.

1.4 The committee had four scheduled meetings during the financial year:

- 19 April 2016
- 19 July 2016
- 15 November 2016
- 21 February 2017

As part of the process of signing off the CCG's Annual Report, Financial Statements and reports from the External Auditors the committee also held an additional meeting on 24 May 2016. Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

1.5 The committee has also met in private during the year to consider the implications of an internal audit conducted by one of the CCG's providers. Following changes to national legislation relating to the process of appointing external auditors, the members of the committee were also appointed as the CCG's Auditor panel and met separately to recommend the appointment of new external auditors to the Governing Body.

1.6 The committee, in line with its constitutional terms of reference, is chaired by the CCG's Lay Member for Audit and Governance and is made up of two other independent Lay Members. During the year, one of our independent members, Peter Price, was successfully appointed as Governing Body Lay Member for Finance and Performance. In November, we were delighted to welcome Dean Cullis as our new independent member.

1.7 All of the members of the committee have significant experience of financial, audit and governance and risk management matters. The committee considers that its independent make up is vital to ensuring that it discharging its duties in an appropriate way. The members aim to act as a 'critical friend' to the CCG's management team, providing challenge where required to ensure that robust systems of control are maintained.

2. Discharge of Duties during 2016/2017

2.1 The Audit and Governance Committee is the CCG's statutory Governing Body audit committee. As part of its role, it is charged with a number of specific duties by the Governing Body. These are listed in full in Appendix 2, but as part of its on-going review of effectiveness, the committee has chosen to group these duties into the following themes:-

- Internal Audit
- External Audit
- Governance
- Assurance/ Risk Management and Internal Control
- Accounting Matters

2.2 Details are set out below of the work undertaken by the committee during the year that give a picture of how these duties have been met. In addition the committee itself considered a draft of this report in February as an indication of how effectively the terms of reference had been met along with a broader review of effectiveness in line with national best practice which is detailed below.

Internal Audit

2.3 As detailed in last year's report, the CCG has changed its internal audit provision for 2016/17 following a competitive procurement process. The previous providers, West Midlands Ambulance Service presented their annual report and a draft of the head of internal audit opinion at the meeting in April and their final opinion at the May meeting as part of the committee's sign off of the annual accounts. The Head of Internal Audit's Opinion was that significant assurance could be given and highlighted a number of areas of improved performance as a result of implementing previous audit recommendations.

2.4 PriceWaterhouseCoopers (PwC) who are the CCG's new internal audit service providers presented their internal audit plan at the April meeting. This highlighted that the plan had been developed in conjunction with CCG management and followed a risk based approach. The committee queried some of the elements of the plan, including requirements for audits of conflicts of interest and information governance before endorsing the plan for the year ahead.

2.5 The committee has subsequently received progress updates on progress with the plan in July, November and February. These updates have included details of completed audit reports and the recommendations that have been made. Internal audit work that has taken place has included reviews of Corporate Governance, Risk Management and Contract Management, further details on some of these reviews are highlighted elsewhere in the report and in the CCG's Annual Governance Statement.

2.6 The review into risk management arrangements identified a number of weaknesses, including issues how the CCG's Board Assurance Framework (BAF) is structured, how risks are owned and managed and the level of scrutiny provided through the risk management process. The committee has sought and is continuing to seek assurance that actions are being put into place to address these weaknesses and has noted that PwC have supported the CCG's management team in developing an

action plan, further details of which are provided later in this report and in the CCG's Annual Governance Statement.

- 2.7 Other business considered by the committee under this heading includes the Internal Audit Charter and regular updates on progress with recommendations from previous audit reviews. These reports have detailed that the vast majority of previously agreed actions from audit reviews from 2015/16 have now been implemented in full.

External Audit

- 2.8 The CCG's External Auditors, Ernst Young, presented their report to those charged with Governance at the committee's May 2016 meeting. This outlined that they expected to issue an unqualified opinion on the CCG's financial statements and regularity of income and expenditure and did not expect to report any matters in relation to Value for Money. This opinion was confirmed at the July meeting when the committee received the Annual Audit Letter.
- 2.9 One minor matter was reported to the committee in relation to the treatment of journals in the External Auditors report in April. The committee received assurance that this was not an uncommon finding in an organisation of the CCG's size and that the finding was not material to the accounts. The report to those charged with Governance noted that this issue had been tested and no issues were reported as a result. The report also detailed a misstatement within receivables and payables and, following technical assurance from the Chief Finance and Operating Officer, the committee agreed that the accounts would not be changed as this was not material and changes would introduce an additional level of risk related to making manual changes to the accounts.
- 2.10 The Report to those charged with governance highlighted the increasing complexity of the CCG's operating arrangements, including collaboration with the local authority and changes in the commissioning landscape. This includes additional responsibilities for commissioning primary care and the potential for closer collaboration with other CCGs as part of the Sustainability and Transformation Plan. As a result, the external auditors recommended that the CCG kept its governance arrangements under review. The committee noted plans to include Corporate Governance arrangements in the Internal Audit plan for 2016/17 and have been updated on other developments relating to governance throughout the year.
- 2.11 At subsequent meetings, the External Auditors have provided an outline of plans for this year's external audit work as well as providing an overview of the external audit landscape. Details are highlighted below of the process undertaken by members of the committee acting as the Auditor Panel to appoint new external Auditors for the CCG for the upcoming year.

Governance

- 2.12 The committee has responsibility for maintaining an overview of the CCG's governance arrangements. During this year, the committee has responded to the development of national statutory guidance for the management of conflict of interests for CCGs. An overview of draft guidance was presented at the April 2016 meeting and the committee authorised the Corporate Operations Manager to respond to NHS England's consultation on the draft on its behalf. Following publication of the final guidance, the committee ratified the new CCG policy for Declaring and Managing Interests in July 2016.

- 2.13 In supporting the new policy, the committee noted that the CCG had already anticipated many of the provisions in the revised guidance and that the changes to the policy itself were relatively minor. The committee are also due to receive the outcome of the internal audit review of conflict of interest arrangements, details of which will be reported in the Annual Governance Statement.
- 2.14 One of the consequences of the new statutory guidance was the recommendation that CCGs should include an additional Lay Member on their Governing Body. This recommendation was timely as the CCG was already considering the appointment of a lay member on to its Finance and Performance committee and took the decision to make this appointment a Governing Body position. As highlighted above, as the role profile fitted the individuals serving on the Audit and Governance Committee, it was agreed to recruit to this position from the membership. Following Mr Price's appointment to the governing body, the committee's membership was reviewed and it was agreed that Mr Trigg would be appointed as Deputy Chairman provide addition support to the Chairman and, in November, Mr Cullis was appointed to fill the final vacancy on the committee.
- 2.15 The committee's other business in this area has included a review of the CCG's whistleblowing policy, including its application to Governing Body Members, and regular reports on the development of the Annual Governance Statement. The committee also considered the draft of the CCG's annual report at its April meeting and the final version in May, including the final version of the Governance Statement.

Assurance/ Risk Management and Internal Control

- 2.16 The committee plays a key role in the CCG's risk management arrangements and was advised in April that the risk management strategy had been revised and were given detail of on-going work to ensure that risk management was 'owned' across the organisation. Subsequent reports to the committee on risk management arrangements and the risk register aimed to provide assurance to the committee of progress in this area.
- 2.17 In November, the headlines from an internal audit report into risk management arrangements was considered, including a number of high risk recommendations. These recommendations have informed an on-going work plan to develop the CCG's risk management arrangements, including a re-structuring of the BAF and greater involvement of Governing Body committees in managing their own risk profile. This will also see a change in the Audit and Governance committee's specific role in the risk management process. The Executive Director of Nursing and Quality has kept the committee informed of progress with this work during the year with reports in November and February. Further details will also be included in the Annual Governance Statement.
- 2.18 The committee has also received assurance around the CCG's processes for monitoring contractual performance and activity with providers. This followed the publication of a report relating to a whistleblowing incident at Royal Wolverhampton Trust relating to clinical coding. The committee was assured by the report and agreed to conduct an audit of clinical coding to evidence the CCG's ongoing commitment to ensuring value for money.
- 2.19 The committee continued to maintain an oversight of assurance in other areas, including the CCG's arrangements for countering fraud. As with internal audit services, the CCG has moved to a new provider during this financial year and the

committee has considered annual reports from the outgoing provider and approved a risk based work plan with the new provider.

- 2.20 During the year, two referrals to the counter fraud specialist have been closed, one relating to overcharging for prescriptions and another related to temporary registration with a GP practice. No grounds for a case found in either case and no action was taken.
- 2.21 Updates have also been received for assurance from the CCG's Local Security Management Specialist. This has been a new area of work for the committee and the committee has approved a number of policies related to security management.

Accounting Matters

- 2.22 As part of its work reviewing the Annual Report, the committee was mindful of its role in monitoring the integrity of the CCG's Financial Statements. This involved reviewing a working draft of financial statements in April 2016, and signed off the final version in May 2016 with the rest of the annual report. The committee noted that the timescales facing the finance team to produce the financial statements were particularly challenging, and congratulated the team on achieving this.
- 2.23 In addition to this significant piece of work, there have been regular reports to each scheduled meeting on any deviations from standard financial processes such as losses and compensation payments, breaches and suspensions of Standing Orders and Receivable/Payables over £10,000 that were more than 6 months old. No significant issues have been reported during the year and the committee sought and gained assurance from the Chief Finance and Operating Officer on a number of queries.
- 2.24 The committee has also reviewed proposed changes to the CCG's Prime Financial Policies in July 2016, which were subsequently fed into an application for a variation of the CCG's constitution.

3. Review of Effectiveness

- 3.1 In previous years, the committee has undertaken a review of its effectiveness using a self-assessment tool for Audit Committees developed by the Department for the Environment, Food and Rural Affairs. These reviews have not identified any significant issues and the committee has been able to demonstrate to the Governing Body that it is operating effectively and that it has identified any areas for development.
- 3.2 Due to the changes in committee membership during the year, it is not considered to be appropriate to undertake this self-assessment at this stage. The committee remains committed to continuous improvement and plans to undertake this exercise in Autumn 2017, with full details to be included in the Annual Report for 2017/18.

4. Auditor Panel

- 4.1 As highlighted above, following the introduction of the Local Audit and Accountability 2014, the committee was appointed to act as the CCG's Auditor Panel. The primary role of the panel is to advise the Governing Body on the appointment of the external auditors by agreeing and overseeing a robust selection process and making a recommendation to the Governing Body for an appointment. The committee has been appointed to ensure that the legislative requirement for the Auditor Panel to be made up of independent, non-executives was met.
- 4.2 The panel have met during the year to oversee a selection procedure that was in line with both national requirements and the CCG's own procurement policies and procedures. At the conclusion of this exercise the Panel have recommended that Grant Thornton be appointed as the CCG's new External auditors from 2017/18. On the Panel's recommendation, the Governing Body subsequently made this appointment in November 2016.
- 4.3 Following the appointment of Grant Thornton, the Auditor Panel has a number of other duties relating to the CCG's on-going relationship with them as external auditors. This includes advising the Governing Body generally on the maintenance of an independent relationship with them and providing specific advice on issues such as entering liability limitation agreements and purchasing non-audit services. The Panel would also be required to advise the Governing on any decision to remove Grant Thornton or alternative action to take if they resigned. The Panel will therefore continue to meet during 2017/18 to fulfil these duties.

5. Conclusions

- 5.1 The committee has had another busy and successful year and believes that the evidence presented in this Annual Report demonstrates that it has met its terms of reference. As highlighted above, the committee will continue to look for opportunities to develop further, including conducting a further self-assessment of effectiveness in the Autumn .
- 5.2 For the upcoming year, the committee will continue to focus on ensuring that the CCG has robust governance arrangements in place to help it face the challenges of the ever changing NHS landscape. This will include ensuring that the refreshed risk management arrangements are probably established and operate effectively and that the implications of closer collaboration with the other CCG's in the Sustainability and Transformation Plan footprint are fully assessed, understood and reflected in governance arrangements.

Appendix 1 – Attendance at Meetings

	19 April 2016	24 May 2016	19 July 2016	15 November 2016	21 February 2017
Members					
Jim Oatridge, Lay Member, CCG, (Chair)	√	√	√	√	√
Peter Price, Lay Member, CCG	√	√	√	N/a	
Les Trigg, Lay Member, CCG	√	√	√	√	√
Dean Cullis, Lay Member, CCG	N/a			√	√
In regular attendance					
Joanna Watson, Internal Audit, PwC	n/a	X	√	√	X
Dominca Kortus, Counter Fraud Specialist, PwC	√	√	√	√	X
Claire Skidmore, Chief Finance and Operating Officer, CCG	√	√	√	√	√
Peter McKenzie, Corporate Operations Manager, CCG	√	√	√	√	√
Mark SurrIDGE, Senior Manager, E&Y	√	√	√	√	X
Hassan Rohimun, Executive Director E&Y	√	√	√	√	√
Shaun Grayson, Local Security Management Specialist, CW Audit	N/a		√	√	X
Ad Hoc attendance					
John Kelly, WMAS Counter Fraud Specialist	√				
Colin Larby, WMAS Head of Audit and Assurance	√				
Gary Mincher, WMAS Internal Audit	√				
Dr Helen Hibbs, Chief Officer, CCG	√	√			
Dr Dan DeRosa, Chair, CCG		√			
Manjeet Garcha, Director of Nursing and Quality, CCG				√	
Sarah Southall, Head of Quality & Risk, CCG	√				
Maria Tongue, Head of Financial Resources, CCG			√		
Alison Breadon, Internal Audit, PwC	√			√	
Neil Mohan, Counter Fraud Specialist, PwC				√	
G Lakh, Couter Fraud Specialist, PwC					√
V Sarjan, Manager E&Y					√

1. Appendix 2 - AGC Duties (Extract from TOR)

The specific duties required of the AGC are:

- i. reviewing the group's adherence to the principles of good governance (constitution 4.4.1);
- ii. monitoring the group's performance in delivering:
 - (a) the duty to act effectively, efficiently and economically (constitution 5.2.3);
 - (b) its general financial duties as regards expenditure not exceeding allotments and use of resources, both total and specified types, not exceeding specified amounts (constitution 5.3.1 - 5.3.3);
- iii. monitoring the group's performance in delivering the duties relating to:
 - (a) acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to the NHS England Board (constitution 5.1.2(a));
 - (b) obtaining appropriate advice as part of processes for potential or actual changes to commissioning arrangements (constitution 5.2.9(b));
- iv. considering reports on any suspension of Standing Orders at any meeting (SO 3.9) and any non-compliance with Prime Financial Policies, determining any referring action or ratification (PFP 1.2.1);
- v. scrutinising any proposed changes to Prime Financial Policies (PFP 1.5.1).

Integrated governance, risk management and internal control

The AGC will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the group's activities and which supports the achievement of the group's objectives. In particular, the AGC will review the adequacy and effectiveness of:

- all risk and control related disclosure statements, in particular the governance statement, together with any appropriate independent assurances;
- underlying assurance processes, including the work of the other committees of the governing body, that indicate the degree of achievement of group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

In carrying out this work the AGC will primarily utilise the work of internal audit, external audit and other assurance functions. It will also seek reports and assurances from those working for and providing services to the group as appropriate.

This will be evidenced through the use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit

The AGC will satisfy itself that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance. This will be achieved through:

- consideration of the provision of the internal audit service, its cost and any questions of resignation and dismissal;
- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

- considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise use of audit resources;
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the group;
- an annual review of the effectiveness of internal audit.

External audit

The AGC will review the work and findings of the external auditors and consider the implications of their reports and any management responses. This will be achieved by:

- consideration of the performance of the external auditors, as far as the rules governing the appointment permit;
- discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy;
- discussion with the external auditors of their local evaluation of audit risks and assessment of the group and associated impact on the audit fee;
- reviewing all external audit reports including the report to those charged with governance and the annual audit letter before its submission to the group.

Other assurance functions

The AGC will review the findings of other significant assurance functions, both internal and external, including regulators and inspectors, and consider the implications for the governance of the group. The AGC will approve any changes to the provision or delivery of assurance services to the group (PFP 3.4(b)). The AGC has full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations, with the necessary funding to be agreed with the Chief Finance Officer by the committee's Chair.

Counter fraud

The AGC will satisfy itself that the group has adequate arrangements in place for countering fraud, including the need to work effectively with NHS Protect, approve the counter fraud workplan and review the outcomes of counter fraud work (PFP 4.2 – 4.3).

Management

The AGC will, as appropriate, request and review reports giving assurance or identifying risks from senior managers and those responsible for providing services to the group.

Financial reporting

The AGC will monitor the integrity of the financial statements of the group and any formal announcements relating to the group's financial performance. The committee will ensure that the systems for financial reporting to the group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

The AGC will review the annual report and financial statements before submission to the governing body and the group, focusing particularly on:

- wording in the governance statement and other disclosures relevant to the terms of reference of the committee;

- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted mis-statements in the financial statements;
- significant judgements in preparing of the financial statements;
- significant adjustments resulting from the audit;
- agreement of letter of representation before it is signed on behalf of the governing body; and
- qualitative aspects of financial reporting.

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ANNUAL REPORT

Commissioning Committee

2016/2017



DOCUMENT STATUS:	Final version presented to Governing Body May 2017
DATE ISSUED:	May 2017
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	13.03.2017	First draft
1.0	11.05.2017	

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Commissioning Committee	March 2017	0.1

DOCUMENT STATUS

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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

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1. Introduction

1.1 This report sets out the work undertaken by the Commissioning Committee during the 2016/17 financial year. This demonstrates how the Committee has met the responsibilities set out for it by the Governing Body in the Clinical Commissioning Group's constitution.

1.2 The Committee has been established by the CCG's Governing Body to support the Governing Body, the Director of Strategy and Transformation and Executive Nurse in meeting the group's responsibilities as a commissioner of healthcare, specifically:

- acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to the NHS England Commissioning Board, for which the Committee has developed a Commissioning Policy;
- securing continuous improvement in the quality of services;
- co-ordinating the work of the group as appropriate with NHS England, other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans.

1.3 The evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.

1.4 The committee's membership requirements are set out in its Terms of Reference, stating that the Committee must be chaired by an elected GP member of the Governing Body, must include the Chief Finance Officer and can include other members of the Governing Body and employees of the group (including a commissioner). The members of the Committee during the year have been:-

- | | |
|---------------------------------|---|
| • Dr Julian Morgans | - Elected Member of the Governing Body(Chair) |
| • Manjeet Garcha | - Executive Nurse |
| • Juliet Grainger | - Local Authority |
| • Viv Griffin (until September) | - Local Authority |
| • Paul Smith (from January) | - Local Authority |
| • Steven Marshall | - Director of Strategy and Transformation |
| • Cyril Randles | - Patient Representative |
| • Malcolm Reynolds | - Patient Representative |
| • Claire Skidmore | - Chief Finance and Operating Officer |
| • Vic Middlemiss | - Head of Contracting & Procurement |

1.5 The Committee met on the following occasions during the financial year:

- | | |
|---------------------|--------------------|
| • 28 April 2016 | • 27 October 2016 |
| • 26 May 2016 | • 24 November 2016 |
| • 30 June 2016 | • 26 January 2017 |
| • 28 July 2016 | • 23 February 2017 |
| • 25 August 2016 | • 30 March 2017 |
| • 28 September 2016 | |

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

2.1 As highlighted above, the Committee is appointed by and is accountable to the Governing Body. The details of this are set out in the group's Constitution at Paragraph 6.9.5 e) which include the key duties outlined above. In order to fulfil this role, the detailed Terms of Reference for the Committee appended to the constitution include a number of specific responsibilities that guide the Committee's work. These are listed in full in Appendix 2, but can be summarised into the following broad themes:-

- Developing and reviewing commissioning strategies and policies
- Contracting
- Service Specifications and Procurement
- Service Review

2.2 Section 3 of this report details the committee's work during the year against these four themes. As in previous years, this evidence is being used to conduct an assessment of how effectively the committee has met its duties during 2016/17. A draft of this report is being considered by the Committee at its March meeting, giving members the opportunity to feed their own views on how well the committee has operated during the year.

3. Work undertaken

3.1 This section sets out a summary of the Committee's work at meetings. Due to the nature of the Committee's work, a number of items have been considered at multiple meetings so, this section describes these on an issue by issue basis rather than providing a chronological account of the Committee meetings.

Developing and Reviewing Commissioning Strategies and Policies

3.2 The committee serves as significant forum for the discussion of key commissioning strategies and policies. This includes the CCG's overarching commissioning intentions which were considered by the committee in a private session in August. This allowed the committee to comment on the development of proposals, informed by public consultation before recommending them to the Governing Body.

3.3 One of the key influences on the CCG's operational strategies is the need to deliver savings through Quality, Innovation, Productivity and Prevention (QIPP). The committee reviewed the CCG's approach to QIPP programme management at its July meeting and the lessons learned from the 2015/16 programme. This approach is enabling the CCG to make informed decisions around new services and projects throughout the life cycle of the programme. For the committee, understanding how its work fits into this overall strategy enables it to make effective commissioning decisions to support QIPP delivery.

3.4 The committee has reviewed a number of policies that impact on Children and Young People during the year. This has included a transformation plan for Children and Adolescent Mental Health Services in October and how the CCG commissions out of area placements jointly with the Local Authority. The committee made a number of comments on these policies prior to recommending them for adoption by the Governing Body.

- 3.5 As part of the on-going development of the CCG's approach to commissioning, the committee considered a business case seeking Big Lottery funding supporting a move towards commissioning for better outcomes based on the use of social prescribing. This is an innovative approach, cautiously welcomed by the committee, however ultimately the bid for big lottery funding was not successful. Instead, the committee considered a proposal in September for a service delivered by voluntary services that would enable patients to be supported through low level, non-clinical interventions designed to reduce social isolation. This in turn would also lead to improved health outcomes.
- 3.6 In addition to developing new commissioning policies, the committee also reviewed the existing approach to transforming care for people with learning disabilities. The committee received the draft Black Country Transforming Care plan, which outlined the overall approach to commissioning services for patients across the area in line with the recommendations from the Winterbourne View report. The committee was supportive of the approach taken and assured by the report received.

Contracting

- 3.7 As in previous years, the committee's main focus under this heading has been on receiving assurance around contracting action with the CCG's main providers. The Head of Contracting and Procurement has provided an update at each meeting on the management of key contracts, including those with Royal Wolverhampton Trust (RWT) and Black Country Foundation Partnership Trust. These updates have included details of performance against key metrics in the contract and contractual action taken (when necessary) to resolve any issues.
- 3.8 The reports have detailed areas where performance issues have been discussed with providers including A&E waiting times, referral to treatment targets and cancer waits. The committee have been updated on the use of contractual measures such as Remedial Action Plans and fines have been enacted to support performance improvement by providers. In particular, the committee has maintained an overview of queries relating to coding of patients at A&E by RWT and subsequent assurances provided. A detailed report on the use of the Blueteq system as part of the overall contract and the value for money benefits it demonstrates was also received during the year.
- 3.9 The updates to the committee also included details by exception with the CCGs other providers, including the GP led urgent care centre. At a private session, the committee made a number of recommendations relating to the extension and re-procurement of existing contracts and the alignment of contracts with public health on screening and treatment of latent TB. Members were also kept up to date with progress on the negotiation of contracts for 2017-19 in line with the latest NHS planning guidance supporting delivery of the Five Year Forward view.

Service Specifications and Procurement

- 3.10 The committee has continued its on-going work during the year on supporting the development of new services across the CCG's portfolio of commissioning responsibilities. This has included both projects internally generated within the CCG and business cases from external providers. One such external business case came from RWT for a new direct access diagnostic spirometry service from RWT, which would help to identify patients with Chronic Obstructive Pulmonary Disease and other respiratory conditions. This is an area identified in the CCG's 'Right Care'

information from NHS England and the committee, once it had received assurance on financial information, approved the business case in May 2016. The committee also approved a business case from Nuffield Health in September 2016 to provide spinal surgery services.

- 3.11 As a consequence of its strategic work, the committee has also reviewed a number of service specifications relating to children and young people. This has included the Short Break service and Designated Medical Officer role for Children with Special Education and Health Needs. The committee discussed the specification for Short Breaks for Vulnerable children at its June meeting (following an earlier review of the service in May) which was agreed as an addition to the Children's Community Nursing Service. The Designated Medical Officer role was agreed as a key post in ensuring that the CCG continued to meet its statutory duties in respect of children with Special Education and Health needs. During the year, the committee also met in private to discuss and agree action in relation to services that are responsible for safeguarding children, including Looked After Children.
- 3.12 A specification for a pilot project with a nursing home in the City was approved at the committee's May meeting. This project would involve the home providing step up beds for a maximum of 72 hours to help to avoid unnecessary hospital admissions. The committee noted that this specification aligned with the local intermediate care strategy and approved the pilot. The committee also reviewed and agreed specifications for community falls and an alignment of end of life and palliative care services in line with the CCG's recently agreed End of Life Strategy.
- 3.13 Other work on service specifications included the committee gaining assurance on the impact of the specification for intensive support services for patients with Learning Disabilities, which was discussed in May and a review of the Heart Failure service in January. The committee took assurance from these reports and made a number of recommendations for amendments to the heart failure specification, which were subsequently agreed by the Governing Body.
- 3.14 In conjunction with work on developing Service Specifications, the committee's work in this area includes overseeing procurement work and making recommendations to the Governing Body. The Head of Contracting and Procurement included an overview of some of these details in his monthly reports to the committee and more detailed work also took place in private sessions. This included discussions on the procurement of Musculoskeletal (MSK) services as well as decisions around community eyecare, dermatology and joint procurements with the local authority on community equipment services and children's residential services. The committee was also informed of the withdrawal of a provider from a Step Down service for patients with complex health needs, action to identify an alternative provider to step in and the intention to re-procure the service during 2017.

Service Review

- 3.15 As in previous years, the detailed service specifications considered by the committee were developed following reviews of services that the committee was already involved in. This has included the committee's work on both short breaks provision and residential services for children and young people, as well as MSK and community equipment services. All of these services were reviewed during the year and the committee's subsequent recommendations in relation to them, led to the CCG pursuing the appropriate next steps, including moving to procurement where appropriate.

- 3.16 Work to support greater integration of services in the community is one of the key areas that the committee continues to prioritise. This has included discussion during the year on the outline model for community nursing services and how they will be integrated into the broader community neighbourhood teams under the Better Care Fund programme. As highlighted above, options for social prescribing services that support reductions in social isolation have also been reviewed during the year.
- 3.17 The committee has also considered a number of services that are delivered through primary care, including minor amendments to schemes for prescribing incentives and a review of software used to support clinical decision making. In September, a proposal was considered to begin delivering Atrial Fibrillation services in Primary Care, however, following a review the committee did not agree to introduce this service. The committee also received assurance on the outcomes associated with a decision following a previous review to end prescribing of glucosamine.
- 3.18 A number of updates have been received on an on-going review the commissioning of in-patient services for patients with learning disabilities. This has tied in with development of strategies to transform care for these patients highlighted above and has been through public consultation during the year. The committee received a report on the outcome of this consultation in October 2017 and supported a recommendation to relocate a number of beds to clinically appropriate locations across the Black Country, recognising the need to support patients and carers affected by this decision.
- 3.19 Other work dealt with by the committee under this theme has included early sight of reviews into services including weight management, dementia care and support for patients with particular genetic conditions. Due to the nature of these discussions, much of this work has been conducted in private session.

4. Conclusions

- 4.1 The Committee has had a further productive year and believes that the work highlighted above demonstrates that it has effectively met its terms of reference. This has included significant and varied work across the portfolio of services commissioned by the CCG, which continues to evolve as the national commissioning agenda moves forward.
- 4.2 The committee looks forward to continuing its work supporting the Governing Body and CCG management team to ensure that comprehensive health services are commissioned for the population. Whilst it recognises that the a two year contracting model has been adopted in line with national guidance, it is clear that transformational work to develop new models of care, both locally in Wolverhampton and across the Black Country will continue to impact on our work over the upcoming year.

Appendix 1 – Attendance at Meetings

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Jan 2017	Feb 2017	March 2017
Clinical ~											
Dr Julian Morgans	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	
Management ~											
Steven Marshall	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	
Ms Manjeet Garcha	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	
Viv Griffin	No	No	No	No	No	No	N/A				
Paul Smith	N/A								No	Yes	
Ms Claire Skidmore	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	
Juliet Grainger	No	No	No	No	No	No	Yes	No	Yes	Yes	
Vic Middlemiss	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	
Lesley Sawrey	No	No	No	No	No	Yes	No	No	No	No	
Steven Forsyth	N/A					No	No	No	No	No	
Sarah Southall	No	No	No	No	No	N/A					
Patient Representatives ~											
Malcolm Reynolds	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Cyril Randles	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	

Appendix 2 – Commissioning Committee Duties (Extract from TOR)

The CC is accountable to the governing body and its remit is to provide the governing body, Director of Strategy and Solutions and Executive Nurse, amongst others, with support in meeting the duties and responsibilities of the group as a commissioner of healthcare services, specifically:

- acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to NHS England , for which the CC has developed a Commissioning Policy;
- securing continuous improvement in the quality of services;
- co-ordinating the work of the group as appropriate with NHS England , other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans..

It delivers these duties by developing and delivering annual work programmes giving appropriate focus to the following:

- develop the commissioning strategy, commissioning plans and annual commissioning intentions, anticipating and adapting as required for national and international policy, the group's safeguarding and other statutory responsibilities, local and national requirements and patient expectations;
- oversee the annual contracting processes and any other programmes of healthcare service procurement;
- review of commissioning policies;
- develop service specifications for the commissioning of healthcare services;
- consider service and system reviews and develop appropriate strategies across the health and social care economy to address any identified issues;
- review progress against commissioning strategies and plans to ensure achievement of objectives within agreed timescales;
- make recommendations as necessary to the governing body on the remedial actions to be taken with regard to key risks and issues associated with the commissioning portfolio.

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ANNUAL REPORT

Remuneration Committee

2016/2017



DOCUMENT STATUS:	First draft presented to Remuneration Cttee May 2017
DATE ISSUED:	May 2017
DATE TO BE REVIEWED:	May 2018

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	03.05.17	First draft
1.0	11.05.17	Final Version

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Remuneration Committee	9 May 2017	0.1

DOCUMENT STATUS

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RELATED DOCUMENTS

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Appendix 2 – Remuneration Committee Duties (Extract from TOR) 8

1. Introduction

- 1.1 This report sets out the work undertaken by the Remuneration Committee during the 2016/17 year. This demonstrates how the committee has met the responsibilities set out for it by the Governing Body in the Clinical Commissioning Group's constitution and includes the formal account of the committee's work outlined in the CCG's Annual report.
- 1.2 The Health and Social Care Act 2012 and the associated regulations require the Governing Body to establish a Remuneration Committee to discharge the duties outlined in legislation. In addition to these duties, the CCG has delegated further responsibilities to the committee, which are summarised below and detailed in Appendix 1.
- 1.3 In addition to formal report from the committee, the evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.
- 1.4 The committee's membership requirements are set out in its terms of reference, stating that the committee must be chaired by the Governing Body Lay Member and must have three other members of the Governing Body who are not employees of the group:-
- Jim Oatridge - Lay Member – Governance (Chair)
 - Dr David Bush - GP Governing Body Member
 - Mr Tony Fox - Secondary Care Consultant
 - Dr Julian Morgans - GP Governing Body Member
- 1.5 The committee met on the following occasions during the financial year:
- 19 April 2016
 - 19 July 2016
 - 28 March 2017

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

- 2.1 As highlighted above, the CCG Governing Body is required to appoint a Remuneration Committee to support decision making around:-
- employees' remuneration, fees and allowances and any other terms and conditions of service; and
 - the remuneration and travelling or other allowances of members the governing body.
- The committee's work in this area, along with its specific work to develop policies for the remuneration of senior officers is detailed in the formal report in section 3.
- 2.2 In addition to these statutory responsibilities, the group has delegated responsibilities to the committee to approve Human Resources policies for the group and to support senior recruitment. Work undertaken in this area is summarised in section 4.

3. Remuneration Committee – Formal Report

Policy on remuneration of senior managers

- 3.1 Senior managers for the organisation have one of three types of contract depending on their role:
- *Office Holder* – Governing Body members are engaged by the CCG on office holder contracts as advised by the legal advisors Bevan Britain and Capsticks. Their pay was determined by the national guidance published in September 2012 for lay members and GPs on the Governing Body. The Governing Body members are engaged on varying lengths of term to enable stability within the organisation and, at the end of each term, consideration will be given at the Remuneration Committee as to whether pay for each session or role requires review.
 - *Very Senior Manager (VSM)* – The Accountable Officer, Chief Finance and Operating Officer, and Director of Strategy and Transformation are engaged by the CCG on VSM contracts. Salaries were established in line with the national groups for determining VSM pay in September 2012.
 - *Agenda for Change* – The CCG’s Executive Lead for Nursing and Quality is engaged by the CCG on Agenda for Change terms and conditions. Pay is in line with national pay scales and pay awards.
- 3.2 A mechanism for reviewing Officer and VSM pay was agreed by the Remuneration Committee in June 2014. The policies adopted provide a framework for considering any uplift to remuneration for VSM and officer members of the Governing Body. They provide an opportunity for consideration of an annual uplift and, in addition, the VSM framework details a structure for the setting and awarding of a performance-related payment. The Committee has slightly amended this framework during the year to ensure it aligns with the CCG’s Performance Development Review Policy and process for setting objectives.

Senior managers’ performance-related pay

- 3.3 The Remuneration Committee agreed in 2016/17 that a reserve for an overall maximum of 10 per cent of VSM base pay would be set aside for performance-related payment. Within the 10 per cent, 2.5 per cent is allocated to each of the four categories identified below:
- Leadership
 - Finance
 - Quality
 - Stakeholder engagement.

All performance-related payments are non-consolidated.

- 3.4 The appraisal process for VSMs includes objective setting aligned to the four categories noted above, as well as regular review of progress. Following year end, the Chair and Accountable Officer (the line managers for the VSM posts) are required to present their case for award of payment to the Remuneration Committee. The committee holds delegated responsibility to agree any award to be made.
- 3.5 VSM appraisal relating to 2016/17 performance is scheduled to take place early in the new financial year with a plan for the Remuneration Committee to make a final decision regarding award by the summer.

