

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 14th November 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 10 October 2017
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Mr J Oatridge	Chairman (Interim)
Clinical ~	
Dr M Kainth	Board Member
Dr J Morgans	Board Member
Dr R Rajcholan	Board Member (part)
Dr S Reehana	Board Member (interim)
Management ~	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Lay Members/Consultant	
Mr P Price	Lay Member
Ms H Ryan	Lay Member
Mr L Trigg	Lay Member

In Attendance	
Mr D Birch	Head of Medicines Optimisation (part)
Ms C Brunt	Chief Nurse – Dudley CCG (part)
Ms H Cook	Engagement, Communications and Marketing Manager (part)
Ms T Cresswell	Health Watch representative
Mr S Forsyth	Head of Quality and Safety
Ms K Garbutt	Administrative Officer
Ms J Herbert	Equality and Inclusion Business Partner (part)
Mr M Hartland	Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)
Mr M Hastings	Director of Operations
Mr P McKenzie	Corporate Operations Manager
Ms A Smith	Head of Integrated Commissioning (part)

Apologies for absence

Apologies were received from Ms M Garcha, Mr D Bush and Mr D Watts. Mr J Oatridge welcomed Mr S Forsyth to the meeting in the absence of Ms Garcha.

Declarations of Interest

WCCG.1928 There were no declarations of interest made.

RESOLVED: That the above is noted.

Minutes

WCCG.1929 **WCCG.1844 Chief Officer Report**

Mr M Hastings pointed out the missing letter in the heading.

WCCG.1890 Emergency, Preparedness, Resilience and Response (EPRR)

Mr Hastings pointed out the second sentence should read “The Clinical Commissioning Group (CCG) is meeting all standards”.

WCCG.1894 Quality and Safety Committee

Mr Hastings pointed out on page 6 towards the end of the paragraph this should read “the number of wrong sight surgery events”.

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 12 September 2017 be approved as a correct record subject to the above amendments.

Matters arising from the Minutes

WCCG.1930 Dr H Hibbs stated she has been in touch with the communications lead for the Sustainability and Transformation Plan (STP) regarding the most up to date information regarding a communications plan. They have been engaging with Health Watches around the areas and are currently working on an overarching communications plan. Further information regarding public meetings is not available yet. She confirmed she will keep the Governing Body up to date.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1931 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.1932 Dr H Hibbs presented the report. She pointed out that meetings continue with NHS England around the possibility of designing an accountable system in Wolverhampton. It has been widely recognised that we have already done a lot of good work to redesign some of our community and emergency pathways. Further work will be carried out to increasingly meet the needs of patients in their own homes where possible.

Dr Hibbs highlighted that Manjeet Garcha our Executive Director of nursing is leaving the Clinical Commissioning Group (CCG) and Ms Sally Roberts has been recruited to fill the role and will be joining the CCG in the New Year. She added that interviews have taken place for the role of Lay Member for Patient and Public Involvement and she expects to be able to make an announcement shortly.

She referred to the Health Service Journal Awards. A presentation was given to the judges in London earlier this month and we are waiting to find out if the CCG has been successful. She added that a joint presentation by Mr David Laughton, Chief Executive from The Royal Wolverhampton Trust (RWT) and herself was given at a Kings Fund event in London.

RESOLVED: That the above is noted.

Emergency, Preparedness, Resilience and Response (EPRR)

WCCG.1933 Mr M Hastings presented the report which is to give the Governing Body assurance that the CCG is compliant with EPRR core standards. We are self-assessed as substantially compliant and the Governing Body was asked to sign off the 2017/2018 work plan. Mr Oatridge referred to the RAG rating on page 3 of the report and the amber rating. Mr Hastings stated that hopefully at the next quarter this should turn to green.

Dr Hibbs pointed out that there is a small risk around the Local Authority restructure of public health and the joint work that the CCG does with them. This is currently being looked at and the CCG have requested advice and guidance.

RESOLVED: That the above is noted.

Better Care Fund (BCF) Plan

WCCG.1934

Ms A Smith gave an overview of the report which is to give assurance that the BCF Plan was submitted in line with the deadline given. The BCF plan was submitted on the 11 September 2017. Due to a request from NHS England to revise the Delay Transfer of Care (DTOC) trajectory, subsequent discussions were held with City of Wolverhampton Council and RWT, and in agreement with NHS England a further version of the plan was submitted on the 13 September 2017.

Ms Smith added that the Pooled budget has been agreed with City of Wolverhampton Council for 2017/18 at £69.208m which is detailed on page 5 of the report. Mr T Gallagher stated that constructive discussions around the risk sharing agreement have been carried out. The deadline date for submission is the 30 November 2017.

Mr D Birch arrived

Mr Oatridge referred to the revised trajectory under section 2.3 relating to DTOC and asked what our latest figures for July/August. Ms Smith confirmed this is reducing but is still problematic. Dr Hibbs pointed out that nationally this is a concern and important for preparation for winter. We are working well with the Local Authority and provider partners to do everything we can to achieve our targets. She added that to date excellent work with the Local Authority has taken place to draw up a comprehensive plan and thanked and congratulated the team.

Ms A Smith left

RESOLVED: That the Governing Body agreed for Dr Hibbs and Mr T Gallagher to sign off the plan.

Items which should not routinely be prescribed in Primary Care

WCCG.1935

Mr D Birch presented the report. NHS England has begun a consultation exercise on developing guidance for CCGs on items that should not be routinely prescribed in Primary Care. The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed to ensure that best value is obtained from prescribing budgets. The report detailed the suggested CCG response to the consultation.

