

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 12th September 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 July 2017
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~

Mr J Oatridge Chairman (Interim)

Clinical ~

Dr D Bush Board Member
Dr M Kainth Board Member
Dr J Morgans Board Member
Dr R Rajcholan Board Member
Dr S Reehana Board Member (interim)

Management ~

Ms M Garcha Director Nursing and Quality
Mr T Gallagher Chief Finance Officer – Walsall/Wolverhampton

Mr S Marshall Director of Strategy and Transformation

Lay Members/Consultant

Mr A Chandock Consultant
Mr P Price Lay Member
Mr L Trigg Lay Member

In Attendance

Ms H Cook Engagement, Communications and Marketing Manager (part)
Ms H Flavell Observer
Dr I Gillis Health Watch representative
Ms K Garbutt Administrative Officer
Mr M Hartland Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)
Mr M Hastings Associate Director of Operations
Mr P McKenzie Corporate Operations Manager
Ms A Smith Head of Integrated Commissioning (part)

Apologies for absence

Apologies were received from Dr H Hibbs, Mr D Watts, Ms P Roberts and Ms H Ryan.

Mr J Oatridge welcomed Mr M Hartland, Mr T Gallagher, Ms I Gillis and Mr A Chandock to the meeting.

Declarations of Interest

WCCG.1840 The following declarations of interest were made ~

Mr Oatridge and the GP Board Members declared an interest in the agenda item relating to Constitution Variation.

Mr M Hartland declared an interest as an employee of Dudley and Walsall Clinical Commissioning Groups (CCG's).

Mr T Gallagher declared an interest as an employee of Walsall CCG.

Dr J Morgans declared an interest as he is employed by Royal Wolverhampton Trust as a locum working at a practice that is part of the vertical integration project.

Dr D Bush declared an interest in the Quality and Safety report as his practice provides services to a provider of step up/down beds referred to during the meeting.

None of these declarations constituted a conflict of interest so the individuals named remained in the meeting during the discussions on the relevant items.

RESOLVED: That the above is noted.

Minutes

WCCG.1841 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 23 May 2017 be approved as a correct record.

Matters arising from the Minutes

WCCG.1842 There were no matters arising from the minutes.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1843 RESOLVED: That the progress report against actions requested at previous Board meetings be noted as detailed below ~

Minute WCCG.1706 - Emergency Preparedness Resilience and Response (EPRR)

Mr M Hastings confirmed that a final report relating to core standards will be submitted to the Governing Body in September 2017.

Minute WCCG.1784 - Better Care Fund Plan

Mr Oatridge confirmed this is an agenda item at today's meeting.

Chief Officer Report

WCCG.1844 Mr S Marshall presented the report in Dr Hibbs' absence. He pointed out Joint Commissioning. The Black Country and West Birmingham Joint Commissioning Committee continues to meet monthly. A joint Programme Manager has been appointed, commencing on the 1 August 2017, to work across the four CCGs and will be working to ensure a programme plan is in place with timescales and delivery objectives.

He highlighted Place Based Commissioning. The CCG is working with partners including the Royal Wolverhampton NHS Trust, Black Country Partnership NHS Trust, General Practice and the Local Authority to determine what Place Based Commissioning and provision will look like in the future in Wolverhampton.

Mr Marshall referred to Primary Care Contracting pointing out that a Primary Care Contracting Manager was appointed into the team in May 2017. The primary function of this post is to manage and monitor the contracts the GPs hold to ensure they are working to their contract but they will also work closely with the Head of Primary Care in supporting the Primary Care Strategy.

He also referred to the appointment of Mr Amarbaj Chandock who is a gynaecological oncologist and has joined us as our Secondary Care Consultant on the Governing Body.

RESOLVED: That the above is noted.

Equality and Inclusion update

WCCG.1845 Ms Garcha presented the report which is to provide the Governing Body with information and assurance that the CCG meets the requirements for NHS Workforce Race Equality Standard (WRES). She highlighted the update on Equality Delivery System2 (EDS2).

Mr Oatridge confirmed the report had been discussed in detail at the Quality and Safety Committee which took place earlier in the day and that the committee would provide detailed feedback to a future meeting.

RESOLVED: That the above is noted.

Constitution Variation

WCCG.1846 Mr McKenzie presented the report. Following discussions with the GP membership, a new model of GP representation on the Governing Body has been agreed. He added to allow the implementation of this model and to proceed with the election process; an application to NHS England to amend the constitution is required. As part of the variation a number of other minor changes will be made as outlined in the paper.

At the members meeting it was agreed that the detail of this model would be discussed and agreed by the clinical group leaders to be included an application for constitutional variation by the Governing Body. The discussions have now taken place and the Group leaders have agreed that there should be seven elected GP representatives on the Governing Body, a GP Chair elected by all GPs and six GPs elected to represent the clinical groups based on their relative list size.

Mr McKenzie also pointed out that as part of the variation process a number of other changes will be made to the constitution relating to Risk Management, the establishment of the Black Country Joint Commissioning Committee and the appointment of a Joint Chief Finance Officer with Walsall CCG as outlined in the report.

Mr Price asked if we have any idea of timescales for approval. Mr McKenzie stated that NHS England is aware we will be making an application and the Governing Body will be kept informed regarding timescales. NHS England will respond fairly quickly if there are any issues around the application. Once details of the approval timescales are received, further planning around the election process can commence. The CCG will run the election and this will be supervised by the Local Medical Council (LMC). Mr Oatridge asked if there are future changes in the make up of the groups how often this will affect the six places on the Governing Body. Mr McKenzie stated that discussions have taken place

Clinical Commissioning Group

on this matter and the logistical difficulties involved mean that it will not be possible for this structure to be changed easily. The discussions with group leaders had focussed on the key purpose of the change was to elect individuals to serve on the Governing Body in their own right. On that basis it was recognised that a review of places outside of terms of office would not be appropriate.

Dr S Reehana asked how this would affect locum GPs working across Wolverhampton. Mr McKenzie confirmed potentially all local GPs are allowed to stand. However Dr Reehana pointed out that locums may work across practices. Mr McKenzie confirmed that, as the election process for individual groups would be separate, GPs working in different groups would be entitled to vote in separate elections. Each GP would have one vote for the position of Chair Dr Morgans queried the difference around the Term of Office 3 and 5 years for elected and Lay members. Mr Oatridge stated that GPs are elected from membership and lay members are appointed through a competitive process. Dr Morgans queried the notice period for present Board members. Mr McKenzie confirmed that the current positions will be void once the new roles take effect.

Mr McKenzie added that the elections are provisionally scheduled to take place in September 2017 (subject to NHS England approval) and new Board members shadowing in October/November. A formal induction will take place.

Andrea Smith arrived

RESOLVED: That the Governing Body authorises the Interim Chair and Accountable Officer to make an application to vary the CCG's Constitution in line with the changes described in the report.

Board Assurance Framework – Quarter 4

WCCG.1847 Ms Garcha presented the reported. She referred to the internal audit action plan. The Governing Body has previously received updates on the action plan developed to address the other issues identified in the Internal Audit report into risk management.

Mr McKenzie has undertaken a piece of work to look at the 62 risks on the CCG's Datix system. These have been reviewed and eight were initially identified as corporate risks with the remainder identified as relating to individual programmes of work. From these risks, a further four 'composite' risks had been identified from individual risks relating to similar areas. He has also undertaken work around populating the Board assurance Framework to ensure that the Governing Body can be satisfied regarding the level risk and mitigations and any gaps in control. Work is

still in progress and the Board Assurance Framework Risk Mapping was outlined in appendix 3 of the report. The next stage of this work is for the Senior Management Team to look at the information and identify any further strategic risks for the CCG in achieving the objectives agreed by the Governing Body. The overall risk and mitigations and actions in place will be brought back to the Governing Body.

Ms Garcha pointed out that the risks were viewed live at the Quality and Safety Committee meeting which took place today. Mr Price stated it is important for the committee to consider what actions are taken to ensure extreme risks are being reduced. Mr Oatridge supported this and the importance of forward tracking.

Mr Oatridge stated that we are making good progress in line with the recommendations given by Price Waterhouse and Cooper.

RESOLVED: That the above is noted.

Better Care Fund

WCCG.1848

Ms A Smith presented the report and plan. Since the report was submitted new national guidance has been published and we are now required to develop a two year plan. There is an improved Better Care Fund (iBCF) which provides additional budget direct to social care. The funding is agreed between the CCG and social care.

Ms Smith stated that the financial model meets the strategic and finance needs of the CCG and the finance is aligned to the QIPP budget. The current financial alignment between the CCG and the Local Authority is CCG 60% and the Local Authority 40%.

Mr Oatridge summarised the purpose of the report to provide assurance of the development of the BCF 2017-2019 draft plan, including pooled budget which has input from the Director of Finance and the Director of Strategy and Transformation. In addition to seek approve for delegated sign off of the plan including pooled budget to Dr Helen Hibbs (Accountable Officer) and Mr Tony Gallagher (Director of Finance)

RESOLVED:

- 1) That the Governing Body approve the draft Better Care Fund 2017-2019 plan in its current form, and delegate authority to the Accountable Officer and Chief Finance Officer to make any required changes based on national planning guidance and to finalise the pooled budget.
- 2) To note that the final version of the plan and details of the pooled budget will be presented to the Governing Body in September 2017.

Proposal for CCG Joint Commissioning Committee Emergency Preparedness, Resilience and Response (EPRR) Board

WCCG.1849 Mr Hastings presented the report which outlines a recommendation for a future arrangement for EPRR within the Black Country and West Birmingham area with a lead coordinator role established and funded by all four CCGs.

He added that the objectives of the proposed structure are for the Black Country EPRR lead to coordinate and support the individual CCG's officers to deliver their responsibilities collectively. This cost is estimated to be circa £25000 per annum per organisation. Mr Hastings pointed out appendix 1 which accompanied the report.

Mr Hartland supported this and asked about the hosting arrangements for the new role. Mr Hastings stated that the proposal was for Sandwell and West Birmingham CCG to host this role as part of their role as coordinating Commissioner for West Midlands Ambulance and NHS 111.

Ms H Cook arrived

RESOLVED: That the Governing Body approved working formally together across the Black Country and West Birmingham with a Lead coordinator role established and funded by all four CCGs.

Commissioning Committee

WCCG.1850 Dr Morgans stated the reports give updates from the Commissioning Committee from the May and June meetings and have been provided to the Board for assurance.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1851 Dr R Rajcholan gave an overview of the report highlighting the key issues of concern. She pointed out key issue Urgent Care Provider. The Improvement Board convened and an action is in place. There are six weekly meetings, immediate improvement for PREVENT training; pediatric training and patient flow are monitored. She also mentioned maternity performance issues. No specific quality issues identified however key performance indicator on maternity dashboard a concern which could impact on quality and safety.

Ms Garcha stated that the CCG currently has a block contract with a provider to provide step up and step down beds. Following an early

morning quality visit to provider, several concerns were raised regarding quality of care and health and safety arrangements to safeguard residents at the home. Dr Bush asked are we comfortable to keep the step up beds open. Ms Garcha stated patients are receiving good clinical assessment. A restriction is in place relating to step up beds from four to two and every Monday a quality nurse carries out a visit to ascertain what improvements have been made. This is being closely monitored.

Dr Bush and Dr Reehana expressed concerns regarding a further Never event at RWT. There seems to be a recurring theme relating to wrong side surgery. Mr Oatridge confirmed he has written to the Chairman at RWT regarding these incidents stating this is not satisfactory.

Ms I Gillis asked if the CCG has an agreement with RWT regarding maternity pressures threshold. Ms Garcha stated that currently there is no agreement in place however discussions have been held widely encouraging mothers to stay in their own areas. Assurance will be given in the next Quality and Safety Committee report at the next Governing Body meeting.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1852 Mr Gallagher gave an overview of the report. He highlighted the finance position on page 3 of the report. Mr Gallagher stated that the CCG target for Quality, Innovation, Productivity and Prevention (QIPP) for 2017/2018 is £10.62m. The tables on pages 9-11 show very little variance in the QIPP delivery.

Mr Chandock referred to the percentage of service users waiting not more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Mr Hastings reported this is a very volatile look over a wider period of time. He stated he is working with NHS England regarding underperformance in this area. He also confirmed that monthly performance takes place with NHS England regarding pressures from providers. Mr Hartland reported that he will look at the issue regarding the 62 wait quoted for Dudley within the report. Mr Oatridge confirmed he will also raise this with the Chair at Dudley.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.1853 Mr P Price gave a brief overview of the report.

RESOLVED: That the above is noted.

Primary Care Joint Commissioning Committee

WCCG.1854 Mr L Trigg presented the report. He pointed out the Zero Tolerance Policy commenced with effect from the 1 April 2017 and there are currently 12 patients on the scheme. He added that the application and business case to close Dunkley Street Surgery was approved.

RESOLVED: That the above is noted.

Primary Care Strategy Committee

WCCG.1855 Mr Marshall presented the report and pointed out four of the seven Task and Finish Groups programmes of work supporting the implementation of the Primary Care strategy had been halted pending reviews of their Terms of Reference. The terms of reference had been reviewed to ensure they were appropriately focused on delivering the aims of the strategy and revised versions were attached to the report.

He highlighted the Bank Holiday Opening report. A report was considered based on Bank Holiday opening that had been introduced for each Bank Holiday arising during 2017/18 financial year.

Mr Oatridge added that he had a meeting with the Chair of the Local Medical Council. The Chair pointed out that he had received outstanding feedback from practices for the work/support Ms Sarah Southall had provided.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1856 Mr Hastings presented the report pointing out that the annual report is complete and has been signed off. We are now in the process of preparing an Annual Report Summary ready for the Annual General Meeting in July 2017.

He stated that the 2017 Engagement Commissioning Cycle events were held in June 2017. This was very successful and staff were able to have conversations with over 300 people at four venues across Wolverhampton city.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.1857 RESOLVED: That the minutes are noted

Minutes of the Commissioning Committee

WCCG.1858 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1859 RESOLVED: That the minutes are noted..

Minutes of the Primary Care Joint Commissioning Committee

WCCG.1860 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Strategy Committee

WCCG.1861 RESOLVED: That the minutes are noted.

Health and Wellbeing Board Minutes

WCCG.1862 RESOLVED: That the report is noted

Quality and Safety Annual Report

WCCG.1863 RESOLVED: That the report is noted

Quality Improvement Strategy 2017-2020

WCCG.1864 RESOLVED: That the report is noted

Black Country and West Birmingham Commissioning Board minutes

WCCG.1865 RESOLVED: That the report is noted

Any Other Business

WCCG.1866

RESOLVED: That the above is noted.

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

WCCG.1867 There were no questions.

Date of Next Meeting

WCCG.1868 The Board noted that the next meeting was due to be held on **Tuesday 12 September 2017** to commence at **1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.10 pm

Chair.....

Date

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Wolverhampton Clinical Commissioning Group Governing Body

12 September 2017

Date of meeting	Minute Number	Action	By When	By Whom	Status
11.7.17	WCCG.1848	Better Care Fund – the final version of the plan to be presented to the Governing Body	October 2017	Andrea Smith	

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WOLVERHAMPTON CCG
GOVERNING BODY
12 SEPTEMBER 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"> • A bid for funding was successful for General Practice Resilience, the CCG are delighted that this money has been secured and will be spent on practices as they develop at group level and on those who have more specific individualised difficulties requiring specialist support. • Claire Murdoch, the National Director of Mental Health for NHS England, came to visit us in Wolverhampton on 9 August 2017 at the invitation of the City of Wolverhampton Council.
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	
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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 Joint Commissioning

2.1.1 The sixth meeting of the Black Country and West Birmingham Joint Commissioning Committee took place on 17 August 2017. An Sustainability and Transformation Plan (STP) update was provided by Andy Williams. The STP Progress Assessment from NHSE rating is 'Making Progress' and there has now been the opportunity to review the indicators in full which provides the encouragement that the STP is very close to achieving an Advanced rating, but gives some clear areas to focus attention on.

2.1.2 The STP programme team has now been established as follows:

- Finance lead – James Green
- Performance lead – Martin Stevens
- Strategy support – David Frith
- Workforce / Organisational Development – Alice McGee
- Equality and Diversity – Saba Rai
- Communications and Engagement – Jayne Salter-Scott

2.1.3 Angela Poulton is the newly appointed Programme Director for the Joint Commissioning Collaboration. Dr David Hegarty will chair the Clinical Leadership Group and the other clinical leads will be announced soon. The Governance Group have produced a map of the CCG statutory duties which will need to be considered as the groups determining commissioning and contracting arrangements and collaborative working draw up their future proposals.. There is a move to look at how CCGs can start to take on some responsibility for specialised commissioning and the Black Country has been selected as an area best placed to pilot a new approach in a few service areas. This once again means that we will be at the centre, shaping the way that commissioning will work in the future to benefit our patients. The mental health commissioners are working collaboratively to deliver the plans set out in the STP. Collaboration will initially be focused on Improving Access to Psychological Therapies (IAPT), Children and Adolescent Mental Health Service (CAMHS), Perinatal Mental Health and Liaison Psychiatry. The Committee agreed for Professor Nick Harding to continue as Chair for the next 6 months. The rotation to another Chair will take place at that point.

2.2 Sustainability and Transformation Plan (STP)

2.2.1 The STP met on 21 August 2017 and at that meeting signed off the final version of the memorandum of information. This is attached as appendix 1. A variety of leads have been

agreed for the STP as indicated above. The STP continues to work on those areas that will have value added by working across a wider footprint whilst at the same time recognising that our four local areas are developing their own place based plans.

2.3 Local Place based Commissioning

2.3.1 Work continues around developing plans for our local place based commissioning solutions. Discussions are ongoing between ourselves, our local GP practices and the providers. Michael Macdonnell, Director of Health System Transformation - NHS England, visited Wolverhampton on 25 August 2017 and was very impressed with the work that we have done to date. We are waiting to hear what further support NHS England will be able to provide to our local system development.

2.4 Primary Care

2.4.1 The CCG continues to work closely with a range of national teams, including NHS Improvement Choice Team, to drive up practice and patient awareness of the importance of patient choice and how this can be achieved. A series of presentations and literature have been made available to a variety of audiences to encourage practices to review their existing arrangements. These sessions have been well received and continue to take place.

2.4.2 Work with the New Care Models Team, also at NHS Improvement, has enabled the CCG to carry out a joint review of how the framework is being worked towards in Wolverhampton. The national team visited in July and congratulated the CCG on the progress and good work that is taking place and made a series of recommendations to support their work in future months.

2.4.3 A bid for funding was successful for General Practice Resilience, the CCG are delighted that this money has been secured and will be spent on practices as they develop at group level and will also be spent on those who have more specific individualised difficulties requiring specialist support.

2.4.4 Work with Practice Participation Group Chairs continues to take place at practice group level where patient representatives are kept apprised of projects that may have commenced or being planned involving the practices within their group. Discussions have extended to explore how work can be undertaken together to support those who may need support but also to share good practice and share success(es). Some of the priorities identified by Patient Participation Group Chairs within their groups include a willingness for group level meetings to be held at quarterly intervals, the development of a local patient charter for general practice, more attention to Friends and Family Test, practices are being encouraged to share what they believe they do well and what areas they believe require improvement so that the groups can work together to co-produce improvements in the coming months.

2.4.5 Work with our Local Medical Council continues to improve the interface between primary and secondary care clinicians, as per British Medical Association Guidance. A new improvement model that has been co-designed among representatives from the trust, Local Medical Committee and CCG has been finalised and ready for implementation.

2.4.6 The cities Directory of Service was relaunched in July in partnership with Wolverhampton Voluntary Sector Council, Wolverhampton Information Network has been populated with a

range of health related information about service availability in the city and local communities.

2.4.7 A report of the Primary Care Strategy Committee is also included on today's agenda providing more detailed information about the programmes of work currently underway.

2.5 **Mental Health – Claire Murdoch Visit**

2.5.1 Claire Murdoch, the National Director of Mental Health for NHS England, came to visit us in Wolverhampton on 9 August 2017 at the invitation of the City of Wolverhampton Council.

2.5.2 We had a very informative and productive day, Claire gave an update on the national programme for mental health including key priorities such as CAMHS, peri-natal mental health, crisis care, IAPT and Suicide Prevention.

2.5.3 We presented to Claire and our partners an update regarding each of the above work programme areas including our initiatives across the STP footprint which involves jointly applying for transformation funding made available by NHS England.

2.5.4 Claire was impressed with the level of work that we are undertaking and we promised to invite her back in a year or so to update on our further progress.

2.6 **Members Meeting**

2.6.1 At the Members Meeting held in July a number of practices were represented and actively took part in discussions regarding the progress that had been made with negotiations pertaining to the Accountable Care Alliance. A number of members sought clarification on the model and the practicalities of how it would work. Information was also shared regarding funding and the corresponding spend profile available for Primary Care, this led onto an update about new services that had recently commenced including The Sound Doctor, Primary Care Counselling and Social Prescribing.

2.7 **GP Walk in Centre and Out of Hours**

2.7.1 Vocare Ltd commenced delivery of the Urgent Care Centre in April 2016. Since this date, the CCG has become aware of a number of concerns in relation to delivery against key performance indicators, safeguarding, data quality and pathways of care. While many of the areas of concern have been managed within the CCG through routine contractual processes, the CCG have escalated key concerns to the Care Quality Commission (CQC) and will continue to work with the CQC to manage the improvement process.

2.7.2 The CCG took a decision to hold a regular Vocare Improvement Board with membership from CQC, NHS England, CCG, Vocare, Healthwatch and Public Health. This is in addition to the regular monthly Contract Review Meeting / Contract Quality Review Meeting.

2.7.3 The CCG has also escalated the quality issues to NHS England Quality Surveillance Group who have raised surveillance to an 'enhanced' level. A joint meeting was held in August between NHS England, CCG and Vocare. Enhanced surveillance will continue for the foreseeable future.

- 2.7.4 The CCG welcomes the CQC report published 24 August 2017 which rates the provider as 'INADEQUATE' and will continue to work with Vocare to improve on the areas of concern.
- 2.7.5 The assurance/scrutiny will continue with the monthly Contract Review Meeting / Clinical Quality Review Meeting, Vocare Improvement Board and enhanced scrutiny via the Quality Scrutiny Group at NHS England. Patient complaints/concerns are also monitored and taken into account.
- 2.7.6 Timescales have been set for improvements against the key priority areas and these will be monitored closely by the CCG, CQC and NHS England.

2.8 **CCG Annual Assessment for 2016/17**

- 2.8.1 The CCG were very pleased to have been rated outstanding by NHS England for the second year in a row. This is testament to the hard work and commitment of the CCG staff. The assurance letters are enclosed for your information (Appendices 2, 3 and 4).

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:	1 September 2017

ATTACHED:

- STP Memorandum of Understanding
- CCG Improvement and Assessment Framework rating letter which includes an Annex A & B
- Clinical Priority letter which comprises of Annex B
- Clinical Priority Assessment results Annex A

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	01/09/17



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The Black Country and West Birmingham Sustainability & Transformation Partnership

Memorandum of Understanding

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1. Parties

1.1 The parties to the Partnership are the following NHS organisations and Local Authorities, where their governing bodies authorize the signing of this Memorandum of Understanding (MoU):

- Black Country Partnership NHS Foundation Trust
- Dudley Metropolitan Borough Council
- Dudley Group NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- NHS Dudley Clinical Commissioning Group
- Sandwell Metropolitan Borough Council
- Birmingham City Council
- Birmingham Community Healthcare NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- NHS Sandwell & West Birmingham Clinical Commissioning Group
- Walsall Metropolitan Borough Council
- Walsall Healthcare NHS Trust
- NHS Walsall Clinical Commissioning Group
- Wolverhampton City Council
- Royal Wolverhampton NHS Trust
- NHS Wolverhampton Clinical Commissioning Group
- West Midlands Ambulance Service NHS Foundation Trust
- NHS England (Specialised Commissioning).

1.2 Organisations listed above that do not sign this MoU but wish to contribute to Partnership discussions will be welcomed as Associate Members. Partnership Board Terms of Reference also allow for wider system partners to be included in Partnership discussions.

1.3 The Partnership recognizes that there are other system partners, not listed above (e.g. Primary Care, Third Sector organisations), and it affirms its intention to work for the benefit of the whole system not simply that of Partner and Associate members. The Terms of Reference for the Partnership Board sets out how wider partners will be engaged, including the patient voice.

1.4 In the event that any of the above organisations is party to a merger or is subject to acquisition, or that a new provider is formed or contracted to provide services within the footprint (e.g. an accountable care organisation), the Partnership Board shall determine whether any additional organisations should be invited to sign this MoU as Partners.

2. Background

- 2.1 NHS Shared Planning Guidance for 2016/17 – 2020/21 asked every local health and care system to come together to create its own Sustainability and Transformation Plan (STP) for accelerating the implementation of the Five Year Forward View (FYFV). The subsequent 2017 delivery plan, Next Steps on the Five Year Forward View, set out national priorities for implementation and clarified the developing role of STPs.
- 2.2 The Black Country and West Birmingham footprint was identified as one of the STP footprint areas in which people and organisations would work together to develop robust plans to transform the way that health and care is planned and delivered for the footprint population. The Black Country and West Birmingham partnership represents many different constituent interests (including registered population, resident populations, and populations utilising services and/or working within the geographical area) and that this may change over time. Subject to agreement by the sponsoring group, to allow new members or associate members representing neighbouring population interests to be included within the arrangement.
- 2.3 The Parties have agreed to work together to enable transformative change and the implementation of the FYFV vision of better health and wellbeing, improved quality of care, and more sustainable services.
- 2.4 The Parties have collaborated in the development of draft proposals (as set out in Schedule 1) and recognise the need now to develop and implement more detailed plans in key areas.

3. Objective and Intent

- 3.1 The Objective of this MoU is to provide a mechanism for securing the Parties' agreement and commitment to sustained engagement with, and delivery of, STP plans in order to realise a transformed model of care across The Black Country and West Birmingham.
- 3.2 The intent of this agreement is to bind the parties to the common purpose of delivering a clinically, socially and financially sustainable health and care system that will improve the health and wellbeing of the population and address inequalities. This requires the Parties to recognise the scale of change required and that its impact may be differential on the Parties. The Partnering Statement is included within Schedule 4.

4. Obligations

4.1 The Parties agree to work collectively to establish the detailed plans and organisational impacts that will achieve the Objectives and Intent. These will incorporate finance, activity and workforce as a minimum, and will be set out in an annual system plan in a format to be agreed.

4.2 The Parties agree that they will comply with the annual system plans that move the system incrementally towards the Objectives and Intent, and that they will actively contribute to reporting performance and progress against the plan both within the Partnership and, through the Partnership, to Regulators.

5. Benefits

5.1 The Parties shall realise the benefits of working collectively by receiving system and regulator support to manage in-year and longer term risks as a whole system, supported by the Parties individually and collectively to the extent that no organisation is deemed to fail individually. Regulator interventions will be aligned to this benefit in order that all parts of the system can release maximum resources to delivery of the intent.

6. Leadership

6.1 Andy Williams will serve as STP Lead.

6.2 The STP Lead's role and remit are set out in Schedule 2.

6.3 The designated STP Lead may change from time to time in accordance with such process as may be agreed by the Partnership in consultation with Regulators.

7. Duration of the MoU

7.1 This MoU will take effect for each party on the date it is signed by that party, following a formal resolution by its governing body.

7.2 The Parties expect the initial duration of the MoU to be for the period of 2017-2021, as a minimum, or otherwise until its termination in accordance with Clause 15.

8. Agreed principles

8.1 The Parties have agreed to work together in a constructive and open manner in accordance with the agreed principles for ways of working and the culture set out in Schedule 3 to achieve the Objective and Intent.

9. Effect of the MoU

9.1 This MoU does not and is not intended to give rise to legally binding commitments between the Parties.

9.2 The MoU does not and is not intended to affect each Party's individual accountability as an independent organisation.

9.3 Despite the lack of legal obligation imposed by this MoU, the Parties:

- have given proper consideration to the terms set out in this MoU; and
- agree to act in good faith to meet the requirements of the MoU.

10. Governance

10.1 The Parties have agreed to establish the Partnership to co-ordinate achievement of the Objective and Intent.

10.2 The Parties have agreed Terms of Reference for the Partnership Board in the form set out in Schedule 4. Terms of Reference describe arrangements for aligned decision making of the Parties which they agree is necessary to achieve the Objective and Intent.

10.3 Each Party will nominate a representative to the Partnership Board and notify the STP Lead of that representative and of a deputy who is authorised to attend in her/his place.

10.4 The Parties agree that the Partnership Board will be responsible for co-ordinating the arrangements set out in this MoU and providing overview and drive for the STP.

10.5 The Partnership Board will meet at least monthly or as otherwise may be required to meet the requirements of the STP.

10.6 The Partnership Board does not have any authority to make binding decisions

on behalf of the Parties. Collective decisions made by the Partnership require ratification by each Party's unitary Board or equivalent.

11. Subsidiarity

11.1 The Parties acknowledge the importance of subsidiarity in terms of The Black Country and West Birmingham's distinct communities.

11.2 The Parties agree that, where appropriate, decisions should be made as close as possible to the people affected by them.

12. Risk management and assurance

12.1 The Parties will develop and maintain a risk register for the STP.

12.2 NHS Commissioners will confirm risk sharing agreements in the light of this MoU.

13. Resources

13.1 The Parties have agreed to commit their own resources to achieve the Objective in accordance with the arrangements set out in Schedule 5.

13.2 Parties also expect that resources currently held by NHS Regulators will also be committed to the work of the STP.

13.3 The STP has an existing Partnership Agreement with The Strategy Unit to provide strategic support and advice, and data and evidence analysis.

13.4 The Parties have further agreed the arrangements set out in Schedule 6 for engaging any additional external resource and advice.

14. Openness and transparency

14.1 The Parties agree that they will work openly and transparently with each other and with other stakeholders, including non-executive directors, governors and elected members of the Parties and other local health and care organisations.

14.2 The Partnership Board will receive plans that demonstrate each Party's compliance with their duties of public involvement to the extent that these

may impact on any other party to this agreement, or be enhanced by the involvement of one or more of the Parties. If there is any ambiguity as to whether the Partnership may require these plans then this should be discussed with the STP Lead.

15. Termination

- 15.1 Any Party may withdraw from this agreement at any time, following a formal resolution by its governing body, duly notified to the STP Lead who will promptly communicate this notice to other Parties.
- 15.2 In making such a resolution, the withdrawing Party recognises that it will cease to benefit from any collective agreement or treatment established whilst acting under the agreement, and that it will lose the ability to play a part in Partnership decision-making.
- 15.3 This agreement is intended to endure for the lifespan of the STP but this collective commitment will be reviewed at least annually to ensure that it remains fit for purpose and meets the needs of the Parties. The Parties will agree whether to extend and/or amend this arrangement according to prevailing circumstances.

16. Dispute resolution

- 16.1 The Parties will attempt to resolve any dispute between them in respect of this MoU by negotiation in good faith.
- 16.2 Where Parties are unable to reach agreement, proposals for dispute resolution will be set out by the STP Lead according to the circumstances of the dispute, such that any mediation/arbitration is conducted by one or more of the Parties neutral to the dispute. This may require recourse to external expertise (procured in accordance with Schedule 6) or to intervention by NHS Regulators.

17. General provisions

The Parties agree that this MoU may be varied only with the written agreement of all the Parties.

Signed by the duly authorised representatives of the parties on the dates set out below.

Partner Organisation	Role of Signatory	Signature	Date of Signature
Black Country Partnership NHS Foundation Trust			
Dudley Metropolitan Borough Council			
Dudley Group NHS Foundation Trust			
Dudley and Walsall Mental Health Partnership NHS Trust			
NHS Dudley Clinical Commissioning Group			
Sandwell Metropolitan Borough Council			
Birmingham City Council			
Birmingham Community Healthcare NHS Foundation Trust			
Sandwell and West Birmingham Hospitals NHS Trust			
NHS Sandwell & West Birmingham Clinical Commissioning Group			
Walsall Metropolitan Borough Council			

Partner Organisation	Role of Signatory	Signature	Date of Signature
Walsall Healthcare NHS Trust			
NHS Walsall Clinical Commissioning Group			
Wolverhampton City Council			
Royal Wolverhampton NHS Trust			
NHS Wolverhampton Clinical Commissioning Group			
West Midlands Ambulance Service NHS Foundation Trust			
NHS England – Specialised Commissioning			

[MoU adapted with permission from a template developed for the Devon Success Regime by Hempsons]

Schedule One – Latest STP Submission

Schedule Two – Role and Remit of STP Lead

1 Introduction

The Black Country and West Birmingham STP provides an important opportunity to redefine the future of health and social care locally. There is a collective responsibility to transform care and build delivery and confidence through collaborative effort so that local populations experience services that are of outstanding quality, and are both financially and clinically sustainable.

STP Partner organisations, informed by national guidance, have identified the appointment of an STP Lead as an essential role in supporting the achievement of this goal.

2 What behaviours will the STP Lead need to demonstrate?

The STP Lead (like any leader across the footprint) will need to prioritise and advocate for the needs of The Black Country and West Birmingham population over and above the interests of individual partner organisations. The STP Lead will need to be:

- Organisationally neutral, system leadership focused
- Open, frank and constructive, building good relationships with colleagues and between colleagues
- Engaging of all stakeholders, partners and the public to build a momentum for constructive challenge, constructive dialogue, engagement and consultation
- Committed to build on the positive experiences and services across the patch while pursuing the adoption of best practice and outcomes for all to meet the scale of the challenge faced
- Act and be regarded as fair, balanced and inclusive
- Be an honest broker and mandated by colleague Chief Executives to support and constructively challenge other leaders and Boards to reframe their leadership style and language if necessary to secure agreed STP goals
- Able to explore, through openness and transparency, areas of conflicting views or perceived vested interests of any of the parties.
- Appreciate and integrate the differing requirements, governance and accountabilities involved, supporting all Partners to secure the best outcomes for the STP population while respecting the extant statutory roles of each

organisation

- Demonstrate courage, energy and upmost integrity.

3 What are the requirements of the STP Lead?

This role will require an individual who has the confidence and, therefore, the mandate of existing leaders in the STP, and who possesses the following attributes:

- An experienced and successful executive leader
- Detailed understanding of the regulatory arena and the complexity of health and social care provision
- A wide range of experience working with Boards, and interacting with system partners at local, regional and national levels
- Able to be an efficient, effective, person-centred and future-focused coach of very senior individuals
- Track record of succeeding in a highly challenging environment where tenacity, resilience and humility have been key ingredients for success.
- Able to rapidly secure the confidence of regulatory bodies - credibly balancing the best efforts of local Partners whilst also harnessing external capacity (including relevant resource within Regulators) to drive a new and fully integrated way of working.
- Visible to stakeholders to secure their engagement and confidence to offer and participate in solutions for future models of care
- Able to facilitate and resolve potential material issues of difference in terms of governance and pace of delivery
- A confident public and media spokesperson
- Fluent in the new models of care, national developments, integrated care and the potential for devolution deals across a wide and dispersed geographical patch
- Demonstrable experience of managing local delivery and change under intense national political and media interest.

4 What is the role of the STP Lead?

- To lead Partners in developing and delivering an overall system plan, and in

working towards an acceptable mechanism for managing a single financial control total. This plan will be a compelling platform from which to transform health and care services at pace and scale, securing sustainability within an ambitious timescale.

- To design, lead and drive the overall STP programme. This would include working with all stakeholders and NHS bodies to maximise the potential to deliver excellence, improved health and well-being for populations and communities and integrated and improved care for people.
- To ensure that, where any major service change is proposed, relevant Partners undertake an exemplary approach to engagement and consultation, and that proposals are developed in line with national guidance around the 'five tests' and informed by the Clinical Assurance Framework developed by the West Midlands Clinical Senate.
- To be the lead officer and main point of contact in the footprint for NHS Regulators, and to be the focus of liaison with neighbouring (and national) STPs, working to ensure the appropriate alignment of plans
- To secure from Partners the resources required to develop and deliver the system plan, including the secondment (full or partial) of Partner organisation staff to fulfil STP roles.
- To administer and deploy all STP resources, internally or externally acquired, and to be accountable to Partners for the resource expended.
- To ensure that, although the STP currently has no stand-alone statutory basis, sufficient commitment to, and confidence in, the STP and its leadership is established so as to support the robust and timely delivery of transformation plans. This will include assisting the Partnership to articulate its role on which the collective support is made as being separate from the individual statutory roles and requirements of each organisation represented. As the STP evolves, and subsequent guidance and advice is received, the STP Lead should bring forward proposals for developing the mechanisms for governance and for potential changes to organisational form.

Schedule Three – Agreed Principles

1. Partnership Working Agreement

The Partnership has been established to oversee delivery of the Sustainability and Transformation Plan (STP). This group comprises STP Partner organisations, with associate and other relevant local organisations in attendance at meetings of the Partnership Board.

The following framework sets out the principles that shape how the Partnership shall conduct itself, and agreement to these principles is a pre-requisite to membership of Partnership for organisations that are signatories to the MoU. Other organisations attending the Partnership Board will also be asked to reflect the values set out below.

This agreement is open to statutory bodies responsible for commissioning and/or delivering health and social care services within the defined STP footprint. The organisations eligible for membership, subject to signing up to this agreement, are set out in Appendix 1.

In order that the system may performance manage itself to achieve its objectives, there is a requirement for organisations to give Board/Governing body approval for their organisations to be collectively supported to deliver and to be held to account for that delivery by the system governance arrangements. Whilst their agreement cannot be legally enforced, commitment to this level of mutual accountability is essential, particularly in advance of any challenging circumstances arising.

In order to minimise external intervention, there is considerable advantage to the system of sign-up by regulators to a system-wide plan and accountability arrangements, so that they can have confidence in the system delivering without their intervention. It is therefore proposed that regulators are similarly requested to sign up to a similar commitment.

The organisations therefore agree by their signature to this MoU to the following Partnership Statement:

The Partners in The Black Country and West Birmingham STP agree that there is considerable benefit to joint working arrangements that put our patients and service users at the heart of everything we do.

We accept that the sustainability challenge is of a scale that will require significant change in order for these to be addressed.

Some of the changes may require any of our organisations to enact developments that, whilst demonstrably improving delivery across the

system, may be suboptimal to a member's organisation. We commit to making such changes where these deliver the STP overall objective of sustainability of the system in the knowledge that none of our organisations will be able to achieve optimal outcomes for patients, service users, carers and families unless the whole system is enabled to function optimally.

We agree to provide the appropriate attendance to support the membership of Partnership, to hold each other to account to deliver our elements of the system plan, and to support and accept support from our fellow Partners to achieve our objectives.

We agree that this function shall be exercised both collectively and by the appointed STP Lead.

2. Partnership Values

The Sustainability and Transformation Plan relationship will be based on:

- Securing beneficial impact for the population of the footprint, and for others accessing footprint services
- Collaborative Leadership & Decision Making
- An inclusive process across the NHS and Local Government
- Engaging clinicians, practitioners, and staff delivering NHS funded care
- Equality of status between all Partner organisations (subject to the respecting of each organisation's differential rights and responsibilities as determined by statute)
- Mutual respect and trust
- Open and transparent communications
- Co-operation and consultation
- A commitment to being positive and constructive
- A willingness to work with and learn from others
- A shared commitment to providing effective and efficient services to the population of The Black Country and West Birmingham
- A shared commitment to deliver parity between mental and physical health care

- A desire to make the best use of resources across the NHS and local government.

3. Partnership Outcomes

- Service delivery will be quality and outcomes focused, prioritising patient/user care and experience by working towards an improvement in health and well-being and a reduction in health inequality.
- The work of the STP needs to be led by health and care clinicians and other professionals, focused on the development of a strategy that targets material improvements in areas of care highlighted in the STP's draft proposals and in NHSE's 2017-21 delivery plan.
- Partner organisations share a common vision and values, whilst understanding the scope of their individual obligations to ensure commissioning ambitions, service delivery and intentions of each of the organisation are accounted for.
- The Model of Care within our system will be transformed to achieve sustainable health and care systems within The Black Country and West Birmingham, mindful also of the impact of plans on neighbouring systems.
- Developing high quality and efficient place-based systems of care will be a prime focus of our work programme. We recognise that the definition of 'place' will differ between services. For the majority of services, 'place' may equate to our four Local Authority areas (each with its own subsidiary 'places' – neighbourhoods/localities of c.30,000-50,000 population) but, for more specialist services, 'place' may be the whole footprint (or even multiple STP footprints) where there is evidence that providing services to larger populations supports the delivery of safe, effective and sustainable care.
- Primary Care provision will play a key role in the design and delivery of the emergent new models of care, and mechanisms to secure the involvement of non- statutory body providers must be developed.
- Our plan will deliver financial and performance improvement from year one.
- Partners recognise that achieving financial sustainability for health and care services in the long term may differentially impact individual STP organisations. Where this results in short term financial pressures for one or more individual organisations, Partners will work together transparently to support the identification and/or implementation of local actions that mitigate short term pressures and that avoid, where possible, the emergence of unsustainable and unplanned long term pressures.

The STP recognizes, however, that it has no direct control over Partner finances but will simply facilitate collaboration between Partners to create whole-system benefit.

4. Partnership Behaviours

- We agree to work collaboratively at pace to successfully develop and deliver a system plan for the STP
- We will identify where it is mutually beneficial to share information to advance an evidenced individual and/or system benefit, and to do so on the basis that the information requested is reasonable for the purpose only, and not excessive. Where information is shared, it is agreed that it will be used for the stated purpose only
- We will demonstrate, through our positive and proactive and inclusive manner, a willingness to make the Partnership succeed
- We will communicate openly about major concerns, issues or opportunities
- We will demonstrate transparent communications in terms of delivery of STP plans and notification of any quality or financial organisational concerns, including mitigation planning
- We will share information, experience and resource, to work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost
- We will adhere to statutory powers, requirements and best practice to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information
- We will act in a timely manner, developing robust plans that take full account of governance, assurance, procurement and democratic accountability processes, and will seek to respond promptly to requests for information from such processes
- We will learn from the best practice of Partner organisations and will seek to develop as a Partnership to achieve the full potential of the relationship
- We will work collaboratively on all aspects of our work, seeking to release resource to focus on transformation and adopting an approach based on doing things once together (i.e. one plan for everything we do – trusting others to act on our behalf and on behalf of the system)
- We will publish operational plans and performance data including waiting times, sharing strategic plans, headline contract values and CIP plans

- We agree that challenge will be required in the system and parties will on occasion take different views. All parties agree that where possible we will aim to resolve issues of difference between organisations professionally and privately
- We agree not to take pre-emptive public action on any matter that may result in a public disagreement between Partners
- We agree that the right thing to do is to take costs out of system and therefore we will not engage in activities that primarily aim to transfer deficits
- We will require programme leads to be responsible for assuring and mitigating the commercial conflict of involvement in the wider redesign programmes
- We will develop our workforce to enable people to deliver the objectives requested of them from the STP
- We agree to cascade within our own organisations these values, behaviours and work programmes, leading by example
- We agree to challenge one another in an open and measured manner when there are matters on which we disagree
- To ensure the robust and timely delivery of agreed STP plans, Partners agree to the use of peer review processes within the STP, providing mutual assurance about the effective contribution of each Partner. These processes will adopt an 'open book' approach with confidentiality safeguards where the information to be shared is commercially sensitive.

Appendix 1: Eligible Partnership Organisations

- Black Country Partnership NHS Foundation Trust
- Dudley Metropolitan Borough Council
- Dudley Group NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- NHS Dudley Clinical Commissioning Group
- Sandwell Metropolitan Borough Council
- Birmingham City Council
- Birmingham Community Healthcare NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- NHS Sandwell & West Birmingham Clinical Commissioning Group
- Walsall Metropolitan Borough Council
- Walsall Healthcare NHS Trust
- NHS Walsall Clinical Commissioning Group
- Wolverhampton City Council
- Royal Wolverhampton NHS Trust
- NHS Wolverhampton Clinical Commissioning Group
- West Midlands Ambulance Service NHS Foundation Trust
- NHS England (Specialised Commissioning).

Schedule Four – Black Country Partnership Board Terms of Reference

1. Introduction

The Partnership is established in accordance with “Next Steps on the NHS Five Year Forward View” and the MoU between the Partners of The Black Country and West Birmingham STP. These terms of reference set out the membership, remit, duties and responsibilities of the Partnership. The Partnership will review its terms of reference annually.

2. Role:

The purpose of the Partnership is to bring together the statutory providers and commissioners of health and care services in The Black Country and West Birmingham to oversee the development and delivery of plans that will keep people healthier for longer and integrate services around the patients who need them most. To enable this, the Partnership recognizes the need to proactively engage with other significant elements within the local health and social care system, including through their attendance at Partnership Board meetings.

The objectives of the Partnership Board are to:

- Plan services across The Black Country and West Birmingham that are safer and more effective because they link together hospitals so that staff and expertise are shared between them
- Engage front-line clinicians in all settings to drive the real changes to the way care is delivered
- Determine the priorities of the Partnership
- Ensure alignment with Operating Plans
- Ensure that the findings from JSNA inform Partnership plans and strategic objectives
- Identify and ensure the delivery of strategic redesign work streams
- Ensure that Partners fulfil their statutory requirement to consult and engage with patients, public and stakeholders with regard to strategic and local commissioning plans and service changes
- Ensure that the equality and diversity implications of commissioning services and clinical/professional developments are properly considered and acted upon
- Monitor and review commissioning strategies, joint working arrangement, plans and

redesign work streams and their respective implementation.

3. Membership:

The voting members of the Partnership shall be the nominated single representatives of each Partner organisation that is a signatory to this MoU. Additionally, voting rights shall also apply to the STP Lead, the STP Professional Chair and the lay member/non-executive director nominated by the Chairs of NHS provider Trusts with Partner status.

The Partnership Board may agree that non-voting members may be in attendance at its meetings to contribute to its discussions where relevant and appropriate. In particular, the Partnership Board will, as a priority, identify how Primary Care should be represented (e.g. via established Federations of a certain scale or via LMC or RCGP representation). In addition, single representatives of NHSE/NHSI (in their regulatory capacity), Healthwatch, the voluntary sector, the Leadership Centre and The Strategy Unit will normally be in attendance.

Those leadings aspects of the Partnership's work will be invited to attend as required by the STP Lead.

Meetings of the Partnership Board will not normally take place in public since responsibility for engaging with the public and providing opportunities for questions to be raised remains with the Boards of statutory NHS partners and through existing Local Authority mechanisms.

4. Quorum:

The quorum for Partnership Board meetings shall be at least one third of the eligible membership including the following:

- Either the STP Lead or the Professional Chair
- At least one representative from each of the stakeholder groups
 - NHS provider Trusts (acute, community or mental health)
 - Local Authorities
 - NHS Clinical Commissioning Groups
- At least one representative from each of the four Black Country areas (who may be coterminous with the above representatives).

Where members are unable to attend a meeting they must arrange for their named and duly authorised representative to attend in their place.

If a member should be required to leave prior to the conclusion of the meeting, the Chair should confirm whether the meeting is still quorate. If the meeting is no longer quorate, it may continue but any decisions would have to be ratified at the next meeting or, where the Chair judges this would cause undue delay, by email.

Partnership Board decisions may be effected via email – either in the case of inquoracy or other urgent circumstance (at the discretion of the Chair) provided that:

- The Chair sets out the rationale for acting outside of an ordinary meeting;
- Those Partners participating in the email exchange and consenting to the decision would constitute a quorum for a physical meeting;
- The decision is reported to the next meeting and its ratification is minuted; and
- Email responses by Partners are copied to all members of the Partnership Board and form part of the papers for the next meeting of the Partnership.

5. Conflicts of Interest

The Partnership shall establish a register of interests for both voting and associate members.

At the beginning of each meeting, the Chair will ask all Partners and other attendees to declare if they have any conflicts of interest in any matters to be discussed. The Chair will determine how any declared conflicts will be managed during the meeting.

6. Voting:

It is desirable that Partnership Board decisions are made on the basis of a consensus amongst all Partner organisations present at the meeting.

Where it is evident to the Chair that such a consensus does not exist then decisions shall be taken on the basis of a simple majority (indicated by a show of hands). The rationale of those opposing the decision shall be recorded in the minutes.

Where a lack of consensus may adversely impact the delivery of STP plan (or in other cases at the discretion of the STP Lead), the dispute resolution approach set out in the MoU shall be invoked by the STP Lead.

Partnership decisions constitute the consensus or majority view of Partners in relation to the matter in question. They do not and cannot bind the action of Partner organisations' existing governance mechanisms.

In the case of a Local Authority that is a signatory to the MoU, the Partnership recognises

that there may be occasions on which voting on a Partnership decision may be in conflict with an Authority's statutory rights and responsibilities (for example, in relation to public consultation and the right of referral to the Secretary of State). Local Authority Partners shall have the right to determine when such circumstances exist and, in such circumstances, to exempt themselves from a Partnership decision.

7. Chair:

The STP Lead shall serve as the Chair of Partnership meetings. Should the Partnership come to a view that the appointment of an Independent Chair would be beneficial, a proposal will be developed for the approval of all Partners.

8. Secretary:

A named individual will be responsible for supporting the Chair in the management of the Board's business and will be responsible for:

- Preparation of the agenda in conjunction with the Chair
- Circulating the agenda and papers to Partners in advance of the meeting at least 5 working days in advance;
- Minuting the proceedings and resolutions of all meetings of the Partnership Board, including recording the names of those present and in attendance, and details of any conflicts and how they were managed;
- Circulating draft minutes to all members of the Partnership Board within 5 working days;
- Keeping a record of matters arising and issues to be carried forward; and
- Advising the Board on pertinent areas.

9. Frequency and notice of meetings:

Partnership Board meetings will normally take place monthly.

No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date. The agenda and supporting papers will (save in exceptional circumstances) be circulated to all members at least three working days before the date of the meeting.

10. Partnership Infrastructure:

In order both to develop plans for consideration by the Partnership and to oversee the

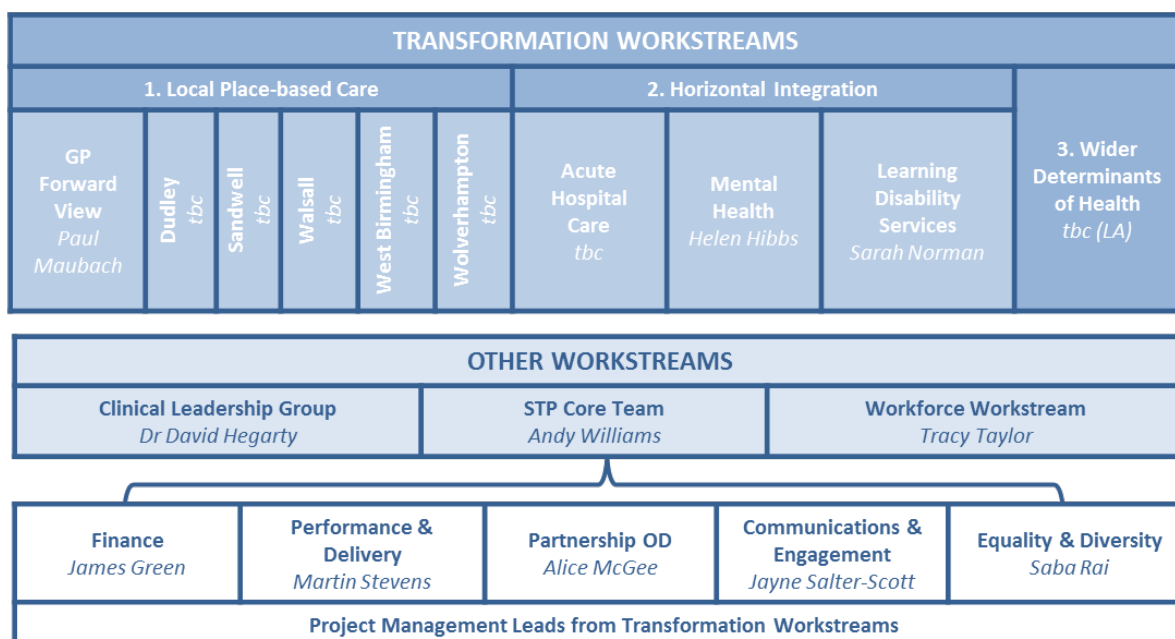
implementation of plans agreed by the Partnership, an appropriate infrastructure needs to be established and resourced. That infrastructure shall be directed by the STP Lead and shall be accountable to the Partnership Board.

The Partnership infrastructure is formed of care-focused Workstreams and function-based Working Groups (see diagram below). The driving force for Partnership Board proposals should be the work of the professionally-led, care-focused Workstreams but those proposals, as they emerge, will need to be reviewed from the perspective of the function-based Working Groups. This is intended to ensure that, by the time proposals are considered by the Partnership Board, they have been well tested. The STP Lead may also draw on additional mechanisms, internal or external to the STP, to assess the appropriateness and robustness of emerging proposals.

Once proposals are approved by the Partnership Board, delivery is to be coordinated by the relevant Workstream, working closely with the affected system Partners.

The Black Country Sustainability & Transformation Partnership

STP Lead – Andy Williams



The role and remit of these groups is summarised below. Groups are responsible for drafting their own detailed terms of reference for approval by the Partnership Board.

Partners recognize that accountability for place-based work sits with local governance mechanisms. Each Partner comes to the Partnership with multiple existing commitments to other bodies and needs to be conscious of this in Partnership discussions.

The role of the Transformation Workstreams is to:

- i) Develop proposals for their defined area of care that support delivery of the Five Year Forward View priorities and support the achievement of improved health and wellbeing, better outcomes and experience of care for patients, and the financial sustainability of the STP.
- ii) Oversee the delivery of proposals approved by the Partnership Board and all relevant Partners/external authorities.

a) Clinical Leadership Group (CLG)

The role of the CLG is to provide clinical leadership to the Partnership, ensuring that it develops robust proposals that are safe and effective, that align with the evidence base and that are clinically sustainable. The CLG's work will also inform the work of the CCGs' joint committee - the Black Country and West Birmingham Commissioning Board.

Specifically, CLG will:

- i) Identify priority areas for the STP to consider;
- ii) Identify and support a network of clinical champions to provide senior clinical advice to STP Workstreams in developing models of care or other interventions impacting clinical services;
- iii) Provide assurance about the proposals developed by Workstreams, including advising on the need for external review of proposals. As part of this, CLG will be guided by, and promote the use by Workstreams, of the Clinical Assurance Framework developed by the West Midlands Clinical Senate;
- iv) Ensure that clinical colleagues across The Black Country and West Birmingham (and, where relevant, in wider networks) are kept informed about the work and are engaged in that work as appropriate; and
- v) Work with clinical colleagues to support the implementation of STP plans following all necessary approvals.

b) STP Core Team

The co-ordination of STP activities is the responsibility of the STP Lead supported by a Core Team formed of project management leads from the Transformation Workstreams and the leads of the function-based working groups.

c) Workforce Group

The role of the Workforce Group is to:

- i) Assure the quality and sustainability of the future workforce implicit or explicit in Workstream proposals.
- ii) Ensure that Partner organisations are aware of the workforce matters that may have an impact on them, and organisational actions required.
- iii) Make proposals about the more efficient use of the workforce and/or the training and recruitment needs of the STP.
- iv) Liaise with educational providers (Health Education England, Universities, Colleges, Schools, Leadership Academy, etc.), regionally and nationally, to influence supply of future workforce capability/skills.
- v) Identify and manage workforce related risks.

The Group will liaise closely with the Local Workforce Action Board (LWAB) that has two areas of responsibility detailed within the terms of reference:

- a) Supporting STPs across broad range of workforce and HR related activity
- b) Local delivery of HEE mandate and strategic priorities affecting STPs

The LWAB role is to:

- Agree the workforce work programme to support STPs
- Oversee implementation of the work programme
- Engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations.

The LWABs will develop 4 key products as part of the Sustainability and Transformation plan/partnership, these are:

- A comprehensive baseline of the NHS and care workforce within the STP footprint and an overarching assessment of the key issues that the relevant labour markets(s) present. This will describe the workforce case for change.
- A scenario based, high level workforce strategy that sets out the workforce implications of the STP's ambitions in terms of workforce type, numbers and skills, including leadership development
- A workforce transformation plan focused on what is needed to deliver the service ambitions set out in the STP.
- An action plan that proposes the necessary investment in workforce required to support STP delivery, identifying sources of funds to enable its implementation.

d) Finance Group

The role of the Finance Working Group is to:

- i) Provide leadership, strategic advice and guidance for the financial delivery of the Sustainability Transformational Plan (STP). This will include the provision of

director level advice and support to the programme.

- ii) Ensure that the strategy is fully costed, that its impact on the wider health and social care system is modelled and understood and that it meets the requirements to deliver a financially sustainable health system. This will be set out in a Strategic Financial Framework (StFF).
- iii) Provide assurance about the financial sustainability of proposals developed by the Workstreams.
- iv) Manage the financial resources committed to the programme by Partners, including the procurement of external advice and support.

e) Performance & Delivery Group

The role of the Performance & Delivery Group is to:

- i) Develop systems for monitoring key performance indicators across the STP, as agreed by the Partnership or as otherwise required by regulators, including but not limited to A&E, RTT and Cancer performance. The Group will provide leadership, strategic advice and guidance.
- ii) Make regular reports to the Partnership on performance related issues, including regular analysis of activity to plan, providing corrective actions, short-term improvements against quality and performance standards and mitigation where necessary.
- iii) Develop and monitor a programme plan for the work of the Partnership, ensuring that the activities of Workstreams and Working Groups are well aligned.
- iv) Advise the partnership on progress against the plan, highlighting exceptions and proposing mitigation (in collaboration with the relevant Workstream).
- v) Develop and manage a risk register for the Partnership's activities.