Policy on duration of contracts, notice periods and termination payments

- 3.6 The policy for senior manager contracts varies according to the role:
- *VSM contracts* – senior managers on VSM contracts are engaged on a permanent contract with a notice period of six months. Any termination payments will be made in line with Agenda for Change terms and conditions for severance payments.
 - *Agenda for Change* – senior managers on Agenda for Change contracts are engaged on a permanent contract with a notice period of three months. Any termination payments will be made in line with Agenda for Change terms and conditions for severance payments.
 - *Elected GP office holders* – these office holder contracts are for a tenure period of three years.
 - *Practice manager representative office holder* – this role has a maximum length of tenure of five years.
 - *Lay member and secondary care doctor office holders* – these roles have a maximum length of tenure of five years.
- 3.7 The notice of all office holder contracts could be terminated with immediate effect based on a number of criteria within the contract, for example, the CCG no longer requiring a role under statute.

4. Other Work undertaken

- 4.1 In fulfilling its duties set out in its terms of reference around the remuneration of Governing Body members, in July the committee agreed the arrangements and remuneration for an additional Lay member role on the Governing Body and a new role to support the Lay Member for Audit and Governance. The committee also agreed the arrangements for an Interim Accountable Officer to cover for the absence of the Accountable Officer.
- 4.2 The committee has delegated authority to approve human resources policies on behalf of the Governing Body. This now takes up less of the committee's time than in previous years as the CCG has matured as an organisation, however during the year policies on Bullying and Harassment, Pay Protection, Recruitment and Annual Leave. The committee also endorsed the CCG's broader policy on Domestic Violence.

5. Conclusions

- 5.1 As highlighted in the CCG's Annual Report, the committee has met its statutory obligations, as well as performing those other functions delegated to it by the Governing Body. The committee has met when required to discharge these functions, particularly those around remuneration for Very Senior Managers.
- 5.2 Looking forward, it is likely that the committee will have a number of issues on its agenda as a result of changes to the CCG's Governing Body and the on-going collaboration between CCGs in the Black Country STP footprint.
- 5.3 The Committee wishes to place on record its thanks to Mr Tony Fox, the previous Governing Body Secondary Care Consultant following his resignation from the

Governing Body. The committee looks forward to welcoming his successor early in the new year.

Appendix 1 – Attendance at Meetings

	19.4.16	19.7.16	28.3.17
Members			
Jim Oatridge, Independent Committee Member (Chair)	✓	✓	✓
Dr David Bush, Governing Body Member, CCG	✓	✓	✓
Mr Tony Fox, Governing Body Member, CCG	x	Resigned from the Governing Body	
Dr Julian Morgans Governing Body Member, CCG	x	✓	x

Appendix 2 – Remuneration Committee Duties (Extract from TOR)

The RC will make recommendations to the governing body on determinations about pay and remuneration for employees of the group and people who provide services to it, as well as allowances under any pension scheme it might establish as an alternative to the NHS pension scheme. This will enable the group to deliver the relevant functions:

- paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group's employees (constitution 5.1.1(c));
- determining the remuneration and travelling or other allowances of members of its governing body (constitution 5.1.1(d)).

The specific duties required of the RC are:

- determining the remuneration and conditions of service of the senior team (constitution 6.9.3(b)(i));
- reviewing the performance of the accountable officer and other senior team members and determining annual salary awards, if appropriate.(constitution 6.9.3(b)(ii));
- considering the severance payments of the Accountable Officer and other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (constitution 6.9.3(b)(iii));
- approving human resources policies (constitution 6.9.3(b)(iv) and 9.4).

ANNUAL REPORT

Finance and Performance Committee

2016/2017



DOCUMENT STATUS:	Final Version presented to Governing Body May 2017
DATE ISSUED:	May 2017
DATE TO BE REVIEWED:	May 2018

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	13.03.2017	First draft
1.0	11.05.2017	Final Version

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Finance and Performance Committee	March 2017	0.1

DOCUMENT STATUS

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Appendix 2 – F&PC Duties (Extract from TOR)..... 9

1. Introduction

- 1.1 This report sets out the work undertaken by the Finance and Performance committee during the 2016/17 financial year in the discharge of its duties set out in the Clinical Commissioning Group's Constitution. This is designed to demonstrate how effective the committee has been in its work during the year and will help to support the committee's drive for further improvement in supporting the Governing Body.
- 1.2 The committee has been established by the CCG's Governing Body to provide assurance on issues related to the finance and performance of the group. Its main purpose is to monitor, on behalf of the Governing Body, how the group is meeting its statutory duties to act effectively, efficiently and economically and to reduce inequalities.
- 1.3 The evidence contained in this report will be shared with the CCG's Governing Body and also will be used to support the content of the Accountable Officer's Annual Governance Statement, which is a key part of the organisation's Annual Report.
- 1.4 During the year, the Committee's membership has changed as, in response to national guidance on managing conflicts of interest, the CCG's Governing Body appointed a new lay member for finance and performance in July 2017 to take on the Chair of the Committee. This followed the agreement of this committee earlier in the last financial year to appoint a lay member to support the level of non-Executive challenge in the committee's work. This has meant that the membership of the Committee for the majority of the year has been:-
- Peter Price - Lay Member for Finance and Performance
 - Dr David Bush - Elected Member of the Governing Body
 - Claire Skidmore - Chief Finance and Operating Officer
 - Jim Oatridge - Governing Body Lay Member (Audit and Governance)
 - Mike Hastings - Associate Director of Operations
 - Steven Marshall - Director of Strategy and Transformation
- 1.5 The Committee has passed its thanks on to Dr David Bush, who served as interim Chair of the Committee from January 2016.
- 1.6 The committee met on the following occasions during the financial year:
- 26 April 2016
 - 31 May 2016
 - 28 June 2016
 - 26 July 2016
 - 30 August 2016
 - 27 September 2016
 - 25 October 2016
 - 29 November 2016
 - 31 January 2017
 - 28 February 2017
 - 28 March 2017

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

- 2.1 As highlighted above, the committee is appointed by and is accountable to the Governing Body. The details of this are set out in the group's Constitution at Paragraph 6.9.5 d) which include the key duties outlined above. In order to fulfil this

role, the detailed terms of reference for the committee appended to the constitution include a number of specific responsibilities that guide the committee's work. These are listed in full in Appendix 2, but can be summarised into the following broad themes:-

- Monitoring Financial Performance and Efficiency
- Monitoring Performance and Performance Management
- Specific Responsibilities under the Group's Prime Financial Policies
- Monitoring the group's work on reducing Inequalities

2.2 Section 3 of this report details the committee's work during the year against these four themes. As in previous years, this review of work is the most significant evidence in determining how the Committee has met its defined duties and identifying any areas for future improvements.

3. Work undertaken

3.1 This section sets out a summary of the committee's work at meetings. As the committee schedule of meetings is monthly, it organises its work so that there are a number of agenda items that are received at every meeting. By their nature, these regular reports include work against more than one of the themes detailed in the section above. Where this has occurred, it is highlighted throughout the report.

Financial Performance and Efficiency

3.2 One of the key ways that the committee gains assurance that the CCG is meeting its financial duties is through the monthly reports from the Chief Finance Officer. These reports provide an overview of the CCG's monthly financial position, along with a forecast towards the year-end position. The committee has then used these reports to provide on-going assurance to the Governing Body on how these duties are being met.

3.3 The monthly reports have highlighted the work undertaken in challenging circumstances to ensure that the CCG continues to meet its financial duties during the year. The committee has taken assurance that action has been taken to address concerns relating to the level of risk in the position during the year, including work by the CCG's management team to identify efficiencies in year. The committee has also taken steps during the year to refine the way that performance and finance information is presented to support committee discussions.

3.4 The committee has also considered further detail on a number of other specific areas during the year that impact on the successful delivery of the CCG's financial duties. In particular, detail is given on a monthly basis of performance against Quality, Innovation, Productivity and Prevention (QIPP) savings targets. Whilst these have been included in the monthly reports, details were given in April of the outturn performance from the 2015/16 financial year. Throughout the rest of the year, the committee has been updated on work to reduce unallocated QIPP and details of targets for 2017/18 financial year.

3.5 In addition to the assurance provided to the Governing Body, the committee has also been updated on the CCG's performance against the financial elements of the NHS England CCG Improvement and Assessment Framework. The Chief Finance and Operating Officer gave the committee an overview of this regime at the June 2016 meeting and details of the action plan following a self-assessment of the Financial

Control Environment element of the framework. This action plan highlighted significant progress and the CCG was now assessing as 'excellent' across all eight metrics in the framework.

- 3.6 Other matters dealt with by the committee under this theme have included receiving assurance on the process to develop a costing template for Primary Care extended services. This was discussed at the committee meeting in July, following consultation with both CCG based clinicians and the Local Medical Committee to gain their expert opinion. The committee approved the template, which will support the CCG's on-going development in commissioning Primary Care Services. Details were also given in May of work to map re-alignment of commissioning spend across commissioners for prescribed Specialised Services for 2017-18.

Performance Monitoring and Management

- 3.7 As in previous years, this has been of the committee's core duties and has been a standing agenda item. The Business and Performance team provide a report on performance against the CCG's key performance metrics identified in the NHS Constitution and this is supported by further reports detailing performance and action taken under the contracts held with provider organisations. As with financial reporting, the committee has continued to strive to identify the most effective way of presenting this information to ensure that the discussion and scrutiny remains consistently robust.
- 3.8 These reports have highlighted areas, by exception, where there have been concerns about performance and any action taken to address them. This has allowed the committee to seek assurance about management actions and also to provide assurance, or escalate issues where necessary, to the Governing Body. Key issues that have been highlighted throughout the year have included A&E waiting times, Referral to Treatment, 62 Day Cancer waits and Improving Access to Psychological Therapies. The latest position in respect of these issues and action taken to address them, including through contractual measures (including fines) have been discussed in detail on a monthly basis. The outcomes of these discussions have been reported to the Governing Body on an on-going basis throughout the year.
- 3.9 To support its work in monitoring and managing performance, the committee has also been updated on work undertaken as part of annual planning work, including details of targets against NHS constitutional targets in April and May and 2017-19 planning round submissions in January 2017. These reports gave the committee assurance that these submissions are developed in a robust manner in line with nationally mandated requirements.
- 3.10 As the CCG's performance management systems are reliant on the use of robust data, the committee (and the Governing Body) have sought assurances on the CCG's processes for using data. This has included an internal audit, details of which were shared with the committee in May. This audit gave substantial assurance that the processes in place were robust and that appropriate steps are taken to ensure decision making across the organisation is supported by high quality data. Recommendations for improvement in this area were made and are being implemented on an on-going basis.

Responsibilities under Prime Financial Policies

- 3.11 The committee has a number of defined roles within the group's Prime Financial Policies. The principal duty is to support the Chief Finance Officer in the development of the group's financial plans, and the committee discharged this duty through discussions of draft finance plans in October, November and January. This followed national action to complete the planning and contracting round for 2017 to 2019 before the end of December 2016.
- 3.12 The committee received early assurance in October that plans were developing in line with national requirements, and discussed a draft submission in November noting how a number of specific risks had been mitigated. The committee has highlighted the challenges within financial plans for 2017-19, including significant levels of QIPP that have been built into the position. The committee have scrutinised these plans and were able to recommend them to the Governing Body and they were subsequently agreed in February 2017.
- 3.13 In addition to discharging its operational duties within the CCG's financial policies, the committee is also responsible for developing and suggesting improvements to the policies themselves. As in previous years, a review of the policies took place during the year and the committee has taken action to ensure they remained appropriately up to date. The Prime Financial Policies and Scheme of Reservation and Delegation are part of the CCG's constitution and the Governing Body and Membership approved a number of minor changes to these documents on the recommendation of the committee. These were subsequently part of an application to vary the constitution agreed by NHS England which will take effect from 1 April 2017. In line with its delegated powers, the committee also approved a number of minor changes to the detailed financial policies which sit below the constitution.

Monitoring Work on Reducing Inequalities

- 3.14 As in previous years, the committee's work in this area has focussed on ensuring that, through the exception reporting on metrics such constitutional targets, regard is paid to ensuring that health equalities reduced. The committee has been assured that this approach is embedded throughout the CCG as no significant issues have been raised through exception reporting. Equality implications are also considered throughout the CCG's programme processes and on all papers presented to Governing Body and committees.
- 3.15 This is an area where the committee can focus more work during 2017/18, seeking assurance from the CCG's management team on this issue. The committee have been made aware that part of the CCG Improvement and Assessment framework included an assessment of the impact of Public and Patient Involvement on health inequalities. The CCG was assessed as an exemplar on this element of the framework and the committee can seek further details on how this assessment can be maintained.

4. Conclusions

- 4.1 The Committee plays a key role in providing assurance to the Governing Body on the CCG's continued financial and operational performance. The work it has undertaken this year demonstrates that it is continuing to meet its terms of reference by providing

advice and support, particularly to the Chief Finance and Operating Officer, to ensure the CCG meets its statutory financial duties.

- 4.2 In delivering this work, the committee has recognised the on-going challenges facing not just Wolverhampton CCG, but also the wider NHS. Many of these challenges are reflected in the financial plans agreed by both the committee and the Governing Body for upcoming years. The committee recognises that delivering these plans will continue to require considerable effort by staff across the CCG, the Governing Body and the committee itself. Throughout this year, the committee has been assured that the CCG is equipped to meet these challenges and looks forward to playing its part in this work.
- 4.3 As a result of the interim arrangements put in place following the resignation of the Chair of the Governing Body, Les Trigg, who has been serving as Deputy Chair of the Audit and Governance Committee, will be joining the Committee and taking the chair. The committee welcomes Les into this new role.
- 4.4 The committee also wishes to place on record its thanks to Claire Skidmore, the Chief Finance and Operating Officer, who will be leaving the CCG at the end of May. Claire's contribution to the CCG, and particularly to the work of this committee, has been hugely significant and she will be missed. The committee wishes her well in her new role at Shropshire CCG.

Appendix 1 – Attendance at Meetings

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	
Members													
Jim Oatridge, Independent Committee Member	√	X	√	√	X	√	√	X	Virtual meeting	√	√	√	
Claire Skidmore, Chief Finance and Operating Officer, CCG	√	√	√	X	√	√	√	X		√	√	√	
Mike Hastings, Head of Business and Performance Management, CCG	√	X	√	√	√	√	X	√		√	√	√	
Steven Marshall, Director of Strategy and Transformation, CCG	√	X	√	√	√	√	√	X		X	√	√	
Dr David Bush, Governing Body Member	√	√	√	√	√	√	√	X		√	X	√	
Peter Price, Governing Body Lay Member			√	√	√	√	√	√		√	√	√	
In regular attendance													
Lesley Sawrey, Deputy Chief Finance Officer, CCG	√	X	X	√	X	√	√	√		√	√	X	√
Gus Bahia, Business and Operations Manager, CCG	√	√	√	√	√	√	√	√		√	√	√	X
Vic Middlemiss, Head of Contracting and Procurement, CCG	√	√	√	√	√	X	√	√		X	√	√	X
Ad Hoc attendance													
Aran Sharma, Senior Contracts Manger, CSU	N/A	N/A	N/A	N/A	N/A	√	N/A	N/A		N/A	N/A	N/A	N/A
Alex Nixon, Interim Senior Contracts Manager	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	√	N/A	N/A
Mandeep Duhra, Contract Portfolio Manager	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√	√	

1. Appendix 2 – F&PC Duties (Extract from TOR)

The specific duties required of the FPC are:

- to support the Chief Finance Officer in the delivery of the general financial duties (constitution 5.3.1 – 5.3.3);
- to receive reports from the group's representative on the Wolverhampton Health and Wellbeing Board with regard to development of the joint assessments and strategies and delivery of the latter (constitution 5.1.2(c)(ii));
- to monitor the group's delivery of the duty to act effectively, efficiently and economically (constitution 5.2.3);
- to monitor the group's delivery of the duty to have regard to the need to reduce inequalities (constitution 5.2.6);
- review the Chief Finance Officer's proposals for any changes to the Prime Financial Policies prior to scrutiny of them by the Audit and Governance Committee (PFP 1.5.1)
- approval of detailed financial policies (PFP 1.1.3);
- to consider reports from the Chief Finance Officer regarding significant variances from budgeted performance (PFP 7.3) and approve any changes to budgets not significant enough to require approval by the governing body (PFP 7.4);
- to consider reports from management regarding significant variances from non-financial performance targets;
- agree the Chief Finance Officer's timetable for producing the annual accounts and report (PFP 8.1(a));
- approve the group's overall banking arrangements (PFP 11.2);
- receive reports detailing actual and forecast expenditure and activity for all healthcare contracts (PFP14.3).

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ANNUAL REPORT

Quality and Safety Committee

2016/2017



DOCUMENT STATUS:	Final Version presented to Governing Body May 2017
DATE ISSUED:	
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	03.04.17	First draft
1.0	11.05.17	Final Version

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Quality and Safety Committee	May 2017	

DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS

These documents will provide additional information:

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1. Introduction

1.1 This report sets out the work undertaken by the Quality and Safety Committee during the 2016/17 financial year. This demonstrates how the committee has met the responsibilities set out for it by the Governing Body in the Clinical Commissioning Group's constitution.

1.2 The Committee has been established by the CCG's Governing Body to support the Governing Body in meeting a number of the group's statutory responsibilities, specifically:

- Promoting a comprehensive health service;
- Securing public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- Promoting awareness of and securing health services that are consistent with the NHS Constitution;
- Assisting NHS England in securing improvements in Primary Medical Services;
- Supporting Patient choice

The committee also plays a key role in ensuring the CCG manages the risks associated with its work effectively.

1.3 The evidence contained in this report focuses on how the committee has met these duties and will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.

1.4 The committee's membership requirements are set out in its terms of reference, stating that the committee must be chaired by an elected GP member of the Governing Body, must include the Executive Nurse and the Secondary Care Clinician, representatives of member practices, employees of the group, individuals who reflect the wider local multi-professional clinical and social care community and a patient /carer representative. The members of the committee during the year have been:-

- | | |
|-------------------------|--|
| • Dr Rajshree Rajcholan | - Elected Member of the Governing Body (Chair) |
| • Nicola Ensor | - CCG Employee (from July – September 2016) |
| • Steven Forsyth | - CCG Employee (from October 2017) |
| • Mr Tony Fox | - Secondary Care Clinician (until July 2016) |
| • Manjeet Garcha | - Executive Nurse |
| • Marlene Lambeth | - Patient Representative |
| • Annette Lawrence | - CCG Employee |
| • Jim Oatridge | - Governing Body Lay Member for Governance |
| • Sukhdip Parvez | - CCG Employee (from November 2016) |
| • Pat Roberts | - Governing Body Lay Member for PPI |
| • Sarah Southall | - CCG Employee (Until June 2016) |
| • Kerry Walters | - Wider Health and Social Care Representative |
| • Geoff Ward | - Patient Representative |

- 1.5 The committee has seen a number of changes in its membership during the year, Sarah Southall, who has been a member of the committee since 2013 has left the committee after moving on from her role as Head of Quality and Risk to become the CCG's Head of Primary Care. Mr Tony Fox, who has been the CCG's Governing Body Secondary Care Consultant since 2013 left the committee after resigning from the Governing Body. The committee wished them both well in their new endeavours and welcomed Steven Forsyth as the new Head of Quality and Risk and Sukhdip Parvez as the CCG's Patient Safety manager and committee members.
- 1.6 The committee met on the following occasions during the financial year:
- 12 April 2016
 - 10 May 2016
 - 14 June 2016
 - 12 July 2016 (Virtual meeting)
 - 9 August 2016
 - 13 September 2016
 - 11 October 2016
 - 8 November 2016
 - 13 December 2016
 - 10 January 2017
 - 14 February 2017
 - 14 March 2017

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

- 2.1 As highlighted above, the committee is appointed by and is accountable to the Governing Body. The details of this are set out in the group's Constitution at Paragraph 6.9.5 c) which include the key duties outlined above. In order to fulfil this role, the detailed terms of reference for the committee appended to the constitution include a number of specific responsibilities that guide the committee's work. These are listed in full in Appendix 2, but can be summarised into the following broad themes:-

- Quality and Patient Safety Issues
- Risk Management and Assurance
- Monitoring the Group's arrangements for meeting statutory duties (including Information Governance, Equality and Public Involvement)
- Safeguarding

- 2.2 Section 3 of this report details the committee's work during the year against these four themes. As part of the group's commitment to continuous improvement, this approach to monitoring the committee's work will form part of its assessment of effectiveness during 2016/17. A draft of this report is being considered by the Committee at its April meeting, giving members the opportunity to feed their views on how well the duties of the Committee have been discharged.

3. Work undertaken

- 3.1 This section sets out a summary of the committee's work at meetings as part of the committee's assessment of its effectiveness. Further detail on specific quality issues will also be included in the CCG's Annual Report and has been reported to the Governing Body throughout the year.

Quality and Patient Safety Issues

- 3.2 The committee plays a key role in monitoring the quality of the services provided for our patient population. It provides assurance to the Governing Body on these matters and escalates any significant issues at each meeting. This means that work on this theme forms a significant proportion of the committee's work programme during the year. The Quality and Risk team provide the committee with a detailed report at each monthly meeting outlining quality performance at each of the CCG's main providers. Much of the information from these reports and detailed analysis of quality performance can be found in the CCG's Annual Quality Report, the details here relate to issues specifically discussed at meetings.
- 3.3 A number of themes have emerged from the quality reports relating to Royal Wolverhampton Trust (RWT), which the committee has maintained an overview of during the year. This has included details of the Trust's response to Serious Incidents that have taken place during the year, including 'Never Events'. The committee has sought assurance from the Trust that robust action plans have been put in place to deal with these issues, appraising the Governing Body of the situation as the year has continued. As part of this process, the committee has identified where there is a high prevalence of incidents and sought further information. As reported in last years' report, this has included participating in cross-health economy work on Pressure Ulcers. Other issues identified have included breaches of confidentiality; the Trust have reported that a more robust approach to reporting on these issues has contributed to an increase in their prevalence and the committee has kept this issue under review.
- 3.4 As part of its work, the committee considers the impact of external regulators' reviews of our providers. During this year, RWT have received notification from the Care Quality Commission (CQC) that their appeal against some of the ratings in their most recent inspection report had been successful. A number of areas were upgraded, however the overall rating had remained at 'requires improvement'. The committee also discussed a notification from the health and safety executive in respect of radiation level breaches at the Trust and its response to these issues.
- 3.5 The committee has been given details of broader operational factors at the trust that have impacted on quality performance. This has included workforce issues, recognising that this has been an issue that the Trust themselves have highlighted as an issue on their risk register. The committee has continued to receive details of staffing levels and the trust's actions in response. Other performance issues, including A&E waiting times and NHS constitutional standards relating to cancer waiting times have also been considered.
- 3.6 Our major mental Health provider, Black Country Partnership NHS Foundation Trust, have this year been reviewed by the CQC following an inspection finding of 'requires improvement'. This review in October 2016 confirmed that the Trust was now rated as 'Good'. Issues discussed at the committee in relation to this trust include the process undertaken to review quality collaboratively with other CCGs. Meetings with commissioners were themed (to discuss issues such as Child and Adolescent Mental Health, Learning Disabilities etc.) on a rotational basis. The committee continue to consider whether this approach is the most effective way to manage this process, or whether a Wolverhampton based approach would be more effective. The committee has received details of Serious Incidents at the trust throughout the year and their response. This has included a number of slips and falls, and details of root cause analysis for these incidents have been shared with the committee when appropriate.

- 3.7 Details have also been shared with the committee of quality review work that takes place in respect of the CCG's other providers. Other these are much smaller organisations and a proportionate approach is taken to monitoring and managing quality. Particular issues have been brought to the committee's attention in relation to the CCG's Non-emergency Patient Transport service, which resulted in a change of provider and with the provider of the GP led urgent care centre. This has included concerns about data quality, processes for managing and reporting on serious incidents and safeguarding procedures. These concerns have been escalated to Executive level.
- 3.8 The committee has also received regular assurance on clinical quality in Continuing Health care settings, as well as with the care home sector in Wolverhampton. This continues to be an area where the CCG is demonstrating best practice, and the committee have been informed of a successful bid by the CCG to participate in the national PROSPER (Promoting Safer Provision of Care for Elderly Residents) Programme, with care homes in the city. Regular reports have also been received on progress with infection prevention and medicines management.

Risk Management and Assurance

- 3.9 The CCG's arrangements for managing risk are described in detail in the Annual Governance Statement. During the year, these arrangements have been reviewed by the Internal Audit service and a number of weaknesses have been identified. The committee has played a key role in developing the action plan to resolve these issues. As highlighted in the governance statement, these arrangements will include greater involvement by each of the Governing Body committees in developing their own risk profile and the committee has piloted this approach throughout the year.
- 3.10 As part of its role in the risk management arrangements, the committee reviews the Board Assurance Framework (BAF) before it is provided to the Governing Body. The committee has maintained an overview of the BAF during the year, including the work to restructure it following the internal audit review earlier in the year. As a result the BAF now aligns to the CCG's strategic priorities rather than NHS England's CCG assurance domains.
- 3.11 Prior to the publication of the internal audit review, the committee continued with its routine work in line with the previous risk management arrangements. This has included a review of the Risk Management Strategy, work that will be re-visited early in the new financial year. Other relevant internal audit reports on performance reporting, safeguarding and dealing with incidents have also been brought to the committee for assurance during the year.
- 3.12 The committee has received regular details of the Quality and Risk team's ongoing prioritised action plan for assurance purposes. This has detailed the team's work across their portfolio of responsibilities including quality and safety issues as well as the ongoing work to support the review of risk management arrangements. Following previous concern being raised by the committee, assurance has also been sought on the CCG's business continuity arrangements.

Monitoring the Group's arrangements for meeting statutory duties

- 3.13 As highlighted above, the committee has been given delegated responsibility within the CCG's Constitution to monitor performance against a number of statutory duties. The most significant of these are meeting the Public Sector Equality Duty, the duties in the National Health Service Act 2006 around public involvement in commissioning

and information governance, including meeting responsibilities under the Freedom of Information Act. As these are specialist areas of work, the CCG purchases expert support from the Commissioning Support Unit (CSU) and teams from the CSU report to the committee on progress with their work. This is the first year of a new contract for this support from Arden and GEM CSU which commenced in April 2016.

- 3.14 The reports from the Equality and Inclusion service have given the committee an update on work to use the Equality Delivery System (EDS2) to benchmark the CCG's commitment to meeting its equality responsibilities. The committee has acknowledged the progress that has been made whilst recognising that further work is still required. The Governing Body has signed off a self-assessment in this area during the year which identified future action for future years.
- 3.15 The Committee has given assurance during the year that the CCG is maintaining its strong track record in information governance. The NHS Digital Information Governance Toolkit has recently been submitted for 2017 at a level of 89%, representing strong Level 2 compliance across all of the requirements with a number of Level 3 (the highest level) in relevant areas. This has been achieved by being able to demonstrate strong staff engagement with training and development, clear processes for managing information and a risk based approach that has resulted in no breaches of confidentiality during the year. Following the re-procurement of CSU services, the CCG has brought the service for responding to Freedom of Information (FOI) requests back in-house. The committee has been updated on the significant improvement in response rates as a result, with over 95% of requests now being responded to within the statutory timeframe of 20 days, up from 67% under previous arrangements.
- 3.16 Work has been undertaken during the year to support greater public and patient involvement in the CCG's work through the development of a patient volunteers' policy. This policy will enable patients to support quality visits and provide an important perspective into the CCG's work. The committee's work in this area benefits greatly from the insight of the lay member for Public and Patient Involvement and our two patient representatives. They help to ensure that the patient voice is considered throughout all of the committee's work, including through quality monitoring and measures of patient experience. The committee has also considered the CCG's approach to managing complaints to ensure that patients have opportunities to be heard when things go wrong, either with the CCG's work or in services we commission.
- 3.17 In addition to this detailed work associated with the CCG's responsibilities under CCG and broader public sector related legislation, the committee has also reviewed the organisations progress with its statutory responsibilities as an employer under health and safety legislation. Details have been received of issues identified through regular audits as well as compliance with mandatory training. As a relatively small organisation which rents office space from the University of Wolverhampton, the CCG's approach to these issues aims to be proportionate and the committee has been assured that CCG responsibilities are being fully discharged appropriately.

Safeguarding

- 3.18 Monitoring the work of the CCG does to meet its responsibilities to safeguard vulnerable people is another key part of the committee's work. This is an area that the CCG has invested resources in over previous years to ensure that we work effectively with our partner organisations, including the Local Authority and Providers, in line with national guidance.

- 3.19 The committee receives regular update reports from the safeguarding leads for both adults and children, which included summary annual reports in May from both areas. These reports reflected on work undertaken over the year, including participation in local adults and children's safeguarding boards. The committee endorsed both of these reports and the priorities identified for the upcoming year.
- 3.20 The committee's quarterly reports on adult safeguarding matters have highlighted the progress towards managing referrals for safeguarding issues through a Multi-Agency Safeguarding Hub (MASH). This follows the successful introduction of this process for children's safeguarding in 2016 and demonstrates the commitment to multi-agency working across the city. The Adults MASH went live in August 2016 and the committee will continue to gain assurance that it is operating effectively and allowing the CCG to deliver its responsibilities alongside the other agencies involved.
- 3.21 As part of the wider programme of adult safeguarding work, the committee has also received assurance around the CCG's programme of work to support patients subject to Deprivation of Liberty safeguards. This continues to be a multi-agency piece of work and the committee received details in May of the number of patients who have been referred for assessment and progress with this area of work.
- 3.22 Work to safeguard children across Wolverhampton has also been regularly considered by the committee during the year. This has included details of the CCG's involvement in external reviews of safeguarding arrangements across the city by both the CQC and Ofsted. In addition to this, an internal audit of the CCG's compliance with Section 11 of the Children's Act 2004 has been completed and the committee were assured by the significant progress demonstrated since the CCG was established.
- 3.23 The regular quarterly reports on children's safeguarding have highlighted the ongoing work to support Looked After Children in the city, including progress with health checks and the development of the staffing establishment to support this programme of work. The committee has been assured that the work in this area continues to progress and that the CCG continues to participate fully in the MASH for children's services. The committee has also received appropriate details from published Serious Case Reviews in the city to provide assurance that lessons are being learned and implemented.

4. Conclusions

- 4.1 The Committee has a broad role and undertakes important work across the CCG's responsibilities. It has continued to have a busy agenda throughout the year and feels that this annual report, along with the regular reports presented to the Governing Body, give assurance that it is continuing to effectively meet its duties in its terms of reference.
- 4.2 As highlighted above, the CCG's annual report will include further details on specific patient safety and quality issues, which will also be included in the Annual Quality report. The committee itself will receive this report early in the new year and continue to use this, along with other sources of evidence, to identify areas of focus on quality issues.
- 4.3 The committee also looks forward to the continued development of the CCG's risk management arrangements, in which it plays a key role. The Governing Body will continue to receive assurance on progress with this throughout the year.

Appendix 1 – Attendance at Meetings

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017
Clinical ~												
Dr Rajshree Rajcholan	Y	N	Y	V	Y	N	Y	N	Y	Y	Y	N
Mr Tony Fox	Y	N	N	V								
Management ~												
Ms Manjeet Garcha	N	Y		V	Y	Y		Y	Y	Y	Y	Y
Mrs Sarah Southall Mrs N Ensor/ Mr S Forsyth	Y	Y	Y	V	Y	Y	Y	Y	N	N	Y	Y
Kerry Walters/Katie Spence/ Steve Barlow	Y	Y	N	V	N	Y	Y	Y	Y	Y	Y	Y
Annette Lawrence/ Sukhdip Parvez	Y	Y	Y	V	Y			Y	Y	Y	Y	Y
Lay Members/Patient Representatives ~												
Pat Roberts	Y	Y	Y	V	Y	Y	Y	Y	Y	Y	Y	N
Mr Jim Oatridge	Y	N	N	V	N	Y	N	Y	N	Y	Y	Y
Geoff Ward	N	Y	Y	V	Y							
Marlene Lambeth	Y	Y	Y	V	Y	Y	Y	Y	N	Y	N	Y

Appendix 2 – Quality and Safety Committee Duties (Extract from TOR)

The QSC is accountable to the governing body and its remit is to provide the governing body with assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. 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 duties of the QSC are driven by the priorities for the group and any associated risks or areas of quality improvement and operates a programme of business, agreed by the governing body, that is flexible to new and emerging priorities and risks.

The specific duties required of the QSC are:

- to monitor the group's delivery of the public sector equality duty (constitution 5.1.2(b));
- to receive reports from the group's representative on the Wolverhampton Health and Wellbeing Board with regard to development of the joint assessments and strategies and delivery of the latter (constitution 5.1.2(c)(ii));
- to monitor the group's compliance with its Statement of Principles relating to the duty secure public involvement (constitution 5.2.1);
- to monitor the group's delivery of the duty to promote awareness of and have regard to the NHS Constitution (constitution 5.2.2);
- to monitor the group's delivery of the duty to secure continuous improvement to the quality of services (constitution 5.2.4);
- to monitor the group's delivery of the duty to support NHS England with regard to improving the quality of primary medical services (constitution 5.2.5);
- to monitor the group's delivery of the duties to promote the involvement of patients, their carers and representatives and enable patients to make choices (constitution 5.2.7 and 5.2.8);
- approval of policies for risk management including assurance (Prime Financial Policy 15.2) , information governance (PFP 19.3), business continuity, emergency planning, security and complaints handling;
- to ensure that the group makes effective use of NHS England's Information Governance and any other relevant Toolkit(s) to assess its performance (PFP 19.3);
- endorsing action plans to address high scoring risks in the group's Risk Register (PFP 15.4).