Mr Oatridge referred to page 7 of the report and asked if as a result of an NHS blacklist approach any savings should be available for use locally and not retained centrally. Mr M Hartland stated that we would expect to retrieve the savings.

RESOLVED: That the Governing Body noted the contents of the report and agreed to the submission responding to the consultation.

Mr D Birch left

Joint Committee Terms of Reference and approach to statutory duties

WCCG.1936

Mr P McKenzie presented the report which is to ask the Governing Body to consider the Joint Committee's emerging approach to managing the CCG's Statutory Duties in a collaborative commissioning environment and to agree the Joint Committee's Terms of Reference. Further work is being undertaken by the Joint Commissioning Committee Governance Task and Finish group to ensure that all of the relevant CCG statutory duties have been effectively recognised and correctly categorised. The work will continue and will form part of the ongoing development of proposals for collaborative commissioning.

Ms J Herbert arrived

Mr McKenzie added that the latest draft of the Joint Commissioning Committees Terms of Reference has been amended to provide consistency around the name of the Joint Committee and some further changes following comments from the newly appointed Programme Director. Mr Oatridge pointed out that there is a good level of representation from the CCG at the Joint Committees.

Mr McKenzie stated that if commissioning arrangements change or there are any fundamental changes the report would have to come back for approval, the document is not final and is at a framework stage.

Ms H Cook arrived

RESOLVED: That the Governing Body approved the changes to the Joint Committee's Terms of Reference and the approach to the delivery of the CCG Statutory Duties.

Update Equality and Inclusion

WCCG.1937 Ms J Herbert presented the report which is to provide the Governing Body with information and assurance that the CCG are progressing their equality requirements in key areas. She pointed out that 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. Appendix 1 confirms the activity so far. As agreed at the July 2017 Quality and Safety Committee training dates for staff have now been scheduled. This training is focused on decision makers. Mr Hastings stated that the mandatory training for all staff will need to be take place through e learning and will need to be appropriate.

Ms Herbert referred to the Workforce Race Equality Standard (WRES) template contained within the report. Development of the action plan will take place and the template will be completed and returned to the Governing Body within the next report.

Ms Herbert confirmed the Equality and Inclusion report will be submitted to the Governing Body on a quarterly basis.

Dr Rajcholan and Ms Herbert left and Ms Brunt arrived

RESOLVED: That the above is noted.

Child and Adolescent Mental Health Services (CAMHS) Transformation Plan

WCCG.1938 Mr Marshall gave an outline of the report and plan. The submission of the document to NHS England is on the 20 October 2017 and the final version on the 31 October 2017. This will also go to the Health and Wellbeing Board. The document has also been submitted to the Commissioning Committee.

Mr Hartland added that we are awaiting the outcome of the 24 hour CAMHS bid. This work is reflected in the document.

RESOLVED: That the Governing Body endorsed the approach and submission to NHS England.

Constitution

WCCG.1939 Mr McKenzie gave a brief overview of the report. He confirmed the changes will take effect from 11 October 2017.

RESOLVED: That the above is noted.

Local Maternity System (LMS)

WCCG.1940 Ms C Brunt presented the report. The purpose of a LMS is to provide place-based planning and leadership for transformation. Its first task is to put in place the governance, structure and membership required to discharge this purpose effectively. Development for the Black Country LMS started towards the end of 2016. Commitment for maternity transformation and improvement is a priority within the Black Country Sustainability and Transformation Plan 2016. A number of events with key stakeholders have taken place across the Black Country to define our vision, ambitions and commitment to work together to fundamentally transform and improve our Black Country Maternity Services.

Concerns were expressed about the infrastructure required to provide the service. Ms Brunt stated that all CCGs are struggling and estate leads are looking at community capacity to put in place additional infrastructure. She added that we need to understand how to address issues across the borders regarding patients coming into the Black Country from Staffordshire and Shropshire.

RESOLVED: That the Governing Body requested that the Black Country Maternity Transformation Plan 2017-2020 to be added to a future Governing Body meeting for assurance.

Ms C Brunt left

Commissioning Committee

WCCG.1941 Mr Marshall referred to the report and gave a brief overview. He highlighted that an audit relating to Procedures of Limited Clinical Value (POLCV) has been carried out which identified that 8% of activity was incorrectly charged. As a result, the CCG intends to retain 8% of the POLCV budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met.

He referred to Probert Court Nursing Home. The suspension to new admissions has been lifted. There are 12 step down beds and 2 step up beds.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1942 Mr S Forsyth presented the report highlighting the key areas. He pointed out that an Improvement Board meeting was held on the 26 September 2017 and Vocare demonstrated some improvements in ~

- Staffing rotas, 8 new GPs and nurses have been recruited.
- Triage within 15 minutes of arrival is being addressed via a rota review so that staff are aligned at the busiest times. The new rota is now in place, weekly monitoring of data continues to monitor effect.
- Paediatric cover has been addressed and staff identified who require cover.
- Serious Incident training took place by the quality team and good feedback was received.

Mr Forsyth stated that an unannounced visit took place at Vocare on the 5 October 2017.

Dr Hibbs stated on the 12 March 2015 the Home Secretary established the Independent Inquiry into Child Sexual Abuse to consider whether public bodies and non-state institutions have taken seriously their duty of care to protect children from sexual abuse. Wolverhampton was chosen as a sample area. The team carried out excellent work gathering the extensive information required. This was an independent enquiry and we should hear in due course.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1943 Mr Gallagher gave an overview of the report. He highlighted the finance position identified on page 3 of the report. The cash balance has exceeded the target due to an unexpected cash receipt. The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.