The executive lead of the Performance and Delivery Group will act as Programme Director for the STP.

f) Organisational Development Group

The role of the Organisational Development Group is to support the development of the Partnership and its ways of collaborating.

g) Communications & Engagement Group

The role of the Communications & Engagement Group is to:

- i) Ensure that Partner activities are coordinated and aligned in relation to the work of the STP, and that Partners discharge their statutory duties in relation to STP proposals;
- ii) Advise the Partnership Board and its Workstreams on communication and engagement matters including in relation to media management and public consultation requirements.

h) Equality & Diversity Group

The role of the Equality & Diversity Group is to ensure that equality & diversity considerations are included in the development of STP plans, and to facilitate collaboration between Partners, where appropriate, in the discharge of their statutory duties in relation to STP proposals.

Schedule Five – Resourcing

It is expected that delivery of the STP objectives is seen as the core business of each member organisation, and each will therefore commit in-kind resources to deliver of the STP objectives without recourse for additional resource to the system.

For the Partnership’s initial phase, key personnel have been identified as indicated in Section Ten of Schedule Four, above. This includes both the senior leaders sponsoring a Workstream and management personnel who are dedicating an agreed element of their working time to the STP. It is expected that these persons will serve on an in-kind basis pending a review of resourcing in April 2018.

The Partnership Board may, from time to time, agree that system objectives cannot be delivered as described above, and that some additional resourcing is required to be deployed for system benefit. In such circumstances Partner organisations are expected to contribute in a way that is considered fair and proportionate. This will be agreed on a case by case basis as need arises.

Schedule Six – Engaging external resources

Circumstances may arise from time to time whereby the system requires expert external advice or services that are either not available to be sourced from a partner member, or are required for purposes of independence.

Such resources will only be commissioned by agreement of the Partnership Board or by the STP Lead or other officer duly delegated to commission such advice or services.

Where this is the case, to provide the necessary assurances to member organisations regarding value for money and probity, proper procurement process will be followed as set out in the SFIs and SOs of the organisation most appropriate to commission the advice or services.

Schedule Seven – Risk Register

Schedule Eight – STP Programme Plan

Dear Helen and Jim,

2016/17 CCG annual assessments

The CCG annual assessment for 2016/17 provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The CCG IAF aligns key objectives and priorities as part of our aim to deliver the *Five Year Forward View*. The headline assessment has been confirmed by NHS England's Commissioning Committee.

This letter provides confirmation of the annual assessment, as well as a summary of any areas of strength and where improvement is needed from our year-end review (**Annex A**).

Detail of the methodology used to reach the overall assessment for 2016/17 can be found at **Annex B**. The categorisation of the headline rating is either outstanding, good, requires improvement or inadequate.

The final draft headline rating for 2016/17 for NHS Wolverhampton CCG is **Outstanding**.

Overall, the results for the NHS in England in 2016/17 represent an improvement from 2015/16, which is a significant achievement for commissioners and is representative of - much hard work during what has been a difficult year.

The 2016/17 annual assessments will be published on the CCG Improvement and Assessment page of the NHS England website on 19 July 2017. At the same time they will be published on the MyNHS section of the NHS Choices website. The

dashboard with the data has already been made available through NHS England regional teams, and will be reissued with year-end ratings on 19 July 2017. CCGs will also receive confirmation of their assessment in three clinical priority areas (cancer, mental health and dementia), at the same time. Assessments for diabetes, learning disabilities and maternity are expected to follow later in the year.

Thank you for your CCG's contribution to delivering the *Five Year Forward View*, and your focus on making improvements for local people. I look forward to working with you and your colleagues during 2017/18, including following up on the annual assessment.

I would ask that you please treat your headline rating **in confidence** until NHS England has published the annual assessment report on its website on 19 July. This rating remains draft until formal release. Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

Alison Tonge

Director of Commissioning Operations
NHS England, Midlands and East

Annex A – 2016/17 summary

Key Areas of Strength / Areas of Good Practice

The CCG has continued to perform at an outstanding level in 2016/17. Key areas of strength are:

- Continued strong leadership and governance of a highly robust organisation with high staff satisfaction and low staff turnover.
- Strong system leadership and grip of Provider performance in the Wolverhampton geography.
- Constructive, yet robust, relationships with all key stakeholders
- Innovative and forward thinking commissioning, for example the implementation of MSK Triage for Wolverhampton ahead of the national drive in this area
- Exemplar patient and public engagement, with demonstrable local results.

Key Areas of Challenge

Areas of ongoing challenge are:

- Building on and further embedding the improvements made in both urgent and elective care delivery at Royal Wolverhampton Trust (RWT).

Key Areas for Improvement

The following are key areas for improvement:

- Delivering and sustaining improvements to the delivery of 62 day cancer performance at RWT – working across West Midlands to address issues with late tertiary referrals

Development Needs and Agreed Actions

- Work across the STP footprint to develop joint commissioning plans and arrangements for the Black Country

Conditions/Directions/Special Measures

Not applicable

Summary

Overall, we would like to congratulate Wolverhampton CCG on maintaining exemplar standards of leadership, governance, innovative commissioning and delivery of care in 2017/18.

We recognise that the CCG is fully committed to addressing the remaining areas which require focused attention, most notably the need to work jointly with the other Black Country CCGs to develop joint commissioning plans for the STP footprint.

Annex B – Assessment Methodology

NHS England’s annual performance assessment of CCGs 2016/17

1. The CCG IAF comprises 60 indicators selected to track and assess variation across 29 policy areas covering performance, delivery, outcomes, finance and leadership. This year, assessments have been derived using an algorithmic approach informed by statistical best practice; NHS England’s executives have applied operational judgement to determine the thresholds that place CCGs into one of four performance categories overall.

Step 1: indicator selection

2. A number of the indicators were included in the 2016/17 IAF on the basis that they were of high policy importance, but with a recognition that further development of data flows and indicator methodologies may be required during the year. However, by the end of the year, there were data limitations for four of the indicators, so these have been excluded. These four indicators are set out below:

Indicator	Rationale for exclusion
Percentage of deaths which take place in hospital	End of life choice indicator – placeholder only for 2016/17, new indicators introduced for 2017/18
Ambulance waits	Data not available for pilot sites
Outcomes in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only
Expenditure in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only

Step 2: indicator banding

3. For each of the 209 CCGs, the remaining 56 indicator values are calculated. For each indicator, the distance from a set point is calculated. This set point is either a national standard, where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG’s value is compared to the national average value.
4. Indicator values are converted to standardised scores (‘z-scores’), which allows us to assess each CCG’s deviation from expected values on a common basis. CCGs with outlying values (good and bad) can then be identified in a consistent way. This method is widely accepted as best practice in the derivation of

assessment ratings, and is adopted elsewhere in NHS England and by the CQC, among others.¹

5. Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).²

Step 3: weighting

6. Application of weightings allows the relatively greater importance of certain components (i.e. indicators) of the IAF to be recognised and for them to be given greater prominence in the rating calculation.
7. Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the significance we place on good leadership and financial management to the commissioner system:
 - Performance and outcomes measures: 50%;
 - Quality of leadership: 25%; and,
 - Finance management: 25% (the assessment of financial plan is zero weighted to ensure focus on financial outturn)
8. These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted average score (out of 2).

Figure 1: Worked example

Anytown CCG has:

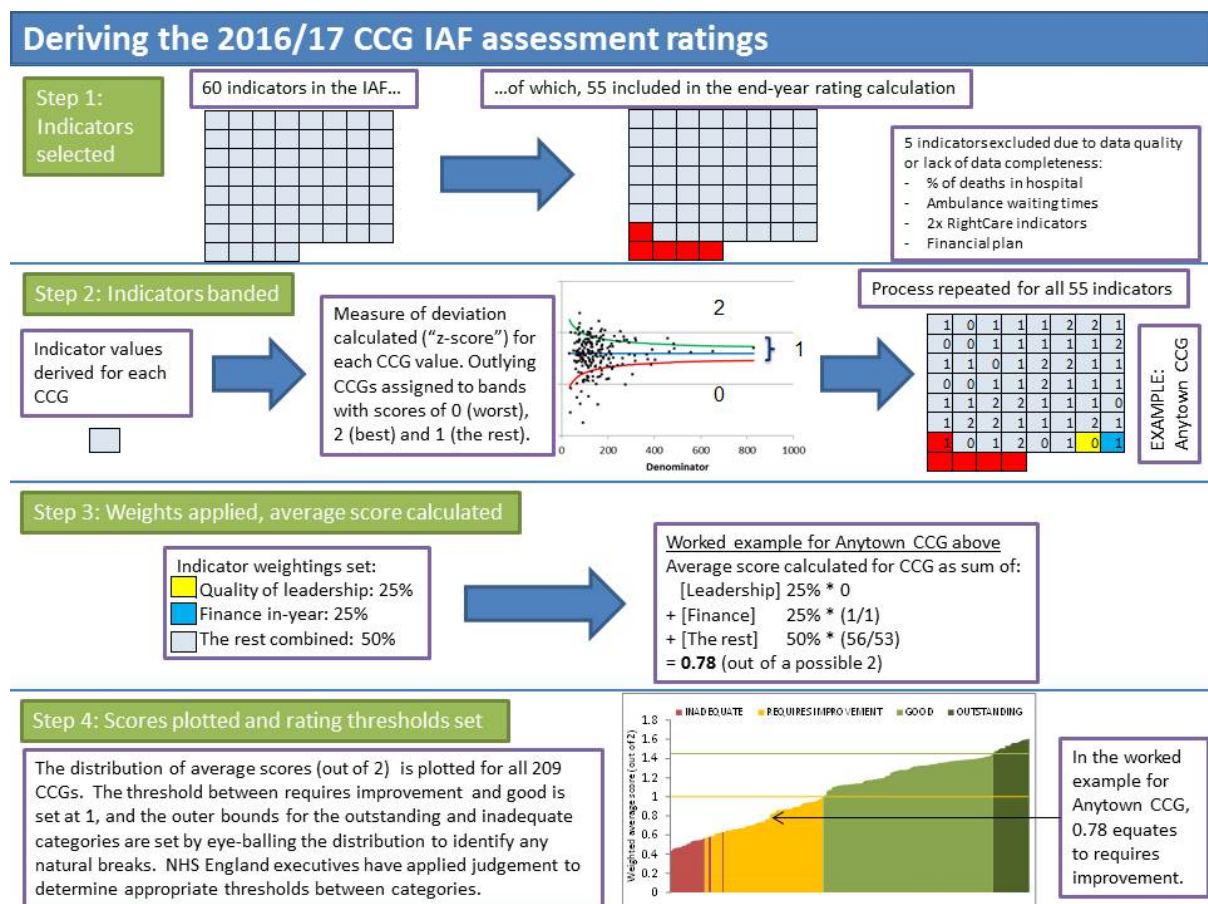
- Quality of leadership rating of “red” (equivalent to a banded score of 0)
- Finance management rating of “amber” (equivalent to banded score of 1)
- Finance plan is zero weighted.
- For the remaining 53 indicators, 9 are banded as 0 (outlying, worst), 12 are banded as 2 (outlying, best) and 32 are banded as 1 (in between).
- The total of the banded scores for these indicators is therefore $(9 \times 0) + (12 \times 2) + (32 \times 1) = 56$
- The weighted average score is calculated as:
 $[25\% \times 0] + [25\% \times 1] + [50\% \times (56/53)] = 0.78$

Step 4: setting of rating thresholds

¹ Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

² For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

9. Each CCG's weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.
10. If a CCG is performing relatively well overall, their weighted score would be expected to be greater than 1. If every indicator value for every CCG were within a mid-range of values, not significantly different from its set reference point, each indicator for that CCG would be scored as 1, resulting in an average (mean) weighted score of 1. This therefore represents an intuitive point around which to draw the line between 'good' and 'requires improvement'.
11. In examining the 2016/17 scoring distribution, there was a natural break at 1.45, and a perceptible change in the slope of the scores above this point. This therefore had face validity as a threshold and was selected as the break point between 'good' and 'outstanding'.
12. NHS England's executives have then applied operational judgement to determine the thresholds that place CCGs into the 'inadequate'. A CCG is rated as 'inadequate' if it has been rated red in both quality of leadership and financial management.
13. This model is also shown visually below:



Annex A

2016/17 assessment ratings for cancer, mental health and dementia

NHS WOLVERHAMPTON CCG	
<u>Clinical priority area</u>	<u>Headline rating 2016/17</u>
Cancer	Requires improvement
Mental Health	Requires improvement
Dementia	Good

DRAFT

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13 July 2017

2016/17 Assessment for cancer, dementia and mental health

Dear Accountable Officer and Clinical Lead,

Alongside the headline assessment of your CCG that has been completed under the auspices of the Clinical Commissioning Group Improvement and Assessment Framework (CCG IAF) for 2016/17, additional assessments have been undertaken by three independent clinical panels for each of the priority areas set out in *The Next Steps on the Five Year Forward View*: cancer, mental health and dementia.

Each CCG is provided with a rating for each of the three clinical priority areas. The ratings are described as: 'outstanding'; 'good'; 'requires improvement'; and, 'inadequate'.

Annex A (attached separately) sets out the assessment for your CCG in each of these three clinical priority areas for 2016/17.

The methodology used by the panels to derive the assessments for each clinical priority area can be found at **Annex B**.

This assessment does not provide a comprehensive reflection of the quality of care. It is limited by the metrics selected to simply providing a snapshot of whether CCGs are meeting national ambitions where relevant, or how their performance against other key indicators compares with other CCGs.

The greatest value in supporting CCGs to drive performance improvement is to be derived by considering the results of the individual indicators within each clinical priority area. This should help to identify where CCGs might be able to learn from

each other and drive overall improvement. For further information on improvement support, please visit the clinical priority area pages on our [website](#), which will be updated when the assessments are published.

Commentaries on the 2016/17 ratings for each of the clinical priority areas have been prepared by the independent panel chairs: Sir Harpal Kumar, Chief Executive of Cancer Research UK; Paul Farmer, Chief Executive of Mind; and, Jeremy Hughes, Chief Executive of the Alzheimer's Society. These commentaries will be available on the NHS England website at the same time as the assessment results.

The 2016/17 clinical priority area ratings remain draft until they are formally issued which we expect to be on **19 July 2017**, alongside the NHS England CCG assessments for 2016/17. At the same time, the clinical priority area ratings will be published on the MyNHS section of the NHS Choices website. They will be added to the dashboard with the indicator data for each clinical priority area which has already been made available to CCGs through NHS England regional teams.

Yours faithfully,



Cally Palmer, National Cancer Director, NHS England



Claire Murdoch, National Mental Health Director, NHS England



Alistair Burns, National Clinical Director for Dementia, NHS England

Annex B: Methodologies for 2016-17 clinical panel ratings for cancer, mental health and dementia

Cancer

1. The overall rating for cancer is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.
2. For each CCG, each of the four cancer indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 1.

Table 1. Cancer indicator banding method

Indicator (Latest time period used)	Indicator scores	Benchmark
Cancers diagnosed at early stage (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (52.4%)
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2016/17)	Significantly below the national standard = 0 Below the national standard but not significantly = 0.75 Above the national standard but not significantly = 1.25 Significantly higher than the national standard = 2	National Standard (85%)
One-year survival from all cancers (2014)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	National trajectory to national ambition (70.4)
Cancer patient experience (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (8.7)

To note: The one-year survival indicator is case-mix adjusted to account for differences in the demographic profile of CCG populations. At present the early stage diagnosis indicator is not case-mix adjusted, however adjustment of scores for the relative incidence of different cancer types may be explored for future years.

For the 2016/17 assessment, annual (2016-17) data was used for the 62 day standard indicator to give the best representation of the year of assessment. For the initial assessment (2015/16) the 62-day standard was based on data for 2015/16 Q4 only.

The methodology for the cancer patient experience indicator has changed in line with the published data. For the 2015/16 assessment the indicator was the percentage of positive answers, and there was no case mix adjustment. For the 2016/17 assessment, the indicator is the average score (on a scale of 0 to 10) and includes a case mix adjustment that provides a fairer comparison between CCGs.

3. The mean score for the four indicators described above was calculated. The thresholds shown in table 2 were used by the independent cancer panel to derive the rating for each CCG.

Table 2. Cancer assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.4
Good	Above or equal to 0.8 and below 1.4
Requires Improvement	Above or equal to 0.5 and below 0.8
Inadequate	Below 0.5

Mental Health

4. Each CCG is assigned one of four ratings based on their performance against five indicators:
 1. Improving Access to Psychological Therapies (IAPT) Recovery Rate;
 2. Early Intervention in Psychosis (EIP) Waiting Times;
 3. CYP Mental Health Transformation Indicator;
 4. Crisis and Liaison Mental Health Transformation Indicator; and,
 5. Mental Health Out of Area Placements Transformation Indicator
5. A CCG is given a score of between 0 and 2 for each indicator based on their compliance with expected levels of performance. Two different approaches are taken because of the statistical properties of the different indicators.

IAPT & EIP indicators

6. For the IAPT and EIP indicators, the score is based on the CGG is above or below the current performance standard (50%) and whether this is a statistically significant difference. Scores are assigned as shown in table 3a:

Table 3a. Mental health indicator banding method for IAPT and EIP indicators

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies recovery rate (November 2016 to January 2017)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)
Early intervention in psychosis (EIP) waiting times (April 16 to March 17)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)

CYP, Crisis and out of area placement indicators

- For the three transformation indicators scores are assigned based on the percentage compliance with the transformation milestones as shown in table 3b:

Table 3b. Mental health indicator banding method for transformation indicators

Indicator (Time period)	Indicator scores
Children and young people's mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Crisis care and liaison mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Out of area placements for acute mental health inpatient care transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2

To note: transformation indicators are derived from a bespoke UNIFY2 collection to allow CCGs to provide a self- assessment against the local arrangements that should be in place to deliver high quality care now and in the future. Self-assessments are assured by NHS England regional teams.

- An mean score is then taken across the five indicators and CCGs are assigned a rating by the panel using the thresholds in table 4:

Table 4. Mental health assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.8
Good	Above or equal to 1.25 and below 1.8
Requires Improvement	Above or equal to 0.5 and below 1.25
Inadequate	Below 0.5

Dementia

- The 2016/17 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.
- Diagnosis rates are calculated using the number of people on the dementia register, Office of National Statistics (ONS) population figures and Cognitive Function and Ageing Studies (CFAS) II prevalence estimates. Care plan reviews are calculated using the number of people who have had a care plan review and the number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to

face review of their care plan within the last 12 months is intended as a proxy measure of broader support post-diagnosis of dementia.

- Each dementia indicator is assigned a band based on the thresholds shown in table 5. For the diagnosis rate indicator, the national ambition of 66.7% (two thirds) was used as the threshold for good performance. For the care plan review indicator, the thresholds used were the quartiles based on the data used in the initial assessment.

Table 5. Dementia indicator banding method

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 4 = poorest performing)	Benchmark
Diagnosis rate (March 2017)	Indicator value below or equal to 56.7% = Band 4 Indicator value above 56.7% and below or equal to 66.7% = Band 3 Indicator value above 66.7% and below or equal to 76.7% = Band 2 Indicator value above 76.7% = Band 1	National Standard (66.7%) and thresholds set for the 2015/16 assessment
Care plan reviews (2015/16)	Indicator value below or equal to 75.6% = Band 4 Indicator value above 75.6% and below or equal to 77.6 % = Band 3 Indicator value above 77.6% and below or equal to 79.4 % = Band 2 Indicator value above 79.4% = Band 1	2014/15 quartiles

To note: The thresholds for the dementia diagnosis rate and care plan reviews indicator in table 5 have been rounded to 1 decimal place. The exact thresholds for the dementia diagnosis rate indicator are based around achieving the national ambition for a national ambition two thirds standard. Hence to 6 decimal places Band 4 = 56.666667%, Band 3 = 66.666667%, Band 2 = 76.666667%. The upper thresholds on which banding is based on for the care plan indicator are: Band 4 = 75.587062%, Band 3 = 77.553084%, Band 2 = 79.447005%

- The overall rating for dementia is based on the CCG band for each of the dementia indicators as illustrated in table 6:

Table 6. Dementia assessment rating

		Diagnosis rate band			
		1 (Best performing)	2	3	4 (Poorest performing)
Care plan review band	1 (Best performing)	Outstanding	Outstanding	Good	Requires improvement
	2	Outstanding	Good	Requires improvement	Requires Improvement
	3	Good	Requires improvement	Requires improvement	Inadequate
	4 (Poorest performing)	Requires improvement	Requires improvement	Inadequate	Inadequate

WOLVERHAMPTON CCG
**Governing Body Meeting
September 2017**
Agenda item 8

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

BACKGROUND AND CURRENT SITUATION

- 1.1. A report was brought to Governing Body in February 2017 outlining a plan for the Business Continuity work stream to be completed.
- 1.2. Business continuity work within Wolverhampton CCG (WCCG) has been completed successfully with all departments now having a service level plan.
- 1.3. The next stage to the Business Continuity programme is to create tactical plans which will enable the CCG the plan against loss of staff and set up a 'Response plan' should there be a loss of facilities. This is planned for the final quarter of 2017
- 1.4. A corporate level Business Continuity plan has been drafted in conjunction with Wolverhampton City Council and the other Black Country CCG's. The plan supplements the Major Incident Response Plan (MIRP) plan already in place. The initial draft has been reviewed by commissioners and the council and await a 2nd draft which will be made available in October.

2. MAIN BODY OF REPORT

- 2.1. Each EPRR Core Standards self-assessment is comprised of a number of key standards accompanied by a "deep dive" into a particular area.
- 2.2. The 2016/17 self-assessment "deep dive" was business continuity planning. This has now been completed and sent to the regional EPRR lead for the West Midlands.
- 2.3. Nationally the core standards have yet to be released by NHSE. The CCG has however been made aware that the "deep dive" for 2017/18 will be Governance.
- 2.4. The NHSE EPRR Regional lead was invited to deliver mandatory 3 year training for on call staff. The training was delivered on 21.06.17. The training was well received and enabled the CCG to be compliant in this area.
- 2.5. An overall work programme has been drafted in consultation with the CCGs Accountable Emergency Officer (Mike Hastings, Director of Operations) and aims to further improve both compliance and capability across the EPRR and Prevent agendas.



- 2.6 Work is also continuing on Pandemic Influenza. This has included developing a model for implementation across the Local Health Resilience Partnerships (LHRP) footprint. A multi-agency exercise took place in February 2017 and further development meetings engaging all health care providers have taken place.
- 2.7 Mass casualty planning is a key NHS work stream currently and is undergoing revision against latest risk and threat intelligence. WCCG is fully engaged with expectations and planning against this particular work stream. WCCG is also proactively supporting Vocare in ensuring that a seamless model for Major Incident response exists at the Wolverhampton Urgent Care Centre. These arrangements were exercised in a “live” environment, utilising volunteers as casualties, in partnership with the Royal Wolverhampton NHS Trust on the 29.01.17. WCCG participation as observers supports the requirement for its own table top exercise which will adhere to the core standards criteria.

3. RISKS AND IMPLICATIONS

Key Risks

- 3.1. At present WCCG is well placed in terms of its level of preparedness and planning and continues to make progress in this area.
- 3.2. Failure to progress however, would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy as the commissioning organisation, and in extremis, as the tactical tier for supporting NHS England in a major incident environment.

Financial and Resource Implications

- 3.3. The Business Continuity process will confirm the critical areas of WCCG business and ensure that such activities are able to continue, despite and throughout any disruption or incident.

Quality and Safety Implications



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

Legal and Policy Implications

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

4. RECOMMENDATIONS

- That the Governing Body **Receive** and **Note** the contents of this report

Name: Tally Kalea
Job Title: Commissioning Operations Manager
Date: 1st September 2017



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	T Kalea	01/09/2017



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WOLVERHAMPTON CCG

Governing Body
12 SEPTEMBER 2017

Agenda item 9

TITLE OF REPORT:	Governing Body Assurance Framework and Risk Register Update
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To outline the continued progress in the development of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register for the Governing Body's consideration following work in response to internal audit recommendations.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain. Any confidential information relating to any risks has been redacted.
KEY POINTS:	<ul style="list-style-type: none"> • Following the update to the Governing Body in July 2017, further work has been undertaken in line with the recommendations from the 2016 Internal Audit Report into the CCG's Risk Management arrangements. • This work has included further discussions with the CCG's Senior Management Team to identify strategic risks to the CCG's objectives. A first draft of a populated framework based on these identified risks has been produced. • Further work to progress the internal audit recommendations has been identified and is being put into place.
RECOMMENDATION:	<p>That the Governing Body</p> <ul style="list-style-type: none"> • Accepts the Governing Body Assurance Framework • Notes movement/progression of high level risks • Endorses the next steps outlined in the paper.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS &	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.



OBJECTIVES:	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Governing Body have been kept updated on work to revise the CCG's risk management arrangements following an internal audit by Price Waterhouse Cooper in November/December 2016. This included a number of recommendations and an action plan has been put in place to address the weaknesses identified.
- 1.2. In particular, the internal audit report and subsequent work have resulted in a re-alignment of the CCG's Governing Body Assurance Framework (GBAF) to tie in with strategic objectives which were articulated by the Governing Body in March 2017. A populated version of this framework is set out at **Appendix 1**.

2. PROGRESS UPDATE

- 2.1. In July 2017, the Governing Body were updated on work undertaken to review the Corporate risk register to ensure that the GBAF was appropriately aligned and that the Governing Body were appraised of and able to scrutinise the most relevant risks. This resulted in a refreshed risk register comprising 12 Corporate level risks.
- 2.2. Following the Governing Body meeting in July, further work has been undertaken with the CCG's Senior Management Team (SMT) to identify other strategic risks to the CCG's objectives. This involved a discussion at an SMT meeting and work by individual managers to capture the contributions of their team to each of the objectives and headline risks associated with this work.
- 2.3. The results of this work by SMT have been analysed and a number of themes have been identified. As a result, a further five Corporate risks have been added to the Risk Register at **Appendix 2**. This updated risk register also includes further detail on the mitigations in place in respect of the other risks and details of recent action where this is has resulted in a reduction in residual risk.
- 2.4. Following the work to identify risks based on the corporate objectives, the GBAF has been populated in line with the identified risks. Details of existing controls in place have been described and an assessment made of the residual risk of each individual objective being achieved for the Governing Body's consideration. As outlined below, further work is planned to ensure that the presentation of the GBAF is optimised to enable the Governing Body to be fully assured that actions and

mitigations are having the appropriate impact. It will also ensure that any changes in the risk profile for each objective – particularly any new risks or risks that have escalated are clearly described.

3. NEXT STEPS

- 3.1. As highlighted in the previous report to the Governing Body, work continues against an agreed action plan in response to internal audit recommendations. In particular, there has been a focus on ensuring that risks have been effectively captured and recorded so that new arrangements for management of risk at committee level are based on effective use of the right information. A new, high level action plan has been drawn up to support this work.
- 3.2. There are a number of strands to the next stage of this work, firstly as a follow on to the work with SMT over recent months further work will take place to align identified risks to their most appropriate level. Most significantly this will involve developing consistent and clear risk profiles for each of the Governing Body committees to enable them to fulfil the role intended for them in the new risk management arrangements. Secondly, as previously reported, work will continue on the presentation of risk management reports. This includes consideration of how the CCG's current risk management system is operating and whether additional functionality is required.
- 3.3. As this work progresses, the CCG's Risk Management Strategy will be revised and brought forward for endorsement by the Quality and Safety Committee in due course. The updated strategy will reflect the detail of the new arrangements and will be supported by further staff training which will aim to ensure the principles of risk management are effectively embedded throughout the organisation.
- 3.4. As part of broader discussions around the roles and responsibilities of the CCG's Executive Team in preparation for the retirement of the Executive Director for Nursing and Quality, it has been decided that executive responsibility for Risk Management will move to the Director of Operations. Further discussions about the detail of operational support for risk management continue.

4. RISK POSITION – SUMMARY

- 4.1 As highlighted above, the Corporate Risk Register developed for the Governing Body meeting in July 2017 has been updated, with 5 further risks identified and a

number of risk scores being updated. The table below summarises the change in the Corporate Risk Register and full details are available in **Appendix 2**.

Number of Risk Register Entries	End of Q1, 17/18	Current	
Open Risks	12	17	
		New Risks	5
		Closed Risks	0
Extreme	2	0	↓ 2
High	7	9	↓ 4 ★ 5
Moderate	3	8	
Low	0	0	

Key: ↓ Risks downgraded ↑ Risks upgraded ★ New Risks

- 4.2 As work continues to ensure that risk is effectively managed throughout the organisation, the Governing Body will receive summary details of other risks identified. In particular, future reports will include summaries of the risk position for each Governing Body committee in addition to details of any risks escalated for Governing Body attention.

5. CLINICAL VIEW

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

6. PATIENT AND PUBLIC VIEW

- 6.1 Not applicable for the purpose of this report.

7. KEY RISKS AND MITIGATIONS

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

8. IMPACT ASSESSMENT

Financial and Resource Implications

- 8.1 As highlighted above, Executive responsibility for this area has transferred to the Director of Operations. Discussions around the resource implications continue.

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

8.4. As highlighted above, the Risk Management Strategy is being updated to reflect the emerging arrangements.

Other Implications

8.5. There are no other implications arising from this report

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

ATTACHED:

- Appendix 1 Governing Body Assurance Framework
- Appendix 2 Corporate Risk Register

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	Not Applicable	
Public/ Patient View	Not Applicable	
Finance Implications discussed with Finance Team	Not Applicable	
Quality Implications discussed with Quality and Risk Team	Not Applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not Applicable	
Information Governance implications discussed with IG Support Officer	Not Applicable	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Owner	September 2017
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
Signed off by Report Owner (Must be completed)	Peter McKenzie	01/09/2017

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description/ Change in Risk Profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved
1. Improving the quality and safety of the services we commission					
<p>a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>	<p>CR02 - Cyber Attacks CR03 - NHS Constitutional Targets CR06 - Vocare CR09- Safeguarding Compliance CR13 - Maternity Services CR15 - CCG Staff Capacity Challenges</p>	<p>There are a number of high level risks associated with provider safety concerns listed on the Risk Register. In particular, the concerns about the Vocare Urgent Care Centre and the issues with maternity services at RWT have the potential to have a significant impact. In addition there is an underlying risk that mitigating action to address these concerns may divert resources from overall systemic improvement.</p>	<p>The CCG continues to actively monitor the quality of provision at all its providers. The CCG is engaged with a multiagency improvement board to support improvements at the Urgent Care Centre and is working with other CCGs across the STP to ensure a system level approach is taken to issues with Maternity services. Existing monitoring systems are in place to ensure that concerns about Quality are addressed at the earliest possible opportunity and to ensure that appropriate contractual levers can be used if necessary</p>	<p>Likelihood - 4 Impact - 4 16 Very High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>
2.Reducing health inequalities in Wolverhampton					
<p>a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p>	<p>CR04 - CCG Staff Capacity to deliver new Commissioning Responsibilities CR11 - Primary Care Strategy Workforce Issues CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges</p>	<p>The CCG's Primary Care strategy is ambitious and aims to deliver significant improvements in care for patients in primary care in Wolverhampton. The scale of change itself has a number of inherent risks as it involves CCG Staff, GPs and practice staff considering significant changes to their ways of working. This comes on top of existing high demand for services and a recognised workforce challenge in Wolverhampton. The most significant risks identified relate to the ongoing development of new clinical groupings in the City that will be able to deliver new services, at scale in primary care across Wolverhampton</p>	<p>The CCG continues to support the development of Clinical Groupings and has recently recruited additional staff capacity to support the groups in the Primary Care team. The Primary Care Strategy committee continues to meet to review the progress against the strategy's outcomes and a milestone plan is being developed to ensure that remedial action can be targeted appropriately. Significant work continues to take place both locally and at an STP level to ensure that workforce challenges are addressed through both recruitment and upskilling of the existing workforce.</p>	<p>Likelihood - 4 Impact - 3 12 High</p>	<p>Likelihood - 3 Impact - 3 9 High</p>
<p>b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>	<p>CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership</p>	<p>The CCG is working with partners in the City to support the development of an Accountable Care Model for Wolverhampton. This creates a number of significant risks as each organisation needs to balances their own priorities and challenges to deliver systemic change. In particular, there is a risk that relationships between partners may become strained as differing priorities are encountered. There are also significant challenges for CCG staff delivering these changes in addition to their existing responsibilities, particularly as they need to build their understanding of the impact of new models.</p>	<p>The CCG is working in partnership with the other organisations and is ensuring all work on new models is done collaboratively. Ernst Young have been engaged to support partners in developing proposals and efforts are being made to seek additional support from the wider NHS. Communication lines with staff are prioritised to ensure that all staff are briefed on the trajectory of work and that there are opportunities for questions to be raised to allay any concerns.</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description/ Change in Risk Profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved
3. System effectiveness delivered within our financial envelope					
<p>a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p>	<p>CR07 - Failure to meet Overall Financial targets CR08 - New Ways of Working across the STP CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership</p>	<p>As the STP moves from being an integrated planning process to a more defined partnership, a number of risks emerge. In particular, the STP has the capacity to highlight tensions between efforts to develop locally appropriate models of care and strategic commissioning across the Black Country footprint. These tensions create risks associated with the relationships between organisations within the system as well as contributing to the overall risk related to CCG staff capacity in an uncertain environment. The national focus on STP delivery also has the potential to create challenges associated with financial delivery, as there maybe tensions between delivering the CCG's own financial targets and financial metrics and planning across the footprint.</p>	<p>The CCG is ensuring that it remains fully engaged with the STP process as it continues to develop. CCG staff contribute to strategic leadership groups and all staff are briefed as part of ongoing internal communication plans. The STP has developed an MOU to which the Governing Body have signed up to ensure that there is clarity about the aims and objectives of the STP and how it links into other ongoing work streams.</p>	<p>Likelihood - 4 Impact - 4 16 Very High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>
<p>b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.'</p>	<p>CR09 - BCF Programme CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate Estates Infrastructure funding</p>	<p>The CCG recognises that there are a number of risks associated with the Better Care Programme of work which underpins much of the work to integrate health and social care services. In particular the risks associated with the different challenges and priorities faced by the CCG and the Local Authority place some of the delivery of this programme at risk. Some of the risks highlighted above in relation to both developing local care models and the STP, in particular the potential tension between local and Black Country wide ways of working, also impact on the achievement of this objective.</p>	<p>The CCG has a Section 75 agreement in place with the Local Authority which governs the partnership and the Pooled budget for the BCF. The CCG also continues to work collaboratively with partners on the development of new models of care in the system.</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>
<p>c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p>	<p>CR01 - Failure to meet QIPP Targets CR04 - Capacity to deliver new Commissioning Responsibilities CR05 - Mass Casualty Planning CR07 - Failure to meet overall Financial Targets CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership</p>	<p>As highlighted above, the CCG is working in an environment of significant change. This means that there is significant pressure on delivering existing responsibilities within existing staff resources. In particular, a number of key staff who have significant roles to play in meeting CCG commissioning, finance and performance duties are working on STP level work streams in addition to CCG responsibilities. These pressures are also impacting on providers who are facing significant and increasing demand for services which has an impact on their ability to meet statutory duties and targets, particularly when responding to unforeseen events that lead to greater regulatory pressure such as the Grenfell Tower disaster. The CCG also faces significant challenges meeting its financial duties, particularly ensuring that QIPP targets are met and that plans to manage demand within the system work effectively. Underpinning all of the CCG's work to meet these duties is the need for robust strategic and operational leadership and there is a risk that recent and upcoming changes to the make up of the CCG's Governing Body will have an impact on the strategic leadership of the organisation.</p>	<p>The CCG has clear accountability mechanisms in place for the delivery of statutory duties and uses robust performance management frameworks to ensure that providers are meeting their statutory responsibilities, particularly those relating to the NHS Constitution. This includes the use of a range of contractual mechanisms when appropriate. Robust plans and processes are in place to assure QIPP delivery, with clear lines of accountability into the Finance and Performance Committee to ensure that any slippages are dealt with promptly and effectively. Plans are in place to recruit new Governing Body members and a clear induction process will be put into effect when new elected members assume their new roles.</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description/ Change in Risk Profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved
<p>d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u></p> <p>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>	<p>CR15 - CCG Staff Capacity Challenges CR17 - Failure to secure appropriate estates infrastructure investment</p>	<p>The CCG's programmes of work to improve infrastructure for health and care is heavily reliant on the recruitment and retention of appropriately skilled staff to support improvements in specialist IT systems in partnership with other organisations, this means that the risks associated with staff capacity will have an impact on the delivery of this objective.</p> <p>Plans to make improvements in estates across Wolverhampton are dependent on appropriate funding being available. The complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk</p>	<p>The CCG has a fully established IM&T team in place working to a detailed strategy to support improvements, reporting into other work streams as a key enabler. This is supported by a robust SLA with RWT as our IT supplier to deliver technical services in line with agreed priorities.</p> <p>The CCG is working in partnership both locally and across the STP to ensure that improvements in estates are delivered in a targeted and strategic manner. Work continues to ensure GP practices are fully engaged in the development of plans and priorities.</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR01	434	Failure to meet QIPP Targets QIPP Delivery is vital to ensuring that the CCG meets its financial targets. Challenging QIPP targets (including a £2m unallocated QIPP position at the beginning of year) puts the delivery of the CCG's financial targets at risk	Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets.	12/08/2016	3c - Meeting our Statutory Duties (Delivery of Financial duties)	Finance and Performance	Tony Gallagher	12	High	6	Moderate
CR02	290	Cyber Attacks Cyber attacks on the IT network infrastructure could potentially lead to the loss of confidential data into the public domain if relevant security measures are not in place. There is also serious clinical/financial and operational risks should there be a major failure leaving the organisation unable to function normally. In such an instance, Business Continuity Plans would need to be enacted.	Robust SLA in place with RWT for IT systems Proactive approach to Cyber Security with consequent investment in cyber security approaches CCG EPPR and Business Continuity plans in place to address any issues should they arise	31/01/2014	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	4	Moderate	4	Moderate
CR03	475 Demand Management Plan Relationships with Providers Provider capacity to demonstrate adherence to statutory duties	NHS Constitutional Targets There is a risk that ongoing pressure in the system will lead to Providers missing statutory NHS Constitutional targets with the associated impact on patient outcomes	CCG Performance Management Framework ensures robust monitoring of Constitutional Targets through meetings with providers, analysis of performance data and rigorous reporting through the Committee structures). Contract Management applied when necessary Whilst providers are not yet meeting all targets, performance is improving on key indicators	28/02/2017	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	High	6	Moderate

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR04	469 - Full Delegation Capacity 268 - Loss of Key Finance Staff 337 - Full Delegation 478 - GMS Contract Changes Capacity of NHSE Primary Care Hub	CCG Staff Capacity to deliver new Commissioning Responsibilities The CCG has taken on greater responsibility for commissioning Primary Care from NHS England. The additional work this requires is being met within existing resources which creates risks for delivery of this (and other) programmes of work	Additional Capacity has been created across the virtual Primary Care Team, including dedicated resource in Finance and Contracting. The recent decision to bring the Contracting Team 'In house' from the CSU also enables greater flexibility of resources when required.	31/01/2017	3c - Meeting our Statutory Duties (Delivery of commissioning responsibilities - delegated)	Executives	Steven Marshall	9	High	4	Moderate
CR05	312	Mass Casualty Planning There is a risk that effective plans will not be in place for CCG and other agencies will not be in place	CCG is working in conjunction with other CCGs to ensure that there is regional capacity sharing and resilience. Training has taken place for key staff and a regional EPPR handbook is being developed.	01/05/2014	3c - Continue to meet statutory duties and responsibilities (Emergency Planning)	Quality and Safety	Mike Hastings	8	High	6	Moderate
CR06	466 453 - Data Sharing 147 - Provider issues 472 - Procuring a Step in Provider 473 - Repeat Dressings	Vocare Ongoing issues with the provider mean that there are concerns about the overall safety and sustainability of the service	Vocare improvement Plan in place supported by local and regional assurance processes. Agreed plans are being worked through at regular Vocare improvement board.	30/01/2017	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	16	Extreme	12	High
CR07	428 262 - CHC Budget	Failure to meet overall financial targets Challenging financial targets mean that there is a risk that the CCG will not meet it's overall financial target.	Strong budget management supported by Finance team includes regular discussions with individual budget holders, Executive oversight and deep dives at least twice a year. Finance involvement in all aspects of CCG business including BCF, Business cases , contract monitoring. Budget Holder development sessions	14/06/2016	3c Meeting our statutory duties (Meeting Financial duties)	Finance and Performance	Tony Gallagher	12	High	6	Moderate

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR08	495	<p><u>New Ways of Working across the STP</u> The STP is complex and works across both providers commissioners and local authorities. This requires building new relationships and overcoming organisational barriers . Management capacity to fulfil new roles will be a risk to the CCG as well as the move to new ways of working with partners in a complex system</p>	Relationships across the STP continue to develop, an MOU is being put into place and clear leadership for individual work streams are being identified and put into place.	21/06/2017	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Extreme	6	Moderate
CR09	489 - Safeguarding Midwife 476 - Named Dr for LAC 321 - Provider DBS Check renewals	<p><u>Safeguarding Compliance</u> There are a number of interlinked issues with the delivery of safeguarding responsibilities across the system that create a risk that the CCG's statutory Duties will not be met</p>	Issue with LAC health checks has now been resolved. Interim arrangements are in place for arrangements for Safeguarding in Midwifery and for the named LAC Doctor. Work continues on DBS checks and staff requiring repeat checks are being identified across the health economy		1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	12	High	6	Moderate
CR10	415 - BCF Finance 450 - BCF Capacity 454 - Community Equipment 425, 451 - Community Neighbourhood Teams 407 - Discharge to Assess (DTCO) 445 - Fibonacci 480 - HARP Service 471 - Risk Stratification Social Care Staffing Issues Relationship with Local Authority	<p><u>BCF Programme</u> The Better Care Fund Programme is an ambitious programme of work based on developing much closer integration between NHS and Local Authority Social Care services. There are significant risks associated with the programme not meeting its targets both financially and for patient outcomes</p>	Progress is being made with developing financial plans in partnership with the local authority. Programmes are being put into place and work continues to ensure that the impact of this work can be measured in an efficient and effective way.		3b - Greater Integration of health and Social Care Services across Wolverhampton	Commissioning Committee	Steven Marshall	12	High	9	High

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR11	487 - Cost of new roles in Primary Care 485 - Nurse Training Roles 486 - GP Retirements 440 - Clinical Pharmacist role 459 - Student Placements	Primary Care Strategy - Workforce Issues There are a number of issues associated with workforce in Primary Care that may create a risk to the delivery of the objectives of the strategy in creating a multiskilled workforce able to deliver care closer to home	Workforce development is a key strand of the Primary Care Strategy and is being robustly monitored. Milestone action plan is being developed to support task and finish group in delivering their programme of work Work also continues collaboratively with other CCGs across the STP where appropriate.		2a - Improve and develop Primary Care in Wolverhampton	Governing Body	Steven Marshall	12	High	12	High
CR12	223 - Alliance Contractual Governance 467 - MCP New way of Working 468 - Group Capacity	New Ways of Working in Primary Care There are a number of issues with the developing new approach to working. This potentially puts at risk the benefits for patients and the prospect of system change	Additional capacity is being created in the Primary Care team to continue to support the new models of care. Milestone plans are being developed to support the overall delivery of the Primary Care Strategy. Primary Care groups are actively involved in discussions to develop accountable care models in Wolverhampton.		2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	12	High
CR13	492 - Maternity Capacity & Demand	Maternity Services Following the decision to transfer a number of births from Walsall to Royal Wolverhampton Trust there have been consistently high midwife to birth ratios and there is a risk that the level of demand may affect the safety and sustainability of services	Maternity services are being actively monitored and local and regional action plans are being put into place.	15/06/2017	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	12	High	12	High

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	Developing Local Accountable Care Models The potential complexity of the developing new models locally will mean having to balance competing priorities for different organisations and against other drivers in the system to clearly articulate the rationale for change and the direction of travel. This means that there is a risk that the objectives of improving patient care and delivering financial stability across the system will not be realised	The CCG is working collaboratively with partners in the system to develop plans to ensure that they are produced in an open and constructive way. Ernst Young are supporting the development of clear plans and proposals for discussion.	*NEW	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Extreme	12	High
CR15	Workload pressures of STP Workload pressures - Black Country Joint Commissioning Committee Impact of unexpected events on overall workload CSU Capacity	CCG Staff Capacity Challenges The level of change across the system means that existing staff resources are stretched to contribute to change based work streams including Black Country Joint Commissioning, STP and local models of care in addition to existing responsibilities. This creates a risk that gaps will be created as well as the existing risk of recruiting sufficiently skilled staff to fill any vacancies that arise in an uncertain environment.	Open lines of communication are being provided to staff through regular updates from STP and Joint Commissioning Committee meetings and through CCG staff briefings	*NEW	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High		High
CR16		Governing Body Leadership The recent changes in the CCG's Governing Body, including changes in the Executive Team and the resignation of the chair have created a risk that it will become more difficult for the Governing Body to provide clear strategic leadership as new individuals familiarise themselves with the CCG and the issues it faces.	CCG Constitution change has been agreed with Member practices and submitted to NHS England Induction plans will be put in place for new Governing Body members to ensure they understand the CCG and how it functions and development opportunities are put into place for any identified skill gaps	*NEW	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High		High

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level
CR17	451 - Estates for Community Neighbourhood Teams Primary Care estate improvements	Failure to secure appropriate Estates Infrastructure Funding Much of the plans to improve services, particularly in Primary Care, is dependent on securing improvements in the facilities across Wolverhampton. There are a number of possible avenues for funding these improvements but there is a risk that the complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk	The CCG is working with partners across the local health economy to develop collaborative and strategic plans for estates developments. GP practices are key partners and the CCG is working with a number of individual practices with identified needs to address these issues in a targeted manner.	*NEW	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings		8 High	8 High	8 High

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WOLVERHAMPTON CCG
GOVERNING BODY
12th September 2017
Agenda item 10

TITLE OF REPORT:	CCG Procurement Policy
AUTHOR(s) OF REPORT:	Vic Middlemiss – Head of Contracting and Procurement
MANAGEMENT LEAD:	Vic Middlemiss - Head of Contracting and Procurement
PURPOSE OF REPORT:	To present to the Governing Body an updated Procurement Policy for Healthcare Services and to formally request approval of the amended version.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public meeting
KEY POINTS:	<ul style="list-style-type: none"> • The procurement policy has been updated to incorporate changes resulting from the introduction of Public Contract Regulations 2015. • These technical changes have been provided by Arden and GEM Contract Support Unit. • The CCG has also taken the opportunity update other areas of the policy • Consultation of the changes has involved internal circulation to commissioning colleagues and presentation at Senior Management Team (V 1.6). • It then went to Commissioning Committee (V 1.7) and an amendment requested to GP List-based services in Section 4.2 to simply the narrative. • Commissioning Committee endorsed V 1.8 at the July 2017 meeting, with the above change incorporated.

<p>RECOMMENDATION:</p>	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve V 1.8 of the Procurement Policy (attached as an appendix to the report).
<p>LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:</p>	
<p>1. Improving the quality and safety of the services we commission</p>	<p>This policy is consistent with the objective of ensuring the ongoing improvement of quality patient services and ensuring that patients are always at the centre of all our commissioning decisions.</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p>Deliver our 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</p> <p>Deliver new models of care that support care closer to home, improve management of Long Term Conditions and deliver more integrated services in Primary Care and Community settings.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p>Work with partners across the City to support the development and delivery of the emerging vision for transformation</p> <p>Effective financial management is essential to the CCG's success and the procurement process plays a pivotal role in achieving this. The policy includes detail on the CCG's procurement strategy linked to ensuring value for money, with robust governance underpinning the decision making process.</p>

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCG's Procurement Policy for Healthcare Services was last updated in September 2015.
- 1.2. In April 2016, the Public Contract Regulations (PCR) 2015 came into force for the procurement of health services. These regulations fundamentally change the

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approach NHS commissioners must adopt for the procurement of health services, in particular where the value exceeds £589,148 (750,000 Euros).

- 1.3. These changes therefore needed to be incorporated within the Procurement Policy. This was a specific recommendation made by PwC in an audit undertaken in 2016/17 which included the following areas:
- Procurement
 - Information Governance
 - Business Continuity
 - Safeguarding
- 1.4. The revision process also presented an opportunity to update other sections of the policy.

2. SUMMARY OF APPROACH/ KEY CHANGES

2.1 Technical changes

The technical changes associated with PCR 2015 were completed by the Arden and GEM CSU Procurement Team as part of the procurement service the CCG buys in from the CSU.

2.2 Other changes

Other changes were made, aimed at making the document easier to follow and also updating some sections as follows:

- Text added to Sections 5 re determining which procurement regulations apply for mixed procurements & at Section 9.2 re adding use of a formal agreement when undertaking collaborative procurements (CSU).
- Minor amendments made to table in Section 6 re communications to staff, website update and mobilisation. Removal of Appendix C (Procurement Plan) and Appendix D (Procurement Register) as these are live documents, to be separately maintained.
- Addition of information pertaining to GP List based services (Section 4.2) Additional information put in regarding Prior Information Notices (PINs) to distinguish between standard PINs and those used as a call for competition (Section 5.2).

2.3 Consultation/ sign off process

Consultation of the changes has involved internal circulation to commissioning colleagues and presentation at Senior Management Team in May (v1.6). The policy was then presented at Commissioning Committee (v1.7) and an amendment requested to GP List-based services in Section 4.2 to simply the narrative. Commissioning Committee endorsed v1.8 at the July 2017 meeting, with the above change incorporated.

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The final version (v1.8) is now presented to Governing Body for ratification.

3. CLINICAL VIEW

3.1 Not specifically relevant to this policy

4. PATIENT AND PUBLIC VIEW

4.1 Not specifically relevant to this policy

5. KEY RISKS AND MITIGATIONS

5.1. None identified

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. None identified

Quality and Safety Implications

6.2 None identified

Equality Implications

6.3 None identified

Legal and Policy Implications

6.4 Legal advice was obtained from Mills and Reeve

Other Implications

6.5 None identified

Name: Vic Middlemiss
Job Title: Head of Contracting and Procurement
Date: 31/08/2017

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		
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	Peter McKenzie	21.08.17
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)	Vic Middlemiss	31.08.17



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Procurement Policy for Healthcare Services



DOCUMENT STATUS:	Approved
DATE ISSUED:	27/04/2017
DATE TO BE REVIEWED:	01/05/2019

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
V0.1	10 th March 2015	First draft (G Hemer)
V0.2	24 th March 2015	Update following meeting with SP 17 th March (G Hemer)
V0.3	23 rd April 2015	Updated to include local CCG detail (S Phillips)
V0.4	27 th April 2015	Updated to include Procurement Register (S Phillips)
V0.5	1 st May 2015	Updated to include DFP Authority Levels & CCG Conflict of Interest Policy (S Phillips)
V0.6	8 th May 2015	Updated following comments and recommendations from P Mckenzie which included moving sections around and removal of Conflict of Interest Policy and replaced with link to policy.
V0.7	3 rd June 2015	Inclusion of comments from CS, CB and ST. Inclusion of information relating to monthly reporting to Commissioning Committee and onto Governing Body and Procurement Register
V0.8	15 th June 2015	Circulated for review and comment
V0.9	6 th June 2015	Amendment to Regulations following further review by Graham Fox at MLCSU
V1.0	8 th June 2015	2015/16 Procurement plan update by SP
V1.1	23 rd August 2015	Presented to Commissioning Committee. Amendment made to remove procurement allocation from Appendix C.
V1.2	8 th September 2015	Policy ratified at Governing Body and added to Approvals Audit table
V1.3	14 th September 2015	Judicial Review timescale included p14.
V1.4	6 th January 2017	Amended to reflect the Public Contract Regulations 2015 (PCR) and the Light Touch Regime (LTR) (Craig Stephens, CSU)
V1.5	17 th February 2017	Text added to Sections 5 re determining which procurement regulations apply for mixed procurements & at Section 9.2 re adding use of a formal agreement when undertaking collaborative procurements (CSU)
V1.6	26 th April 2017	Minor amendments made to table in Section 6 re communications to staff, website update and mobilisation. Removal of Appendix C (Procurement Plan) and Appendix D (Procurement Register) as these are live documents, to be separately maintained (VM).
V 1.7	15 th May 2017	Addition of information pertaining to GP List based services (Section 4.2) Additional information put in regarding Prior Information Notices (PINs) to distinguish between standard PINs and those used as a call for competition (Section 5.2)
V 1.8	2 nd August 2017	Revision made to GP List Based Services within Section 4.2, to simplify the narrative.

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION
Steven Marshall	Director of Strategy and Transformation	May 2015	0.5
Claire Skidmore	Chief Finance and Operating Officer	May 2015	0.5
Andrea Smith	Modernisation Manager	May 2015	0.5
Claire Barratt	Development Manager	May 2015	0.5
Peter McKenzie	Corporate Operations Manager	May 2015	0.5
Sharon Sidhu	Development Manager	May 2015	0.5
Sharon Terzza	Senior Contracting and Procurement Manager (MLCSU)	May 2015	0.5
Dr Helen Hibbs	Chief Officer	June 2015	0.7
Steven Marshall	Director of Strategy and Transformation	June 2015	0.7
John Wicks	Interim Chief Operating Officer	June 2015	0.7
Mike Hastings	Head of Business & Performance Management	June 2015	0.7
Andrea Smith	BCF Delivery Lead	June 2015	0.7
Claire Skidmore	Chief Finance and Operating Officer	June 2015	0.7
David Birch	Head of Medicines Optimisation	June 2015	0.7
Sarah Southall	Head of Quality & Risk	June 2015	0.7
Sharon Sidhu	Modernisation Manager	June 2015	0.7
Helen Cook	Communications & Engagement Manger	June 2015	0.7
David Parkes	Service Director, MLCSU	June 2015	0.7
Graham Fox	Contracting & Procurement Manager, MLCSU	July 2015	0.8
Vic Middlemiss	Head of Contracting and Procurement	Jan 2017	1.4
Jeff Love	Commissioning Development Manager	Jan 2017	1.4
Claire Skidmore	Chief Finance and Operating Officer	Jan 2017	1.4
Vic Middlemiss	Head of Contracting and Procurement	April 2017	1.5

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Commissioning Committee	23/08/2015	V1.0
Governing Body	08/09/2015	V1.1
Commissioning Committee	27/07/2017	V1.8

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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

This policy document is intended to inform the procurement decisions of Wolverhampton CCG and to provide assurance as to the most appropriate route to market for healthcare services.

This policy has been written taking into account current competition and procurement rules and will be updated in line with any future changes to UK and EU legislation.

The main aims of this policy are to make real and positive contributions to the strategic direction of the organisation in the following areas:

- Streamlining procurement processes
- Making a direct contribution to improved patient care and treatment outcomes
- Managing change brought about by organisational reconfiguration
- Enabling the organisation to be more commercially focused
- Supporting collaborative procurement
- Enabling the organisation to support government initiatives in public procurement
- Effective use of resources

The challenge for Wolverhampton CCG is to commission services that offer the best quality and value for money within a finite resource. In order to ensure that we focus our effort where it is most effective, we need to target resources that:

- Facilitate the right care for people who are ill, in particular those who are very young, very old and/ or who have a life limiting condition
- Ensure that services are safe, reliable and have the confidence of the people of Wolverhampton
- Deliver services seamlessly so that patients are seen by the appropriate professional at the right times
- Help people to stay healthy for as long as possible, reducing health inequalities.

Aims

- To improve the health of the population of Wolverhampton by focusing on those patients who currently endure inequity in health outcomes
- To ensure that service delivery is focused on patients and their needs

To ensure that the services are delivered to the right standards and to ensure quality remains at the heart of all commissioning decisions.

Wolverhampton CCG commissions specialist procurement support and advice which is provided by NHS Arden & Greater East Midlands (AGEM) CSU. This procurement policy has therefore been developed to enable the CCG to access the services of the CSU but also outlines the scope, context and legal responsibilities of both the CCG and CSU.