It delivers these duties by developing and delivering annual work programmes giving appropriate focus to the following:

- seek assurance that the commissioning strategy for the clinical commissioning group fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change;

- provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything that the group does. This will include jointly commissioned services and supporting NHS England as regards the quality and safety of the secondary healthcare services that it commissions for the group's patients;
- provide assurance that the group is meeting its safeguarding responsibilities under Children's Act 2004, Vulnerable Groups Act 2006 and any subsequent relevant legislation;
- oversee and provide assurance that effective management of risk is in place to manage and address clinical governance issues including arrangements to proactively identify early warnings of failing systems;
- have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRI); be informed of all Never Events; inform the governing body of any escalation or sensitive issues in good time; ensure that the group and its healthcare providers are learning from SIRI and Never Events;
- ensure that there is a clear line of accountability for patient safety issues, including the reporting required by statute, regulations or locally agreed best practice;
- seek assurance on the performance of NHS organisations in terms of their interaction and/or regulation by the Care Quality Commission, Monitor and any other relevant regulatory bodies;
- receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans;
- ensure that a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern;
- make recommendations as necessary, to the governing body on the remedial actions to be taken with regard to actual and evolving quality and safety issues and risks.

WOLVERHAMPTON CCG

Governing Body
23rd May 2017

Agenda item 13

TITLE OF REPORT:	Commissioning Committee – Reporting Period April 2017
AUTHOR(s) OF REPORT:	Dr Julian Morgans
MANAGEMENT LEAD:	Mr Steven Marshall
PURPOSE OF REPORT:	To provide the Governing Body of Wolverhampton Clinical Commissioning Group (CCG) with an update from the Commissioning Committee in April 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	This report is submitted to meet the Committee’s constitutional requirement to provide a written summary of the matters considered at each meeting and to escalate any significant issues that need to be brought to the attention of the Governing Body.
RECOMMENDATION:	That the report is noted.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The 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 April 2017.

2. MAIN BODY OF REPORT

2.1. Contract & Procurement Update

The Committee was presented with an overview and update of key contractual issues in relation to Month 11 (February 2017) for activity and finance.

Urgent Care Centre

Vocare is not delivering to the quality standards set out within the contract. The CCG is working with the CQC to address the issues that have been identified and this is being managed via the monthly Contract Review Meetings held with Vocare and an Improvement Board.

As a result of underperformance in the 2016/17 contract, the CCG have written to Vocare advising of the year end claw back and an invoice will be issued accordingly.

Royal Wolverhampton NHS Trust

A&E - The Trust's Month 11 (February 2017) A&E performance showed a 3% improvement from the previous month.

E-discharge - The Trust remains challenged on achieving dispatch of e-discharge summaries within 24 hours for both ward and assessment areas.

Cancer 62 days – The Trust has advised that breaches are all Urology patients and that work is being completed to clear the backlog. However, in line with other tertiary providers of cancer services, it does not expect to meet the target for the whole of 2017/18.

Exception Reporting Proposal – An exception reporting proposal has been discussed with the Trust who has advised that they will start populating reports from June 2017.

Performance Sanctions – Total fines for Month 11 - £78,700.

Dermatology – The CCG has been made aware of the issue relating to a shortfall in Dermatology Consultants. A Communication will be sent to GP's once further information is received from the Trust.

Black Country Partnership Foundation Trust

Fines / Sanctions – Sanctions applied, year to date, remain at £5,000.

SQPR – The Delayed Transfers of Care target was achieved for the first time this year.

CQUIN – RWT has given assurance that its clinicians are willing to work with BCPFT clinicians to help reduce A&E attendances. This has been formalised in a letter to BCPFT with assurance that these issues will be taken into account when the CQUIN milestones are evaluated.

Data Quality Improvement Plan – A meeting was held between Wolverhampton CCG, BCPFT and Sandwell and West Birmingham CCG to address data submission concerns and key actions have been agreed.

Nuffield

A Business Case is being discussed with regards to Nuffield Health wanting to increase the BMI rate from 35 to 39. The CCG's Head of Quality and Risk has requested assurance about the clinical benefit of this and how they will manage additional risks for patients with a higher BMI.

It was confirmed that any change in the recommendations for BMI for surgery must agree with our local NHS parameters.

Procurement Update

Primary Care Counselling – Following a mini-procurement exercise, Relate have been offered a six month pilot contract. Mobilisation has commenced in conjunction with Primary Care Groups and the service will start in May. Continuation beyond the initial six month period is subject to evaluation and identification of on-going funding.

Procurement Programme Proposal 2017/18 – The Committee reviewed a proposal for 2017/18, which was approved subject to the queries raised in relation to units for End of Life and Eye care.

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

3. RECOMMENDATIONS

- Receive and discuss the 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: 10th May 2017



**WOLVERHAMPTON CCG
 WCCG GOVERNING BODY
 23rd MAY 2017**

Agenda item 14

TITLE OF REPORT:	Executive Quality Report
AUTHOR(s) OF REPORT:	Steven Forsyth – Head of Quality and Risk
MANAGEMENT LEAD:	Manjeet Garcha – Executive Director of Nursing and Quality
PURPOSE OF REPORT:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • Quality Team have been selected by the Point of Care Foundation as a programme site. • Key points from Royal Wolverhampton Trust CQRM • Royal Wolverhampton Trust Never Event reported • Vocare improvement board has been held and ongoing monitoring is now planned • Infection Control enhanced GP standards were presented to the Committee
RECOMMENDATION:	This report is intended to provide the Governing Body with assurance in respect of the on-going monitoring of quality and safety with all key providers and work undertaken by the Quality Team. This assurance is obtained as a result of day to day quality and safety monitoring and regular interaction with providers.

1. CCG Good News

Following a rigorous application process, the Point of Care Foundation review panel has selected WCCG's Quality team as one of the Patient and Family Centred Care (PFCC), 'Living Well to the Very End' programme sites.

The programme is a collaborative between The Point of Care Foundation, Bee Wee, National Clinical Director for End of Life Care (NHS England) and Nigel Acheson, Regional Medical Director, NHS South and is funded by The Health Foundation.

The Foundation was particularly impressed by the team's aspirations for the project, as well as the clear commitment to improving end of life care for those cared for in residential care homes.

The programme is jointly led by clinicians and quality improvement experts from the Point of Care Foundation and NHS England. On-going coaching and mentorship will be provided. The programme will comprise of two learning events, interspersed with rapid action improvement periods, during which WCCG's team will have monthly support from a programme coach, as well as access to virtual learning from the Point of Care Foundation.

Furthermore, on Friday 12th May representatives from the CCG Quality Team were invited to London to present to a panel of national judges for their entry into the HSJ Patient Safety Awards 2017 which was shortlisted. This was a fantastic opportunity to showcase the outstanding work the Quality Team and further build on accolades already achieved. The final results will be announced on 4th July at the Patient Safety Congress

b) Quality and Safety Committee highlights

Royal Wolverhampton Hospitals attended to present GP Enhanced Standards for Primary Care, this was discussed in detail and a decision made to refer to the Primary Care Operational Management Group for further consideration.

Quarterly reports were presented from our safeguarding team, medicines optimisation and the quality assurance in care homes

The committee's risks were reviewed live in the meeting with the Quality Assurance Coordinator, this was a welcomed development that gave real time risk review, ownership and action. It was agreed that whilst this process is quite an onerous task for the risk coordinator, (to service all the committees), the benefits of reviewing a live register and agree actions and owners are key to the success of BAF and Risk Register going forward.

The Head of Quality & Risk presented three key draft documents: Plan on a page 2017/18, The Quality Strategy and the Annual Quality & Risk report Comments have been requested by agreed timelines.

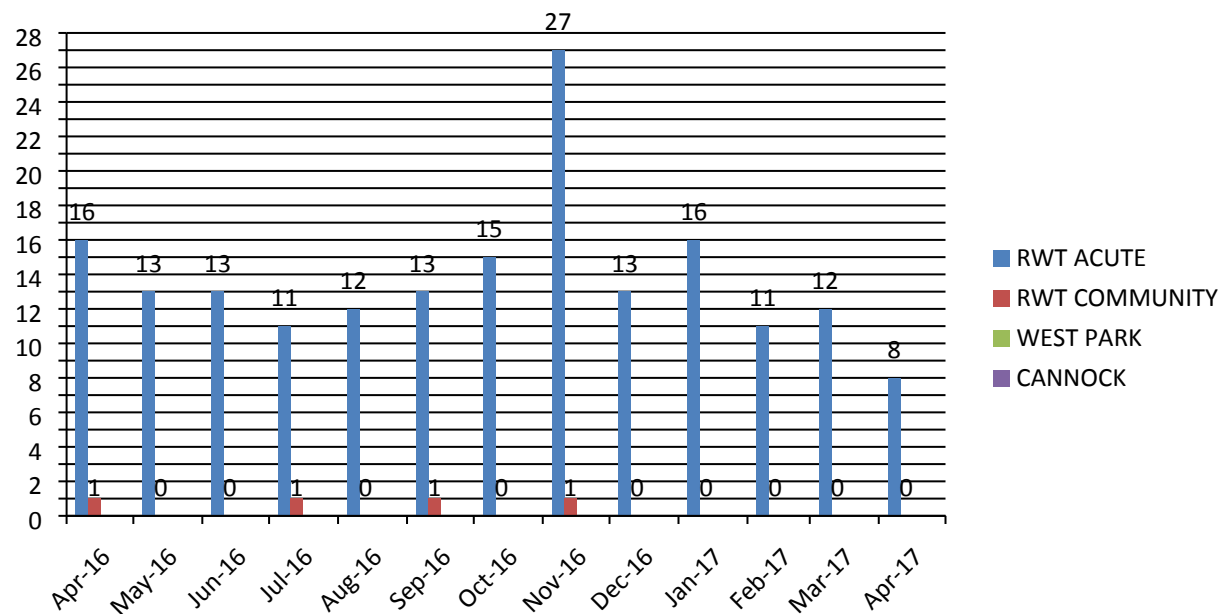
The updated Notification of Serious Incidents policy was also presented with recent changes to internal processes.

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

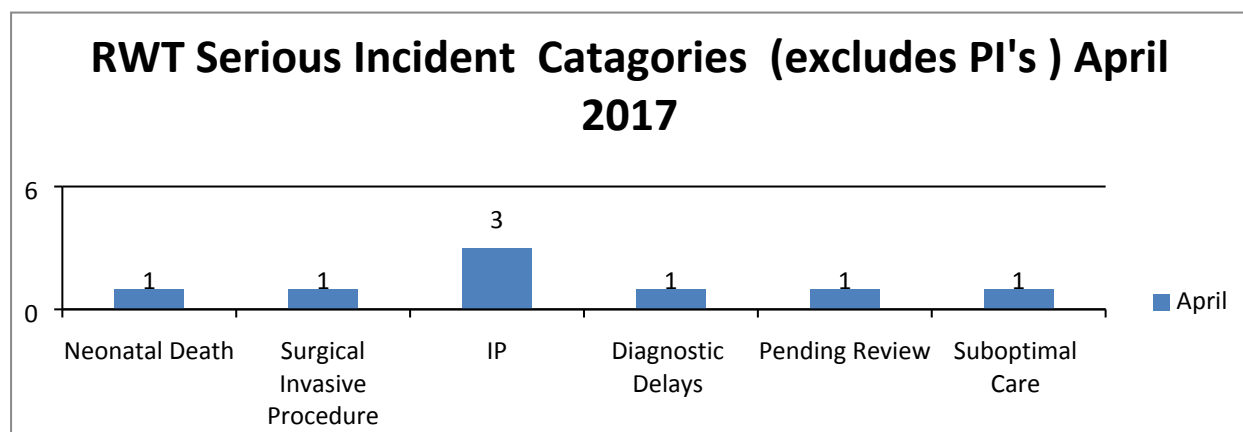
The Board is asked to note the following:

a) Serious Incidents

RWT All SI's (Excl PI's) - 2016/17



A further Breakdown of Serious Incident by reported Category is given below:



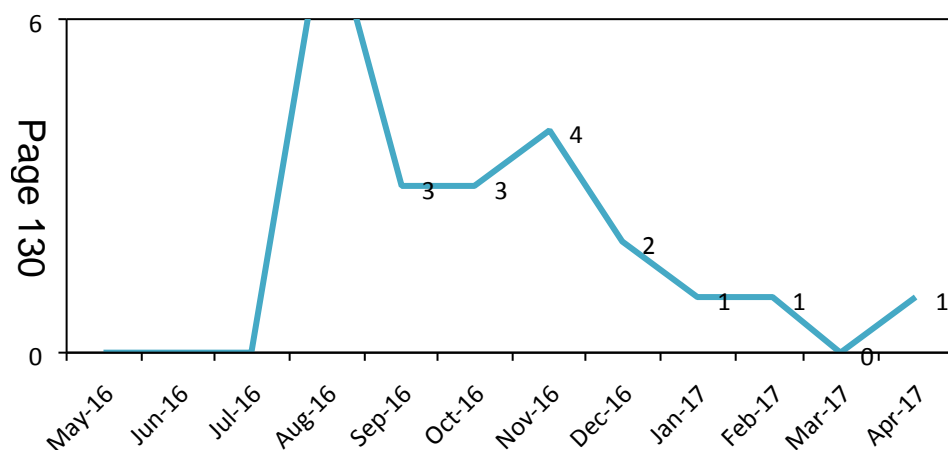
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8 serious incidents were reported by RWT in this reporting period and a breakdown of these SI's has been given in the graph above.

b) Infection Prevention Update

- C.Diff Incidents

**Last 6 Months C Diff Monthly Figures
RWT**



1 C.diff outbreak incident was reported in April 2017 on Ward A6 (Trauma and Orthopaedics).
4 Cases of C.Diff. infection identified within a 28 day period on Ward A6. All patients were isolated appropriately and treatment advised by the Microbiology consultant. The final RCA is awaited and is due to be submitted to WCCG on 18th July 2017.

- **MRSA outbreaks**

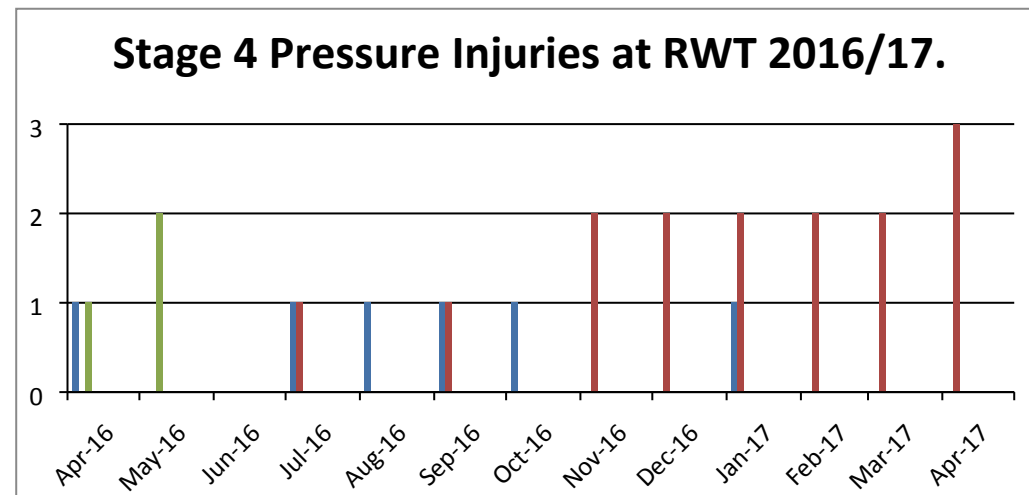
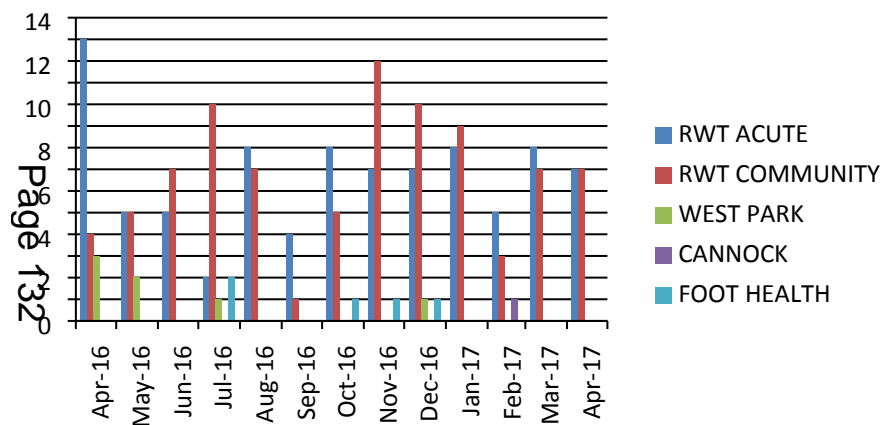
There were 2 MRSA (colonisation, not bacteraemia) outbreaks reported in April 2017 – one on Ward B12 (acute stroke) and one on Ward 1, West Park Hospital. Assurance has been sought from the Infection Prevention Team regarding a possible link between the two incidents.

Final RCA's are expected at the end of July 2017, however the WCCG Quality Team have requested to be informed if the situation changes. All outbreaks are managed as per the agreed protocol.

c) Pressure Injuries

Stage 3 & Stage 4 Pressure Injuries April 2017 data:

Stage 3 Pressure Injuries - 2016/17



A total of 17 pressure injury incidents were reported for April 2017.

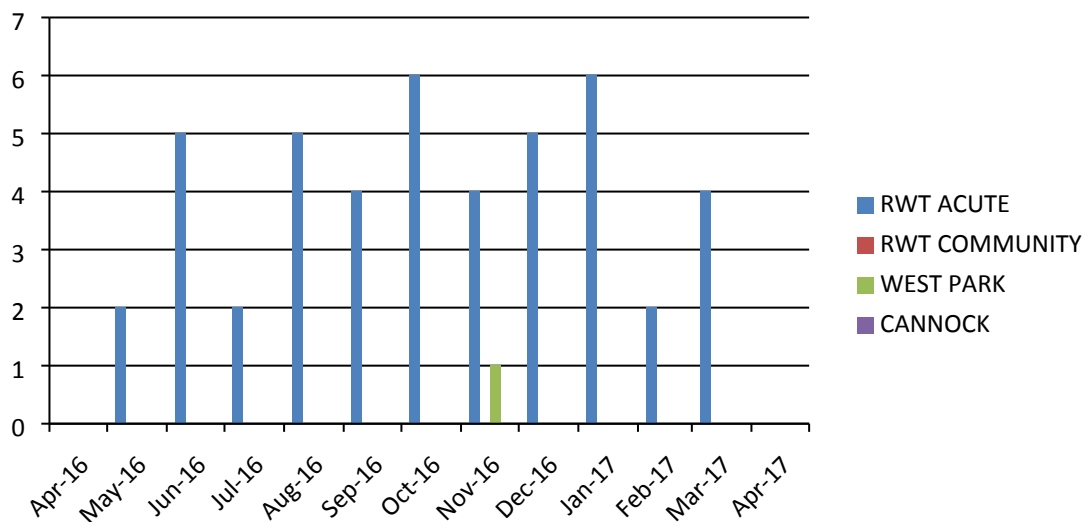
This is the same as the number reported in March 2017.

Stage 3 Pressure Injuries: 7 Acute and 7 Community.

Stage 4 Pressure Injuries: 0 Acute and 3 Community.

d) Patient Slip/Trip/Falls – Serious Incidents

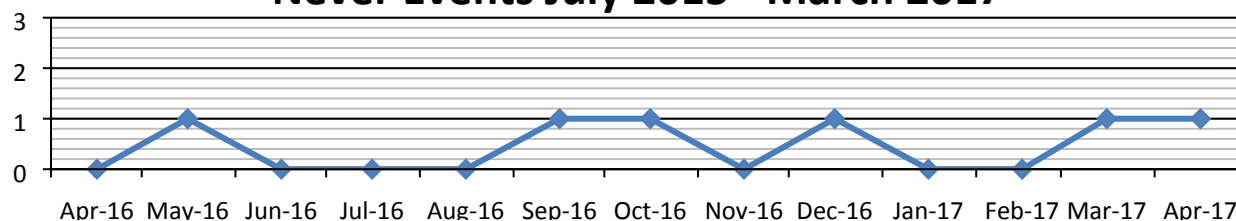
Slip/Trip/Falls - RWT - 2016/17



There were zero Slip/Trip Falls reported by RWT in April 2017.

e) **RWT Never Events**

Never Events July 2015 - March 2017



1 Never Event was reported in April 2017. A full RCA is in progress and is due to be submitted to WCCG on 10th July 2017.

Surgical/Invasive Procedure:

Identified issues: Failure to remove guide wire at time of insertion of chest drain. Failure to review repeat chest x-ray and identify wire.
Contributory Factors: Locum doctor undertaking the procedure, immediate actions taken to review communication with all staff including Locum doctors. Assurance has been sought on the trust policies for locum doctor induction and availability of senior staff supervision on this occasion.

f) Items to Note from CQR Meeting – April 2017

Discussions centred on particular areas for the Board to note:

- X-ray and MRI/CT scan delays. The Trust have reported delays in reporting and have an action plan in place to complete by July 2017.
- 104 day cancer breaches, harm reviews are undertaken as part of the monthly multi-disciplinary team reviews, however, further assurance has been sought on communication shared with GPs
- Reported unsafe discharges, this is work in progress and the Trust shared their plan
- Mortality, reviews of case notes, coding and deep dives into diagnostics will commence imminently
- Cancelled operations – theme appearing relating to Cannock Chase Hospital, for further review
- Maternity – birth ratio and staff sickness/vacancies. CCG Maternity commissioner has met with midwifery managers and a plan for recruitment of new midwives has been shared.

	Target	Q3 2016/17			Q4 2016/17				Q4 2016/17
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Mar-17	
2 Week Wait - Cancer	93%	93.02%	93.42%	94.56%	95.51%	93.32%	95.83%	Excluding Tertiary Referrals	94.94%
2WW Breast Symptomatic	93%	94.02%	95.89%	99.46%	99.44%	93.20%	95.35%		95.83%
31 Day to First Treatment	96%	96.55%	94.55%	98.48%	97.49%	96.91%	96.02%		96.80%
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	98.53%	100.00%	100.00%	100.00%	98.11%		99.44%
31 Day Sub Treatment - Surgery	94%	93.62%	82.00%	78.38%	71.43%	78.79%	82.50%		77.78%
31 Day Sub Treatment - Radiotherapy	94%	94.66%	100.00%	100.00%	97.52%	97.76%	94.29%		96.67%
62 Day Wait for First Treatment	85%	70.66%	69.02%	80.00%	73.08%	79.43%	81.18%		83.72%
62 Day Wait - Screening	90%	80.00%	95.83%	90.48%	88.89%	68.18%	90.00%	90.00%	81.67%
62 Day Wait - Consultant Upgrade (local target)	88%	90.78%	90.00%	90.51%	92.54%	95.12%	88.97%	88.89%	92.11%

Site	Total Patients	Breaches	%
Brain	0	0	
Breast	20	0	100.00%
Colorectal	8	3	62.50%
Gynaecology	5.5	1.5	72.73%
Haematology	6.5	3	53.85%
Head & Neck	7	2.5	64.29%
Lung	7	0	100.00%
Sarcoma	0	0	
Skin	11.5	0	100.00%
Upper GI	7	2.5	64.29%
Urology	20.5	5	75.61%
Total	93	17.5	81.18%

31 Day Sub Surgery - 7 patient breaches during the month, all of which RWT were unable to schedule within standard (2 of these were patients for complex multidisciplinary surgery).

62 Day Traditional - 21 patient breaches in month - 7 x Tertiary referrals received between days 42 and 113 of the patients pathway (operating guidelines state referrals should be made within 42 days), 6 x Capacity Issues, 3 x Patient Initiated and 5 x Complex Pathways. Of the tertiary referrals received in month, all (100%) were received on or after day 42 of the pathway, and 2 (28.6%) were received after day 62 of the patient pathway.

3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Committee is asked to note the following:

a) **Serious Incidents**

There were no serious incidents reported for April 2017 for BCPFT.

b) Items to note from CQRM held on 4th April 2017 (Learning Disabilities):

- The LD division has noted an increase in incident reporting within the division, due to the presence of a number of high acuity patients which account for a large number of Violence and Aggression (patient to staff) incidents which have occurred. This category of incident has also been noted as a trend.
- Staff sickness has risen, primarily pertaining to short term sickness and mostly comprising of colds/flu like symptoms, in line with the Winter months. Long Term sickness has fallen, with the majority of cases pertaining to stress/anxiety conditions.
- Staff appraisal figures are currently low, but this is due to the fact that this measure is recorded from April to April, with figures expected to rise throughout the year as the Trust appraisal period is from February to end of May. Mandatory training is within KPI targets except for Safeguarding Children Level 2.
- An issue was raised with LD team regarding some patients not receiving care under the CPA framework. The Trust gave assurance that all patients eligible for CPA would receive it, but agreed to aid the CCG in providing further assurance that this is the case. It was agreed that this could be accomplished by undertaking a Quality Assurance Visit and this will be added to the visit schedule for 17/18. The Trust will provide an update on how many patients are on a CPA at the next meeting in May.

- The Trust drew attention to work that is currently being carried out in relation to the CPA risk to establish a regional data comparison with other CCGs. A deep dive is also being carried out in relation to “Absconsions”, the results of which will be known in May. Any significant learning will be taken to a future CQRM.
- A recent peer review of BCP PREVENT training had taken place, which was led by Wolves CCG Safeguarding Team and supported by the Regional PREVENT co-ordinator. The visit was positive overall. Several recommendations were made, which will be considered by the Trust. This will include the recommendation to train PREVENT as a separate course, rather than amalgamate it into the wider Safeguarding Training package for staff, following the discovery that the distinction between PREVENT and Safeguarding appeared unclear to some staff and that staff providing the training may benefit from further ‘train the trainer’ tuition.

PRIVATE SECTOR PROVIDERS

- **Vocare**

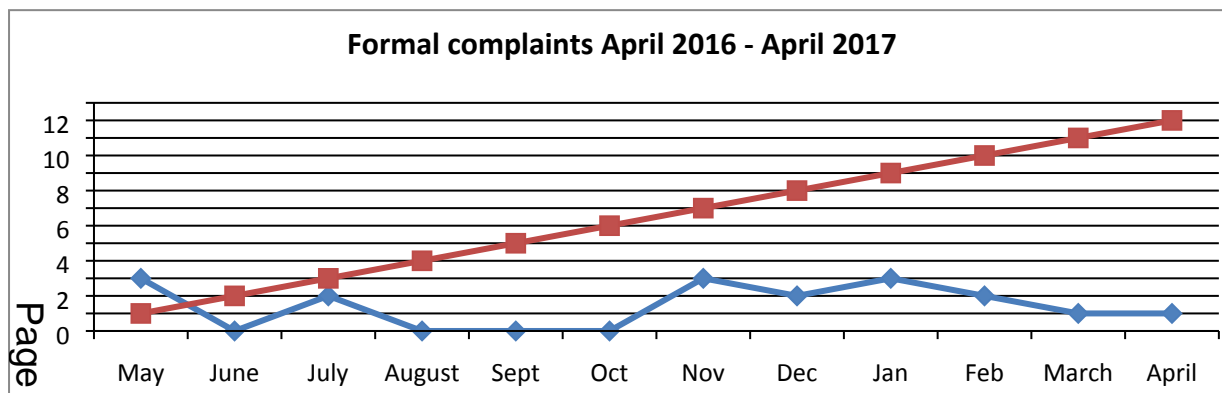
A Vocare Improvement Board meeting was held on 19th April 2017, chaired by WCCG’s Head of Quality & Risk, to provide an update on improvement and discussion of action plans regarding issues previously raised regarding the UCC service. There are currently 41 actions contained within the action plans, with significant progress having been made against a number of them. All actions are to be combined into one single action plan and will be overseen by Vocare’s Step-In Team, who will provide support to the local team. Vocare were open about the current issues within the service and gave assurance these issues would be dealt with quickly and efficiently.

Vocare’s Head of Nursing talked through her report highlighting the areas of particular concern and a set of minutes from the meeting is available should further detail be required.

The next Improvement Board meeting will be held on 31st May 2017.

5. USER AND CARER EXPERIENCE

a) New formal complaints



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- One new complaint was received during April 2017 from a patient's Uplift Project Co-ordinator. This related to the attitude of the CHC nurse towards the patient in their home. The complaint was investigated and concluded as not upheld.
- Complaint FC064 originally dated January 2017 was reopened during April and is now being investigated by the Ombudsman. The complaint relates to funding for a CHC patient. The CCG followed all processes, no lessons learned. However the complainant was unhappy with the outcome and was advised to contact HSO if required. A further update is awaited.

b) Quality Matters Monthly Summary

Staff changes within the CCG's Quality & Risk Team have led to a backlog of unanswered Quality Matters. The Acute Trust and local GPs are aware of the delay in responding to new issues. It is hoped that the backlog can be cleared by the end of May, once the Quality Team is back up to full strength. A full Quality Matters summary will be provided at the next meeting.

6. HEALTH AND SAFETY

From May 2017, Health and Safety will become a standing item on the JNCC agenda and will be split into the following sub-items: a) accident statistics, b) national issues c) risk assessments and d) fire risk assessment remedial action plan.

Steve Menzler from STK Fire and Risk Management Ltd will be in attendance at the meeting on 30th May and will be giving a presentation on the CCG's Health and Safety requirements going forward.

CCG Quality Team nominated leads are completing the appropriate training during May and July 2017.

7. BOARD ASSURANCE FRAMEWORK/RISK REGISTER

a) Number/Breakdown of Risks on Datix:

4 th May 2017	TOTAL
Open Risks	79
Extreme	5
High	41
Moderate	32
Low	1

Work is being undertaken to provide a draft template that will be presented to the Governing Body and individual Committees for assurance, regarding the management of risks in each Committee portfolio. However, due to capacity issues within the Quality and Safety Team, this work has been delayed.

This piece of work will resume once the Quality team is back to full capacity and it is hoped to be able to share revised templates in June 2017.

8. RECOMMENDATIONS

The Board is requested to:

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

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Name: Manjeet Garcha
Job Title: Executive Director of Nursing and Quality
Date: 10th May 2017

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Meeting: Quality and Safety Committee		Month: May Data from 1st – 30th April 2017		
Presented By: Liz Corrigan Primary Care Quality Assurance Coordinator		Team: Quality and Risk		
Safety				
Infection Prevention.				
IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%				
Site	Date	General audit	Minor Surgery room	Practice nurse room
No reports received this month – visits to commence again in May for 2017/18 financial year				
<p>The following overview of IP ratings within general practice is available for 2016/17 and the IP team continue to update audits and carry out follow up support visits where necessary. The Quality Team have oversight of this process.</p>				
Medicines Alerts				
<p>Healthcare professionals will be informed about the alerts via the monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches would be used to inform healthcare professionals where appropriate.</p> <p>Click to view Tablet Bytes</p> <p>Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).</p>				

Patient Experience**Friends & Family Test****Data:**

GP FFT	Submission for April 2017 (February 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	85%	89%	85%
Percentage Not recommended	6%	6%	6%
Overall response % of total list size	0.6%	0.6%	0.3%
Wolverhampton CCG			
	Number	Percentage	
No of Practices with "no data"	10	22%	
No of Practices had data suppressed <i>(returns with less than 5 responses are not included in the final analysis by NHSE)</i>	6	13%	
No of practices with zero responses	1	2%	
Total number practices with no data	17	38%	

The numbers/percentages of submission and non-submission are shown below:

***Practices where no data was submitted were:**

Identifier	Practice	Comments
M92001	POPLARS MEDICAL CENTRE	No data submitted in previous 3 months
M92004	PRIMROSE LANE PRACTICE	1 incidence of no submission in 2016/17
M92011	PENN MANOR MEDICAL PRACTICE	7 incidences of no submission in 2016/17
M92027	CAERLEON SURGERY	2 incidences of no submission in 2016/17
M92031	DRS PASSI & HANDA	7 incidences of no submission in 2016/17
M92035	ALL SAINTS SURGERY	7 incidences of no submission in 2016/17
M92041	PROBERT ROAD SURGERY	1st incidence
M92042	80 TETTENHALL ROAD SURGERY	1 incidence of no submission in 2016/17
M92609	ASHFIELD ROAD SURGERY	3 incidences of no submission in 2016/17
M92640	TETTENHALL ROAD MEDICAL PRACTICE	2 incidences of no submission in 2016/17

Overall response for WCCG as a proportion of list size was 0.6% which had decreased from 1.2%.

Ratings:

84% of responses were positive (extremely likely or likely), 20 practices had responses that included unlikely or extremely unlikely to recommend which is an increase on 10 last month. Of these practices this ranged from 1% – 33% of their overall responses, however response numbers were low again for some sites and this has skewed the figures. Overall 9% of respondents also gave a neither or don't know answer to this question which is a decrease from 21% last month, again figures are low and it is difficult to draw conclusions.

Method of Response:

Once again this month responses are, fairly equally attributed to handwritten, check in screens and SMS. Work continues to increase FFT submission via electronic methods, and this will continue now that the CCG is fully delegated.

Liz Corrigan held a telephone discussion with Olivia Taylor Quality Lead at NHSE around FFT, the regional team have no concerns around this for Wolverhampton. She has asked that we be provided with information from the NHSE primary care quality dashboard for comparison with ours.

WCCG plans for improving FFT uptake and submissions following full delegation were discussed including electronic submission and data collection. Issues with CQRS reported by practices were also discussed and this will be taken back to the national team by Olivia.

Quality Matters.

New	0
On-going	4
Closed	0

Please see Appendix 1 for full details.

Formal Complaints (including learning)

None for CCG

Compliments

None noted

Effectiveness

NICE/Clinical Audit

The NICE assurance group met on the 15th February 2016 where the latest guidelines were discussed. New guidance relevant to primary care is shown below. For the latest list of published guidance please see [this link](#).

Guidance

CG95 - Chest pain of recent onset: assessment and diagnosis

NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV

QS140 - Transition from children's to adults' services

QS141 - Tuberculosis

NG63 - Antimicrobial stewardship: changing risk-related behaviours in the general population

CG146 - Osteoporosis: assessing the risk of fragility fracture

QS86 - Falls in older people

QS143 - Menopause

QS139 - Oral health promotion in the community

CQC

Site	Date	Rating	Comments
All Saints and Rosevillas Medical Practice	17/3/17	Good	New inspection report published on 17th March 2017.
Ashfield Road Surgery	31/3/17	Good	New inspection report published on 31st March 2017.

Other Items

Risk Register (see Appendix 2)

Rating	Number	Percentage
Extreme	0	0%
High	13	65%
Moderate	7	35%
Low	0	0%
Total	20	
Confidential risks	3	

Workforce Development

Attraction:

The workforce fayre date is now finalised:

15th June 2017 Wolverhampton Science Park

An afternoon and evening event are planned with both events mirroring each other, this ensures that there is coverage for people who work and may want to attend in the evening. Liz Corrigan and Ranjit Khular have been working to identify staff to support this event as well as ways to promote and maximise attendance.