We are on target to meet our surplus which has been agreed with NHS England. More work is required around Quality, Innovation, Productivity and Prevention (QIPP).

Mr Gallagher highlighted performance within the report. He pointed out that cancer figures are more challenging. In August 2017 they were at 75% and September 2017 deteriorated to 73%. There is a remedial action plan in place and we are very much focused on gaining improvement against the target Dr Hibbs added that there is obviously a

concern with cancer patients they should receive treatment in a timely way. We are carrying out work and constant dialogue with the provider is taking place.

Mr Price referred to the pressure on finding recurrent QIPP savings for 2018/2019 and asked whether work had already started on identifying schemes Mr Marshall confirmed a programme had been started.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.1944 Mr L Trigg gave a brief overview of the report highlighting the key points.

RESOLVED: That the above is noted.

Primary Care Strategy Committee

WCCG.1945 Mr Marshall presented the report which updates the Governing Body on continued progress. He highlighted the key points within the report. Progress has been made towards on-going implementation of the General Practice Five Year Forward View Programme of Work. Milestone plans have been developed for both programmes of work.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1946 Ms H Cook gave an overview of the report. She pointed out the Minor Eye Conditions Services (MECS) launch. A new campaign started in September 2017 to launch the new MECS service offering people the chance to see their optician for eye conditions, which they may previously have gone to hospital for. Dr S Reehana asked if there were any leaflets for GP practices. Ms Cook will look into this. Ms T Cresswell pointed out that it would be useful for this information to be shared with Health Watch. Mr Hastings agreed to have a meeting to discuss this service.

Ms Cresswell referred to the winter flu campaign with pregnant women being at particular risk. Maternity workers will address this with their patients who are at risk and this will also be promoted via Health Watch.

RESOLVED:

1. That Ms Cook to check if leaflets for the Minor Eye Conditions Service within GP practices has taken place.

2. That Mr Hastings to arrange a meeting with Health Watch to discuss the Minor Eye Conditions Services service.

Minutes of the Quality and Safety Committee

WCCG.1947 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1948 RESOLVED: That the minutes are noted..

Minutes of the Primary Care Commissioning Committee

WCCG.1949 RESOLVED: That the minutes are noted.

Minutes of the Primary Care Strategy Committee

WCCG.1950 RESOLVED: That the minutes are noted.

Joint Negotiating and Consultation Committee

WCCG.1951 RESOLVED: That the minutes are noted.

Black Country and West Birmingham Commissioning Board minutes

WCCG.1952 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.1953 Ms Cresswell stated that the vacancy for Chair of Health Watch has been extended to the middle of November 2017 and requested this is shared with stakeholders.

Mr Oatridge confirmed this is his last meeting as interim chair of the Governing Body with effect from the 11 October 2017 and wished Dr Reehana all the best as Chair. He also thanked everybody for their support and help.

Mr Oatridge stated it is Dr Morgans' last meeting and thanked him for his contribution and valued experience and input into the CCG. Dr Hibbs also thanked Dr Morgans for his wonderful support to develop the CCG and driving the Commissioning Committee forward. She thanked Mr Oatridge

for being interim chair bringing his experience and leadership to the Governing Body.

RESOLVED: That the above is noted.

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

WCCG.1954

RESOLVED: That the above is noted.