2. Scope and Context of the Policy

This policy concerns Healthcare Procurement only

There is a legislative framework within which public sector procurement operates and the CCG has a duty to meet these legislative responsibilities whilst ensuring the health needs of its population are being met. This is supported by Public Sector procurement regulations and NHS specific regulations and guidance, which includes, but is not limited to:

- The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013.
- The Public Contracts Regulations 2015
- The Public Services (Social Value Act) 2012.
- Equality Act 2010

3. General Procurement Principles

The following principles should govern the administration of procurement within the CCG:-

- 3.1. Procurement of Healthcare Services must be conducted in accordance with The Public Contract Regulations 2015 and The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, including any subsequent guidance.
- 3.2. Procurement of Healthcare Services must adhere to the principles of the Public Contract Regulations 2015 as detailed in paragraphs 3.3 to 3.6.
- 3.3. **Proportionality** - All procurements should be carried out as cost effectively as possible. The level of resources applied should be proportionate to the value and complexity of the services to be procured.
- 3.4. **Transparency** – All procurements should be undertaken transparently. CCGs must be able to account publicly for expenditure and their actions in deciding whether or not to carry out a formal procurement. When carrying out procurements, contract opportunities should be advertised and evaluation and scoring criteria must be stated in procurement documents. All contracts awarded whether or not through a formal procurement process must be published in Contracts Finder and in the Official Journal of the European Union (OJEU) (for healthcare services a notice is only required in OJEU where value exceeds a total contract value of £589,148). The CCG must maintain a documented audit trail of key decisions.
- 3.5. **Non-Discrimination** - The specification and bidding process must not discriminate against or favour any particular provider or group or type of providers. Objective evaluation criteria must be applied to all bids.
- 3.6. **Equality of Treatment** - All potential providers must be treated the same throughout a procurement process. This means that the same information must be provided to all potential providers at the same time; and rules of engagement and evaluation criteria must be specified in advance of provider involvement and be applied in the same way to each potential provider.

4. Healthcare Services Procurement- Legislation & Regulation

Healthcare Services fall within Schedule 3 services (known as the Light Touch Regime (LTR)) under **The Public Contracts Regulations 2015** which implement the European Union Procurement Directives into UK Law. For Schedule 3 services (LTR) the CCG is bound by the full impact of the Regulations but is allowed a degree of flexibility in terms of timescales and processes used. However the CCG **MUST** ensure that when procuring services it complies with the principles of the Public Contract Regulations 2015 and acts **TRANSPARENTLY, EQUITABLY** and in a **NON-DISCRIMINATORY** manner.

Procurements for Healthcare Services must also be conducted taking into consideration **The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013**. These Regulations impose requirements on CCGs to ensure good practice when procuring Healthcare Services, to protect patients' rights to make choices and to prevent anti-competitive behaviour. These Regulations provide scope for complaints to, and enforcement by NHS Improvement (NHSI) (formerly known as Monitor), as an alternative to challenging decisions in the courts. The Regulations apply alongside the Public Contracts Regulations 2015 and do not affect their application.

4.1. The Public Contract Regulations 2015 ("PCR").

The Regulations are produced by the EU Courts and enacted into UK Law. Under LTR there are stipulations that **MUST** be met – these are as follows:

- a) Expenditure over £589,148 must be advertised in OJEU & Contracts Finder. The value of £589,148 is for total spend over the life of the contract and is not value per annum.
- b) If more than one expression of interest is received then a fair and transparent process must be undertaken and all bidders treated equally.
- c) A Regulation 84 compliant Award Report must be produced, approved and kept on file for audit purposes.
- d) An Award Notice fully detailing the process undertaken and outcome must be placed in OJEU and Contracts Finder.

Not following the above four points would breach the Regulations and may lead to a successful challenge from providers.

The Regulations can be viewed in full by clicking on the following link:

<http://www.legislation.gov.uk/uksi/2015/102/contents/made>

4.2. The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 (“PPCC”).

The PPCC Regulations were produced by Monitor (now known as NHS Improvement) on behalf of the Secretary of State for Health to exercise powers conferred by sections 75-77 and Section 304(9) & (10) of the Health & Social Care Act 2012. NHS Improvement is responsible for implementing the Regulations which it considers to be a set of principles to be used by Commissioners when procuring NHS Funded Services.

NHS Improvement may investigate a complaint received from a provider that the CCG has failed to comply with a requirement imposed by the regulations. NHS Improvement may on its own initiative investigate whether a relevant body has failed to comply with the Anti-Competitive Behaviour requirements of the regulations.

The Regulations can be viewed in full by clicking on the following link:

<http://www.legislation.gov.uk/uksi/2013/500/contents/made>

Commissioners have an obligation to ensure that when they procure healthcare services (irrespective of whether a formal procurement process has been carried out) that must act with a view to (Regulation2):-

- a) securing the needs of the people who use the services,
- b) improving the quality of the services, and
- c) improving efficiency in the provision of the services.

In order to meet these requirements the CCG should consider a range of strategies including:-

- a) Providing the services in a more integrated way;
- b) enabling providers to compete to provide the services;
- c) allowing patients a choice of provider of the services;
- d) Consider collaborative procurement;

Both sets of procurement Regulations are there to ensure Commissioners adhere to the following principles:

- a) **Act in a transparent and proportionate way**, for example by advertising opportunities, publishing Commissioning plans, publicising evaluation criteria. In addition the Regulations require the CCG to publish in OJEU & Contracts Finder all contract awards it makes including those where no formal procurement process

has been undertaken. The award notice must include the name of the provider, description of the services, total amount to be paid, contract period and describe how the provider was accepted;

- b) treat providers **equally** and in a **non-discriminatory** way, including not treating a provider more favourably than any other provider, in particular on the basis of ownership, i.e. you cannot “favour” an NHS organisation including General Practitioners over other NHS provider types such as the independent or third sector; ensure service specifications are based on outcomes required rather than how providers should deliver the service.

For spends below £589,148 there is no legal obligation to advertise however it is important that the Commissioner can evidence their decision meets the stipulations of Procurement, Patient Choice & Competition (2) Regulations 2013. Where it is identified that there is likely to be more than one capable provider the CCG should advertise their requirements or undergo a fair and transparent process. This **does not** necessarily obligate the CCG to tender the services, although in most cases that is the next logical step, but it will provide evidence that the CCG has tried to engage with the market.

The Regulations also cover other matters that the CCG must consider when procuring services. These include:-

Award of a Contract without Competition

For expenditure above £589,148 direct award with no competition is covered under Regulation 32 of the Public Contract Regulations 2015 which states it is possible but only under the following circumstances:

- a) Where no tenders or suitable tenders were received from providers in response to an Open or Restricted procedure procurement process.
- b) Competition is absent for technical reasons (i.e only one provider can meet the specification – and this can be evidenced and justified appropriately).
- c) For reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for procurement cannot be met and this can be justified appropriately – poor planning is not appropriate justification.

For expenditure below £589,148 the CCG may award a new contract for Healthcare Services without advertising an intention to seek offers, where the CCG is satisfied that the service is capable of only being provided by that provider or there are statutory or other reasons why a particular provider must provide those services, for example on clinical or safety grounds.

The Commissioner would need to evidence it meets the stipulations of the Procurement, Patient Choice & Competition (2) Regulations 2013.

GP List Based Services

A further example of where an exemption to the procurement regulations (PCR 2015) applies is GP List based services. This is because of the requirement to have a patient list which clearly no provider other than a GP would be able to meet; therefore a direct award to a GP or a consortium of GPs for these services is entirely appropriate in that it meets the criteria. In these instances the opportunity should be offered on an 'open house' basis to all GPs ensuring each and every GP is given a fair and equal chance to submit their interest and a process then followed to identify the successful provider(s). This will be via simple expression of interest where multiple providers are sought ie in the case of Local Enhanced Services or via expression of interest followed by quality based questionnaire where a single provider is sought, for example GP cover for a local nursing home.

4.3. Public Services (Social Value) Act 2012.

The Public Services (Social Value) Act places a requirement on commissioners to consider the economic, environmental and social benefits of their approaches to procurement before any procurement process starts. Commissioners also have to consider whether they should consult on these issues.

When considering how a procurement process might improve the social, economic or environmental well-being of a relevant area the CCG must only consider matters which are relevant to what is proposed to be procured. The CCG is only required to consider those matters to the extent to which it is proportionate, in all the circumstances, to take those matters into account.

This is a legal requirement and the CCG must undertake a Social Value Impact Assessment and should keep a formal record to show consideration of Social value has been made.

4.4 Consultation

Section 14Z2 of the NHS Act 2006 (as amended by the Health & Social Care Act 2012) states that: "The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being

consulted or provided with information or in other ways)”:-

- in the planning of the commissioning arrangements by the CCG,
- in the development and consideration of proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The CCG should seek advice from its Communications & Engagement service and, if necessary, legal advice regarding whether or not formal consultation is required.

Whilst formal consultation is likely to be required where a new service is being introduced or there are fundamental changes proposed to any existing service provision it is important that in any procurement there is continuous stakeholder engagement throughout. The CCG should consider whether patient group representatives should be involved in the project team and in tender evaluation teams where formal procurements are undertaken. Care will need to be taken to ensure there are no Conflicts or potential Conflicts of Interest.

When Consultation is undertaken in order for it to be lawful:

- It must take place when the proposal is still at a formative stage;
- Sufficient reasons must be put forward about the proposal to allow for intelligent consideration and response;
- Adequate time must be given for consideration and response; and
- The outcome of the consultation must be conscientiously taken into account.

4.5 Public Sector Equality Duty

Under the Equality Act 2010 when public bodies make decisions, referred to exercising its functions in the Act, they **must** consider the need to:-

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant **protected characteristic** and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This is known as the **Public Sector Equality Duty** ("PSED").

Failure to comply with the PSED can result in any procurement being subject to a Judicial Review which can be invoked up to three months after the alleged breach, or even longer at the Courts discretion.

The PSED lies with the people making the decisions, usually the CCG Governing body. Responsibilities under the PSED **cannot** be delegated. The key is that the objectives of the Act are considered when making decisions ("have due regard to") but at the same time these are considered in the context of the prevailing circumstances, so would include matters such as financial or operational issues. As with Consultation if there is any doubt advice should be sought.

The Equality Act 2010 defines protected characteristics as:-

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

4.6 Fair Deal

Fair Deal was implemented on the 07th October 2013. This gave access to all types of Providers of NHS services to have access to the NHS Pension scheme. A New Fair Deal which affects NHS Pensions further was implemented March 2014. The New Fair Deal ensures that NHS staff previously compulsorily transferred out of the public sector will continue to have access to the NHS Pension scheme and includes allowing such staff to rejoin the scheme.

Should staff who rejoin the scheme have suffered a shortfall in contributions as a consequence of being originally transferred out of the NHS pension scheme, the New Fair Deal indicates that the new commissioners are responsible for any shortfalls.

New Fair Deal and the potential financial implications of bulk transfer of pensions should be

considered in any new procurement. It is not an issue in the majority of cases but it should be considered when the **outgoing provider has previously had staff TUPE transferred to it from the NHS**. Any new provider would have to offer the option for staff to bulk transfer pension funds back into the NHS which could result in shortfalls.

5. Healthcare Services Procurement Options

5.1 When to Procure

As stated earlier, NHS Procurement is governed by two separate sets of Regulations:

- a) The Public Contract Regulations 2015 (“PCR”)
- b) Procurement, Patient Choice & Competition (2) Regulations 2013 (“PPCC”)

The Public Contract Regulations 2015 are European Law and therefore supersede the Procurement, Patient Choice & Competition (2) Regulations 2013 which are just UK Regulations. As the threshold for PCR is £589,148 it is recommended that for spends up to £589,147 that PPCC is adhered to and its stipulations met and evidenced accordingly.

For spends £589,148 and above then PCR is adhered to and appropriate steps followed accordingly.

For more information or guidance please speak to the CSU Procurement manager:

Name	Craig Stephens
Telephone	07718 423 559
Email	Craig.stephens@nhs.net

Appendix A shows a decision flow diagram which will help guide the CCG and a detailed procurement checklist is attached as **Appendix B**, intended and to help inform procurement strategies and to aid review/ re-commissioning of services.

NOTE: where the requirement to be procured consists of a number of elements e.g. a combination or a mix of goods and services/ healthcare services, determining which part of the procurement regulations apply will be undertaken as part of the normal scoping arrangements during the pre-procurement stage (and documented in the Project Initiation Document). PCR 2015 states that “.....the main ‘subject-matter’ [i.e. the requirements to be procured] shall be determined in accordance with which of the estimated values of the respective services, or of the respective services and supplies, is the highest.” For example, in the case of a requirement for a mix of healthcare service and goods, if the goods part constitutes the highest proportion of spend, the regulations that apply to goods must be followed and vice versa.

In broad terms, ‘goods’ are tangible consumable items and ‘services’ (non-healthcare services) are activities provided by people, such as lawyers, barbers, waiters etc.

In the case of Goods and Services, the financial thresholds are much lower than those for Healthcare Services. The current threshold for CCGs is £164,176 so any contract value above

this should be advertised or a suitable framework used for buying those goods/ services.

5.2 Procurement Processes

There are a number of procurement processes available and which one to adopt depends on the specific circumstances. Whilst the CCG does not have to follow exactly the procedures laid down in the Public Contract Regulations 2015, mirroring those procedures when a procurement process is used will demonstrate transparency and equity. The CSU procurement team can advise on the most appropriate method. The key is to ensure that all commissioning decisions including whether to procure, whether to decommission, whether to seek competition, etc. are recorded and an audit trail kept.

Procurement options include:-

5.2.1 Competitive Tendering

A competitive process (mirroring processes set out in the Public Contracts Regulations 2015) must be designed to demonstrate fairness, equality, transparency and non-discrimination in the procuring of services and will also achieve value for money.

There are several types of competitive tendering processes that can be considered. The ultimate choice of process will be informed by market analysis. For example, if a large number of providers are likely to be interested, a multi-stage tendering process should be considered (commonly referred to as the **Restricted Process**) to restrict the number of providers invited to bid. This can make the process more manageable. In response to the advert, interested parties only submit pre-qualification information, and those then shortlisted receive an Invitation to Tender.

Where it is envisaged that only a small number of providers are likely to be interested, a single stage tendering process could be considered (referred to as **Open Process**), where pre-qualification and tender stages are conducted together. All potential suppliers complete a tender in response to the advertisement.

For a procurement where innovative solutions are being sought or the CCG needs to work with the providers to develop the service model, it may be more appropriate to use a process that allows for a dialogue with bidders, rather than just asking for bids in response to a defined specification. This is commonly referred to as **Competitive Dialogue**. Competitive dialogue can be a lengthy and resource intensive process and really should be restricted to those procurements where the service requirements cannot easily be defined and/ or the financial structure is complex.

All competitive tendering processes must be conducted fairly and transparently, and have clear criteria for award published in advance.

All contracts awarded whether or not through a formal procurement process must be published in Contracts Finder and in the Official Journal Of the European Union (OJEU) (for healthcare services a notice is only required in OJEU where value exceeds a total contract value of £589,148).

Prior Information Notice (PIN)

Prior Information Notices (or PINs) are being used more and more by NHS Commissioners, particularly since the introduction of PCR 2015. There are two types of PIN notice – each used in specific circumstances as follows:

1 – Standard PIN notice. This is used as a method to notify the market of your intentions in advance. This is typically used to encourage/ increase/ stimulate interest within the market place. An example of a PIN notice may be advertising the CCG's desire to look at Dermatology and include basic information such as anticipated timescales, overview of service, low level finance information and anticipated start date of procurement etc. This PIN notice has to be live for 35 days and for a maximum of 12 months ie you would have to start the procurement for the Dermatology service (example only) within 12 months of placing the PIN otherwise it would then become void. The advantage of placing this PIN is not only does it pre-warn the market and help drum up interest but it also enables you to reduce your ITT timescales – for instance an ITT undertaken using the Open process can be reduced from 30 to 15 days. This type of PIN tends to not be used anymore as the Light Touch Regime to which Healthcare falls under allows the CCG flexibility to create bespoke procurement processes with timescales that the CCG feel are appropriate.

Under Public Contract Regulations (PCR) 2015 a new, second type of PIN notice has been introduced and this is now growing in popularity and is seen as the way forward:

2 – PIN acting as a 'call for competition'. This is used as an actual advert, so for instance, if you wanted to procure Dermatology but were not sure of the level of market interest one option would be to place a PIN acting as a call for competition. The PIN is live for 35 days (mandatory) and providers are able to view the details (along with specification) to assess their interest. If they wish to express their interest they respond to the PIN and their interest is logged. At the end of the 35 days the PIN closes and the expressions counted and logged. Only the providers

who have expressed an interest to the PIN can then be invited to the ITT process at a later date (NB – even the current provider (if any) has to respond with their interest to the PIN – no expression of interest, no invitation to ITT). The procurement would have to be commenced within 12 months. Using a PIN in this way is a good way to assess interest rather than going into an ITT process blind – for instance it is better to receive 50 expressions of interest to a PIN as a call for competition rather than 50 ITTs in response to an Open process. Using a PIN affords the commissioner the chance to design the procurement process and complexity around the number of interested bidders and type of bidders. If only one expression of interest is received then this is still sufficient evidence for compliance with PCR 2015 and providing they are able to meet the specification, you may direct award to them.

5.2.2 No Competition

Where it is determined that the services are capable of being provided only by one provider or there is an urgent clinical need, it may be appropriate to proceed with “single tender action”, where a contract is awarded to a single provider – or a limited group of providers – without competition.

When considering a single tender action ensure appropriate steps have been taken to identify other capable providers, whether or not the service will still represent value for money, and whether or not there are potential conflicts of interest.

As per Section 4.2 of this policy, Regulation 32 of PCR 2015 states that a direct award with no competition can be made if one of the following three stipulations can be met:

- a) No bids or no suitable bids in response to a procurement exercise (Open or Restricted).
- b) Technical reasons ie - the service can only be provided by that provider for clinical reasons and this can be evidenced and justified appropriately.
- c) Reasons of extreme urgency due to unforeseen circumstances – this cannot be due to poor planning, it is normally due to pandemic or emergencies etc.

Commissioners must keep a record of the reasons for the decision for audit purposes.

5.2.2 Contract Variation

Contract variations are treated the same as any other spend and are addressed within PCR under Regulation 72. There are now 6 tests that determine whether a variation can take place and provide appropriate justification accordingly. Commissioners are advised to approach the

tests in order of appearance below.

It is important to note that under PCR all variations for the life of the contract must be aggregated and included – you are not undertaking the tests for the change in isolation.

No	Test	Description
1	Threshold test	Variation cannot be more than 10% of the original value and/or £589,148
2	Provided for in contract test	The potential for this variation was included within the original procurement documentation in the ITT
3	Materiality test	Cannot be a material change (material change is normally linked to 10% of the total value)
4	Inconvenience test	Additional services have become necessary that were not included in the original procurement and can only be provided by that supplier for technical reasons or to avoid significant duplication of costs. Cannot exceed 50% of costs.
5	Unexpected Circumstances test	Changes required due to unforeseen circumstances - this would be an urgent change in legislation due to clinical need etc..
6	Takeover test	Provider is taken over by new provider

If you believe your variation fits within one of the above tests we advise you speak to procurement prior to actioning to ensure it is correct and avoid any future challenge.

5.2.4 Any Qualified Provider (AQP)

Under AQP, any provider who can meet quality requirements and agree to set prices (“tariff”) is accredited to deliver the service. Providers have no volume guarantees and patients will decide which provider they wish to use to carry out their treatment.

To determine whether the use of AQP is appropriate, the CCG must consider the characteristics of the service and the local healthcare system. This will include whether the service lends itself to patient choice.

One of the key determinants of the suitability of AQP is whether the circumstances of the service enable the patient to be put in a position to exercise choice. AQP is suitable for planned community based services and is not suitable for urgent and emergency care services. Some examples where AQP might be suitable are some Dermatology services, Podiatry services, Anti Coagulation Services, Primary Eye care Assessment Services and Adult (age related) Audiology services.

Where AQP is used, the service specification, pricing structure, key contractual terms and assessment criteria needs to be determined before advertising.

Once advertised, potential provider will complete an accreditation questionnaire. All providers who:

- a) meet quality requirements;
- b) agree to meet the Terms and Conditions of the NHS Standard Contract;
- c) accept the standard price for the service; and
- d) provide assurances that they are capable of delivering the agreed service requirements,

will become accredited providers subject to satisfactory achievement of this criteria.

Care should be taken around the quality standards set otherwise the CCG may have a large number of providers with the consequent contract management workload or too few to enable adequate patient choice.

5.3 Timescales for Healthcare Procurement

The length of time a procurement for healthcare service takes will vary according to the requirements of the specific procurement and what procurement process is used. As an indication, a typical procurement will take 5-6 months from placing the advert in OJEU & Contracts Finder to awarding the contract. This does not include pre-procurement activities such as market research, consultation, Social Value assessment producing the service specification, etc. A procurement could be less or more than this depending on complexity, time allowed for bidder responses etc.

6. Wolverhampton CCG Procurement Governance

To ensure appropriate governance throughout the procurement process, it is intended that all procurements will follow the following stages:-

Stage:	Activity:	Agreed by:
1	Service Need/ Review proposal initially scoped and developed by identified project lead. This should include some initial market research.	Delivery Board
2	Option Appraisal and Recommendation from Delivery Board developed and taken to Commissioning Committee for approval by the project lead.	Commissioning Committee
3	Report taken to Commissioning Committee with outline business case, procurement option proposal and request to establish a Procurement Task & Finish Group overseen by the Delivery Board.	Commissioning Committee
4	<p>Task & Finish Group established to develop:</p> <ul style="list-style-type: none"> • Project Initiation Document • Service Specification • Evaluation Criteria • Finance / Activity Modelling • Consultation • QIA / EQIA • Social Value Impact Assessment • Procurement Timetable <p>To be agreed and overseen by the Delivery Board.</p>	Delivery Board
5	Full Business case and service specification taken to Commissioning Committee for final approval before advertising the procurement. There may be instances where the procurement is advertised before the final completion and approval of the service specification at Commissioning Committee which will be agreed in advance to meet timescales of the procurement.	Commissioning Committee
6	Task & Finish Group undertake procurement supported by CSU.	
7	Contract Award Report prepared by CSU Procurement lead and signed off by the Procurement Task & Finish Group before being presented to the CCG Governing Body (Private Session) for approval.	Governing Body
8	Following standstill Contract awarded to winning bidder(s). CCG website updated and communication to staff	
9.	Service mobilisation commences which could take up to 3 months or more for complex services but less for more straightforward services. As this precedes the commencement date it is critical for mobilisation to be built into the project plan with realistic timescales allowed for.	
10.	Task & Finish Group to develop Lessons Learnt report and presented to Commissioning Committee (Private Session)	Commissioning Committee

***Note-** where significant change is proposed to the service specification or to the procurement process, this will require formal approval through commissioning committee.

To ensure that the Governing Body are aware of all current and upcoming procurement activities including timelines, a regular report will be presented on a monthly basis to the Commissioning Committee that includes the Procurement Register, which will then be included in the Commissioning Committee Chair’s regular report to Governing Body.

In line with the CCG’s ‘Detailed Financial Policies’ the table below summaries the delegated duties/ authorities relating to award of contract:-

DFP Ref:	Authorities / Duties Delegated:	Delegated to:	Financial Limit:	
7.11	Authority to waive tenders or quotations, or to accept a tender or quotation which is not the lowest.	CFO or AO	No Limit	
7.20	Awarding of (or variation in) non-NHS legally enforceable contracts (after DFP compliant procurement process).	Budget Holder Director responsible for budget area CFO AO & CFO Governing Body	Revenue Up to £30,000 £30,001 - £100,000 £100,001 - £250,000 £250,001 - £500,000 £500,001 and above	Capital Up to £30,000 £30,001 - £100,000 £100,001 - £250,000 £250,001 - £500,000 £500,001 and above The relevant amount is the total value of the contract for its entire duration including irrecoverable VAT.
7.20	Awarding of (or variation in) NHS contracts.	DoST DoST & CFO or AO CFO & AO Governing Body	Up to £250,000 £250,001 – £500,000 £500,001 - £1,000,000 £1,000,001 and above	The relevant amount is the total value of the agreement for its entire duration.

Abbreviations

- DFP Detailed Financial Policies
- CFOO Chief Finance Officer
- AO Accountable Officer
- DoST Director of Strategy & Transformation

7. Procurement Register

The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 sets out under Regulation 9 that:-

(1) A relevant body must maintain, and publish on the website maintained by the Board under regulation 4(1), a record of each contract it awards for the provision of health care services for the purposes of the NHS.

(2) Such a record must, in particular, include in relation to each contract awarded -

- (a) the name of the provider and the address of its registered office or principal place of business,
- (b) a description of the Healthcare Services to be provided,
- (c) the total amount to be paid or, where the total amount is not known, the amounts payable to the provider under the contract,
- (d) the dates between which the contract provides for the services to be provided,
- (e) a description of the process adopted for selecting the provider.

In addition, statutory guidance on managing conflicts of interest for CCGs requires CCGs to publish this information, along with details of who made the decision and how any conflicts of interest were managed. Following formal award of a contract following procurement, the CCG's Procurement Register will be updated with this information and published on its website.

8. Conflicts of Interest

The National Health Service (Procurement, Patient Choice and Competition) Regulations (No.2) 2013 set out high level requirements on managing conflicts of interest for procurement of healthcare.

The regulations state that a CCG must not award a contract where conflicts, or potential conflicts, exist between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract.

In relation to each contract that it has entered into, the CCG must maintain a record of how it managed any conflict that arose between the interests in commissioning the services and the interests involved in providing them.

Therefore, as part of any procurement process, all participants will have to sign a Conflict of Interest Declaration before any involvement. Any conflicts or potential conflicts must be managed to determine whether the individual who has declared such conflict or potential conflict can be involved in the procurement.

Examples of conflicts of interest include:

- Having a financial interest (e.g. holding shares or options) in a Potential Bidder or any entity involved in any bidding consortium including where such entity is a provider of primary care services or any employee or officer thereof (Bidder Party);
- Having a financial or any other personal interest in the outcome of the Evaluation Process;
- Being employed by or providing services to any Bidder Party;
- Receiving any kind of monetary or non-monetary payment or incentive (including hospitality) from any Bidder Party or its representatives;
- Canvassing, or negotiating with, any person with a view to entering into any of the arrangements outlined above;
- Having a close family member who falls into any of the categories outlined above; and
- Having any other close relationship (current or historical) with any Bidder Party.

The above is a non-exhaustive list of examples, and will be the participant's responsibility to ensure that any and all conflicts or potential conflicts – whether or not of the type listed above – are disclosed in the declaration prior to participation in the procurement process.

Any disclosure will be assessed by the CCG on a case-by-case basis. Individuals will be excluded from the procurement process where the identified conflict is in the CCG's opinion

material and cannot be mitigated or be reasonably dealt with in another way.

Wolverhampton CCG's Policy for Declaring and Managing Interests sets out the CCG's approach to managing conflicts of interest in more detail and is available on the CCGs website.

9. Other Considerations

9.1 Reference to Other Documents

As per Section 6 of this policy, all procurements will be in accordance with the NHS and CCG's governance arrangements. The key documents for consideration (but not exclusively) include:-

- NHS Constitution
- HM Treasury Managing public Money
- Prime Financial Documents
- Detailed Financial Policies
- Information Governance Policy
- Adult Safeguarding Policy
- Safeguarding children from Harm and Abuse Commissioning Policy
- Quality Patient safety Strategy for Commissioning
- Communication and Engagement Strategy
- Equality & Diversity Policy
- Conflicts of Interest Policy

9.2 Collaboration

There are areas of contracts and procurement in which collaboration is likely to bring benefits, whether it is the sharing of operational resources, or commitment to specific joint projects and/ or contracts. Economies of scale can be achieved in both operational activity and through leveraging collective spend.

Collaborative procurement opportunities should be considered where benefits can be identified, including joint tendering opportunities where complementary service specifications exist, and may include collaborating with non-NHS bodies. In all cases of collaboration, it is good practice to develop a formal agreement between the parties (eg Memorandum of Understanding), detailing all aspects of the arrangements to be applied to the joint procurement being undertaken.

9.3 Sustainable Procurement

As a public sector organisation, the CCG must be committed to the principles of sustainable development and demonstrate leadership in sustainable development to support central Government and Department of Health commitments in this area of policy, and the improvement of the nation's health and wellbeing.

Sustainable procurement is defined as a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

Sustainable procurement should consider the environmental, social and economic consequences of:

- Non-renewable material use;
- Manufacture and production methods;
- Logistics;
- Service delivery,
- Use/ operation/ maintenance/ reuse/ recycling and disposal options.

Each supplier's capability to address these consequences should be considered throughout the supply chain and effective procurement processes can support and encourage environmental and socially responsible procurement activity.

9.4 Small and Medium Sized Enterprise (SME), and Third Sector Support

The CCG will aim to support and encourage SME, Third Sector and voluntary organisations in bidding for contracts as required under Government policy.

The CCG will aim to support Government initiatives seeking the involvement of SME's and the Third Sector in public service delivery without acting in contravention of public sector procurement legislation and guidance.

The NHS is keen to encourage innovative approaches that could be offered by new providers – including independent sector, voluntary and third sector providers. The CCG is committed to the development of such providers.

9.5 Transparency

In 2010 the Government set out the need for greater transparency across its operations to enable the public to hold public bodies and politicians to account. This includes commitments relating to public expenditure intended to help achieve better value for money.

As part of the transparency agenda, the government made the following commitments with regard to procurement and contracting:

9.5.1 All new central government tender documents for contracts over £10,000 to be published on a single website from September 2010, with this information to be made available to the public free of charge.

9.5.2 All new central government contracts to be published in full from January 2011.

These rules apply to the NHS. To support the CCG in complying with these requirements, the CSU places adverts on Contract Finder.

9.6 Freedom of Information Act

The CCG will be subject to Freedom of Information requests which may include information relating to procurements. Whilst during a procurement process some information may be able to be withheld on grounds of commercial confidentiality, once the procurement has been completed this is unlikely to be the case. It should be noted that by complying with the Government's Transparency requirements some of this information will already be available and it may be a matter of just referring the requestor to Contracts Finder.

10. Summary

10.1 The CCG must comply with both the Public Contract Regulations 2015 and the Procurement, Patient Choice & Competition Regulations (No2) when procuring healthcare services.

10.2 The CCG must also consider its obligations regarding Consultation, Stakeholder engagement, Social Value and Equality.

10.3 The CCG must keep a record of all decisions regarding the procurement of healthcare services.

10.4 The CCG should ensure that it acts transparently:-


- Publish details of its Commissioning Intentions on an annual basis;
- By advertising all opportunities where it has been identified there is more than one capable provider;
- Publishing all contract awards in Contracts Finder and where the contract value exceeds a total contract value of £589,148 in the Official Journal of the European

Journal.

- Publishing evaluation criteria in procurement documents.

10.5 The CCG should utilise the expert advice and support provided by the CSU in undertaking any procurement.

Appendix A - Summary of the Healthcare Procurement Decision Making Process

<p>Please find embedded Procurement Decision Flow Chart – this enables the Commissioner to follow a basic flow chart enabling them to see at a glance the process they need to follow and next steps etc. This should be used as a guide only and the CSU advises the CCG Commissioner to speak to the Procurement Account Manager for more detailed discussions.</p>	 Procurement Decision Tree Flow Cf
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Appendix B – Procurement Check List - Decision Making support Tool

Service to be commissioned:	
Estimated Value per Year:	
Planned contract period:	
Total contract value:	
Current contract expiry date (if applicable):	
Current provider(s) (if applicable):	

Lead Commissioner Name:	
Position:	
CCG:	

The purpose of the following questions is to help guide the commissioner’s decision making process. The following questions should not be used as a purely mechanistic process for determining the commissioning approach. (For further guidance please refer to the notes before completing the tables below, and guidance issued by NHS Improvement).

1 - Questions that commissioners should ask themselves when reviewing a healthcare service:-

What are the needs of the health care service users we are responsible for?	
How good are current services? Can we improve them?	
How can we make sure that the services are provided in a more joined-up way with other services?	
Could services be improved by giving patients a choice of provider to go to and/or by enabling providers to compete to deliver services?	

How can we identify the most capable provider or provider of the services?	
Are our actions transparent? Do people know what decisions we are taking and the reasons why we are taking them?	
How can we make sure that providers have a fair opportunity to express their interest in providing services?	
Are there any conflicts between the interests commissioning services and those providing them?	
Are our actions proportionate? Do they reflect the value, complexity and clinical risk associated with the services in question and are they consistent with our commissioning priorities?	

2 – Questions that commissioners should consider when preparing to re-commission a service.

Market Capability Assessment (insert details of understanding of the market)

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INDICATORS FOR ANY QUALIFIED PROVIDER	Yes/No	Justification
Services can be provided by a range of providers		
It would be in the interests of patients to provide/increase patient choice, or it is a service for which patient choice must be offered.		
Are there service access inequalities?		
Is there a national or local tariff, or could a local tariff be developed?		

INDICATORS FOR COMPETITIVE PROCUREMENT	Yes/No	Justification
Competition would improve services (if not, why not?)		
It would be appropriate for one provider or limited number of providers to provide the service		
Application of resources would be proportionate to carry out a competitive tender		
There is market for the services		
Competition on quality and price would be appropriate		
INDICATORS FOR DIRECT AWARD	Yes/No	Justification
(NO COMPETITION)		
Can the requirement be delivered via an existing contract without breaching procurement rules? (A material variation to an existing contract could amount to the award of a new contract).		
Service is patient list related		
Market review and engagement determines that there is only one capable provider		
Patient choice is not relevant		
Service is of low value, which may be relevant to the proportionality of conducting a competitive process.		
Service is closely related or co-located with other services (which could be relevant to whether there is only 1 capable provider).		

Decision:-

Justification

GUIDANCE NOTES

This tool has been reviewed by Monitor, and their feedback has been taken into account. This does not imply that Monitor endorses the tool, or that decisions made using the tool will be compliant with the NHS (PPCC) (No 2) Regulations 2013. This therefore applies to spends below £589,148 only.

Background

Health Care (Clinical) Services contracts are subject to the Public Contracts Regulations 2015 in so much as they apply to Schedule 3 services. When procuring, CCGs must act TRANSPARENTLY, EQUITABLY, PROPORTIONATELY and in a NON-DISCRIMINATORY manner.

Procurements of health care (clinical) services must also be carried out in accordance with the Public Contract Regulations 2015 (PCR) and the NHS Procurement, Patient Choice and Competition (No.2) Regulations 2013 (PPCC) which exercise the powers the Secretary for Health has under the Health and Social Care Act 2012.

Monitor has published guidance to support commissioners in understanding and operating in accordance with the regulations, which is available at <http://www.monitor.gov.uk/s75>.

The PPCC Regulations also require Commissioners to act **transparently, equitably**, in a non-discriminatory manner and proportionately. They also require Commissioners to procure health care services to **secure the needs of patients** and to **improve quality and efficiency**. They also require commissioners to procure services that are **value for money** and only from **capable providers**. Where it is decided to procure a service and where there is more than one capable provider the requirements must be advertised.

(There is no requirement in the PPCC Regulations for commissioners to publish a contract notice before awarding a contract to provide services. The decision whether or not to publish a contract notice is a matter for commissioners having regard to the decision-making framework set out in the PPCC Regulations. One circumstance in which it will be appropriate not to publish a contract notice is where there is only one provider that is capable of providing the services in question. Where there is more than one capable provider, commissioners should consider whether it is appropriate to publish a contract notice).

There is a further requirement under the regulations for Commissioners to justify their

actions regarding the award of contracts irrespective of whether procurement was carried out. The PPCC Regulations are relevant whenever commissioners are awarding new contracts or making material variations to existing contracts (even if commissioners do not conduct a competitive tender process).

Transparency, Equal Treatment, Non-Discrimination and Proportionality

- **Transparency** – all procurement decisions and processes must be conducted openly and in a manner that can be scrutinised.
- **Equity & Non Discrimination** – all providers must be treated equally and commissioners must NOT favour one provider.
- **Proportionality** – commissioners need to consider the complexity, value and clinical risk of a service.

If it is decided to procure the service then the process used, assessment criteria and information requested should be commensurate to the nature and value of the service.

Other considerations:-

- Service specifications need to reflect the service that will **best meet the needs of the patient**.
- **Is there a market**, i.e. is there a provider or more than one provider who can provide the service?
Market research or market engagement may be necessary.
- **If there is only one capable provider can it be evidenced?** Are you sure that the specification is fit for purpose and does not include unreasonable constraints that may be barriers to other providers being able to bid? For example, is there only 1 provider with the infrastructure to deliver the service or has only 1 provider the necessary location, possibly co-located with other services, to be able to provide the services. Commissioners must have good reasons why only a particular provider or group of providers can provide the service.
- **What is the proposed contract value?** There is a cost to carrying out procurement so if you decide to procure the process used must be proportionate. Are the benefits of competitive tendering outweighed by the costs of running a competitive tender? Actions must be proportionate to the value, complexity and clinical risk associated with the provision of the service.
- In certain circumstances a **choice** of provider must be offered to patients (this does not necessarily mean unlimited choice) so this must be factored into the decision making.

Procurement options

The answers provided to the questions in this Decision Making Tool will help determine what the best way to commission services is and if procurement is a suitable option. Irrespective of whether or not procurement is undertaken the decision must be evidenced and justified and recorded by the CCG.

Should it be decided to undertake procurement, there are a number of different procedures which could be used:-

- **Competitive Tender** – where there is more than one capable provider and it is a service for which it is suitable to limit the number of providers of a services, for example where a commissioner wishes to offer one contract to one provider. There are different approaches to carrying out a competitive tender such as ‘open’ procurement where all interested parties can submit a bid, or ‘restricted’ where interested parties are shortlisted to bid.
- **Any Qualified Provider** – suitable for non-urgent, locally based services where there are a number of providers and where choice of provider will be beneficial to the patient, for example to improve access to services.
- **Frameworks** – useful for services such as continuing care where multiple providers are needed and where it is difficult to agree a single price (tariff). (Note: a framework is an agreement that provides commissioners with an option of providers to choose from. These providers may be offering services at different prices and service levels. An award of business under a framework agreement usually requires some form of further competition).

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WOLVERHAMPTON CCG

Governing Body
12th September 2017

Agenda item 12

TITLE OF REPORT:	Commissioning Committee – Reporting Period August 2017
AUTHOR(s) OF REPORT:	Mr Steven Marshall
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 August 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 August 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 3 (June 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Contract Performance – underperformance in Elective Activity is being closely monitored.

Exception Reporting Proposal – the quality of reports received has increased and assurance was taken that the process is embedding leading to these improvements.

CQUIN – noted that due to capacity issues in the CCG's Quality Team the reconciliation for Quarter 1 has been delayed.

Business Cases

Etanercept switch to Erelzi – a gainshare switch alternative to Erelzi was agreed.

Direct Access Diagnosis Spirometry – recommendation to approve revised pathway was considered. The financial implications for the CCG to be brought back to the next Committee meeting for further scrutiny .

Black Country Partnership Foundation Trust

LD Psychiatrists – Letter of concern - extension until early September agreed with Provider for response to concerns raised by CCG over possible double payments for consultant activity.

Other contracts/Significant Contract Issues

WMAS- Non-Emergency Patient Transport (NEPT)

Assurance was taken that the Provider is responsive to addressing concerns and the actions in the Remedial Action Plan are being undertaken.

It was noted that the A&E Delivery Board had agreed to fund the use of a third party provider by RWT for Wolverhampton patients. This has been funded from system resilience funds as a short term investment to ease bed pressure whilst WMAS address the performance issues.

Urgent Care Centre

There continues to be a series of high level concerns which are managed through an Improvement Board which closely monitors the agreed Improvement Plan. The CCG has issued a Contract Performance Notice and is holding the Provider to account in line with the Contract. NHS England are also closely monitoring the situation and challenging the CCG on its actions to address the concerns.

Other Acute Associate Contracts

Community Eye Services -

The Committee supported the proposal for Midlands and Lancashire CSU to provide the essential pharmacy contract management which is essential for this service.

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

3. RECOMMENDATIONS

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

Name: Steven Marshall

Job Title: Director of Strategy and Transformation
Date: 25th August 2017



WOLVERHAMPTON CCG

Governing Body
12th September 2017

Agenda item 12

TITLE OF REPORT:	Commissioning Committee – Reporting Period July 2017
AUTHOR(s) OF REPORT:	Mr Steven Marshall
MANAGEMENT LEAD:	Mr Steven Marshall
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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 July 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 2 (May 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Exception Reporting Proposal – Concerns had been raised with Provider relating to the poor quality of the reports received and the principles of the proposal agreed had been emphasised.

Performance Sanctions – Total fines for Month 1 were £19,000

Dermatology – capacity issues for this service continue. The Provider is proposing for a temporary transfer of clinics from Cannock Hospital to New Cross Hospital. A further proposal is to cease the Dermatology surgical service and transfer appropriate patients to Maxillo-Facial or plastic surgery. Assurance will be sought that there will be no additional cost to the CCG.

Service Development Improvement Plan – signed off and a contract variation issued.

Activity Query Notice – Shropshire and Telford Hospitals have closed to referrals, which is impacting on the number of ophthalmology referrals received by New Cross Hospital. Concerns have been raised that this could impact on the Trust's ability to meet its headline RTT target. A joint activity review is to be undertaken to quantify the impact and solutions established accordingly.

Black Country Partnership Foundation Trust



Care Programme Approach – Letter of concern - concern raised regarding the application of the Trust's Care Programme Approach policy. Concerns had been raised with the Trust and a full review requested including the initiation of a Task and Finish Group.

Other contracts

Nuffield

Contract Issue – sanction applied in Month 2 for failure to send a full Serious Untoward Incident report within agreed timescales. Work on going with provider to ensure there is a full awareness of incidents that require reporting and the correct process.

Business Cases – those submitted for BMI Criteria from 35-39 and MRI Direct Access had been received; however, the information included was not sufficient for consideration. The CCG has requested these are resubmitted.

WMAS- Non-Emergency Patient Transport (NEPT)

RWT have raised with the CCG the implications including cost pressures delays have on the Trust. This issue is being managed through the Contract Review Meeting.

Urgent Care Centre

A series of high level concerns continues to be managed through an Improvement Board which is monitoring all the outstanding actions agreed.

Probert Court Nursing Home

A phased lifting of the suspension of admissions has been agreed. The suspension has had a financial impact for the CCG and there are plans to recover a proportion of the contract value to cover this loss. The provider is aware of this. A proposal will be developed at the end of the suspension period when the full impact can be assessed.

Procurement Update

The Committee received and considered a summary of the current and planned procurement schedule.

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

2.2 *Primary Care In-Reach Team*

The Committee received an overview of the scope of the Team which is funded until 31st July 2017. It considered a review of the findings of the evaluation of the current service and the 3 proposed options going forward. These options had also been considered by the Programme Board which supported the option to extend the scheme to cover all the 20 homes with the highest number of unplanned admissions. The Committee also supported this option, having considered the financial implications, which would be funded from September 2017 to March 2018.

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

2.3 *Atrial Fibrillation Business Case*

The Committee gave consideration to the cost and impact of the project, including the financial implications to the CCG and whether there would be recurrent money to invest in the project following the pilot.

It was agreed to recommend to the Governing Body not to pilot this scheme due to the impact on the future financial position of the CCG.

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

3. RECOMMENDATIONS

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

Name: Steven Marshall
Job Title: Director of Strategy and Transformation
Date: 31st July 2017

WOLVERHAMPTON CCG
Governing Body
12th September 2017

Agenda Item 12

Title of Report:	Executive Summary from the Quality and Safety Committee
Report of:	Manjeet Garcha Director of Nursing and Quality
Contact:	Manjeet.garcha@nhs.net
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Key Areas to note	<ul style="list-style-type: none"> ➤ Update on Vocare UCC Provider ➤ Update on RWT Maternity Services ➤ Update on Probert Court (Step Down Provider) ➤ New Item to note: Learning Disability Mortality Reviews (LeDeR) ➤ Update on succession planning for the DON&Q imminent retirement ➤ Ongoing assurance on general patient safety and quality monitoring
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
Public or Private:	This report is intended for the Public Governing Body
Relevance to Board Assurance Framework/Strategic Objectives:	<ol style="list-style-type: none"> 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

Key areas of concern are highlighted for the Governing Body below:

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

Key Issue	Comments	RAG	Page in report
Mortality	Raised SHMI/HSMR. Action plan in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices strengthened. Update from extraordinary MORAG meeting (August 2017) <ul style="list-style-type: none"> Early indication from reviews suggests coding for palliative care and people dying in hospital 		8
Urgent Care Provider	Vocare CQC Rating is INADEQUATE. NHSI Stakeholder Meeting held on 15 th August 2017. Improvement Board Meeting continue 6 weekly. Actions agreed to be progressed by September 27 th . <ol style="list-style-type: none"> Recruitment and Retention Strategy with plan for short, medium and long term staffing rota implications Plan for Paediatric clinician rota fills Plans for managing and improving performance for the initial triage of walk in patients CCG support for education and training on the identification, reporting, management and investigation of Sis Ongoing CCG support to the newly appointed team leaders and clinical service managers. 		11
Maternity Performance Issues	No specific quality issues identified however, key performance indicators on maternity dashboard a concern which could impact on quality and safety. Escalated to NHSI, NHSE, LSE and Maternity STP.		9
Step Down care home provider	Quality and health and safety concerns. Escalation meeting convened. Step down currently suspended HOWEVER, home is making steady progress with significant CCG support		11
NEs	16/17 total 5. 17/18 ytd total is 3.		7
RWT safeguarding level 3 training	Significant improvement for compliance with level 3 training children and adults.		12
Safety, experience and effectiveness	Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc. Improvements seen in avoidable pressure injuries, cdiff and falls.		3-7

1.0 BACKGROUND AND CURRENT SITUATION

The CCG Governing Body delegates the quality and safety oversight to its Quality and Safety Committee, which meets on a monthly basis. This report is a material summation of the last Committee meeting held on the 8th August 2017 and any other issues of concern requiring reporting to the Governing Body since that time. During the summer period, in the absence of

formal Governing Body Meetings, the Governing Body were kept apprised of key quality and safety issues with updates at the Governing Body Development Sessions.

2.0 PURPOSE OF THE REPORT

2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of Clinical Quality and Patient Safety in accordance with the CCG's statutory duties.

2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

2.3 The Governing Body is aware that the current Executive Director of Nursing and Quality is retiring in October. The Director of Nursing wishes to assure the Governing Body that a recruitment plan is in place managed by Helen Hibbs (Chief Officer) and a full handover is being planned to cover the full patient safety and quality agenda and the current portfolio.

3.0 CURRENT SITUATION

Weekly Exception Reports in the last 4 weeks

- 1) Step Down activity at a care home provider has been suspended following a poor quality visit. CQC have been notified, a full recovery improvement plan is in place, a directors meeting was convened in June and significant improvements are being made.
- 2) Improvement Board has been convened following poor quality and performance outcomes with urgent care provider. The March 2017 CQC inspection report is rated INADEQUATE and the organisation has been placed under Special Measures.
- 3) Concerns have been raised and escalated regarding the maternity dashboard. Whilst no specific quality patient safety issues have been reported, there has been an escalation discussion at NHSE QSG, NHSI meetings and the CCG and Trust have called for a system wide approach to the issue pertaining to capacity. A meeting is being planned with commissioners, providers, NHSE, NHSi, LMS and the Maternity STP to discuss wider HE capacity issues across the Birmingham and Black Country footprint.
- 4) Oxley Lodge Care Home has voluntarily closed in June. All residents have been placed in other settings, this has been managed by LA and CCG Quality Nurse Advisors have been engaged in the whole process. There has been some social media adverse publicity on this issue.
- 5) There is an increase in the number of diagnostic delays SIs reported by RWT. The Quality Team are collating all information and a formal SBAR will be shared with the Trust for further analysis.

4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Governing Body is asked to note the following:

- a) **Serious Incidents** (these are the number of SIs reported by RWT and do not include the PIs).
- b) We observed a drop in reported incidents in April, June and July. Each of these months there were 8 reported incidents. As this is the annual leave season, reporting is being monitored closely. There was 1 SI reported from Cannock Hospital Site.

Fig. 1 All SIs reported (except Pressure Injury)

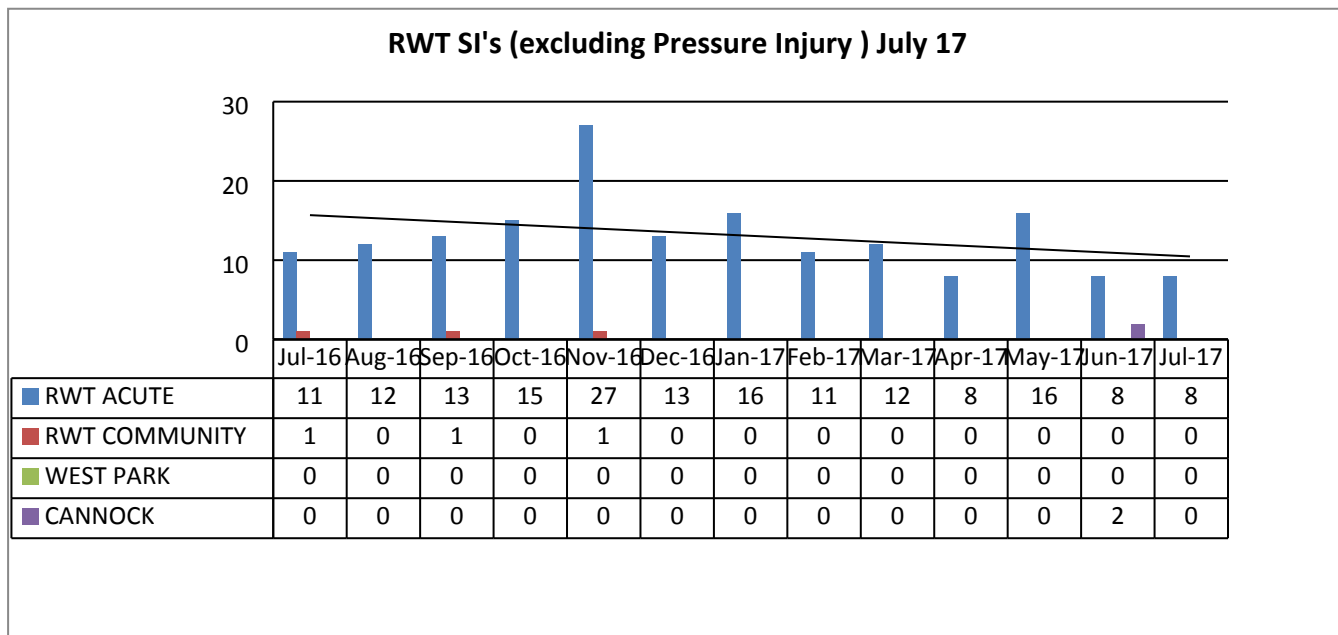


Fig. 2

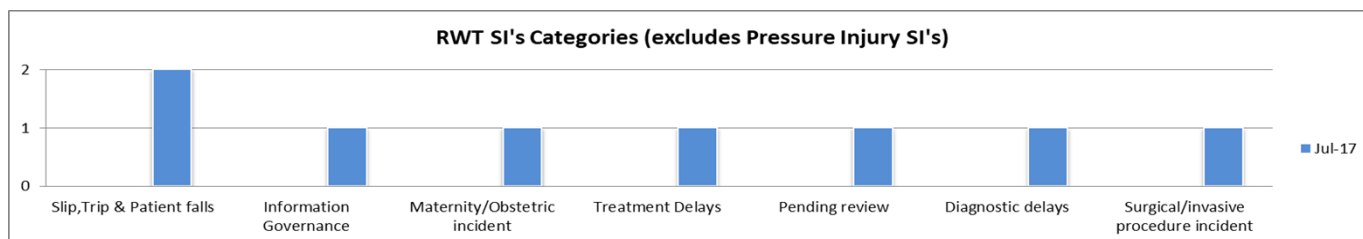


Fig 2 above shows the most common categories reported by RWT. The most common is slips trips and falls. (Please refer to section 6.0 in the report for more detail on Falls Prevention).

4.1 INFECTION PREVENTION

4.1.1 MRSA Bacteraemia

RWT have reported zero MRSA Bacteraemia incidents in 16/17 and ytd in 17/18. This is a fantastic sustained improvement due to the forensic and tight screening regimes in place in all admissions portals at the hospital. The audits for these are monitored at the IP meetings and have continued to be at 100% in all elements of the screening protocol.

4.1.2 Cdiff

The 17/18 trajectory for the RWT is nationally set at 35. The Trust has sustained improvements in Cdiff cases since December last year. Whilst the Trust breached its annual target for 16/17, improvements were seen in Q3 and Q4. Since then the monthly trajectory of 3 or less has been

achieved almost consecutively till the end of March. April 2017 saw a slight increase to 4 and in May there were 5, however this improved in June to 2 and 2 in July. August data will be verified on September 15th.

Fig 3 below shows the annual target and monthly trajectory for CDiff positive.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	TARGET	Variance
3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00		35	
4	5	2	2									13		1

As demonstrated in **Fig 3**, the Trust is in breach of its running trajectory by 1 case.

4.1.3 CPE

The growing incidence of CPE is one of national concern, there is some collaborative work with intra hospital transfers as this is recognised as a high risk. RWT have shared their data for CPE since 2012/13:

Breakdown of CPE	Total
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to date May	7

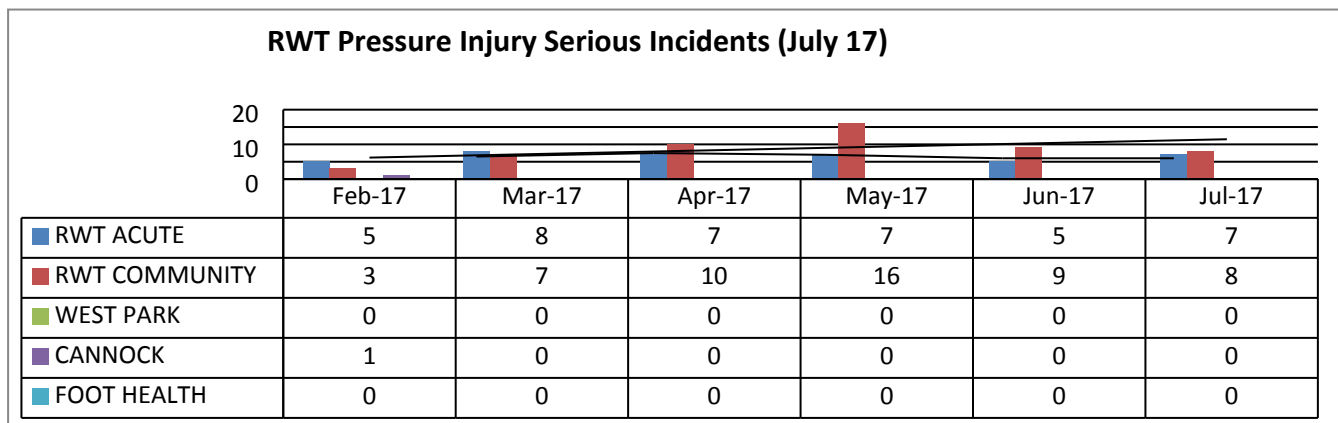
A task group has been convened and first meeting was held on 14th July 2017. Issues discussed were around

- Protecting single room for repurposing during developments
- CPE effect on breaches in ED
- Progress of Business case to implement CR testing
- Improved communications on CPE
- Process for review and communication of future policy developments

The group agreed that whilst currently CPE is not impacting on activity, there does need to be a sensible approach to the identification and isolation of high risk patients requiring a bed from the ED. There is a need for continued awareness activities and screening. It is proposed that the group meets on an ad hoc basis in response to specific changes in policy or epidemiology but remains as a consultation group on changes in education, policy or single room availability. The group will receive the dashboard information monthly. The Trust and CCG agreed to send a joint letter to Duncan Shelbie Chief Executive of Public Health England about the effectiveness of toolkit and calling for strengthening of the national reporting system and regular communication of national and international surveillance. A response has been received from Duncan Selbie informing the CCG and RWT that they are commissioning a national review of the said tool.

5.0 Pressure Injury (stage 3)

Fig 4 Pressure Injury (stage 3) Pressure Injuries - RWT Last 6 Months



15 pressure injury incidents were reported for this reporting period which is a slight increase compared to 14 PI incidents reported for June, 17.

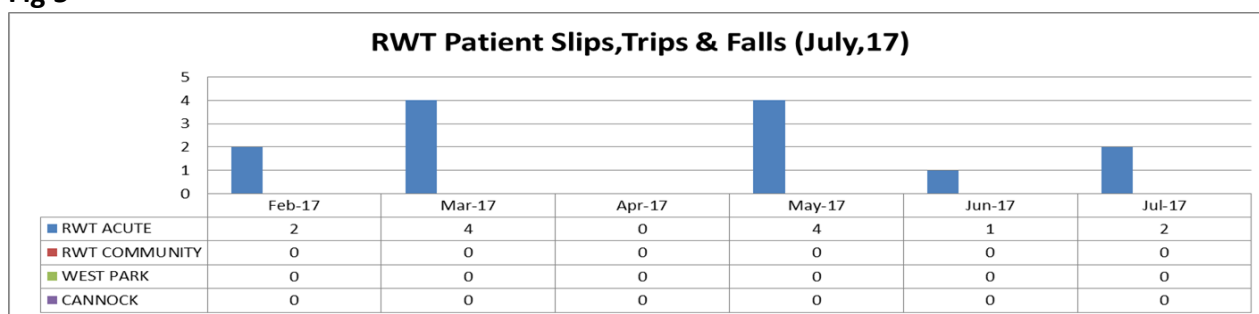
13 of these pressure injuries have been reported as stage 3 and 2 pressure injury has been reported as stage 4.