Pre-emptive links have also been made with the West Midlands Deanery.

Recruitment:

In addition to the workforce fayre, training and workforce analysis for all practices is underway with a report being prepared by the project managers and further data provided by CSU.

Development:

GPFV programmes including administrator training and practice manager development have commenced. Monies for SLAiP training are available from University of Wolverhampton and expressions of interest are being followed up by Liz Corrigan.

Root Cause Analysis training was held in March and April and was attended by representatives from 13/45 practices (28.9% coverage), therefore more work is needed to ensure that primary care staff are aware of the RCA process. This will be followed up by Liz Corrigan.

The nursing associate and registered nurse apprenticeship programme is due to go live next academic year and Liz Corrigan is to attend a workshop at the University of Wolverhampton links have also been made with the Apprenticeship Hub at University of Wolverhampton.

Retention:

This will be addressed via the information gathered through the training and workforce analysis.

Appendices**Appendix 1 Quality Matters:**

Microsoft Word
Document

Appendix 2 Risk Register:

Microsoft Excel
Worksheet

New Quality Matters -	On-going Issues -	Closed in - April										
RWT to CCG -	RWT to CCG -	RWT to CCG -										
None	<p>QUALITY MATTER 1153 – P2 – BY 11.04.17 ISSUE – IG Breach and Near Miss</p> <p>QUALITY MATTER 1156 – P2 – BY 24.04.17 ISSUE – swimmers ear / advice.</p> <p>QUALITY MATTER 1163 During the 6-8 week medical examination by the GP the baby's measurement were not completed.</p> <p>QUALITY MATTER 1166 – P2 – BY 22.04.17 ISSUE – Delay in files.</p> <p>QUALITY MATTER 1167 – P4 – BY 21.06.16 ISSUE – Inappropriate referral to ED</p>	None										
Closed QM Overview												
None												
Current closure position:	QM by Subject:											
None	<table border="0"> <tr> <td>IG Breach</td> <td>1</td> </tr> <tr> <td>Inappropriate advice</td> <td>1</td> </tr> <tr> <td>Refusal to carry out measurements</td> <td>1</td> </tr> <tr> <td>Delay in files</td> <td>1</td> </tr> <tr> <td>Inappropriate referral</td> <td>1</td> </tr> </table>	IG Breach	1	Inappropriate advice	1	Refusal to carry out measurements	1	Delay in files	1	Inappropriate referral	1	<p>A pie chart with five equal slices, each representing a category of Quality Matters. The categories are: IG Breach (dark blue), Inappropriate advice (medium blue), Refusal to carry out measurements (light blue), Delay in files (green), and Inappropriate referral (light green). Each slice is labeled with the number '1'.</p> <ul style="list-style-type: none"> IG Breach Inappropriate advice Refusal to carry out measurements Delay in files Inappropriate referral
IG Breach	1											
Inappropriate advice	1											
Refusal to carry out measurements	1											
Delay in files	1											
Inappropriate referral	1											

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ID	Title	Opened	Description	Delivery Board	Harm	Risk level (Initial)	Rating (Initial)	Mitigating	Residual Risk Level	Rating (Current)	Risk Review Summary	Acceptable Risk Level	Rating (Target)	Target Score - Achieved Date	B - Gaps	Handler	*Director	Review date
487	Additional costs to primary care attached to new roles being promoted in practice.	19/04/2017	New roles such as Nursing Associate, Physicians Associate, Clinical Pharmacist and Primary Care Mental Health worker will have cost implications for practices and this needs to be addressed through dialogue with practice groups and embedding of GPV and other initiatives in the City to promote newer ways of working and retention of staff over time.	Primary Care	Harm of additional financial implications for practices due to additional staff and increased salary costs and training may result from the introduction of new roles into primary care.	High		12 - Work with local primary care providers to identify gaps and work together with other providers and the CCG to identify ways of managing this through new roles and collaborative roles. - Support from HEIs and HEE through funding and training for new roles within primary care workforce (nursing associates, ANP, ACP, prescribing courses, physicians assistants).	High	12		High	8		Current succession planning requires a broader oversight of future workforce gaps and costs, this will allow local provider groups to identify their workforce needs and allow financial planning.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/05/2017
474	CHIS (Child Health Information Service) - current IT system not fit for purpose	08/02/2017	Current IT system is not fit for purpose in relation to our data sharing agreement with GPs and Acute provider. There are issues around information from live births, vaccination scheduling and routine screening resulting in late invitations and queues for vaccinations. Currently the data extraction tool we use for the information CHIS require is not acceptable to them (Grafnet) and they wish to use another tool (Health Intelligence) that is not acceptable to RWT. As a result it appears that information flow is not as it should be and there is a risk that children will miss their vax and screening.	Primary Care	There is a risk that children will miss their vaccinations and screening.	Extreme		15 - Public Health coordinating communications regarding new CHIS system to GPs in conjunction with CCG comms team. CCG IM&T and Health Informatics Service facilitating automatic data extraction from GPs to CHIS system. IS and data exchange processes monitored and verified regularly by IM&T and Health Informatics.	High	15	14/3/17 - Following discussion with Steven Marshall, to review mitigating circumstances in line with action plan and reassess level of risk. To discuss at March PCOMG meeting and update following this. 07/03/17 - Domain updated in line with changes to Strategic Objectives agreed at Governing Body session in February, at request of Director of Nursing. 14/2/17 - CHIS meeting was held with representatives of CCG, PH, Child Health and NHS England. Actions: To monitor activity and feedback to Steve Barlow of PH, sharing examples of incidents To coordinate communications between PH, CCG, GPs, CHIS and NHSE Facilitate automated data extraction Explore and verify IG issues Confirm, clarify and communicate DNA pathway Clarify and communicate data	Moderate	4	31/07/2017	Current IT system is not fit for purpose in relation to our data sharing agreement with GPs and RWT. There are issues around information from live births, vaccination scheduling and routine screening resulting in late invitations and queues for vaccinations. Meetings between all parties ongoing to find immediate solution.	Corrigan, Liz - Primary Care Quality Co-ordinator	Steven Marshall	08/05/2017
454	Community Equipment Procurement - Joint with City Council	03/11/2016	The procurement will not be delivered within the timescale required, on budget and meeting quality and outcome requirements	Primary Care	Harm of procurement not proceeding timeously due to delays caused by City Council or by decision-making processes Harm of not being deliverable within financial envelope due to uncertainty concerning activity levels and costs of delivery and other activities arising from different finance model Harm of not being deliverable within financial envelope due to uncertainty concerning funding for childrens equipment Harm of not being able to achieve required quality and performance standards due to uncertainty concerning out of hours service provided by RWHT Harm of not being deliverable within financial envelope due to uncertainty concerning how service spend will be managed	High		12 - Clear timetable for procurement will be agreed and progress monitored by Programme Board Activity and cost data to be confirmed by City Council as part of joint working. Joint financial modelling to be undertaken. Decision will be made on whether to include health equipment for children in the scope of procurement if uncertainty remains over funding required. Activity data and specification of Out of Hours service provision to be established through meeting with RWHT	High	12	There has been no overall change in risk level. One potential risk has potentially been reduced by proposing the removal of health equipment for children and young people from the scope of procurement at this stage. There is still a significant degree of uncertainty concerning activity and finance but including the procurement in BCF and joint working with the City Council should ensure these issues are addressed before formal procurement commences. There remains a risk linked to the "prescriber" function that sits outside the service to be procured and manages spend.	Moderate	6		Finance envelope for Childrens equipment to be ascertained through contract queries and discussions with provider Activity data and specification of Out of Hours service provision to be established through meeting with RWHT	Love, Jeff - Commissioning Development Manager	Steven Marshall	24/06/2017
486	Risk of reduced workforce numbers due to high numbers of primary care staff nearing retirement	19/04/2017	Approximately one quarter of GPs and practice nurses are aged 55 or over, increasing risk of a depleted workforce due to retirement in the next 5-10 years particularly if no succession planning is put in place. Additionally this may lead to a loss of experience staff who may potentially mentor newer team members.	Primary Care	There is a risk of harm to overall workforce numbers (particularly experienced staff) if high numbers of staff opt for retirement in the next 5-10 years.	High		12 - Current and future workforce needs will identified by project managers, with evidence of practice group workforce planning for the aging workforce. In addition to this the following controls are available: - Support for GP workforce via GP Forward View programme which offers training and development for practice managers and administration staff allowing staff progression. - Work with and encourage local primary care providers to identify current and future gaps and work together with other providers and the CCG to identify ways of managing this through new roles and collaborative roles, and development of existing staff as well as employment of new staff. - Support from HEIs and HEE through funding and training for new roles within primary care workforce (nursing associates, ANP, ACP, prescribing courses, physicians assistants, etc).	High	10		Moderate	4		Current succession planning requires a broader oversight of future workforce gaps, this will allow local provider groups to identify their workforce needs and solutions.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/05/2017
485	Changes to Trainee Nursing Associate placements	10/04/2017	Changes to placement requirements within the nursing associate programme run by University of Wolverhampton have occurred due to Nursing and Midwifery Council regulation of the role. Nine weeks of external placement time annually is now required rather than four. This is more than double the original requirement, and may cause issues within practices that have a nursing associate student working within the team, particularly as these students are not supernumary.	Primary Care	Due to increase in placement time there is a risk of practices withdrawing staff from the programme leading to harm to the overall programme reputation.	High		Primary care quality assurance coordinator is working with the programme project manager and placement coordinators at RWT to create a programme of placements that will be undertaken during the 3 month period between 9 September and December where students are not in university and have only one self-directed study day per month. This will allow this time to be used for placements and will not have an impact on the practice as the student was expected to be out on a study day.	High	9		Moderate	4		No gaps identified at present, the Primary Care Quality Assurance Coordinator will continue to liaise with the TNA project manager and RWT placement coordinators.	Garcha, Manjeet - CCG Executive Lead for Nursing and Quality	Manjeet Garcha	10/07/2017

453	Data Sharing between RWT and Vocare (UC)	17/10/2016	A lack of governance relating to sharing data could have a detrimental effect on Staff and patients.	Primary Care	Information held on RWT clinical system in AE is not automatically shared with Vocare. This could relate to Child Safeguarding issues or violent patients. Some patients present to AE and are then referred to the UCC. Information held on Vocare's clinical system is not automatically shared with RWT By not sharing crucial information, staff may be exposed to violent patients and clinical care may be compromised.	High		9	March 17 - RWT and Vocare to develop a data sharing agreement	High		9	Vocare reported at Jan CRM that progress was being made	Low	3	30/11/2016	Seek agreement from RWT that this will be progressed with some level of urgency.	Harris, Dee - CCG Commissioning Solutions and Development Manager	Manjeet Garcha	31/03/2017
469	Impact of responsibilities Primary Care Hub/ Full Delegation	31/01/2017	Moving to full delegation presents risks to the CCG in terms of increased contractual responsibilities. There are risks in terms of capability and capacity.	Primary Care, Primary Care Strategy Committee	Moving to full delegation presents risks to the CCG in terms of increased contractual responsibilities. There are risks in terms of capability and capacity.	High		9	Primary Care Contracting Task and Finish Group Highlight report to Primary Care Strategy Committee Memorandum of Understanding for Primary Care Hub, which defines the support the CCG will receive from the Hub. Primary Care Full Delegations Task and Finish Group	High		9		Moderate	4	28/07/2017	This will be considered as part of the next review	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
325	NHS Friends & Family Test in Primary Care	08/08/2014	Failure of GP practices to meet contractual requirements of FFT from December 2014. There are a small number of mandatory requirements, which Practices must adhere to: - Provide an opportunity for people who use the practice to give anonymous feedback through the FFT. - Use the standard wording of the FFT question and the responses exactly, as set out in NHSE guidance. - Include at least one follow up question which allows the opportunity to provide free text. - Submit data to NHS England each month. - Publish results locally.	Not Applicable, Primary Care	Non compliance with nationally mandated contractual requirement. Potential for unidentified quality issues Local media coverage Failure to achieve PPG enhanced service Failure to engage with patients Complaints to the CCG/NHS England	High		12	Progress is reported to PCOMG on a monthly basis and quarterly to Quality & Safety Committee via the Quality report. Monthly review of published test data. Monthly reminder to all practices to submit FFT data by 12th working day. Procedure for non-compliant practices in place with continued non-compliant escalated to the PCOMG for consideration of contractual action.	High		9	14/3/17 - submissions continue to be low 11 practices having no data and 7 having surpassed data. Liz Corrigan and Sarah Southall to engage with PPGs on 21/3/17 and to continue working with practices to promote easily accessible ways for patients to complete FFT. 14/2/17 - January and February no data and surpassed data have not improved. 30/1/17 - Some improvements in submission in November, however submissions in December were low again. Practices reminded monthly of the submission date and of contractual obligations, however lower submissions this month may be due to the timing to monitor January submissions. 1/12/16 - All Saints and Penn Manor submitted data in November, 3 practices failed to submit Drs Passi and Handa have failed to submit in the previous 4 months, to liaise with practice and monitor December submission. 3/11/16 - Some practices that had	Moderate	6	30/06/2016	None	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	24/06/2017
467	Primary Care Contracting Mechanisms	31/01/2017	The Primary Care Contracting Task and Finish Group has identified a risk in relation to changes associated with new contracting guidance: Mechanisms for Primary Care 2017/18 and implications of this to stakeholders	Primary Care, Primary Care Strategy Committee	The mechanisms for Primary Care need to be clearly understood as the new MCP contracts represents a very different way of working.	High		12	Primary Care Task and Finish Group Primary Care Strategy Committee (Highlight report) Development of an MCP checklist to improve the state of readiness from a commissioning and provision point of view.	High		9		Moderate	6	28/07/2017	To be considered as part of the first review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
409	Primary Care Inreach Team	03/05/2016	Practices signed up to deliver the Primary Care In reach Team(PITs) may withdraw from scheme due to capacity issues. Therefore payment would need to be clawed back and NHS e informed.	Primary Care	12 Practices signed up to participate Potential for practices to withdraw during the pilot [One Practice withdrawn(Probert Road Surgery covering Oxley Lodge.NHS e informed and payments clawed back)]	High		9	Regular communication with Practices and homes.	High		9	**Updated 19 December 2016** PITs project monitoring group met September & December 2016 to review progress, no major difficulties with input/provision. Data reviewed in September indicates the project has had an impact on hospital transfers/admissions. Fuller evaluation currently taking place & due to be reported to Primary Care Delivery Board January 2017. Project is live and due to review performance in September. Performance data being collated to determine extent of effectiveness in averting hospital admissions. PITs Working Group has met since the project went live & contact is being maintained with the providers to ensure any risks/issues are discussed at the earliest opportunity.	High	9	01/12/2016	Monitor delivery against payment - monitoring meeting due to be held in September 2016 Assurances from homes Practices	Khular, Ranjit - Commissioning Development Manager	Steven Marshall	03/04/2017
468	Primary Care Readiness to respond to new contracts & sub contract responsibilities	31/01/2017	New MCP Contracts require a state of readiness from the Practice Groupings and from the CCG which presents risk, in terms of capacity and capability	Primary Care, Primary Care Strategy Committee	New MCP Contracts require a state of readiness from the Practice Groupings and from the CCG which presents risk, in terms of capacity and capability	High		9	Primary Care Contracting Task and Finish Group Highlight report to Primary Care Strategy Committee MCP Checklist which is in development	High		9		Moderate	4	28/07/2017	To be determined as part of the first review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
477	VAT Implications for Practice Groups	09/03/2017	There is lack of clarity over VAT implications for Primary Care Groups which could add 20% to costs depending on whether VAT applies or not.	Primary Care	Depending on the outcome of the national review, this could directly impact on the organisational structures of Practice Groups in terms of whether VAT is payable.	High		9	A national review is being undertaken by the Treasury on this issue, however the completion date of this is unknown.	High		9		Low	3	30/06/2017	To be considered as part of the review	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	30/06/2017

312	Mass Casualty Planning	01/05/2014	The ability of the CCG to respond to any event where the casualty load generated is in excess of 100 patients	Better Integrated Care Board, Modernisation and Meds Optimisation, Operations, Primary Care	Failure for the CCG and wider health economy to prepare for major incident or mass casualty event	Moderate	6	reliance upon the existing legacy business continuity plans from PCT working with Area Team to highlight the need to engage CCGs in the development of Mass Casualty Plans Working with Black Country CCGs to ensure consistent networking As at Oct 2015 - WCCG has a Major Incident Plan in place and is working on the latest update of the local system wide escalation plan. Currently waiting for the NHS England Mass Casualty Plan to enable it to be fully aligned to local plans April 16 - Andy Smith linking in with WMAS and Area Team and ensuring integration of plans with the new UCC	High	8	07/03/17 - Domain updated in line with changes to Strategic Objectives agreed at Governing Body session in February, at request of Director of Nursing. 14/10/16 - Updated by Andy Smith. Current position unchanged. Threat level remains severe (attack highly likely). Planning remains work in progress. NHSE planning validation exercise by mid 2017 at which point WCCG will be in a better position to review its own planning arrangements against planning assumptions for this particular risk. 15/08/16 - Updated by DB on behalf of Andy Smith. WCCG risk assessment replicates BSBC (Birmingham, Solihull, Black Country) NHSE LHRP risk assessment (July 2015). Regional mass casualty planning continues to be led by NHSE. Recently tested at exercise Alcazar (WCCG were not involved in the exercise) 15/08/16 - QIPP delivery is reviewed monthly by Finance, Programme Boards and F&P. Good progress has been made in identifying additional QIPP to mitigate against the £2.2m. At month 6 the unallocated/unachieved QIPP FOT is £1.3m. The CCG continues to identify QIPP savings. However, the residual balance is being covered within the financial position of the CCG. 2016.12.13 [L5] The CCG is making excellent progress in delivering QIPP with the acknowledged gap no being the stretch element of the BCF, £788k. It is unlikely at this stage that any further contributions to QIPP shortfall will occur. 13.2.17[L5] Following the close of M10 accounts further QIPP has been identified against the unallocated QIPP, leaving a balance of c£540k, 95% achievement. This level is unlikely to reduce significantly over the last two months of the year. Reduced level	Moderate	4	local Major Incident Plan in place further assurance required from AT that Mass Casualty Plans will engage wider health economy to free up capacity and not just focus on the initial first hour	Kalea, Tally - Commissioning Operations Manager	Claire Skidmore	16/12/2016
434	2016/17 QIPP unallocated	12/08/2016	The CCG currently has an unallocated QIPP saving of £2.12M (Total QIPP £11.25M). The CCG has identified funds towards the unallocated to date, however these are through financial counting / adjustments not by the introduction of new schemes. Without new schemes being generated by the boards, the CCG will not achieve QIPP and the delivery of QIPP is imperative to achieve financial balance within the CCG.	Better Integrated Care Board, Modernisation and Meds Optimisation, Operations, Primary Care	QIPP delivery is paramount to the financial stability of the CCG. The impact of failure to deliver on 16/17 QIPP targets would place significant financial pressures on the organisation and affect the future financial stability.	High	12	QIPP Board and Programme board reviews.	Moderate	6	13/02/2017	Exec Review / SMT	Sawrey, Lesley - Deputy CFO.	Claire Skidmore, Manjeet Garcha, Steven Marshall	31/05/2017		
139	Fraud by NHS provider of healthcare	23/05/2012	Lack of contractual monitoring and governance resulting in potential fraud by providers of NHS healthcare.	Better Integrated Care Board, Modernisation and Meds Optimisation, Primary Care	Potential fraud and loss of funds.	High	8	Contract management, budgetary control, internal audit and proactive reviews.	Moderate	6	31/07/2017	Monthly matrix of received information from providers has identified a small number of providers not submitting information.	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	31/05/2017		
478	Outcome of 2017/18 GMS Contract Negotiations	09/03/2017	There is uncertainty of the impact of changes associated with GMS Contract Negotiation outcomes. Given that uncertainty, this is noted as a risk.	Primary Care	The NHSE summary document refers to the following changes: - Changes to contract uplift and expenses - Enhanced Services - Identification and Management of Patients with Frailty - Data collection - Registration of Prisoners - Access to Healthcare - Vaccinations and Immunisations	Moderate	6	Discussions have taken place between CCG Finance and NHSE Finance which have confirmed there is no financial risk as a result of these changes. Therefore the risk is more operational/ process oriented. With regard to the operational aspects of the risk, this will be managed through the PC Contracts Management T&F Group	Moderate	6	30/06/2017	To be considered as part of the review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	30/06/2017		
459	Primary Care Student Nurse Placements	09/11/2016	Due to non-payment of costs by Health Education England two student nurse placement sites in primary care had previously withdrawn from offering placements.	Primary Care, Primary Care Strategy Committee	Loss of placement sites will affect the placement opportunities for not only pre-reg students but also trainee nursing associates and other new roles. This also has implications for attraction and recruitment as students are not being offered the opportunity to experience primary care as a viable option for employment in the future. Students will be diverted to other placements in other areas who may then recruit staff resulting in a disadvantage to primary care in Wolverhampton. Inconvenience to students and to the university who have had to move placements at short notice, and potential reputational harm.	High	8	University of Wolverhampton will divert students to placements in other areas as a contingency. Nurses in Wolverhampton have been encouraged to undertake the SLAIP mentorship course and as a result the practices offer placement sites, vertical integration sites will all be offering student nurse placements as part of their programme of work with RWT. University of Wolverhampton will provide a list of mentors and placements sites within primary care for CCG information.	Moderate	6	31/03/2017	Details of mentor updates and which individuals need to undertake this so that a schedule can be formed are required.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/10/2017		

161	Safeguarding Children - Named GP Role	28/06/2012	<p>Named GP Dr role is vacant from 01.03.14.</p> <p>9.10.14 The Named GP role has remained vacant despite attempts to recruit into the role. This issue has been identified as a problem across the region resulting in alternative arrangements being made.</p> <p>A Named Professional has a number of duties including: Inter-agency responsibilities; Leadership and advisory role; Co-ordination and communication. Governance; Training; Monitoring; Supervision In the absence of a Named GP there is a clear gap in service and support available for GPs and practice staff.</p>	Primary Care	<p>Non compliance with statutory requirements Children Act 2004 and also the NHSE CCG authorisation requirements.</p> <p>Reputational damage of CCG if failings occur as a result of this role not being fulfilled.</p> <p>1.7.14 A Named Professional has a number of duties including: Inter-agency responsibilities Leadership and advisory role Co-ordination and communication. Governance Training Monitoring Supervision In the absence of a Named GP there is a clear gap in service and support.</p>	Moderate		<p>26.1.16 WCCG employs a Named GP for Safeguarding Children 2 sessions per week. L Millard</p> <p>10.03.14 Role is going out to advert and is being addressed as a priority. Arrangements for GP training will continue - presented by designated DR and Nurse for Safeguarding.</p> <p>31.3.14 A GP has been identified to carry out the IMR for an ongoing SCR. The designated nurse will be attending locality meetings with GPs to discuss the possibility of having a pool of IMR writers for the future. Discussions are ongoing to replace the Named GP for Safeguarding.</p> <p>1.7.14 The Designated Nurse for Safeguarding Children is collating a data base to monitor GP safeguarding arrangements and</p>	Moderate		<p>31.1.17 WCCG continue to employ a Named GP 2 sessions per week. 26.1.16 WCCG employs a Named GP for Safeguarding Children 2 sessions per week. Plan to review in 1 year to monitor compliance or earlier if arrangements change. L Millard 24.04.15 - MG - The named GP for Childrens safeguarding has been employed at the CCG since 05.01.15, reduced to green.</p> <p>Role is going out to advert and is being addressed as a priority. Arrangements for GP training will continue - presented by designated DR and Nurse for Safeguarding. A GP has agreed to complete the GP IMR for the current SCR.</p> <p>1.7.14 Two GPs have indicated that they would be interested in various aspects of the role. Further</p>	Moderate	6	03/01/2017	<p>26.1.16 There are currently no gaps. L Millard</p> <p>No postholder. Provision is in place to seek IMR author for current priority workstream (SCR).</p> <p>9.10.14 Many functions cannot be fulfilled due to the demands and capacity of the Designated Nurse Safeguarding Children. 16.1.15 That the post holder has the capacity to fulfill the role, supported by the designated professionals, to carry out the roles and responsibilities.</p> <p>27.8.15 None - 2 sessions a week provided.</p>	Millard, Lorraine - Designated Nurse Safeguarding Children	Manjeet Garcha	02/02/2018
147	Health Economy Surge Planning (Winter/Summer)	24/05/2012	<p>Urgent Care/Capacity Financial liability from excessive demand/over capacity & unbudgetted expenditure Operational implications managed by provider</p> <p>March 15 - financial risk due to extension of Winter schemes into April to cover Easter</p>	Primary Care	<p>Reputational damage for commissioner if plans are inadequate. Financial (as above) Operational (as above)</p>	High		<p>12 AE Delivery Board to oversee activity, performance and spend continually.</p>	Moderate		<p>4 Key issues are rehearsed at AE Delivery Board. A winter debrief is planned for April 17.</p>	Moderate	4	23/08/2016	<p>urgent care system under extreme pressure - but plans and contingencies coping.</p> <p>Current activity levels do not appear to be following previous trends further analysis is required.</p>	Harris, Dee - CCG Commissioning Solutions and Development Manager	Steven Marshall	30/06/2017
357	Primary Care Co-Commissioning	22/01/2015	<p>Lack of resource to deliver Co-Commissioning of Primary Care Medical Services with the Sub-Regional Team within the short available timescale.</p>	Primary Care	<p>Arrangements may not be in place to deliver required services including GP payments, contract management arrangements. The CCG may not be able to effectively deliver its strategy to improve primary care.</p>	Moderate		<p>4 Issue has been flagged with Exec team for discussion at a Corporate level. Discussions taking place with Area Team to determine structure and approach to potential co-commissioning</p>	Moderate		<p>4 The CCG has now recruited to a robust team to manage both Primary Care Strategy delivery and Primary Care Assurance as a fully delegated CCG (from 1/4/17). The CCG has been working with NHSE and has begun to take on more responsibilities for co-commissioning. To support this a Band 7 Co-ordinator is in post to ensure there is a single point of contact for all NHSE requests and to manage responsibilities internally. A Primary Care Team structure has been designed to support requirements which includes a senior role as a Primary Care Lead with support for change management, contracts, commissioning, locality development, finance, quality and administration. Once signed off by Exec's and SMT the team will be recruited to. Updated by MH/DR 2/11/15 - From 01/10/2015</p>	Moderate	4	20/09/2017	<p>Deployment of existing resources to support the development of arrangements. Assurance from NHS England that CCG arrangements are adequate to enable a full handover of relevant responsibilities</p>	Hastings, Mike - CCG Director of Business and Performance	Steven Marshall	02/05/2016

WOLVERHAMPTON CCG

GOVERNING BODY

9th May 2017

Agenda item 15

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 24th April 2017
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Key Points:	<ul style="list-style-type: none"> • The CCG has submitted its draft accounts for 2016/17. All key national metrics have been met. • Performance information to Month 11 is enclosed. Exceptions are highlighted in the body of the report.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

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Agenda Item 14

<ul style="list-style-type: none"> Improving the quality and safety of the services we commission 	<p><u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place</p>
<ul style="list-style-type: none"> Reducing Health Inequalities in Wolverhampton 	<p>Improve and develop primary care in Wolverhampton – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.</p>
<ul style="list-style-type: none"> System effectiveness delivered within our financial envelope 	<p><u>Proactively drive our contribution to the Black Country STP</u> by playing a leading role in the development and delivery of the Black Country STP Financial model to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p><u>Greater integration of health and social care services across Wolverhampton</u> Work closely with partners finance departments across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p><u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£10.354m surplus	£10.429m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£352.013m	£352.013m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.477m	(£0.078m)	G
Non Statuory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	387	43	(344)	G
Maximum closing cash balance %	1.25%	0.14%	-1.13%	G
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	95%	0%	A
QIPP	£11.26m	£10.72m	£0.54m	A
Programme Cost £'000*	334,326	336,107	1,781	G
Reserves £'000*	5,961	0	(5,961)	G
Running Cost £'000*	5,555	5,477	(78)	G
BPPC NHS by Value (cum)	95%	100%	-5%	G
BPPC non NHS by Value (cum)	95%	98%	-3%	G

- The net effect of the three identified lines (*) is an under spend of £4.258m which includes the release of the 1% balance as instructed by NHSE.
- If the effect of the 1% reserve is removed the CCG under spent by £76k.
- All financial targets have been achieved with the exception of a small shortfall against QIPP (see QIPP section).

The tables below highlights performance as reported to and discussed by the Committee;

- NHSE issued guidance as to the treatment of the 1% Reserve as part of the national system-wide risk management plan and states “..provider financial position is such that we [NHSE] now require each commissioning organisation to release the full amount of the 1% non-recurrent reserve to its bottom line.”

	Full Year Surplus/(Deficit)		
	Plan £'000	Current FOT £'000	Variance £'000 o(u)
Programme Costs	6,172	10,352	(4,180)
Running Costs	0	78	(78)
Total Surplus	6,172	10,430	(4,258)

- . The CCG has delivered £10.72m surplus which is £0.883m over target (£6.172m) plus £3.375m being the release of the 1% reserve.

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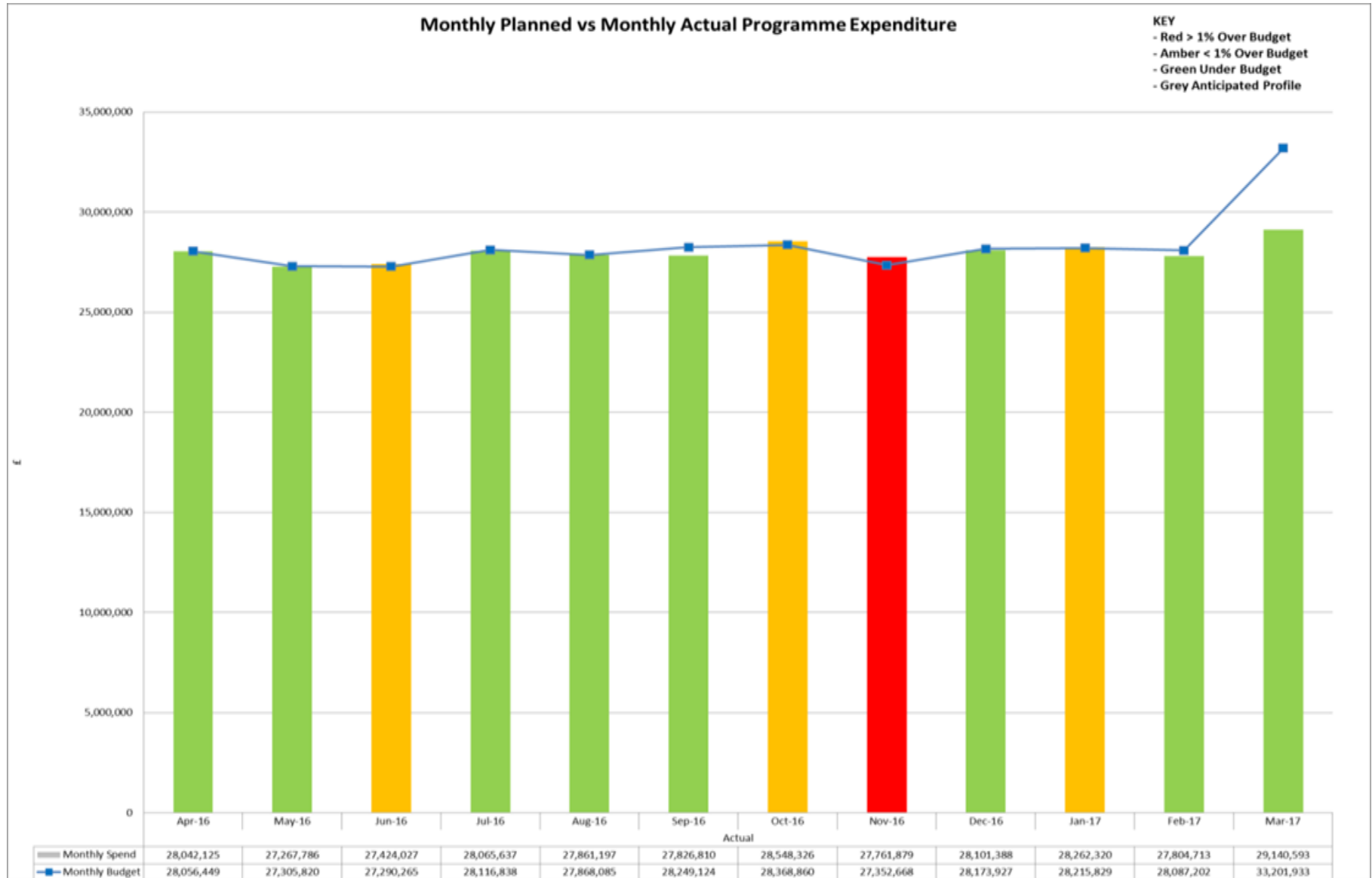
	Annual Plan £'000	YTD Performance M12			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,900	180,900	184,650	3,750	2.1%
Mental Health Services	34,909	34,909	35,256	347	1.0%
Community Services	37,682	37,682	36,412	(1,270)	(3.4%)
Continuing Care/FNC	12,259	12,259	13,241	983	8.0%
Prescribing & Quality	51,846	51,846	50,236	(1,610)	(3.1%)
Other Programme	16,730	16,730	16,311	(419)	(2.5%)
Total Programme	334,326	334,326	336,107	1,781	0.5%
Running Costs	5,555	5,555	5,477	(78)	(1.4%)
Reserves	5,961	5,961	0	(5,961)	(100.0%)
Total Mandate	345,842	345,842	341,584	(4,258)	(1.2%)
Target Surplus	6,172	6,172	0	(6,172)	(100.0%)
Total	352,014	352,014	341,584	(10,430)	(3.0%)

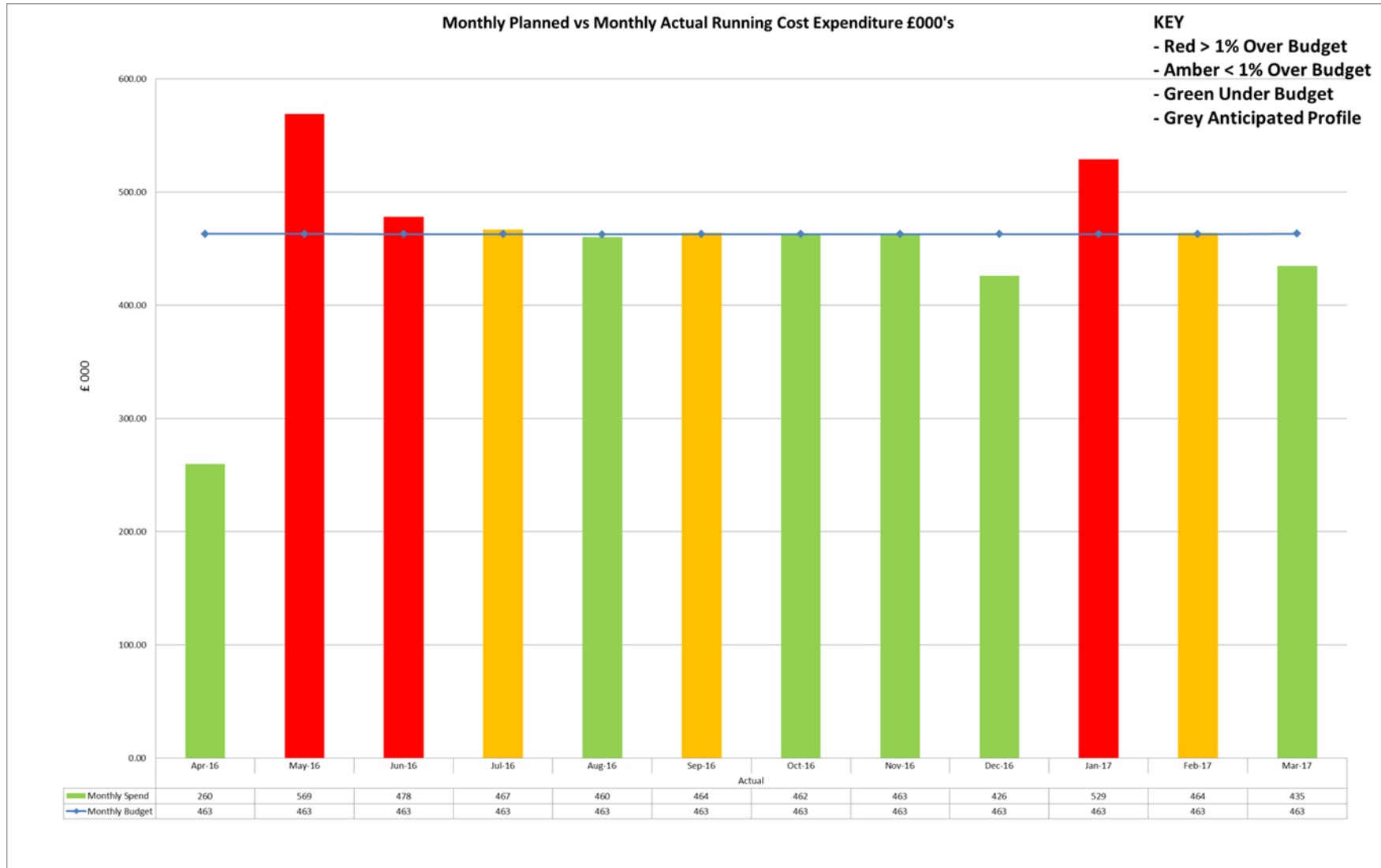
The tables below detail the out turn by service line at Month 12.