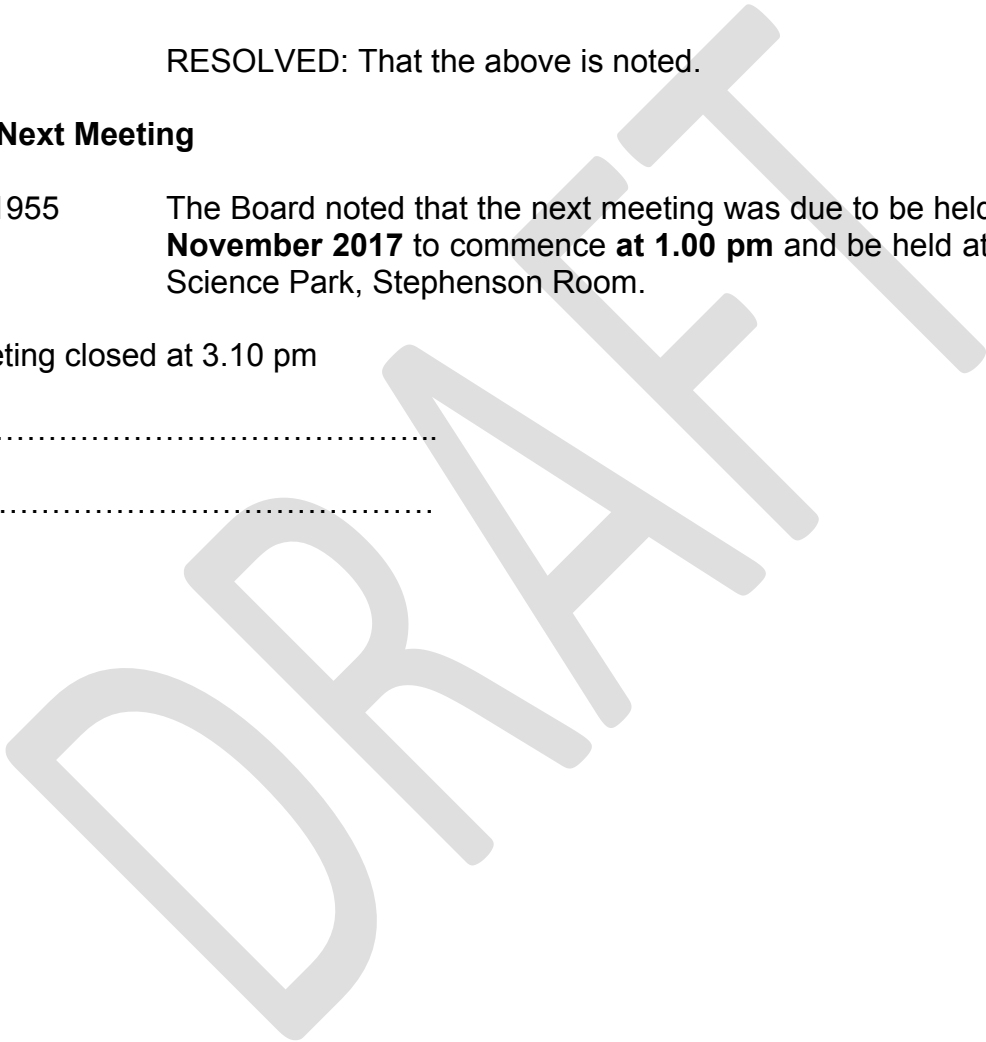
Date of Next Meeting

WCCG.1955 The Board noted that the next meeting was due to be held on **Tuesday 14 November 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

14 November 2017

Date of meeting	Minute Number	Action	By When	By Whom	Status
10.10.17	WCCG.1946	Communication and Engagement – Check if leaflets for the Minor Eye Conditions Service have been distributed to GP practices. A meeting to be arranged with Health Watch to discuss the Minor Eye Conditions Service.	November November	Helen Cook Mike Hastings	

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WOLVERHAMPTON CCG
GOVERNING BODY
14 NOVEMBER 2017

Agenda item 6

TITLE OF REPORT:	Chief Officer Report
AUTHOR(s) OF REPORT:	Dr Helen Hibbs – Chief Officer
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer
PURPOSE OF REPORT:	To update the Governing Body on matters relating to the overall running of Wolverhampton Clinical Commissioning Group.
ACTION REQUIRED:	<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"> • Steven Forsyth and Maxine Danks have been jointly appointed as Interim Nurse Directors for the CCG whilst we await the start of our new Executive Lead for Nursing and Quality.
RECOMMENDATION:	That the Governing Body note the content of the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	



1. BACKGROUND AND CURRENT SITUATION

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

2. CHIEF OFFICER REPORT

2.1 Estates

- 2.1.1 NHS Property Services (NHSPS) Leases – A solution to the problem regarding practice property leases with NHS Property Services has now been found. In order to progress the schemes in Wolverhampton we will be approaching practices about engaging local solicitors to undertake the lease negotiation on their behalf so that we can accelerate the process for the capital works to be undertaken in Wolverhampton.

- 2.1.2 Estates and Technology Transformation Fund – A meeting was held in Wolverhampton to discuss the projects that are planned across the Black Country so that we can agree how spend or under-spend is managed across the CCGs. A plan was agreed which continues to support all of the projects proposed by the CCG and we await agreement from NHS England (NHSE) to continue to progress these plans.

- 2.1.3 Black Country Estates Team – There is now a signed agreement for a shared Estates team across Wolverhampton, Sandwell and Walsall CCGs. This will supplement technical advice and guidance to the existing Estates provision for the CCG, as well as adding greater resilience to the team.

2.2 Information Technology (IT)

- 2.2.1 Local Digital Roadmap (LDR) – Work is progressing well and we are hopeful that our bids for Docman 10 and additional work on the Shared Care Record will be successful enabling us to progress further.

- 2.2.2 Fileshare, eMail, Agile Working – A bid has been submitted to support infrastructure across the Black Country Joint Commissioning Committee (JCC) CCGs enabling file sharing, a standard email platform and agile working. Following agreement at the JCC, once funding is hopefully allocated implementation will begin immediately.

- 2.2.3 Longitudinal Patient Record – The Graphnet Care Portal v03 has been successfully installed. This is a major step towards a shared care record between primary, secondary, social care and mental health in line with the CCGs IT Strategy. All of the organisations are supportive of the progress and we are ready to add Mental Health data to the existing primary and secondary care record.

2.3 Joint Commissioning

- 2.3.1 The JCC took place on Thursday 19 October 2017 and the key discussion items were as follows:

- 2.3.2 Andy Williams updated us on the Black Country and West Birmingham Sustainability and Transformation Plan (STP). At the last meeting they had focussed on winter preparedness. The partnership valued the opportunity to talk through the readiness of the systems and how collectively we can work to improve some issues such as Delayed Transfers of Care between areas within our STP.
- 2.3.3 At the current time, the priority is for local area to develop its place based arrangements. Given the importance of local public accountability and partnerships with our local authorities, the Committee can see no basis for bringing together the four CCGs into a single CCG arrangement for the foreseeable future. Therefore we agreed that it is important that we develop our joint committee arrangements to accommodate collaboration where appropriate.
- 2.3.4 The Committee also discussed the clear distinction between the Sustainability and Transformation Partnership and the JCC and how the staff currently supporting each should not be privileged or disadvantaged by any future change.
- 2.3.5 Discussion took place around the need to explore further any opportunity for us to take a role in hosting specialised commissioning and this will be progressed over the next few months by the JCC. This is particularly important for areas where we can see that more work is required to ensure stability and secure services for local people.