Fig.4 clearly shows that majority of these incidents are reported by the community and the numbers are on the rise and this may be due to increase in the number of end of life patients nursed in the community.

One key area of improvement seen is that the number of ‘avoidable’ pressure injuries have improved from being 9 in April to 5 in May, 4 in June and 2 in July.

6.0 Patient Slip/Trip/Falls RWT Feb 17 to July 17

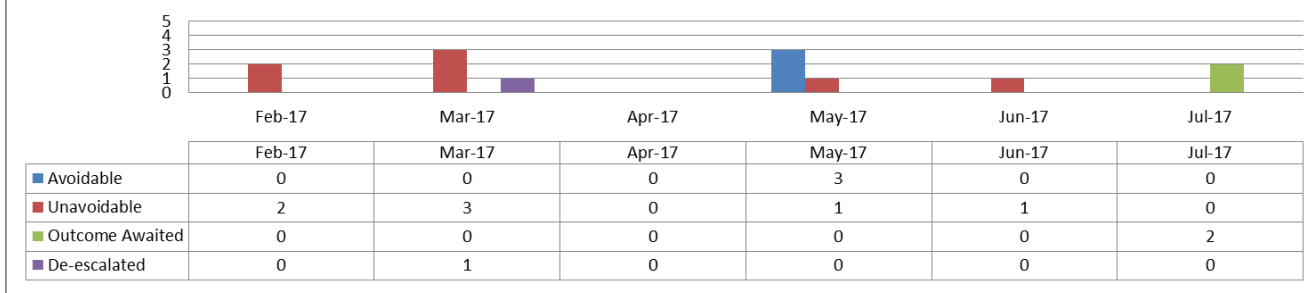
Fig 5



Generally falls are reducing, there is additional scrutiny by the NHSI led Falls Collaborative which has led to revised policy, management of ‘enhanced care’ patients and staff training and education. There is also a piece of work undertaken by the Trust which the CCG requested to review the number of patient moves during the night. Whilst there is no data to support this yet, it is believed that this may have an impact.

Fig 6

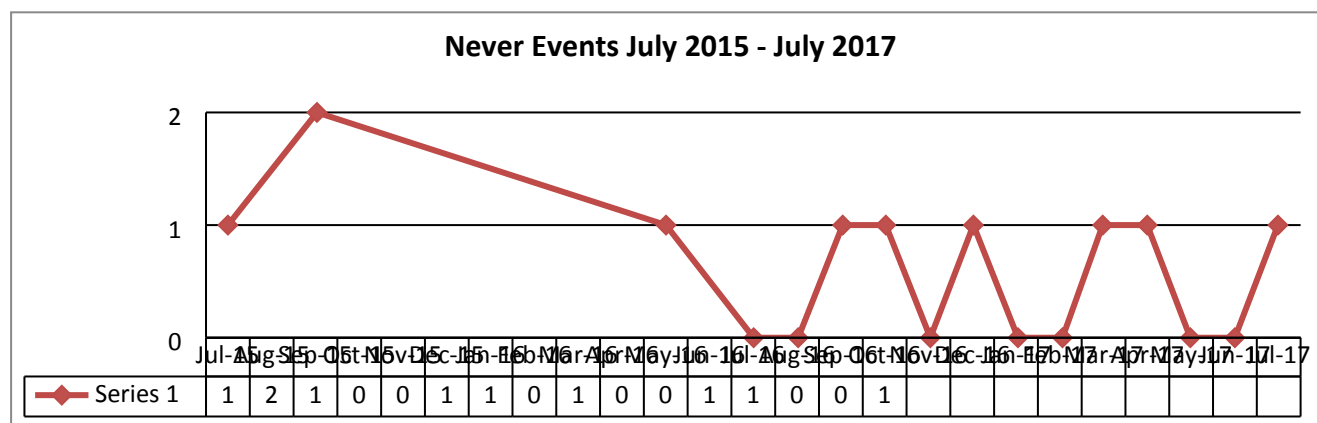
RWT Patient falls Scrutiny meeting outcomes (July,17)



Zero falls reported in April, followed by 4 in May, 1 in June and 2 in July; all at RWT. No falls have been reported at WPH, Community or Cannock Hospital in the last 6 months. Scrutiny group have concluded that there have been no avoidable falls since May.

7.0 Never Events

Fig 7



Date	No	NPSA NE Category
July 15	1	Retained foreign object post-procedure
Sep15	2	Wrong site surgery x 2
May16	1	Retained foreign object post-procedure
Sep 16	1	Wrong site surgery
Oct16	1	Wrong site surgery
Dec 16	1	Retained foreign object post-procedure
Mar 17	1	Wrong implant/prosthesis
Apr 17	1	Retained foreign object post-procedure
July 17	1	Wrong site surgery (wrong side block)
Aug 17	1	Wrong site surgery (removal of organ which was not consented)

In 16/17 the Trust reported 5 NEs (as shaded above) and there has been 3 NE reported ytd in 17/18. Full RCAs have been undertaken and the learning has been shared. There is continued monitoring of how learning is embedded into the different areas at RWT and Cannock Hospitals. A more detailed review is planned in the near future to ensure that the actions taken from the table top review exercise held in January are being implemented and sustained. There is national scrutiny that the national NE List needs

to be reviewed, this work is underway. Wolverhampton CCG is part of the national review group. More information will be shared as it becomes available.

8.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. There has not been a concern regarding quality of care i.e. increase in SIs or unexpected deaths, no outbreaks of Cdiff or other infections which had not been managed according to protocol and the MORAG have been assured on the outcomes of the case note reviews. However, some significant targeted work is being carried in collaboration with the RWT, CCG, NHSi and the CSU. The Trust has commenced the following actions;

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

Update from RWT at the August CQRM; all external and internal reviews are in progress and once analysis is available this will be shared at the mortality review groups. This item remains on the CQRM agenda as a standing item and the Trust have been requested to present mortality information on the monthly Integrated Performance & Quality Report.

The Trust has held an extraordinary MORAG meeting in August and early indication of the reviews in hand is that coding for palliative care and palliative patients dying in hospital is an issue. This is being discussed further at the October MORAG.

In addition it has been agreed with RWT MORAG to consider a primary care GP to be member of the review group to undertake case note reviews for patients that die in hospital within the first 24 hours of admission. This is to understand the care that the patient received in the community prior to admission and their demise. A role description for a Clinical Advisor is being compiled with the aid of RWT and NHSE. This will go to advert once agreed with Clinical Reference Team, LMC etc.

8.1 Learning Disability Mortality Reviews (LeDeR)

The LeDeR Programme has been established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of some people with learning disabilities (CIPOLD 2013 Bristol University). CIPOLD reported that for every one person in the general population who dies from a cause of death amenable to good quality of care, three people with learning disabilities are likely to. Whilst the majority of the illnesses that led to the deaths of people with LD were promptly recognised and reported to health professions, for more than a quarter there was significant difficulty or delay in diagnoses, further investigations or specialist referral and for a further quarter there were problems with their treatment.

As a result of the above, local areas are required to review all deaths people with learning disabilities from ages 4 and above. The below 4 years will be covered by the current CDOP processes. The guidance put this responsibility on the CCG to coordinate the reviews with a team of reviewers from the health and social care community. Early meetings have been held and reviewer training workshops are scheduled for CCG, provider and social care staff. A more detailed paper is being written with the full impact and the likely impact on resource for the October QSC. The LeDeR programme will become effective between October and December 2017.

9.0 Health and Safety

Q1 Health and Safety Report was presented to SMT and QSC in July. As reported previously the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. The CCG is compliant for Fire Safety and an emergency PEEP (Personal evacuation escape plan) is in place for appropriate staff. As required, Health and Safety Administrator training has been completed by Quality Assurance Officer and the NEBOSH training completed by the Head of Quality and Risk.

Key developments in this quarter have been the assessment of the CCGs position in line with the home working requirements. It has been agreed at SMT that **all** employees who may work from home from time to time (as agreed with line manager) need to undertake a home self-assessment (DSE). If in the rare occurrence that a worker opts to work from home because they physically cannot get to work (i.e. long term illness, broken limbs etc.) then a home assessment will be carried out by the Health and Safety Administrator. The JNCC meeting was cancelled in July and August therefore the proposals have not been discussed and signed off; however, an urgent extraordinary meeting is being planned so that the H&S items can be discussed, agreed and disseminated to all staff as agreed in the H&S Plan in April 2017.

10.0 Maternity

Since Walsall Hospitals NHS Trust were rated as 'inadequate' by the CQC, there has been an agreement in place that Royal Wolverhampton Hospitals NHS Trust (RWT) will take 500 deliveries from Walsall to ease the pressure and provide a safe service for mums and babies.

Over the last year, this has been monitored closely and some key issues have emerged over a period of time. A brief summary of the key KPIs is demonstrated below:

- a) The number of women booking to give birth at RWT has increased significantly month by month in the last 12 months. The forecast for 17/18 is 5300 births in total at RWT
- b) The midwife to birth ratio has deteriorated from 1:29.8 in April 2016 to 1:32 in August 2017
- c) Midwifery sickness rate was 5.3% in April 2016, peaked to a high of 7.3% in March 2017 and is currently 5.8%
- d) Midwifery vacancy rate is 4.5% which has deteriorated from 2.2% in April 2016. Following an overseas recruitment campaign there were zero vacancies in June and July, however, the overseas midwives have not remained within the Trust and the vacancy rate has continued to decline. Eight midwives have been recruited in August and will be in post by October.
- e) Bookings have increased from surrounding areas as Burton, Dudley, Shropshire including Telford, Walsall (which falls outside of the capped arrangements).
- f) NHSE Quality Surveillance Group requested a more detailed report in July, at this time a CAP was not supported due to the pressures across the wider health system.
- g) At the August CQRM RWT announced that they wished to CAP the activity at 5000. RWT have escalated this to NHSi and the CCG has fully aware and engaged in the process for a wider health economy meeting to take place to discuss and reach an amicable solution to maintain safety of mums and babies in Wolverhampton and choosing to deliver at RWT from surrounding areas.

Actions taken by CCG:

- a) Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- b) Current escalated Maternity commissioner meetings with RWT.
- c) Escalation to NHSE and NHSI (awaiting meeting)
- d) Escalation meetings with RWT to discuss options and plans on maintaining safety. The Trust is providing assurance via adverse incident reviews, sickness, and recruitment activity.
- e) RWT and CCG entry on risk register

11.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

11.1 Serious Incidents

There was 2 SIs reported by BCPFT for July 2017. These are currently being investigated by the Trust.

On-going **Pressure Injury SI update:** pressure injury serious incident reported in May 2016 this incident

still remains open on the STEIS because WCCG has challenged the outcome of this pressure injury incident as “Unavoidable” by BCPFT. This PI has been discussed by WCCCG Executive Nurse Lead and BCPFT Director of Nursing. The CCG reviewed the RCAs (several iterations) and in the absence of demonstrable evidence that the Trust used all their available resource and policy to prevent this incident from happening again, the SI was allocated to the Trust as ‘avoidable’. Furthermore, added scrutiny of the case was provided by NHSE who also reviewed all documentation and deemed as ‘avoidable’.

11.2 CQRM theme Learning Disabilities (July 2017)

- The Divisional Report highlighted a 27% decrease in incident reporting across the LD Division with no STEIS or Never Events reported during May 2017.
- The use of bank and agency staff has been reduced. An establishment review will be taken to the Trust’s Governance meeting in July.
- A review of sickness levels and how these are being managed is taking place, along with retraining of managers on sickness strategy. A correlation between assaults and sickness has been highlighted, which is being managed with support staff and debriefs.
- To ensure robust assessments of patients prior to admission, multiple assessments have been implemented and new admissions are placed on increased observations until a full assessment is made.
- Safeguarding Children’s and Adults – compliance was down in Quarter 3, however there are plans in place to improve this.
- Mortality Review – a detailed review of Learning Disabilities mortalities is expected shortly, with all providers and CCGs coming together for discussions to eradicate inequalities and prevent deaths. An MDT is to be formed by October 2017 to complete this review.

12.0 OTHER PROVIDERS

12.1 Out of Hours/Urgent Care

The CQC Inspection Report for Vocare has been rated as INADEQUATE overall. The domains are rated as inadequate for safe and well led; requires improvement for effective and responsive and good for caring. A joint press statement was released last week with RWT and CCG; there was some media coverage in the local paper.

As per previous reports to Governing Body and Governing Body Development Session updates, Vocare has increasingly been a concern for the CCG.

Actions to date include:

- Director to director meetings in July/March and May 2017
- Escalation to CQC which resulted in CQC inspection in March 2017
- Implementation of Improvement Board chaired by the CCG Quality Lead in April 2017
- Escalation to NHSE in July 2017
- NHSE Stakeholder meeting in August 2017
- High level action plan in place (to evidence demonstrable improvements by 5th October and November)
- CCG risk assessment and Governing Body discussion 12th September.
- Continued support for Vocare operational and strategic staff i.e. SI management and investigation training to be provided by Quality Team in September.

- Announced and unannounced visits to observe adherence to processes and systems which assure patient safety at all times.
- Daily staffing rota fills and gaps for paediatric cover and general GP/Nurses are shared with the CCG

12.2 Step Down provider care home

The CCG currently has a block contract with provider to provide step up and step down beds. Following an early morning quality visit to provider, several concerns were raised re quality of care and health and safety arrangements to safeguard residents at the home. An improvement board was convened with senior CCG membership, provider and CQC to address and manage the improvements required. The service remains suspended however, has improved incrementally to allow 3-4 four patient transfers per week. Continued support from CCG staff is in place and weekly review of suspension status. Currently there is a good level of bed availability in Wolverhampton so this is not having an impact; however, the CCG is keen that this is resolved before the winter pressures. Contracts Team are working with the provider to measure financial implications and resolution.

13.0 Children and Adult Safeguarding

The Annual Reports for Safeguarding adults and children were presented to and discussed by the QSC in June. Both reports were accepted and both leads congratulated for their continued efforts to ensure that a) the CCG remains competent in its statutory obligations and b) the vulnerable persons of Wolverhampton are safeguarded.

The compliance for mandatory children's safeguarding level 3 and 4 has improved at RWT and BCPFT; there is close monitoring at CQRM and CRM meetings.

The independent Chair for both the children's and adults safeguarding board has now completed his tenure. The new independent chair has been announced as Linda Sanders who will take up role from September 12th.

The CCG is engaged in a national CSE review. This is at the information gathering stage and we will meet the deadline to submit all information as requested by 25th September 2017.

There is currently no Serious Case Reviews (SCR) due to be published; however, there is one case where a recommendation has been made to the SCR Panel to formally approve an SCR. The panel will be assured that there is learning to be had from pursuing this as an SCR. The case has received media attention recently

14.0 OFSTED

The judgement of the recent Ofsted inspection of Children's Services in the City of Wolverhampton was published on 31.3.17. The Overall Judgement was Good. This Good judgement places the City of Wolverhampton within the top 20% of councils nationally, and joint 23rd out of the 129 councils to have been inspected under the current framework –there are only two “Outstanding” councils in the whole of the country putting this achievement into context.

15.0 CQC (Safeguarding)

Following the publication of the CQC report of its review of health services relating to safeguarding children and services for looked after children in Wolverhampton, I am pleased to inform the Governing Body that the final meeting of the Strategic Group will be held in September. All actions have now been completed and the sustained learning and embedding will be monitored by individual organisational safeguarding teams and the Local Children Safeguarding Board.

16.0 PREVENT

NHSEs current assessment of Wolverhampton is 'not a priority' therefore providers are not required to report to NHSE. However, PREVENT is now in contract for 17/18 contracts and currently are required to report for contractual and performance monitoring. The current RAG rated concerns are VOCARE (this is part of their improvement plan and significant improvements have been made as Vocare have been able to access RWTs training schedules).

17.0 Looked After Children

The Annual Looked after Children Report was presented to the QSC in June. The Committee noted work activity, statutory obligations and time scales, key challenges and future work plan. The City wide initiative to reduce the number of LAC has been successful but slow. Currently there are 629 (August 2017) children placed in LAC compared to 804 in November 2015. The City wide work continues to attempt to reduce these numbers further. The CCG has robust processes in place to assure the Governing Body that initial and review health assessments are timely, of a good quality and commissioned appropriately.

The issue with RWT LAC health assessments has now been resolved. The Trust is recruiting to the vacant post but in the interim this work is being undertaken by a named school nurse.

18.0 Individual Funding Requests

The annual report for IFR 16/17 was presented to QSC in June. During this time period, a total of 177 applications were received and all are processed as per IFR Policy. No formal appeals were received for WCCG, however, challenges and complaints were received which were handled in line with the commissioning policy and or the CCGs complaints policy. The CSU handled 6 FOI requests pertaining to IFRs during the said reporting period. The report was noted for its assurance and transparency. To date there are currently no delays in the handling or resolution times for IFR.

19.0. Improving Quality in Primary Care

As of 1st April 2017, the CCG has been fully delegated for Primary Care Commissioning. The primary care dashboard is under development and the Improvement Coordinator is managing the transition with particular focus on:

Infection prevention audits: reports have been shared since May. The latest intelligence which was shared

with PCCC on 5th September highlights:

- Medicines Alerts: health care professionals will be informed about the alerts via the monthly newsletter, in addition by Script Switch messages.
- Friends and Family Tests: more detailed reports are shared at PCCC; however, concerns remain re the 5 practices that continue to not submit. This is being addressed by the new primary care contracts lead. July data shows an improvement that the response rates. This data is being correlated with the staff surveys and NHS Choices.
- Quality Matters: nine new reports in June/July, however, there are 5 that remain open from March and April, these remain under investigation. The new reports appear to have an IG theme from one surgery which is being addressed by the Improvement Nurse.
- Formal complaints: zero for the CCG. 10 for NHSE of which the highest number (6) related to clinical treatment.
- CQC new ratings: Tettenhall Wood Road and Whitmore Reans have been rated as requires improvement by CQC and Fordhouses is rate as good.
- A comprehensive analysis of primary care workforce has been undertaken, the current PC Strategy and Implementation Plan is being reviewed in light of the TOR being reviewed. This is monitored via the PC Strategy Group.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 1st September 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	M Garcha	1 st Sept 2017
Public/ Patient View	Commissioning leads	On going
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	M Garcha	On going
Medicines Management Implications discussed with Medicines Management team	D Birch	
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	July 2017
Information Governance implications discussed with IG Support Officer	Consideration Applied	On going
Legal/ Policy implications discussed with Corporate Operations Manager	Consideration Applied	On going
Signed off by Report Owner (Must be completed)	M Garcha	1 st Sept 2017

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WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th July 2017
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

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

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.883m	£402.883m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.535m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	429	2,808	2,379	A
Maximum closing cash balance %	1.25%	8.19%	6.94%	A
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	96%	-1%	G
QIPP	£2.65m	£2.68m	(£0.03m)	A
Programme Cost £'000*	96,160	96,743	584	G
Reserves £'000*	534	0	(534)	G
Running Cost £'000*	1,384	1,334	(50)	G

- The net effect of the three identified lines (*) is breakeven.
- The cash balance has exceeded the target due to anticipated payments to CWC not being processed in June (see cash section 14.2).
- Additional QIPP has been identified in M3.
- The CCG is anticipating meeting all its statutory duties in 2017/18.

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

	Annual Plan £'000	YTD Performance M03			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	190,382	47,596	47,802	206	0.4%
Mental Health Services	35,538	8,956	9,249	293	3.3%
Community Services	36,971	9,243	9,196	(47)	(0.5%)
Continuing Care/FNC	13,899	3,475	3,436	(39)	(1.1%)
Delegated Primary Care	35,165	8,791	8,878	87	1.0%
Prescribing & Quality	51,307	12,827	12,581	(245)	(1.9%)
Other Programme	21,090	5,272	5,602	329	6.2%
Total Programme	384,352	96,160	96,743	584	0.6%
Running Costs	5,535	1,384	1,334	(50)	(3.6%)
Reserves	3,866	534	0	(534)	(100.0%)
Total Mandate	393,753	98,077	98,077	0	0.0%
Target Surplus	9,130	2,283	0	(2,283)	(100.0%)
Total	402,883	100,360	98,077	(2,282)	(2.3%)

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

	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	190,382	191,352	970	692	278	0
Mental Health Services	35,538	35,962	424	42	382	0
Community Services	36,971	36,937	(34)	5	(39)	(0)
Continuing Care/FNC	13,899	13,087	(812)	(595)	(217)	(0)
Delegated Primary Care	35,165	35,165	0	0	0	0
Prescribing & Quality	51,307	51,450	142	50	92	0
Other Programme	21,090	22,188	1,098	6,339	(5,241)	0
Total Programme	384,352	386,141	1,788	6,533	(4,745)	0
Running Costs	5,535	5,535	0	0	0	0
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	393,753	393,753	(0)	4,745	(4,745)	(0)
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	402,883	393,753	(9,130)	4,745	(13,875)	(0)

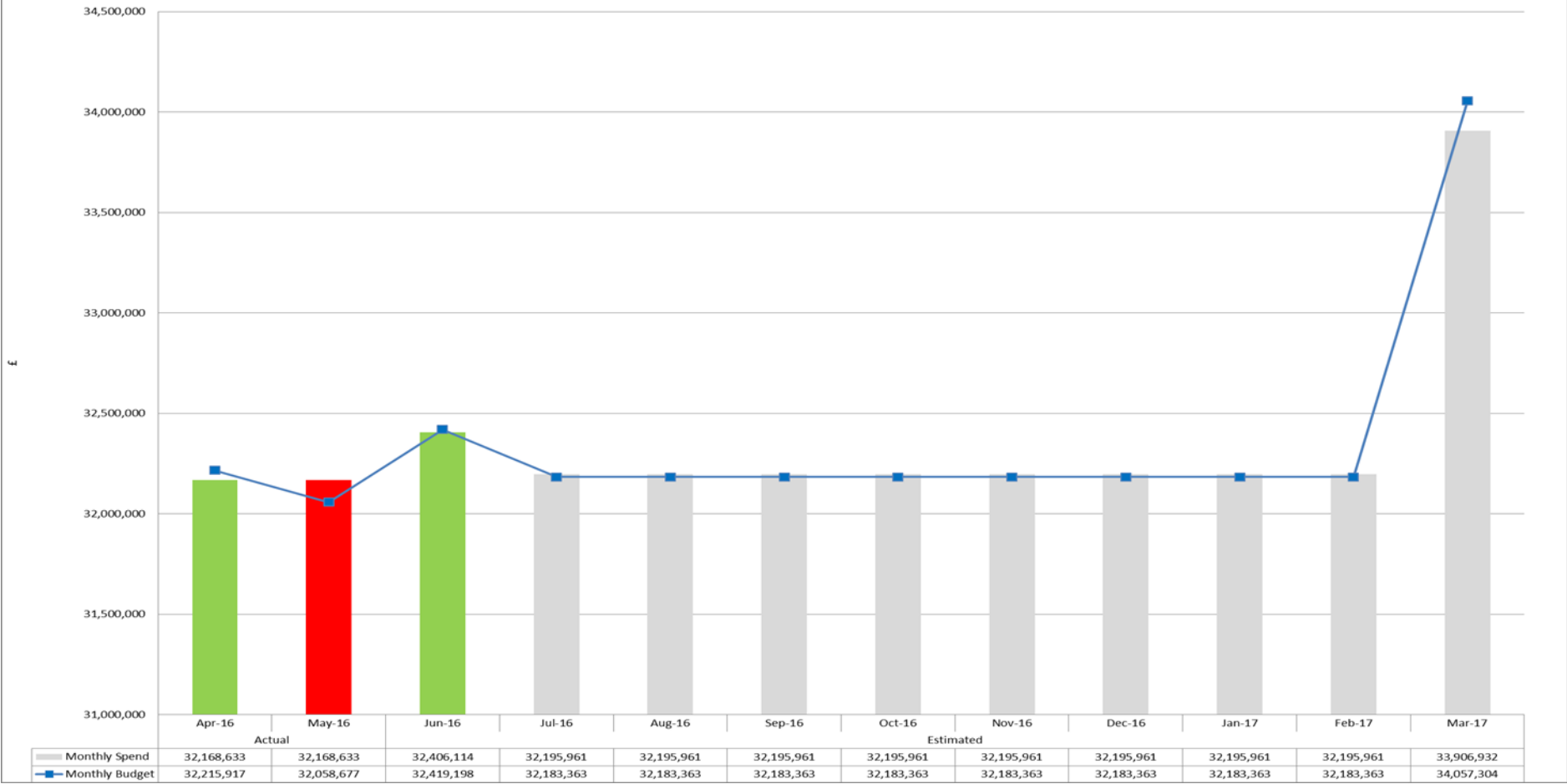
- The recurrent year end variance of £4.745m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 whereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies.
- The CCG is required to maintain a recurrent underlying surplus of 2% of its allocation (£7.551m as per Financial Plan). The year end position calculated in the monthly submission to NHSE delivers 1.93% as a result of the Primary Care Delegated budgets being included. This NHSE calculation is incorrect as 1% surplus does not have to be made on the Delegated Primary Care Budgets.
- The table below highlights movements in the forecast between months 2 and 3.

	Annual Plan £'000	Forecast Outturn at M03			Forecast Outturn at M02			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance £'000	Var %	
Acute Services	190,382	191,352	970	0.51%	190,282	(210)	(0.11%)	1,179
Mental Health Services	35,538	35,962	424	1.19%	35,423	56	0.16%	367
Community Services	36,971	36,937	(34)	(0.09%)	36,913	(34)	(0.09%)	0
Continuing Care/FNC	13,899	13,087	(812)	(5.84%)	13,987	88	0.63%	(900)
Delegated Primary Care	35,165	35,165	0	0.00%	34,477	0	0.00%	0
Prescribing & Quality	51,307	51,450	142	0.28%	51,370	185	0.36%	(43)
Other programme	21,090	22,188	1,098	5.21%	22,274	1,702	8.07%	(604)
Total Programme	384,352	386,141	1,788	0.47%	384,726	1,788	0.47%	(0)
Running Costs	5,535	5,535	0	0.00%	5,535	0	0.00%	0
Reserves	3,866	2,077	(1,788)	(46.26%)	2,077	(1,788)	(46.26%)	0
Target Surplus	9,130	9,130	388,218	4252.11%	9,052	0	0.00%	0
Total Mandate Spend	402,883	402,883	388,218	96.36%	401,390	0	0.00%	388,218

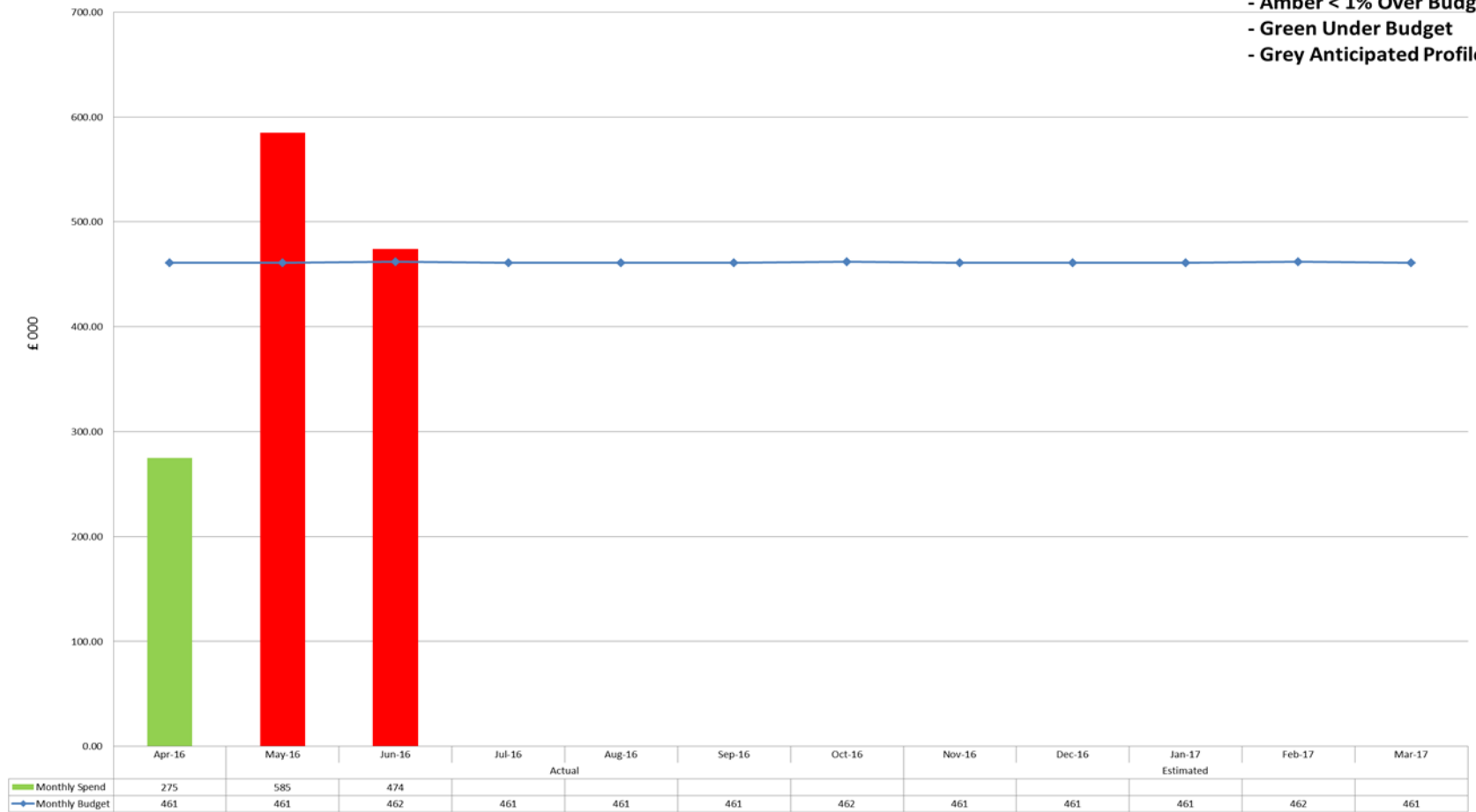
- Currently RWT, the main driver in Acute is recording at month 2 a break even position. However, in light of previous trends it is deemed prudent to reflect an overspend of c £1m in the FOT.
- The movement in Mental Health relates to additional charges for an increased number of clients in the NCAs portfolio.
- Continuing Care and FNC spend is due to a full review of the QA database and the impact of national guidance (see CHC section).
- Within Other Programme costs the variance is driven by a reduction in non-contracted QIPP (currently not being delivered but is covered by the release of the contingency) and Enhanced services (over budgeted)

Monthly Planned vs Monthly Actual Programme Expenditure

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



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



- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations. The table below shows the revised forecast for month 03:

	Annual Budget	FOT M03	Var
	£'000s	£'000s	£'000s
General Practice GMS	21,002	21,002	0
General Practice PMS	1,809	1,809	0
Other list base service AMPS	2,298	2,298	0
Premises	2,684	2,684	0
Premises Other	90	90	0
Enhanced Services	845	845	0
QOF	3,622	3,622	0
Other PCO ie Sickness, Maternity etc	606	606	0
PMS Premium *	494	494	0
Other GP Services	1,541	1,541	0
Contingency 0.5%*	174	174	0
Reserve 1%*	348	348	0
Total	35,513	35,513	0

*budgets being committed non recurrently pending a Q2 budget review

3. QIPP

The key points to note are as follows:

- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non contracted QIPP without plans has increased to £1.519m as £616k has identified plans.
- M3 has identified £276k against non contracted QIPP balance of £1.519m although some is non recurrent in nature as detailed below:

Month	scheme	£'000	£'000 balance remaining	Rec £'000	Non Rec £'000
opening M1		1,519			
M3	Vocare fines 16/17	77	1,442		77
	Estates benefit	29	1,413		29
	Resp Cons in A&E (funded in contract)	65	1,348	65	
	Vocare budget too high	105	1,243	105	
				170	106

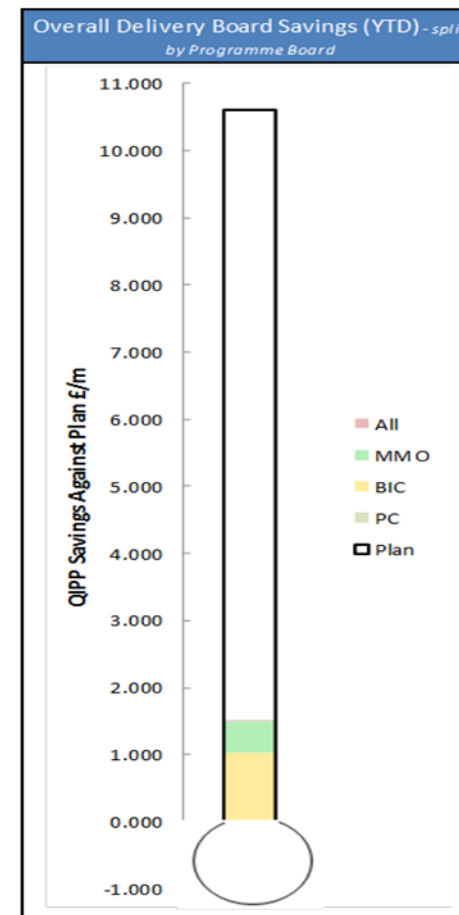
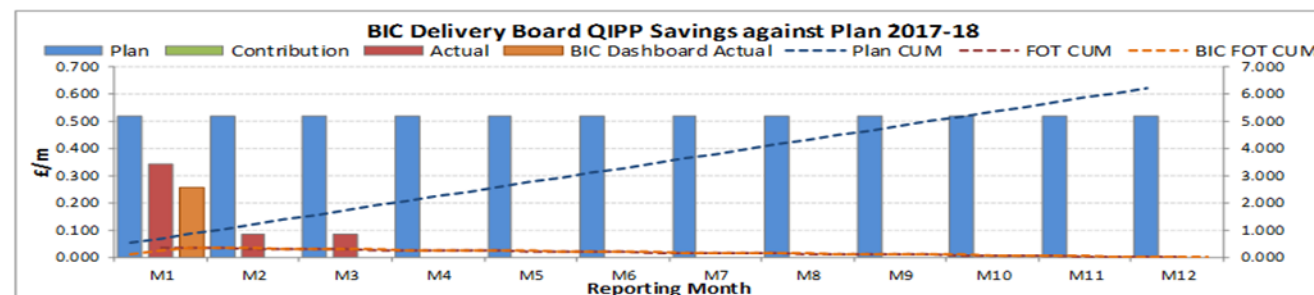
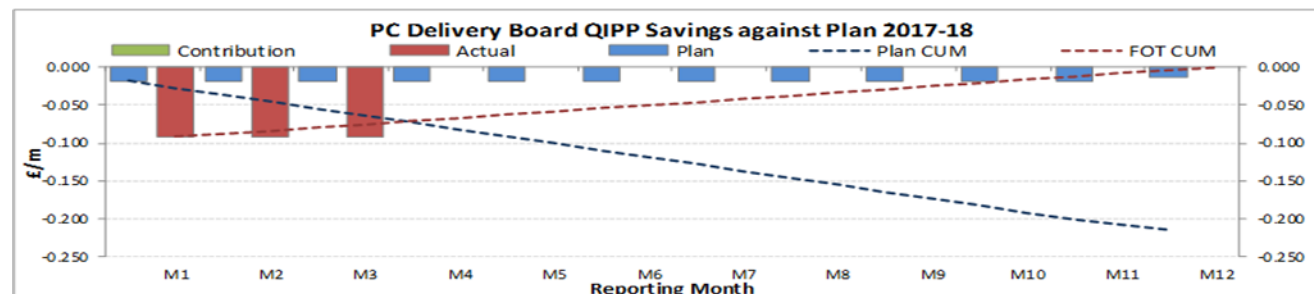
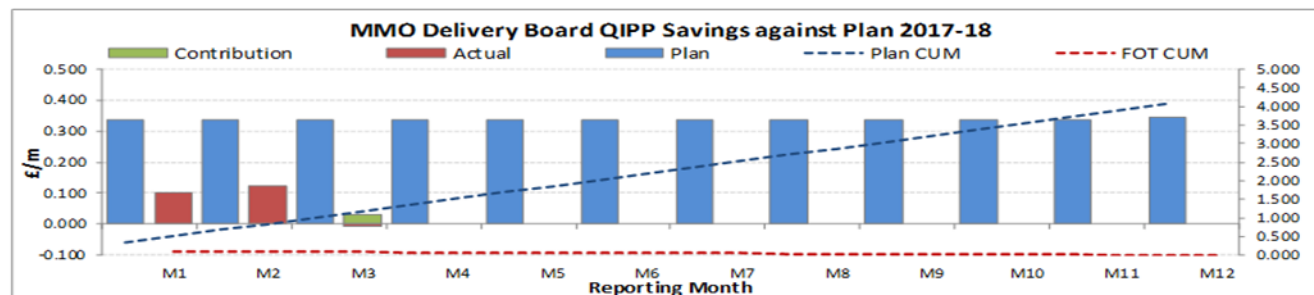
- Any non recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- A Deep Dive into Budgets at the end of Q1 is likely to identify further QIPP to contribute against the non contracted QIPP.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.01	1.04	0.03	4.05	4.05	0.00
Transformational	1.64	1.64	0.00	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00

Mth 3 - June 17/18

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return



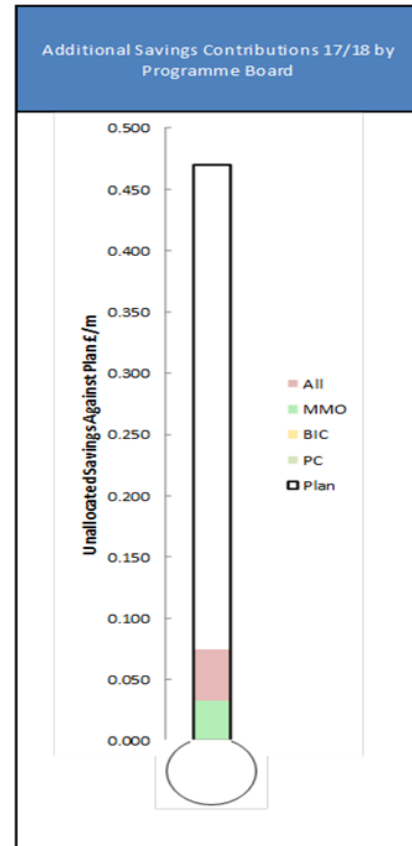
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Mth 3 - June 17/18

QIPP Programme Delivery Board

Source: Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return

Project ID	Description	Annual Plan	YTD Plan	YTD (Non ISFE)	Variance from Plan YTD	FOT (Non ISFE)	FOT Variance from Annual Plan	Jun YTD Non ISFE diff from Prog Brd	Jun FOT Non ISFE diff from Prog Brd
17/18-1	Chest Pain Tariff	0.240	0.060	0.060	0.000	0.240	0.000	0.060	0.000
17/18-2	Lucentis Tariff	0.583	0.146	0.146	0.000	0.583	0.000	0.146	0.000
17/18-3	Walking for Health	0.038	0.010	0.010	0.000	0.038	0.000	0.000	0.000
17/18-4	Therapy Service Review (R&R Team)	0.071	0.018	0.018	0.000	0.071	0.000	0.000	0.000
17/18-5	CHC Efficiencies	0.135	0.034	0.034	0.000	0.135	0.000	0.000	0.000
17/18-6	Prescribing Efficiencies	2.050	0.512	0.512	0.000	2.050	0.000	0.238	0.000
17/18-7	Estates Voids	0.100	0.025	0.025	0.000	0.100	0.000	0.025	0.000
17/18-7a	Estates Voids - Non Recurrent Savings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17/18-8	EPP	0.300	0.075	0.075	0.000	0.300	0.000	0.075	0.000
17/18-9	Practice Transformation Support - Investment	-0.500	-0.126	-0.126	0.000	-0.500	0.000	0.000	0.000
17/18-10	Community Investment	-0.600	-0.150	-0.150	0.000	-0.600	0.000	0.000	0.000
17/18-11	NEPTS	0.403	0.101	0.101	0.000	0.403	0.000	0.000	0.000
17/18-12	MSK - Investment	-2.226	-0.558	-0.558	0.000	-2.226	0.000	0.000	0.000
17/18-13	Running Costs	0.100	0.025	0.025	0.000	0.100	0.000	0.000	0.000
17/18-14	MSK Indep. Physios	0.155	0.039	0.039	0.000	0.155	0.000	0.000	0.000
17/18-15	MSK Acute	0.885	0.221	0.221	0.000	0.885	0.000	0.221	0.000
17/18-16	MSK OCAS	0.311	0.078	0.078	0.000	0.311	0.000	0.000	0.000
17/18-17	MSK Community Physio	0.926	0.232	0.232	0.000	0.926	0.000	0.000	0.000
17/18-18	GP Extended Access	0.385	0.096	0.096	0.000	0.385	0.000	0.096	0.000
17/18-19	Dementia (Rubicon C22 Changes) £	0.200	0.050	0.050	0.000	0.200	0.000	0.050	0.000
17/18-20	Paeds NEL	0.397	0.099	0.099	0.000	0.397	0.000	0.099	0.000
17/18-21	Care closer to home	3.690	0.923	0.923	0.000	3.690	0.000	0.666	0.000
17/18-22	EOL	0.200	0.050	0.050	0.000	0.200	0.000	0.000	0.000
17/18-23	Mental Health (surplus 1)	0.169	0.042	0.042	0.000	0.169	0.000	0.000	0.000
17/18-24	Mental Health (surplus 2)	0.277	0.069	0.069	0.000	0.277	0.000	0.000	0.000
17/18-25	Other Community Physio	0.041	0.010	0.010	0.000	0.041	0.000	0.000	0.000
17/18-26	Robotics	0.051	0.012	0.012	0.000	0.051	0.000	0.000	0.000
17/18-27	Care closer to home (stretch)	0.416	0.104	0.104	0.000	0.416	0.000	0.104	0.000
17/18-28	Planned /unplanned Mental Health in acute £	0.148	0.037	0.037	0.000	0.148	0.000	0.000	0.000
17/18-29	Dementia Pathway Review £	0.200	0.050	0.050	0.000	0.200	0.000	0.050	0.000
17/18-55	TWIRL	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17/18-97	Contract Efficiencies ind NCAs	0.500	0.125	0.125	0.000	0.500	0.000	0.106	0.000
17/18-98	Primary Care Stretch	0.500	0.125	0.125	0.000	0.500	0.000	0.125	0.000
17/18-99	2017/18 Budget	0.470	0.118	0.118	0.000	0.470	0.000	0.118	0.470
Grand Total :		10.615	2.651	2.651	0.000	10.615	0.000	2.178	0.470



Key:

Modernisation and Medicines Optimisation	Primary Care
Better Integrated Care	Exec/All
Closed Projects - for Information	

4. PERFORMANCE

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

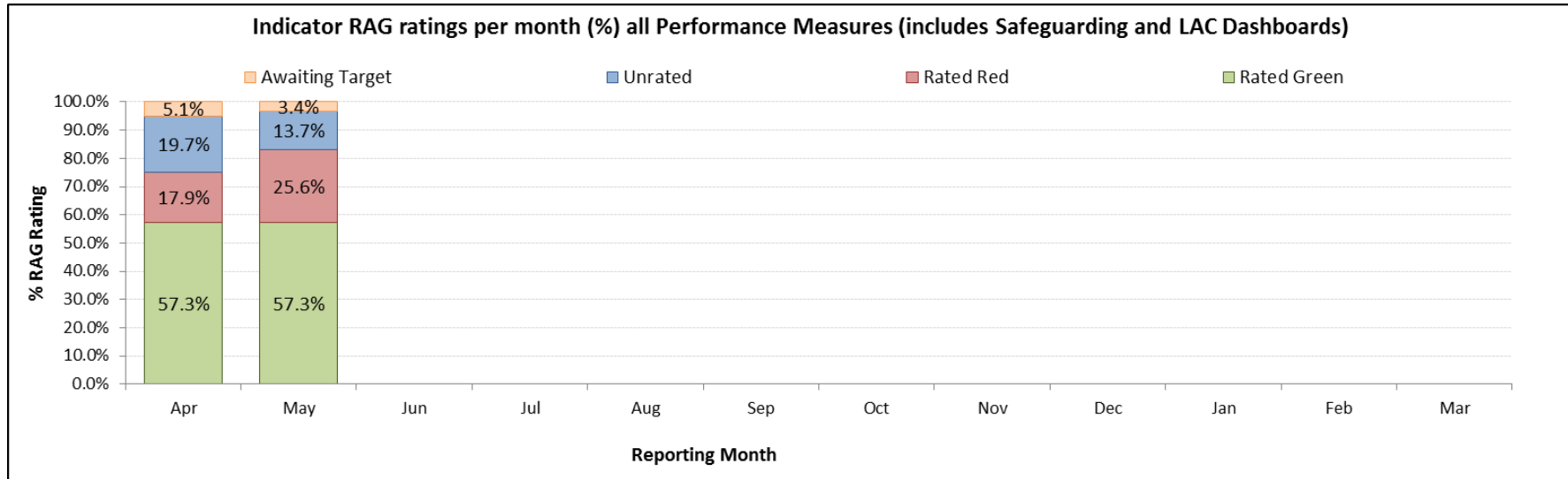
Executive Summary - Overview

May-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	13	11	10	13	1	0	0	0	24
Outcomes Framework	9	11	5	10	12	5	0	0	26
Mental Health	24	23	2	2	8	9	0	0	34
Safeguarding - RWT	7	8	4	5	2	0	0	0	13
Looked After Children (LAC)	0	0	0	0	0	2	6	4	6
Safeguarding - BCP	14	14	0	0	0	0	0	0	14
Totals	67	67	21	30	23	16	6	4	117

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	54%	46%	42%	54%	4%	0%	0%	0%
Outcomes Framework	35%	42%	19%	38%	46%	19%	0%	0%
Mental Health	71%	68%	6%	6%	24%	26%	0%	0%
Safeguarding - RWT	54%	62%	31%	38%	15%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	33%	100%	67%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	57%	57%	18%	26%	20%	14%	5%	3%

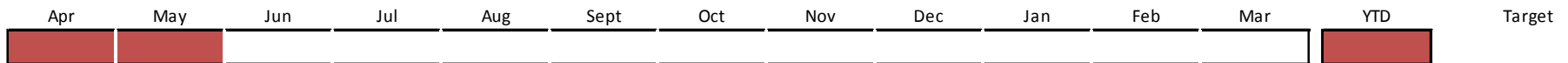
* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.



Exception highlights were as follows;

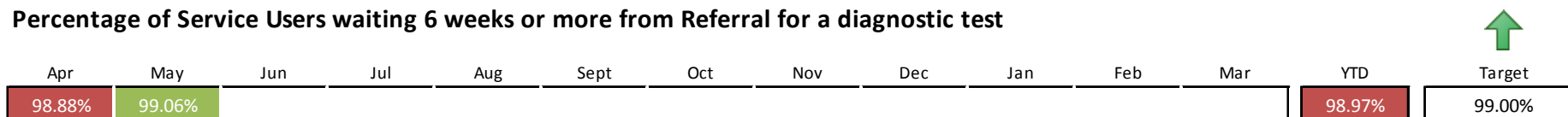
Indicator	Title and Narrative	Direction of Travel / Yr End Target
Ref: <input type="text"/>		<input type="text"/>
Royal Wolverhampton Hospital NHS Trust (RWT)		

Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral



The performance data for headline Referral to Treatment (RTT - 18 weeks) Incompletes has been reported at the highest level since April 16 at 91.50% and has achieved the proposed 17/18 STF trajectory for May, however remains below the 92% National target. When compared to the previous years performance, the validated National Unify2 submission showed that there has been an overall decrease in the number of patients waiting on the waiting list (May16 = 34533 with 3049 breaches, May17 = 33569 with 2854 breaches). Failing specialties include : ENT, General Surgery, Ophthalmology, Oral Surgery, Plastic Surgery, T&O and Urology. The Trust have confirmed that specific departmental RTT training is on-going. The waiting list backlog is continually monitored against trajectories with issues affecting performance predominately due to the Inpatient backlog in Orthopaedics and Ophthalmology and mix of patients often including complex case patients. Monthly prediction reports are being circulated to Directorate Managers and Waiting List Clerks (detailing priority patients). An increase in the number of referrals from out of area has been confirmed and includes increases from Shropshire, which now has referral numbers similar to those being received from Dudley. The Demand Management Programme of work continues to look at how referrals can be appropriately diverted at point of referral. 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. The confirmed number of patients reported over 52 weeks at the end of May is 4 (all Orthodontics patients) and remains ahead of target against the recovery action plan trajectory of 6 by month end. Additional sessions continued to ensure that performance remained within the recovery trajectory and the Trust have confirmed that there were no 52 week waiters as at the end of June. The Commissioner Incomplete performance for May has been confirmed as 92.08% and therefore GREEN.

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



The performance for Diagnostic tests has achieved the 99% target for the first time since October 2016 with 99.06% in month, which relates to 49 breaches (out of 5,233). All diagnostic test areas were at 100% in May with the exception of Computed Tomography (CT = 23 breaches out of 676), Magnetic Resonance Imaging (MRI = 25 breaches out of 1015). The Trust confirmed at the Clinical Quality Review Meeting (CQRM) meeting held in June that performance is compliant in May and will be compliant going forward. There are still challenges in Radiology around CT and MRI Heart and these areas will be closely monitored going forward. As a Commissioner, the May performance calculates as 98.93% (34 breaches out of 3164) of which 31 relates to the Royal Wolverhampton NHS Trust, 3 to other Providers (compared to 10 breaches at the end of April):

Computed Tomography (CT) - 1 x Birmingham Womens Hospital

MRI - 1 x The Dudley Group of Hospitals

Gastroscopy - 1 x Walsall Healthcare NHS Trust

Early indications are that the Royal Wolverhampton NHS Trust performance for June has seen a further increase to 99.48% and therefore remains GREEN.

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 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
92.52%	94.12%											93.32%	95.00%

The May performance has seen a 1.60% increase from the previous month to 94.12% and has failed to achieve the National target (Type 1 and All Types) of 95%, however has achieved the proposed 17/18 STF Trajectory for May of 90.00%. The performance can be split into the following : Emergency Department (New Cross) - 90.32%, Walk-In Centre -100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 98.03%. When compared to the previous year, there has been an improvement in performance (May16 - 88.03%, May17 - 94.12%). Activity numbers for May confirm that there were an average of 384 attendances per day (the highest was 469 on the 15th May), an average of 88 admissions per day (highest of 158 on 15th May) and an average of 130 ambulance arrivals per day (highest of 160 on 24th May). The Trust and CCG continue to hold Urgent Care teleconferences (Exec to Exec) three times a week and the A&E Delivery Board meetings to review progress and manage performance. The STF revised trajectory has been submitted and is awaiting approval from NHS Improvement (NHSI) which would provide a staggered recovery to meet national recovery trajectory of 91% by September 2017 and full compliance of the 95% target by March 2018. The A&E Delivery Board continue to maintain an overview of the Urgent and Emergency Care system with a key focus on delivery of the 95% National A&E standard and have agreed the top three priorities as : Increasing See and Treat provision at peak times, Joint Triage review to increase flow from the Emergency Department and the Urgent Care Centre and Discharges to Assess programme of work. The Trust have confirmed that issues with staffing remain and there is a reliance on locums within the Emergency Department and staff retention issues (GP and Nursing Staff) within the Emergency Care Centre. The Trust have shared a Monthly Non-Elective Medical Performance Update report for June 2017 which highlights the rising number of Emergency Department (ED) attendances, however the number of medical admissions have remained stable. Breach analysis has confirmed that delayed first assessments in ED continue to be the most common reason for breaching the 4 hour target and that patients are at high risk of breaching the 4hour target once their delay wait reaches the 2 hour mark. Confirmation has been received regarding the changes to the Ambulance Waiting Time standards and the abolishment of 60 second call receipt to dispatch standard which will enable more accurate assessment and categorisation into the four priority standards that are to be implemented by Winter 2017, these include :

Category 1 : Life-threatening injuries and illness (7 minute response time), Category 2 : Emergency calls (18 minute response time), Category 3 : Urgent calls (120 minute response time) and Category 4 : Less urgent calls (180 minute response time, however some instances maybe given advice over the telephone or referred to another service eg GP or Pharmacist).

The A&E performance continues to be discussed at the monthly CQRM and CRM meetings, as part of the CCG Assurance Call Agenda with NHS England, the A&E Delivery Boards and as part of the Quality Requirements and National Operational Standards contract for 2017/18. Early indications are that the June performance (2017/18) has seen an decrease to 93.4% however remains above the STF Trajectory.

Zero tolerance RTT waits over 52 weeks for incomplete pathways

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
6	4											10	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 May, 4 patients were recorded as waiting over 52 weeks and the National validated Unify2 data has also confirmed that were 4 Orthodontic patients waiting over 52 week. 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. The Trust have verbally confirmed that the original Orthodontic long waiters back log was nearing completion during May and have since cleared the 52 weeks waiters for June. As a commissioner the CCG have the following breaches :

- 5 x Trauma & Orthopaedic patient waiting over 52 weeks at the Royal Orthopaedic Hospital (ROH Birmingham). The co-ordinating commissioner (Birmingham Cross City CCG) have confirmed that ROH are working with Specialised Commissioning to support issues around spinal surgery.
- 1 x Trauma & Orthopaedic patient waiting over 52 weeks at the University Hospital of North Midlands. 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. The 52 week waiters performance remains as part of the Quality requirements Operational Standards for 2017/18 with the threshold remaining at zero per month. Early indications are that the Royal Wolverhampton has no patients waiting over 52 weeks by end of June 2017.

RWT_EBS4

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1.75%	2.10%											1.93%	2.00%



The Delayed Transfers of Care (DToC) indicator is based on the proportion of delays by occupied bed days (excluding Social Care) and has achieved the 2.5% threshold in-month reporting 2.10% for May. 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 5.76%. The Trust have confirmed that there is an agreed health economy Delayed Transfer of Care plan in place with the focus on achieving the September trajectory. This will be monitored by ED Delivery Board. Stafford delays remain a challenge for the Trust due to disproportionate longer stays and therefore greater impact on performance. A representative from the Stafford/Cannock CCG will attend the Wolverhampton A&E Delivery Board on a bi-monthly basis. The Trust have indicated the following delay reasons for May:

- 26.5% - Delay Awaiting Assessment (prev 36.5% - decrease)
- 7.8% - Delay awaiting further NHS Care (prev 12.2% - decrease)
- 24.5% - Delay awaiting domiciliary package (prev 17.4% - increase)
- 13.7% - Delay awaiting family choice (prev 15.7% - decrease)
- 9.8% - Delay awaiting equipment/adaptations (prev 4.3% - increase)
- 1.0% - Delay awaiting public funding (prev 3.5% - decrease)

Delayed Transfers of Care continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. A threshold of 3.5% by September 2017 (combined NHS and Social Care related delays) has been agreed between the Royal Wolverhampton Hospital and Local Authority (stretched from 4.9% to 3.5%). A set of actions have been agreed to support this work and to achieve the threshold by September 2017.

Early indications are that the June performance is 1.12% and remains below the 2.5% threshold (excluding Social Care).

E-Referral – ASI rates

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
34.66%												34.66%	10.00%

Performance for this indicator was not submitted for May as verified data was unavailable at time of submission due to NHSE publication deadlines. However, this has been highlighted as an exception report as the E-Referral indicator has failed to achieve the 10% throughout 2016-17 and performance has since been confirmed by the Trust for May as 32.42%.

Analysis of the year on year performance shows that the Month 2 performance relates to a higher number of referrals (16/17 denominator = 4114, 17/18 denominator = 4386 and an increase of 272) and a performance below that of the same period in 2016/17 (24.36%). The Trust have signed up to start the Paper Switch Off CQUIN project which relates to routine appointments (non urgent) starting in July 2017 with a 9 month timeline, however concerns have been raised as early achievers to the project could receive additional referrals from surrounding CCGs which will increase their ASI rate more than planned and impact on the headline Referral to Treatment (RTT) performance. Part of the paper switch off project is to poll out on the E-Referral System (e-RS) to the same waits that providers have for paper referral waits, however as this can impact on the Referral to Treatment performance (RTT 18 Weeks) and contravenes the RTT targets. NHS England (NHSE) are to query which target should have more weight and will advise the CCG accordingly.

The National Appointment Slot Issue report for May 17 allows us to benchmark performance :

Walsall Healthcare NHS Trust - 69.55% (1,238 issues out of 1,780 bookings)

Sandwell and West Birmingham - 69.49% (2,535 issues out of 3,648 bookings)

Dudley Group of Hospitals - 38.27% (2,127 issues out of 5,558 bookings)

Royal Wolverhampton - 32.42% (1,422 issues out of 4,386 bookings)

Note : The National Data is based on the E-Referral System data only, The Royal Wolverhampton Trust data does not include urgent referrals as these are received via email, it is not known if other providers figures include or exclude these referrals.