	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	180,900	184,650	3,750	2,613	1,137	2.07%
Mental Health Services	34,909	35,256	347	333	14	1.00%
Community Services	37,682	36,412	(1,270)	(1,602)	333	(3.37%)
Continuing Care/FNC	12,259	13,241	983	1,007	(24)	8.02%
Prescribing & Quality	51,846	50,236	(1,610)	(1,703)	93	(3.11%)
Other Programme	16,730	16,311	(419)	1,132	(1,552)	(2.51%)
Total Programme	334,326	336,107	1,781	1,780	1	0.53%
Running Costs	5,555	5,477	(78)	0	(78)	(1.40%)
Reserves	5,961	0	(5,961)	(5,154)	(807)	(100.00%)
Total Mandate	345,842	341,584	(4,258)	(3,375)	(883)	(1.23%)
Target Surplus	6,172	0	(6,172)	0	(6,172)	(100.00%)
Total	352,014	341,584	(10,430)	(3,375)	(7,055)	(2.96%)

	Annual Plan £'000	Forecast Outturn at M12			Forecast Outturn at M11			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance £'000	Var %	
Acute Services	180,900	184,650	3,750	2.07%	184,760	3,860	2.13%	(110)
Mental Health Services	34,909	35,256	347	1.00%	34,709	23	0.07%	324
Community Services	37,682	36,412	(1,270)	(3.37%)	36,572	(1,110)	(2.95%)	(160)
Continuing Care/FNC	12,259	13,241	983	8.02%	13,601	1,343	10.95%	(360)
Prescribing & Quality	51,846	50,236	(1,610)	(3.11%)	49,986	(1,758)	(3.40%)	148
Other programme	16,730	16,311	(419)	(2.51%)	16,080	(528)	(3.18%)	109
Total Programme	334,326	336,107	1,781	0.53%	335,708	1,830	0.55%	(49)
Running Costs	5,555	5,477	(78)	(1.40%)	5,505	(50)	(0.90%)	(28)
Reserves	5,961	0	(5,961)	(100.00%)	4,182	(1,780)	(29.85%)	(4,182)
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	352,014	347,756	(4,258)	(1.21%)	351,567	(0)	(0.00%)	(4,258)

- The movement in Mental Health relates to additional charges for an increased number of clients in both the individual cases and NCAs portfolios.
- Community Services have benefitted from a reduced level of incomplete spells and overall activity has reduced across the portfolio.
- Continuing Care and FNC spend reduction is due to reducing numbers in Adult CHC, Terminal phase and FNC.





2. QIPP

The Committee noted a small improvement in the QIPP Programme out turn as at Month 12.

The key points to note are as follows:

- The CCG target for QIPP for 16/17 was £11.26m.
- Outturn was £10.72 (95.2%).
- The unallocated QIPP plan was £2.116m which reduced to £0.54m by year end.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories.

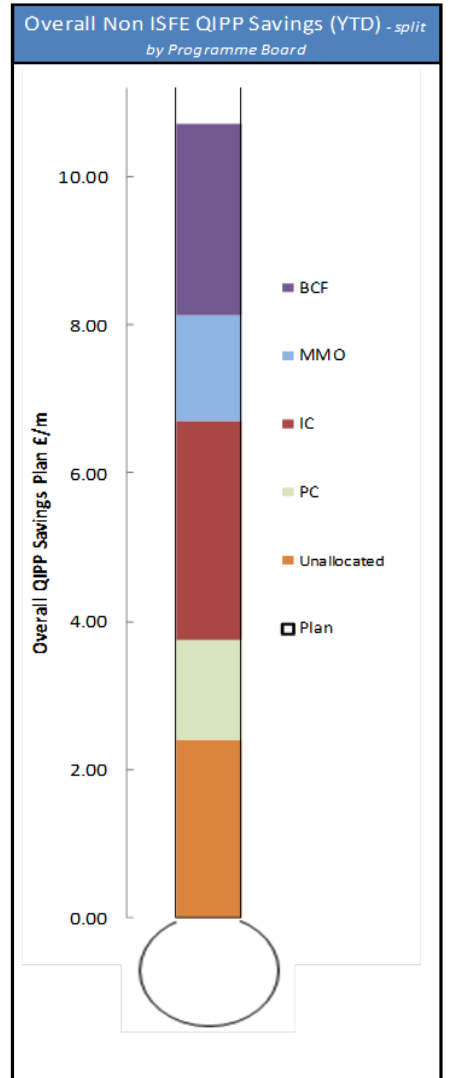
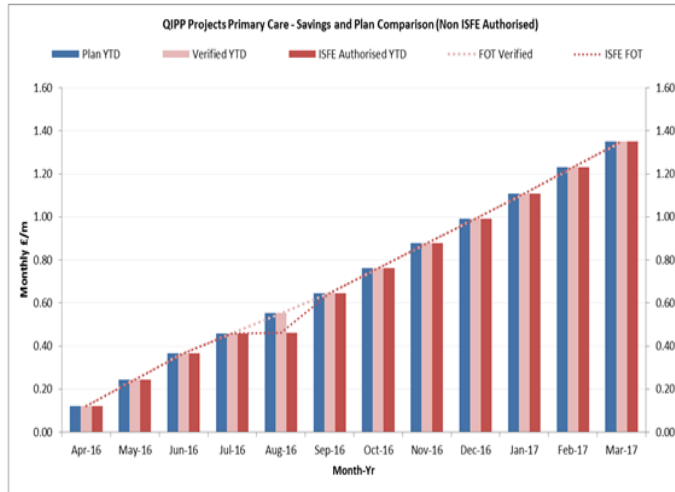
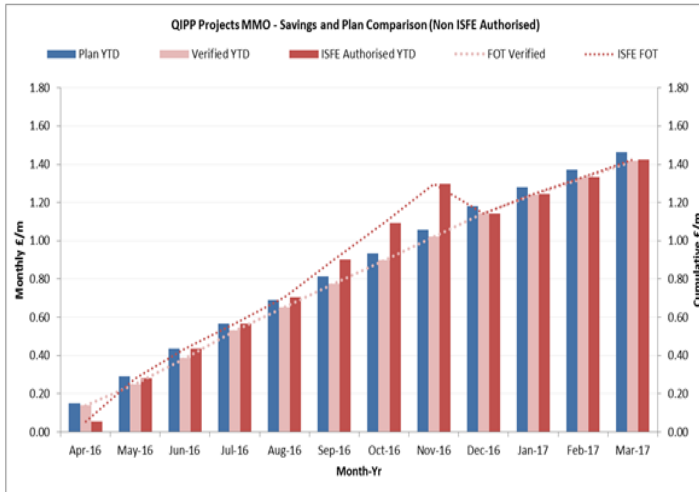
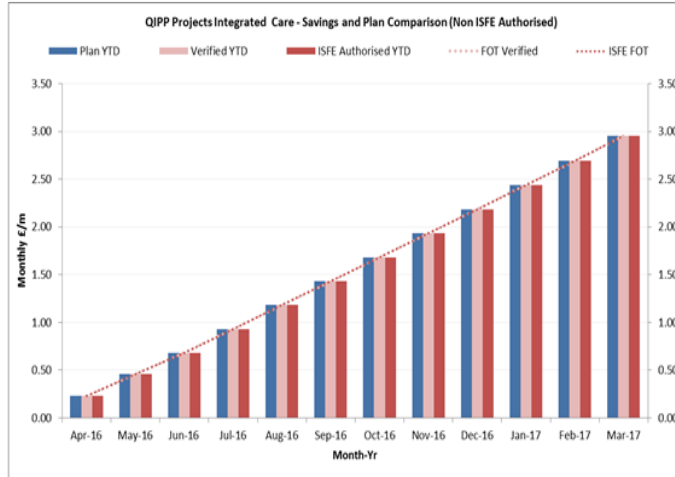
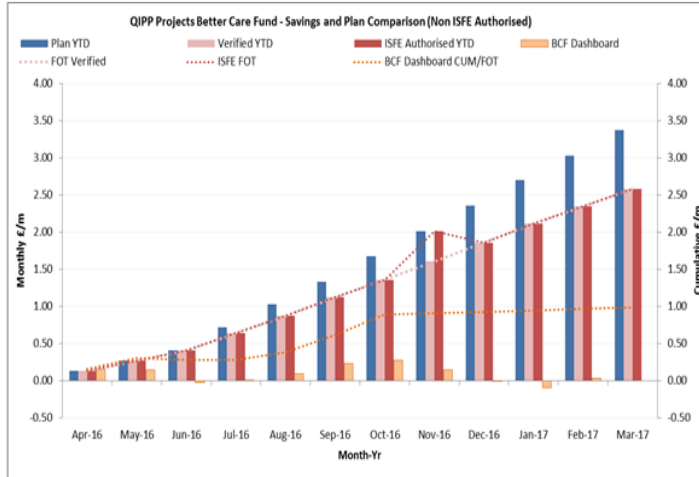
	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	2.21	4.15	1.94
Transformational	6.93	6.57	-0.36
Unallocated	2.12	0.00	-2.12
Total	11.26	10.72	-0.54

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Reporting Period : **Mar-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.

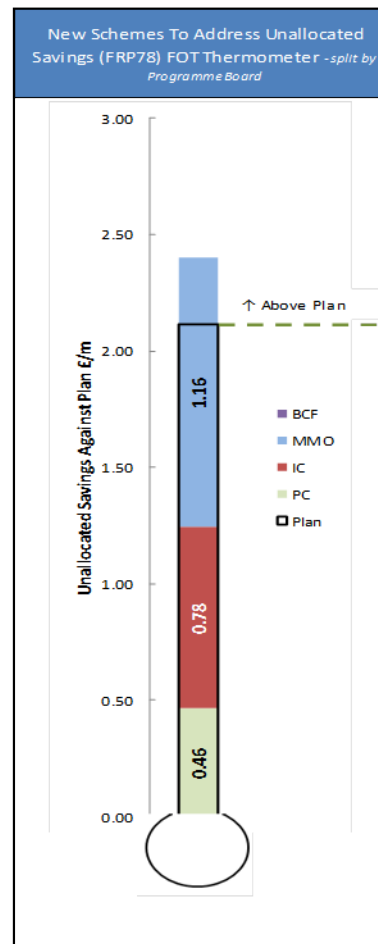
QIPP Programme Delivery Board - Validated Figures for Non ISFE

Mar-17

Projects within QIPP Programme Delivery Board and Annual Plan

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

Project Ref	Project Description	M12 Plan (YTD)	M12 Non ISFE (YTD)	M12 Variance From Plan	Annual Plan (FOT)	M12 Non ISFE FOT	FOT Variance from Plan
FRP4	Primary Care In reach Teams (PITs) Model of Care	-0.28	-0.28	0.00	-0.28	-0.28	0.00
FRP12	Asthma Avoidable Admissions	-0.10	-0.10	0.00	-0.10	-0.10	0.00
FRP13	Chronic Obstructive Pulmonary Disease (COPD) review	-0.09	-0.09	0.00	-0.09	-0.09	0.00
FRP14	UC Centre Procurement	1.32	1.32	0.00	1.32	1.32	0.00
FRP14a	OOH - UCC Scheme	1.76	1.76	0.00	1.76	1.76	0.00
FRP14b	EAU - UCC (Acute Contracts - NHS (incl Ambulance Service))	0.68	0.68	0.00	0.68	0.68	0.00
FRP14c	UCC - (Acute Contracts - NHS (incl Ambulance Service))	1.38	1.38	0.00	1.38	1.38	0.00
FRP14d	UCC - (Other Programme Services) - Investment	-2.50	-2.50	0.00	-2.50	-2.50	0.00
FRP18	Interpreting Contract	0.07	0.07	0.00	0.07	0.07	0.00
FRP20	Maternity Pathway Review & ad hoc contract lines	0.43	0.43	0.00	0.43	0.43	0.00
FRP30	Products Containing Glucosamine	0.04	0.00	-0.04	0.04	0.00	-0.04
FRP31	Prescribing Internal Efficiencies	0.86	0.86	0.00	0.86	0.86	0.00
FRP35	Community Ultrasound (Diagnostic Health) (Post ERG)	0.01	0.01	0.00	0.01	0.01	0.00
FRP36	PUVA/B tariff	0.25	0.25	0.00	0.25	0.25	0.00
FRP37	MSK Procurement (Savings)	0.01	0.01	0.00	0.01	0.01	0.00
FRP37a	Independent Physio MSK	0.02	0.02	0.00	0.02	0.02	0.00
FRP37b	Community Physio MSK	0.14	0.14	0.00	0.14	0.14	0.00
FRP37c	Acute Physio / T&O MSK	0.15	0.15	0.00	0.15	0.15	0.00
FRP37d	OCAS MSK	0.08	0.08	0.00	0.08	0.08	0.00
FRP37e	MSK Investment	-0.37	-0.37	0.00	-0.37	-0.37	0.00
FRP38	PEARS	0.30	0.30	0.00	0.30	0.30	0.00
FRP41	Respiratory in A&E/AMU	0.54	0.54	0.00	0.54	0.54	0.00
FRP49	Mental Health ICS	0.25	0.25	0.00	0.25	0.25	0.00
FRP51b	RWT EOL SDIP	0.20	0.20	0.00	0.20	0.20	0.00
FRP54	Therapy Service Review (R+R TEAM RWT)	0.21	0.21	0.00	0.21	0.21	0.00
FRP55	WVSC Grant Payment	0.07	0.07	0.00	0.07	0.07	0.00
FRP56	Age Uk Supportive discharge (Post ERG)	0.02	0.02	0.00	0.02	0.02	0.00
FRP58	CHC Adults	0.15	0.15	0.00	0.15	0.15	0.00
FRP59	EPP (Specific Client)	0.18	0.18	0.00	0.18	0.18	0.00
FRP62	Closed List LD	0.14	0.14	0.00	0.14	0.14	0.00
FRP63	Heatun Transactional Costing	1.20	1.20	0.00	1.20	1.20	0.00
FRP65	BCF 2016/17 Savings	3.29	2.50	-0.79	3.29	2.50	-0.79
FRP65a	BCF 2016/17 Savings (banked)	2.50	2.50	0.00	2.50	2.50	0.00
FRP65b	BCF 2016/17 Savings (stretch)	0.79	0.00	-0.79	0.79	0.00	-0.79
FRP76	WUCTAS Decommissioning of the Medical Triage Service	0.09	0.09	0.00	0.09	0.09	0.00
FRP78	Unallocated Savings 2016/17	2.12	2.40	0.28	2.12	2.40	0.28
	Other						
	Grand Total	11.26	10.72	-0.54	11.26	10.72	-0.54



Key:

Modernisation and Medicines Optimisation	Better Care Fund
Integrated Care	Unallocated
Primary Care	Closed (project reference only)
Top-line Total - see individual split	

3. PERFORMANCE

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

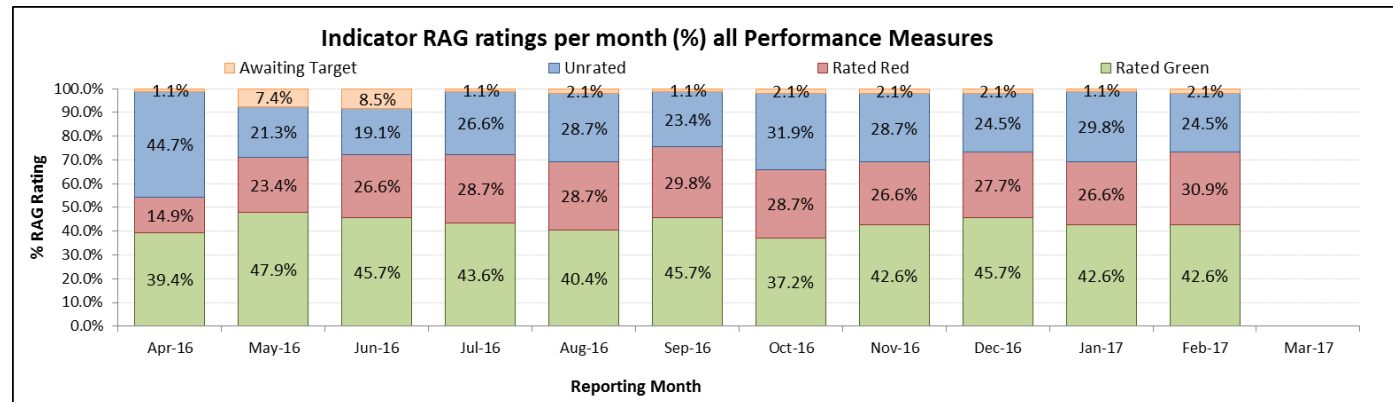
Executive Summary - Overview

Feb-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC *	Total
NHS Constitution	9	11	11	12	4	1	0	0	24
Outcomes Framework	9	7	7	10	20	18	1	2	37
Mental Health	22	22	7	7	4	4	0	0	33
Totals	40	40	25	29	28	23	1	2	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC *
NHS Constitution	38%	46%	46%	50%	17%	4%	0%	0%
Outcomes Framework	24%	19%	19%	27%	54%	49%	3%	5%
Mental Health	67%	67%	21%	21%	12%	12%	0%	0%
Totals	43%	43%	27%	31%	30%	24%	1%	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 February 17)



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Yr End Target / Threshold
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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%	90.11%	90.59%			90.84%	92.00%

RWT_EB3

The performance data for headline level RTT (Incompletes) has not been submitted as part of the February report. At time of submission the Trust confirmed that "Data was not available at time of submission" and have since confirmed performance via the Integrated Quality and Performance Report (Trusts Public Board papers) as 90.81% and below the 92% target. When compared to the previous years performance, there has been a decrease in compliance (Feb 15/16 = 92.14% - 2454 breaches out of 31210, Feb 16/17 = 90.78% - 2,928 breaches out of 31,758) and an overall increase in the number of patients on the waiting list of 548 (1.76% increase). The February data has since been validated via the National Unify2 submission as 90.78% seen within 18 weeks. The Trust have provided an updated Remedial Action Plan (RAP) for the Orthodontics breaches with a recovery trajectory confirming zero breaches by June 2017. Actions to improve performance include : Close working with Directorate Managers and priority booking of inpatients at 14-17 weeks and 18 weeks with detailed reports sent to Directorate Managers for all patients waiting over 40 weeks. Training sessions continue for staff regarding pathway recording and monitoring. Additional Orthodontic sessions were scheduled during March to ensure that the numbers waiting over 52 weeks remains within the recovery trajectory and that the backlog of patients continues to reduce. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England who have queried the increase in waiters as part of the April assurance call.

The Trust have confirmed that 4 Dermatologists have left the organisation and enhanced clinical roles have been set up to enable patients who would have been seen by the consultants to continue to be seen. The CCG will be monitoring the Dermatology speciality RTT data. Early indications are that the March performance has seen an increase to 91.00% in-month however has failed Year End (90.86%).

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%	98.65%	98.67%	98.56%		98.85%	99.00%

The performance for Diagnostic Tests has failed to meet the 99% target for the fourth consecutive month with February reporting at 98.56% (87 breaches out of 6062) with the YTD also failing target at 98.95%. The Trust confirmed at the CQRM meeting (held in March) that all diagnostic test areas were at 100% with the exception of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans which remain under target. Outsourcing of scans has been investigated, however as specialised scans require a consultant to be present during consultations this is not an option for all referrals. The Trust confirmed that they had seen an increased rate of referrals and the Radiology department continues to work closely with the Cardiac Directorate to utilise scan capacity. The Month 11 performance RTT performance continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The National verified figures have confirmed that breaches occurred in February for both MRI (43 breaches out of 1,423 - 96.98%) and CT scans (43 breaches out of 825 - 94.79%) and these were the only two test areas which performed below target during the reporting period. Early indications are that the March performance has failed to achieve target in-month (98.65%) and the Year to Date has also breached target (98.83%). The Trust have confirmed that they are confident of performance recovery in April 2017.

RWT_EB4

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%	86.36%	89.71%		89.95%	95.00%

The Month 11 performance has failed to achieve both the 95% National target (Type 1 and All Types) and STF trajectory (95%) however has seen a 5.06% increase from previous months to 89.71% (89.95% YTD). The headline performance of 89.71% can be split into the following : Emergency Department New Cross - 82.75%, Walk In Centre - 100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 96.00%. When compared to the previous years performance, there has been a increase in compliance (Feb 15/16 = 85.39%, Feb 16/17 = 89.71%), however February 2017 saw an increase of 2213 attendances compared to February 2016 (a 14.08% increase in attendances). 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, however the Trust have confirmed that improvements are being seen due to the triage process with Vocare especially at weekends. The overall admission percentage has seen an increase although the numbers of admissions have seen a reduction. Issues with 1st assessments are linked to an on-going staffing issue and reliance on locum staff, however the Trust have confirmed that an additional Paediatric Consultant has commenced in post. Urgent Care performance (including ambulance conveyances) continues to be discussed at the monthly CQRM and CRM meetings, as part of CCG Assurance Call Agenda with NHS England and discussed at length at the A&E Delivery Board where performance is challenged, issues discussed and actions recommended. The CRM meeting during March discussed the February performance and confirmed that the Trusts performance saw a small decrease in attendances (440 fewer attendances than Jan17) with performance near to achieving 90%, however below target performance within the last 48hours of the reporting month reducing the percentage below 90%. Early indications are that the March performance has seen a positive increase to 91.24%.

RWT_EB5

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

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%	72.97%	77.98%		76.44%	85.00%

The performance for February 2017 has seen an increase to 77.98% and remains below both the STF trajectory and the 85% target in-month and YTD (76.44%).

The Trust have since confirmed via the Integrated Quality and Performance Report that there were 24 patients that breached target during February (11 x tertiary referrals, 6 x capacity issues, 1 x patient initiated and 6 x complex pathways) which due to tertiary referral shared breaches equates to 18.5 breaches overall. Analysis by Cancer site confirms the breaches are relating to : Sarcoma (0 out of 0.5 - 100%), Urology (6.5 breaches out of 18.5 - 64.86%), Lung (0 breaches out of 4 - 100%), Colorectal (3 breaches out of 9 - 66.67%), Head & Neck (2 breaches out of 3.5 - 42.86%), Upper GI (0.5 breach out of 1.5 - 66.67%), Gynaecology (5.5 breaches out of 6 - 8.33% and a significant decrease from the January performance of 72.73%), Haematology (1 out of 7.5 - 86.67%), Skin (0 breaches out of 16.5 - 100%) and Breast (0 out of 16 - 100%). The Trust are seeing more patients as they now have Saturday clinics for Urology booked through to April 2017. Due to the backlog for this specialty, all patients taken will be breaches which affect compliance against standards. 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. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and February performance has been confirmed as 79.43% (18 patient breaching target out of 87.5) and therefore remains RED. The Month 11 performance was discussed at the March CQRM and CRM meetings with the Trust confirming that they have been in discussions with NHSE to renegotiate the target, however this has been unsuccessful so far as would be below that of the STF trajectory. Early indications are that the March performance has seen a positive increase to 81.18%, however remains below target (RED).

RWT_EB12

Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*

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%	85.71%	66.67%		84.93%	90.00%

Performance in Month 11 has seen a decline from the previous month and has failed to achieve the 90% target both in-month (66.67%) and YTD 84.93%. The SQPR submission indicated that there was 4 breaches (out of 11 patients). Analysis of the Year on Year performance shows that the M11 performance is above that of 2015/16 for the same month (15/16 - 72.00%). 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 requested NHSI to provide details of Tertiary Providers who are compliant so lessons learnt can be taken from them to improve performance. The Trust have confirmed that they are seeing an increase in referrals as a result of the Be Clear on Cancer – Abdominal Cancer. 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 February confirm that the Trust achieved 68.18% (relating to 3.5 breach out of 11 patients seen) and therefore RED. The Trust have also confirmed that the February performance excluding tertiary referrals as 70.00% and therefore will remain RED. Early indications are that the March performance has seen a positive increase to 90% and will therefore achieve in-month (GREEN).

RWT_EB13

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	25	24		412	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 February, 24 patients were recorded as waiting over 52 weeks and the National Unify2 data has since confirmed that all the over 52 week waiters are Orthodontic patients. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England who have queried the increase in waiters as part of the April assurance call. The Trust have confirmed that as a single handed service, during bank holidays or whilst the consultant is on annual leave, the number of Orthodontic patients waiting over 52 weeks can rise as patients waiting at weeks 47 to 51 at the start of the month can topple over into the 52 weeks. As a result, whilst the original cohort of patients waiting over 52 weeks reduced during the reporting month, the overall number of breaches are due to additional patients breaching the threshold. The Trust have provided an updated Remedial Action Plan (RAP) for the Orthodontics breaches with a recovery trajectory confirming zero breaches by June 2017. The February performance of 24 is ahead of the Month 11 local recovery trajectory of 26 breaches. The Trust have confirmed that additional sessions were scheduled during March to ensure that the numbers waiting over 52 weeks remains within the recovery trajectory and that the backlog of patients continues to reduce. As a commissioner, the CCG have 1 Trauma & Orthopaedics patient waiting over 52 weeks at the Royal Orthopaedic Hospital (Birmingham).

RWT_EBS4

Delayed Transfers - % occupied bed days - to exclude social care delays

2.54%	3.52%	2.43%	1.29%	2.46%	2.17%	1.13%	2.13%	2.18%	1.80%	2.61%		2.21%
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The Delayed Transfers of Care (DToc) indicator has breached the 2.5% threshold for the first time since May 2017 with the proportion of delays reporting at 2.61% for February (Excluding Social Care). The Trust have confirmed via the Integrated Quality and Performance Report (published and available from the Trust Public website) the total performance (including social care) is 5.59%. The issue of delays was discussed at the March CQRM meeting as the number of Staffordshire patients has a disproportionate impact on the Trust as although a smaller number of patients, their length of stay is often longer and equates to 25% of delays. The national verified data (based on a monthly snapshot) indicates that the Trust Delayed Transfer rankings (where 1 = worst) as 47th (out of 231 organisations) for all delay types, 84th for NHS responsible delays and 20th for Social Care responsible delays. The Trust have indicated the following delay reasons for February:

RWT_LQR3

- 21.6% - Delay Awaiting Assessment (no change)
- 22.4% - Delay awaiting further NHS Care (no change)
- 25.0% - Delay awaiting domiciliary package (no change)
- 12.9% - Delay awaiting family choice (no change)
- 7.8% - Delay awaiting equipment/adaptations (no change)
- 5.2% - Delay awaiting public funding (no change)

Confirmation : Porportion figures are shown to 1 decimal place via the Trusts Integrated Quality and Performance Report, and although have been reported as "no change", the Trust have confirmed that the numerator/denominator figures differ from the previous month.

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%	53.33%	100.00%		86.09%	95.00%

BCPFT_LQGE05

Performance for this indicator has seen a significant increase and achieved 100% of clients receiving an initial assessment within 10 working days which relates to 12 individual clients. However, due to previous below target performance the YTD remains below the 95% target (86.09%). The EIS service has reviewed the assessment process due to the increase in referrals and recommenced the assessment clinics as well as providing flexibility in offering appointments outside of the assessment clinics at venues more suitable and amenable to the individual client. The team continually review the service and reflect on incidents where the targets are not achieved and employ measures to address them. The Trust have confirmed that the ability to meet this deadline is dependant on client choice.

Delayed transfers of care to be maintained at a minimum level

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%	10.38%	5.74%		15.67%

The Delayed Transfers of Care (DTOCs) has been an on-going issue throughout the year, however the February performance has seen a significant improvement to 5.74% against the 7.5% monthly threshold. The performance relates to the total number of delay days for the month (76) over the total number of occupied bed days excluding leave for the month (1324) and is based on the Provider total (all Commissioners) and currently cannot be split by individual commissioner. When compared to the previous years performance, there has been a significant increase in compliance (Feb 15/16 = 20.55%, Feb 16/17 = 5.74%). 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 continues to be 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.

BCPFT_LQGE11

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 issues with Delayed Transfers of Care remains an agenda item on the CCG's monthly performance call with NHSE and at the Trusts CQRM meetings. The Trust have confirmed that the number of delays (on the National reporting snapshot) has reduced with 6 patients (1 = NHS responsible, awaiting Family Choice, 5 = Social Care responsible, Residential and Nursing Home).

The Committee asked that future performance reports highlight targets that the CCG can influence.

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. Draft Finance and Performance Committee Annual Report

The Committee noted that minor changes had been made and a conclusion would be shared with the Committee Chair before being taken to the Governing Body. The Committee took assurance that it has discharged its duties as set out in its terms of reference.

6. Risks

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.

The CCG continues to have a challenging financial position for 17/18 with a number of factors outside of its direct control that could impact on its ability to deliver its financial targets. The QIPP programme for the year is substantial and the management team will continue to closely manage the delivery agenda. The Committee agreed to review risk at its May meeting in order to have a full understanding of the challenges ahead.

7. RECOMMENDATIONS

Receive and note the information provided in this report.

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 24th April 2017

Performance Indicators 16/17

Current Month:

Key:

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

- ↑ Improved Performance from previous month
- ↓ Decline in Performance from previous month
- ↔ Performance has remained the same

16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month													Yr End					
									A	M	J	J	A	S	O	N	D	J	F	M	Yr						
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%	86.36%	R	89.98%	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%	95.18%	G	93.74%	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%	99.44%	G	95.89%	G	↓																			
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	RWT	96%	96.65%	G	95.97%	R	↓																			
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	68.75%	R	84.37%	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	99.69%	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%	98.33%	G	97.65%	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%	72.97%	R	76.29%	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%	85.71%	R	86.76%	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)	1.00	G	41.00	R	↑																			
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	25.00	R	388.00	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	221.00	R	753.00	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	41.00	R	134.00	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	↔																			
RWT_CB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	96.69%	G	95.79%	G	↓																			
RWT_CB_S10B	Duty of candour	RWT	Yes	Yes	G	-	R	↓																			
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%	92.85%	R	93.39%	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%	81.41%	R	82.88%	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%	1.80%	G	2.16%	G	↑																			
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	2.00	R	8.00	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	7.00	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	0.00	G	11.00	R	↑																			
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.43%	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_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	91.02%	G	90.49%	G	↓																			
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	93.02%	G	89.73%	G	↑																			
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	63.79%	G	71.38%	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	7.00	G	63.00	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	57.00	G	383.00	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	17.00	G	66.00	R	↑																			
RWT_LQR20	% Patients in receipt of TTOs within 4 hours from the pharmacy receiving order	RWT	TBC	96.95%		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%	74.02%	R	94.86%	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	↔																			

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		
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%	96.91%	G	98.40%	G	↓														
BCPFT_EB51	Mixed sex accommodation breach	BCP	0.00	0.00	G	0.00	G	→														
BCPFT_EB53	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%	93.33%	R	96.68%	G	↓														
BCPFT_EB54	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	59.83%	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%	94.30%	G	92.00%	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%	98.73%	G	99.52%	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	99.41%	R	→														
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	91.30%	G	89.20%	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	38.00	G	38.00	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	59.83%	G	→														
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	53.33%	R	84.70%	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%	85.01%	G	91.02%	G	↑														
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.09%	G	95.77%	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%	10.38%	R	16.66%	R	↑														
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	93.04%	G	89.98%	G	↓														
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	94.12%	G	88.04%	G	↓														
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	98.65%	G	98.56%	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 CORM.	BCP	100.00%	100.00%	G	98.57%	R	→														
BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2 RCA 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															

**WOLVERHAMPTON CCG
 GOVERNING BODY
 23 May 2016**

Agenda item 16

TITLE OF REPORT:	Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC) – 18 April 2017
AUTHOR(S) OF REPORT:	Jim Oatridge – Chair, Audit and Governance Committee
MANAGEMENT LEAD:	Claire Skidmore – Chief Finance and Operating Officer
PURPOSE OF REPORT:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
RECOMMENDATION:	<ul style="list-style-type: none"> Receive this report and note the actions taken by the Audit and Governance Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	n/a
2. Reducing Health Inequalities in Wolverhampton	n/a
3. System effectiveness delivered within our financial envelope	n/a

1. BACKGROUND AND CURRENT SITUATION

1.1 Internal Audit Annual Report

The Committee considered the Internal Audit Annual report. In particular, it discussed then draft Head of Internal Audit opinion for 2016/17 which has concluded that the draft opinion is 'Generally satisfactory with some improvements required.