2.4 Primary Care

- 2.4.1 The Primary Care Strategy Milestone Review Board met in October and reviewed progress that has been made by each of the Task and Finish Groups, there were a small number of exception reports comprising of revised timescales for achievement. The review board also received assurance from Royal Wolverhampton NHS Trust (RWT) on the Vertical Integration Model and performance against the General Practice Forward View (GPFV) Programme of Work also.
- 2.4.2 Meetings continue at STP level among Primary Care Leads focussing on the delivery of the GPFV, this includes development of a Primary Care Workforce Strategy and a range of training and development programmes for General Practice that have been launched in response to funding available at national and local level. Assurance is routinely provided within the STP Framework.
- 2.4.3 The Primary Care Team has recruited to all vacancies resulting in the substantive roles funded by the CCG for each practice group. Both Primary Care Homes and Medical Chambers practice groups have dedicated Group Managers working in close liaison with Group Leads to ensure the delivery of the Primary Care Strategy, GPFV and also strive to support the groups with maturing sufficiently to work in cohesion and provide services at scale.
- 2.4.4 Discussions among general practice groups and the CCG are due to enter the next phase on negotiations pertaining to the Accountable Care Alliance, all groups including Local Medical Committee have confirmed who their nominated representative(s) will be. Meetings are due to resume as of 14 November 2017 and will be held on a weekly basis through until the end of March 2018, stakeholders from across the city will be included in the discussions from

December onward. Governing Body will be kept apprised of the programme and progress being made.

2.5 Sustainability and Transformation Plan

2.5.1 Work continues across the STP footprint to develop programmes of work which are best looked at with commissioners, providers and the Local Authority involved. Key areas being developed are an STP wide workforce plan, a single pathology hub, work around learning disabilities, work around mental health and collaboration around specific areas of service delivery.

2.6 Alliance Working

2.6.1 The CCG and RWT executive management met with NHSE and NHS Improvement regarding the application for funding support for wave 2 vanguard status to underpin the development of the Wolverhampton Accountable Care Alliance. NHSE indicated that they would be supporting the application but it was made clear that an ambition regarding footprint size and scope has to be articulated as part of the submission.

2.6.2 Workshops commence with the GPs on the 14 November 2017 and are planned to run on a weekly basis to ensure alignment between GPs with regard to the development and implementation of the purpose, clinical strategy, governance and financial oversight of the Accountable Care Alliance.

2.6.3 Black Country Partnership Foundation Trust (who will become Birmingham Community Healthcare NHS Trust, although with an updated name to reflect the new geographical coverage) have also committed to be part of the Accountable Care Alliance. Similar discussions have been initiated with Wolverhampton City Council regarding their role in the governance and role in the Alliance.

2.7 Kings Fund Presentation

2.7.1 A presentation to the Kings Fund was delivered in collaboration with David Loughton, Chief Executive of RWT, regarding joint work that we have done to date in the local area which has led to improved out of hospital services and a reduction in unnecessary emergency admissions.

2.8 Interim Nurse Director Appointment

2.8.1 Steven Forsyth and Maxine Danks have been jointly appointed as Interim Nurse Directors for the CCG whilst we await the start of our new Executive Lead for Nursing and Quality.

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:	2 November 2017

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	02/11/17



WOLVERHAMPTON CCG
**GOVERNING BODY
 14 NOVEMBER 2017**
Agenda item 7

TITLE OF REPORT:	Governing Body Assurance Framework
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To present the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register for the Governing Body's consideration.
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"> • This report includes the latest updated version of the GBAF and Strategic level risks. • Updates impacting on the risk profile for each objective in the GBAF are included that have led to the development of the overall scoring. • Further detail on the development of overall risk management arrangements will be reported in the Private Session
RECOMMENDATION:	That the Governing Body <ul style="list-style-type: none"> • Considers the Governing Body Assurance Framework • Notes movement/progression of high level risks
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Governing Body considered a first iteration of a re-aligned Governing Body Assurance Framework (GBAF) in September 2017. This links to the strategic objectives articulated by the Governing Body in March 2017. The updated version of this framework is set out at **Appendix 1**.

2. ASSURANCE FRAMEWORK UPDATE

- 2.1. Since the last update to the Governing Body, each of the Governing Body committees has begun to develop and manage their individual risk profiles. Further detail on this, as well as on progress with the action plan from the internal audit report is included in a further paper on the private agenda.
- 2.2. The updated GBAF gives an update on the risk profile against each of the defined Corporate Objectives. Whilst there are updates for each of the objectives, the score for each objective has been assessed as the same as the previous version. This is supported by the Strategic Risk Register outlined at **Appendix 2**. No new strategic risks have been identified since the last report to the Governing Body and details of the trend for each risk is identified in the Appendix.
- 2.3. The Governing Body is asked to consider the updated GBAF and discuss any areas where greater assurance is required. Views are also requested on how the presentation of the GBAF can be optimised to enable the Governing Body to be fully assured that actions and mitigations are having the appropriate impact. This would include how the updates to each area of risk are described and how actions are being undertaken and managed.

3. CLINICAL VIEW

- 3.1. 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.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable for the purpose of this report.

5. KEY RISKS AND MITIGATIONS

- 5.1. 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.