Black Country Partnership NHS Trust (BCP)

Delayed Transfers of Care to be maintained at a minimum level



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
5.12%	3.29%											4.21%	7.50%

BCPFT_LQGE11

The Delayed Transfers of care performance has seen a positive decrease from February 2017 since the inclusion of the Local Authority attendance to the Clinical Quality Review Meeting (CQRM) for dedicated discussions of actions to address DTOC issues. The May performance has been confirmed as 3.29% (against the 7.5% threshold) and is the lowest level since February 2015. As delayed discharges remain a National issue, performance will be monitored via the 2017/18 Local Quality Requirements contract and remain an agenda item on both the CCG's monthly performance call with NHS England (NHSE) and the Trusts CQRM meetings. The CCG has raised concerns regarding issues with Child and Adolescent Mental Health Services (CAMHS) beds and Tier 4 availability which can be effected by Delayed Discharges as part of the Assurance call process to assess if a National or local issue.

Percentage of people who are moving to recovery of those who have completed treatment in the reporting period

[Target - >50%, Sanction: GC9]



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
51.05%	55.06%											53.06%	50.00%

BCPFT_LQIA01

The IAPT Moving to Recovery performance has previously been reported as part of the IAPT Dashboards and has consistently achieved over the 50% target. The performance for 2017/18 has continued this trend with 55.06% of patients moving to recovery during May17. However, this indicator has been included as part of the Horizon Scanning Report as there has been a variance in figures published by NHS England (NHSE). The Black Country Partnership NHS Foundation Trust have performed a full data cleanse and established that several discharged patient system records had incorrectly been flagged for inclusion to the denominator for the national data set. All discharges are completed by a group of senior clinicians who will review every discharge and ensure accurate data entry with the Trust working closely with the system provider and providing regular updates to the Commissioner, NHS Digital, the Trust Boards and CQRM. The Commissioner is working closely with both the Trust and NHSE to rectify all data anomalies. Provisional data for June indicates that the performance has seen a further increase to 56.7%.

5. RISK and MITIGATION

Risks	Potential Risk Value Mth02	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	1.40	2.00	70.00%	1.40	30.91%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	1.48	2.20	60.00%	1.32	29.10%	risk of slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.70	80.00%	0.56	12.37%	risk of overspend materialising
Running Costs	0.00			0.00	0.00%	
Other Risks	1.25	1.80	69.50%	1.25	27.62%	£500k risk on IR allocation deduction materialising and £1.3m on BCF (LA budgets)
TOTAL RISKS	4.69	6.70		4.53	100.00%	

- The table above details the current assessment of risk for the CCG; a gross risk of £6.7m but risk assessed to £4.53m.

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

Mitigations	Expected Mitigation Value Mth02	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Uncommitted Funds (Excl 1% Headroom)						
Contingency Held	1.79	1.79	100.00%	1.79	39.50%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
Uncommitted Funds Sub-Total	1.79	1.79		1.79	39.50%	
Actions to Implement						
Further QIPP Extensions	0.61	0.44	100.00%	0.44	9.70%	additional action to fully mitigate risk
Non-Recurrent Measures	1.80	1.80	100.00%	1.80	39.76%	£1.3m drawdown and £500k of 0.5% allocated to bottom line
Delay/ Reduce Investment Plans	0.50	0.50	100.00%	0.50	11.04%	delay to primary care strategy implementation
Other Mitigations	0.00			0.00	0.00%	
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	Complete in section below - rows 51 - 53
Actions to Implement Sub-Total	2.91	2.74		2.74	60.50%	
TOTAL MITIGATION	4.70	4.53		4.53	100.00%	

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update. A verbal update will be provided at Committee.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.052	No risks or mitigations, achieves control total
Best Case	£13.582	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.052	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£4.522	Adjusted risks and no mitigations occur. CCG misses revised control total

6. 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.

Other Risk

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

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

7. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 18th July 2017

Performance Indicators 17/18

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

17/18 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	A	S	O	N	D	J	F	M	Yr		
RWT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	RWT	92%	91.50%	R	91.28%	R	↑														
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	99.06%	G	98.97%	R	↑														
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%	94.12%	R	93.32%	R	↑														
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	93.42%	G	92.17%	R	↑														
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%	96.37%	G	95.48%	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%	96.17%	G	95.28%	R	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	94.87%	G	86.32%	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	100.00%	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%	100.00%	G	100.00%	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%	77.30%	R	77.35%	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%	84.62%	R	89.68%	R	↓														
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	→														
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	RWT	0	0.00	G	0.00	G	→														
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	→														
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	5.00	R	9.00	R	↓														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	4	R	10	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	69	R	102	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	2	R	3	R	↓														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	→														
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	→														
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.60%	G	95.51%	G	↑														
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	RWT	Yes	No	R	-	-															
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.85%	G	99.85%	G	↑														
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	99.71%	G	99.14%	G	↑														
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	94.66%	R	92.98%	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	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	89.98%	G	85.96%	G	↑														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	2.10%	G	1.93%	G	↓														
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	1.00	R	1.00	R	↓														

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month														
									A	M	J	J	A	S	O	N	D	J	F	M	Yr End		
RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	0.00	G	→															
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	4.00	R	4.00	R	↓															
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.21%	G	0.28%	G	↑															
RWT_LQR11	% Completion of electronic CHC Checklist	RWT	Q1 - 86% Q2 - 90% Q3 - 94% Q4 - 98%	96.36%	G	95.12%	G	↑															
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	90.20%	G	91.30%	G	↓															
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	87.04%	G	86.85%	G	↑															
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	67.16%	G	71.88%	G	↓															
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.46%	G	99.54%	G	↓															
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)	RWT	Yes	No	R	-	-																
RWT_LQR22a	Number of Avoidable Grade 2 Hospital Acquired Pressure Injuries (HAPI) *Note : Updated KPI, to be CVO'd into contract	RWT	65	2	R	600.00%	R	↑															
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	RWT	40	2	R	600.00%	R	↑															
RWT_LQR22c	Number of Avoidable Grade 4 HAPI *Note : Updated KPI, to be CVO'd into contract	RWT	2	0	G	0.00	G	→															
RWT_LQR23a	Number of Avoidable Grade 2 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	RWT	10	1	R	100.00%	R	↓															
RWT_LQR23b	Number of Avoidable Grade 3 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	RWT	10	2	R	400.00%	R	→															
RWT_LQR23c	Number of Avoidable Grade 4 CAPI *Note : Updated KPI, to be CVO'd into contract	RWT	0	0.00	G	0.00	G	→															
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	92.48%	R	91.45%	R	↑															
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.67%	R	94.44%	R	↑															
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	97.03%	G	96.80%	G	↑															
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→															
BCPFT_DC1	Duty of Candour	BCP	YES	Yes	G	-	-																
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	100.00%	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%	97.48%	G	96.66%	G	↑															
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	100.00%	G	100.00%	G	→															
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	G	→															
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	95.45%	G	97.73%	G	↓															
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	BCP	100.00%	100.00%	G	98.57%	R	↑															
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.21%	G	96.14%	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%	3.29%	G	4.21%	G	↑															

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month														
									A	M	J	J	A	S	O	N	D	J	F	M	Yr End		
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	97.13%	G	96.91%	G	↑															
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	90.32%	G	90.99%	G	↓															
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	98.82%	G	98.43%	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. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	100.00%	G	→															
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	50.00%	R	65.00%	R	↓															
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	55.06%	G	53.06%	G	↑															
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	97.48%	G	96.66%	G	↑															
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	→															
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.65%	G	1.58%	G	↑															
BCPFT_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHS and EIS) - Audit of 10% of CAMHS caseload to be reported each quarter	BCP	80.00%	100.00%	G	100.00%	G	→															
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→															

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WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 29th August 2017
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

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

1. FINANCE POSITION

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

Financial Targets				
Statutory Duties	Target	FOT	Variance o(u)	RAG
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.964m	£402.964m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.465m	(£0.07m)	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	344	1,521	1,177	A
Maximum closing cash balance %	1.25%	5.53%	4.28%	A
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	96%	-1%	G
QIPP	£3.54m	£3.61m	(£0.07m)	A
Programme Cost £'000*	128,192	128,859	667	G
Reserves £'000*	712	0	(712)	G
Running Cost £'000*	1,845	1,795	(49)	G

- The net effect of the three identified lines (*) is a small underspend.
- The cash balance has exceeded the target due to a delay in BCF payments
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M4 the level of risks and associated mitigations has been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is compensated for by underspends on Running Costs.

- The CCG is continuing to recurrently overspend c £800k FOT which is offset by non recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase to c £12m.
- Royal Wolverhampton Trust (RWT) is giving concern as the M3 activity is indicating a potential forecast out turn (FOT) of c £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that the spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is considerable flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing has moved significantly in the recently received M2 data which has adversely affected the FOT, moving by £500k. This is generally volume driven.
- CHC/FNC has worsened in M4 mainly as a result of increasing numbers in CHC and Terminal phase. However, the worsening FOT still indicates a FOT within budget but at a reduced underspend.
- BCF has been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements.
- No additional QIPP has been identified over and above M3 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes is not materialising.

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

	Annual Budget £'000	YTD Performance M04							In Month Movement Trend	In Month Movement £'000 o(u)	Previous Month FOT Variance £'000 o(u)
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)			
Acute Services	190,382	63,461	63,710	250	0.4%	191,710	1,328	0.7%	●	358	970
Mental Health Services	35,619	11,921	12,250	329	2.8%	35,943	323	0.9%	●	(101)	424
Community Services	36,971	12,324	12,281	(43)	(0.3%)	36,914	(57)	(0.2%)	●	(23)	(34)
Delegated Primary Care	35,165	11,722	11,838	116	1.0%	35,165	0	0.0%	●	0	0
Other Primary Care	779	260	260	(0)	(0.0%)	779	0	0.0%	●	0	0
Prescribing & Quality	50,547	16,849	17,162	313	1.9%	51,017	471	0.9%	●	329	142
Continuing Care/FNC	13,899	4,633	4,569	(64)	(1.4%)	13,443	(456)	(3.3%)	●	356	(812)
Other Programme	21,072	7,024	6,791	(233)	(3.3%)	21,321	249	1.2%	●	(849)	1,098
Total Programme	384,433	128,192	128,859	667	0.5%	386,292	1,858	0.5%	●	70	1,788
Running Costs	5,535	1,845	1,795	(49)	(2.7%)	5,465	(70)	(1.3%)	●	(70)	0
Reserves	3,866	712	0	(712)	(100.0%)	2,077	(1,788)	(46.3%)	●	(0)	(1,788)
Total Mandate	393,834	130,749	130,655	(94)	(0.1%)	393,834	(0)	(0.0%)	●	(0)	0
Target Surplus	9,130	3,043	0	(3,043)	(100.0%)	0	(9,130)	(100.0%)	●	0	(9,130)
Total	402,964	133,792	130,655	(3,138)	(2.3%)	393,834	(9,130)	(2.3%)	●	(0)	(9,130)

Red = adverse impact on FOT and overall financial position of the CCG

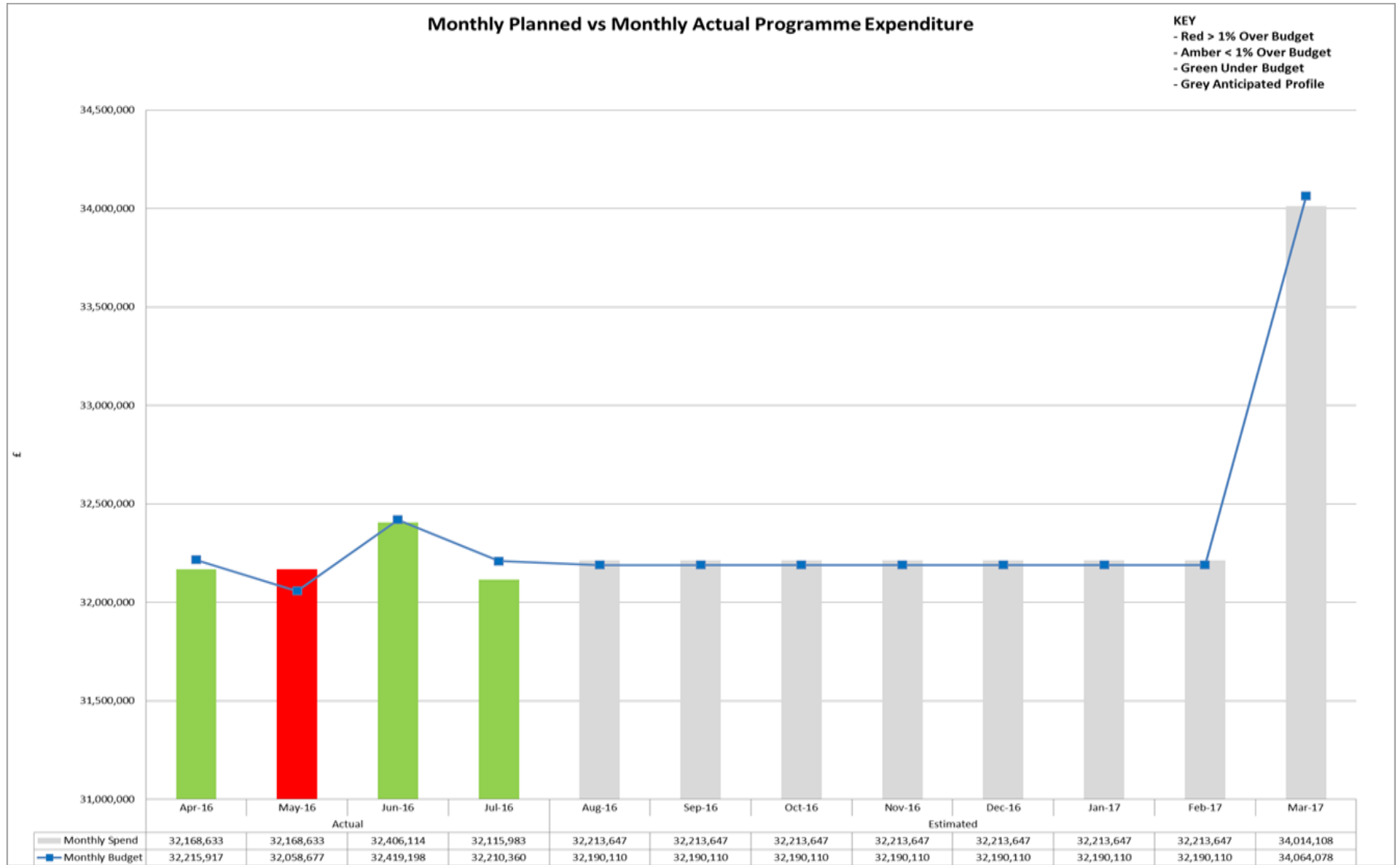
Amber = no movement on FOT from last month

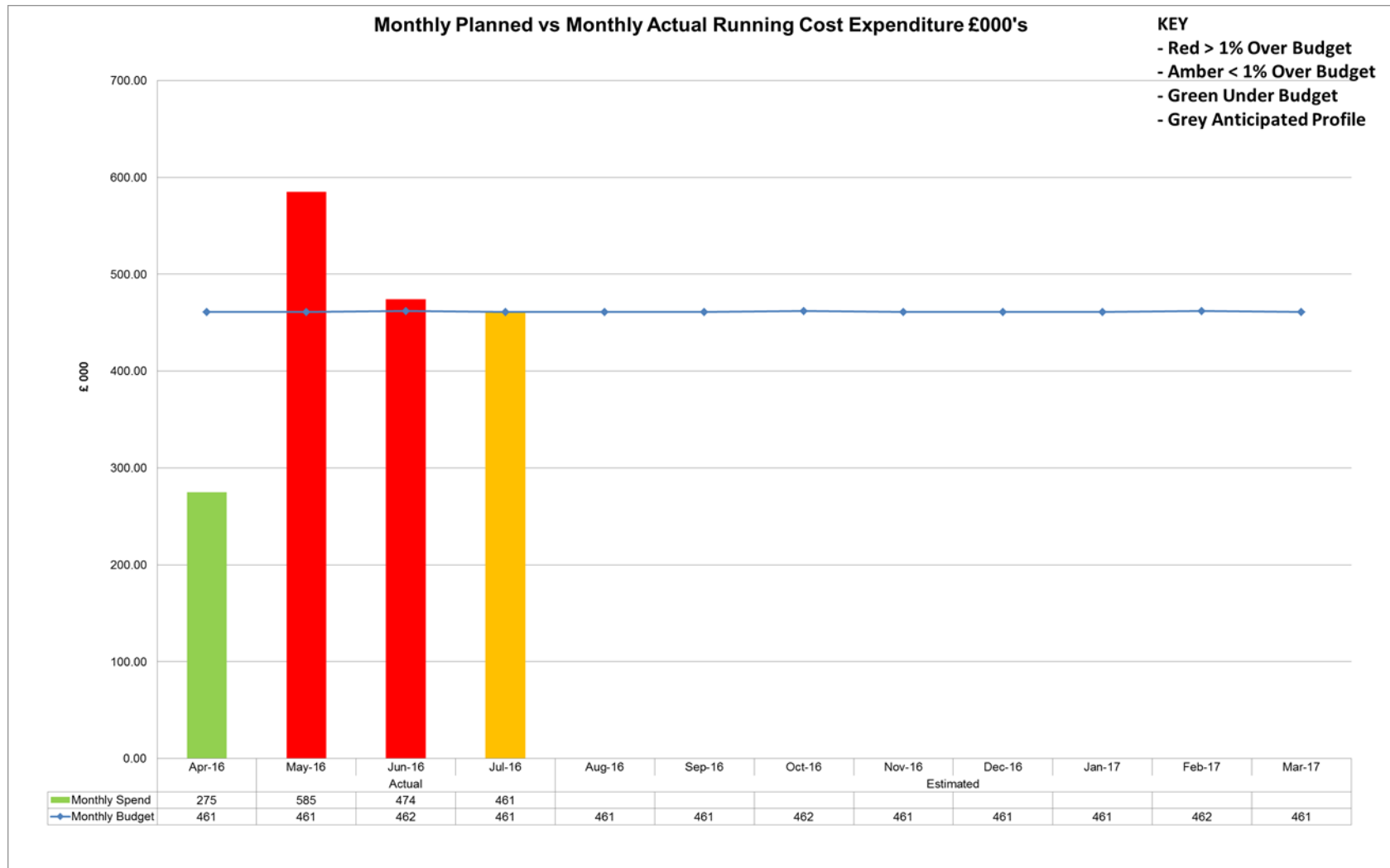
Green = favourable impact on FOT and financial position of the CCG

	Annual Budget £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent	Yr End Variance %
Acute Services	190,382	191,710	1,328	1,014	314	0
Mental Health Services	35,619	35,943	323	53	270	0
Community Services	36,971	36,914	(57)	35	(92)	(0)
Delegated Primary Care	35,165	35,165	0	0	0	0
Other Primary Care	779	779	0	0	0	0
Prescribing & Quality	50,547	51,017	471	379	92	0
Continuing Care/FNC	13,899	13,443	(456)	(552)	96	(0)
Other Programme	21,072	21,321	249	6,339	(6,090)	0
Total Programme	384,433	386,292	1,858	7,268	(5,410)	0
Running Costs	5,535	5,465	(70)	0	(70)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	393,834	393,834	(0)	5,480	(5,480)	(0)
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	402,964	393,834	(9,130)	5,480	(14,610)	(0)

- Of the recurrent year end variance, £4.765m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies. This is clearly detailed in the following table.

As mandated by NHSE the CCG is also retaining 0.5% of its 1% reserve. It is unable to utilise this at this stage of the financial year and will hold this resource until guidance on its treatment in the accounts from NHSE.





- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at M04 are £35.165m. The forecast outturn is £35.165m delivering a breakeven position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations. The table below shows the revised forecast for month 04:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	7,001	7,017	17	21,002	21,002	0	●	0	0
General Practice PMS	603	600	(3)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	766	847	81	2,298	2,298	0	●	0	0
Premises	895	883	(11)	2,684	2,684	0	●	0	0
Premises Other	30	18	(12)	90	90	0	●	0	0
Enhanced services Delegated	282	270	(12)	845	845	0	●	0	0
QOF	1,207	1,176	(31)	3,622	3,622	0	●	0	0
Other GP Services	880	1,026	146	2,641	2,641	0	●	0	0
Delegated Contingency reserve	58	0	(58)	174	174	0	●	0	0
Total	11,721	11,837	116	35,165	35,165	0	●	0	0

3. QIPP

The key points to note are as follows:

- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non-contrated QIPP without plans has increased to £1.519m as £616k has identified plans.
- No additional QIPP has been identified in M4.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.

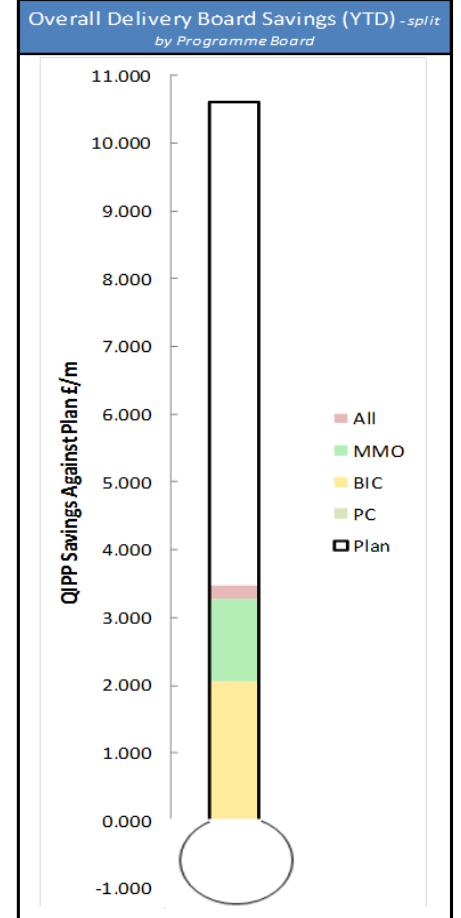
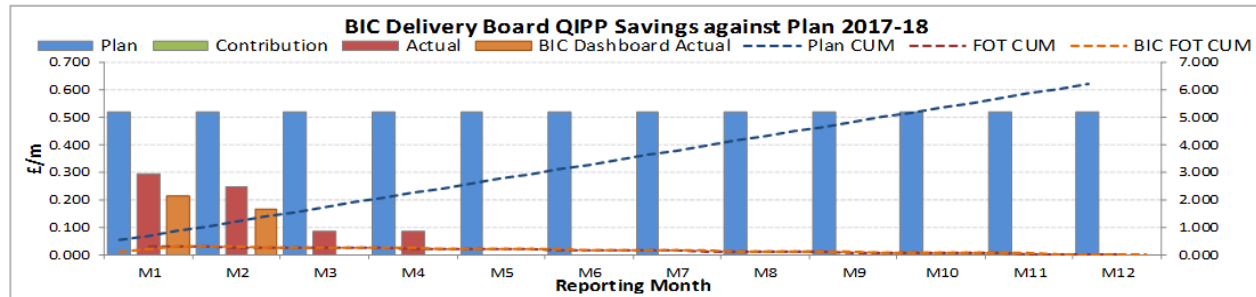
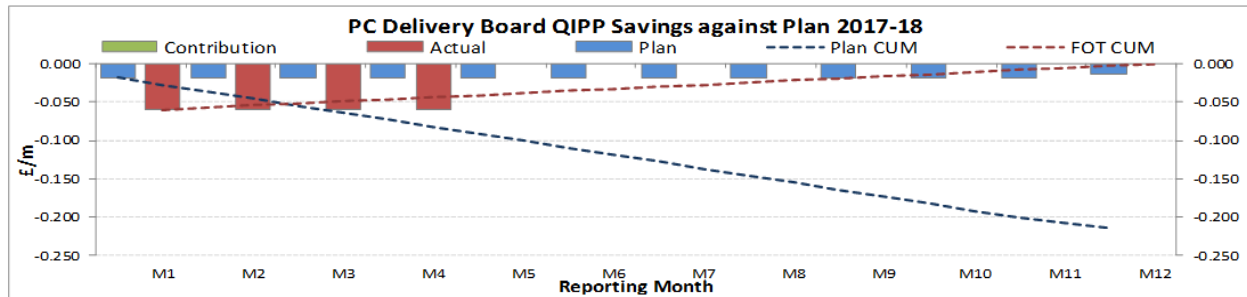
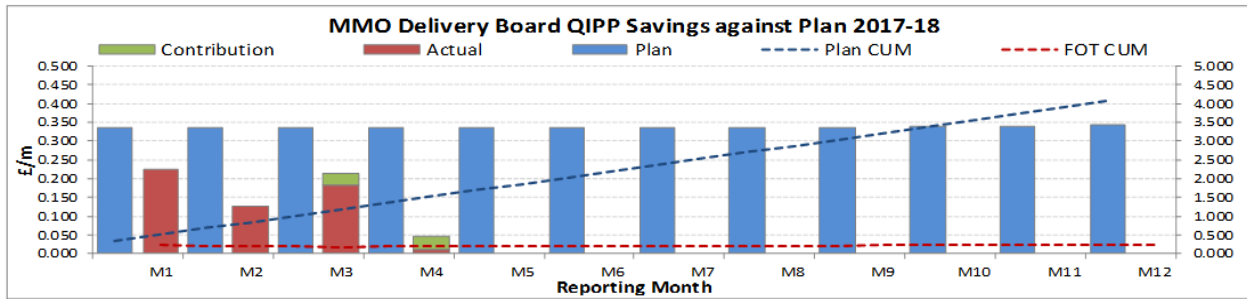
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:
- Any non recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- A Deep Dive into Budgets at the end of Q1 is likely to identify further QIPP to contribute against the non contracted QIPP.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.35	1.37	0.02	4.05	4.05	0.00
Transformational	2.15	2.17	0.02	6.56	6.64	0.08
Unallocated		0.00	0.00	0.00	0.00	0.00
Total	3.50	3.54	0.04	10.61	10.69	0.08

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return

Mth 4 - Jul 17/18



4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st July is shown below

	31 July '17 £'000	30 June '17 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	2,296	1,866	430
Cash and Cash Equivalents	1,520	2,799	-1,278
	3,817	4,665	
Total Assets	3,817	4,665	
Current Liabilities			
Trade and Other Payables	-23,619	-23,310	-309
	-23,619	-23,310	
Total Assets less Current Liabilities	-19,803	-18,646	
TOTAL ASSETS EMPLOYED	-19,803	-18,646	
Financed by:			
TAXPAYERS EQUITY			
General Fund	19,803	18,646	1,157
TOTAL	19,803	18,646	

Key points to note from the SoFP are:

- As at the end of June the CCG held a bank balance of £1,520k. This was 5.53% of the monthly drawdown against the target of no greater than 1.25%. This underperformance was due to anticipated payments not being realised in the month (see 14.2 below);
- Performance against the target of paying at least 95% of invoices within 30 days remains at 96% for non-NHS invoices and 100% for NHS invoices;

5. PERFORMANCE

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

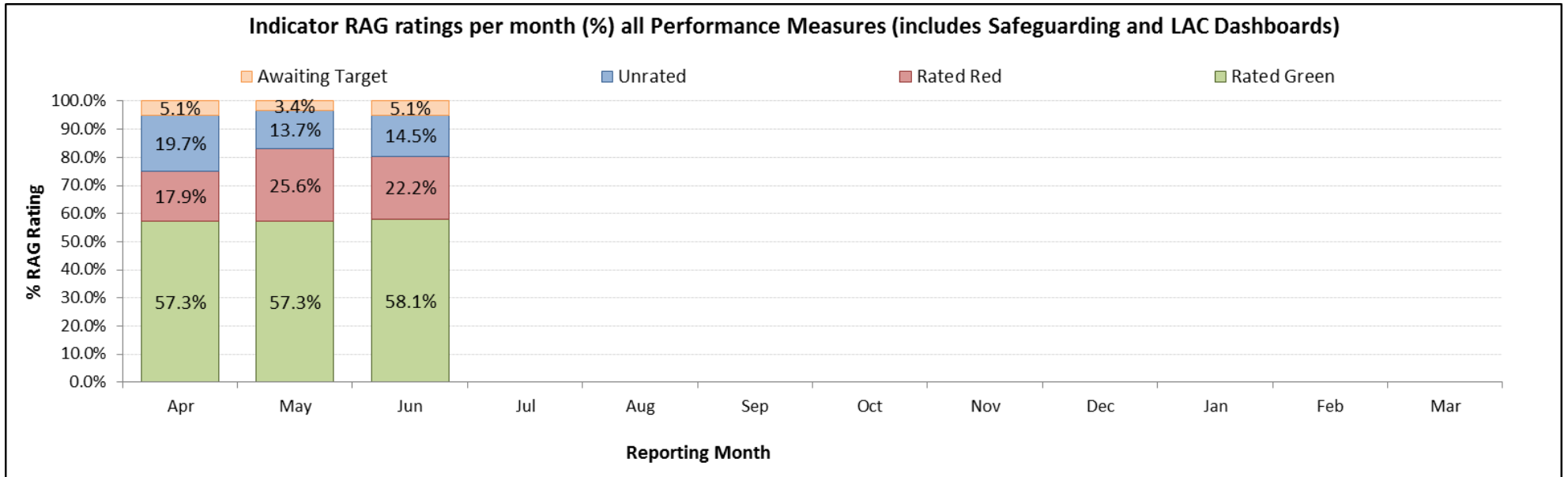
Executive Summary - Overview

Jun-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	11	13	13	10	0	1	0	0	24
Outcomes Framework	11	8	10	6	5	12	0	0	26
Mental Health	23	25	2	5	9	4	0	0	34
Safeguarding - RWT	8	8	5	5	0	0	0	0	13
Looked After Children (LAC)	0	0	0	0	2	0	4	6	6
Safeguarding - BCP	14	14	0	0	0	0	0	0	14
Totals	67	68	30	26	16	17	4	6	117

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	46%	54%	54%	42%	0%	4%	0%	0%
Outcomes Framework	42%	31%	38%	23%	19%	46%	0%	0%
Mental Health	68%	74%	6%	15%	26%	12%	0%	0%
Safeguarding - RWT	62%	62%	38%	38%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	33%	0%	67%	100%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	57%	58%	26%	22%	14%	15%	3%	5%

* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Direction of Travel / Yr End Target
	Royal Wolverhampton Hospital NHS Trust (RWT)	

Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment

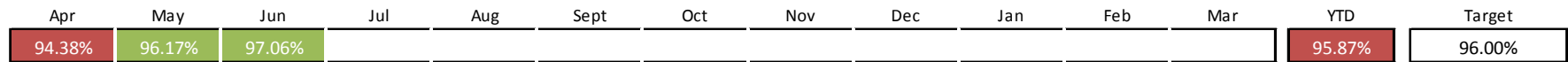


Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.91%	93.42%	94.19%										92.84%	93.00%

The 2 week first outpatient cancer performance has achieved the 93% target for the second consecutive month, however the Year To Date remains below target at 92.84% due to the previous below target performance in April (90.91%). Compared to the previous year, there has been a 2.26% increase in referrals (June16 = 1194 - 93.06%, June17 = 1221 - 94.19%) and an increase in compliance by 0.55%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and June performance has been confirmed as 94.19% (71 patients breaching target out of 1,221) and therefore remains GREEN in month, however the Quarter 1 performance remains RED (92.98%) due to the below target performance in April.

RWT_EB6

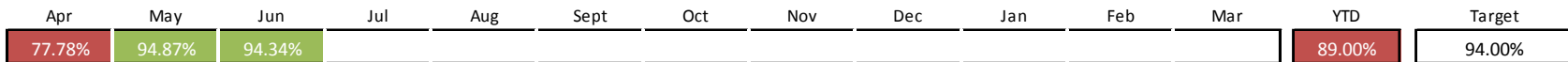
Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers



The 31 Day from diagnosis to first definitive treatment cancer performance in June (97.06%) achieved the 96% target however, the Year To Date remains below target at 95.87% following the April breach (94.38%). Compared to the previous year, there has been a 7% increase in referrals (Jun16 =223 - 96.41%, Jun17 = 238 - 97.06%) and a increase in compliance by 0.65%. 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 June confirm that the Trust achieved 97.29% (relating to 7 breaches out of 258 patients seen) and therefore GREEN in month. The Quarter 1 performance also remains above target reporting at 96.59%.

RWT_EB8

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



The 31 Day for subsequent treatment (surgery) cancer performance in June (94.34%) regained achievement of the 94% target for the first time since April 2016, however the Year To Date remains below target at 89.00%. Compared to the previous year, there has been a 61% increase in referrals (Jun16 = 33 - 75.76%, Jun17 = 53 -94.34%) and a increase in compliance by 18.58%. The performance for this indicator is directly related to the 62 Day standard and is expected to follow the same recovery trajectory. 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 June confirm that the Trust achieved 94.74% (relating to 3 breaches out of 57 patients seen) and therefore remains GREEN in month, however the Quarter 1 performance remains RED (90.40%) due to the below target performance in April.

RWT_EB9

Minimise rates of Clostridium Difficile

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
4	5	2										11	35



The number of Clostridium Difficile (C.Diff) has achieved the in-month threshold of 3 with 2 cases reported at the Trust, however the Year to Date continues to breach due to the previous months higher than threshold performance (11 cases against a threshold of 9 cases). Compared to the same month in 16/17, performance has seen no change (16/17 = 2, 17/18 = 2). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 12 positive cases (by toxin test), 2 of which were attributable to the Royal Wolverhampton using the external definition of attribution. The number of C.Diff cases continues to be discussed as part of the CQRM and CRM meetings with actions shared by the Infection Prevention Team. An exception report has been received which indicates that sustainability actions have continued from 15/16 (including environmental actions), antibiotic changes being scrutinised and a ward level scrutiny of every Polymerase Chain Reaction (PCR - a laboratory test designed to amplify 2 different genes that are specific to toxigenic strains of C difficile) positive case. A recovery trajectory was not provided as part of the exception reporting process. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. The Nationally verified data has confirmed that the number of cases for June for the CCG as Commissioner total has decreased to 4 cases (all Royal Wolverhampton - 1 x Acute, 3 x Non Acute). Early indications are that the July performance remains at 2 cases for The Royal Wolverhampton, with the Commissioner total also seeing a reduction to 5 cases (from 6 cases in May).

RWT_EASS

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All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
33	69	54										156	0



The Ambulance handover delays have seen a decrease in breach numbers (in line with the seasonal trend) during June with 54 handover breaches out of 3,893 conveyances during the month. Compared to the same month in 16/17, there has been a 1.89% increase in the number of breaches, however a 4.6% increase in the number of conveyances (June 16/17 - 53 breaches out of 3,723, June 17/18 - 54 breaches out of 3,893). The number of ambulance conveyances continue to increase with handover times hampered by the batching of ambulances at the Emergency Department within A&E and the reliance on locum staff. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (eg accidents, incidents, hot/inclement weather). Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 3 estimated at £10,800 (based on 54 breaches 30-60mins @ £200). There were 5 patients breaching the 60 minute threshold, no patients breached the 12 hour threshold during June.

RWT_EBS7a

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1	2	5										8	0

The Ambulance handover delays have seen an increase in breach numbers in June with 5 handover breaches out of 3,893 conveyances during the month. Compared to the same month in 16/17, there has been a 66% increase in the number of breaches, and a 4.6% increase in the number of conveyances (Jun16/17 - 3 breaches out of 3,723, Jun17/18 - 5 breaches out of 3,893). The number of ambulance conveyances continue to increase with handover times hampered by the batching of ambulances at the Emergency Department within A&E and the reliance on locum staff. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (eg accidents, incidents, hot/inclement weather). Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 3 estimated at £5,000 (based on 5 breaches >60mins @ £1000). There were 54 patients breaching the 30-60 minute threshold, no patients breached the 12 hour threshold during June.

RWT_EBS7b

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.30%	94.66%	96.29%										94.08%	95.00%

The E-Discharge (excluding assessment units) indicator has seen an increase in performance to 96.29% and has achieved the 95% target for the first time since September 2016. Analysis of the year on year performance shows that the M2 performance relates to a lower number of records (16/17 denominator = 2826, 17/18 denominator = 2397 and a reduction of 429) and a performance above that of the same period in 2016/17 (94.59%). The Trust confirmed that the additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) and this is having a positive impact on performance. Initial indications for July are that performance has remained above target at 96.25%.

RWT_LQR1

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.]



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
81.94%	89.98%	85.50%										85.81%	92.50%

RWT_LQR2

The E-Discharge (for all assessment units) indicator has seen an increase in performance to 85.50% and has achieved the Q1 target of 85% target for the second continual month. Analysis of the year on year performance shows that the M2 performance relates to a higher number of records (16/17 denominator = 1527, 17/18 denominator = 1586 and an increase of 59) and a performance above that of the same period in 2016/17 (84.48%). The Trust confirmed that the additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) and this is having a positive impact on performance. Initial indications for July are that performance has remained above target at 90.36%.

Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework)

Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	1	0										1	0

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RWT_LQR4

There were no breaches reported for June, however due to the previous breach in May (SI ref: 13497 - Slip/Trip/Fall) this indicator has already failed the zero threshold for 2017/18. Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that July performance has seen 4 breaches for the Royal Wolverhampton NHS Trust.

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.



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	4	3										7	0


The June performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 3 breaches. The breaches relate to serious incidents as follows :

4 x Treatment delay meeting SI criteria (ref : 3856, 3250, 29941, 7143)

1 x Pending Review - category to be confirmed before incident can be closed (ref: 2461)

2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775, 7707). Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that July performance has one further breach for the Royal Wolverhampton NHS Trust.

RWT_LQR6

Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. 
(Submit : Yes if all Dashboard is compliant, No if breaches)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
No	No	No										-	Yes

Performance for this indicator relates to compliance to all Safeguarding and Looked After Children (LAC) indicators provided via the Safeguarding Dashboard (provided within this report). Breaches include :

RWT_LQR21

LQSG08 - Level 3 Training for Safeguarding Adults (80.00% against 85% target)

The Trust have confirmed the Level 3 performance has been affected by logistics with getting all staff trained and maintaining operational processes.

LQSG11 - Prevent Awareness level 1 & 2 (55.73% against 95% target).

All Staff Hand Hygiene Compliance

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.42%	92.48%	93.31%										92.07%	95.00%



The Staff Hygiene Compliance indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with June reporting 93.31%. The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms the implementation of a monthly non-compliance report (with named individual staff) for line managers and follow up emails to individual non-compliant staff from senior management. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. Performance is being managed through discussion and challenge at CRM and CQRM.

RWT_LQR28

Infection Prevention Training Level 2

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.21%	94.67%	94.82%										94.57%	95.00%



RWT_LQR29

The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms the implementation of a monthly non-compliance report (with named individual staff) for line managers and follow up emails to individual non-compliant staff from senior management. A recovery trajectory breakdown has not been provided by the Trust as part of the exception reporting process however the Trust have indicated that they expect to achieve target by August 2017. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust.

Black Country Partnership NHS Trust (BCP)

Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.14%	100.00%	98.55%										98.56%	100.00%



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BCPFT_LQGE01b

The June performance has been reported as failing to achieve the 100% target (98.55%). The Trust have provided an exception report to confirm performance and actions taken, and have confirmed that the breach relates to Sandwell CCG with 1 patient (out of 23 Sandwell patients). Sandwell CCG have issued a GC9 (General Conditions 9 Contract Management Process) for the June breach. The Trust are working with the ward area to improve performance which will be continually monitored through the supervision processes with Team Managers meetings held monthly to re-iterate that it is the responsibility of the receiving service to ensure that the crisis management plan is completed on receipt of each patient. It has been confirmed that there were 69 discharges during the reporting month at the Trust and that there were no Wolverhampton breaches during this period.

% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
96.69%	97.13%	89.19%										94.34%	95.00%



BCPFT_LQGE12a

The performance for this indicator failed to achieve the 95% for the first time in June with 89.19% in-month which relates to 16 breaches (out of 148) and relates to the Wolverhampton Psychiatric Liaison Service only where there are 2 registered nurses on duty throughout the 24 hour period, and where possible 1 support worker. The Mental Health Liaison Service aim to assess patients within 1 hour of referral, however to due increases in referral numbers (April = 121 referrals, May = 174 referrals and June 145 referrals) this has been a challenging target. Assessments take approximately 2 hours in total to undertake a face to face assessment and updates to patients Care Notes records, a Needs and Risk Assessment, Care Cluster and letter dictation to the patients GP (and other agencies). Each patient has a joint risk assessment and discussions with the Mental Health Liaison Service (MHLS) to identify if suitable for transfer to the Lavender Suite, the service have a Standard Operating Procedure (SOP) in place to support the observation and engagement of patients transferred to allow low risk patients the opportunity to be seen in a more suitable environment. There are currently staff vacancies within the service and attempts have been made to recruit to these posts but with no appointments made (due to interview Did Not Attend - DNA and substantive staff unable to be released for secondment/fixed term contract). The Bank and Roster department have been requested to source suitable trained staff to undertake first line assessments and to offer a 1 month contract (subject to review) and posts are to be re-advertised to recruit to secondment vacancies within the service. The Trust have confirmed the average response time for patients in June as 1 hour and 20 minutes. Performance of this indicator is discussed at the CQRM meeting with the Trust and will continue to be monitored for improvement. The Sandwell Commissioned service (Sandwell Oak Unit) has also seen increases in referrals however lower numbers than Wolverhampton (Apr x 101 referrals - 94.06%, May x 143 referrals - 97.20% and June x 108 referrals - 98.15%).

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Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
100.00%	100.00%	80.00%										93.33%	100.00%



BCPFT_LQGE15

This indicator has failed to achieve the 100% target for all Serious Incidents reported onto the STEIS System within 2 workings days for the first time (80.00%) and relates to 1 breach (out of 5 incidents). The breach relates to incident reference 2014/124622 and failed to be reported with the timescale due to the unplanned absence of the Patient Safety Officer. The Patient Safety team have been reminded of reporting deadlines and a process has been established to ensure cover is available in periods of planned and unplanned absences. The breach has been confirmed as not allocated to Wolverhampton CCG as a responsible commissioner and therefore no further details of the incident are available. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.00%	50.00%	80.00%										70.00%	100.00%

The performance for this indicator has failed to achieve the 100% target for the third consecutive month (80%) and relates to a single breach (out of 5). The Trust have provided an exception report which confirms that the breach occurred following the non approval of the RCA by the Executive Team and the request for amendments to the Children, Young People and Families division. The amendments were delayed and a deadline extension was agreed with the responsible CCG however this was also breached. The Trust have provided an exception report which confirms that the breach occurred following the non approval of the RCA by the Executive Team and the request for amendments to the Children, Young People and Families division. The amendments were delayed and a deadline extension was agreed with the responsible CCG however this was also breached. Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

BCPFT_LQGE17

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6. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. This included the actions to be undertaken to address the concerns related to the Urgent Care Centre. There were no significant changes to the procurement plan to note.

7. Redesign of QIPP Governance and Reporting

The Committee noted the revised governance structure for QIPP reporting which has been agreed by the Senior Management Team. This new structure will commence operating in September 2017 and will be reviewed in 6 months' time.

8. RISK and MITIGATION

Risks	Potential Risk Value Mth03	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	1.40	2.00	70.00%	1.40	52.30%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	1.32	0.50	60.00%	0.30	11.21%	risk of QIPP slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.70	80.00%	0.56	20.92%	risk of overspending
Running Costs	0.00			0.00	0.00%	
Other Risks	1.25	0.60	69.50%	0.42	15.58%	risk of overspend on BCF
TOTAL RISKS	4.53	3.80		2.68	100.00%	

- The table above below details the current risk assessment for the CCG; a gross risk of £3.8m and risk assessed to £2.68m. There has been a substantial reduction in overall risk following the inclusion of elements within the financial position e.g. BCF and Specialised Services.
- The CCG has identified mitigations to cover 100% of the risk identified as outlined in the following table.

	Expected Mitigation Value Mth03	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Mitigations						
Uncommitted Funds (Excl 1% Headroom)						
Contingency Held	1.79			0.00	0.00%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
Uncommitted Funds Sub-Total	1.79	0.00		0.00	0.00%	
Actions to Implement						
Further QJPP Extensions	0.44	0.40	100.00%	0.40	14.93%	
Non-Recurrent Measures	1.80	0.40	100.00%	0.40	14.93%	primary care underspend
Delay/ Reduce Investment Plans	0.50	0.88	100.00%	0.88	32.84%	non recurrent delay to implementing Primary Care strategy
Other Mitigations	0.00	1.00	100.00%	1.00	37.31%	SOFP flexibilities
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	Complete in section below - rows 51 - 53
Actions to Implement Sub-Total	2.74	2.68		2.68	100.00%	
TOTAL MITIGATION	4.53	2.68		2.68	100.00%	

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.052	No risks or mitigations, achieves control total
Best Case	£13.582	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.052	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£4.522	Adjusted risks and no mitigations occur. CCG misses revised control total

Other Risk

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

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

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 29th August 2017

Performance Indicators 17/18

Current Month: Jun

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

17/18 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		
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	99.48%	G	99.14%	G	↑														
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%	93.44%	R	93.36%	R	↓														
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	94.19%	G	92.84%	R	↑														
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%	95.02%	G	95.33%	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%	97.06%	G	95.87%	R	↑														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	94.34%	G	89.00%	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	100.00%	G	→														
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	98.28%	G	99.43%	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%	71.56%	R	75.42%	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%	78.57%	R	85.97%	R	↓														
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	→														
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	RWT	0	0.00	G	0.00	G	→														
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	→														
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	2.00	G	11.00	R	↑														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	0	G	10	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	54	R	156	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	5	R	8	R	↓														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	→														
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	→														
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.73%	G	95.58%	G	↑														
RWTCB_S10B	Duty of candour (Note: Yes = Compliance, No = Breach)	RWT	Yes	Yes	G	-	-	↔														
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.87%	G	99.86%	G	↑														
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	99.02%	G	99.10%	G	↓														
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	96.29%	G	94.08%	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	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	85.50%	G	85.81%	G	↓														
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	1.12%	G	1.66%	G	↑														
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	1.00	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). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	0.00	G	→														

17/18 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	A	S	O	N	D	J	F	M					
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	3.00	R	7.00	R	↑																
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.45%	G	0.34%	G	↓																
RWT_LQR10	DToC – compliance with checklist	RWT	Q1 - 80% Q2 - 85% Q3 - 90% Q4 - 95%	85.71%	G	85.71%	G																	
RWT_LQR11	% Completion of electronic CHC Checklist	RWT	Q1 - 86% Q2 - 90% Q3 - 94% Q4 - 98%	92.86%	G	94.37%	G	↓																
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	90.40%	G	91.00%	G	↑																
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.38%	G	99.48%	G	↓																
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)	RWT	Yes	No	R	-	-																	
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	93.31%	R	92.07%	R	↑																
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.82%	R	94.57%	R	↑																
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%	96.86%	G	96.82%	G	↓																
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→																
BCPFT_DC1	Duty of Candour	BCP	YES	Yes	G	-	-																	
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	100.00%	G	→																
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	93.29%	G	92.86%	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%	99.71%	G	99.79%	G	↓																
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	G	→																
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	94.51%	R	96.10%	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%	96.97%	G	96.97%	G																	
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL)	BCP	100.00%	98.55%	R	98.56%	R	↓																
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	93.10%	G	93.10%	G																	
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%	0.87	G	0.87	G																	
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.40%	G	96.22%	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%	3.16%	G	3.86%	G	↑																
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	89.19%	R	94.34%	R	↓																
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	89.19%	G	90.39%	G	↓																
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	95.54%	G	97.47%	G	↓																
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	80.00%	R	93.33%	R	↓																
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. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	100.00%	G	→																
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	80.00%	R	70.00%	R	↑																

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month													
									A	M	J	J	A	S	O	N	D	J	F	M	Yr End	
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	56.74%	G	54.28%	G	↑														
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	96.55%	G	96.62%	G	↓														
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	→														
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.45%	G	1.54%	G	↓														
BCPFT_LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard) in 'Documents Relied Upon'	BCP	90.00%	98.31%	G	97.76%	G	↑														
BCPFT_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHS and EIS) - Audit of 10% of CAMHS caseload to be reported each quarter	BCP	80.00%	100.00%	G	100.00%	G															
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→														
BCPFT_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	BCP	100.00%	100.00%	G	100.00%	G	→														

**WOLVERHAMPTON CCG
 GOVERNING BODY
 12 August 2017**

Agenda item 14

TITLE OF REPORT:	Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC) – 18 July 2017
AUTHOR(s) OF REPORT:	Peter Price – Interim Chair, Audit and Governance Committee
MANAGEMENT LEAD:	Tony Gallagher – Chief Finance 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 Briefing on Recent Cyber Attack

The Director of Operations gave a briefing on the cyber-attack which took place on Friday 12 May 2017 and outlined the steps undertaken by WCCG and RWT to manage the situation effectively.

1.2 Internal Auditor Progress Report

The Senior Internal Audit Manager reported on progress made since the last Audit and Governance Committee meeting and informed that she had met with the Director of Finance to discuss the existing plans which were risk assessed. This meant that the plan included a follow up on Risk Management following last year's audit findings.

1.3 Internal Audit Charter

The Internal Audit Charter was an annual report. It had been brought to the Audit and Governance Committee meeting for approval and then sighted at the Governing Body Meeting for information.

1.4 Counter Fraud Progress Report

The Senior Manager for Counter Fraud presented to the Committee the Counter Fraud Progress Report. He had met with the Director of Finance to review risks and how they were being managed. No specific issues of concern were raised.

1.5 WCCG LSMS Progress Report July 2017

The report updated on the progress following the action plan being presented at the April Audit and Governance Meeting. No specific issues of concern were raised.

1.6 Annual Audit Letter

The Annual Audit Letter and advised that the content remained unchanged and that a certificate had been issued to WCCG stating that Ernst and Young had provided an unqualified opinion.

1.7 Risk Register Reporting/Board Assurance Framework

The report presented was in response to the findings last year from an audit conducted by the Internal Audit team. The Corporate Operations Manager was asked to support Executive Lead Nurse to identify strategic risks and the structure of the Board Assurance Framework (BAF).

It was agreed that this should be undertaken as a matter of urgency as we were now behind the original timeline set.

- 1.8 Losses and Compensation Payments – Quarter 2 2017/18
No losses or special payments were reported in quarter 2 2017/18
- 1.9 Suspensions, Waiver and Breaches of SO/PFPS
There were no suspensions of SO/PFPS in quarter 2 of 2017/18
- 1.10 Receivable/Payable Greater than £10,000 and over 6 months old
The Committee noted that as at 30 June 2017, there were 0 receivables and 5 payables over £10,000 and greater than 6 months old.

CLINICAL VIEW

1.1. N/A

2. PATIENT AND PUBLIC VIEW

2.1. N/A

3. KEY RISKS AND MITIGATIONS

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

4. IMPACT ASSESSMENT

Financial and Resource Implications

4.1. N/A

Quality and Safety Implications

4.2. N/A

Equality Implications

4.3. N/A

Legal and Policy Implications

Governing Body Meeting
12 August 2017

4.4. N/A

Other Implications

4.5. N/A

Name: Tony Gallagher
Job Title: Chief Finance Officer
Date: 3 August 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)		

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WOLVERHAMPTON CCG
GOVERNING BODY
12 SEPTEMBER 2017
Agenda item 15

TITLE OF REPORT:	Summary – Remuneration Committee – 18 July 2017
AUTHOR(S) OF REPORT:	Peter Price – Interim Remuneration Committee Chairman
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To provide an update of key discussions and decisions made at the Remuneration Committee to the Governing Body.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	The Committee discussed the following points <ul style="list-style-type: none"> • Pay arrangements for Very Senior Managers • Plans for recruitment of an Executive Director of Nursing • Future Governing Body Structures
RECOMMENDATION:	That the Governing Body receive and note the contents of this report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Remuneration Committee is responsible for ensuring that the CCG has appropriate Human Resources Policies and Procedures in place to deliver statutory responsibilities as an employer.



1. BACKGROUND AND CURRENT SITUATION

- 1.1 This report gives details of the issues discussed and decisions made at the meeting of the Remuneration Committee on 18 July 2017.

2. ITEMS CONSIDERED BY THE COMMITTEE

2.1. Very Senior Manager – Pay arrangements

The Committee considered the pay arrangements for CCG employees on Very Senior Manager contracts and agreed performance related payment for 2016/17 and objectives for 2017/18 in line with the CCG's agreed framework.

2.2. Executive Structure

The committee noted that the Executive Director for Nursing and Quality was retiring from the CCG and agreed the approach to filling the vacancy.

2.3 Governing Body Structure

The committee discussed proposed approaches to further defining Governing Body clinical roles following the decision to vary the CCG's constitution to include elections by clinical groups. The committee noted the potential options available for defining roles and agreed to consider this further following the election once individuals were in post.

3. CLINICAL VIEW

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

4. PATIENT AND PUBLIC VIEW

- 4.1 Not applicable.

5. KEY RISKS AND MITIGATIONS

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

6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

6.4. Decisions were taken in line with agreed CCG policies associated with Very Senior Manager remuneration.

Other Implications

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

Name Peter Price
Job Title Remuneration Committee Chair
Date: September 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 Price	01/09/2017



WOLVERHAMPTON CCG
GOVERNING BODY MEETING
12 SEPTEMBER 2017

Agenda item 16

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 4 July 2017 and 1 August 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 meetings of the Primary Care Commissioning Committee on 4 July 2017 and 1 August 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"> • Pharmacy First Scheme – The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018. • Primary Care Finance – Delegated Primary Care Allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.
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	Primary Care issues are managed to enable Primary Care Strategy delivery.

financial envelope	
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1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Commissioning Committee met on 4 July 2017 and 1 August 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 July 2017

2.1 Pharmacy First Scheme Report

2.1.1 An update was provided around the Pharmacy First Scheme for patients aged 16 and over. The service was provided by the Community Pharmacy Team and was commissioned by NHS England. The service has been decommissioned by NHS England from 1 June 2017.

2.1.2 The Committee noted that the activity for patients over the age of 16 for 2016/17 was 2750 consultations at a cost of £5 per consultation. Therefore the cost of the consultations for the year was £13,750. In addition, the drug costs were £7,999 and the total cost of the service in the last financial year was £21,749.

2.1.3 The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018.

2.2 Primary Care Quality Report

2.2.1 The Committee received an update in relation to primary care quality activity. It was noted that with regards to the Friends and Family Tests the number of practices that had data suppressed was 7 and the number of practices with zero responses was 2. It was noted that overall, practices with no data has improved on last month which shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis.

2.2.2 There are 10 formal complaints within 2016/17 made to NHS England either as complaints which have been unresolved at Practice level or made directly to and processed by NHS England.

2.3 The Committee received the following update reports:-

2.3.1 Primary Care Operational Management Group Meeting

The Committee noted that three CCG Strategic and Operational Estate Teams across the Black Country are working on developing a Black Country wide Estates approach. A Service Level Agreement is in the process of being developed and will be shared with CCGs shortly.

2.3.2 The Collaborative Contract Review visit programme for 2017/18 continues with visits recently undertaken for Probert Road Surgery.

2.4 Zero Tolerance Policy (Revised)

2.4.1 The Committee approved the alterations to the Zero Tolerance Policy so that the process advocated in the service specification and Appendix 2 of the policy provides consistency. It was also agreed that a Quality Impact Assessment and an Equality Impact Assessment would be undertaken.

2.5 Other Issues Considered

2.5.1 The Committee met in private to receive a mobilisation process update with regards to Ettingshall Medical Practice. It was noted that the process had gone extremely well with the new caretaker provider taking ownership of the practice as of 3 July 2017.

Primary Care Commissioning Committee – 1 August 2017

2.6 WCCG Quarterly Finance Report

2.6.1 The Committee received an update regarding the first CCG quarterly finance report since the budget allocation from NHS England. It was noted that the delegated primary care allocations for 2017/18 as at month 03 are £35.513m. The forecast outturn is £35.513m delivering a breakeven position.

2.6.2 The planning metrics for 2017/18 were noted as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations therefore the resource can be committed on a non-recurring basis.

2.7 Primary Care Quality Report

2.7.1 The Committee received an update in relation to primary care quality activity. It was noted that infection prevention is provided by the Royal Wolverhampton NHS Hospital (RWT) and a new infection prevention audit had commenced and positive results to date have been noted.

2.7.2 The figures for June Friends and Family Test submission (May figures) have slightly improved on last month (18% to 33%) although the submission levels are low, NHS England have noted that WCCG are one of the better performing CCGs.

2.8 Primary Care Operational Management Group

2.8.1 The Committee noted that Showell Park and Fordhouses Medical Centre's migration to EMIS had now been completed.

2.8.2 The Committee were updated that as RWT are moving towards becoming a paperless organisation by summer 2018, they are introducing a more direct E-RS booking system. A system has been implemented for 2 week wait cancer appointments and the feedback from GPs has not been positive. A meeting has been arranged with attendees from Operations, Local Medical Committee and Cancer Services to review and discuss an alternative process.

2.9 Patient Experience

2.9.1 The following reports were shared with the Committee for information:

- Healthwatch Wolverhampton GP Access: Patient Experience April 2017
- Healthwatch Wolverhampton Urgent Care Centre: Patient Experience May 2017
- National NHS England GP Patient Survey: Wolverhampton CCG Results

2.9.2 The Committee were informed that the CCG was reviewing the reports to identify any key elements that can be used to support programmes of work or practice visits.