1.2 Internal Audit Plan 2017/18

The Internal Audit plan for 2017/18 was considered and the Committee noted Executive input to construct a robust plan for the year. The plan will be reviewed mid-year to ensure that it will address the most relevant areas of risk to the CCG

1.3 Local Counter Fraud Annual Report 2016/17

The final version of the Local Counter Fraud Annual Report for 2016/17 was presented to the Committee.

1.4 LSMS Progress Report

The LSMS Progress Report was presented to the Committee showing the portfolio of work that had been completed during the year.

1.5 LSMS Plan 2017/18

The Committee were presented with a report outlining proposed activities for 2017/18.

1.6 Risk Reporting/Board Assurance Framework

The Committee received a report on Risk Reporting/Board Assurance Framework and recognised much work had been done in this area and that the Risk and Quality team were continuing to ensure that risk awareness was highlighted throughout the organisation.

1.7 Committee Annual Report

The Committee received and discussed a final draft of its 2016/17 annual report.

1.8 Losses and Compensation Payments – Quarter 4 2016/17

No losses or special payments were reported in quarter 4 2016/17.

1.9 Suspensions, Waiver and Breaches of SO/PFPS

There were no suspensions of SO/PFPs in quarter 4 2016/17.

1.10 Receivables/Payables Greater than £10,000 and over 6 months old
The Committee noted that as at 31 March 2017, there were 0 receivables and 13 payables over £10,000 and greater than 6 months old.

1.11 Draft Annual Report, Governance Statement and Accounts
The Draft Annual Statements were presented to the Committee as a working document and the Committee received assurance that they were on track to be finalised for sign off at the Audit and Governance Committee and Governing Body meetings on 23 May 2017.

2. CLINICAL VIEW

2.1. N/A

3. PATIENT AND PUBLIC VIEW

3.1. N/A

4. KEY RISKS AND MITIGATIONS

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

5. IMPACT ASSESSMENT

Financial and Resource Implications

5.1. N/A

Quality and Safety Implications

5.2. N/A

Equality Implications

5.3. N/A

Legal and Policy Implications

5.4. N/A

Other Implications

5.5. N/A

Name: Claire Skidmore
Job Title: Chief Finance and Operating Officer
Date: 19 April 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	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)		

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
23 MAY 2017
Agenda item 17

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 4 April 2017
AUTHOR(s) OF REPORT:	Pat Roberts, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 4 April 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • The approval of the Quality Prescribing Scheme Specification. • The approval of the Primary Care Commissioning Committee Terms of Reference.
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Primary Care issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Commissioning Committee met on 4 April 2017. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 4 April 2017

2.1 Medicines Optimisation QIPP 2017/2018

2.1.1 The Committee were presented with the Medicines Optimisation QIPP 2017/18 report and the following amendments to the Quality Prescribing Scheme for 2017/18 were approved with a greatly improved QIPP target:

- Revised incentive Quality Prescribing Scheme Service Specification.
- Increase in budget for the Quality Prescribing Scheme to £450K.
- An investment of an additional £40K (0.6FTE Band 8b) in a specialist respiratory pharmacist.

2.2 Primary Care Commissioning Committee Terms of Reference

2.2.1 The Primary Care Commissioning Committee Terms of Reference were shared with the Committee for information and approval. It was noted that the CCG Constitution has been agreed by NHS England and the terms of reference had been written in line with the national template.

2.2.2 The Committee received the following update reports:-

- **Primary Care Operational Management Group Meeting**

The Committee noted that discussions have taken place around the Collaborative Contract Review Pilot, which was completed at the end of March 2017 and the plans for the 3 year roll out to the remaining practices in Wolverhampton.

An update was provided to note an overall improvement within infection prevention rates following practice visits that have been undertaken within the month of January 2017. The Committee noted that there are seven Practices who did not submit Friends and Family data for the month of January 2017.

The Committee were also informed that the Zero Tolerance Policy is now in effect and the new provider commenced from 1 May 2017.



2.3 Other Issues Considered

2.3.1 The Committee met in private session to discuss a change in partnership at a Wolverhampton practice and a practice options appraisal plan.

3. CLINICAL VIEW

3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

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

6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

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

Name: Pat Roberts

Job Title: Lay Member for Public and Patient Involvement, Committee Chair

Date: 9 May 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	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Pat Roberts	09/05/17



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WOLVERHAMPTON CCG
Governing Body
23 May 2017
Agenda item 18

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee, specifically the outcome of discussions at the April Meeting.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Provide assurance on progress made to date in relation to achievements that have been realised from the programme of work attached to the CCGs Primary Care Strategy and confirm what work is currently underway in the next phase implementation. • The report also confirms where assurance has been received from the committee in respect of new models of care demonstrating how practices have aligned with their preferred model & how working at scale is maturing. • The outcome of discussions at national level in respect of CCGs responsive plan that seeks to address the actions required to implement the GPFV is also confirmed.
RECOMMENDATION:	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> • Receive and discuss this report • Note the continued achievements being realised by the Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<ol style="list-style-type: none"> 1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system 2 Reducing Health Inequalities in Wolverhampton : Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions. 3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton



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 focuses on the achievements that have been realised since the programme of work commenced.
- 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. Since the programme of work was launched in the summer of 2016 a number of objectives have been achieved through the work of each task and finish group. The following section provides an overview of the milestones which have completed on the strategic higher level programme of work since the developed of the programme in August 2016 to May 2017:-

Primary Care Strategy Committee		
PCS001	Establish Primary Care Joint Commissioning Committee	Completed
PCS002	Establish Primary Care Operations Management Group	Completed
PCS003	Apply for authorisation for full delegation of Primary Care Commissioning	Completed
PCS004	Establish Primary Care Commissioning Committee following discussions refining remit and broader relationship to CCG Governance	Completed
PCS005	Hold Quarterly members engagement events.	Completed
PCS006	Establish Programme Management Governance , PMO Office and assemble Task and Finish Groups.	Completed
PCS007	Ensure alignment with CCG strategies and standard operations; QIPP, Operating Plan, BCW, H&WB, STPs	Completed
PCS008	Work with Practices/ Localities to submit proposals for 15/16 Primary Care Reserves Investment Plan	Completed
PCS009	Identify appropriate areas for development of extended services in line with population needs	Completed
PCS010	Project Management support to enable models of care i.e. PCH (WTH); Estates; LES forms	Completed
PCS011	Ensure practice indicative budget statements are rolled out	Completed

New Model of Care Objectives		
NMC002	Practice Group forming	Completed
NMC003	MOUs signed & Commenced new ways of working	Completed
NMC004	Ten high impact actions scoped	Completed
1. Practice as Providers		
1.5	Improving Access to Primary Care	Completed
1.8	Review COPD/ Asthma extended service	Completed
1.9	Continue to embed and evaluate the Primary Care In reach Team (PITs)/Resource Centres	Completed
5. Primary Care Contract Management		
5.1	Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting.	Completed
5.2	Develop a standardised collaborative approach to contract review and development support to enable a single contract monitoring visits	Completed
5.3	Develop an integrated management tool underpinned by a programme of prioritised contract review visits	Completed
5.4	Agree criteria, intervention modes, and processes for vulnerable/ practices with issues which require extraordinary support or practice visits.	Completed
6. Estate Development		
6.3	Estate Survey	Completed

Task and Finish Group Priorities

The following table highlights the individual Task and Finish Groups work programme priorities for the current quarter (April to June 2017). This only includes milestones which are due to commence or are due to be completed within this quarter. It does not include any existing programmes of work which are currently in progress and have a completion date after June 2017.

Project Implementation Plan - Practice as Providers v13	
4	Work with New Models of Care i.e. PCH, Medical Chamber and VI to define and develop clinical pathways in scope of MCP model
4.1	Organisation Structure and Governance arrangements
4.2	Identify clinical leads to lead the development of clinical pathways on themed areas (list)
4.3	Develop clinical pathways with the clinical leads that promote care within the primary care setting (list)



4.6	Develop a project plan for the implementation of new pathways/ delivery models
6	Understand how the CCG should/ could respond to identified needs for Back office support functions for clinical networks/ MCPs
6.2	Identify feasible options for the provision of non-clinical support functions as delivered by Vanguard sites
6.5	Ensure each Clinical Network has a plan for the provision of non-clinical services effective for 1st April 2018.
7	Clearly defined Contract management processes through primary Care Issue Log to enable Practices to feedback there and their patient's experience of using the CCG commissioned services.
7.2	Undertake a 6 monthly audit of all Practice Issue logs completed by all practices, to document learning and outcomes and make recommendations for optimal use of the log
7.4	Establish a process to ensure that matters reported through the Practice Issues log are escalated through Contract Management process
10	Work with Community Matrons/CRG to streamline the proactive case finding via risk stratification tool.
10.3	Practices to routinely use Aristotle Risk Stratification function to identify at risk patients.
10.4	Establish a system to ensure that Practices have access to current practice level locally available data & intelligence as published by PHE, HSCIC, NHS Digital.
10.5	CCG to have a high level plan for the use of Aristotle, which includes the role of the Practice/MDT.
10.6	Develop locally enhanced service to ensure practices undertake risk stratification and establish robust links with their respective community neighbourhood teams.
10.7	Ensure that there is on-going support from Aristotle to support new practitioners within primary care to utilise the system

Localities as Commissioners Task and Finish Group Plan V13	
1	Practices to have insight of the needs of their practice population
1.2	Establish a system to ensure that Practices to have access to current practice level intelligence as published by PHE, HSCIC, NHS Digital.
1.4	Develop locally enhanced service to ensure practices undertake risk start and establish robust links with their respective community neighbourhood teams.
2	Practices utilise data/ intelligence to consider their utilisation of commissioned services
2.1	Practices to engage in Peer Review at Group level
2.2	Practices to utilise the Right Care approach when undertaking Peer Review
2.3	Develop a reporting feedback mechanism to allow Peer Review Groups to report into CCG
2.6	Develop and introduce risk based capitated budgets.



3	Practices are informing the commissioning process
3.2.1	Facilitate discussion at quarterly network meetings where practices are engaged in on-going service reviews and inform the service review process (Q1 April 2017)
3.3	Develop a planning template to incorporate clinical network priorities into Commissioning intentions
5	Practices supported to develop and maintain intelligence of local services
5.1.2	WIN directory of service to be developed to incorporate health services to enable social prescribing
5.4	Monitoring mechanism to determine launch and going effectiveness of social prescribing service to be defined and implemented.
6	Ensure that new clinical networks/ practices working at scale have organisational and business requirements in place as commissioning entities
6.1	Ensure MOUs are in place across all practices working at scale
6.2	Constitution and Articles of Association
6.3	Working capital
6.4	Organisation's principal fields of activity, its values and main objectives.
6.5	Organisation and business structure
6.6	The organisation's insurance
6.7	Business plan and Strategy
Workforce and Development V2.6	
2	Wolverhampton a place to work
2.3	Work with HEWM re recruitment and retention of GP trainees
2.7	Develop a programme to recruit individuals from Wolverhampton where possible (i.e. those most likely to remain in Wolverhampton) via recruitment fair etc
3	Career development for clinical and non-clinical staff
3.3	Support implementation of career pathways in general practice and new models of care for: Advanced clinical practice (Masters)
3.4	Support implementation of career pathways in general practice and new models of care for: Non-academic development opportunities



4	Pilot mapping Skills for new PC Service Provision model
4.1	Identify locality
4.2	Map PH data – GP data – WF numbers
4.3	Workshops with identified teams
4.4	Secure resources and tools for scoping skills and workload
4.5	Scope skills for disease areas / teams
4.6	Monthly progress reports to group
6	Developing a leadership culture within primary care
6.1	Scope leadership skills within GP teams
6.2	Identify leadership courses and resources to support them
6.3	Increase uptake of leadership courses/programmes by teams
6.6	Develop and support the long term transformation of the primary and the community workforce
7	Improving and improving standards of practice
7.2	Standardise practice – for non-clinical workforce
8	Increase training capacity in primary care
8.2	Ensure clinical placement models in primary care are sustainable
8.3	Work with HEWM and Deanery to ensure GP trainees allocations are spread across all areas with WCCG footprint
8.4	Explore incentives for GP trainee recruitment in Wolverhampton
9	Develop a Primary Care Workforce Development Strategy
9.1	Amend and Implement the Primary Care Workforce Strategy
9.2	Monitor and evaluate the Primary Care Workforce Strategy
9.3	Develop a mechanism to record the primary health care workforce training requirements



Primary Care Contract Management - Task and Finish Group V11	
5	Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England
5.4	Identify appropriate contracting mechanisms for enhanced primary care services 2017/2018.
5.5	Prepare contracting plan for primary care in response to practice groupings i.e. limited company /alliance agreement based on local preference in line with national guidance.
5.6	Ensure practice groups are sufficiently prepared to sub contract services where deemed necessary.
5.7	Confirm state of readiness for contracting with practice groups for new models of care due to take affect April 2017. This involves development of a checklist to be used by practice groupings and also a CCG version for contracting/ commissioning purposes.
5.8	Develop an outline contract strategy for primary care based on MCP approach.

Project Implementation Plan - Task & Finish Group Estates V1.13	
2	Primary Care Estates
2.8	Estates Strategy to be Implemented.
4	Estates Prioritisation
4.2	Work with Practices who score highly on the prioritisation document to scope estates development.
4.3	Papers to be produced based on priority for relevant committees and governing body.

IM&T - Business Intelligence Implementation Plan V12	
5	Improving Access - Lean
5.2	Development of existing Text Messaging solution

2.4 All task and finish groups provide formal highlight reports to the committee at monthly intervals, in April the committee considered exception reports from two task and finish groups.

Task & Finish Group	Reason for Exception
Practices as Providers	The initial objective was to develop a project plan for the implementation of new pathways/ delivery models as defined by the new practice groups. The number of pathways was quite lengthy, 5 out of 12 have completed and the remainder will be complete by September 2017.
Localities as Commissioners	The availability of practice level intelligence and the introduction of an enhanced service for risk stratification had been delayed as a result of data final steps in completing these tasks had not been fully achieved. The revised implementation date was agreed as the end of June 2017.



2.5 Whilst there are risks attached to the delivery of this programme of work there are no red risks captured on the risk register at this stage, this was verified through discussions held at the committee meeting in April.

3. NEW MODELS OF CARE

3.1 There are 45 practices within the membership of Wolverhampton CCG, almost all practices have aligned with like-minded practices to enable them to work together with a view to reviewing health care needs for their population(s) and where feasible exploring opportunities to share the workload through working at scale. Each group has identified the priorities they feel are most important for their population and comprise of some of the following:-

- Improving access for patients with diabetes
- Improving access for patients during the evening & weekends
- Adopting pro-active management of patients with frailty
- Using a risk based approach to managing patients with long term conditions

3.2 The current practice groupings are largely attached to the Primary Care Home Model where practices work together to serve a population of in the region of 30-50,000 patients to provide population based complete care in conjunction with health and social care partners and the voluntary sector. This enables patients to receive the right care, first time, personalised to their needs through a strong focus on partnership working. The primary care home model is owned and lead by our general practitioners within each practice who continue to engage with their clinical peers to ensure they achieve a consistency of approach in the way care is provided to their patients.

Practice Group	Number of Practices	Population Size
Primary Care Home 1	9	58,388
Primary Care Home 2	8	50,266
Medical Chambers	21	130,500
Vertical Integration	5	30,350
Not Yet Aligned	2	5,477

Discussions are taking place with practice group leads to identify how those groups can be aligned within the boundaries of the three localities, this will enable the Primary Care Home Model to be further developed by all practices within Primary Care Home 1, 2 and Medical Chambers. Further discussions with practices not yet aligned and vertical integration will also take place to ensure equity of delivery of patient care.



4 General Practice Forward View

As a result of feedback from NHS England in relation to the CCGs second stage implementation plan for the GPFV a range of supplementary information was provided to the regional team in a revised plan. The plan has since been confirmed as fully assured and a programme of work is well underway to implement each of the projects detailed within the plan. The committee will receive formal reports on all live GPFV projects from May 2017 onwards, this information will be reflected in future reports of the committee to Governing Body.

5 CLINICAL VIEW

5.1 There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven. Clinical representation at many Task and Finish Groups takes place on a regular basis.

6 PATIENT AND PUBLIC VIEW

6.1 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.

6.2 An update on Primary Care was provided to the Patient Participation Group Chairs in March, whilst this was welcomed they have requested further clarity regarding their involvement in the future in discussions with their respective models of care/practice groupings. Therefore, arrangements are being made for each group of PPG Chairs to meet with the CCG and the Group Lead(s) to discuss how this will be achieved and to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients.

7 RISKS AND IMPLICATIONS

Key Risks

7.1 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

7.2 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



7.3 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

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

Medicines Management Implications

7.5 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

7.6 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.

Name Sarah Southall
Job Title Head of Primary Care
Date 12 May 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	Salma Reehana	12.5.17
Public/ Patient View	Pat Roberts	12.5.17
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk 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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Steven Marshall	12.5.17



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WOLVERHAMPTON CCG
Governing Body
23 May 2017
Agenda item 19

TITLE OF REPORT:	Communication and Participation update
AUTHOR(s) OF REPORT:	Pat Roberts, Lay member for PPI Helen Cook, Communications, Marketing & Engagement Manager
MANAGEMENT LEAD:	Pat Roberts – Lay member for PPI
PURPOSE OF REPORT:	This report updates the Governing Body on the key communications and participation activities in April 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<p>The key points to note from the report are:</p> <p>4.1.1 Change of planning dates for 17/18 – Commissioning Intentions engagement</p>
RECOMMENDATION:	<ul style="list-style-type: none"> • Receive and discuss this report. • Note the action being taken.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others.
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others. • Delivering key mandate requirements and NHS Constitution standards.
3. System effectiveness delivered within our financial envelope	<ul style="list-style-type: none"> • Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body on the key activities which have taken place in April 2017, to provide assurance that the Communication and Participation Strategy of the CCG is being delivered effectively.

2. KEY UPDATES

2.1. Communication

2.1.1 Stay Well this Winter– official campaign

The campaign has now finished. A report will be finalised and submitted to the A&E Delivery Board in the next few months.

Planning has already begun for the campaign this coming winter. This will start in October with Flu.

2.1.2 General Election – 8 June 2017

Due to the announcement of the General Election 2017 on 8 June, communications outwards from the CCG and activity with the press has been limited and will continue until the period of purdah is closed.

2.2. Communication & Engagement with members and stakeholders

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 Practice Nurse Bulletin went out in mid April. Topics included: changes to the Pharmacy First Scheme, Primary Care Workforce survey, Primary Care Workforce Fayre, International Nurses Day, and briefings and news from Public Health and NHSE.

2.2.3 Practice Managers Forum

The April PM Forum didn't meet physically, but conversation and planned sessions covered the following topics:

- Care navigation
- WIN
- Social Prescribing
- MECS update

2.2.4 Annual Report

The first submission of the Annual Report to NHSE was submitted on time on 21 April.

We will update and amend as required by NHSE, ready for sign off by the CCG Governing Body in May 2017.



3. CLINICAL VIEW

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning.

4. PATIENT AND PUBLIC VIEWS

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

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

4.1 Commissioning Intentions

4.1.1 Change of planning dates for 17/18

Planning for next 2017 Engagement Commissioning Cycle continues with the public event, the dates have had to be changed to allow for the General Election Purdah period and is now fixed as 14 – 16 June inclusive. The event bus will be sited in many local areas throughout this period.

4.2 TWIRL

The Lay member visited the weekly Twirl Project for patients with respiratory problems such as COPD, and found a very enthusiastic crowd of 40 people who were really enjoying socialising thus allaying their fear of isolation, and increasing their knowledge of their illness from the healthcare professionals present.

4.3 Patient Groups

The next PPG/CF meeting will be held on 16 May.

4.4 Joint Engagement Assurance Group (JEAG)

The group are looking to improve attendance from some of the stakeholders to ensure we are effectively collating feedback on patient issues and co-producing work streams wherever possible. Issues discussed were mental health patients and 'You said We did' now published on the CCG website.

5. KEY RISKS AND MITIGATIONS

N/A



6. IMPACT ASSESSMENT ***Financial and Resource Implications***

6.1. None known

Quality and Safety Implications

6.2. Any patient stories (soft intelligence) received are passed onto Quality & Safety team for use in improvements to quality of services.

Equality Implications

6.3. Any engagement or consultations undertaken have all equality and inclusion issues considered fully.

Legal and Policy Implications

6.4. N/A

Other Implications

6.5. N/A

Name: Pat Roberts
Job Title: Lay member for PPI
Date: 9 May 2017

ATTACHED:

none

RELEVANT BACKGROUND PAPERS

NHS Act 2006 (Section 242) – consultation and engagement
NHS Five Year Forward View – Engaging Local people
NHS Constitution 2016 – patients’ rights to be involved
NHS Five year Forward View (Including national/CCG policies and frameworks)
NHS The General Practice Forward View (GP Forward View), April 2016



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	n/a	
Public/ Patient View	n/a	
Finance Implications discussed with Finance Team	n/a	
Quality Implications discussed with Quality and Risk Team	n/a	
Equality Implications discussed with CSU Equality and Inclusion Service	n/a	
Information Governance implications discussed with IG Support Officer	n/a	
Legal/ Policy implications discussed with Corporate Operations Manager	n/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	n/a	
Any relevant data requirements discussed with CSU Business Intelligence	n/a	
Signed off by Report Owner (Must be completed)	Pat Roberts	9 May 2017



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**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 14th MARCH 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Jim Oatridge	-	Lay Member, WCCG (Chair)
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Marlene Lambeth	-	Patient Representative
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Steve Barlow	-	Public Health Representative
	Steven Forsyth	-	Head of Quality & Risk
	Sandra Smith	-	Commissioning Development Manager
	Maxine Danks	-	Head of Individual Care (Adults)
	Peter McKenzie	-	Corporate Operations Manager
	Sarah Hirst	-	Information Governance Manager CSU
	Philip Strickland	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Tally Kallea	-	Commissioning Operations Manager

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 14th February 2017

The minutes of the meeting held on the 14th February 2017 were approved as an accurate record.

2.2 Action Log from meeting held on the 14th February 2017

The Action Log from the Quality & Safety Committee (QSC) held on the 14th February 2017 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

Volunteers Policy

The Volunteer Policy had been circulated for comment and the committee acknowledged that the Policy was now approved. This item was now closed.



Patient Stories

MG highlighted that this action was still on-going and asked that the action be left open for the April 2017 QSC. The chair was in agreement.

3. DECLARATIONS OF INTEREST

No declarations of interest were raised.

4. MATTERS ARISING

4.1 Comments received virtually following the meeting of the 14th February 2017

A comment had been received from PR enquiring how many complaints received by Royal Wolverhampton Trust then end up in a litigation process? SF stated that this had been highlighted at the last Clinical Quality Review Meeting (CQRM) in February 2017 and it had been noted that there are very few occurrences. The chair asked if information relating to the numbers of complaints leading to Litigation could be included on a quarterly basis in the Monthly Quality Report

ACTION ***SP to include numbers of complaints ending in Litigation as part of the Monthly Quality Report on a quarterly basis.***

PR had also enquired if NHS England (NHSE) were monitoring the poor returns of the Friends and Family Test (FFT) from Primary Care? SF highlighted that full delegation from NHSE was now imminent and therefore the CCG would be focusing on what it can do to improve the Primary Care returns once fully delegated.

4.2 Risk Review

MG confirmed that the BAF and Risk Register was on the agenda for the afternoons Governing Body containing all the new templates and format for agreement by the Governing Body. MG confirmed that going forward all the risks aligned to the QSC from the Risk Register will be discussed by the QSC as a standing agenda item on a monthly basis. MG stated that therefore there needed to be time allocated to the agenda to allow for the discussion around those risks that are highlighted. It was confirmed that the Terms of Reference were currently under review to include the QSC responsibility to that discussion.

As the chair JO asked the committee if given the additional input of the Risk Register discussion whether 2 hours was a sufficient window for the QSC in order to give the necessary detailed discussion to the Quality agenda. JO highlighted that frequently the meeting does over run when the necessary discussion is given to agenda items. JO asked of the committee members their feelings on the potential of extending the length of the meeting. SF was in agreement that occasionally the meeting had felt rushed due to the



length of the agenda. SF enquired whether initially there may be an opportunity to streamline the agenda accordingly. JO stated that it would be difficult to stream line the agenda if the committee is accepting late papers at short notice. JO believed there should be discipline around the formation of the agendas and papers that are on the agenda that arrive late can have allowances made however papers that are not on the agenda that are circulated at short notice should not have consideration made. A discussion took place regarding the order of the agenda and those items that should be lowered down the agenda as items for information so that the assurance reports can be discussed as priority. JO stated that declarations of interests should be higher up the agenda after apologies and introductions.

ACTION: *Agenda to be restructured in line with discussions above.*

5. FEEDBACK FROM ASSOCIATED FORUMS

5.1 Draft CCG Governing Body Minutes

The minutes were noted by the committee.

5.2 Health & Wellbeing Board Minutes

No minutes were available for the current month.

5.3 Quality Surveillance Group

No minutes were available for the current month.

5.4 Primary Care Operational Management Group

The minutes were noted by the committee.

5.5 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

5.6 Area Prescribing Minutes

No minutes were available for the current month.

6. ASSURANCE REPORTS

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SF confirmed that since the writing of the monthly report a never event had been reported from RWT in which the wrong prosthesis had been implanted into the correctly marked



knee. SF stated that the CCG will await the outcome of the Root Cause Analysis. It was confirmed that this incident had occurred on the 9th March 2017. MG highlighted that the error was highlighted immediately by the post-surgical checks.

SF reported that Mycobacterium chimaera was an emerging pathogen which had been discovered in 2015 which had been found to cause disastrous infections of heart valve prostheses, vascular grafts, and disseminated infections after open-heart surgery. It was added that there had been growing evidence which had supported airborne transmission resulting from aerosolization of Mycobacterium chimaera from contaminated water tanks of heater-cooler units (HCUs) that are used with extracorporeal circulation during surgery. SB stated that there had been 14 Trusts nationally that had been associated with this infection. SF added that one of these Trusts had been RWT. SF confirmed that as a result of this issue 1900 patients who had undergone high risk surgery at RWT would be written to informing them of the problem. SB added that NHSE had asked the Trusts involved to write to the patients GP to gain consent and to respond within 2 weeks. SB added that if consent had not received by the 20th March 2017 then informed consent would be given to contact the patients involved. SB stated these letters could cause concern for any patients that are currently in end of life or who had already deceased. SB added that there had been 26 confirmed cases nationally of which there had been 15 fatalities. SB added that communications had been distributed regarding symptoms of those affected.

SF wished to highlight the positive news that there had been a significant reduction in C-Diff numbers reported by RWT in the last three months.

SF reported that there had been 11 Pressure injuries (PIs) incidents reported for February 2017 which had been a reduction compared to January 2017. It was added that 9 incidents reported as stage 3 and 2 incidents had been reported as stage 4 pressure injuries. SF stated SP attended the Pressure injury steering group to apply scrutiny to all PI's reported.

SF reported that it should be noted that a serious patient fall had been discussed at February 2017 RWT accountability meeting. SF highlighted that in this incident, an 88 year old patient had been admitted to the Acute Medical Unit at RWT on the 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 had been informed that this incident had been investigated by the Royal Wolverhampton Hospital Trust, Local Authority, the Coroner and the Police. SF continued that the Wolverhampton Clinical Commissioning Group had been in regular dialogue with The Royal Wolverhampton Hospital Trust to gain assurances regarding this investigation.

SF reported a decrease in the reporting to RWTs Safety Thermometer. SF confirmed that the quality team would be monitoring this decrease. MG provided a brief explanation behind the use of the Safety Thermometer. It was confirmed that results are taken on one set day of the month on a number of key quality indicators and therefore the results are very subjective.

SF reported that at the RWT Clinical Quality Review there had been a request made for the hospital to undertake Clinical Harm Reviews and in areas where there had been a delay in treatment. It was confirmed that a quarterly report would be taken to CQRM in relation to this which would be sighted at the QSC also. The 1st report would be seen by the QSC in May.

ACTION: *Harm Review Quarterly report to be submitted to the May QSC.*



SF confirmed that there had been deterioration of A&E performance as well as with Ambulance handovers. SF added context to this that the national picture had also deteriorated. It was confirmed that the Trust were still reporting in the top 20 performing Trusts in the country.

SF highlighted to the committee that RWTs most recent HSMR and SHMI (Mortality) data had indicated deterioration in their position. It was added that whilst some significant targeted work had been carried out in collaboration with RWT, CCG, NHS Improvement (NHSi) and the Commissioning Support Unit (CSU), the Trust had commenced on a series of actions as detailed in the submitted report. SF stated that this issue would be raised at the private Governing Body.

Black Country Partnership Foundation Trust

SF highlighted to the committee that the Trust had now received the final report from the CQC following last year's inspection. SF added that the Trust had been rated as "good" overall which had been an improvement on their previous rating. SF stated that the Trust should be congratulated on the rating.

SF sighted the committee on a serious incident in which a patient had a fall whilst getting out of bed. It was stated that staff found the patient in pain with skin tear to right elbow and obvious injury to shoulder. The incident had resulted in a transfer to A&E New cross where a fracture of the neck had been identified. SF highlighted that BCPFT were currently undertaking a full RCA into this.

JO highlighted from the report that BCPFT had declined to attend the CCG internal Serious Incident Scrutiny Group (SISG). SF stated that BCPFT had initially declined but had now confirmed that they will attend upon request if there are a number of SIs that occur when closure is not agreed.

Vocare

SF reported that a meeting had taken place between Vocare and the CCG. The two Executive leads for Vocare were in attendance along with MG, SF and Dr Helen Hibbs (Accountable Officer CCG). SF stated that all of the CCGs concerns were raised and both of the Vocare executive leads were sighted on the associated Remedial Action Plan. SF stated that the Executive leads gave re-assurance that all issues would be addressed. SF added that full assurance could only be given on the outcomes of the work from the remedial action plans completion. SF confirmed that sanctions are being implemented for breaches in Duty of Candour. SF confirmed that Vocare were to set up a Safeguarding Committee following issues that had been raised in relation to Safeguarding.

SF highlighted that it was important to note that Vocare was a national provider with multiple sites across the country. SF stated that the issues that had been raised were with testament to the work of the Quality Team leading to Vocare making national policy changes as opposed to local changes only.

JO enquired whether all contractual pressures had been applied? SF and MG confirmed that had been the case.

Concordia

SF reported that at the Concordia CQRM held on 27th February 2017 had been attended by Concordia new Contracts Manager, Mark Deer. SF added that prior to the meeting,



Concordia had been 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.

SF stated that WCCG's Quality Assurance Co-coordinator and Commissioning Manager undertook an announced quality visit on 27th February 2017 to Castlecroft Surgery, which was one of the sites the Dermatology service operated from. SF added that Concordia's Head of Governance was also in attendance. The visit had been undertaken to ensure that the service was safe, effective and providing a positive patient experience and also to review quality assurance systems. SF stated that positive discussions took place and a full report would be shared with Concordia by the end of March.

Compton Hospice

SP reported that 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 had been managed effectively from a quality and safety perspective.

SP stated that during the visit some issues had been identified regarding delays in incident reporting and poor management of pressure injuries and falls. SP continued that all concerns had been immediately raised with the Director of Quality and WCCG had requested urgent actions into these identified issues.

SP confirmed that a comprehensive action plan had been received as an assurance from Compton Hospice and WCCG continued to work closely with the organisation to resolve all issues identified during this visit.

Probert Court

SF reported that it had been raised at the last CQRM that Probert Court did not have a Medicines Management Policy in place that could be fit for purpose. SF added that indeed there had been a number of medication errors made by nurses at the nursing home. SF stated that contracting were to send out a letter of concern to the home. SF stated that the home had been forwarded a template to complete and return on a weekly basis tracking the improvements and use of medicines in the home. SF highlighted that the home was currently in a state of 'flux' as owners of the home changed hands from Heantun to Accord. SF stated that some re-assurance could be taken in the fact that Accord where a larger organization and therefore may have more robust policies in place.

JO raised whether or not the home had wider issues that the committee should be concerned about? SF stated that satisfaction relating to general care was good at the home. SF added that issues with the home relate to gaps in service delivery as identified by the CCG. JO stated that given the issue had been first raised in December 2016 it was disappointing to see that significant improvement had not been made. SF stated that the quality team are monitoring the situation closely.

Safeguarding

SF reported that OFSTED completed their 4 week inspection of Wolverhampton Local Authority and their partner agencies on 9th February 2017. SF added that the CCG Designated Professionals for safeguarding children had been 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. SF concluded that the judgment and its findings are due for publication on the 31st March 2017.