6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

6.2. 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

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

Legal and Policy Implications

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

Other Implications

6.5. There are no other implications arising from this report

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: November 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	November 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	06/11/2017

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Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved	Previous Rating (September 2017)	Trend
1. Improving the quality and safety of the services we commission								
a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions	CR02 - Cyber Attacks CR03 - NHS Constitutional Targets CR06 - Vocare CR09- Safeguarding Compliance CR13 - Maternity Services CR15 - CCG Staff Capacity Challenges	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.	No new strategic risks have been added to the Corporate risk register, however the Finance and Performance Committee have identified an operational risk in relation to proposals for increased activity at RWT to support changes in the wider Black Country system. This has been added to the committee risk register and actions will be monitored as further assurances are sought. Work continues to address quality concerns at Vocare and to understand the impact of the recent change in ownership.	The CCG continues to actively monitor the quality of provision at all its providers. The CCG is engaged with a multiagency improvement board to support improvements at the Urgent Care Centre and is working with other CCGs across the STP to ensure a system level approach is taken to issues with Maternity services. Existing monitoring systems are in place to ensure that concerns about Quality are addressed at the earliest possible opportunity and to ensure that appropriate contractual levers can be used if necessary	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔
2.Reducing health inequalities in Wolverhampton								
a. <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	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	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	No new strategic risks identified. Recruitment to substantive positions to support group level working has taken place and additional support for the workforce workstream has been put in place. High level milestone plans are now in place to support the strategy delivery and programmes are moving forward.	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.	Likelihood - 4 Impact - 3 12 High	Likelihood - 3 Impact - 3 9 High	Likelihood - 3 Impact - 3 9 High	↔
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	CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership	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 balance their own priorities and challenges to deliver systemic change. In particular, there is a risk that relationships between partners may become strained as differing priorities are encountered. There are also significant challenges for CCG staff delivering these changes in addition to their existing responsibilities, particularly as they need to build their understanding of the impact of new models.	No new strategic risks identified. New Governing Body is now in place and working through an induction plan that will help to build their understanding of the CCG's priorities - particularly in relation to the development of accountable care models. This means that the risks associated with overall leadership are reducing. Substantive appointments have been made to posts to support Primary Care clinical groupings.	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.	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved	Previous Rating (September 2017)	Trend
3. System effectiveness delivered within our financial envelope								
a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.	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	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 may be tensions between delivering the CCG's own financial targets and financial metrics and planning across the footprint.	No new strategic risks identified. The Finance and Performance Committee have now articulated specific risks on their risk register impacting the overall financial position relating to overperformance of acute contracts and prescribing budgets. Discussions continue around the development of the STP and the contribution of the CCG to its strategic priorities, particularly through the on-going progress of the local accountable care model. As highlighted above, the strategic risk associated with new Governing Body roles has reduced.	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.	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔
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.'	CR09 - BCF Programme CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate Estates Infrastructure funding	The CCG recognises that there are a number of risks associated with the Better Care Programme of work which underpins much of the work to integrate health and social care services. In particular the risks associated with the different challenges and priorities faced by the CCG and the Local Authority place some of the delivery of this programme at risk. Some of the risks highlighted above in relation to both developing local care models and the STP, in particular the potential tension between local and Black Country wide ways of working, also impact on the achievement of this objective.	No new strategic risks identified. The 2017/18 Better Care Fund Plan has been developed and submitted and work continues to develop the agreement and financial risk share associated with that agreement.	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.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
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	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	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.	No New strategic risks identified. As highlighted above, the Finance and Performance Committee are managing the risks associated with Financial duties through the development of their risk register. Discussions are continuing with the other CCGs in the STP around how accountability arrangements for CCG Statutory duties will be delivered through collaborative commissioning approaches including the Joint Commissioning Committee.	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.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.	CR15 - CCG Staff Capacity Challenges CR17 - Failure to secure appropriate estates infrastructure investment	The CCG's programmes of work to improve infrastructure for health and care is heavily reliant on the recruitment and retention of appropriately skilled staff to support improvements in specialist IT systems in partnership with other organisations, this means that the risks associated with staff capacity will have an impact on the delivery of this objective. Plans to make improvements in estates across Wolverhampton are dependent on appropriate funding being available. The complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk	No new strategic risks have been identified. The CCG is working in collaboration with the other CCG's in the STP to support the effective delivery of estates and technology funding for infrastructure improvements and working closely to identify new sources of funding.	The CCG has a fully established IM&T team in place working to a detailed strategy to support improvements, reporting into other work streams as a key enabler. This is supported by a robust SLA with RWT as our IT supplier to deliver technical services in line with agreed priorities. The CCG is working in partnership both locally and across the STP to ensure that improvements in estates are delivered in a targeted and strategic manner. Work continues to ensure GP practices are fully engaged in the development of plans and priorities.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔

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	Change/ Trend
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 Increase in Activity at RWT 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 Assurances are being sought that proposals for increased activity at RWT as a result of changes across the Black Country do not destabilise delivery.	28/02/2017	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	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	Change/ Trend
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. Impact of recent takeover of Vocare is being assessed and existing improvement plans remain in place.	30/01/2017	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	16	Extreme	12	High	↔
CR07	FP - CHC Budget FP - Over performance of Acute Contract FP - Tier 4 Obesity Services FP - Prescribing	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 Month 6 (Q2) proved difficult to close and all flexibilities have now been utilised in delivering a balanced position. Q2 budget review undertaken. Review of risk appetite needs to be undertaken by Execs and GB which will inform the impact of holding back non recurrent resource to underpin the financial position.	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	Change/ Trend
CR08	495	New Ways of Working across the STP The STP is complex and works across both providers commissioners and local authorities. This requires building new relationships and overcoming organisational barriers . Management capacity to fulfil new roles will be a risk to the CCG as well as the move to new ways of working with partners in a complex system	Relationships across the STP continue to develop, an MOU is being put into place and clear leadership for individual work streams are being identified and put into place.	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	Safeguarding Compliance 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	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	Maxine Danks/ Steven Forsyth	12	High	6	Moderate	↔
CR10	415 - BCF Finance 450 - BCF Capacity 454 - Community Equipment 425, 451 - Community Neighbourhood Teams 407 - Discharge to Assess (DIOC) 445 - Fibonacci 471 - Risk Stratification Social Care Staffing Issues Relationship with Local Authority	BCF Programme 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	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	↔
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. Additional capacity has been added to the Primary Care Team to support this work stream 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	↔

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	Change/ Trend
CR12	223 - Alliance Contractual Governance 467 - MCP New way of Working 468 - Group Capacity	<u>New Ways of Working in Primary Care</u> There are a number of issues with the developing new approach to working. This potentially puts at risk the benefits for patients and the prospect of system change	Substantive appointments now made in the Primary Care Team to support group working. Milestone plans developed to support the overall delivery of the Primary Care Strategy. Primary Care groups are actively involved in discussions to develop accountable care models in Wolverhampton.		2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	12	High	↔
CR13	492 - Maternity Capacity & Demand	<u>Maternity Services</u> 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	↔
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	<u>Developing Local Accountable Care Models</u> 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. Proposals have been shared with NHS England, Other CCG and Provider Chief Executives and Accountable Officers and positive discussions continue across the system.	12/09/2017	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Extreme	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	Change/ Trend
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	12/09/2017	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High	9	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 are being worked through with new Governing Body members and the clinical leadership structure has been developed to ensure that there are opportunities for Governing Body members to understand the CCG and how it functions.	12/09/2017	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High	9	High	↓
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.	12/09/2017	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	↔

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WOLVERHAMPTON CCG
GOVERNING BODY
14 NOVEMBER 2017
Agenda item 8

TITLE OF REPORT:	Appointment of Clinical Committee Members
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To ask the Governing Body to agree to the appointment of Clinical Members of the Governing Body Committees
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • The Remuneration Committee have agreed a Clinical Leadership structure for the Governing Body comprising Leads and Deputy Leads for each of the Governing Body Committees • Following discussions with the Governing Body Clinical Members, agreement has been reached to determine who will serve on each committee.
RECOMMENDATION:	To agree the appointment of Clinical Committee Members as outlined in the 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 Clinical leadership of the Governing Body helps to ensure the CCG meets its statutory duties through the powers devolved to the committees.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. Following the changes to the Governing Body structure, the clinical roles have been reviewed to take into account the change from locality based to group based roles.
- 1.2. The Remuneration committee has recognised the need to review the roles on the Governing Body to ensure that they are focussed on the appropriate areas and agreed, through broader discussion with Governing Body members, a defined proposal for clinical leadership across the Governing Body Committees by appointing Leads and Deputy Leads.

2. COMMITTEE APPOINTMENTS

- 2.1. The Remuneration Committee have agreed that Leads and Deputy Leads should be appointed for the Commissioning, Finance and Performance and Quality and Safety Committees.
- 2.2. Following discussions with the Governing Body Members, the following members are to be appointed as follows:-
 - **Commissioning** - Dr Kainth (Lead), Dr Gulati (Deputy)
 - **Finance and Performance** - Dr Bush (Lead), Dr Asghar (Deputy)
 - **Quality and Safety** - Dr Rajcholan (Lead), Dr Parkes (Deputy)
- 2.3. In addition to these committees, there are roles on the Remuneration Committee and non-voting positions on the Primary Care Commissioning Committee, which are allocated on a rotational basis. It is suggested that these roles be filled as required on delegated authority by the Chair.

3. CLINICAL VIEW

- 3.1. The Clinical roles have been allocated in consultation with the GP members of the Governing Body.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

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

6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

6.4. There are no legal implications from this report.

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

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	02/11/2017



WOLVERHAMPTON CCG
GOVERNING BODY
14 NOVEMBER 2017
Agenda item 9

TITLE OF REPORT:	Appointment of Lay Member for Patient and Public Involvement
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To advise the Governing Body that, following a recruitment process, Sue McKie has been appointed as the Lay Member for Patient and Public Involvement
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • Following Pat Roberts retirement in October 2017 a recruitment exercise was undertaken to identify a new Lay Member for Patient and Public Involvement. • Interviews were conducted by the Accountable Officer, Interim Chair and the Corporate Operations Manager. • A number of high quality candidates were interviewed and Sue McKie has been appointed following the interview process.
RECOMMENDATION:	To agree the appointment of Sue McKie as the Lay Member for Patient and Public Involvement on the Governing Body
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Lay Member for Patient and Public Involvement is a statutory requirement for the CCG's Governing Body to be fully constituted.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. Following the retirement of Pat Roberts in September 2017, there has been a vacancy for the role of Lay Member for Patient and Public Involvement. This is the role that the CCG uses to meet the statutory requirement to have a Lay Member on the Governing Body with knowledge of the local area.