2.10 Other Issues Considered

2.10.1 The Committee met in private to receive updates around the Ettingshall Medical Practice mobilisation process update and an application received around joining the Vertical Integration sub-contracting arrangements to RWT.

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: 24 August 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	24/08/17

WOLVERHAMPTON CCG
Governing Body
12 September 2017

Agenda item 17

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following the last update presented on 11 th July 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 Primary Care Strategy Implementation Plan progress and slippage update. • Progress made towards ongoing implementation of the General Practice Five Year Forward View Programme of Work. • Update on 28th August Bank Holiday cover. • Update on bids submitted to the Resilience Fund that were successful. • Overview of delivery plans finalised in August covering all practice groups.
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 assurance provided 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 Implementation commenced in the summer of 2016. The corresponding programme of work has recently been revisited to determine progress and the effectiveness of action taken to date. This report confirms the findings from the review & paves the way for a series of changes that will be made to the programme of work to ensure the content is reflexive & aligned with other influencing factors that may have an impact on successful implementation.
- 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 Strategy Implementation Plan

The programme of work was largely performing in line with predicted timescales however, the Committee did receive an update on areas of slippage which were as follows:

PCSC021 Develop delivery plan for integrated Primary Care and Community Services.
 – Work has been delayed but work is due to start in September / October.

PCSC022 Identify resource implications for New Models of Care (clinical & non clinical) & implement. – Since the Committee papers were published, this milestone has been split into two. The first one has been completed.

PCSC023 Ensure Locality level resource identified and funded - There is a delayed pending a decision in relation to the localities and Locality Manager positions which are currently out to advert. The Committee agreed to extend this milestone to November.

The Primary Care Strategy Committee received highlight reports from the following groups. Workbooks were reviewed for all task and finish groups, with acknowledgement from the committee on current progress and next steps. The highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects: <ul style="list-style-type: none"> - Collaboration between practices to improve access - Integration of Primary and Community services - Practices sharing back office functions - Review of identified pathways / redesign opportunities



<p>Localities as Commissioners</p>	<p>The workbook was reviewed by the Committee and assurance provided in relation to the following projects:</p> <ul style="list-style-type: none"> - Governance / functions of locality and clinical network groups - Commissioning and contracting cycle - Monitoring and quality - Engagement and development of services - Business intelligence and data - New milestone plan has been developed <p>The 10 high impact actions - signposting risk highlighted with the lead may no longer be available to lead. Another lead was being sourced to continue this work.</p> <p>There was risk attached to the workforce component for Medical Chambers as they were required to ensure that they have their GP submission of training costs finalised. A report had been prepared for the Task and Finish Group.</p>
<p>Workforce Development</p>	<p>The group felt that the resources required for a workforce fair could be utilised in a more sustainable way elsewhere, including-</p> <ul style="list-style-type: none"> - Centralised vacancy bulletin - Dedicated vacancy page on the website to be developed - A video, 'working in Wolverhampton', is being produced - Website development to improve availability of information & publicity of Primary Care in Wolverhampton
<p>Clinical Pharmacists in Primary Care</p>	<p>The bids had been successful and this would help to reduce the risks on the risk log. A detailed update to be brought to the next meeting.</p>
<p>General Practice Contract Management</p>	<p>At the Task and Finish Group on 12 July they considered the Deep Dive Review recommendations. The focus was on group development of new models of care and the key objective and outcome to support the implementation and delivery of the virtual alliance contract. This would be aligned with the work being carried out by Ernst and Young.</p> <p>The Terms of Reference had been reviewed and membership had been amended to include an identified member for Finance. The Terms of Reference were signed off at the Task and Finish Group.</p>
<p>Estates Development</p>	<p>Funding had been secured and a company called Primary Capital Horizons had been appointed to carry out specifications. They had started to arrange meetings with commissioners and providers. They will be coming in next week to look at the CCG's Primary Care Strategy and a deadline had been set for the end of September for the Primary Care Specification to be completed.</p> <p>Primary Care Estates – number of practices in Wolverhampton were looking at developments or consolidating estates. There was £300k of Primary Care estates that was being reviewed and looking to reduce the value. The reduction would be looked at as a QIPP saving and an update would be brought to the next meeting.</p>



IM&T	<p>Showell Park had now become fully migrated in June 2017. The next practice to be migrated would be in October 2017.</p> <p>Patient Online data was only available till May as this is the latest statistics that have been received from NHSE. Most practices have achieved above the 10% mark.</p> <p>The Sound Doctor would be rolled out shortly.</p> <p>The CCG was currently waiting to see if the text messaging service would become free as part of GP SoC. An update would be presented at the next meeting.</p> <p>The implementation plan remained the same with the addition last month of new projects as part of the Deep Dive Review. Clarification was sought around the legend.</p>
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2.2 Five year forward View Progress-

Implementation in line with our local plan continues to make good progress, key areas of activity across the programme include:-

- Number of projects live - 39
- Number of projects completed - 3
- Number of projects due to commence - 3

During July/August particular activity has taken place in the following areas:-

A procurement process has been undertaken and **Care Navigation Training** is due to start in September, using West Wakefield as a provider. Two workshops will take place where a local offer will be developed to ensure that the product includes all of the services, their pathways and the referral criteria relevant to our local communities. A Launch Event will take place in October. Following this, there will be 100 licences available for practices to access the online training to enable them to use the bespoke package that will have been developed during the workshops. In November face to face training and briefing at team W.

An STP wide **Time to Care Showcase Event** was held on 20th July 2017, with the highest interest from attendees being in document management. This is currently being scoped with STP colleagues to look at viable financial options for providing this training.

The **Sound Doctor** project is currently in mobilisation period, the provider will be attending Practice Managers and Team W in September and October to promote the service. This will be closely monitored at Practice Group Meetings from September onwards.

The programme of work will continue to be overseen by the committee will develop further over the coming months in response to further guidance from NHS England and ongoing collaborative working with other CCGs within our STP area. Monthly meetings continue to take place among Primary Care Leads from across the STP as a collaborative approach to implementing our local responsive plan.



2.3 Resilience Funding –

Six bids were submitted for Wolverhampton, 3 of which were CCG and 3 submitted separately by Practices. Two of the CCG bids were supported as well as 1 of the Practice bids.

The bids that were supported by the NHS Englands Review Panel were as follows:-

CCG Bid	£50,000	Resilience Programme to enable practices working at Scale ie emerging PCH 3.
CCG Bid	£10,000	Resilience Programme for a specific practice who require support during a period of significant change.
Practice Bid	£5,000	Resilience funding for additional administrative support during transitional phase at Dr Kharwadkar's Practice.

GP colleagues have been informed and a Memorandum of Understanding have been signed between NHS England and the CCG or contract holders for the practice(s) involved.

2.4 Bank Holiday Opening

4 Hubs were active over Monday 28th August 2017. Opt in from practices within PHC1, PHC2, Unity and the VI practices resulted in access to additional appointments for patients registered with 37 practices, with an extra 21 hours capacity for appointments.

Feedback from previous sessions indicates that patients see this offer as a positive one, and take up of appointments has been gradually improving over time. A review of the take up of appointments and the effectiveness of the recent bank holiday will be presented to the committee at the next meeting.

2.5 Transformation Fund Enhanced Service Delivery Plans-

All practice groups have submitted delivery plans satisfying the 3 requirements within the specification i) Implement 6 High Impact Actions, ii) Demonstrate you are working at scale and iii) Improve access by March 2018 (20 minutes per 1,000 patients). All plans have been agreed with the Primary Care Team & quarterly assurance reports will be provided from each group to confirm how they are progressing. Each practice group has committed to providing additional appointments on Saturday, this has been advertised locally within practices via posters, websites, text, answerphone & practice leaflets. Medical Chambers (Unity) will be introducing Saturday clinics, providing an additional 16.67 hours per week of appointment time. Clinics will a combination of face to face and telephone consultations, based at Pennfields Medical Centre. The group have been working with EMIS to establish EMIS Remote Access, which will enable access to patient clinical records.

2.6 Primary Care Home Visiting Proposal

All practice groups are collaboratively developing a Home Visiting proposal. Referral and access criteria are currently being developed, and the skill mix needed is being explored. Committee will be kept updated on the progress.



3 CLINICAL VIEW

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

4 PATIENT AND PUBLIC VIEW

- 4.1 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.
- 4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in July, and meetings at group level have been introduced on a quarterly basis 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 within their respective practice group.

5 RISKS AND IMPLICATIONS

Key Risks

- 5.1 The Primary Care Strategy Committee has in place a risk register that captures 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

- 5.2 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

- 5.3 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

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

Medicines Management Implications

- 5.5 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

5.6 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 31 August 2017

SLS/GBR-PCSC/SEPT17



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	Dr S Reehana	1.9.17
Public/ Patient View	Pat Roberts	1.9.17
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	1.9.17



WOLVERHAMPTON CCG

Governing Body
12 September 2017

Agenda item 18

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 July and August 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>2.1.1 Annual General Meeting (AGM) 2.1.3 Annual Report Summary 4.1 Sickle Cell and Thalassemia engagement 5.3 Lay member meeting</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.
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. To update the Governing Body on the key activities which have taken place July and August 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 Annual General Meeting (AGM)

We held our AGM on 26 July, with over 90 people in attendance. Attendees were shown a selection of videos about the work of the CCG and heard about finances for the year, the work we do and a look forward into next year.

2.1.2 Press Releases

Press Releases since the last meeting have included; Bank Holiday pharmacy opening, our sponsorship of a Wolf named Bayliss, a young Wolverhampton resident Holly meets Bayliss the wolf, our AGM meeting invite, be prepared with your medicines for the Bank Holiday and our Outstanding rating from NHS England (which made front page of the Express & Star newspaper).

2.1.3 Annual Report Summary

We printed our signed off version of the Annual Report Summary and handed out copies at the AGM. Copies are available from the CCG, or online at <https://wolverhamptonccg.nhs.uk/about-us/annual-report-summary-2016-17>

2.1.3 Rated Outstanding by NHS England

We were delighted to announce we were one of only four CCG's in the county to be awarded an 'outstanding' rating two years in a row by NHS England for 2016/17. Out of 209 CCG's in the country, only four have received this top status in both 2015/16 and 2016/17.

The CCG was recognised for continued strong leadership, working in partnership, high staff satisfaction, innovation and forward thinking. As well as its commitment to patient and public engagement for which the CCG has become a national exemplar.

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 July and August editions of the Practice Nurse Bulletin included the following topics:

July

Releasing Time for Care Showcase Event

Docman EDT Scheduler

Women's Aid resources



New app for safeguarding
The Mental Capacity Act

Aug

Hepatitis B vaccination update
Pharmacy First for patients aged 16 years and older
Changes to data protection laws
Items which should not be routinely prescribed in primary care consultation
Ruby Wax to be keynote speaker at HeadStart conference
WIN training sessions

2.2.3 Practice Managers Forum

The PM Forum planned sessions covered the following topics:

- Specialty Registrar in Public Health – How the new NHS Health Checks work – Roll out to Practices
- Jon Moore, ICT Project Manager and Roz Geary - ICE as the new Pathology and Radiology e-requesting system – Demonstration and roll out August and September

3. CLINICAL VIEW

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

4. PATIENT AND PUBLIC VIEWS

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

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

4.1 Sickle Cell and Thalassaemia engagement

A five week engagement (14/07/17 – 21/08/17) has taken place to gather public and patient views on local health services for Sickle Cell and Thalassaemia. An online survey, attendance at local community groups, stakeholder meetings and outpatient appointment departments has been used to gather views. Results will be available later on this year.

4.2 Patient Groups

The Patient Participation Group/Citizen Forum meeting was held on 20 July. Members shared issues and heard about Medicines Management, viewed the Twirl video and heard about patient choice.

4.3 The CCG AGM also brought forward patients who expressed interest in working with the CCG



- 4.4 The event bus was a success and resulted in meeting 300 members of the public, the final report will come to the Governing Body later this year.

5. LAY MEMBER MEETINGS – Attended:

- 5.1 Healthwatch AGM, local providers and the CCG informed the large audience on what future health services will look like and what local problems exist.
- 5.2 NHSE West Midlands Patient and Public Involvement Group and gave a presentation on how Wolverhampton CCG have embedded PPI into the culture of the CCG
- 5.3 A meeting for Healthwatch representatives, RWT and BCPFT engagement leads in August. The group were informed that one of the new domains from NHSE for PPI is for the CCG to ensure that providers are engaging and involving patients and to take action if they are not. The group were also made aware that RWT is closing its' patient Forum and recruiting 30 patient representatives to a Patient Council starting in October 2017. BCPFT have yet to start local patient groups.
- 5.4 A very well attended Macmillan event on Health and wellbeing arranged by Macmillan and Lesley Fellows of the CCG, a second event is planned for October.
- 5.5 All meetings arranged with the PPG chairs and their new model of care lead to ensure they were fully conversant with the future arrangements and how they may be involved, They agreed to meet in this way on a quarterly basis.

6. KEY RISKS AND MITIGATIONS

N/A

7. IMPACT ASSESSMENT

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

Name: Pat Roberts
Job Title: Lay member for PPI
Date: 26 August 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

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



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View		
Public/ Patient View	CF/PPG chairs Sickle Cell and Thalassemia	July / August
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	26 August 2017



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**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 13th June 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Jim Oatridge	-	Lay Member, WCCG
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Steven Forsyth	-	Head of Quality & Risk
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Danielle Cole	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Helen Hibbs	-	Chief Officer
	Tally Kalea	-	Commissioning Operations Manager

1. APOLOGIES & INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

No declarations of interest were raised.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 9th May 2017

The minutes of the meeting held on the 9th April 2017 were approved as an accurate record with the exception of the following amendments:

RR highlighted that there were three scan categories as discussed on page five of the previous minutes, categories are : emergency, priority and routine.

SF highlighted that page two, Harm Reviews, third sentence “The expectation of the CCG hadn’t been delivered upon” be removed from the minutes as this was not stated in the meeting.

SF highlighted that page seven; Vocare should indicate ‘approximately’ 150 actions as this figure was not definitive.



SF highlighted: page seven; Point of Care Foundation, first paragraph to remove the word arduous and replace with 'following up application process'.

3.2 Action Log from meeting held on the 9th May 2017

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

4.1 Complaints Data

SP stated RWT provided CCG with information on Tuesday 13th May that reported: since January 2015 in total received 1013 complaints, 79 (8%) of those that escalated as a clinical negligence breach. SP confirmed the information will be added to the Quality and Safety Committee Report on a quarterly basis. PR queried if 8% is the average across the region. Further discussions were made with regards to bench marking and financial costs. The outcome of this discussion was agreed for the CCG to investigate further to provide some bench marking.

Action: - MG to speak with colleagues across the region regarding their complaints data in order to provide bench marking.

6.1 Harm Reviews

Recorded within agenda item 5.1

MG highlighted NHS England have requested for regular reports on harm reviews for cancer patients on those waiting for more than 104 days, where harm has been caused. RWT are responding back to and reporting through CQRM. The information will be shared at the Quality and Safety Committee Meetings.

4.1 Wound Centre for Excellence

SP stated an update was received by Karen Evans (KE) confirming a business case has been developed. However, an issue remains regarding the quality of data received from RWT. KE has chased the Trust but is yet to receive a response for last month's data. A meeting has been scheduled for next week with the Group Manager and Clinical Access Manager to discuss and resolve this issue in order to submit the business case for approval.

5.1 Mortality Review Meetings

MG stated that she was present at the last mortality meeting at RWT where it was discussed that the primary care Dr could well be a GP that is part of the VI group. His role would be to lead on the Primary Care Death Reviews at MORAG (RWT). MG has already agreed with RWT that the GP in question would attend the wider City GP Group Meetings in order for information to be cascaded. MG discussed with Peter McKenzie (PM) the conflict this implies



as the GP is an employee of the Trust. PM suggested the CCG have management oversight and the information shared with the GP will include care that could have been of better quality prior to patients being admitted to RWT who subsequently died, this will impact on all Primary Care patients. MG advised no other GP members of the CCG are available to attend the Mortality Review Meetings, in absence of another solution MG asked the committee if they approved of this trial or had alternative ideas. The committee voiced concerns this required an independent representative. Alternative solutions were discussed and the outcome of this was, MG to produce a report that would provide alternative solutions and outline financial implications. Action remains open for further discussion at the next Quality and Safety Meeting.

Action : MG to produce a report that will provide on alternative solutions and outline financial implications (will try for July but may have to be August 2017)

4. MATTERS ARISING

No Matters Arising were raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Serious Incidents

SF confirmed there were three diagnostic delays serious incidents reported by the provider in May 2017. SF provided a brief overview of each incident, SF voiced he could not provide all details as full investigations had not yet been conducted. The committee challenged on various levels, SF and SP provided the committee with assurance pending review of the RCA. SF agreed an email to be sent to RWT to request if there are other backdated incidents that have not been reported, if there are and they have not been reported then there will be consequential action as per contract.

Action:- SF to send an email to RWT to request if there are other backdated incidents that have not been reported.

Pending review serious incidents

SF stated there were three pending review serious incidents reported. Importantly, RWT have advised that incidents one and three highlighted the harm is not linked to the incident as reported by RWT.

VTE

SF confirmed there were two VTE related serious incidents reported for May 2017. Leads have been appointed to investigate both incidents and already, learning has been taken



from both incidents.

Pressure Injuries

SF stated 23 pressure injury serious incidents were reported for May 2017, compared to 17 in April. SF highlighted four of the five stage four pressure injuries were reported as unavoidable.

MG raised RWT should be challenged at scrutiny meetings to assess that all avenues have been explored when a patient is at end of life. MG asked for further reports to provide examples.

Patient Slip/Trip/Falls

SF stated four patient falls meeting serious incident criteria were reported for May 2017 compared to zero patient falls reported for April 2017. However, there is a significant reduction in the avoidable patient falls in the last three months. MG addressed that in order for it to be deemed avoidable or non-avoidable; assurance needs to be provided that checks are in place.

Never Events

SF advised there were no never events reported for May 2017. However, HSJ have been in contact enquiring about Ophthalmology visit as a result of a never event. The CCG have responded to the enquiry but as yet not received further correspondence or media release.

Cancer Waiting Times

SF highlighted the underperformance on two week patient cancer waits. At the recent CQRM it was asked for reasons and rationale as to why the significant underperformance. RWT pointed out there has been a recent abdominal awareness campaign which has seen an increase in patients.

Mortality Review Report

SF reflected on the four actions that were highlighted in last month's report. SF confirmed RWT have commissioned CHKS as they are the leading provider in data analysis as RWT are stating it is predominantly a data issue. RWT have been accepted by the Royal College of Physicians to assess case notes following patients deaths, this approach offers external scrutiny rather than in house. Work is currently being undertaken externally to review pathways of Care due to the higher than expected SMRs. RWT advised they have added this to their risk register which will highlight this as a top priority within the organisation.



MG added at MORAG and the Regional Mortality Meetings Dr Odum's process of the Trusts current case note review method is held as an exemplar. Dr Odum discusses the reviews with other organisations where learning is being obtained. What has been identified is that the current outcomes presented for mortality have not found any cases where the care was of a substandard level. Therefore, the Trust are investigating coding, case note reviews, pathways of care and some diagnostics which are showing higher alerts than expected. Monthly updates are requested and provided at the CQRM meetings.

Emergency Department

SF stated a presentation was given on the independent review by the National Lead for Emergency Care. The review has been discussed at CQRM. SF highlighted actions have been put in place as a result of the review.

MG raised concerns report currently includes Names of Doctors. Committee agreed moving forward no names to be identified in reports going forward.

Notification or Advice from Regulators

A draft response has been received from CQC regarding the visit to The Phoenix Centre. WCCG formally await the outcome of the visit.

Maternity

MG stated the Trust are still seeing an influx in bookings from Dudley, Burton and Shropshire however, the Trust have issues around vacancies and high sickness rates that need to be addressed. The following actions taken by the CCG are; monthly discussion at CQRMs, escalated Maternity commissioner meetings with RWT, escalation to Maternity STP which is a wider Regional Black Country wide programme. The wider programme needs to influence moms in other areas to use their local hospitals as this could potentially lead to a safety issue at the Trust. MG also advised that maternity staffing issues have been raised as a concern at NHSE QSG meeting, a more detailed report has been requested for July 19th meeting. MG attends QSG on behalf of the CCG.

Black Country Partnership Foundation Trust (BCPFT)

PP raised concerns regarding vacancy activity (1 in 8 people). SF responded, WCCG have requested the following information at the last CQRM; what their remedial actions and mitigations are as it was reported that there had been an increase of sickness, violence and aggression.

PR queried are the CCG aware of the causes of the 8 unexpected deaths as it is not detailed in the report. SF explained the incidents are reported to both Commissioners and



predominantly these under discussion are all Sandwell CCGs MG requested that all reports for BCPFT should make clear for which CCG the SIs are being reported against..

Vocare

SF notified the Committee the second Vocare Improvement Board meeting took place on 31st May chaired by WCCG Director of Nursing. MG stated as you are all aware an Improvement Board was arranged due to the performance and quality issues. The second meeting was held last week where their Director of Nursing presented on their action plan. CQC, Vocare and WCCG were present at the meeting. CQC have verbally informed CCG their draft report was submitted to the ratification panel on Wednesday of last week, Vocare will receive the report imminently. The organisation will have 15 working days to challenge any accuracies / inaccuracies. Vocare are in no obligation to share their report with WCCG.

Vocare have made significant progress, key areas are: Advance Nurse Training for Paediatrics and Prevent Training. Another area of concern is productivity.

PR raised concern an updated action log has not been provided. MG advised this has been noticed and the next action plan to board in July will be RAG rated with timescales and links to evidence.

WCCG are working with Vocare and keeping the focus on. MG stated this has been escalated to NHS England Quality Surveillance Group, a more detailed report has been requested for July 19th MG will attend and present.

Probert Court Care Home

SF stated following some concerns raised by stakeholders an unannounced quality visit took place on Monday 12th June at 6:30am. SF provided a brief summary of immediate concerns identified; Clinical lead for each shift given over reliance and outnumbering of agency staff, DNARs not in place as appropriate, basic nursing care, Safeguarding – e.g. oil heaters on in corridors which were too hot to touch and had trailing wires, Health and safety issues – e.g. all doors to rooms open containing cleaning products, laundry open, sluice open and the room to the boiler and physical security of the building.

SF stated the following actions have been taken; immediate follow up with senior and executive team at Accord, Senior WCCG Quality Team members stayed at the Care Home until 18:00pm to ensure safety of all residents, discussed at SMT; actions agreed: immediate suspension of step down activity.

Action :- Provider and RWT to be notified of suspension of step down activity.

A response from the Director has been received providing assurance.



JO raised concerns regarding what actions are in place for existing residents. SF assured the committee the provider has brought in their Clinical Lead to provide managerial support. WCCG Quality Team members also stayed on site until 18:00pm to witness the remedial actions that were put in place.

Action:- SF to monitor status weekly and escalate as appropriate for discussion at Execs.

Quality Matters Monthly Summary

SF highlighted a number of issues regarding the new BMA breach letter have been raised by GPs via the Quality Matters inbox. There have been a number of discussions between the CCG's Contracting Team and the Head of Primary Care as to whether this is the correct process for raising breaches. It has been agreed this is not the correct process as Quality Matters is around GPs escalating concerns.

5.3 Joint Children's and Adults' Safeguarding Strategy

LM stated the Joint Children's and Adults' Safeguarding strategy is an updated version. The strategy has been updated in line with guidance strengthened by quality and inclusion, containing Safeguarding around Adults', Children, LAC and Prevent. The Strategy was noted by the Committee and agreed for sign off.

SF praised the Safeguarding team for the work carried out on this document.

5.4 Safeguarding Adults' Annual Report

The report was noted by the committee. AL provided an overview of the report, highlighting the following;

The responsibility for coordinating Safeguarding lies with the Local Authority however, the CCG is a statutory partner of the Adults' Board and effective safeguarding is based on a multi-agency approach. In terms of accountability AL highlighted approval has been given to recruit a Named GP for safeguarding Adults'. The new lead will drive the agenda forward particularly in Primary Care. This is an essential role given that WCCG has full delegation of Primary Care and will provide support and training.

AL discussed there is currently a joint Safeguarding Adults' and Children's commissioning policy in draft. The delay in ratification has been due to clarification of the Primary Care commissioning assurance arrangements.

AL Best Practice Matrix is currently being development by the designated Adult Safeguarding lead in collaboration with Local Authorities Safeguarding Manager, MASH and provider colleagues. This will be completed by July 2017.



AL stated this year the roll out of safeguarding Adults' training level 1 compliance for WCCG is currently at 65.59% at the end of April. Level 2 training is currently being rolled out and added to ESR for those staff that who required to undertake this level. Subsequently levels 3,4 and 5 based on the intercollegiate guidance that was published in 2016 however, the document is currently under review by NHS England.

AL discussed the NHSE assurance tool (SAT) that has been developed to make the process of Safeguarding Assurance as simple and efficient as possible. The SAT tool is an electronic system that enables CCGs to record evidence of compliance with Safeguarding standards. This helps CCGs and NHS England meet their assurance requirements and highlight areas of best practice as well as areas for focus and improvement. Completion of the SAT by WCCG will be by October 2017. NHS England are also looking at rolling out the tool for providers.

AL advised there have been challenges with Safeguarding Dashboards. In 2016/17 extensive work has been carried out to develop a system whereby all providers ensure that the Safeguarding Dashboard and reporting framework is embedded within all provider contracts.

The Safeguarding Team are also planning to establish a local Health Safeguarding Forum; the first meeting is planned for September 2017. WCCG Safeguarding leads also attend on a rotational basis, RWT and BCPFT's Operational Safeguarding Meetings, where challenge is given regarding exceptions to the Safeguarding dashboard and reporting framework.

AL highlighted the Safeguarding assurance visit was carried out at Black Country Partnership Foundation Trust in March 2017. The main issues were transferring theory to practice and being able to demonstrate evidence of training in theory day to day work.

AL noted the Adult element of the MASH went live on 31st August 2016. Dip sampling of cases continues on a monthly basis to check the quality of referrals and qualitative elements. Prior to the MASH going live there were various work streams to establish the correct model and processes.

Action :- DC to distribute presentation with minutes.

AL stated no Domestic Homicide Reviews were published in Wolverhampton in 2016/17. However, there are now three pending DHR. DHR 07 is in progress and the first panel meeting has taken place.

AL discussed the 'Orange Wolverhampton' campaign that took place in November 2016, which was International Day for the Elimination of Violence against Women.

AL stated in 2016 NHSE provided the CCG with funding for various projects for Adult and Children's Safeguarding. The following training took place:

Independent Management Review Author Training
Child Sexual Violence
Female Genital Mutilation

The training was well evaluated. Individual evaluations were followed up by members of the Safeguarding Team to confirm what impact the training had in practice.

AL stated WCCG are statutory partners of the WSAB and also the Designated Adult Safeguarding Lead is a member of the joint WSAB/WSCB Learning and Development (Workforce) Committee and the Safeguarding Adult Review (SAR) Committee.

AL concluded the Designated Adult safeguarding Lead has been in post for 6 months. The report has outlined the work that has taken place during this reporting period. Adults' Safeguarding requires collaborative working to improve outcomes. The critical factors are providing care and support to lead to a positive experience.

PP queried, are there risks for the CCG with regards to Level 1 training compliance at 66%. AL responded, this was raised with HR for some guidance to the escalation process for non-compliance of mandatory training. AL assured committee this was in hand and escalated with individual Directors to liaise with their team members.

MG added, priority will focus on personnel who have direct work related safeguarding. This has been raised with Executives and emails have been sent to staff that have not completed the training.

Committee praised AL for a comprehensive report.

5.5 Prevent

LM highlighted, the Prevent Report is the first time presented to Quality and Safety Committee.

LM stated WCCG requested a position statement from its key provider organisations relating to the Prevent duties through the completion of a proforma. This ensured each organisation carried out a self-assessment of their compliance. Areas for development have been identified and action plans developed and put in place. Action plans will be monitored through existing safeguarding forums, one to ones, CQRM and quarterly reports.

PR queried, how many providers are reporting their referrals? LM confirmed the numbers are low, the information is reported through Safeguarding Dashboard.



5.6 Safeguarding Children's Annual Report

Report noted by Committee. No questions raised.

5.7 Annual Looked After Children Report

Report noted by the Committee.

7. ITEMS FOR CONSIDERATION

7.1 Quality Strategy

Committee agreed sign off.

PR suggested a 'word cloud' to be added to the front cover with words to include Quality and Safety. SF agreed to look into this.

Committee agreed to amend page 4, Plan on a Page – to replace the word used to work in the following sentence 'Patient Reviewers and Responsibilities are involved and used inclusively in the Quality Team'.

Committee agreed the Organisations philosophy 'Quality at the Heart and Safety at the Mind of the Organisation'.

7.2 Quality Account

Committee agreed sign off. The final version to be sent to Dr Helen Hibbs for signature.

7.3 Draft Annual Quality Accounts 2016/17: Commissioners Statement

Item discussed within 7.2

5.10 Finance and Performance Report

GB provided an overview of the key areas of performance for the last 12 months. GB highlighted page 14 of the report demonstrates RTT is underperforming across all targets, primarily the issues are capacity in orthodontics. RTT have been working to clear a backlog of 57 patients, which has had an impact on performance. A trajectory is in place to recover performance, the Trust are confident of recovery by the end of June. Data has been received for April and performance is just above 91%. GB also stated there has been an increase in the number of Ophthalmology referrals due to capacity issues at Shrewsbury and Telford NHS Trust.

GB stated the performance issues for Diagnostic tests have failed to meet the 99% target for the fifth consecutive month. The Trust sole Cardiac Consultant commenced maternity



leave in November and a locum recruited however, has been unable to maintain the substantive consultant's workload. The Trust confirmed at CQRM meeting held in April that they have seen an increased rate of referrals to the specialised CT and MRI Heart Investigations due to a change in NICE guidance which has adversely impacted on overall performance. The Trust are confident that the backlog of diagnostic tests will be cleared by the end of June 2017.

GB voiced A & E performance has failed to achieve both the National target and STF Trajectory of 95% however, has seen a 1.02% increase from the previous month's performance to 91.24%. A national mandated trajectory is in place to recover 95% target by March 2018. The Trusts performance is improving with reaching 94% in May 2017.

GB added the performance for cancer 62 day wait is consistently below threshold. There is an issue around capacity in Urology and complex care pressures. Late tertiary referrals from other Trusts are also an issue as the referrals are late in the pathway. There are currently on-going discussions with NHS England to devise a process where late tertiary referrals are shared with originating organisations. A trajectory is in place by NHSI but RWT feel they will not reach performance in 17/18.

GB highlighted the Trust have confirmed that the original Orthodontic long waiters back log is nearing completion with the exception of 1 complex case who has been scheduled to be seen in May. The Trust recovery trajectory is set to clear all remaining long waiters by the end of June and they are confident that this will be achieved.

GB highlights schemes are in place to reduce the number of CDiff cases is having a positive effect in improving performance.

GB stated there has been significant improvement in performance towards achieving BCP IAPT targets. For 2016/17 all four national measures have been met

PR queried if Primary Care performance targets will be included in this report? GB confirmed consideration taking place regarding obtaining assurance around Primary Care and how this is reported.

5.2 Primary Care Quarterly Report

Discussions to take place with Liz Corrigan outside of the meeting regarding the reporting of this information to PCCC.

Action:- PR and LC to discuss outside of QSC and agree plans for adding to PCCC agenda.

5.8 Business Continuity Quarterly Report

It was noted by the committee any comments forward to Tally Kalea.



5.9 Quality Assurance in CHC Quarterly Report

It was noted by the committee any comments forward to Maxine Danks.

5.11 IFR Report

It was noted this was an updated report and any comments forward to SF

6. RISK REVIEW

6.1 Risk Register

PS highlighted there are the following open risks; 1 extreme, 3 high and 3 moderate risks.

PS stated the top registered risk is Vocare. Two Improvement Board meetings have taken place. Action Plans are being worked through and good progress is being made however, Vocare have been requested to expedite information on Paediatric training, Prevent training and clinician productivity.

PS stated the Director of Nursing attended QSG meeting on 8 June. Vocare has been escalated to more information required. A more detailed report is required for July meeting and a further decision regarding escalated monitoring will be made.

Risk 489 – Inappropriate arrangements for Named Midwife (RWT),

SP advised the committee this risk has been downgraded from extreme to high on 12th June as the functions of the Named Midwife are being carried out by a number of individuals. The circumstances will be monitored through the CQC action plan to ensure appropriate action is taken.

Risk 312 – Mass Casualty Planning

Risk 321 – Safe Working Practices

SP stated this was last updated 17th May. HR presented a paper to SMT on behalf of the Safeguarding Team. A scoping exercise has been requested to identify individuals within WCCG that require a DBS to be updated every 3 years and a breakdown of costs. Once this exercise is complete the results are to be presented to SMT where a decision is to be made about future arrangements for both CCG and its provider organisations.

The committee agreed as of today Probert Court Care Home and Maternity to be added to the Risk Register.

MG stated Peter Price (Chair of Audit & Governance) requires assurance on risks at the Audit Governance Committee Meetings, an outline of new risks, risks that have not been reviewed and reasons why. This will apply to all committees and reassured through to Governing Body.



8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 Draft CCG Governing Body Minutes

The minutes were noted by the committee.

8.2 Health & Wellbeing Board Minutes

No minutes were available for the meeting.

8.3 Quality Surveillance Group Minutes

No minutes were available for the meeting.

8.4 Primary Care Operational Management Group

The minutes were noted by the committee.

8.5 Draft Commissioning Committee Minutes

No minutes were available for the meeting.

8.6 Pressure Injury Steering Group Minutes

No minutes were available for the meeting.

8.7 Area Prescribing Minutes

The minutes were noted by the committee.

10. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

MG stated Probert Court Care Home, Maternity and Vocare to be escalated at the next Governing Body. JO highlighted this was 4 weeks away and should be escalated at the next Development Group Meeting. Committee was in agreement.



11. ANY OTHER BUSINESS

Committee agreed the following for future meetings; a front sheet for each report and a timed agenda.

12. DATE AND TIME OF NEXT MEETING

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



**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 11th July 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Jim Oatridge	-	Interim chair WCCG
	Marlene Lambeth	-	Patient Representative
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Hayley Flavell	-	Observer from UHB
	Dr A Chandock	-	Governing Body Secondary Care Consultant
	Peter McKenzie	-	Corporate Operations Manager
	Sarah Hirst	-	Information Governance Manager
	Juliet Herbert	-	Equality & Inclusion Business Manager
	Danielle Cole	-	Administrative Officer

APOLOGIES:

Pat Roberts	-	Lay Member Patient & Public Involvement
Steven Forsyth	-	Head of Quality & Risk

1. APOLOGIES & INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

No declarations of interest were raised.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 6th June 2017

The minutes of the meeting held on the 6th June 2017 were approved as an accurate record with the exception of the following amendments:

Page one, amend date of previous minutes to 6th June 2017.

SP highlighted page four, Mortality Review Report, typing error “patents” should state “patients”.



SP highlighted page ten, Organisations philosophy should state the Quality Teams philosophy.

3.2 Action Log from meeting held on the 6th June 2017

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

4.1 Matters Arising – Complaints Data

MG stated she has contacted NHS England and has been referred to Olivia Taylor (OT). SP and OT have been liaising and a project is planned to provide bench marking across the Black Country.

5.1 Monthly Quality Report

MG stated she has spoken to Peter McKenzie (PM) at length regarding the lead for Primary Care Mortality reviews who could well be a GP that is part of the VI group. PM suggested if the committee thinks if it would be advisable to speak with the GP to try and gauge what their understanding of remit would be and secondly to propose a pilot for six months where the GP is involved in the mortality reviews of VI practices only and that the learning is shared to see the benefits of the CCG getting their own GP to express an interest to be present.

The committee agreed that MG to speak with the GP to gauge what their understanding of remit is.

JO stated fundamentally the GP is an employee of RWT and does not consider this as acceptable. JO suggested identifying a lead from WCCG to undertake the role and would be comfortable of an overlap or shadowing from a learning aspect. PP was in agreement.

MG stated she will speak with the GP to gauge their understanding of the role and to create a proposal to Executives outlining a business case where an advert is drawn up.

JO added this should be driven by principle not cost.

Action:- MG to speak with the GP to gauge their understanding of the role and to create a proposal to Executives outlining a business case to include costings and job role.

5.1 Monthly Quality Report – Serious Incidents

SP stated SF has spoken to Cheryl Etches regarding backdated serious incidents that may have not been reported, SF will provide an update at the next QSC.

Action:- SF to provide an update at the next QSC.

5.1 Monthly Quality Report – Probert Court Care Home

Item on agenda

5.1 Assurance Reports – Safeguarding Adults’ Annual report

Action – DC to distribute presentation with minutes.

5.2 Primary Care Quarterly Report

MG stated she believes Pat Roberts and Liz Corrigan (LC) have met and LC has submitted the paper that will be presented at the next Primary Care Commissioning Committee.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Report was noted by all present. SP provided a summary of the report.

Mortality

SP stated CHKS have been commissioned to undertake a coding review. There is also review of their process for palliative care coding which is affecting the SHMI and HSMR. MG added she has spoken to Andrew Young consultants who are the company that are undertaking the case note reviews. The company are reviewing a set of 100 case notes which are divided into four groups, first group of 25 are completed and the report has been submitted to Dr Odum at RWT. MG believes the Trust will share the information once all case notes have been reviewed.

Urgent Care Providers

SP noted the second Vocare Improvement Board has taken place chaired by MG. A comprehensive action plan is in place and Vocare continue to work through. The CQC visit final report is awaiting. The issues are around delays in care, staff productivity, performance and quality of care. SP raised concern at the quality visit last week no Doctor was on site and there was no contingency plan in place. Vocare have been asked to provide a full RCA into exactly what happened and the report to be submitted by Friday of this week. MG stated its concerning because whilst we have been receiving assurances



from Vocare Executives that there is governance processes and good contingency plans in place, however, when it came to test their own contingency plan last Monday when a GP did not arrive for duty the plan failed. Dee Harris went on site and had to quickly mobilise staff from Stafford. The Dr for the next shift arrived at 2:30pm as planned, this does not only affect patients but also RWT as they had to lose their triage nurse from A&E to support Vocare. This impacts RWT as extra patients had to be seen in A&E which effects waiting times.

RR asked how WCCG were made aware of the incident? MG responded Vocares Operational Lead received a phone call early hours of the morning explaining the Doctor would not be arriving for duty. At 9:00am the operational lead informed Dee Harris of the issue explaining they are arranging staff to come from Stafford and were not expecting a GP to arrive until 2:30pm.

RW added she has seen incidents come through relating to staffing issues at Vocare in terms of support and no access to pathways. SP highlighted Vocares reception are still taking bookings but not advising patients of delays.

MG stated this is a red on the risk register and will be discussed at the next Governing Body. JO added this is also an agenda item at the next Governing Body Development session.

Maternity Performance Issues

SP stated there has been an influx in bookings from Walsall, Dudley, Burton and Shropshire. According to the maternity dashboard it's now indicating as red because deliveries should be 475 per month but is at 550 plus per month on top of that there are vacancy and sickness issues which are highlighted as a risk. The issues have been escalated by NHS England to the Quality Surveillance Group (QSG). MG added WCCG are working with The Trust on an action plan, WCCG have not yet received the action plan as to what the Trust intend to do to resolve the issues. WCCG have anecdotal evidence that the Trust have interviewed and made a number of offers however, the CCG do not know how many midwives have taken up those offers. MG stated her initial concerns were that all the midwives were newly qualified therefore would need senior midwives for support. MG added RWT have stated they will be appointing bands six and seven midwives to provide support. MG stated WCCG have received confirmation that short term sickness is under 2% and long term sickness is just over 5%. The long term sickness is being covered through agency staff as the employee is not due back to work within three to six months. MG stated she will be presenting a report on Wednesday 19th July 2017 at QSG, hopefully, NHS England will keep the Trust on regular surveillance but if the dashboard continues to deteriorate this could increase to enhanced surveillance which means the Trust will need to attend QSG to present their recovery plan.

RR asked why the report states there have been no specific quality issues, however? MG responded at the time this report was written there had been no serious incidents reported



that contained quality. However, yesterday an exception report has been issued from the CCG as a serious incident was reported where a patient who had an elective caesarean section whilst recovering had a cardiac arrest. The patient was successfully resuscitated and transferred to ICU, patient is now recovering well. MG added there is an issue and the CCG are awaiting the 48 hour report as to what was the reason for the patient's cardiac arrest. The CCG believe from the initial report the patient was bleeding. SP confirmed the CCG should receive the report by the 12th July 2017 this will provide more background.

Step Down Care Home Provider

SP stated as discussed at the last QSC the CCG conducted an unannounced visit to Probert Court. Immediate concerns were identified in basic nursing care, health and safety, security of the building and overall management oversight. An action plan has been developed with immediate actions for Probert Court to address. This action plan has since been reviewed at the first Improvement Board that was held on the 20th June 2017. The Improvement Board was attended by the Head of Quality and Risk, the QNA team, CQC and Health Watch. Probert Court continues to have weekly visits from the QNA team to monitor the progress of actions. SP added Step down is currently suspended. The care home currently has three patients; one step up patient that is managed by the Rapid Intervention Team for one hour per day, one step down patient that is managed by Probert Court and one CHC patient that will be discharged at the end of this week. A concern was raised by QNA that if the Care Home has no patients then the improvements cannot be monitored or sustained, therefore, Wolverhampton CCG have agreed to admit one step down patient a week and this would be monitored on a weekly basis to ensure appropriate documentation and care planning is in place. It should be noted that this is not a formal lift of the suspension but a continuation of the phased approach. MG added an issue has come to light over the weekend which in fact Probert Court was not at fault as they did what they felt was right for the patient, however, the Rapid Intervention Team asked for an end of life patient from the community to be stepped up to Probert Court. MG added this is inappropriate as step up does not include end of life as an inclusion. A fast track referral should have been made to the district nurses, a package of care should have been put in place for the patient to have died at their preferred choice which was at home. This has sadly resulted in the patient passing away at Probert Court on Sunday. MG is liaising with WCCG contracts and the Rapid Intervention Team on this incident.

RR asked how many step down beds are there at Probert Court? MG confirmed there are 22 step down beds as this is a block contract that costs £820,000 per year and is paid that amount regardless of activity.

MG stated patients that should be transferred to Probert Court are being placed at other care homes within the city. Over the last few years WCCG have been working with the Local Authority to develop an approved nursing home framework. Patients are being placed within those approved nursing homes. There are financial implications as Probert Court have received payment for patients they are not receiving but also the nursing homes also have to be paid. PP stated understandably the CCG are contractually tied in but learning



from this particular position is that something we can change for the future. MG responded discussions have been had with contracts and a letter has been sent with regards to clawing some of the monies back.

Increased number of NEs 16/17

SP stated the Trust had five Never Events last financial year. When this report was written there was one year to date Never Event reported however, since then in the last couple of days a second Never Event was reported from Cannock Hospital where a patient received an aesthetic injection in the wrong foot. Luckily they realised they had injected the wrong foot prior to incision. The CCG are still awaiting the 48 hour report and a full RCA to understand why this incident happened.

RWT Safeguarding Level 3 Training

SP noted both adults' and children's safeguarding level 3 training remains under the required levels this is being closely monitored and managed through CQRM. MG added there is an improvement, however, remains as a level 2 risk as a RAP is in place and currently on target.

Committee was pleased to see a summary sheet included in the report.

PP queried in light of the Grenfell issue are there any hospital health & safety reviews in place that's looking at fire safety? MG responded it is on the CCG radar, an email has been received from NHS England and this will be looked after by the CCG Operational Team. MG believes reports will need to be sent to NHS England to provide assurance that an assessment has been undertaken.

RR raised a query on page 22 Care Home Quality Indicator Submission that 161 care home staff have received quality improvement training to date under the SPACE (safer provision and care excellence) programme. 78% of these homes are currently using safety crosses with the aim for achieving 100% by August 2017. RR asked whether the learning will be shared from these care homes? MG responded there are regular care home workshops where all managers are invited to present presentations. A good example to share is Parkfields Nursing Home which has been in special measures with CQC for 18 months have now progressed to CQC inspection of good and their manager will be presenting their journey at the next workshop.

5.2 Information Governance Quarterly Report

PM highlighted the purpose of this report is to provide a quarterly update on Information Governance (IG) activity for 1st Quarter to give assurance that the IG Toolkit evidence will be present and compliant for a successful Version 14.1, level 2 submission on or before the 31st March 2018. A key point to note today is that the CCG IG work plan is to be approved by the committee for the submission of this plan into the IG policy that is



reviewed on an annual basis.

Sarah Hirst (SH) added the report contains a detailed work plan that is the basis of work that will be carried out in the next nine months which will produce the evidence to go into the CCG IG Toolkit for a successful submission. The CCG are basing this on last year's findings and what we did well. The CCG was 89% compliant last year. The CCG will replicate what we did well but also look at areas where we can improve. The IG Lead felt the timing of sessions last year worked well with enough time to catch-up with staff members who still had IG Training outstanding by December. General IG Training session will focus on the change in Data Protection Law to the new General Data Protection Regulations that come into force on the 28th May 2018. SH stated the key change in Law is making sure there is consent to process information, this maybe a discussion with our providers to double check that their processing notices clearly states 'share information' with the Clinical Commissioning Group for the purpose of putting services in place.

SH stated first quarter activity there have been no reportable IG incidents meaning there is an IG Toolkit incident reporting system, therefore level 1 or 2 standard incidents would not report. There has been one recorded 'corporate sensitive' information disclosed to incorrect recipients, some of which were external organisations. As this is corporate related sensitive information there is no official recording of this incident nor information handling law considerations to make. The main issues surrounding this kind of disclosure are around organisational integrity and the possibility of adverse reaction to the disclosure. These types of disclosures are however treated in the same way as the loss of personal information by trying to recover the information, the recipient to delete from their record and not disclose the information any further. There has also been one recorded 'near miss' in the month of April 2017 where a spreadsheet containing NHS Number only identification was sent to a GP list, one GP Practice was only noted as being incorrect after the document was sent. However the document was password protected which meant that effective information security measures had been put in place to mitigate any disclosure to the incorrect email recipient. The email recipient was also communicated with further to make sure that the document was deleted from their records. SH added due to best practice information governance that was put in place by the individual that sent the document out meant that it was a near miss and not a level one.

SH highlighted one Privacy Impact Assessment (PIA) has been completed and agreed this quarter. This is for the National Diabetes Prevention Programme. The request is for the retrospective processing by an already established 3rd Party process; Graphnet. They are to evaluate the blood test of GP Practice patients to determine if they are eligible for Type 2 diabetes referral programme that was not yet established at the point of their initial test results. IG discussed with the PIA Author the recommendations on communicating with patients at GP Practices that this processing will take place.

SH noted VHFA Data Sharing Agreement document was stated complete for the aspects that concern information governance by the IG Manager at the CSU. Further work in terms of resource for this project, clinical protocol development and Lead Agency identification is



on-going.

SH stated there have been no Data Protection requests in the form of Subject Access Requests for personal confidential data during the 1st Quarter of 2017-18.

5.3 FOI Report

Peter McKenzie (PM) stated the report gives details of the Freedom of Information requests received by the CCG during the first quarter of the 2017/18 financial year. From 1 April to 30 June 2017, the CCG had responded to 53 of the requests, 52 of which (98%) had received a response within the statutory 20 working days. The request outside of the 20 days was responded to within 21 days and the requester had agreed to the extension. The six requests awaiting responses are all still within the 20 day timeframe, one request is waiting clarification from the requester and so the clock has stopped and we expect to provide a response in line with the requirement.

PM added although FOI requests may be made by anyone and the CCG response does not differ based on the source of the request some of these have included students, media organisations, companies look for contact details. The CCG are seeing an increase in the amount of requests in particular from the media regarding the STP and Collaborative Commissioner.

PM stated when the previous quarterly report had been considered the committee had requested an opportunity to look at the process for an internal review of freedom of information requests, a draft FOI internal Review Process is included in the report. PM added the result of the review may be that the decisions in relation to the original request, fully or in part. The person undertaking the review will recognise that the circumstances relating to the original decision may have changed between the time the decision was made and the application for internal review. In line with ICO guidance the review will be based on the circumstances as they existed at the time of the request, or at least within the agreed time frames.

5.4 Equality & Diversity Quarterly report

Juliet Herbert stated the report covers four key areas. WCCG are fully compliant around the Equality Delivery System2 (EDS)2, on the 14 March 2017 Governing Body meeting the EDS2 portfolio was agreed and signed off and subsequently published on the CCG website on the 28 March 2017, well within the legal guideline. As part of the review of performance for people with characteristics protected by the Equality Act 2010, the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'developing' to 'achieving' and an action plan currently being developed to be presented to the Governing Body in July 2017 meeting.

JH added the equality impact analysis has required key changes to the process. A process map has been developed this will enable staff to see what the various steps are to



complete a quality impact assessment. A quality impact assessment is required when the CCG make any formal changes whether its practice, quality or procedure. The documents have been presented to all boards and Primary Care Committees to ensure that all necessary staff understand the process and can carry out EIA's. There will also be EIA training available later on in the year.

JH highlighted the equality strategy and equality objectives require a full review this year. The CCG currently have nine objectives, this will also be an area JH will be reviewing and reducing to maximum of four objectives. The publication deadline is the 1st October 2017 which the CCG are hoping to meet.

JH pointed out the Workforce Race Equality Standards has been slightly amended; the main change is the timeline for when the template is due which is now the end of March. This year WCCG have taken a slightly different approach by looking at improvement statements rather than a template.

JH mentioned the WDES which is the Workforce Disability Equality Standards which is due to come into force next April that focuses on the disabled workforce.

6. RISK REVIEW

6.1 Risk Register

PS highlighted there are the following open risks; 2 extreme, 5 high and 3 moderate risks.

PS stated there two additional risks from last month's update that relate to patient transport poor performance (493) and maternity capacity and demand (492). In terms of extreme risks PS highlighted out of hours provider Vocare despite their progress with many of the actions, there are still areas of concern. Staffing issues predominantly which impacts on patient care/delays. The CCG are planning to conduct an unannounced visit in the very near future. The CQC report is still outstanding, due sometime in July. The Improvement Board continues to meet every six weeks with updates at the contract review meeting as well.

MG asked if the committee considers the risk rating at 16 is an accurate reflection? PP added how long do we leave the risk as extreme before further action is taken as this is the second time reported at QSC. MG stated there are other options being explored, however, the ideal solution would be for Vocare to improve and retain their staff.

MG stated how long does the CCG tolerate an extreme for, is this a discussion for Governing Body and Governing Body Development session. JO agreed it was an item to be discussed at Governing Body Development session.

Dr Chandock highlighted the issues are predominantly staffing issue rather than pathways.

Action:- Item to be added to the Governing Body Development Session agenda to discuss the tolerance for extreme risks.



PS highlighted Probert Court Care Home (490) is rated at 15. MG added this again is rated as extreme because the step down remains suspended. The care home currently has three patients; one step up patient, one step down and one CHC patient that will be discharged at the end of this week. A concern was raised by QNA that if the care home has no patients the improvements cannot be monitored or sustained, therefore, Wolverhampton CCG have agreed to admit one step down patient a week and this would be monitored on a weekly basis to ensure appropriate documentation and care planning is in place. It should be noted that this is not a formal lift of the suspension but a continuation of the phased approach. MG added until we see sustained improvements the risk remains as extreme.

PP highlighted the service has been suspended therefore the number of patients is minimal hence the risk level should be lower but as the suspension bar is lifted the risk becomes greater. PP asked for the risk level to be reviewed.

Action:- MG to review the risk level dependent upon number of patients.

489 – Inappropriate arrangements for named midwife (RWT) MG added this remains as a high level risk as RWT are still out for recruitment. There is an interim midwife however the post is not a substantive role.

312 – Mass casualty Planning SF added on call staff including directors have had refresher training on Mass casualty planning, CCG awaiting handbook from Regional EPRR Lead.

492 – Maternity Capacity and demand MG added as discussed earlier in the meeting there has been an escalation to QSG.

493 – Non emergency patient transfer service PS added the poor performance has been impacting on patient transport delays, which has been resulting in patients being re-bedded and long delays of up to 8 hours. The CCG have recently raised an Information Breach Notice. Formal written correspondence has been exchanged between CCG and provider this includes a request for senior representative at CRM.

479 – LAC Health Assessments – MG added the risk level has reduced as the LAC health assessments are now being completed at RWT. The finance element relating to an administrative post is now ready for signature.

476 – Named Doctor for LAC – MG added the role currently filled by agency, this is a six month contract to see they would like the role permanently.

414 – Use of Quetiapine – SP added Hemant Patel and Sarah Fellows are currently discussing if this risk can be closed. MG requested for named accountability sponsor and owner to be amended to Sarah Fellows.

Action:- PS to amend the risk register to state Sarah Fellows as accountability sponsor and owner of risk 414.

PP queried if there are agreed timescales in order to track the completion? MG responded for most risks on our individual plans there will be timescales attached to the risk, however the owner may have not added to the risk register. Moving forward for best practice all timescales to be added to the risk register.



Action:- Owners to ensure all timescales are added to the risk register to ensure good practice.

7. ITEMS FOR CONSIDERATION

7.1 National Report & Enquiries – Deferred

7.2 Never Event Table Top Review

MG stated last year the Trust had five Never Events of which two or three were related to theatre and maternity. The CCG felt presence at theatre and maternity would be restricted therefore a table top review was agreed to review the learning from Never Events.

MG added due to the demand on the Quality team to conduct announced/unannounced quality visits moving forward table top reviews will be seen more as the meetings are planned with appropriate management more people will be present at the meeting.

8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 Draft CCG Governing Body Minutes

No minutes were available for the meeting.

8.2 Health & Wellbeing Board Minutes

The minutes were noted by the committee.

8.3 Quality Surveillance Group Minutes

The minutes were noted by the committee.

8.4 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

8.5 Primary Care Operational Management Group Minutes

The minutes were noted by the committee.

8.6 Clinical Mortality Oversight Group Minutes

No minutes were available for the meeting.

8.7 Area Prescribing Minutes

No minutes were available for the meeting.



RR highlighted on page 257 the minutes state four patients identified as suffering “severe” harm – are these patients from the Wolverhampton area? MG responded there have been separate panels to review, the first panel were all children that had been identified, of those, four children were identified to have come under severe harm. I have received assurance that none of those children are from Wolverhampton area. At the QSG next week there will be a further update.

RR highlighted on page 272 Primary Care Quality Update the minutes state the CHIS team found 180 children unaccounted for an are sampling to investigate. KW responded all 180 have been accounted this was due to a system error.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

MG voiced the Executive Summary includes Vocare, maternity and Probert Court are there any other areas that have been discussed during today’s meeting that would like to be added? Committee agreed to add Fire Safety and to mention the recent Never Event.

10. ANY OTHER BUSINESS

ML raised concern regarding the collection of electronic prescriptions from Co-Op pharmacy and the need to notify the pharmacy in advance to confirm the prescription prior to collection. **MG agreed to speak with David Birch regarding issue.**

Action: - MG to speak with David Birch regarding electronic prescription.

11. DATE AND TIME OF NEXT MEETING

Tuesday 8th August 2017, 10.30am – 12.30pm; CCG Main Meeting Room.



**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 22 June 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 (Chair)	Yes
Tony Gallagher	Chief Financial Officer	Yes
Manjeet Garcha	Executive Director Nursing & Quality	Yes
Paul Smith	Interim Head of Commissioning - WCC	No

In Attendance ~

Karen Evans	Solutions and Development Manager (Community Care, Cancer Care & End of Life Care)	Yes
Dr M Kainth		
Vic Middlemiss	Head of Contracting & Procurement	Yes
Manisha Patel	Administrative Officer	Yes
Mark Williams	Commissioning Officer	Yes

Apologies for absence ~

Apologies were submitted on behalf of Juliet Grainger and Cyril Randles.

Declarations of Interest

CCM594 Dr Morgans declared that he was an employee of The Royal Wolverhampton NHS Trust in his role as a locum GP.

RESOLVED: That the above is noted.

Minutes

CCM595 The minutes of the last Committee meetings, which took place on Thursday 27

April 2017 and Thursday 25 May 2017 were agreed as a true and accurate record.

Mr Reynolds asked if that under CCM589 if the sentence 'Clarification to be sought from Head of Strategy and Transformation that the CCG is happy with the functionality of the Community Service' referred to the Dermatology Service. Mr Marshall confirmed that it was and that the minute should be amended to reflect this.

RESOLVED: That the above is noted.

Matters Arising

CCM596 It was asked that the minutes of the Vocare Improvement Board were circulated to members of the Commissioning Committee.

It was also agreed by the group that there should be a GP present at the Committee Meetings in order to ensure quoracy and that a clinical opinion could be given on decisions made.

RESOLVED: That the above is noted.

Committee Action Points

CCM597 (CCM589) Contracting and Procurement Update

- Views of the functionality of the Community Services to be sought – this has not been completed and should remain open.

(CCM591) Contracting and Procurement Report

- Clarification to be sought for re Business Cases for BMI rate increases - work was still ongoing with a review being conducted by Dr Ahmed.

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting.
- Procurement Proposal 17/18 – legal advice continued to be sought and the Policy Proposal would be brought to the next meeting.