SF confirmed that on Tuesday 14th February 2017, the CQC published its report of its review of health services relating to safeguarding children and services for looked after children of in the geographical area of Wolverhampton in July 2016. SF added that the action plan to address these recommendations were currently being developed by WCCG and is due for submission on 14th March 2017. SF stated that this would be monitored by CQC colleagues in the Central Region, who will determine the appropriate regulatory response. SF wished to add that MG and Lorraine Millard should be congratulated on the comprehensive response to the visit and the subsequent action plan and strategic groups work.

SF confirmed that WCCG Safeguarding Children Administration Officers had now commenced in post and were undergoing an induction process to include an understanding of WCCG, LA, GP, BCPFT and the RWT processes and services to ensure that they are able to fulfill their role effectively.

SF sighted the committee that it had been identified that BCPFT did not have a substantive Named Doctor for Safeguarding Children for Wolverhampton. The committee noted that following escalation within the organisation interim measures are in place until the substantive post holder commences in April 2017.

JO raised a concern from the report that WCCG Designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths was due to leave the organisation in April 2017. MG stated that on-going discussions continue to take place at Executive level and through contracts to ensure RWT identify a suitably trained and experienced individual to fill the role. MG stated that an interim was to be put in place.

MG stated that it had been identified that RWT do not currently have a Named Doctor for LAC as a result of the previous post holder having taken on the Designated role within the WCCG. It was added that Expressions of Interest had to date been unsuccessful. MG continued that there had been escalation within the organization and as above interim measures would be put in place until this would be substantively filled.

BAF/Risk Register

JO raised a concern over the use of the terminology 'extreme' when categorizing risks on Datix. JO continued that for members of the public to read that that a specific area was rated at an 'extreme' risk would raise a concern and JO felt that perhaps the language used should be reviewed. MG stated that the terminology used was in line with guidance from the National Patient Safety Agency (NPSA) and mirrored the new risk matrix of 5x5. JO enquired whether the matrix needed to be in line with that guidance? MG confirmed that it did following the recommendations from the Price Waterhouse Coopers (PWC) report. MG continued that there needed to be an exceptional reason for an organization not to align with national guidance.

6.2 Infection Prevention Service Update

The submitted report was noted by committee members. SF confirmed that going forward the report will be presented by Vanessa Whatley, Head of Nursing, Corporate Support Services RWT.

It was highlighted from the report that there were currently 4 GP practices under review and support for Infection Prevention. JO wished to highlight that one of the practices under review was that of Dr Kainth at primrose Lane Surgery. JO continued that perhaps a



declaration of interest should be made in relation to this as Dr Kainth was a member of the Governing Body. MG stated that perhaps this should be a discussion that could take place at the Governing Body or at an executive level.

6.3 Business Continuity Quarterly Report

It was noted that apologies had been forwarded by Tally Kalea and any questions regarding the report could be fed back to Tally via email at tally.kalea@nhs.net

6.4 Quality and Risk Action Plan

SF stated that the submitted report was to be noted by the committee. SF stated that moving forward this report would be condensed into a one side information report highlighting what the Quality & Risk Teams priorities are. SF stated that the team are currently working hard on developing a team philosophy. SF stated that the philosophy would form part of the Quality Strategy moving forward. JO stated that the key part of that plan would be to have measurable targets to which the team can be benchmarked against.

6.5 Health & Safety Performance Report

This item had been deferred until April 2017.

6.6 Quality Assurance in CHC Quarterly Report

Maxine Danks was in attendance to present the stated quarterly report. MD confirmed that the numbers of referrals continue to increase however a new WTE member of staff had commenced in the CHC department which would assist the flow of work through the department. MD stated that this would allow the department to continue to meet the national targets of dealing with referrals within 28 days. MD stated that in Quarter 3 only 16 referrals exceeded 28 days, which given the workloads and significant staff sickness during this time is reasonable.

For clarity from the report submitted it was confirmed that PUPOC related to Previously Un-assessed Periods of Care.

MD confirmed that there is likely to be a Department of Health announcement detailing the next date for consideration of un-assessed periods of care. MD added that the time period will be from 2012 until 2017. MD continued that the DoH should then be moving to an annual rolling cut-off date. It was noted that this would be announced shortly. Indeed MD confirmed that it is anticipated that nationally 40,000 enquiries will be received.

MD highlighted to the committee that the Children's Continuing Care Nurse is assessing all referrals within the 28 day timescale and has, to date, assessed 57 children and young people, resulting in 23 individuals having been found eligible for Children's Continuing Care (CCC). MD continued that the CCC nurse has been integral to co-ordinating and arranging the required care for the most complex of these children; some of which had looked after status and were receiving care out of city. MD added that once children become 16 years of age a checklist against the adults continuing healthcare is completed. If this indicated that completion of a decision support tool is required this is then completed once the young person reaches the age of 17. MD stated that this allows for more effective planning for future care needs once the young person reaches 18 and is required to move into adult services.



It was highlighted to the committee that the team had been recognised in February 2017, by NHS England Midlands & East, as providing an excellent and innovative service. It was also added that MD would now form part of the National work streams considering workforce as part of the National CHC Strategic Improvement Plan.

From the submitted report MD stated that there had been a requirement for the CCG to ensure that all individuals who were CHC eligible, received care at home and may be deprived of their liberty were to have formal consideration for a Court of Protection order. The CHC team had identified 19 individuals that need to be considered and have engaged the support of Mills & Reeve.

MD confirmed that there would be an over spend for the financial year and this had been predominantly down to terminal phased care as expected.

7. ITEMS FOR CONSIDERATION

7.1 Information Governance Toolkit

PMc and Sarah Hirst Information Governance Manager for the CSU were in attendance to present the IG Toolkit end of year update. PMc confirmed that from the submission the CCG would be reporting at 89% compliance. Sarah Hirst stated that the submission from last year was at 91% compared to the 89% this year. SH stated that this was due to 2 level 3 requirements that require review. SH stated that the organisation had very robust level 2 requirements. SH stated that the plan moving forward would be to work on a more robust Records Management Policy to push the organisation towards a level 3 submission. JO stated that it was useful to have an independent view upon this from the CSU.

7.2 Patient Stories

The committee noted the submitted patient story relating to a patients BMI prior to undergoing an operation.

MG believed that there were two points to raise, firstly that the said patient had significantly improved their health by reducing their BMI levels however once the weight had been lost the standard to qualify was amended and changed by the CCG. MG stated that once a patient is already in the process at a set agreement the agreement cannot then be changed particularly when a patient had made positive progress.

JO stated that he believed that this particular patient had not been dealt with adequately.

7.3 Complaint Flow Chart

The flow chart was noted by the committee for information.



7.4 Better Births Gap Analysis

Sandra Smith was in attendance to present the Better Births Gap Analysis. The Gap analysis was noted by the committee. MG enquired if there were any issues that needed to be identified as impacting on Quality and Safety in maternity across Wolverhampton. SS stated that the main concern was that there was not yet a 100% paperless system in place for Maternity and therefore written information is not always shared with electronic systems in a timely manner.

MG stated it would be useful to gain an update of how the gap analysis is line with the on-going work around the maternity STP.

7.5 Draft BCPFT Annual Quality Report

SF stated that the report was received late and comments needed to be fed back to BCPFT by the 1st April 2017. SF stated therefore the item couldn't be deferred until April's meeting. SF requested if comments could be fed back to virtually to allow for comments to be returned to BCPFT.

JO stated that it was disappointing that BCPFT had submitted the report late for comment and then for the committee to sight the report at short notice. JO added that if papers are distributed late then the committee cannot give due consideration to the item. JO added that this should be fed back to BCPFT.

It was agreed that the item would be deferred until Aprils QSC.

8. POLICIES FOR CONSIDERATION

8.1 Policy for the Notification of Serious Incidents in Commissioned Services

It was agreed that the item would be deferred until Aprils QSC.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items were raised by the Committee.

10. ANY OTHER BUSINESS

It was confirmed by SF that MG had been shortlisted for a Health Service Journal (HSJ) award as the Quality Lead of the year. SF stated that no further information could be divulged at this point but further updates would be given on this as it progresses.

11. DATE AND TIME OF NEXT MEETING

- ***Tuesday 11th April 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***



**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 30th March 2017
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~**Clinical ~****Present**

Dr J Morgans	Chair	Yes
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Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	No

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Claire Skidmore	Chief Financial Officer	Yes
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
Sarah Fellows	Mental Health Commissioning Manager	Yes (Part)
Claire Morrissey	Solutions & Development Manager	Yes (Part)
Liz Hull	Administrative Officer	Yes

Apologies for absence ~

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

Declarations of Interest

CCM567 None.

RESOLVED: That the above is noted.

Minutes

CCM568 The minutes of the last Committee, which took place on Thursday 23rd February 2017, were approved.

RESOLVED: That the above is noted.

Matters Arising

CCM569 None.

RESOLVED: That the above is noted.

Committee Action Points

CCM570 (CCM555) Heart Failure Service Specification – Mr Middlemiss confirmed that changes required are only minor and there is no need for the specification to be shared with Commissioning Committee again. The changes will be added to the contract as a variation. Action closed.

(CCM556) Lessons Learnt Working Session – Outstanding.

(CCM556) RWT Business Case – Ms Skidmore advised that a revised business case is expected imminently with regards to re-investing money withheld by the CCG. Action closed.

RESOLVED: That the above is noted.

Ms Morrissey and Ms Garcha joined the meeting.

Contract & Procurement Report

CCM571 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 10 (January 2017) for activity and finance.

Royal Wolverhampton NHS Trust

A&E - The Trust's Month 11 (February 2017) A&E performance showed a 3% improvement from the previous month.

E-discharge - The Trust remains challenged on achieving dispatch of e-discharge summaries within 24 hours for both ward and assessment areas.

Cancer 62 days - The Trust remains challenged in this area and has advised that they will not achieve the 85% target for the whole of next year.

Finance and Activity Position - Overall, the contract is c£2.8m over plan.

Exception Reporting Proposal – The CCG’s intention is to request a monthly exception report for deviation against agreed contractual standards to ensure a consistent standardised approach with regards to discussing underperformance against contractual targets.

Performance Sanctions for Month 10 (January) - £95,950.

Business Cases for Fines/ MRET/ Readmissions – The Trust has confirmed that business cases will be completed.

Black Country Partnership Foundation Trust

Performance Sanctions – The Trust has agreed to the £5,000 sanction that will be applied following a drop in performance in relation to Safeguarding Adults Level 3 training.

SQPR - Delayed Transfers of Care remain an issue. However, there has been significant performance in this area with the Local Authority working with the CCG and DTOC is down to 10%.

CQUIN – BCPFT have requested a written partnership agreement with RWT to confirm the 2017-19 CQUIN that they have signed up to with regards to Mental Health patients presenting in A&E.

Data Quality Improvement Plan (DQIP) - BCPFT have confirmed that they are submitting all mandatory fields into the Mental Health Minimum Dataset and provided evidence of this.

Nuffield

Contract issues (Nuffield) – An issue exists with the activity reports being submitted and the data submitted via SUS. The two reports are not matching. A letter has been sent to request assurance that this will be rectified. The letter has been acknowledged and the CCG is awaiting a response.

Urgent Care Centre

Vocare Limited have been issued with a contract performance notice for a number of areas, including safeguarding, outstanding actions, timeliness of submission documents, accuracy of documents and Serious Incident issues. A remedial action plan has been requested.

As a result of the significant under plan activity, the CCG will be invoicing Vocare to claw back the financial difference for the 2016/17 year, before year end.

Vocare has been sanctioned for the month of January in relation to breaches for Duty of Candour and Serious Incident reporting. Vocare has contested the £10,000 sanction for Duty of Candour but the CCG's view is that this should stand.

Falls Service Specification

Following approval at the Committee in September 2016, the Committee was presented with an interim specification, by Ms Morrissey, to be varied into the Acute Contract for 2017/18 whilst the CCG develop a more responsive model and undertake a procurement exercise during 2017/18.

CSU Procurement Summary

Mr Middlemiss advised the Committee that an amended version will be tabled at the next meeting.

RESOLVED: The Committee noted the report and approved the interim falls service specification with the caveat that amendments would be made to the local defined outcomes.

Ms Morrissey left the meeting

Commissioning Committee Annual Report

CCM572 Ms Skidmore referred the Committee to the Commissioning Committee draft Annual Report for 2016/17.

RESOLVED: The Committee approved the draft Annual Report and recognised that more work is required in the area of joint work with the Local Authority and that there is a strong commitment to pursue that further in the New Year.

Resuming the Provision of Therapy Services in Step Down

CCM573 Mr Marshall presented a report on behalf of Ms Danks and asked the Committee to consider and approve the resumption of a therapy service in step down provision for the following reasons:

- A significant number of patients that utilise the step down bed based care, after an acute hospital admission, require a level of therapy assessment or intervention. Delays in accessing this in a timely manner have the potential to impact on the rehabilitation potential of a patient; particularly if they have been in a step down bed for a significant period of time.
- The number of patients waiting for therapy input, as a percentage of the total number of patients in step down, has markedly increased over recent months. This is the impact of the decision taken to remove the funding for 3 posts which previously supported this aspect of care

The Committee was provided with assurance that the service would be more responsive and that this would be managed through strict KPI's within the specification.

RESOLVED: Approval was given for the CCG to fund the dedicated therapy support which includes 2 WTE Band 6 Therapists and 1 WTE Band 4 Therapy Assistant.

Ms Fellows joined the meeting.

Review of Risks

CCM574 Ms Garcha informed the Committee that going forward review of risks will be a standing agenda item for all Committees. The Chair will be required to review the Risk Register for their Committee and all risks will be discussed, actions agreed and assurance provided to the Governance and Audit Committee that adequate scrutiny has been given.

RESOLUTION: The update was acknowledged by the Committee and it was agreed that Review of Risks would be the first item of discussion following the action log at future meetings.

Any Other Business

CCM575 None discussed.

Date, Time and Venue of Next Meeting

CCM576 Thursday 27th April 2017 at 1pm in the CCG Main Meeting Room

RESOLVED: That the above is noted.

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 28th March 2017
Science Park, Wolverhampton**

Present:

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

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
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In attendance

Mr M Duhra	Contract Portfolio Manager
Mrs H Pidoux	Administrative Team Manager

1. Apologies

Apologies were submitted by Mr Middlemiss and Mr Bahia.

2. Declarations of Interest

FP.143 There were no declarations of interest.

3. Minutes of the last meetings held on 28th February 2017

FP.144 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.145

- Item 100 (FP.16.127) – Consideration to be given to how the key areas of performance are reported to Governing Body - work is on-going and the report will be aligned to assurance meeting agenda where appropriate. The Committee asked that consideration is given to highlighting areas of concern which can be influenced by the Committee. Progress in other areas should be reported, these can then be considered and noted by the Committee.

- Item 101 (FP.16.135) – Quality and Safety Committee minutes to be reviewed re level of discussion re Safeguarding training at RWT and decision required as to which Committee takes the lead for monitoring the uptake of Safeguarding training – this is to be taken to the Executive meeting to discuss with the Executive Director of Nursing and Quality.
- Item 102 (FP.135) – The lack of information re Safeguarding Training for Board Level Staff at RWT to be checked to ensure that the training is being undertaken at that level – it was noted that this should be widened to include all providers. This will also be picked up with the Executive Director of Nursing and Quality and a statement requested relating to all providers.
- Item 103 (FP.136) – A view from the Quality Team to be requested of the perceived clinical risk of BCPFT's failure to achieve the CQUIN for the flu vaccine – The Quality Team had stated that the staff are encourage to have the vaccine to reduce the risk of catching flu from patients in order to keep staff absence levels low. There is little clinical risk to patients. It was noted that there has been a significant improvement in the uptake over the last 18 months. It not possible for the provider to collect data for staff who may have had the vaccine elsewhere so this cannot be included in the figures.

5. Matters Arising from the minutes of the meeting held on 28th February 2017

FP.146 The following matters were raised from the previous minutes;

- FP.137 – Outstanding data queries with RWT – it was clarified that this is being discussed at the Contract Review meetings. As a number of different logs are kept, work is taking place to review how and where information is kept and whether this can be collated more efficiently and effectively.
- FP.138 – it was clarified that the information collected in the Drugs Volume Comparison table related to items and not scripts. The title of the table has been changed to reflect this.

6. Finance Report

FP.147 Mrs Sawrey reported on the Month 10 financial position and stated that the CCG is still on track to achieve financial targets and there have been no material changes.

Mrs Sawrey highlighted that NHS England (NHSE) has recently issued guidance as to the treatment of the 1% Reserve as part of the national system-wide risk management plan. In line with the guidance the CCG must release the full amount of the 1% non-recurrent reserve to its bottom line. Therefore, in month 12, the CCG will increase its planned surplus by the value of the 1% reserve. The outcome will be that the CCG will have delivered £6.979m over target plus £3.375m, being the release of the 1% reserve.

Mrs Skidmore gave an update regarding the invoice issued by RWT in relation to Physician A for the value of £4.8m. The relevant paperwork was forwarded to NHSE as instructed by them. NHSE and NHS Improvement (NHSI) are yet to reach resolution of the issue and this is being escalated further and more information about this is awaited.

Mrs Sawrey noted that the issues of the difference in reporting through SLAM/SUS by Nuffield Hospital has now been reconciled. Reporting is now in line with other NHS providers which should overcome reporting and billing issues.

Mrs Sawrey commented that a challenging session had taken place at the last RWT Contract Review meeting due to the increase in the robustness of monitoring. Responses to all queries have been requested for the next meeting.

Mrs Skidmore informed the Committee that a meeting had been held with NHSE following a letter received from Alison Tonge, Director of Commissioning Operations – NHSE West Midlands, in respect of new guidance relating to QIPP. The guidance states that there must be no unallocated QIPP or unmitigated risk in the plans. The 2017/18 plan is to be resubmitted to reflect this. An Executive review of the 2017/18 budgets has reduced the net QIPP to £10.62m. The Executives and Programme Managers have considered plans and schemes have been identified at a high level to cover the unallocated QIPP of £1.6m. Narrative has been given to emerging plans to substantiate the numbers.

The high risk areas have been highlighted, however the level of risk reported has slightly reduced due to the level of QIPP reducing.

The Executive Team will review the budgets at Quarter 1 and reallocate surplus against QIPP. Contracts, including costing and coding, will be reviewed and elements taken out where possible. A 'stretch' has been applied to the Primary Care work programme.

Mrs Skidmore reported that NHSE are comfortable with the approach taken.

The CCG's Senior Management Team have been reminded that there is a need to continually identify schemes as this is an ongoing process.

7. Monthly Performance Report

FP.148 Mr Hastings highlighted that of the indicators for Month 10, 40 are green rated, 25 are red rated, 28 have no submissions and 1 is awaiting target.

Mr Hastings brought to the Committee's attention the Remedial Action Plan (RAP) Log included in the report and this was considered and noted.

The following key points from the report were discussed;

- RTT - work is on-going in primary care around Demand Management and Referral Management. Analysis of data has shown that GP referrals remain flat, however, consultant to consultant referrals have increased. It was agreed to bring a short report about this to the April meeting to show the impact of the on-going work.
- Diagnostics – RWT are reporting this will recover by April 2017 and are committed to achieving this. This is difficult for the CCG to manage as the Trust discussions and agreements with NHSI regarding recovery trajectory are different to those with the CCG, Further work is required to resolve this.
- A&E – there is now a national expectation of a month on month 1% increase in performance towards recovery. It was noted that this would be a particular challenge for RWT to achieve.
- 62 day cancer waits – Additional Urology clinics are being held through April 17 to process the backlog of patients, however, as all patients taken on from the backlog will already have breached this will impact on the overall performance.
- Zero tolerance RTT waits over 52 weeks – on trajectory to date for Orthodontic patients.
- EIS Referrals – it was noted that performance was affected due to the Consultant being on annual leave. It was considered whether this can be influenced as a service is being commissioned, this would be picked up through the Contract Review Meeting, to ascertain what learning has been taken from the situation so that it does not happen again.
- Delayed Transfer of Care – BCPFT have hit target for the first time for combined results.
- Discharge Summary – it has been identified that the issues are people related as there are no problems with the system and further training is to be arranged to improve this.
- Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient – performance improvements have been seen for the third consecutive month.
- Delayed Transfers - % occupied bed days – to exclude social care delays – continues to achieve the threshold of 2.8%.

It was noted that for an indicator where the target is not yet confirmed the reporting defaults to red rated.

Resolved: The Committee

- Noted the content of the report
- A brief report to be brought to the next meeting outlining on-going work around Demand Management and Referral Management.

8. Monthly Contract and Procurement Report

FP.149 Mr Duhra presented this report based on Month 10 information and highlighted the following key points;

Royal WolverhamptonTrust (RWT) -

- Exception Reporting Proposal – as discussed at the last meeting, the CCG is introducing a new mechanism to discuss underperformance against targets (national and local contractual standards). The intention is that an exception report for deviation against agreed contractual standards will be requested. The exception reports will be required monthly on the 10th working day in line with the agreed timescales for SQPR as these will be used by the Commissioner for assurance and reporting purposes. The process will also require the Trust to submit RAPs to a defined timeframe. The proposal has been sent to the Trust with the view of finalising it at the April CRM.
- Sanctions – it was noted that an increase in ambulance breaches have been seen in Month 10.
- Business cases for fines/MRET/readmissions – The Trust informed the CCG that it would not be completing business cases for MRET and readmissions. The Trust has been advised by the CCG that this is not acceptable. In line with PbR guidance for MRET and re-admissions, the CCG requires information and a clear audit trail for how the money is reinvested. Following discussion it was agreed to hold the line that appropriate business cases are required which need to evidence value for money.

Black Country Partnership Foundation Trust (BCPFT) –

- Safeguarding Adults Level 3 dropped in performance from 85% to 81% (against a target of 85%). The Trust has agreed to the £5,000 sanction that will be applied, this is the first financial sanction that has been applied for this indicator. Assurance has been given by the Trust that February performance will be above 85%.
- Routine EIS referrals within 10 days – performance has dropped from 90% to 53% and failed to meet target. The Trust have been asked to provide assurances around their consultant cover when

the EIS consultant is on leave or off sick as part of the RAP. A positive meeting had been held to discuss this issue and the RAP is expected shortly.

Nuffield –

- An issue has arisen with the Activity reports being submitted by the provider and the data submitted via SUS. As discussed earlier in the meeting this issue has now been rectified.

Other Contracts/Significant Contract Issues

WMAS Non-Emergency Patient Transport –

- A performance issue has been raised by RWT with respect to patients that have had to be rebedded due to the unavailability of timely transport. The CCG has written to WMAS requesting a formal response. This response has been received and will be reviewed at the next CRM.

Urgent Care Centre (UCC) –

Due to the performance issues identified at the UCC this has been escalated to director level meetings.

Due to the significant under plan activity the CCG will be clawing back the financial difference for the 2016/17 year as supported by this Committee at the February meeting and a letter has been issued to Vocare stating this.

Vocare has also been sanctioned in relation to breaches for Duty of Candour (DoC) and SI reporting. The provider has contested that they should not be sanctioned at £10,000 for DoC as the 'cost of the episode of care' in each case is less than this amount. It is the CCG's view, that in light of the severity of each of the breaches to DoC, the breach amount of £10,000 should be paid.

Both of the above issues are due to be discussed at a forthcoming meeting.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- Supported the need for business cases from RWT for MRET and re-admissions

9. Draft Annual Report

FP.150 Mrs Skidmore reminded the Committee that an Annual Report is produced to provide details of how the Committee has discharged its duties in the year. It was noted that there have not been any concerns raised and all the aims set out in the terms of reference have been met.

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

The Committee;

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

10. Any Other Business

FP.151 There were no items raised under any other business.

11. Date and time of next meeting

FP.152 Tuesday 25th April 2017 at 3.15pm, CCG Main Meeting Room

Signed:

Dated:

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**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

Minutes of the Primary Care Joint Commissioning Committee Meeting (Public)
Held on Tuesday 7th March 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	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	No
Peter Price	Lay Member (Vice Chair)	No

NHS England ~

Alastair McIntyre	Locality Director	Yes
Gary Lucking	Contract Manager	Yes
Bal Dhami	Contract Manager	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	Yes
Tracy Cresswell	Community Engagement – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer	No
Sarah Southall	Head of Primary Care	No
Laura Russell	Primary Care PMO Administrator (WCCG)	Yes

Welcome and Introductions

PCC321 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

PCC322 Apologies were submitted on behalf of Dr Helen Hibbs, Manjeet Garcha, Sarah Gaytten, Peter Price, Gill Shelley, Anna Nicholls, Elizabeth Learoyd, Dr Kainth and Sarah Southall.

Declarations of Interest

PCC323 Dr Bush and Dr Reehana 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 7th February 2017

PCC324 RESOLVED:

That the minutes of the previous meeting held on 7th February 2017 were approved as an accurate record subject to the following amendment:

PCC303 NHS England Update (Page 3) - A spelling mistake it should read '*This will take affect from October 2017*'.

Matters arising from the minutes

PCC325 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

PCC326 **Minute Number PCC176 – Premises Charges (Market Rent Reimbursement)**
Ms Payton confirmed she had provided the contact details regarding accessing funding for NHS Property Services/Community Health Partnership Premises Charges. This information had been shared with Practices on the 2nd March 2017. Action closed.

Minute Number PCC302 – Premises Charges (Rent Reimbursement)

NHS England confirmed they are still awaiting the new cost directives and have been informed they should receive this in April 2017. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.

Minute Number PCC283 – Wolverhampton CCG Update

It was confirmed that Ms Southall will provide a joint evaluation report on the two extended opening hours scheme at the May Meeting.

Minute Number PCC304 NHS England Finance Update

The month 10 report has been provided and is on the agenda for discussion. Action closed.

Minute Number PCC305 Wolverhampton CCG Update

The General Practice Five Year Forward Plan has been provided and is an agenda item for discussion. Action closed.

Minute Number PCC307 Primary Care Operational Management Group Meeting

The full delegation agreement has been shared and is on the agenda. Action closed.

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC327 Mr McIntyre advised there were no further updates from the National or Regional Team for this month.

RESOLVED: That the above is noted.

NHS England Finance Update

PCC328 Ms Payton informed the Committee the 2016/2017 GP Services allocation for the CCG at month 10 is £33.1m. The Forecast outturn is £33.1m and delivering a breakeven position.

The Committee were advised the contingency of £34,000 availability at the last meeting has now been brought into the position following the month 10 review and has been fully utilised.

The allocation to fund GP Services for 2017/2018 will be £34.8million and the financial plans have been completed and submitted.

NHS England are still awaiting the final confirmation of the Global Sum value for 2017/2018 in order to incorporate the changes to the GP contracts.

NHS England West Midlands are still working with the CCG during April and May 2017 to ensure the CCG are fully delegated.

Ms Payton provided the details of the indicative funding in relation to the GP Forward View investments and confirmed the CCG have submitted their plans to NHS England on how they will utilise the funding.

Mr Hastings queried regarding the EFFT Cohort 2 schemes as it states they have been supported in principle and asked if this is same as the cohort 2 business cases. Ms Payton confirmed it was the cohort 2 business cases which have followed the local dual diligence process and in principle they have been agreed. The cohort 2 schemes are within the next stage of approval at National level.

Mr Hastings asked if there was any update on the ETTF cohort 3 bids, Ms Payton stated they are still awaiting advice and that is would be dependent on how the current schemes are progressing.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC329 Mr Hastings provided the following update on the work being progresses within Primary Care:

- Wifi is now available within all the GP practices and Juliet Bower, Director at NHS Digital will be visiting the CCG on the 21st March 2017 as the CCG are the first in the country to implement.
- New Models of Care extend hour's access scheme for Saturday opening has been extended until the end of March 2017 for practices within Primary Care 1 and 2.
- Primary Care Home 1 have been running a pilot for appointments for counselling and social prescribing and has been very well received. The findings have been shared with the CCG and this is now being rolled out across the City and expressions of interest are being sought.
- Primary Care Homes are putting together their next newsletters for patients to inform them of progress and remind them of services available such as online prescriptions access to medical records online, appointments on line agreements for text messaging.
- Patient online work is progressing with practices to support patients to sign up to patient online. This is going well and of those Practices that were less than 10% which is the target there were 23 Practices in October now down to 15 Practices who are less than 10%. A presentation has taken place at the Practices Manager Forum and a case study undertaken of Newbridge

surgery, which will be put on the website and a press release will be done to raise the profile.

- Choose and Book ERS the quality premium target at 65% the CCG's trajectory looks good and are the only CCG in the Black Country to have an increasing trajectory over the last three months.
- Advice and guidance have taken forward with Urology.

Ms Cresswell raised concerns regarding choose and book as there are issues with some Practices not giving the patient the choice and the GP is making the decision for them. Mr Hastings stated they encourage the correct use of choose and book and provide a dedicated person to provide training to Practices. Mr Hastings stated there is a possibility next year they will have to do more scientific measuring of choice and with this in mind they are looking at reintroducing the coding on the clinical system.

Discussions took place regarding GPs providing support and guidance to help the patient make an informed decision and the complexity of measuring patient choice. Mr McKenzie asked if Healthwatch could provide details in terms of numbers so they have some evidence based data they can work with and provide support to those practices, Ms Cresswell agreed to look into and report back to the CCG.

RESOLUTION: Ms Cresswell agreed to review the numbers and details regarding those areas patients feel they are not being provided with patient choice and report back to Mr McKenzie.

Primary Care Programme Board Update

PCC330 Mr Marshall presented on behalf of Ms Garcha the Primary Care Programme Board Update which has been provided for information and asked if there were any questions to take back to Ms Garcha. There were no questions raised by the Committee.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Meeting

PCC331 Mr Hastings presented the Primary Care Operational Management Group report which provides an overview of the discussions that have taken place at their meeting on the 21st February 2017. The following items were highlighted to the Committee:

- Primary Care Quality discussions took place around the monitoring of quality and assurance regarding Friends and Family Test submissions and how to manage the data and fluctuation of those practices not submitting data.
- Demand Management work is on-going and progressing well.

- Extend Opening for the Christmas and New Year scheme evaluation was presented to the group. The pilot consisted of 5 GP Practices covering Primary Care Home(s) with 465 patients appointments taken of which 446 were GP appointments and 19 were nurse appointments.

Ms Roberts stated in relation to Friends and Family data NHS England currently issue breaches and queried if they will continue after full delegation. It was confirmed they would continue with this role.

RESOLVED: That the above is noted.

Primary Care Medical Services Delegation Agreement

PCC332 Mr McKenzie presented to the Committee the details of the delegation agreement between NHS England and the CCG for Primary Care Medical Services. The report has been presented for assurances purposes as the delegation agreement is the legal document which sets out how NHS England will delegate to the CCG and which powers are reserved.

The powers that will be delegated to the CCG include the day to day management of Primary Care Medical Services contracts and Practice Mergers and will have similar powers as the how the Joint Commission Committee functions. The services reserved to NHS England include management of the performance lists, capital expenditure and managing complaints.

Mr McKenzie highlighted one of the main key points set out within the agreement is the approach NHS England will take to ensure the CCG are delivering their delegated functions. The agreement sets out that the CCG will need to prepare within two months of delegation a plan setting out their approach to delivering the functions and prepare an annual report. The work is underway to the produce plan as part of the CCG's preparation for full delegation and will be submitted to the newly formed Primary Care Commissioning Committee.

Mr McKenzie advised the delegation agreement is a national mandated document and there is no scope for changes. There is however an exception schedule included for local arrangements but there are none for the CCG. The delegation agreement needs to be signed and returned by the CCG on the 8th March 2017.

The Committee noted the report's recommendations that the CCG will sign the delegation agreement in line with national guidance and that work is on-going to prepare for full delegation and developing an assurance plan.

RESOLVED: That the above is noted.

General Practice Forward View Implementation Plan

PCC333 Mr Marshall presented the General Practice Forward View Implementation Plan for 2017/2019 on behalf of Ms Southall. The report is to provide the Committee with assurance on the programme of work and provide the final version of Wolverhampton's GP Forward View Implementation Plan.

Mr Marshall presented the plan and provided an overview of each section and in particular highlighted the investment in general practice (page134) under the *CCG Recurrent Transformation Support £1.50 per head*, Mr Marshall stated this would be £3.00 per head and spread across two years.

Ms Roberts queried the Primary Care Strategy Governance chart and asked if there are any plans to merge in the future the Primary Care Commissioning Committee and the Primary Care Strategy Committee. Mr McKenzie noted that the Primary Care Commissioning Committee and Primary Care Strategy Committee would remain separate as the Primary Care Strategy is owned by the Governing Body and there are no plans to pass these responsibilities onto Primary Care Commissioning Committee. It was noted that the Primary Care Strategy Committee is still within early stages and it sits at a separate level to other Committees within the CCG.

Ms Jervis raised under investment in General Practice (page 138) under Public Health Services could the collaborative working with Public Health and the CCG is really positive and wonders if it could be more robust. Mr Marshall agreed to meet with Ms Jervis to ensure Public Health are sighted on the Primary Care programmes.

RESOLUTION: Mr Marshall agreed to meet with Ms Jervis to ensure Public Health are sighted on the Primary Care programmes.

Any Other Business

PCC308 There were no further discussion items raised by Committee.

RESOLVED: That the above is noted.

PCC309 **Date, Time & Venue of Next Committee Meeting**
Tuesday 4th April 2018 at 2.00pm in the Marston Room, 1st Floor, Technology Centre, Wolverhampton Science Park

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Thursday 16th March 2017

Commencing at 1pm in the CCG Main Meeting Room, Wolverhampton Science Park,
Glaiser Drive, Wolverhampton

Present:

Sarah Southall	Head of Primary Care, WCCG (Vice Chair)
Dr DeRosa	Chair of Governing Body, WCCG
Claire Skidmore	Chief Finance & Operating Officer, WCCG
Mike Hastings	Associate Director of Operations, WCCG
Vic Middlemiss	Head of Contracting & Procurement, WCCG
Jane Worton	Primary Care Liaison Manager, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Dr Mehta	LMC Chair
Stephen Cook	Senior IM&T Project Manager, WCCG
Dr Reehana	Locality Lead/New Models of Care Representative, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Barry White	New Models of Care Project Manager, WCCG
Jason Nash	New Models of Care Project Manager, WCCG
Laura Russell	Primary Care PMO Administrator, WCCG
Liz Hull	Administrative Officer, WCCG

Declarations of Interest

PCSC104 Dr DeRosa, Dr Kainth, Dr Mehta and Dr Reehana declared their interest, as GP's in all items related to primary care. However, as declarations did not constitute a conflict of interest, they all remained in the meeting whilst these items were discussed.