RESOLVED: That the above is noted.

Review of Risks

CCM598 This item would be discussed on the Commissioning Committee Private Agenda on Tuesday 22 June 2017.

RESOLVED: That the above is noted.

Contract & Procurement Report

CCM591 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 1 (April 2017) for activity and finance however the data in the report was for Month 12 as Month 1 data was not available at the point of the print.

Royal Wolverhampton NHS Trust

Sustainability and Transformation Fund (STF) indicators – The Trust has agreed trajectories for 2017/18 with NHS Improvement (NHSI) for A&E and RTT targets and the Cancer 62 day target.

Exception Reporting Proposal – The provider has confirmed that they will start populating exception reports in Month 1 (June 17) for National Indicators and Month 2 for Local Indicators.

Performance Sanctions – Total fines over 12 month period - £501,750.00. Discussions are still ongoing to agree Month 1 2017/18 Sanctions.

Business Cases for fines/MRET/readmissions – New processes have been proposed with the Trust being asked to submit business cases for fines monies to be submitted throughout the year rather than at the end of the year. It was also proposed that reinvested sanctions money would also be available to be bid for across the Black Country and not just by the Trust. To date no feedback had yet been received by the CCG from the Trust.

Dermatology – Consultant vacancies in the dermatology department continued to be of concern. This could potentially impact on the department at Cannock Hospital. Mr Reynolds asked if the GPs in the Community Dermatology Services could help to alleviate the pressures on the hospital.

Dr Kainth advised that from a GP perspective that he felt that Hospital Dermatology was working better than Community Dermatology at the moment. Dr Morgans asked if this had been feedback to Ms Sidhu as it seemed that this was something that needed to be looked at. It was agreed that it would be beneficial to carry out an audit of the uptake of Community Dermatology.

Service Development Improvement Plan (SDIP) – The Strategy and Transformation Team had worked extremely hard and were now at a point where the Trust would be signing off the SDIP. This should have been signed off at the beginning of the year but had negotiations had been ongoing and sign off had only possible now.

Black Country Partnership Foundation Trust

Fines / Sanctions – Sanctions applied in 2016/17 was £5,000. This relates to a safeguarding breach in Month 10. There are ongoing discussions to agree the Month 1 2017/18 Sanctions.

Nuffield

No significant concerns were raised

Other Contracts/Significant Contract Issues

WMAS – Non-Emergency Patient Transport (NEPT) - A further letter was in the process of being sent and notice was being raised. An action plan had been put in place.

Urgent Care Centre – There had been a year end underperformance by Vocare for 16/17 for which a cost had been agreed and paid for at £204,000 by Vocare. Following receipt of a Business case, it was agreed that £80k would be given back to them to support Vocare with their out of hours triage. 50% of the money would be given at the start and the remainder would be allocated following improvement in the 6 identified performance indicators.

Primary Medical Services Contracts

Ettingshall Medical Centre – Mutual agreement had been reached with the current providers to end the contract and mobilisation was under way.

Prestbury Medical Centre – It had been agreed at the Primary Care Commissioning Committee that the Dunkley Street branch would be closed. Ms Sawrey had asked Mr Middlemiss what the impact of this would be. Mr Middlemiss advised that he did not think that would be any impact as patients would be absorbed by the main surgery and patients would also be able to join other practices in the area if they wished to.

Mr Marshall asked if Mr Middlemiss could provide some variance analysis around the figures for overspend and underspend in Table 1.

RESOLVED: The above was noted and that:

- An audit was carried out to gauge the uptake of patients in Community Dermatology.
- Variance analysis was provided for overspend and underspend in Table 1 of the document.

Step Up Bed Pilot Evaluation

CCM592 Ms Evans presented a report to the Committee which gave an overview of the final evaluation of the step up bed pilot.

A 12 week pilot ran with the Rapid Response Team managing two commissioned beds (with 2 further beds utilised when needed) for Step Up patients to use which would help with avoiding admissions to hospital. The CSU had conducted a limited evaluation at the end of the pilot. The evaluation concluded that it was a good admissions service, the GP covering the home praised the service and it was favourable by patients and carers. An audit

conducted by a geriatric consultant showed that 86% of patients were in the right place and 56% were discharged home.

The evaluation recommend that the service continued. There would be no extra costings as this would be covered under the block booking of the beds.

Ms Garcha advised that Probert Court where the Step Up beds were based was currently suspended to accept Step Down patients. The Step Up patients would continue to use the beds as they were managed by the Rapid Response Team. The Committee discussed this and the recommendation to continue the Step Up Bed Service however due to current situation regarding the Step Down beds, this would need to be monitored in case of any impact on the patients.

RESOLVED: The Committee supported the recommendation to use 2 Step Up beds at Probert Road, however this would need to be monitored in light of the suspension of Step Down patients at the home.

Any Other Business

CCM593 There were no items raised.

Date, Time and Venue of Next Meeting

CCM594 Thursday 27 July 2017 at 1pm in the CCG Main Meeting Room

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**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 27th July 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	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation (Chair)	Yes
Tony Gallagher	Chief Financial Officer	No
Manjeet Garcha	Executive Director Nursing & Quality	Yes (part)
Lesley Sawrey	Deputy Chief Finance Officer	Yes
David Bush	Governing Body GP	Yes
Sarah Smith	Interim Head of Commissioning - WCC	No

In Attendance ~

Vic Middlemiss	Head of Contracting & Procurement	Yes (part)
Helen Pidoux	Administrative Team Manager	Yes
Mark Williams	Commissioning Manager WCC	Yes
Ranjit Khular	Primary Care Transformation Manager	Yes (part)
Sandra Smith	Commissioning Development Manager	Yes (part)
Sunita Chhokar	Senior Finance Manager Primary Care	Yes (part)

Apologies for absence ~

Apologies were submitted on behalf of Tony Gallagher, Juliet Grainger and Sarah Smith

Declarations of Interest

CCM603 Dr Morgans declared that he was an employee of The Royal Wolverhampton NHS Trust in his role as a locum GP.

Dr Bush declared a potential interest in item CCM600, Primary Care In-Reach Team as a GP in the Wolverhampton area.

RESOLVED: That the above is noted.

Minutes

CCM604 The minutes of the last Committee meetings, which took place on Thursday 22nd June 2017 were agreed as a true and accurate record.

The following minor amendments were noted to be changed;

- Mark Williams – title to be corrected to Commissioning Manager
- CCM599 – word ‘gage’ to be changed to ‘gauge’
- CCM600 – word ‘careers’ to be amended to ‘carers’

RESOLVED: That the above is noted.

Matters Arising

CCM605 It was asked that report writers are made aware of the use of acronyms and to ensure that these are written in full or included in a list at the end of the report.

RESOLVED: That the above is noted.

Committee Action Points

CCM606 (CCM582) Contracting and Procurement Update

- Communications still to be circulated to GPS and should remain open

(CCM589) Contracting and Procurement Update

- Views of the functionality of the Community Services to be sought – this has not been completed and should remain open.

(CCM591) Contracting and Procurement Report

- Clarification to be sought for re Business Cases for BMI rate increases – evidence request has not been received from Nuffield. Business Case will not go forward until this information is received – action closed

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting. Once the CQC report has been made public a decision can be made to circulate these minutes – action should remain open.
- Procurement Proposal 17/18 – legal advice continued to be sought and the Policy Proposal would be bought to the next meeting. Legal advice had been sought and Policy was agreed by the Committee – action closed.

RESOLVED: That the above is noted.

Review of Risks

CCM607 Work is ongoing to consolidate and condense risks to enable them to be presented appropriately and to allow them to be addressed at the correct forum.

RESOLVED: That the above is noted.

Mr Middlemiss joined the meeting

Contract & Procurement Report

CCM608 Mr Middlemiss presented the Committee with an overview and update of key contractual issues in relation to Month 2 (May 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Contract Performance – it was noted that Month 1 figures, as included in Table 1, can deviate from plan as shown in a number of areas and these have changed in Month 3 reporting. This will be reflected in future reports.

The underperformance of the Excluded Drugs and Devices POD was discussed and it was confirmed that the Trust is reviewing this underspend as they are not able to explain why this is happening.

Exception Reporting Proposal – At the Contract Review Meeting it had been emphasised to the provider the principles that were agreed as the quality of the reports received by the CCG have been very poor. The purpose of the proposal was to avoid Contract Performance Notices, however, good quality information is required in order to do this.

Performance Sanctions – Total fines for Month 1 is £19,000. A row was missing from Table 2 included in the report. Fines totalling £5k had been issued relating to electronic discharges for assessment areas. It was highlighted that targets are now being met for both areas relating to electronic discharges.

Mr Khular joined the meeting

Dermatology – issues continue regarding capacity within this service. A letter received from the Trust on 19th June summarising the position was considered. In order to maintain nursing support for the speciality the Trust are proposing for a temporary period, to transfer the monitoring of clinics and UV light clinics from Cannock Hospital to New Cross Hospital.

A further proposal is that RWT will cease the Dermatology surgical service and transfer appropriate patients to Maxillo-Facial or plastic surgery. The CCG will be seeking assurance that there will not be additional cost to the CCG following the implementation of this proposal.

Ms Smith and Ms Chhokar joined the meeting

Mr Middlemiss agreed to liaise with Laura Morris, Head of Contracting and Business Intelligence at RWT regarding communications to GP's following the letter received from RWT. He also agreed to speak to Sharon Sidhu, Head of Strategy and Transformation, regarding the scope of the Community Service to ensure that the full capacity is being used.

Service Development Improvement Plan (SDIP) – This has now been signed off and a contract variation issued.

Ms Smith and Ms Chhokar left the meeting

Activity Query Notice – It was highlighted that RWT had raised an Activity Query Notice, in relation to a significant growth in ophthalmology referrals for Telford and Shropshire CCG. This has resulted from Shropshire and Telford Hospitals Trust closing to referrals in three sub-speciality areas due to consultant workforce shortages.

A meeting had taken place between the Trust, CCG and Shropshire CCG and there will be further meetings as it anticipated that this suspension will be extended. The implication to the CCG is that it could impact on the Trust's ability to meet its headline RTT target, although the extent of this risk is unknown at this stage. A Joint Activity review will be undertaken and activity data from both sides will be shared so that the impact can be properly quantified and solutions established accordingly.

Black Country Partnership Foundation Trust

Care Programme Approach – Letter of concern – Mr Middlemiss stated that the performance of this Trust is well assured. However, a concern had been raised regarding the application of the Trust's Care Programme Approach (CPA) policy for all patients that may be suitable. A detailed letter had been sent to the Trust raising specific concerns and requesting further information for assurance purposes. A full review had also been requested and a Task and Finish group initiated to address this and to ensure all patients are reviewed for CPA appropriately across all areas.

Nuffield

Contract Issue – a sanction has been applied for Month 2 for failure to send a full Serious Untoward Incident (SUI) report within agreed timescales. The provider stated that they were not aware of the SUI reporting procedure. A meeting is to be held to ensure that the provider is fully aware of incidents that require reporting and the processes and procedures to be followed.

Business Cases

BMI Criteria Business Case from 35-39 BMI – This evidence requested has not been received from Nuffield. This will not go forward for consideration until this information is received.

MRI Direct Access – The business case submitted did not include sufficient information for serious consideration. The CCG has asked that this is resubmitted

and the onus is on Nuffield to do this.

Other Contracts/Significant Contract Issues

WMAS – Non-Emergency Patient Transport (NEPT) - RWT raised with the CCG the implications including cost pressures on the Trust due to delayed transfers. This is being managed through the Contract Reviews Meeting with the Provider.

Urgent Care Centre – A Contract Performance Notice had been issued and there is still a high level of concern around quality, data and operational elements, including staffing levels. This is being managed through an Improvement Board who are monitoring over 200 individual actions.

Probert Court Nursing Home – A phased lifting of the suspension has been agreed in conjunction with the CCG's Quality Team, There will be a steady increase in the number of admissions. Currently this is at 4 admissions per week. The provider is showing sufficient improvement to allow this to happen.

As a result of the suspension, bed utilisation at the home is very low. This is poor value for money on a block contract and the CCG is paying for alternative arrangements for patients suitable for discharge to this home. The provider has been advised of the CCG's intentions to recover a proportion of the contract value to cover this loss. A proposal will be developed at the end of the suspension period. Clarification was given that it was not the role of this Committee to agree the level of fine, however, it will be sighted on this.

Procurement

Mr Middlemiss presented the Committee with a summary of the current and future procurement schedule. The following was noted;

- ILS equipment service – start date to be revised from 1st April 2017. Discussions are continuing with the Local Authority and a decision is expected by the end of September as to whether this continues as a joint procurement.
- Pharmacy Advisory Support – this has been agreed by the Governing Body. The start date is to be amended to August 2017.

It was questioned as to the current levels of utilisation of the MSK services. It was agreed to provide feedback on this at the next meeting.

Mrs Garcha joined the meeting

RESOLVED:

The above was noted and that:

- Check with RWT regarding communications to GPs following letter from RWT relating to Dermatology services

- Check the scope of the Community Dermatology service to ensure that the full capacity is being used.
- Wording of the Procurement Policy was agreed with a minor change from i.e. to e.g.
- Update on figures of activity for MSK service to be report at next meeting.

Primary Care In-Reach Team

CCM609 A point was made about naming and synchronisation of the Community In-Reach Teams as a whole. It was proposed that a harmonisation strategy for these services is considered.

Mr Khular, Primary Care Transformation Manager, presented a report to the Committee which gave an overview of the scope of this Team. He explained the key headlines of the scheme and that it was funded from February 2016 until 31st July 2017.

The Committee was asked to review the findings of the evaluation of the current service and consider the 3 proposals outlined in the report;

- Option 1 – continue to deliver the service to the homes that the service is being delivered to.
- Option 2- Extending the scheme to cover all homes within the SPACE programme and the NHS111*6 services to offer a comprehensive offer of support
- Option 3 – Extending the scheme to cover all the 20 homes with the highest number of unplanned admissions.

It was noted that the Primary Care Programme Board had considered these options and supported Option 3.

The impact of the scheme was considered and it was felt that for evaluation purposes this needed to be more drilled down to give a clearer indication of the impact on the reduction of admissions.

Discussions took place regarding whether reactive teams have more impact or if these team prevent admissions by working closely with the homes including the training of staff. It was clarified that an overview of all the teams together was being undertaken.

Ms Smith and Ms Chhokar joined the meeting

The cost of extending the scheme was raised and it was noted that this money was available. It was noted that there is a need to identify the source of funding in future reports.

RESOLVED: The Committee supported the recommendation to extending the scheme to cover all the 20 homes with the highest number of unplanned admissions (Option 3). This would be funded from September 2017 to March 2018.

The Committee requested that consideration is given to the naming and

synchronisation of the Community In Reach Teams.

Mr Khular left the meeting

Atrial Fibrillation – Business Case

CCM610 Mr Marshall reminded the Committee that this business case had been considered on a number of occasions. A fundamental challenge had been made by the Committee relating to assumptions of cost and impact.

Consideration was given to the cost of the project and it was noted that the figures did not include hidden costs such as rehabilitation and community/domiciliary care. Assumptions made regarding the number of strokes that could be avoided are difficult to quantify and it is possible that the benefits may not be seen for a number of years.

Concerns were raised regarding the impact of resources for the CCG by going forward with this business case and it was clarified that other services would need to cease. It would be necessary to identify where the money to support this project would come from.

The consequence of a successful pilot was also raised as it may be that the money is not available to roll out the pilot. It was confirmed that similar schemes had been implemented nationally however it is difficult to show the correlation in return for the investment.

RESOLVED: The above was noted and the Committee agreed to recommend to the Governing Body not to pilot this scheme due to the impact on the future financial position of the CCG.

Ms Smith and Ms Chhokar left the meeting

Any Other Business

CCM612 There were no items raised.

Date, Time and Venue of Next Meeting

CCM613 Thursday 24th August 2017 at 1pm in the CCG Main Meeting Room

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 27th June 2017
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr M Hastings	Director of Operations
Mr S Marshall	Director of Strategy and Transformation

In regular attendance:

Mr G Bahia	Business and Operations Manager
Mr V Middlemiss	Head of Contracting and Procurement

In attendance

Mrs M Garcha	Executive Director of Nursing and Quality (part meeting)
Mrs H Pidoux	Administrative Team Manager

1. Apologies

Apologies were submitted by Dr Bush, Mr Oatridge, Mrs Sawrey and Mr Hartland

2. Declarations of Interest

FP.172 There were no declarations of interest.

3. Minutes of the last meetings held on 30th May 2017

FP.173 The minutes of the last public and private meetings were agreed as a correct record with the following minor amendments to be made.

It was agreed to amend item FP.186 of the public minutes relating to the Monthly Performance reporting on MRSA to read;

- The MRSA bacteraemia target is nought and there have been no breaches.

4. Resolution Log

FP.174

- Item 101 (FP.135) – Decision required as to which Committee takes the lead for monitoring the uptake of Safeguarding training –

Mrs Garcha attended the meeting and confirmed that the Quality and Safety Committee scrutinise both the quantitative and qualitative issues related to Safeguarding. She further clarified that the CCG has leads for both Adult and Children's Safeguarding. Regular reports are taken to the Clinical Quality Review Meeting (CQRM). Representatives from the CCG also attend Strategic Provider meetings relating to safeguarding which report into the CQRM. Mrs Garcha stated that the CCG has representation at the Local Children's Safeguarding Board. It was agreed that if discussions relating to Safeguarding at this Committee require escalation this should be done through the Quality and Safety Committee.

It was noted that the delay in this action being addressed was due to a number of factors which had delayed it being taken to the Weekly Executive meeting as planned and that Mrs Garcha was not aware of the action – action closed.

Mrs Garcha left the meeting

- Item 107 (FP.158) – 100% achievement of Board level staff attending safeguarding training to be ratified – Mr Bahia reported that all Board Level staff have now completed the Safeguarding model. It was noted that assurance for this is raised through the CQRM meeting – action closed.

5. Matters Arising from the minutes of the meeting held on 30th May 2017

FP.175 Mr Trigg raised that at the last meeting it had been agreed to close the action regarding feedback relating to the format of papers and reporting. He proposed that this should be discussed under 'any other business'. He put forward that instead of presenters talking through their reports only the key issues to be considered should be brought to the Committee's attention either through a verbal report or the significant highlights being included at the front of the report.

6. Finance Report

FP.176 Mr Gallagher reported that at Month 2 the CCG is on target to achieve a surplus based on the monitoring information, however, he noted that this is not yet robust due to it being early in the financial year and that assumptions are based on breakeven. All key metrics are being met.

The CCG target for QIPP for 17/18 is £10.62m. The majority of this is embedded in contracts. £2.018 is not within contracts and of this £616k

has identified plans. The worst case scenario is that the remaining QIPP will not be found as this would be a risk to the CCG finances. A robust analysis of the delivery of QIPP is due to commence to close the existing gap and Programme Boards have already begun work on this.

Through the use of contingency reserves the CCG can offset QIPP failure, however the consequence of this is that there would be none of these reserves to draw on if required.

The level of risk and the mitigations against this was noted in the report and discussed. It was highlighted that there will be a comprehensive assessment of risk and mitigation going forward throughout the year. Assurance was provided that there is a robust process in place for the monitoring and delivery information needed going forward.

Mr Gallagher informed the Committee that the outcome of the escalation of the £4.8m invoice issued by RWT was still awaited.

It was noted that the variances in the performance against plan were not material. As variances start to occur, the QIPP Board, which is chaired by Mrs Sawrey holds the Chairs of the Programme Boards to account. This is then reported into the Finance and Performance Committee via the monthly Finance Report. It is the role of this Committee to report on QIPP to the Governing Body.

A query was raised as to why there was an £1m excess in cash. It confirmed that this had been received from NHS England (NHSE) however the reason for this was not clear. Mr Gallagher agreed to clarify this with Mrs Sawrey.

Resolved: The Committee noted;

- The contents of the report
- Noted that the situation regarding the RWT is still to be confirmed
- Asked for clarification relating to the £1m received from NHSE.

7. Monthly Performance Report

FP.177 Mr Bahia highlighted the following key points from the report;

- Exception and Remedial Action Plan Log - A new exception reporting process has been introduced to better manage performance at RWT. The Trust will be expected to give narrative and set out actions and specific trajectories to recovery. This information will be included in future reports.
A discussion took place relating to the target this is measured against, whether it is the monthly or amalgamated yearly target. It was agreed to review the presentation of this for future reports.

- RTT – performance is marginally below threshold. This is discussed at the CQRM and the trajectory to recovery is around July.

The Trust has raised concerns that Shrewsbury and Telford Hospitals NHS Trust (SaTH) are closing relevant lists which may potentially impact on performance due to additional referrals. The Trust has asked for the CCG's support in writing to SATH setting out these concerns and the CCG has agreed to this. This will continue to be monitored at the CQRM meeting.

- Diagnostics – has been under achieving for several months, however, the target will have been achieved in May. The Trust is confident that this performance will be maintained.
- A&E – performance has been the best monthly since Sept 2016. A summary of recommendations and actions relating to the key areas from the Matthew Cooke report to the CCG's Quality and Safety Committee is awaited.
- 62 day cancer waits – breaches have occurred in 2 weeks wait and both 31 day standards which is unusual. In April there was a reduction in capacity and an increase in referrals was seen aligned to cancer campaigns. All three areas have recovered and targets have been achieved in May.

The Trust has signed up to a new CQUIN project, agreeing that all referrals by October 2018 will be through the electronic ERS system. Issues have occurred regarding the availability of appointments to be booked. Analysis of this is taking place and the CCG are pushing back to the Trust to ensure appointments are available.

- Zero tolerance RTT waits over 52 weeks wait for incomplete pathways – Performance is currently ahead of the recovery trajectory (all orthodontic patients). The Trust's Remedial Action Plan for the Orthodontic breaches has a recovery trajectory confirming zero breaches by June 2017.
- Delayed Transfer of Care – health related transfers are below the 2.5 % threshold and on target, however, social care delays are impacting significantly on combined performance. Issues around Staffordshire delays are impacting on performance. The Staffordshire and Cannock CCG's have formally responded to NHSE regarding improving the DTOC position and have identified actions to address the issue.
- Black Country Partnership NHS Trust – Percentage of people who are moving to recovery of those who have completed treatment in the reporting period IAPT – moving towards achieving target.

During the last call with NHSE there was found to have been a variance in figures published by NHSE. The CCG is working with both the provider and NHS to understand the variance and identify any data anomalies.

Resolved: The Committee noted the content of the report

8. Monthly Contract and Procurement Report

FP.178 Mr Middlemiss presented this report and highlighted the following key points;

Royal Wolverhampton Trust (RWT) –

- Business Cases for fines/MRET/readmissions - it was noted that this had been considered at the last Committee meeting. The proposal had been shared with the Trust for comments by 16th June. As no further comments had been received and as there had been a number of opportunities for the Trust to comment this proposal will now be introduced. This will give a more proactive approach and the Trust will be required to generate and submit relevant business cases throughout the year.
- Dermatology – The Trust is working on a detailed action plan which is to be shared with the CCG. After discussion it was noted that there was disparity around what was being reported to different areas of the CCG. It was agreed that it is important to review the plan to consider its contents.
- Service Development Improvement Plan (SDIP) – A letter had been received from RWT raising 3 areas of concern. These have been resolved and agreement reached. This will be varied into the contract and will help support 18/19 QIPP.

Black Country Partnership Foundation Trust (BCPFT) –

- Performance Dashboard – it has been agreed that a specific performance dashboard will be produced for Wolverhampton alone rather than a combined one. This will provide better information and assurance for the CCG.

Other Contracts/Significant Contract Issues

- WMAS Non-emergency Patient Transport (NEPT) – issues continue with long waiting times and collection. A letter has been received from RWT raising concerns as these impact on

discharges and causes beds to be blocked. The Provider has been requested to provide detailed information for the Contract Review meeting next week. A Contract Performance Notice will be issued if the response is not adequate.

Urgent Care Centre(Vocare)

Since the implementation of the Improvement Board the position has improved. Vocare have paid the invoice for underachievement. A business case has been submitted to the CCG to recoup some of the money via an incentive based offer. The submission details that the funds would be used to supply dedicated Vocare National Triage Service support for Wolverhampton GP Out of Hours and the Urgent Care Centre. This submission has been approved with 50% of the money being paid and the other 50% to be paid at a later date.

Resolved – The Committee:

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

10. Any Other Business

FP.179 It was agreed that going forward reports to the Committee should contain an additional executive summary at the beginning to highlight key areas for the Committee to consider. The rest of the reporting should remain the same as in current reports.

11. Date and time of next meeting

FP.180 Tuesday 25th July 2017 at 3.30pm, CCG Main Meeting Room

Signed:

Dated:

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 25th July 2017
Science Park, Wolverhampton**

Present:

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

In regular attendance:

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

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Mr Hartland.

2. Declarations of Interest

FP.181 There were no declarations of interest.

3. Minutes of the last meetings held on 27th June 2017

FP.182 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.183

- Item 109 (FP.176) – Clarification to be sought relating to the £1m excess in cash – Mrs Sawrey noted that an amount of Cash is drawn down each month from NHSE. An anticipated payment to the Local Authority has been delayed although the cash has been drawn down. It is expect that this will have been paid by the next reporting round.

5. Matters Arising from the minutes of the meeting held on 27th June 2017

FP.184 Mr Trigg noted that at the previous meeting changes to the format of reports was discussed and he would pick this up throughout the meeting in respect of each report.

6. Contract and Procurement report

FP.185 Mr Trigg commented that he was happy with the lay out and content of this report and did not need any revision.

Mr Middlemiss presented this report and highlighted the following key points;

Royal Wolverhampton Trust (RWT) –

Exception Reporting Proposal – this process was implemented two months ago and there are concerns regarding the quality of the information received from RWT as this is poor and insufficient. The Trust is to be reminded at the Contract Review Meeting (CRM) of the key principles which were agreed to improve the process and that there needs to be a significant improvement to the level of reporting.

It was queried if there were any levers that could be used regarding this. Mr Middlemiss confirmed that a Contract Performance Notice could be issued. .

Mr Gallagher joined the meeting

Performance Sanctions – It was noted that there should be an additional row in the table relating to electric discharge summaries for assessment areas where fines for £5k have been issued taking the sanctions total to £19k.

Dermatology – A letter has been received from RWT outlining a proposal to deal with the present pressures on this service. A staffing model has been planned to consolidate the workforce by transferring this work from Cannock to New Cross Hospital. RWT also proposes to cease the Dermatology surgical service and transfer appropriate patients to either Maxillo-Facial or plastic surgery.

This was discussed in detail and the following issues and actions identified;

- Follow ups activity is significantly above plan which contradicts the fact that there are capacity issues it was agreed to pick this up at the next CRM.
- It was noted the Community provider has different contractual responsibilities. It was agreed to speak to the Sharon Sidhu, head

of Strategy and Transformation and Sharon Nisbet, Assistant Development Manager to establish if there are any performance issues for this provider.

- Any financial implications of transferring the surgical services to either Maxillo-Facial or plastic surgery to be raised at the CRM.
- Discussion to take place with Sarah Southall, Head of Primary Care around the options available in Primary Care.

Service Development Improvement Plan (SDIP)

This plan is now included in the RWT contract.

Activity Query Notice – The CCG has supported RWT in raising concerns to Shropshire and Telford CCG regarding the suspension of the ophthalmology referrals to Shropshire and Telford Hospitals Trust (SaTH). This has increased the amount of cross border referrals to RWT which could impact on the Trust's ability to meet its headline RTT target although the extent of this risk is not known at this stage. A joint activity review is to be undertaken and further meetings held to complete this. The impact will continue to be monitored.

Black Country Partnership Foundation Trust

Care Programme Approach – Letter of Concern – following two patient incidents it has been highlighted that the Trust's Care Programme Approach (CPA) policy is not applied to all patients that may be suitable. A letter raising specific concerns hand request further information for assurance purposes has been sent. A full review has been requested and a Task and Finish group initiated.

WMAS – Non-Emergency Patient Transport (NEPT)

Issues continue with performance which is below required standards. The provider has acknowledged that there are problems and actions are being taken to address this including restructuring of the management team to ensure it is sufficiently resourced and resilient. The main concerns are that where the key performance indicators are failing this is impacting on other providers due to the delay in discharging patients. The CCG is in the process of raising a Contract Performance Notice.

Urgent Care Centre

A Contract Performance Notice has been issued. There are two key areas of concern;

Data reporting against the 95% waiting time target – information is not being reported correctly and there are concerns regarding the ability to meet target.

Quarter 4 sanctions remain unresolved in terms of agreement between both parties relating to Serious Untowards Incidents and failure to meet the 95% target. The Provider had written to the CCG requesting that the money clawed back due to underperformance was waived. The Committee supported the CCG's stance that it is not prepared to do this as it relates to do different issues and the Provider is being held to account.

Probert Court Nursing Home

This service is currently suspended to new admissions. As a result of this bed utilisation at the Home is very low which equates to poor value for money on the block contract and the CCG paying for alternative arrangements for patients. A letter has been sent to the provider advising them of the CCG's intention to recover a proportion of the contract value to cover this loss. A proposal will be developed at the end of the suspension period.

Resolved: The Committee;

- Noted the contents of the report
- Agreed these actions in relation to Dermatology Service
 - Review follow up activity levels at CRM
 - Discussions performance of Community Provider for Dermatology Service
 - Interrogate financial implications for the transferring surgical services to either Maxillo-Facial or plastic surgery
 - Consider options available in Primary Care.
- Supported the CCG's stance not to waive the financial sanctions imposed at Month 4

7. Monthly Performance Report

FP.186 the changes to the report were noted by the Committee it was asked that a report page reference was added to the indicators in the Executive Summary going forward.

Mr Bahia highlighted the following key points from the report;

- RTT – Performance is the highest since April 2016. RWT are not expecting to meet target against its projection in Month 4. The Provider is working on where performance has fallen away and how to address this. It was noted that NHS will change this slippage and that the CCG will need to give assurance that it is being addressed and that performance will improve.

- A&E – Increased performance (4 hour wait), the highest for a number of months and is above proposed STF trajectory.

No specific impact of the recent cyber-attack was seen, performance was consistent.

- 62 day cancer waits – this is the most challenged area. As part of a shared learning programme, the Trust has been paired with Leeds Teaching Hospital NHS Trust and a visit occurred during June. The CCG is awaiting feedback on any learning and actions following the visit.

Performance is discussed at the Clinical Quality Review Meeting (CQRM) and Contract Review Meeting (CRM) with the Trust who confirm that they have been in discussions with NHS Improvement (NHSI) regarding an STF trajectory to achieve only 83% by year end, however, this is not yet been formally agreed. It was noted that Transformation money was made available against this target. It was agreed to raise this at the CRM meeting that a plan is required as to how this money will be spent. Clarification was given that an action to improve and sustain performance is embedded through the CQRM meeting.

- Delayed Transfer of Care (DToCs) – standards are being met for health related transfers, however, social related transfers continue to fail to meet target. This is discussed at the monthly CQRM and CRM and as part of the CCG Assurance Call Agenda with NHS England. A threshold of 3.5% by September 2017 (combined NHS and Social Care related delays) has been agreed between RWT and the Local Authority. A set of actions have been agreed to support this work and to achieve the threshold below September 2017.

It was agreed to check if the numbers include Staffordshire and Walsall patients.

- Diagnostics tests – performance has achieved the 99% target for the first time since October 2016. RWT are looking to maintain this standard consistently.

Black Country Partnership NHS Trust – there are discrepancies between local and national reported figures (locally achieving over 50%, nationally under 50%). The Trust is carry out a review of data including cleanse and audit to recover performance as it is below standard. Clinicians are on board to review discharges and information on system. Weekly updates are received by the CCG and there is confidence that this can be recovered. An update will be brought following the next CQRM meeting.

Resolved: The Committee

- noted the content of the report
- asked that that clarification be sought as to whether the DToC numbers include Staffordshire and Walsall patients.

8. Finance Report

FP.187 Mrs Sawrey reported that at Month 3, June 2017, the CCG is on target to meet financial targets with the exception of the cash balance which is expected to recover by the next reporting round as discussed earlier in the meeting.

Additional QIPP savings have been identified in Month 3, some of which is non recurrent. The CCG is maintaining a nil net risk as mitigations match identified risk at Month 3.

Mrs Sawrey highlighted that in Month 3 the CCG had received a number of non-recurrent allocations and plans are being developed to spend these. Recurrent allocations have also been received in relation to delegated Primary Care.

The greatest risks to the CCG finances were reported as RWT over performance, Mental Health and Prescribing.

Elective activity at RWT is underperforming at Month 3 and there are concerns relating to the impact of this on RTT performance. Non elective activity continues to over perform substantially.

A&E activity and costs are above plan as over performance continues. Discussions took place regarding the triage pathway and whether this is influencing where patients are seen as the Urgent Care Centre is under performing against contract.

It was noted that a resolution has not been received regarding the £4.8m invoice from RWT which is currently in dispute. It was noted that there are concerns that this could be a reoccurring issue this year.

Mr Hastings raised that work is ongoing with Black Country Partnership NHS Trust to reduce delayed transfers once a patient is deemed fit for discharged. It is anticipated that the figures for this will reduce following this work.

There is limited data available for Prescribing at this point of the financial year. This will be closely monitored going forward.

The Chair suggested changes to be made to the report in future.

Resolved – The Committee:

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

10. Any Other Business

FP.188 There were no items raised.

11. Date and time of next meeting

FP.189 Tuesday 29th August 2017 at 2.00pm, CCG Main Meeting Room

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 6th June 2017, Commencing at 2.00 pm in the in PC108, Creative Industries,
Wolverhampton Science Park

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	No
Manjeet Garcha	Executive Lead Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

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

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
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)	No
Jane Worton	Primary Care Liaison Manager (WCCG)	No
Jim Oatridge	Interim Chair (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer (WCCG)	No
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC44 Ms Roberts welcomed attendees to the meeting and introduced Les Trigg new Vice Chair of the Committee, Jim Oatridge, Interim Chair Wolverhampton CCG and Mike Hastings within his new role as Director of Operations.

Apologies for absence

WPCC45 Apologies were submitted on behalf of Peter McKenzie, Jeff Blankley Steven Marshall, Dr Reehana, Jane Worton, Jenny Spencer and Dr Helen Hibbs.

Declarations of Interest

WPCC46 Dr Kainth declared that, as GP he had a standing interest in all items related to primary care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

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 Primary Care Commissioning Committee Meeting Held on the 2nd May 2017

WPCC47 RESOLVED:

That the minutes of the previous meeting held on 2nd May 2017 were approved as an accurate record subject to the following amendment:

WPCC31 Extended Opening Hours Schemes Joint Evaluation Report (Page 4) - A spelling mistake it should read *'The report provided an overview of the three WCCG extended access scheme during December 2016 to March 2017'*.

Matters arising from the minutes

WPCC48 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

WPCC49 Minute Number PCC302 – Premises Charges (Rent Reimbursement)

The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open.

Minute Number WPCC31 – Extended Opening Hours Scheme Joint Evaluation Report

An update to be provided at the July 2017 meeting.

RESOLVED: That the above is noted.

Governing Body Report/Primary Care Strategy Committee Update

WPCC50 Mrs Southall presented to the Committee the Primary Care report that was present to the Governing Body meeting in May 2017 and provided the following update;

- An overview of the Primary Care Strategy programme milestones that have been achieved since the summer of 2016. This also included an update on the up and coming priorities over the next quarter for each Task and Finish Group.
- All Practices apart from two have aligned within Practice Grouping New Models of Care.
- The 10 High Impact Services have been scoped.
- The Service Specification for Risk Stratification is being finalised.
- Group Level Dashboard will be available from July onwards.
- There were two exception reports considered by the Primary Care Strategy Committee in relation to Practices as Providers and Localities as Commissioners.
- The General Practice Forward View CCG plan has been fully assured by NHS England and the programme of work is underway to implement each of the projects.

The Committee noted the reports content and congratulated Mrs Southall and the achievements that been made over the last 12 months.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC51 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 23rd May 2017. The following items were highlighted to the Committee;

- The Quality Team are undertaking a review regarding IG breaches raised through Quality Matters, assurance has been given that they have reduced because of raised awareness and training has been provided.
- It was reported that there are fewer Friends and Family responses than the previous month. The number of practices with no data submissions has increased and this issue is being investigated as part of the contract route.
- A report was provided regarding the revised GP Enhanced Standards audit. The report has previously been agreed at the CCGs Quality and Safety Committee and the standards have been agreed and operational from the 1st April 2017 in vertically integrated practices. Feedback from LMC has been that they intend to advise practices to maintain national rather than local standards. It has been suggested that Infection Prevention Team run with both audits against both sets of standards and a report on the outcomes be shared with the Group and the Committee.
- The Estates Prioritisation is in the process of being finalised and will be shared with the Governing Body in August 2017.

The Committee accepted the report and asked if further detail could be provided to provide background in order to fully understand pertaining issues that were being highlighted.

RESOLVED: That the above is noted.

Application to close Branch Site – Dunkley Street

WPCC52 Ms Shelley presented to the Committee an application to close Dunkley Street Surgery which is a branch surgery of Prestbury Medical Practice. The business plan to support this application was shared with the Committee.

Dunkley Street Surgery was acquired in 2010 when the Practice merged with another local practice due to retirement of the incumbent GP. The partners have now reviewed their branch operation they have outlined within the business plan the number of issues they face, these include;

- Have been unsuccessful in recruiting into clinical posts and experiencing difficulty in providing appropriate cover to all sites.
- A number of concerns and issues with the premises at Dunkley Street including infection prevention issues and limited accommodation for the staff.
- Keeping the branch open is a continual financial burden due to the increasing locum doctors.
- Staff are becoming reluctant to work at the site due to fears of safety.

It was highlighted that Patients can remain registered with the practice and can still be seen at either the other two sites. The Prestwood Road West site is 2.6 miles and Bushbury Health Centre is 3 miles from Dunkley Street.

Ms Shelley notified the Committee that the Primary Care Operational Management Group had requested that surrounding practice were contacted to ensure they were aware of the situation in case of an potential increase in demand in patients asking to register with them. There were seven practices contacted who are open to new patient registrations.

The patient engagement process undertaken with patients consisted of the following;

- Meetings with the patient participation group on three separate occasions.
- Letters have been sent to patients requesting feedback.
- Posters have been displayed in reception area.
- The practice website has been updated.
- Attended a patient forum meeting of 100 attendees and feedback has been outlined within the business plan.

Ms Roberts noted that from the meetings with patients they are concerned the surgery is closing and asked if support will be provide to patients to reregister. It was confirmed if a decision is made to approve the closure a letter will be sent to patients including how and where they can reregister. It was agreed that Ms Shelley would look into a coms strategy to support the patients and closure of the surgery.

The Committee reviewed the business plan and agreed to approve the application to close Dunkley Street Surgery branch site.

RESOLUTION: Ms Shelley to review the option of a coms strategy to support the patients and closure of the surgery.

Any Other Business

WPCC53 There were no further discussion items raised by Committee or members of the public.

RESOLVED: That the above is noted.

WPCC54 **Date, Time & Venue of Next Committee Meeting**
Tuesday 6th June 2017 at 2.00pm in PC108, 1st Floor, Creative Industries, Wolverhampton Science Park

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 4th July 2017, Commencing at 2.00 pm in the in Stephenson Room,
Technology Centre, Wolverhampton Science Park

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
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
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

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

Non-Voting Observers ~

Katie Spence	Consultant in Public Health on behalf of Ros Jervis, Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	No
Jim Oatridge	Interim Chair (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer (WCCG)	No
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
David Birch	Head of Medicines Optimisation (WCCG)	Yes
Tally Kalea	Commissioning Operations Manager (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC65 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC66 Apologies were submitted on behalf of Jane Worton, Manjeet Garcha, Mike Hastings, Jeff Blankley, Jenny Spencer, Elizabeth Learoyd, Sarah Gaytten, Ros Jervis, Dr Helen Hibbs, Dr David Bush and Tony Gallagher.

Dr Reehana entered the meeting

Declarations of Interest

WPCC67 Dr Reehana declared that, as GP she had a standing interest in all items related to primary care. As this declaration did not constitute a conflict of interest, Dr Reehana remained in the meeting whilst these items were discussed.

Dr Reehana declared that, as a GP she had an interest in agenda item 11 Zero Tolerance Policy (revised) as the practice is the service provider. It was agreed as the Committee was only reviewing an amendment to the policy Dr Reehana could remain within the meeting but could not contribute to the discussions.

RESOLVED: That the above is noted.

Minutes of the Primary Care Commissioning Committee Meeting Held on the 6th June 2017

WPCC68 RESOLVED:

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

Matters arising from the minutes

WPCC69 **Extended Opening Hours Scheme A&E Review Attendance Data**

Mrs Southall shared with the Committee the figures of attendance data for A&E to determine the level of demand in particular over the bank holiday period. The figures were presented within the following tables;

Bank Holiday Period	Number of Attendances @ Hubs	Number of Attendances @ Urgent Care Centre		Potential Cost Savings (non attendance at RWT)	
		2016	2017	Urgent Care Centre £44.54	A&E £91.00
Easter (Friday & Monday)	119	-	596	£5,300	£10,829
Monday 1 May	35	274	270	£1,558	£3,185
Monday 29 May	112	257	264	£4,988	£11,193
Potential Cost Savings				£11,846	£25,207

Average Cost Per Hub/Day	£800 VI & £1500 Others
Number of Hubs Open Easter	7 = £10,500
Number of Hubs Open May	9 = £13,500
Total Cost of Hub Service	£24,000

Mrs Southall stated currently it was too early to state if any potential savings have been made, however they are fully prepared and more informed for the next bank holiday period in August and they will continue to reflect and monitor the service.

RESOLVED: That the above is noted.

Committee Action Points

WPCC70 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**
The Committee was informed that the NHS England are still awaiting the cost directives. Action to remain open.

Minute Number WPCC31 – Extended Opening Hours Scheme Joint Evaluation Report

Ms Southall update on attendance data for A&E/level of demand for the bank holiday period is covered by the July Agenda. Action closed.

Minute Number WPCC52 – Application to close Branch Site – Dunkley Street

Ms Shelley informed the Committee they are working with the practice on the exit strategy and Helen Cook from the WCCG Communications Department has prepared information to support the patients.

RESOLVED: That the above is noted.

Pharmacy First Scheme Report

WPCC71 Mr Birch presented a report on the pharmacy first scheme for patients aged 16 and over to the Committee. The service was provided by the Community Pharmacy Team and was commissioned by NHS England. The service has been decommissioned by NHE England at the end of June 2017.

It was highlighted that the Committees remit of decision making did not cover the decision making of extension of services. The report therefore is seeking assurance for the Committee to recommend that the Director (budget holder) to make the decision for the CCG to continue to commission the service for over 16 years' olds in the short term from July 2016 – March 2018.

A discussion took place regarding the service and the level of equity of the service. It was noted the service is accessible across all of Wolverhampton and available for all patients, however it was noted the higher areas of deprivation

would most access the service more frequently. Mr Birch noted that that the service has been widely advertised through posters within GP practices and pharmacies. It was suggested the information be presented at the Practice Managers forum as it was stated they often advise patients where to access treatment/service if patients are unable to get a GP appointment..

Ms Southall informed the Committee the CCG has been working closely with Wolverhampton Local Pharmaceutical Committee who are supportive of the CCG to extend the service and to raise awareness within the Pharmacies.

The Committee reviewed the costings and activity data within the report and agreed to the recommendation that the Director (budget holder) to make the decision for the CCG to continue to commission the service for over 16 years' olds from July 2016 – March 2018. The Director Mr Marshall agreed that the CCG continues to commission the service for over 16 years' olds from July 2016 – March 2018.

RESOLUTION: It was agreed David Birch to provide information of the service which can be presented to the Practice Managers forum.

Mr Birch left the meeting

Primary Care Quality Report

WPCC72 Ms Roberts shared the quality report in Ms Garcha's absence which is provide to the Committee with an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.

The following was highlighted to the Committee;

- **Infection prevention** – no reports were received within the month as there are no visits within the first quarter due to follow up visits being undertaking to provide assurances that actions from last year's audit are being completed. The visits for 2017/2018 will commence in quarter 2.
- **Friends and Family Test** - the number of practices with no data was 8, the number of practices that had data suppressed was 7 and the number of practices with zero responses was 2. Overall practices with no data available has improved on last month (33% to 36% and on May 38%), this shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. Ms Shelley informed the Committee she is working with Liz Corrigan, Primary Care Quality Assurance Coordinator and NHS England to review those practices not submitting data and the issues within the system the Practices are experiencing.
- **Quality Matters** – There are currently 5 on-going primary care quality matters.
- **Complaints** – There are 10 complaints that have been processed by NHS England within 2016/2017. It was highlighted the report needed to make clear that the 10 complaints were formal complaints raised by patients to NHS England that could not be handled or managed by the practice.

- **Risk Register** – It has been highlighted that the Quality team are currently discussing the option of presenting the risks live at the various committee meetings from September.

RESOLUTION: The quality report to ensure that it makes clear that the majority of complaints are managed by the GP practices, however some are either escalated to NHS England or made directly to NHS England and are resolved in collaboration with the GP Practice.

Governing Body Report/Primary Care Strategy Committee Update

WPCC73 Mrs Southall informed the Committee the Governing Body report had not yet been considered by the Governing Body and therefore would not be appropriate to share with the Committee.

Mrs Southall shared with the Committee the minutes of the Primary Care Strategy Committee Meeting held in June 2017. An overview was provided of the work and discussions that took place. The Committee accepted the minutes and the update provided.

RESOLVED: That the above was noted

Primary Care Operational Management Group Update

WPCC74 Mr Kalea presented the Primary Care Operational Management Group Update Report on behalf of Mr Hastings. The report provides an overview of the discussions that have taken place at their meeting held on the 20th June 2017 and the following was highlighted to the Committee;

- The Friends and Family Test submission compared to the previous month the recommended percentage response has increased to 89% in May 2017 from 85% in April 2017. This is in line with the national average.
- 10 Primary Care complaints processed by NHS England for 2016/2017 and of these 50% related to clinical treatment but no themes or patterns have been identified. The CCG have raised their concerns regarding the level of detail provided by NHS England.
- Three CCGs Strategic and Operational Estate Teams across the Black Country and working upon developing a Black Country wide Estates approach. The aim is to provide a more efficient way of developing Estates Guidance. The SLA is being developed and the CCG should receive this by next week.
- A CQC update was provided and an issue highlighted with regards to regards to the changeover of EMIS Web that some practices needed training which the IM&T Team have been supporting.
- The GP Practice Contract Review visit programme for 2017/2018 continues with a visit being completed in May to Probert Road Surgery which was successful.
- The IT Migration Plan which outlines the stages of the Practice migrations and merges remains on target.

Mr Marshall asked after the migration plan was complete how many practices would remain on ETPP compared to EMIS web. Mr Kalea noted that by March 2018 all GP Practices would be on one clinical system EMIS web.

The Committee accepted the report and the update.

Mr Kalea left the meeting

Zero Tolerance Policy (Revised)

WPCC75 Mrs Southall informed the Committee following approval of the policy and service specification for the Zero Tolerance scheme it has become apparent within operation there was ambiguity between the specification and policy. Mrs Southall therefore highlighted the changes within the policy under section 2.1.

Mr Oatridge asked for clarity under section 3.1 who was the chair of the review panel, as it states two different roles have the responsibility for this function. It was agreed that it would be the Head of Primary Care and this would be amended accordingly.

Mr Marshall asked if a QIA and EIA had been undertaken, Mrs Southall confirmed the QIA was in process and the EIA needed to be undertaken. Mrs Southall agreed to process the EIA.

The Committee agreed to the revised Zero Tolerance Policy and subject to the additional amendments that needed to be undertaken.

RESOLUTION: Mrs Southall to make changes to the zero tolerance policy and ensure a QIA and EIA has been undertaken.

Any Other Business

WPCC76 Ms Roberts took the opportunity to record thanks to Ros Jervis for her contributions to the Committee and wished her well within her future role.

RESOLVED: That the above is noted.

WPCC77 **Date, Time & Venue of Next Committee Meeting**
Tuesday 1st August 2017 at 2.00pm in PC108, Creative Industries, Wolverhampton Science Park.



WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Thursday 15 June 2017

Commencing at 12.30pm in the CCG Main Meeting Room, Wolverhampton Science Park,
Glaisher Drive, Wolverhampton

Present:

Steven Marshall	Director of Strategy & Transformation (Chair)
Sarah Southall	Head of Primary Care, WCCG (Vice Chair)
Vic Middlemiss	Head of Contracting & Procurement, WCCG
Sharon Sidhu	Head of Strategy and Transformation, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Jason Nash	New Models of Care Project Manager, WCCG
Jane Woolley	Project Manager Office Lead, WCCG
Laura Russell	Primary Care PMO Administrator, WCCG
Manisha Patel	Administrative Officer, WCCG

Declarations of Interest

PCSC167 There were no declarations of interest.

Apologies for absence

PCSC168 Apologies were submitted on behalf of Dr Helen Hibbs, Dr B Mehta, Dr S Reehana, Manjeet Garcha, Lesley Sawrey and Barry White.

Minutes and Actions

PCSC169 The minutes of the previous meeting held on 18 May 2017 were not available to be presented at the meeting.

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

RESOLVED: That the above was noted.

Matters Arising

PCSC170 **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 23 May 2017.

RESOLVED: That the above was noted.

PCSC171 Primary Care Strategy Communication Plan – attachment not provided, deferred to the next meeting.

RESOLUTION: Action PCSC72 to remain open.

PCSC172 **Deep Dive Evaluation Report**

Ms Russell advised Deep Dives had taken place across all the seven Task and Finish Groups throughout May 2017. This involved a review of each Task and Finish Groups Terms of Reference and programmes of work.

The main key themes highlighted from the Deep Dives are as follows;

- Four of the seven Task and Finish Groups programmes of work had been halted pending reviews of the Terms of Reference. They are identified as:
 - Practice as Providers
 - Localities as Commissioners
 - Workforce and Development
 - Primary Care Contract Management
- Three of the seven Task and Finish Groups programmes of work will be dependent on the future outcomes of MCP contracts. They are identified as:
 - Practice as Providers
 - Primary Care Contract Management
 - Clinical Pharmacists
- Identified there is a need for New Models of Care to work in a more collaborative way.
- An options appraisal will be brought back to the next Primary Care Strategy Meeting and moving forward there would be quarterly updates on Patient Online to the meeting.

Mr Marshall asked if the Governing Body could be provided with a 12 month reflection of the programme work regarding the MCP arrangements and approach. It was agreed this would be developed once the programmes were refreshed in order to develop a quarterly milestone plan.

RESOLUTION Action - Ms Southall and Ms Russell agreed to provide a reflection of the work completed in particular work regarding the MCP arrangements and approach. It was agreed this would be developed once the programmes were refreshed in order to develop a quarterly milestone plan. To be shared at the September Governing Body.

PCSC173 **Improving Access in Primary Care Easter Period and May Bank Holiday 2017**

Ms Southall gave an update on behalf of Mr Boyce. The report pertained to the additional support that was put in place to reduce the burden on urgent care services during the holiday period. The uptake of appointments was low on both the Easter and May Bank Holidays.

Ms Sidhu asked if there had been any reduction during the periods when this service was running. An action was taken to look at figures at A&E and Vocare during the Easter and May Bank Holiday periods to see if there was a reduction of attendance.

There were discussions around the costing of an appointment at the hubs providing the service compared to an A&E attendance for advice and guidance/non-treatment. This was taken as an action to be brought back to the next meeting.

RESOLUTION: **Action – To look at attendance figures at A&E and Vocare during the Easter and May Bank Holiday period to ascertain if there was a reduction in attendance due to the running of the extended access scheme.**

Action – Comparison costing to be looked at for appointments used at the extended access scheme and for A&E attendance.

Equality Analysis Process

PCSC174 Ms Woolley presented the Equality Analysis Process documents on behalf of Ms Herbert outlining the new templates that needed to be completed by staff. It is requested that a training session is arranged by Ms Herbert for staff as soon as possible.

RESOLUTION: **Action – For Ms Herbert to organise a training session for staff in completing Equality Analysis Process documents correctly.**

Risk Register

PCSC175 **Escalation of Risks (Risks Scoring 12 - 25)**

It was confirmed that there were no red risks to escalate to the Committee.

Summary of Risk Logs:

The risk logs for the following Task and Finish Groups were reviewed by the Committee:

- IM&T – Business Intelligence
- Capital Review Group / Strategic Estates Forum
- Primary Care Contract Management
- Localities as Commissioners
- Clinical Pharmacist in Primary Care
- Workforce and Development
- Practice as Providers

The Committee discussed the risks scoring 12 and above in detail and whether these risk can be mitigated and reduced. It was agreed the escalation log needs to be updated.

RESOLUTION: Escalation log and risk logs for all 7 Task and Finish Groups need to be reviewed and updated for the next meeting.

Performance

PCSC176 Strategy Implementation Plan

Ms Russell provided the Committee with an update and confirmed that the strategic Primary Care Strategy Committee objectives have been included for the next 12 months. .

RESOLVED: That the above was noted.

Task & Finish Groups

PCSC177 Practice as Providers Task & Finish Group

Mr Khular presented to the Committee the revised Terms of References for the Task and Finish Group and highlighted the key remit, duties and responsibilities has been updated and split within the following key areas;

- Practices collaborating to improve access
- Integrating primary and community services
- Sharing of Back Office functions

The Committee reviewed and approved the revised Terms of Reference. This will form the development of a new programme of work for the next 12 months which will be presented at the next meeting.

RESOLUTION: Practices as Providers revised implementation plan to be shared at the July Committee.

PCSC178 New Models of Care (Primary Care Home) Task & Finish Group

Ms Southall presented an update on behalf of Mr White with two key areas highlighted:

- EMIS
- Policies and Procedures

RESOLUTION: That the above is noted.

PCSC179 New Models of Care (Medical Chambers) Task & Finish Group

Mr Nash referred the Committee to a highlight report.

The Committee was advised that EMIS training will be taking place on 5 July 2017 at the Pennfields Hub where they are on System 1 but have access to EMIS. A Workforce meeting will be taking place on 8 June.

RESOLUTION: That the above is noted.

PCSC180 New Models of Care (Primary & Acute Care Service / Vertical Integration)

No update was available.

PCSC181 Localities as Commissioners Task & Finish Group

Mr Khular advised that the Terms of Reference had been reviewed as part of the Deep Dive and it was agreed going forward they needed to be amended to focus on preparing Practices at Group level to become commissioners. The revised terms of reference was shared with the Committee and approved. This will now be aligned to a new programme of work for the Task and Finish Group and will be shared at the July Committee.

RESOLUTION: Localities as Commissioners (General Practice as Commissioners) implementation plan to be developed and shared at the July Committee.

PCSC182 Workforce Development Task & Finish Group

Mr Marshall updated the Committee on behalf of Ms Garcha. The Terms of Reference had been reviewed as part of the Deep Dive and were agreed in principle. There was a challenge to address the shift in GP population. Any final comments were to be sent to Ms Southall.

The Task and Finish Highlight Review Report for May 2017 was noted.

RESOLVED: That the above is noted.

Action – Any observations to be sent to Ms Southall. The implementation plan to be developed in line with the new terms of reference and shared at the July Committee.

PCSC183 Clinical Pharmacist in Primary Care Task & Finish Group

Mr Birch updated that all the local teams had put in bids for the in-house clinical pharmacists roles. There would be no feedback received until July 2017.

Work around communications is being built on for the new CCG commissioned service.

RESOLVED: That the above is noted.

PCSC184 Primary Care Contracting Task & Finish Group

Mr Middlemiss informed the group that the Terms of Reference have been reviewed and changes have been highlighted in red. Mr Middlemiss will ensure that the most up to date version is circulated. The two key areas completed were – Collaborative Working between NHSE, CCG and Public Health and Progression to Fully Delegated Commissioning.

The focus of the work over the next 12 months will be around the development of New Models of Care. The Terms of Reference will be amended to reflect this. The Terms of Reference will be taken to the Public Governing Meeting once agreed at this Committee.

The membership remains the same with the potential addition of finance representation which will be checked by Ms Russell.

There will be a new contracting model going forward.

RESOLVED: The Committee noted the update provided.

Action – Mr Middlemiss to ensure that most up to date version of the Terms of Reference are sent to Ms Russell. The programme of work to be developed for the coming year and shared with the Committee in July.

PCSC185 Estates Development Task & Finish Group

Mr Kalea updated the Committee with highlights from the Estates Development Task and Finish Group. Mr Kalea to meet with Ms Southall and Mr Marshall to review the CCG independent estates prioritisation survey to discuss from a Primary Care point of view. This will then be shared with the executives and LMC before being presented to the Governing Body,

Interviewing for a Project Manager of the Better Care Fund/Primary Care will be taking place next week and there will be CCG representation on the panel. There are leads for each locality – David Johnston (CCG), Stuart Lees (RWT) and Julia Nock (WCC).

RESOLVED: Mr Kalea agreed to meet with Ms Southall and Mr Marshall to review the CCG independent estates prioritisation survey to discuss from a Primary Care point of view.

PCSC186 IM&T Business Intelligence Task & Finish Group

Mr Kalea presented the highlight report to the Committee and confirmed that since the report had been produced, the revised version of Wolverhampton Local Digital Roadmap has been approved. A discussion took place regarding the development of text messaging in relation to DNA appointments and informing patients of the costs of not attending their appointments. It was agreed this would be reviewed in more detail to see if this can be undertaken.

RESOLVED: Mr Kalea to liaise with Mr Cook regarding the possibility of using text messaging of a way to communicating with patients the cost of missed appointments.

PCSC187 General Practice 5 Year Forward View

Ms Southall presented an update on behalf of Mr Boyce, work is much more established and there are 40+ projects up and running. There is some overlap with the Task and Finish Group and this has been cross referenced.

RESOLVED: That the above is noted.

PCSC188 Transformation Fund Enhanced Service Delivery Plans

Mr Khular to provide a more detailed update at the next meeting.

RESOLVED: That the above is noted.

Action – A more detailed update to be given at the next meeting.

PCSC189 Any Other Business

There were no items to be raised under this agenda item.

RESOLVED: That the above is noted.

Date of next meeting

Thursday 20 July 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park

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WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Minutes of the Primary Care Strategy Committee

Held on Thursday 20 July 2017

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

Present:

Sarah Southall	Head of Primary Care, WCCG (Chair)
Mike Hastings	Director of Operations, WCCG (Partial)
Lesley Sawrey	Deputy Chief Finance Officer, WCCG
Vic Middlemiss	Head of Contracting & Procurement, WCCG
Steven Cook	IM&T Lead, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Dr Mehta	Chair, LMC
Jane Worton	Primary Care Liaison Manager, WCCG
Manisha Patel	Administrative Officer, WCCG

Declarations of Interest

PCSC190 There were no declarations of interest.

Apologies for absence

PCSC191 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Laura Russell, Manjeet Garcha, Tony Gallagher, Sharon Sidhu, David Birch, Jason Nash and Barry White.

Minutes and Actions

PCSC192 The minutes of the previous meeting held on 15 June 2017 were accepted as a true and 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

PCSC193 **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 11 July 2017.

The milestone plan would be shared at the Governing Body Meeting in September 2017.

RESOLVED: That the above was noted.

PCSC194 Primary Care Strategy Communication Plan – attachment not provided, deferred to the next meeting.

RESOLUTION: Action PCSC72 to remain open.

Risk Register

PCSC195 **Escalation of Risks (Risks Scoring 12 - 25)**

It was confirmed that there were no red risks to escalate to the Committee.

Summary of Risk Logs:

The risk logs for the following Task and Finish Groups were reviewed by the Committee:

- IM&T – Business Intelligence
- Capital Review Group / Strategic Estates Forum
- Primary Care Contract Management
- Localities as Commissioners
- Clinical Pharmacist in Primary Care
- Workforce and Development
- Practice as Providers

All risk logs had been reviewed and updated.

Ms Southall advised that confirmation had been received that the bid for clinical pharmacists had been supported.

Mr Cook updated that the SNOMED codes – Some GPs may be affected by the running of this when the switchover takes place in March 2018. It would be supported by the CCG IM&T Facilitators. This would not require an impact assessment as it is nationally mandated.

Mr Kalea informed the group that following an escalation meeting with Mr Marshall and Ms Southall, the ratings had been changed for some of the risks. EDR06 had now been closed and consolidated with EDR2 as it was the same.

RESOLUTION: Escalation log and risk logs for all 7 Task and Finish Groups need to be reviewed and updated for the next meeting.

Following review and discussion it was agreed that the Workforce and Development Risks would need to be escalated to the Governing Body.

Performance

PCSC196 Strategy Implementation Plan

This item was deferred to the next meeting as further work was being undertaken and would be picked up at the Primary Care Strategy Committee in August.

RESOLVED: That the above was noted.

Task & Finish Groups

PCSC198 Practice as Providers Task & Finish Group

Ms Southall provided an update on behalf of Mr White on the revised programme of work based on the revised terms of reference. This had been agreed in principle at the Task and Finish Group and the workbook would be brought to the next Committee meeting.

RESOLUTION: Practice as Providers workbook to be provided at the next meeting.

PCSC199 New Models of Care (Primary Care Home) Task & Finish Group

Ms Southall presented an update on behalf of Mr White. There were no risks or issues to be raised.

Mr White's programme of work had been aligned with Practice as Providers and Primcare as Commissioners. The projects were in place and the programme of work had a completion date of September 2017 as this was when Mr White's contract would end. Recruitment for Localities Managers would commence shortly. All work would be captured and passed in a handover to the new recruits.

RESOLUTION: That the above is noted.

PCSC200 New Models of Care (Medical Chambers) Task & Finish Group

Ms Southall presented an update on behalf of Mr Nash with regards to remote consultation. No risks had been flagged.

The 10 high impact signposting was going well but a risk had been highlighted with Penn Manor moving towards Vertical Integration there could be a possibility of them no longer leading on this. Another practice was being sourced to lead on this work.

There was risk attached to the workforce component for Medical Chambers as they were required to ensure that they have their GP submission of training costs finalized. A report had been prepared for the Task and Finish Group. A meeting would be taking place on Monday 24 July to discuss.

Mr Nash's programme of work was also due to end in September when his contract ended.

RESOLUTION: That the above is noted.

PCSC201 New Models of Care (Primary & Acute Care Service / Vertical Integration

No update was available.

PCSC202 General Practices as Commissioners Task & Finish Group

Ms Southall advised that this was a new milestone plan and Mr Khular needed to complete this more fully and with timescales.

Mr Middlemiss also pointed out that the status needed to be defined.

RESOLUTION: Action – Mr Khular needed to complete the milestone plan with timescales and bring back to the next meeting.

PCSC203 Workforce Development Task & Finish Group

Mr Hastings queried who was leading on this as the workbook was not populated with a name. It was discussed that although Ms Garcha was due to retire in October her name should still be added to the document until she left.

It had been completed by Ms Liz Corrigan on behalf of the group. No risks or issues had been identified. The workbook had not been completed fully.

Ms Southall advised of a sub group that had met and action log would be developed to track progress on how recruitment would be addressed in Primary Care. This would include a bulletin, assistance from the CSU to help with a Primary Care website and having a workforce fair over the 4 CCGs.

The new Primary Care Manager would be supporting the programme of work.

RESOLVED: That the above is noted.

Action – The workbook needed to be completed fully to attach progress in relation to the new programme of work and the risks.

PCSC204 Clinical Pharmacist in Primary Care Task & Finish Group

The bids had now been successful and this would help to reduce the risks on the risk log. A detailed update to be brought to the next meeting as Mr Birch was unable to attend today.

The group discussed and felt that there was not enough detail in the workbook and did not feel assured by the information

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

Action – Workbook needed to be completed more fully in order to provide reassurance to the group.

PCSC205 Primary Care Contracting Task & Finish Group

Mr Middlemiss informed the group that the Task and Finish group on 12 July considered the Deep Dive Review recommendations. The focus was on the group development of new models of care and the key objective and outcome to support the implementation and delivery of the virtual alliance contract. This would be aligned with the work being carried out by Ernst and Young.

The Terms of Reference had been reviewed and membership had been amended to include an identified member for Finance. The Terms of Reference were signed off at the Task and Finish Group.

Mr Middlemiss and Ms Sawrey had attended a meeting with colleagues from Bolton CCG to look at their ways of working within contracting. They were awaiting response from questions raised.

Ms Southall asked if sub headings could be used in the monthly update.

RESOLVED: **The Committee noted the update provided.**

PCSC206 Estates Development Task & Finish Group

Mr Kalea updated the Committee with highlights from the Estates Development Task and Finish Group. Funding had been secured and a group called Primary Capital Horizons had been appointed to carry out specifications. They had started to arrange meetings with commissioners and providers. They will be coming in next week to look at the CCG's Primary Care Strategy and a deadline had been set for the end of September for the Primary Care Specification to be completed.

Primary Care Estates – number of practices in Wolverhampton were looking at developments or consolidating estates. There was £300k of Primary Care estates that was being reviewed and looking to reduce the value. Ms Sawrey asked if this was PC Estates or CCG Estates. Mr Kalea confirmed that it was PC Estates paid by the CCG. The reduction would be looked at as a QIPP saving and an update would be brought to the next meeting.

A meeting had taken place with Mr Marshall and Ms Southall and Mr Kalea was awaiting for the completed information to be sent from Ms Southall and would be

taken to the Governing Body in September around Commissioning Intentions.

Mr Kalea highlighted 4.3 on the Implementation Plan as there is slippage due to report not being ready to share in accordance with Committee and Governing Body timescales. Mr Kalea noted this would be complete by the end of September 2017, which means the milestone timescales needed to be extended by 13 weeks. It was agreed by the Committee to extend the timescale from the end of June 2017 to the end of September 2017. The timeline would be revised.

RESOLVED: Mr Kalea to bring an update on Primary Care Estates monies to the next meeting.

PCSC207 IM&T Business Intelligence Task & Finish Group

Mr Cook presented the highlight report to the Committee and confirmed Showell Park had now become fully migrated in June 2017. The next practice to be migrated would be in October 2017.

Emis consultation was going well. Ms Southall asked when the roll out of laptops will taking place and Mr Cook advised that it is imminent.

Patient Online data was only available till May as this is the latest statistics that have been received from NHSE. Most practices have achieved above the 10% mark.

The Sound Doctor would be rolled out shortly.

The CCG was currently waiting to see if the text messaging service would become free as part of GP SoC. An update would be presented at the next meeting.

The implementation plan remained the same with the addition last month of new projects as part of the Deep Dive Review. Clarification was sought around the legend.

RESOLVED: That the above is noted.

Action – Mr Cook to bring an update on text messaging service to next meeting.

PCSC208 General Practice 5 Year Forward View

Ms Southall presented a brief update against the GP 5 Year Forward View programme of work. Highlighted was training taking place and the reliance programme. A bid had been put in for further resilience funding.

The full set of documents would be sent out following the meeting and any comments to Ms Southall.

RESOLVED: That the above is noted.

Action – Full documents for this agenda item to be circulated after this meeting and comments to be sent to Ms Southall.

PCSC209 Transformation Fund Enhanced Service Delivery Plans

Ms Southall presented the delivery plans for each Primary Care Home. This confirms how they are going to deliver against the transformation funds service specifications. This will be monitored through their responses to 6 of the 10 high impact actions. This information is broken down by quarters and the information available relates to Quarter 1.

Practices also needed to demonstrate that they were working at scale. Three components needed to be completed in order to qualify for the funds.

It was noted that all enclosures were not in the pack and would be circulated after the meeting.

RESOLVED: That the above is noted.

Action – All enclosures for this agenda item to be circulated after this meeting.

PCSC210 STP Primary Care Group Terms of Reference

Ms Southall advised that the Primary Care Leads across the Black Country on an informal basis for a number of months. In order to move forward and become more formal at an STP level, Terms of Reference have been drafted in order for this Committee to approve them and report back to the STP Committee.

The Terms of Reference were not included in the pack and would be sent to committee members to review and send back comments by Friday 28 July 2017 to Ms Southall.

RESOLVED: Terms of Reference to be sent out to the group and any comments to be sent in by Friday 28 July 2017.

PCSC211 Any Other Business

There were no items to be raised under this agenda item.

RESOLVED: That the above is noted.

Date of next meeting

Thursday 17 August 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park

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**Wolverhampton Clinical Commissioning Group
Audit and Governance Committee**

Minutes of the meeting held on 18 July 2017 commencing at 11.00am
In Armstrong Room, Science Park, Wolverhampton

Attendees:

Members:

Mr P Price	Chairman (Interim)
Mr D Cullis	Independent Lay Member
Mr L Trigg	Independent Lay Member

In Regular Attendance:

Mr J Oatridge	Interim Chair of the Governing Body
Mr P McKenzie	Corporate Operations Manager, WCCG
Miss M Patel	Administrative Support Officer, WCCG (minute taker)

In Attendance:

Mr T Gallagher	Chief Finance Officer, WCCG and Walsall CCG
Ms J Watson	Senior Internal Audit Manager, PwC
Mr N Mohan	Senior Manager, LCFS, PwC
Mr M Stocks	Partner, External Audit, Grant Thornton
Mr V Sarjan	Audit Manager, E&Y LLP

Apologies for attendance:

AGC/17/62 Apologies for absence were submitted by Mr Grayson and Ms Garcha.

Declarations of Interest

AGC/17/63 There were no declarations of interest to be declared.

Minutes of the last meeting held on 23 May 2017

AGC/17/64 The minutes of the last meeting were agreed as a correct record.

Matters arising (not on resolution log)

AGC/17/65 There were no matters arising.

Resolution Log

AGC/17/66 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 –

independent checks had been carried out by CHKS for the Nuffield. Mr V Middlemiss to provide information once received.

- Item 90 (AGC/17/29) – Internal Audit mid-year review 2017/18 to be bought back as an agenda item to the September Audit and Governance Committee meeting - on agenda for review.
- Item 94 (AGC/17/54) – Ms Watson to speak to Mr Mohan and Mrs Tongue about an analytical review of National Fraud Initiative Accounts Payable by the next meeting – Mr Mohan had met with Mr Gallagher.
- Item 95 (AGC/17/59) – Mrs Skidmore to ask Mr Hastings to align his briefing on the recent cyber-attack alongside guidance from NHS Digital – on agenda.

Briefing on Recent Cyber Attack

AGC/17/67 Mr Hastings presented to the group a paper on the Cyber attack which took place on Friday 12 May 2017.

The paper outlined details the incident that occurred and the steps undertaken in response by Mr Hastings and his team alongside the IT department at The Royal Wolverhampton NHS Hospital, which provided IT services for the CCG and Wolverhampton GP practices. Mr Hastings provided the Committee with reassurance that the CCG had weekly meetings with the Trust regarding technical support and monthly Service Level Agreement Meetings. This meeting was attended by the Director of IT, Head of IT and other Senior IT staff from the Trust. All computers received regular patches which ensured that software was kept up to date. The compliance level was at 95% with the remaining 5% due to a number of computers at The Trust which were not physically manned but ran specific equipment, patching for these machines was being looked at.

Due to the diligence and good working between colleagues of the CCG and the Trust no machines were affected by the attack and no patient services were impacted.

Mr Cullis asked Mr Hastings where this was ranked on the Risk Register. Mr Hastings advised that it was not rated as a high risk on the register as it was with other organisations due to the strong mitigation in place but would remain on there as this would always be a risk.

RESOLUTION: The Committee:

- Noted and received assurance from the report.

Mr Hastings left the meeting.

Internal Auditor Progress Report

AGC/17/68 Ms Watson reported on progress made since the last Audit and Governance Committee meeting and informed that she had met with Mr Gallagher to discuss the existing plans which were risk assessed. This meant that the plan included a follow up on Risk Management following last year's audit findings. Ms Watson had also liaised with Mr Steven Marshall and Mr Hastings on the proposed plan for the year.

The table on page 4 of the document listed changes to dates in the plan. This had received approval from the Executive team and was now seeking approval from this Committee.

Mr Oatridge asked with regards to the timing of the planned review of QIPP if enough information would be received in Quarter 3 to react to any actions arising from the review in year. Mr Gallagher advised that the reason for using Quarter 3 is that there would be more monitoring undertaken and the challenge of QIPP increasing. Although more QIPP schemes were being identified there was still the challenge of meeting the £2.2million QIPP delivery and suggested that he meet with Mr Oatridge outside of the meeting to discuss.

Ms Watson asked if the CCG would benefit from meeting with Specialists in cost reduction in a round table exercise as they had seen success with other organisations taking up this offer. Mr Price and Mr Gallagher felt that this might be a good idea and offered to discuss outside the meeting.

Mr Cullis suggested looking at lessons learnt from last year's QIPP to use towards how QIPP was looked at this year.

In respect of the proposal to delay planned work on public engagement, Mr Oatridge stated that although the CCG had been noted as being exemplar in public engagement, he had concerns that the Lay Member for Public and Patient Engagement was retiring from the Board in September and that this had not been identified in the report and would potentially leave a gap in the organisation. Mr Price also asked for clarification within public engagement around communication especially regarding external communications. Ms Watson explained that last year they had looked at the CSU delivery against the statement of work for the CSU. The findings were fed into the CCG's engagement strategy. Mr McKenzie had been advised that NHS England had identified the CCG as an exemplar in this area following their consideration of a self-assessment tool which formed part of the CCG's assurance arrangements last year. This had particularly identified the CCG's strong public engagement framework which was effectively embedded into the CCG's operations. Mr Oatridge felt that if this position wasn't filled that this may impact the rating. Mr Cullis asked if a management summary report could be prepared to look at planned activities and consider the potential risk. This was taken as an action by Ms Watson.

Mr Trigg asked how the Internal Audit team liaised with the City of Wolverhampton Council regarding the BCF programme and whether there was an overview of the whole programme and not just the view of the CCG. Ms Watson advised that any CCG concerns could be voiced through the Health and Wellbeing Board. Mr Trigg felt that it might be an action for the Management at this committee to monitor the CCG's contribution to the BCF programme. Ms Watson was not involved in the audit work with the Council as she was currently a Governor at a Wolverhampton School and it had been deemed as a potential conflict of interest at PwC.

Mr Price asked if IT security would be covered. Ms Watson informed Mr Price that this was covered last year as part of a broader piece of work using an IT diagnostic tool and she would be happy to share the findings with Mr Price and Mr Gallagher. The CCG had robust arrangements in place through its Service Level Agreement with the Trust.

With regards to Risk Management, proposals for 2017/2018, there were concerns raised last year around the Risk Register and the Board Assurance Framework. The actions that should have been completed by now were delayed and would be discussed in more detail later on the agenda.

The appendices in the document referenced Declarations of Interest implementation across 13 CCGs and where WCCG was and also General Data Protection Regulation (GDPR) which will begin in May 2018. Mr McKenzie outlined that an action plan was being looked at with the help of the Information Governance Team at the CSU. The Quality and Safety Committee monitored this through reports from the IG Team.

RESOLUTION: The Committee:

- Agreed with the plan subject to QIPP timing this year
- Public Engagement – having a paper around the Lay Member leaving and any implications.
- Ms Watson to circulate IT summary Mr Price and Mr Gallagher.

Internal Audit Charter

AGC/17/69 The Internal Audit Charter was an annual report. It had been brought to the Audit and Governance Committee meeting for approval and then sighted at the Governing Body Meeting for information.

Mr Cullis as under 'reporting and monitoring' – there was nothing specific on following up on actions and asked if this could be approached more robustly. Ms Watson to amend document to reflect this.

RESOLUTION: The Committee:

- Accepted the report.
- Ms Watson to provide an update on actions at the next meeting.

Counter Fraud Progress Report

AGC/17/70 Mr Mohan presented to the Committee the Counter Fraud Progress Report. Mr Mohan had met with Mr Gallagher to review risks and how they were being managed.

The team were also assisting the CCG to help with the National Fraud Initiative.

RESOLUTION: The Committee:

- Noted the report.

WCCG LSMS Progress Report July 2017

AGC/17/71 Mr McKenzie presented the report on behalf of Mr Grayson and advised that work continued to progress following the action plan being presented at the April Audit and Governance Meeting. Mr Grayson had attended a recent Staff Meeting in June to raise staff awareness and that planned actions were in place. He also advised that Mr Grayson would be coming to the Science Park to meet with contractors to do a security risk assessment and seek assurance around the premises.

RESOLUTION: The Committee:

- Noted the report.

Annual Audit Letter

AGC/17/72 Mr Sarjan presented the Annual Audit Letter and advised that the content remained unchanged and that a certificate had been issued to WCCG stating that Ernst and Young had provided an unqualified opinion.

RESOLUTION: The Committee:

- Noted the report.

Risk Register Reporting/Board Assurance Framework

AGC/17/73 Mr McKenzie presented the report on behalf of Ms Garcha. This report is in response to the findings last year from an audit conducted by the Internal Audit team. Mr McKenzie was asked to support Ms Garcha to identify strategic risks and the structure of the Board Assurance Framework (BAF).

Mr McKenzie was asked to concentrate on the top risks that the Governing Body needed to be made aware of. There were 60 risks to review. The Datix system which is used to monitor risks only allows at present a single layered view of risks identified across the organisation. Mr McKenzie's review of the risks identified 8 as corporate level risks and 4 further risks were identified as composite risks from linked risks described on the system which were relevant to the Governing Body. The next step would be to discuss at the Senior Management Team meeting that the risks were correctly aligned to the CCG's objectives to support the population of the CCG BAF. Work continued to be ongoing.

Mr Price asked Ms Watson if she felt that this was an accurate reflection of work be undertaken currently at the CCG. Ms Watson advised that although the CCG continued to make progress, it was not in the position that had been anticipated at following the Internal Audit Review. Ms Watson also raised a concern with the BAF-Risk Management Project Implementation Plan point 1.2 (Once strategic objectives have been reconfirmed, the Governing Body will populate the BAF, setting out risks

with clear lines of responsibility and actions) which had been marked as complete as she felt that it had not been actioned. In order to achieve this it would have been anticipated that the Governing Body had approved the BAF which it had not been done.

Mr Oatridge also raised that there would be Governing Body elections shortly and this could lead to a change in the current members of both this committee as well as the Governing Body.

Mr Stocks remarked that it was unusual to not have an approved BAF in place.

Ms Watson remarked that although the CCG was risk aware that the documentation relating to BAF did not reflect this and that more emphasis needed to be made on agendas relating to this.

The group also asked if this would be reflected in the annual governance statement.

It was agreed that it would be good to have a more in depth discussion around Risk at a Governing Body Development Session potentially in September 2017 with further development once the new Governing Body was elected in October 2017. Risk would also feature as an agenda item at the SMT meeting due to take place next week.

RESOLUTION: The Committee:

- Noted the report
- Asked that reporting was reviewed as timelines had still not been achieved
- That information in the Implementation Plan was reviewed
- More in depth discussion needed with the Governing Body in September and once elections had taken place and a new Governing Body had been elected.

Review of Performance against Whistleblowing Policy

AGC/17/74 Mr McKenzie informed the group that the Whistle Blowing Policy had been formally approved at the Remuneration Committee and that he had been nominated as the CCG Speak Up Guardian.

No formal disclosures had been made so far. The policy was due to be reviewed at the next Remuneration Committee in November with the only minor changes made relating to contact information.

New NHS guidelines had been issued since the last time the policy had been presented at this Committee.

Mr Cullis raised concerns around the fact that there was no reference to disclosures being made by external parties and no provision in place for external stakeholders/suppliers/contractors/ex-partners. He also asked if there was currently a route for informal concerns to be raised and if not was this something that should be looked at. He also felt that the CCG policy should address the protection of whistleblowers identities in case of civil suits being raised. Mr McKenzie advised that, as the policy was due for review in November 2017, these comments could be taken on board as part of the review.

RESOLUTION: The Committee:

- Noted the report
- That the policy could be subject to the comments around disclosures being made by external parties and protection of whistleblowers identities.

Conflict of Interest Guidance

AGC/17/75 Mr McKenzie presented to the Committee the report on Conflicts of Interest following the publication of national guidance from NHS England. Changes had been outlined under 2.3 in the document.

Mr Oatridge left the meeting.

The group discussed 4.2 in the report around the declaring of interests by 'decision making' staff with relation to staff at Agenda for Change Band 8d. Mr Trigg asked if it was part of statutory requirement for staff to declare an interest on the register. Mr McKenzie confirmed that currently it was. Mr Trigg asked about the publishing of data with regards to the Data Protection Act and Mr McKenzie advised that the policy included a provision for staff to redact details in the register if they were concerned about them being in the public domain.

Mr Mohan spoke from a counter fraud perspective and felt that all declarations were a beneficial thing for the CCG.

RESOLUTION: The Committee:

- Noted the report.
- That the policy remained the same at present but that staff consultation should be undertaken.

Losses and Compensation Payments – Quarter 2 2017/18

AGC/17/76 Mr Gallagher presented this report and advised the Committee that there had been no losses or special payments during quarter 2 of 2017/2018.

RESOLUTION: The Committee:

- Noted the above.

Suspension, Waiver and Breaches of SO/PFPS

AGC/17/77 Mr Gallagher noted that there have been no suspensions of SO/PFPs in quarter 2 of 2017/18.

8 waivers were raised during quarter 2.

RESOLUTION: The Committee:

- Noted the above.

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

AGC/17/78 The Committee noted that as at 30 June 2017 there were:

- No sales invoice greater than 10k and over 6 months old.
- 5 purchase ledger invoices greater than £10k and over 6 months old.
- The £4.8m invoice sent by RWT continued to be disputed by the CCG. NHSE and NHSI are aware of the situation.

RESOLUTION: The Committee:

- Noted the above.

Any Other Business

AGC/17/79 There were no items to discuss under this agenda item.

Date and time of next meeting

AGC/17/61 Tbc

Black Country and West Birmingham Joint Committee

Minutes of Meeting dated 22nd June 2017

In attendance:

Nick Harding – Chairman, Sandwell & West Birmingham CCG – Chair
Anand Rischie – Chairman, Walsall CCG
David Hegarty – Chairman, Dudley CCG
Helen Hibbs – Accountable Officer, Wolverhampton CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Jim Oatridge – Interim Chair, Wolverhampton CCG
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Peter Price – Lay member, Wolverhampton CCG
Sarah Kite – PA to the Chief Nurse, Dudley CCG – Note taker

Apologies:

Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Matthew Hartland – Chief Operating & Finance Officer, Dudley CCG and Interim Strategic Finance Officer, Walsall CCG

1. Minutes of the last meeting

Minutes of the meeting held 25 May 2017 were agreed.

It was agreed that the approved minutes from this Committee meeting were to be shared in the public domain via individual CCG Governing Body meetings.

2. Actions from the last meeting

See action log for updates.

3. STP Update

Andy Williams updated all on the Sustainability & Transformation Plan (STP). The next STP meeting is scheduled for 26th June 2017 and further proposals for the work streams had been proposed. An executive sponsor is required for each work stream which requires commissioning input and a clinical lead. Paul Maubach is to lead the acute work stream and Helen Hibbs will continue to lead on the Mental Health Agenda.

A workshop has been proposed for July 2017 to build a consensus of what the future looks like for STPs. A discussion took place around engaging with the Local Authorities about the place agenda and Mental Health. It was agreed to arrange a meeting between the 3 Accountable Officers and the Directors of Adult Social Services (DASSs).

Action: Helen Hibbs will engage with Public Health.

Action: Andy Williams to write to the DASSs to invite them to a meeting at the end of July.

David Hegarty updated all on the role of the Clinical Reference Group (CRG) and sought clarification of what is required of the CRG going forward and how it would be structured. The acute services strategy, development of clinical strategy – it was queried whether it was a part of the CRG or STP. Once work streams are allocated, a clinical champion would work with a managerial lead. David Hegarty tabled 'Developing clinical principles to inform the work of the Black Country STP'. This document will be shared at the CRG and David Hegarty asked for comments back to this document by Tuesday morning.

Action: ALL

Discussion took place around the difficulties in recruiting secondary care consultants to CCG Boards. Wolverhampton CCG have successfully recruited. Consideration is to be given to whether the consultants would be prepared to work across the four CCGs.

Action: Helen Hibbs is to forward details of applicants for the Wolverhampton post of secondary care consultant to the other CCGs.

4. Reports from the Task & Finish group reports

4a. Governance Task & Finish group

- Paul Maubach updated all on the above Task & Finish group
- Terms of Reference have now been completed
- The Group are currently scoping statutory responsibilities of the CCG, nomenclature of accountable care, and defining where each of the CCG systems are at
- National Guidance for Accountable Care Organisations (ACOs) and Accountable Care Systems (ACSs) is due for publication
- A workshop is planned to map out statutory duties. Discussion has taken place around terminology
- GPs are to be engaged in the process

4b. Systems Re-design Task & Finish group

- Paul Maubach updated all on the above Task & Finish group
- The scope has been signed off by the Committee
- There are links into the governance workstream
- The result of the mapping exercise will be sent to CRG for feedback, returning to this Committee in September
- Discussion was had about the provider structures going forward
- It was agreed that a briefing pack is produced to engage with Black Country MPs, Local Authorities and other stakeholders

Action: Paul Maubach

4c. Infrastructure Task & Finish group

- Helen Hibbs updated all on the above Task & Finish group
- A Service Level Agreement (SLA) has been agreed to provide a support service across the Black Country. Dudley CCG has yet to sign up to this - estates work

Action: Paul Maubach

- IT systems will be Office 365 which will support file sharing across all four CCGs
- It was agreed that all four CCGs would contribute to a scoping exercise to support the use of Microsoft Office 365
- It was agreed that business principles are to be embedded in all scoping of projects. Paul Maubach is to formally communicate this to all Task & Finish groups

Action: Paul Maubach - Sara Saville

4d. Communications & Engagement Task & Finish group

- Helen Hibbs updated all on the above Task & Finish group

4e. CCG Collaboration Task & Finish Group

- Andy Williams updated all on the above Task & Finish group
 - Andy presented the Group's recommendations
 - It was confirmed that these recommendations would be carried out by teams, and teams would collaborate across the Black Country and work together where possible
 - Discussion was had about the structure of the A & E Delivery Boards across all four CCGs
 - It was agreed to focus on the collaboration not structural change
 - It was agreed to draw up a shared performance dashboard
- Action: Andy Williams**

4f. Finance Task & Finish Group

- James Green updated all on the above Task & Finish group
- All discussed the financial review and a verbal update will be given at the next meeting of the Joint Committee in August

Andy Williams left the meeting.

5. Specialised Commissioning

Simon Collings updated all on Specialised Commission Services and a report will be done regarding renal commissioning and HIV.

6. Building Leadership Capacity

Alice McGee presented a paper around the processes for appointing staff ensuring that they are fair and consistent, to carry out short term pieces of work when there was more than one expression of interest and managing staff expectations. It was agreed that this process aimed at CCG staff was to be used for time limited pieces of work and would not affect a member of staffs job description or title. It was agreed that the Chair of each work stream would allocate the work and HR would administer the selection process.

Alice McGee left the meeting.

7. Collaborative Workshop

This item was not presented.

8. Any Other Business

It was agreed to create an overarching Audit Committee of the 4 CCGs to consider collectively which issues, risks and conflicts of interest might occur throughout the collaborative process. A meeting is scheduled on 17th July to scope out requirements. Draft TORs for the Joint Audit Committee will be presented to the Black Country & West Birmingham Joint Committee in September.

Date of next meeting:
20th July 2017, 1 – 3pm

Black Country and West Birmingham Joint Committee

Minutes of Meeting dated 20 July 2017

Members:

Prof. Nick Harding – Chairman, Sandwell & West Birmingham CCG – Chair
Dr Anand Rischie – Chairman, Walsall CCG
Dr David Hegarty – Chairman, Dudley CCG
Helen Hibbs – Accountable Officer, Wolverhampton CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Peter Price – Lay Member, Wolverhampton CCG
Matthew Hartland – Chief Operating & Finance Officer, Dudley CCG and Interim Strategic Finance Officer, Walsall CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Laura Broster – Director of Communications, Dudley CCG
Clare Hamilton – Executive Assistant, Dudley CCG – Note taker
Jackie Eades – Executive Assistant

Apologies:

Simon Collings – Assistant Director of Specialised Commissioning, NHS England
Jim Oatridge – Interim Chair, Wolverhampton CCG
Julie Jasper – Lay Member, Dudley CCG

1. Minutes of the last meeting

Minutes of the meeting held 22 June 2017, amendments were made and these minutes will be subject to approval at the August Joint Committee.

2. Actions from the last meeting

See action log for updates.

3. Sustainability & Transformation Plan (STP) Update

Andy Williams updated all on the STP. Andy informed all that STPs have been rated nationally, into four categories, similar to how the CCGs have been rated on performance by NHS England. The Black Country position will be published on 21 July and a joint Black Country communication is being worked up.

The STP is assessed in three domains; two are driven by metrics and the other by a subjective assessment of leadership. The metrics make up 50% of the assessment and the leadership element making up the remaining 50% of the rating assessment.

The next STP meeting is in August. Most work stream leads have been identified with a process established for where there are gaps. There is currently an ongoing selection process for the performance lead. All leads will be announced once confirmed

Questions/comments

1. The narrative must be clear that the STP is changing: – that the transformation is moving from a plan to a partnership and that the partnership is defined by the MoU that is currently being considered by all 18 organisations comprising the STP. It was agreed this should be clearly communicated to staff

2. A concern was raised regarding the ratings and whether this had financial consequences for the four CCGs e.g. is capital money only being given to STPs in the top two rated groups, Andy confirmed that it was his understanding that funding was being given to lower rated groups too. It was noted that the Black Country STP needs to be clear on what bid they proposed and what the risks are if capital funding is not received. James Green confirmed that bids against the capital included Dudley Urgent Care Centre, Walsall A&E, pathology consolidation and Bloxwich Hospital (DWMHT) - total value of £34.3m across 17/18-18/19-19/20.

3. Further to previous discussions, the connection between the Joint Committee and the STP was raised again and the need to understand the decision making process for the STP. Paul Maubach raised concerns about HR process relating to the future STP roles as discussed in Andy's update. All agreed for the need to clarify HR and decision making processes for the STP – the STP Memorandum of Understanding (MoU) will provide clear processes once finalised. All agreed to look to learn from other STPs that are similar to the Black Country STP (e.g. have multiple CCGs with independent management teams).

4. There was discussion regarding the STP currently having no authority or legal standing and that the JCC had been established that will have a statutory basis, and its decisions will be binding and have legal standing going forward. Furthermore, the JCC has been created to enable sharing of resources, to enact some (not all) STP decisions and to provide the practical means to enable collaborative commissioning. It was agreed that there is the need for clarity about what responsibility for commissioning will be delegated to the JCC.

Actions:

Andy Williams to discuss with the other AOs the HR process for STP appointments and to identify any learning from other STPs.

Paul Maubach to take back to the governance task and finish group the requirement to look at the governance relationship between the Joint Committee and the STP.

Matt Hartland raised a point that was discussed at the last West Midlands Accountable Officers meeting regarding the local DCO team aligning leads to the STPs. Andy Williams clarified that NHS England are providing the Black Country STP with a senior member of staff and one or more junior member of staff who will be available to support the STP on a whole/part time basis. These members of staff will not be transferred to the employment of any CCGs. Andy Williams has proposed that the senior post can support the work of the Clinical Leadership Group.

4. Reports from the Task & Finish group reports

HR leads

The committee received an update on the work of the HR leads. In particular it was reported back to the Committee that, for the purposes of future joint talent management and development, all four CCGs have PDR processes which should capture the information that is needed – therefore it is not necessary to have a single process at this time.

This led to a discussion about the need for the respective CCG HR leads to undertake some validation work to ensure that, in practice, the PDR processes deliver a similar output – as it would risk future HR joint working if they did not.

It was agreed that the HR leads should be asked to undertake this validation work, but also that the Committee should recognise that there is a risk to future HR processes if there are inconsistencies of approach between the four CCGs – the mitigating action for this is the work of the HR leads to work together – and that the Joint Committee should therefore have a risk register where this can be recorded as a potential risk and mitigation to be monitored.

4a. Governance Task & Finish group

- Paul Maubach updated all on the above Task & Finish group
- The Joint Committee Terms of Reference has been amended based on Governing Body feedback
- The group are currently looking at detail around statutory duties and a report will be provided at the next Joint Committee
- Mike Abel raised a point regarding Healthwatch representation at the Joint Committee, as agreed previously, once the Joint Committee has any delegated authority from the four CCGs, consideration will be given at that time on any changes to the committee including the potential for a Healthwatch representative
- All agreed for a risk register to be produced – with the previously discussed HR risk as the first item on the register

Action: Paul Maubach/Sara Saville – Statutory Duties paper to be provided to the next Joint Committee

Action: Angela Poulton – produce a risk register for the Joint Committee

4b. Systems Re-design Task & Finish group

- Paul Maubach updated all on the above Task & Finish group
- There is currently no clear articulation of what the place based model is for each patch – this is delaying the production of a consistent briefing pack and the group moving forward. Each CCG have been asked to set out both their view on the scope of services for their model and the preferred structure for the model. Dudley CCG have confirmed their model. Walsall CCG have produced a first draft which is being reviewed; Wolverhampton CCG and Sandwell & West Birmingham CCG confirmed that they will have a response to the place based model structure and possible scope of services in September. Paul Maubach will then bring a report to the Joint Committee in October.
- The group are working on a scope of acute services and are going to engage with the Clinical Leadership Group on this to set out where the areas/opportunities/risks are to acute services – and therefore what potentially could be commissioned jointly. The current thinking is that we should be aiming for a joint policy approach to some services - to be included in the commissioning intentions in September – with a joint commissioning approach to be developed ready for April 2019.

Action: Paul Maubach to report to the Joint Committee in October on all four CCGs possible place based model organisational form and scope of services

Action: Paul Maubach and the System Re-design Task & Finish Group to engage with the CLG and receive their opinion on areas/opportunities/risks for possible jointly commissioned acute services

4c. Infrastructure Task & Finish group

- Helen Hibbs updated all on the above Task & Finish group
- Peter Price queried software in terms of procurement and the possibility to buy in bulk across the four CCGs – Helen Hibbs will discuss with Mike Hastings (the Task & Finish Group lead)

Action: Helen Hibbs to discuss the possibility to buy procurement software in bulk across the four CCGs

4d. Communications & Engagement Task & Finish group

- Helen Hibbs updated all on the above Task & Finish group
- The communication leads will rotate in attendance at the Joint Committee to produce staff communications following the meeting – this month Laura Broster is in attendance
- Paul Maubach queried the third bullet point in the Communications & Engagement report as it provides an inconsistent message: 'Communications have been issued regarding the appointment of clinical and managerial support for the STP which has a crossover with the collaborative commissioning programme.' – This relates to the same HR clarifications raised earlier in the meeting. Helen Hibbs to look into this in discussion with Andy and Paul.

Action: Helen Hibbs to look into communications regarding the collaborative commissioning programme and STP appointments with Paul and Andy

4e. CCG Collaboration Task & Finish Group

- Helen Hibbs updated all on the above Task & Finish group
- Positive discussions have taken place following a recent workshop
- CCGs are encouraging groups of staff across the four CCGs to work together and collaborate where possible
- There are some issues regarding addressing staffing gaps - HR to think through those issues – a risk to consider on the risk register
- It was agreed by the Committee that, because of current performance problems, Cancer should be considered as a collective priority to work on (CLG to consider this as discussed in item 4b), with commissioning resource identified as a risk for this committee

4f. Finance Task & Finish Group

- Update was received via item 8 on the agenda

5. Specialised Commissioning

Nick Harding updated all on Specialised Commissioning Services. Nick Harding advised that collaborating by NHS England with other STPs was a work in progress. Particular local specialised services issues include Vascular and Cancer and we need to look at how to move forward with Simon Collings (Assistant Director of Specialised Commissioning) on progressing our joint working as soon as possible.

6. Vascular Services

Nick Harding discussed a letter received from NHS England on 3 July regarding Vascular services. This is another opportunity for the CLG to lead on as discussed in item 4b. It was raised that the letter was only sent to provider Chief Executives. The letter was noted and the Joint Committee agreed that they are happy to support further work in this area through the CLG.

7. Case for change for joint commissioning on a Black Country footprint

There were no papers for this item so it was not discussed.

8. Financial Review

James Green raised concerns around the process for the review. A request was sent to the three Accountable Officers asking for their view. It was suggested that the review could take place as part of the revision of the STP financial plan. It was pointed out that there is complexity in carrying out this piece of work but it is required as the CCGs in the system need to understand the financial position across the Black Country. Matt Hartland indicated that this could be built into the work being undertaken as part of the horizontal integration work of the STP and ask the providers for their financial positions over the next five years. Nick Harding stated that an open and honest discussion is required to ensure we are getting value for money. In reply James Green stated that at the Chief Finance Officers (CFO) meeting of the STP, a piece of work is being undertaken but it is a slow process.

It is important that Transforming Care Together (TCT) are taken into consideration, as the Trusts are being brought together there is a need to understand the implications for the working capital as this may have an impact for the Dudley MCP work. It was agreed that Matt Hartland and James Green will meet outside this meeting and feedback from a STP perspective at the next meeting in August 2017.

Action: Matt Hartland & James Green to meet to discuss how best to develop a joint financial understanding across the Black Country and feedback to the Joint Committee in August.

9. Collaborative Commissioning plan for Mental Health

Sarah Fellows and Andrea Hadley attended the meeting and presented the report. The recommendations set out in the report were discussed. It was made clear that the report covers Sandwell not West Birmingham as this falls under the remit of Birmingham. Paul Maubach stated that this was a helpful report but highlights risks to all CCGs, some more than others; and raises questions about why some services are included in the list. There is a need for a clear rationale to be added to report to explain why services would benefit from being commissioned collectively before this could be presented to our respective Boards.

Sarah stated that this work proposal has been developed with all respective CCG Mental Health Commissioners and providers are on board and welcome the direction of travel. James Green reiterated the point that all services are priced differently across the Black Country and asked if the figures set out were based on this years' figures. This was confirmed by Sarah Fellows. Matt Hartland expressed concern that there were significant

gaps in the financial figures and also significant variations in the reported spend by CCGs – so this information would need to be verified in detail before going further.

It was noted that the report had not been formally presented at any other Committees prior to coming to the Joint Committee. It was agreed that it was useful for the report to be discussed here to ensure that the report is updated with all relevant information for all four Governing Body's to consider.

Matt Hartland raised further technical concerns for the commissioning of Mental Health services due to the work being undertaken around MCP and Alliance models which would mean that it would be for the providers of the contract to commission these services in the future. Therefore the recommendations could not be put forward as stated in the paper because they are inconsistent with existing commissioning processes.

Andy Williams suggested that the emphasis of any recommendations should be to set out a commitment to joint working and set a trajectory to change the way we commission these services in collaboration with the providers.

There was an agreement in principle to ongoing collaboration but not to the current proposals and recommendations as set out in the report. A further report, taking into account the comments and required actions from today, will need to be presented back on the 17th August at the next meeting for further discussion before finalising the report for presentation at the respective Governing Bodies in September.

Action: Sarah Fellows to bring an updated report on Collaborative Commissioning for Mental Health to the August Joint Committee.

10. Joint Committee Programme Director – Business Support

It was agreed that due to time restraints within this meeting, the three Accountable Officer's will resolve outside of this meeting.

11. Any Other Business

None declared.

The next meeting will be at Kingston House on 17 August.

Health and Wellbeing Board

Minutes - 28 June 2017

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence	Chair (Labour)
Councillor Sandra Samuels OBE	Cabinet Member for Adults
Councillor Val Gibson	Cabinet Member for Children & Young People
Councillor Paul Singh	Conservative
Councillor Paul Sweet	Cabinet Member for Public Health and Well Being
David Baker	West Midlands Fire Service
David Watts	Service Director - Adults
Elizabeth Learoyd	Healthwatch Wolverhampton
Ros Jervis	Service Director - Public Health and Wellbeing
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Alan Coe	Wolverhampton Safeguarding Board
Helen Child	Third Sector Partnership
Steven Marshall	Wolverhampton Clinical Commissioning Group

Employees

Helen Tambini	Democratic Services Officer
Richard Welch	Head of Healthier Place
Brendan Clifford	Integrated Project Director
Sarah Smith	Head of Strategic Commissioning

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies for absence were received from Chief Supt Jayne Meir, Linda Sanders, Dr Alexandra Hopkins, Tim Johnson, David Loughton and Alistair McIntyre.
- 2 **Notification of substitute members**
Jo Cadman attended as a substitute for Tracy Taylor.
- 3 **Declarations of interest**
There were no declarations of interest.
- 4 **Minutes of the previous meeting - 29 March 2017**
Resolved:
That the minutes of the meeting held on 29 March 2017 be approved as a correct record and signed by the Chair.

5 **Matters arising**

The Chair said farewell to Ros Jervis and thanked her for her service on behalf of the Board

The Chair also welcomed Councillor Jasbir Jaspal in her capacity as Chair of the Health Scrutiny Panel, who would be attending future meetings as an observer.

6 **Health and Wellbeing Board - Forward Plan 2016/17**

Ros Jervis, Service Director – Public Health and Wellbeing presented the report.

Ros Jervis referred to the Development Day scheduled for October and stated that it would be helpful if the Board could consider ideas in advance so that arrangements could be agreed at the next meeting in September.

The Board was advised that further discussions around the wider perspective of the Sustainability and Transformation Plan (STP), future place based commissioning arrangements across the Black Country and accountable care would need to take place.

Alan Coe, Wolverhampton Safeguarding Board referred to the Safeguarding Board Annual Report and suggested that subject to it being available, it should be submitted to the meeting in September.

Resolved:

1. The Board approved the current Forward Plan.
2. That, subject to availability, the Safeguarding Board Annual Report be submitted to the meeting on 20 September 2017.

7 **Ideas for Development Day**

The Chair raised three issues for discussions on Development Day.

Firstly, the impact of Brexit on workforce issues across the health and welfare sector, including the pressures on General Practitioners (GPs) and the effects of using minimum wage to deliver social care.

Secondly, any opportunities which might arise from the West Midlands Combined Authority. This should be clearer by October as it had recently been announced the WMCA Chief Executive would be starting in September.

Thirdly, to look at using estates and shared premises in a better way to release resources through better integration.

Resolved:

The Board noted the three ideas raised at the meeting.

8 **Better Care Plan 2017/18**

David Watts, Service Director - Adults and Steven Marshall, Wolverhampton CCG presented the report.

David Watts reported that on the last two occasions, the Better Care Plan (BCP) had been delayed and although it was still delayed, progress was being made.

He requested that the Board note the progress made during the last financial year and to approve the Plan, with the proviso that minor amendments would need to be made when full planning guidance had been issued. He also advised that significant amendments might need to be made due to the outcome of the recent General Election.

Key points of the plan were the reporting of National Performance Metrics, which include admissions to residential or care homes and a focus on health and social care.

David Watts provided a progress summary:

There was a significant improvement in the number of delayed transfers of care, which were down 18%, however the target had been a 57% reduction. This was partly due to the number of acute and non-acute mental health patients being delayed for some time.

There was a reduction of 1600 emergency admissions, including over 500 of the most complex cases.

The number of care home admissions had increased significantly to 395 and it was acknowledged that improvement was required as the target was 250. This would require a cultural change, focussing on assisting people to stay in their own homes where possible. There had been improvements to the effectiveness of re-enablement, caused by changes to benchmarking and the Council was managing to support this enablement.

The 2017/19 draft narrative plan was close to completion. The reporting timetable did not need to be completed for quarter one as it would be monitored locally.

In answer to a question regarding an update on graduating, Steven Marshall reported that they were still waiting to hear as the outcome had been delayed due to purdah, but this was the only place in the ADAS region to have applied. Some areas of performance might mean that we might not be able to graduate.

The Board inquired if the draft plan would be signed off after the guidance had been published and David Watts confirmed that if the Board was required to sign off the work the Chair would be asked.

Resolved:

1. That the progress made during the 2016/17 of the BCF programme be noted.
2. That the BCP draft narrative plan 2017/18 be approved.

9

Sustainability and Transformation Plan (STP) - the Wider Perspective

Helen Hibbs, Wolverhampton CCG, David Watts, Service Director - Adults and Brendan Clifford presented the report.

Helen Hibbs referred to the previous report and confirmed that this document reiterated that the work would need to continue along the same trajectory. That placed an onus on systems across the STP area to work collaboratively across commissioners, providers and local authorities, with a focus on patients and accountability. However, coordinating the four local authorities and four large providers to establish an accountable care system would take several years.

The STP process was continuing with Andy Williams as the Black Country STP Lead. A draft memorandum of understanding was being circulated and the four CCGs had joined a Commissioning Committee to work more collaboratively.

Some STP areas had been allowed accountable systems and there was a discussion about doing that in Wolverhampton and it was identified that working with all GPs was essential for that to work. Locally, the Transition Board had become the Systems Development Board.

David Watts reported that an area the local authority was keen to support was on care and support closer to home, with a paper on the Local Place Based Offer.

The Chair informed the Board that each local authority was taking the memorandum of understanding back to their respective Cabinet and there was general support for it. He referred to the significant issues currently faced by Sandwell in respect of boundaries due to its position on the west of Birmingham and to the general complexities surrounding the politics of health. It was important that the services which were better delivered locally needed to be identified, to provide better care and support closer to people's homes and Wolverhampton had a commitment lead on the place based agenda and the opportunity to frame and shape the STP, enabling parties to work closely and effectively on a place based agenda.

Jeremy Vanes suggested a higher focus on the four-hour emergency target as horizontal integration was a lengthy and complex task. Considerable advanced work had been undertaken on centralising pathology services and the acute trusts had a large amount of work controlling services.

The Chair reported that in response to this, chairs of the acute trusts were meeting monthly to prepare.

Jeremy Vanes also raised the issue that the Black Country was not the only STP which affected the Royal NHS Trust; Staffordshire STP also had an influence, with a capped expenditure regime which dramatically affected financial services. The issues at Telford and Shrewsbury's ER services also impacted on their boundaries.

David Watts reported that a Healthwatch public engagement session was taking place next week to start dialogue with key statutory organisations and the public.

The Chair informed the Board that an internal bulletin for Health and Wellbeing Board was being prepared, but that partner organisations were welcome to circulate and publish it too.

Resolved:

The Board noted the progress of the developing Black Country Sustainability and Transformation Plan.

10

Quality and Safety Framework 2017-20

Steven Forsyth, Wolverhampton CCG presented the report.

He reported that the Quality and Safety Framework had been condensed to improve its accessibility. The framework was a suite of documents with the main part detailing what actions had been done.

On the CCG's Quality and Safety Committee there is a lay member for policy accountability, a patient representative, seven public volunteers as patient reviewers, 12 nurses with a breadth of experiences, three pharmacists, three doctors and four non-clinicians.

The CCG has been rated "Outstanding" by NHS England and their Zero Incident Framework also as "Outstanding". They had been shortlisted for two awards, one for patient safety, which had been won in care homes and one for quality team of the year, with the results being announced next week. They had also been asked to be a Q Community member, which was an indication of how well they were progressing. They have been accepted as a pilot for the Health Care Foundation, to look at providing advanced care plans for people at the end of life.

Steven Forsyth drew the Board's attention to the outcome measures to define quality and the key priorities for the year going forward. Those included recruiting a GP for adult safeguarding, introducing specialist drama productions for better training and managing serious incidents in GP surgeries. They would be applying scrutiny to learn lessons by improving the "Friends and Family Test" responses and results which would improve the quality of care from the Medicine Optimisation Team.

Alan Coe, Wolverhampton Safeguarding Board commented that the safeguarding adults section did not mention that this was a statutory duty, and it would be helpful to add that, together with an emphasis being placed on making safeguarding personal by encouraging people to be a part of decisions and how the NHS's duty of candour puts the pressure on to own and identify concerns.

Brendan Clifford asked how the local authority could work together on equality to strengthen its clinical governance and if the development of the "one-stop shops" (OSS) was in collaboration with the local authorities.

In response to the issues raised above, David Watts, Service Director - Adults reported that it was in collaboration and was following their strategy to drive those behaviours. Ros Jervis, Service Director- Public Health and Wellbeing added that a member of the public Health and Wellbeing Board team was a member on each of those and that the report detailed the breadth of quality and safety issues, with lessons being learnt from the mid-Staffordshire crisis and the Francis Report.

Resolved:

1. The Wolverhampton CCGs refreshed Quality Improvement Strategy 2017-2020 be noted.
2. That Board support the priorities and objectives outlined within the Strategy.

11

Overview of Primary Care Strategy and Estates Update

Helen Hibbs, Wolverhampton CCG provided an update to the Board.

She confirmed that the PCS had been ratified in January 2016 and a program of work launched in Summer 2016. Since then, several task and finish groups have been established and the GP Five-Year Forward View highlighted that more finance and focus on primary care provision was necessary as it -was the bedrock of the NHS with 90% of consultations remaining in primary care.

The CCG had set up a task and finish group that identified priorities and milestones such as workforce, patient access and improving practices working collaboratively. That was a challenge but progress had been made; out of 45 practices only a couple were not aligned to groups, with the groups being aligned to vertical integration projects, of which there were currently five. Practices have subcontracted their GMS contracts to the hospital which could free up resource.

There were three other groups, Primary Care Home 1 and 2, whose model was devised by the National Association of Primary Care, which investigated the provision of shared services in different practices. One example would be during weekend openings, where specialists only need to be in one practice. Another was sharing back office functions to benefit from economies of scale. GPs were starting to come together with groups of 30-50,000 patients, a size which allowed them to know their patients without the organisation becoming too large.

There had been issues with Estates for some time and the BCF was currently scoping hubs in each locality to deliver health and social care. Practices could bid for money from the BCF, with practices who were strategically aligned given preference. One of the key problems in primary care was workforce, especially recruiting and retaining General Practitioners in the city.

The Board inquired as to how the strategy and forward view would fit in with the STP and would the work be done collaboratively. It was reported that work was being undertaken collaboratively and that primary care was very place based. However, some things could be shared across the STP footprint, such as estates and ways of working. The Board observed that the number of premises were likely to become surplus.

The Board welcomed the report and Jeremy Vanes observed that the hospital has been able to align datasets, enabling them to see the bigger picture via individual patient journeys. He also stressed the importance of workforce retention and their attempt to create a pipeline of sufficient GPs and adapting careers to be more varied and modulated through portfolios of roles to attract people into primary care.

Resolved:

The Board noted the continued achievements being realised by the CCG within Primary Care and Estate.

12 **Perinatal and Infant Mortality in Wolverhampton**

Ros Jervis, Strategic Director – Health and Wellbeing presented the report, which was created from regional information from the ONS.

She requested an information sharing agreement be negotiated to increase the availability of local data, but highlighted the significant improvements in Wolverhampton. All providers and agencies including the voluntary sectors have worked to reduce infant deaths, with the number of deaths per 100,000 live births falling from 7.7 to 5.6, a 27% reduction regionally compared to a 9% national reduction.

The Board suggested writing to the Medical Director to request more specific, local data.

Ros Jervis stated that the only statistically significant factor affecting the mortality rate was smoking during pregnancy or in homes after birth. Smoke free Wolverhampton was combatting this, with a reduction from 20% of mothers smoking at delivery to 16%. It was observed that child deaths overlap with child safeguarding.

Resolved:

The childhood mortality data for England and Wales and the current trend in infant mortality in Wolverhampton be noted.

13

Draft People Directorate Commissioning Strategy

Brendan Clifford presented the report and he introduced Sarah Smith, the new Head of Strategic Commissioning to the Board.

He confirmed that Wolverhampton was amongst the first in the country to create a People Directorate Commissioning Strategy. The Board discussed the role of providers in the community and that they need to be made aware of commissioning. The report would be made more accessible by reducing the content and a councillor development session was planned for 12 July 2017. Wolverhampton Healthwatch was assisting with public engagement and it had been shared with CCG colleagues.

The Board observed that accessibility was essential for public engagement to be meaningful and that an executive summary would make that easier. Whether what had been commissioned was beneficial also needed to be identified as previously commissioned services had failed to live up to expectations. The type of care desired should be stipulated in the report.

The Board also observed that there was an opportunity to align housing and commissioning, particularly in Adult Social Care, with the two strategies potentially being brought together in the future.

Sarah Smith reported that monitoring success was part of the commissioning cycle and that there was an overlap with care homes which would be united further in future. The strategy would be amended to ensure that it was clear and understandable before being made available to public.

Jeremy Vanes referred to those who have no recourse to public funds accessing urgent and maternity care, with further implications for overseas patients. He noted that it was difficult to police that issue and he was interested in the scale and scope of the service as, if effective, this was important work.

Elizabeth Learoyd, Healthwatch Wolverhampton agreed to devise a user-friendly questionnaire.

Resolved:

The Board noted the strategy.

14

Towards an Active City Strategy

Richard Welch, Head of Service – Healthier Place Service presented the strategy, which had a target of everybody being active every day of the week. Sport England expected areas to have clear directions of travel.

He stated that in November 2015, a whole systems approach had been undertaken and this strategy had been approved by Cabinet to encourage the inactive to become

more active. This was unlike the previous strategies which encouraged people into elite sports. Wolverhampton was one of the first to launch a physical activity strategy. It had a focus on people, place and business, as environment needed to be considered.

Under the Health and Wellbeing Board, there would be an Active City Board. The 'West Midlands on the Move' strategy was in development and undergoing a consultation phase with support from the WMCA Mayor.

Resolved:

The Board noted the principles adopted within the physical activity framework.

15

Joint Strategic Needs Assessment - Programme Update

Ros Jervis, Service Director – Public Health and Wellbeing informed the board that an overview report had been completed in the Spring. Progress was being made; however, there were still challenges. It was available on the Council website and partners needed to ensure they were using the information constructively and using the JSNA. To do that, the platform would be changed and the JSNA hosted in an interactive manner, which presented a cost implication.

Ros invited partners to provide financial support to develop the platform and keep it up to date as more detail was required on partner subject areas. Children's Services were doing further research on neglect.

Richard Welch requested contributions towards the financial implications. to provide support to develop platform.

Resolved:

1. The completion of the Joint Strategic Needs Assessment (JSNA) Overview report 2016/17 be noted.
2. The topics prioritised for the next year to be developed into topic-specific JSNAs be noted.
3. Progress on developing an interactive interface for the JSNA products be noted.