Apologies for absence

PCSC105 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Andrea Smith, David Birch and Sharon Sidhu.

Minutes and Actions

PCSC106 The minutes of the previous meeting held on 8th February 2017 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

PCSC107 Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee:

The Committee was informed that the report was accepted at the Governing Body Meeting on Tuesday 14th March 2017.

RESOLVED: That the above was noted.

Risk Register

PCSC108 Risk Register Report Datix:

Mrs Southall presented the Risk Register and reported that there were no red risks to escalate to the Committee.

Summary of Risk Logs:

Risk logs for the following Task and Finish Groups were reviewed by the Committee:

- Capital Review Group / Strategic Estates Forum
- Primary Care Project Management
- Localities as Commissioners
- Clinical Pharmacist in Primary Care
- Workforce Development – concerns were raised in relation to the lack of risks included.

RESOLUTION: All Task and Finish Groups to ensure that risk log colour coding is correct.

Performance

PCSC109 **Strategy Implementation Plan**

Ms Russell provided the Committee with an update in relation to the Strategy Implementation Plan and the following key points were noted:

- Exception reports to be tabled for New Models of Care, Workforce Development, Primary Care Contract Management and Estates Development.
- New Models of Care – most of the key objectives will be delivered in 2017/18.

- Practices as Providers – a number of objectives are on schedule to be complete by the end of March, with the remaining objectives being carried forward for completion into 2017/18.
- Localities as commissioners – objectives to be carried forward into 2017/18.
- Workforce Development – Slippage has been identified in the low level plan and this will be monitored, exception report available.
- Clinical Pharmacists in Primary Care – the plan is on target and objectives to be achieved in 2017/18.
- Primary Care Contract Management – a number of objectives are scheduled to be complete by the end of March and a review will be undertaken with the Group leads to look at objectives going forward.
- Estates Development – There has been some slippage for 2016/17. Larger pieces of work will be carried forward into 2017/18.
- IM&T Business Intelligence – Progressing into 2017/18.
- GP 5 Year Forward View – a separate programme of work is being compiled, activities are underway and objectives will be mapped to the Primary Care Strategy Programme of Work for consideration at a future meeting.

RESOLVED: That the above was noted.

Task & Finish Groups

PCSC110 Practice as Providers Task & Finish Group

Mr Khular provided the Committee with a summary of discussions that took place at the Task and Finish Group on 14th February 2017. Key points were noted as follows:

- Improved access to Primary Care – An overview plan has been developed to confirm how the 10 High Impact actions will be delivered and a Local Enhanced Service has also been prepared to further define this. Discussions have established that some of the good practice that underpins the High Impact Actions is already taking place. Therefore, the first phase will involve setting a baseline.
- Non-Clinical Support Functions – Work is being undertaken with the Primary Care Home and Medical Chambers Groups to identify their preferred options for provision of each function, which are:
 - Legal Services
 - Human Resources
 - Mandatory Training
 - Payroll
 - Standardised Policies and Procedures
 - Business Intelligence and Data
 - Medicine Optimisation and Prescribing Support
 - Contract Management
 - Procurement of Goods and Services

A more in depth update to be provided at the next meeting.

- GP Peer Review – A discussion has taken place with BI with regards to the presentation of data on GP referrals for the specialities with the greatest volume of activity and variance across the following 4 quadrants:
 - Quadrant 1 – low referrals / low conversion
 - Quadrant 2 – low referrals / high conversion
 - Quadrant 3 – high referrals / high conversion
 - Quadrant 4 – high referrals / high conversion

This data will form the basis of Peer Review discussions in 2017/18 and the Committee was advised that a paper was presented to the Clinical Reference Group to propose a way forward. Practice groupings are considering forming sub groups at which Peer Reviews can be completed.

- Asthma / COPD Enhance Review – The Committee was informed that coding issues have been identified. However, positive feedback has also been received which can be utilised going forward.
- Aristotle / Risk Stratification – A stakeholder meeting is in the process of being arranged to consider progress made with Risk Stratification to date and to agree next steps to embed in practices. The meeting will include PCH1, PCH2, Unity, RWT and Social Care. The Committee will be provided with feedback at the next meeting.
- New Consultation Types – An options appraisal is expected at the IM&T Task and Finish Group.

RESOLUTION: Mr Khular to provide a more in-depth update, at the next meeting, in relation to the Non-Clinical Support Functions.

PCSC111 **New Models of Care (Primary Care Home) Task & Finish Group**

Mr White presented an update to the Committee as follows:

- Work continues on the Gap Analysis of the work required to enable the formation, implementation and operation of Primary Care Homes within Wolverhampton CCG.
- Engagement with task and finish groups is on-going.
- Primary Care Home 1 and 2 meetings have taken place.
- Patient engagement and self-health care development – a presentation was delivered by the ‘Sound Doctor’ who provided information on what can be provided in the form of a suite of patient advice, awareness and engagement videos. A business case has been drafted.
- Clinical Pharmacists for PCH1 and PCH2 – submissions were made on 10th February and a decision is still awaited.
- Individual electronic folders for the PCH groups are up and running on the W drive.

- Extended hours covering Christmas / New Year and Saturday - An extension has been provided until the end of March. This includes an additional extended service in each locality (1 site per locality) which would provide 72 additional appointments across 3 sites on Saturday mornings.
- Service and pathway development meetings have taken place to agree progress requirements for Mental Health, Frailty and Clinical Pharmacist.
- The PCH2 Practice Managers Meeting is due to take place on 23rd March. Work continues to develop:
 - Resource lists for PCH1 and PCH2
 - IM&T requirements
 - Administration governance
 - Meetings and operational control
 - Practice Manager and staff engagement and understanding
 - Patient engagement and involvement
 - 10 point High Impact Action Plan
 - Back office support functions requirements
 - Use of Community Matrons
- EMIS sharing requirements:
 - Costs will be validated by IM&T colleagues.
 - A workshop took place on 27th January 2017 and the outputs will be communicated to Practice Managers.
 - The logistics of training days are yet to be identified.
 - Policies, procedures and management documentation – a suite of documentation to meet PCH requirements. Currently, the following documents have been produced for validation by PCH's:
 - Members agreement
 - Company accounts spreadsheet
 - Invoicing template
 - Expenses template
 - Purchasing/revenue spend application process and documents
 - Templates for costing and service evaluation
- Work is taking place with Practice Managers from PCH1 and PCH2 to develop and plan requirements and deliverables.
- Newsletters for PCH1 and PCH2 which will also be shared with CCG employees

RESOLUTION: Mr White to ensure that a copy of the newsletter is circulated with the minutes.

PCSC112 **New Models of Care (Unity) Task & Finish Group**

Mr Nash referred the Committee to a highlight report and key points were noted as follows:

- Unity Meeting – the second meeting took place on 2nd March 2017 and focused federated working / MCP contracts, hub working and social prescribing. Updates were also provided at the meeting with regards to Admin

/ Reception training, a Peer Review proposal and Risk Stratification & Community Neighbourhood Teams.

- PCC Opportunity – A workshop will take place on 27th April 2017 to help Unity develop a cohesive vision and clarify how they can play a part in the development of the MCP model.
- Peer Review Proposal – A paper was submitted to the Clinical Reference Group following a review of the peer review process. The proposal seeks to agree a number of specialities for review during 2017/18.
- Clinical Pharmacist – Intrahealth submitted a bid on behalf of the group. If successful, Intrahealth will be the employing organisation and hold an SLA with each participating practice. The bid seeks to establish 5 clinical pharmacists to become integral parts within general practice, covering a registered population of 59, 800 patients. The outcome is still awaited.
- Extended Opening – To support the implementation of extended opening across all Unity practices, a proposal has been distributed to the group that suggests splitting into 3 geographical hubs that will seek to deliver care close to the patient's home. Concerns were expressed by members of the Committee because it is the view of NHS England that practices with half day closing are unable to participate in extended opening. It was therefore agreed to build contractual changes in schemes and recognise as a risk (Action: RK).
- Remote Consultations – A demonstration had been arranged directly with EMIS for 5th April 2017 and invites have been sent to practices. MH reiterated the importance of working in close collaboration with the IT Team at the CCG.
- Winter Pressures Increased Access – Extended for a number of practices until the end of March.
- Simple Dressings / Wound Care – The group have been asked to consider delivering group wide wound care to resolve difficulties with waiting times and RWT being unable to refer patients for follow up treatment to Vocare post discharge. Initial feedback is concern over the increasing expectations on general practice. Dr Bush has agreed to look at confirming further capacity and a number of other practices have similarly indicated.
- End of Life Identification (EOI) – A meeting took place recently between Karen Evans and Dr Kam Ahmed who had highlighted concerns in relation to this. Feedback from that meeting will be obtained.

RESOLUTION: Mr Nash to ensure that the Risk Log is updated to recognise contractual changes as a risk.

Ms Southall to send Dr Mehta the national guidance in relation to appointment times, contained within the 5 Year Forward View Plan.

Mr Cook to attend the next Unity Meeting.

PCSC113 **New Models of Care (Unity) Exception Report**

Mr Nash presented the Committee with an exception report in relation to slippage for the following areas of the implementation plan:

- Confirmation of leadership roles / organisation structure
- Evaluation of data from participating practices once extended access scheme has been completed
- Audit of DNA rates
- Update / presentation on Active Signposting / Staff training at Penn Manor
- Case reviews of Paramedics supporting Primary Care

RESOLUTION: **The Committee approved the proposed revised timelines with the caveat that this should be re-considered if the need arises.**

PCSC114 **Localities as Commissioners Task & Finish Group**

Mr Khular provided the Committee with an update and highlights were noted as follows:

- 7 Day Working
 - A patient engagement event was due to be held by the trust and a presentation will be delivered to GPs at the next Team W event on 22nd March 2017.
- Practice Level Dashboards:
 - A demonstration of the practice level view of Aristotle was delivered by Midlands and Lancashire CSU BI Team.
 - Reports that can be generated at practice and group level on the various domains within Aristotle include Contract Monitoring, Performance, High Intensity User Dashboard, Ambulatory Care Sensitive Conditions and Risk Stratification
 - Data in relation to prescribing is held by the Medicines Optimisation Team, which can also be included in the dashboards.
- Local QOF
 - The Steering Group has met and meetings will be held at monthly intervals.
 - A Terms of Reference has been considered.
 - A review of national indicators is currently taking place.
 - Dudley CCG's approach to implementing a local QOF has been reviewed. Their process took 2 years to agree, with input from NHS England and the CQC. All indicators are reported against a specific function within EMIS.
 - NHS England (Contracting) will be part of the group, along with Dr Ahmed from Medical Chambers.
 - The intention is to develop a QOF+ rather than suspend the national QOF fully. Additional indicators are being identified & will be shortlisted in the coming months with a view to implementation thereafter.

- Risk Stratification
 - A stakeholder meeting has been arranged to consider progress made to date and to agree next steps to ensure that risk stratification is embedded in practices. The meeting will involve representation from PCH1 and 2, Unity, RWT and Social Care and colleagues responsible for the Community Matron Service.

RESOLUTION: Mr Khular agreed to liaise with the LMC to ensure that they are included in the Local QOF Steering Group.

PCSC115 **Workforce Development Task & Finish Group**

In Ms Garcha's absence, the Committee reviewed the report submitted by Ms Garcha and the following queries were noted:

- Why is there no mention of GP recruitment?
- When is the recruitment fayre taking place?
- Is there a compelling vision about what is to be achieved?

RESOLUTION: Ms Garcha is required to provide a more in-depth report to include a stronger focus on what the fayre is going to include, how it will be delivered and when.

Ms Garcha to ensure that the Risk Log is accurate.

Ms Southall to attend the next Task & Finish Group.

Ms Hull to circulate information from the Advisory Board with the minutes.

PCSC116 **Clinical Pharmacist in Primary Care Task & Finish Group**

Mr Birch had sent apologies, therefore the Committee reviewed the report in his absence. It was noted that:

- A bid has been submitted for funding by PCH1 and 2, VI and Intrahealth (on behalf of Unity).
- A KPI data collection form is still in the process of being developed.
- The Gap Analysis database is being kept up to date.

RESOLUTION: The Committee accepted the report in principle and Ms Skidmore and Ms Southall agreed to explore, outside of the meeting whether this T&FG should remain separate to the Workforce T&FG.

PCSC117 Primary Care Contracting Task & Finish Group

Mr Middlemiss summarised the Primary Care Contracting Task and Finish Group highlight report as follows:

- Implementation Plan:
 - There is slippage for 3 areas and other areas are complete or in progress.
 - Discussions have focused on Primary Care Contracting update, development of new models of care, contracting support via the PC Hub / progression to full delegation, and risks / issues.
- Primary Care Contracting Update - The CCG have circulated expression of interest opportunities in relation to:
 - Zero Tolerance Scheme for violent patients
 - Primary Care Counselling
 - End of Life
- Development of Models of Care:
 - Members of the CCG recently attended a conference, hosted by the King's Fund. Feedback from this is that an options appraisal is recommended to determine the best MCP contracting model for the service model being commissioned. It is also recognized that VAT implications are a key issue for Primary Care Groupings with regards to VAT liability facing non-NHS bodies. A review is taking place by the Treasury in relation to this.
 - Medical Chambers Group is holding an Away Day in April, hosted by Primary Care Commissioning and it is hoped that this will provide an opportunity for shared learning.
- Preparing for Full Delegation:
 - The CCG is still awaiting release of the latest iteration of the Primary Care Hub MoU.
 - The CCG has approved a new post – Primary Care Contracts Manager, which will lead on the responsibility associated with delegation of Primary Medical Services commissioning.
- Task & Finish Group Actions:
 - A meeting will take place to explore joint procurement options between the CCG and Wolverhampton City Council.
 - Mr Middlemiss will review the Kings Fund Conference presentations to determine if some of the slides can be shared with the Task and Finish Group.
 - Additional risks to be included on the Risk Register.

RESOLVED: **The Committee noted the update provided.**

PCSC118 Primary Care Contracting Exception Reports

Mr Middlemiss referred to 2 exception reports as follows:

- Exception Report 1 Delay in the release of the updated Primary Care Hub MoU – a number of mitigating controls have been put in place to ensure that the CCG is as fully prepared as possible for full delegation in the absence of a MoU.

- Exception Report 2 Delay associated with the implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England – specific areas of the delay are:
 - Preparation of a contract plan for Primary Care in response to practice groupings.
 - Preparedness of practice groups to sub contract services where necessary.

RESOLUTION: The Committee noted both exception reports and requested that a milestone review should take place in May 2017.

Mr Middlemiss should include the Maturity Model (Self Assessments) as an agenda item for the Task and Finish Group Meeting.

Mr Middlemiss to note that the next meeting of this group overlaps with the meeting for Practices as Providers.

PCSC119 **Estates Development Task & Finish Group**

Mr Kalea updated the Committee with highlights from the Estates Development Task and Finish Group:

- Locality Hubs:
 - North East - A piece of work is being undertaken to identify land.
 - South West – RWT have advised that West Park will be an interim hub.
 - South East – Issues with a plot of land and information is still awaited and other options exist.
- Cohort 1 Schemes:
 - The three Cohort 1 practices that were successful with ETTF bids should have had completed builds by 1st April 2017. The delay in funding allocation from NHS England and lease agreements from NHS Property Services not being created has led to the programmes of work for each practice slipping beyond the original completion date.
 - Meetings are taking place with practices so that the lease agreements can be completed with CCG support.
 - Further meetings with NHS Property Services are in place to ensure practices are kept up to date on progress in relation to sign off of the agreements and planned start dates for building works.
 - Mr Kalea confirmed that the CCG has been provided with confirmation that money for Cohort 1 Schemes is protected

RESOLUTION: The update was noted by the Committee.

Mr Kalea to obtain confirmation from Property Services by the end of the month.

PCSC120 **IM&T Business Intelligence Task & Finish Group**

Mr Cook joined the meeting to share highlights of the IM&T Business Intelligence Task and Finish Group with the Committee:

- Wolverhampton LDR Enablement group has finalised the MoU and ToR, which is now being shared with the Boards of member organisations and it is planned to be a single document going forward.
- Wi-fi is now live.
- The NHS digital visit has been delayed until May.
- EMIS remote consult projects are in progress for all of the GP groups.
- The ETTIF JAYEX (auto arrival solution) project has started and the replacement of equipment has started.
- ETTIF Bid for 2017/18 has been submitted. The bid is developed in collaboration with Walsall CCG and would look to expand on the existing Shared Care Record. We are currently waiting to see if this has been agreed.

RESOLVED: **The Committee noted the update provided.**

PCSC121 **General Practice Forward View Implementation Plan 2017-19**

Ms Southall presented an update report to the Committee and it was noted that:

- Further guidance issued by NHS England identifies Primary Care as a must do area for local operational plans 2017-19. In December 2016 the CCG submitted an outline delivery plan to NHS England for consideration.
- Wolverhampton's General Practice Forward View is being shared with a range of other forums, including:
 - Primary Care Operational Management Group
 - Senior Management Team
 - Governing Body
- Regular assurance reports on the programme of work will be overseen by the Primary Care Strategy Committee from April 2017 and shared periodically with the above forums as well.

RESOLUTION: **Ms Southall agreed to send the General Practice Forward View Implementation Plan to each practice with a covering email.**
Ms Southall to raise the issue of bulletins not being updated on the Intranet with the Comms Team.

PCSC122 **Discussion Items**

Zero Tolerance & Commissioning Intentions

Ms Southall presented to the Committee a report that summarised progress made in relation to the Zero Tolerance Service Specification, current provider performance and policy development.

The Service specification was approved at the Joint Commissioning Committee in February 2017 following prior consultation with members of the Primary Care

Operational Management Group. It has been shared with Wolverhampton member practices for expressions of interest to provide the service from April 2017.

The current service provider's contract is due to end on 31st March 2017 as per commissioning arrangements with NHS England, although agreement has been confirmed to continue until a suitable alternative provider is identified. A service review was undertaken during February, with the current contract holder, the CCG and NHS England. There are currently 12 patients registered with the service, all receiving care from the provider in line with the existing contract with NHS England. There were no major concerns identified during the service review.

A new Zero Tolerance CCG policy has been prepared based on guidance available from NHS England to enable the new service to be managed effectively by commissioner and provider. The Committee was asked to note the processes defined within the policy that are being used locally in the absence of any previous iterations of a CCG policy. The processes enable stakeholders to manage appeals, complaints and operational difficulties that may have arisen.

The Committee was informed that the Service Specification and Policy have both been agreed in principle.

RESOLVED: The Committee noted the contents of the report.

PCSC123 Any Other Business

Dr DeRosa's – Ms Southall advised the Committee that this would be Dr DeRosa's last meeting and thanked him for all the input that he has made. Dr DeRosa was also wished well for the future.

RESOLVED: That the above is noted.

Primary Care Strategy Communications Plan – It was agreed that the Communications Plan should be included on the agenda at the next Committee and should also be included on the agenda for the next Members Meeting.

RESOLUTION: Ms Southall to liaise with the Helen Cook / Charlotte Hibbs.

Date of next meeting

Thursday 20th April 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park

Wolverhampton Clinical Commissioning Group
Audit and Governance Committee

Minutes of the meeting held on 21 February 2017 commencing at 11.00am
In Armstrong 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:

Mr P McKenzie	Corporate Operations Manager, WCCG
Mr H Rohimun	Executive Director, E&Y LLP
Mrs C Skidmore	Chief Finance and Operating Officer, WCCG
Miss M Patel	Administrative Support Officer, WCCG (minute taker)

In Attendance

Ms A Breadon	Head of Internal Audit, PwC
Mrs M Garcha	Director of Nursing and Quality, WCCG (part meeting)
Ms G Lakh	Manager, Counter Fraud Specialist, PwC
Mr V Sarjan	Manager, E&Y LLP

Apologies for attendance:

AGC/17/01 Apologies for absence were submitted by Ms J Watson, Ms M Tongue, Mr N Mohan and Mr M Surridge.

Declarations of Interest

AGC/17/02 Mr Cullis declared an interest to be noted that his primary workplace Carillion PLC provided services to the NHS. Mr Cullis will complete a Declarations of Interest Form for the CCG to be kept on record.

Minutes of the last meeting held on 15 November 2016

AGC/17/03 The minutes of the last meeting were agreed as a correct record.

Matters arising (not on resolution log)

AGC/17/04 There were no matters arising.

Resolution Log

AGC/17/05 The resolution log was discussed as follows;

- Item 79 (Item b/f from private session) – Review results of Coding Audit at Nuffield; arranged via CCG Contracts Team – remain open. Mrs Skidmore to pick up with Mr Middlemiss.
- Item 85 (AGC/16/71) - Clarification from HR regarding applicability of the Whistleblowing policy to Governing Body Members – Mr McKenzie updated that this had been clarified at the last meeting. The Members of the Governing Body were protected around their employment and this had been confirmed by HR. The CCG's liability cover through the NHS Litigation Authority includes indemnity cover arrangements for Officers and would therefore cover any issues raised by a Governing Body member in their role for the CCG.
- Item 87 (AGC/16/87) – Mr Oatridge to raise the prescribing issue at the national Audit Chairs Forum – Mr Oatridge had raised this with Joanne Shaw (Chair of NHSE Audit Committee) who advised that she would raise this with the Chief Pharmacist. No response had been received to date.
- Item 88 (AGC/16/91) – External Audit Update work plan for 2016/2017 to be shared at next meeting – this was covered in the agenda today.

RESOLUTION: Resolution log to be updated accordingly.

Internal Auditor Progress Report

AGC/17/06 Ms Breadon covered the Internal Auditor Progress Report under:

- **Internal Audit Progress Report.**
 - This was currently on track to be completed by the end of the year.
 - The Finance Report was finished.
 - The Stakeholder review would be going out this week.
 - The IG and Conflicts of Interest reports would be brought to the next meeting.

- **Internal Audit Report on Corporate Governance**

The Committee reflected on the findings contained within the report and noted the work planned by the management team to address the audit recommendations. In particular, Mrs Skidmore undertook to consider how to encourage consideration of progress against strategic objections both within the management team and at Governing Body.

- **Internal Audit Report on Risk Management**

This was noted a high risk report. Mr Oatridge commented that the report reflected that the CCG needed to address structure, ownership and scrutiny. Mrs Skidmore advised that Mrs Garcha was undertaking a lot of work around this and could articulate further later on in the meeting.

In response to a question from Mr Oatridge, Mrs Skidmore confirmed that each risk has a Risk Manager and Director and that each committee will have its own set of risks to have oversight of. Mr Cullis noted that lots

of risks were captured by Datix but felt that the principle risks for the CCG needed to be clearly articulated.

Mr Cullis asked how the CCG compared to its peers with regard to risk reporting and management. Ms Breadon stated that lots of organisations struggled with assurance and were at various stages.

Mr Rohimun felt that this was one of the more critical reports that had been presented to a CCG and needed to be addressed. He confirmed that the external audit plan would need to be updated to reflect further audit action required in light of the internal audit findings.

RESOLUTION: The Committee:

- Noted the recommendations of the reports undertook to keep a watching brief on progress with the actions described in the Risk Management report.

Draft Head of Internal Audit Opinion

AGC/17/07 Ms Breadon advised that the draft Opinion would be made available at the April 2017 Audit and Governance Committee Meeting.

Draft Internal Audit Plan 2017/18

AGC/17/08 Ms Breadon advised that the draft plan would be made available at the April 2017 Audit and Governance Committee Meeting. Diary dates are held in March for discussions with both the Executive Team and Senior Management Team.

Local Counter Fraud Specialist Progress Report

AGC/17/09 Ms Lakh presented the Local Counter Fraud Specialist Progress Report on behalf of Mr Mohan. Work continued as planned with the majority now completed. Fraud awareness articles had been circulated and the CCG Staff Intranet website has been updated.

Highlighted was a national issue around emails being fraudulently sent to staff stating that they were from senior people in organisations asking for the transfer of funds. Staff have been reminded to be vigilant.

Miss Patel asked Ms Lakh if the team's contact have been details listed on the Intranet were correct as there had been an incident where a staff member had been unable to contact the Counter Fraud Team. Ms Lakh advised that she would check the information and respond to Miss Patel outside of the meeting.

Mrs Garcha arrived

Mr Cullis asked if communications were sent out to GPs. Mrs Skidmore advised that the CCG do not have a contract with practices to send out

this information but important messages can be feedback through the Practice Managers Forum. Mr Oatridge asked Mr McKenzie if this could be picked up through another forum and Mr McKenzie advised that this could be bought up as a topic at the Team W event organised by WCCG for GPs.

RESOLUTION: The Committee;

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

Draft Counter Fraud Plan

AGC/17/10 The draft Counter Fraud Plan 2017/18 was presented to the committee outlining resources by PwC for the coming financial year.

RESOLUTION: The Committee;

- The committee accepted the contents and comments of the report.

Circular Quality Assurance Process

AGC/17/11 This circular was circulated for information only.

External Audit

AGC/17/12 Mr Rohimun presented the External Audit Report for 2016/2017 to the committee.

The key elements of the report were:

- Financial statement risks
- Responsibilities in respect of fraud and error
- Value for money risks
- Audit process and strategy

Mr Cullis asked if the risk diagram in the Overview section would change and be updated as the CCG's principle risks became more apparent. Mr Rohimun confirmed that this is possible.

RESOLUTION: The Committee:

- Noted and received the report. A further update will be circulated after the meeting to incorporate wording to reflect an additional focus as a result the internal audit risk management recommendations.

Risk Register Reporting/Board Assurance Framework

AGC/17/13 Ms Garcha gave a verbal update on the Risk Register Reporting/Board Assurance Framework following the report that had been presented at the Audit and Governance Committee meeting in November 2016. Work has been undertaken to meet the requirements of the internal audit action plan. Revised reporting templates have been shared with the Quality and Safety Committee prior to roll out across all committees and a dedicated section on the agenda for the February 2017 Governing Body Development session will reconfirm strategic priorities in order to assist in the development of an updated Board Assurance Framework.

The risk register is being reviewed and a cleanse is currently being undertaken. The risks will be aligned to CCG committees including Quality and Safety Committee, Finance and Performance Committee, Commissioning Committee and Primary Care Joint Commissioning Committee. The Audit and Governance Committee and Remuneration Committee would not be allocated any risks. Each risk has a Director and Manager assigned to it. Update reports will be brought to Audit and Governance Committee in order that the robustness of system and process can be reviewed.

RESOLUTION: The Committee:

- Requested that Mrs Garcha bring back a further update to the 18 April 2017 Meeting.

Mrs Garcha left the meeting.

Draft Annual Governance Statement

AGC/17/14 Mr McKenzie presented the first draft of the annual governance statement to the committee and informed the group of the additional work that needs to be done to ensure its completion.

There were no issues from last year's governance statement that needed to be brought forward to the statement this year. Mr McKenzie flagged to the committee an item raised in Month 9. This related to the Chair of the Governing Body. As part of the New Models of Care system the Chair's practice was potentially looking at subcontracting their GMS contract as part of the Vertical Integration programme run by the Royal Wolverhampton Hospitals Trust. Reporting flagged the CCG's approach to management of the potential conflict of interest and Mr McKenzie gave assurance that all correspondence and decisions in relation to this matter had been properly documented. The CCG has now received confirmation from the practice that they will be going ahead with the contract and the decision had been taken by the Chair that he will step down from his position at the CCG on 31 March 2017.

Mr McKenzie asked for any comments on the report and Mr Oatridge asked that written comments should be sent back to Mr McKenzie as soon as possible.

RESOLUTION: The Committee:

- Noted the report
- Agreed to provide any comments to Mr McKenzie as soon as possible for a second draft to be completed by the end of March 2017 in order to be brought back for further review at the Audit and Governance Committee in April 2017

Committee Annual Report

AGC/17/15 The Committee Annual Report is due for sign off in May 2017. It will be brought back to the Audit and Governance Committee in April 2017 before being presented to the Governing Body in May 2017.

Mrs Skidmore felt that it might be beneficial for Mr Price the outgoing Lay Member for the Audit and Governance Committee to give some input into this. Mr McKenzie would speak to Mr Price.

Mr Trigg asked Mr McKenzie why work from the Auditor Panel had not been picked up in the report. It was agreed that the information in the report could be expanded to incorporate comments about this.

RESOLUTION: The Committee:

- Noted the report
- Agree that Mr McKenzie would speak with Mr Price about input for the Committee Annual Report.
- Asked Mr McKenzie to expand on the information in the report around the Auditor Panel.
- Committed to sending any further comments to Mr McKenzie as soon as possible.

Final Accounts and their preparation including update on submission of Month 9 accounts

AGC/17/16 Mrs Skidmore presented a report on the Month 9 Interim Accounts and Final Accounts Plan. She reiterated that this was a month 9 position and not a year end position. This report had been sent to NHSE within the deadline for submission but to date no comments or feedback had been received.

There is a proven system in place with an established team behind this both within the CCG and the CSU. An exercise had been undertaken around variance analysis at month 9, no significant queries had been raised from this.

Work is on track to meet the accounts submission deadline of 31 May 2017 with a draft to be presented to the Audit and Governance Committee on the 18 April 2017. A meeting is scheduled to review the final audited accounts on the 23 May 2017 before they are taken for sign off at the Governing Body Meeting also scheduled for the 23 May 2017.

Mr Oatridge asked if there were any issues around timely receipt of information about pensions costs. Mrs Skidmore advised that the information request had been submitted to deadline and no delays were anticipated.

RESOLUTION: The Committee:

- Noted the report

Losses and Compensation Payments – Quarter 3 2016/17

AGC/17/17 Mrs Skidmore presented this report and advised the Committee that there had been no losses or special payments during quarter 3 of 2016/2017.

RESOLUTION: The Committee:

- Noted the report

Suspension, Waiver and Breaches of SO/PFPS

AGC/17/18 Mrs Skidmore noted that there have been no suspensions of SO/PFPs in quarters 1 to 3 of 2016/17.

2 waivers were raised during quarter 3.

Ms Breadon asked if the narratives for the waivers relating to Johnston Associates Ltd and The Advisory Board Company could be expanded to offer more details regarding the reasons for the waiver. Mr Cullis suggested that bullet points could be added for retrospective orders to aid understanding of the issues.

RESOLUTION: The Committee;

- Noted the contents of the report.
- Tasked Mrs Skidmore to add further information to future reports in respect of retrospective orders and to expand the narrative for waivers for Johnston Associates Ltd and The Advisory Board Company.

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

AGC/17/19 The Committee noted that as at 31 December 2016 there were:

- 5 sales invoices greater than 10k and over 6 months old.
- 18 purchase ledger invoices greater than £10k and over 6 months old.

Mr Oatridge raised a query around the sentence 'Other aged debt continues to be chased on a regular basis ...'. Mrs Skidmore informed that the invoices for Wolverhampton City Council proved to be a problem. This was not related to the invoices not being recognised but more around the system and process at the council in order to release payments. Mr Oatridge suggested that an escalation to the Directors of Finance might rectify this.

RESOLUTION: The Committee:

- Noted the contents of the report.
- Asked Mrs Skidmore escalate discussions with Wolverhampton City Council regarding payment of invoices.

Any Other Business

AGC/17/20 There were no items to be raised under Any Other Business.

Date and time of next meeting

AGC/17/21 Tuesday 18 April 2017 at 11.00am in the Armstrong Room,
Science Park.

Signed:

Dated:

WOLVERHAMPTON CCG
GOVERNING BODY
23 MAY 2017
Agenda item 26

TITLE OF REPORT:	Joint Negotiating Consultative Committee (JNCC)
AUTHOR(s) OF REPORT:	Lisa Murray, Staff Side and UNISON representative
MANAGEMENT LEAD:	Mike Hastings
PURPOSE OF REPORT:	To advise the Governing Body on discussions held at the last JNCC on 28 February 2017.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> The CCG is committed to maintaining a motivated and high performing workforce.
RECOMMENDATION:	To be noted
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
1. Improving the quality and safety of the services we commission	
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body and provide assurance of the continued commitment of WCCG to work with staff side and staff to ensure their views are listened to and taken into consideration.

2. UPDATE

- 2.1. The 2017 WCCG Staff Away Day is to be held in June 2017. As agreed between WCCG management and Staff Side, this year's focus will be to celebrate its staff and the huge contribution they have made to the WCCG achievements over the past year.
- 2.2. The 2017 WCCG Staff Survey is due to take place over the summer.
- 2.3. A Task and Finish Group is currently reviewing WCCG values with recommendations made by staff at the 2016 Away Day. This work will support the WCCG Organisational Development Plan.
- 2.4. Monthly meetings with Staff Side, HR and the Associate Director of Operations continue to discuss any staffing issues that may arise.
- 2.5. All Managers have been asked to ensure that all mandatory training and PDRs are up to date.
- 2.6. Pension Seminars have recently been held for staff.
- 2.7. The Joint Negotiating Consultation Committee meet quarterly and Health and Well-being along with Health and Safety are now a standard agenda items.
- 2.8. The Staff Forum is held bi-monthly and each team within the WCCG is represented.
- 2.9. A Health and Well-being Champion has been appointed and will attend Staff Forums.
- 2.10. Lisa Murray, the current Staff Side Representative, has agreed to stay on as a 'contact' until a replacement can be found. In future, she will continue to undertake Job banding and job evaluation for the CCG, as she has been trained in this.

3. CLINICAL VIEW

- 3.1. Not applicable for this update.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable for this update.

5. KEY RISKS AND MITIGATIONS

- 5.1. WCCG wishes to continue developing and maintaining a strong workforce which delivers the best results for Wolverhampton. This is not possible if staff members feel demotivated and do not feel engaged with the organisation. This can manifest itself in low morale, high sickness levels and a high staff turnover. The JNCC ensures that WCCG continues to engage with and support staff.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Not applicable for this update.

Quality and Safety Implications

- 6.2. Not applicable for this update

Equality Implications

- 6.3. Not applicable for this update

Legal and Policy Implications

- 6.4. Not applicable for this update

Other Implications

- 6.5. Not applicable for this update

Name Lisa Murray
Job Title Staff Side / UNISON Representative
Date:

ATTACHED:

(Attached items:)

RELEVANT BACKGROUND PAPERS

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