2. RECRUITMENT PROCESS

- 2.1. The role was advertised nationally on the NHS Jobs in line with the CCG's recruitment processes and candidates were shortlisted for interviews, which took place in September 2017. The interview panel consisted of the Accountable Officer, the interim Governing Body Chair and the Corporate Operations Manager.
- 2.2. Following the conclusion of the interview process, the panel unanimously decided to offer the post to Sue McKie. Sue will be well known to members of the Governing Body as has worked in Wolverhampton for a number of years as part of the public health team and brings a strong understanding of the local health economy and patient needs in Wolverhampton.
- 2.3. Following the successful completion of the pre-employment checks, Sue can be appointed to the role and join the Governing Body. In line with the responsibilities undertaken by her predecessor, Sue will Chair the Primary Care Commissioning Committee and formally act as Deputy Chair of the Governing Body.

3. CLINICAL VIEW

- 3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

- 5.1. There are no risks associated with this report. Appointing to the role helps to mitigate risks associated with the Governing Body Leadership.

6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

6.4. The requirement to have a Lay Member with knowledge of the Local Area on the Governing Body is set out in the National Health Service (Clinical Commissioning Groups) Regulations 2012.

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

REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	02/11/2017

WOLVERHAMPTON CCG

Governing Body
14 November 2017

Agenda item 10

TITLE OF REPORT:	Modern Slavery Statement
AUTHOR(s) OF REPORT:	Annette Lawrence
MANAGEMENT LEAD:	Manjeet Garcha
PURPOSE OF REPORT:	The Modern Slavery Act 2015 requires a slavery and human trafficking statement to be approved by Quality and Safety Committee and signed at Governing Body level. This ensures senior level accountability, leadership and responsibility for modern slavery and gives it the serious attention it deserves.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Private – statement for decision
KEY POINTS:	<ul style="list-style-type: none"> • Introduction • What the statement should include • What are the consequences of failing to issue an annual statement? • NHS Wolverhampton CCG's Statement
RECOMMENDATION:	It is recommended that the Committee approves the statement for recommendation to Governing Body for adoption, signing by the Accountable Officer and publication
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1,2 and 3

1. BACKGROUND AND CURRENT SITUATION

- 1.1. [Short introductory section outlining the reasons for bringing the report, any relevant context (legislation, policies, previous events)]



2. Introduction

- 2.1. From 29 October 2015, the Modern Slavery Act 2015 (the Act) requires commercial organisations, including all NHS organisations, to make a public statement as to the actions they have taken to detect and deal with forced labour and trafficking in their supply chains – the Transparency in Supply Chains obligation. The guidance is [available here](#)
- 2.2. Organisations with a year end of 31 March 2017 are the first to be required to publish on their website a statement within 6 months of current year end.
- 2.3. The Act requires a slavery and human trafficking statement to be approved and signed at Governing Body level. This ensures senior level accountability, leadership and responsibility for modern slavery and gives it the serious attention it deserves
- 2.4. **What should the statement include?**

2.4.1 The Government has not been prescriptive about the layout or specific content of a slavery and human trafficking statement. It is up to organisations how they present information in the statement and how much detail they provide. However, organisations must include in the statement all the steps they have taken.

The guidance provides a non-exhaustive list of information that may be included:

- i. The organisation's structure, its business and its supply chains.
- ii. Its policies in relation to slavery and human trafficking.
- iii. Its due diligence processes in relation to slavery and human trafficking in its business and supply chains.
- iv. The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk.
- v. Its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate.
- vi. The training about slavery and human trafficking available to its staff.

2.5 What are the consequences of failing to issue an annual statement?

The UK Home Secretary can force an organisation (by way of proceedings for an injunction) to issue an annual statement.

A failure to comply with the provision, or a statement that an organisation has taken no steps, may damage the reputation of the organisation.

2.6 NHS Wolverhampton CCG's Statement

The CCG's draft statement for 2017/18 is detailed at Appendix 1. The content guide detailed in paragraph 2.4.1 has been used to develop the statement.

The statement has been developed by assessing existing practice undertaken within the business. The CCG's approach is governed by compliance with legislative and regulatory requirements and due to the nature of its business is a relatively low risk however moving forward, we will seek to ensure that, where appropriate, we seek assurances from our providers that they comply with the Act.

3. CLINICAL VIEW

3.1. The CCG strives to ensure the services it commissions are achieving statutory requirements of safeguarding adults with care and support needs, as defined by regulatory requirements, contractual requirements and best practice. The Quality Team Nursing professionals work very closely with GP colleagues, colleagues within the Local Authority, Police and members of the Wolverhampton Safeguarding Adults Board

4. PATIENT AND PUBLIC VIEW

4.1. Through continued patient engagement the views of our stakeholders are duly recognised and used to inform improved service delivery. The Quality Team engages with the patient representatives and lay member who regularly attend Quality and Safety Committee meetings. Making Safeguarding personal is also considered within WCCG's contribution to safeguarding enquiries, as per the Care Act 2014.

5. KEY RISKS AND MITIGATIONS

- 5.1. Failure to comply with the Modern Slavery Act 2015
- 5.2. Approval of the WCCG Statement

6. IMPACT ASSESSMENT

Legal and Policy Implications

6.1. Care Act 2014 – places a statutory responsibility on the CCG for Adult Safeguarding

6.2. Modern Slavery Act 2015

Name Annette Lawrence
Job Title Designated Adult Safeguarding Lead
Date: 30.08.2017

ATTACHED:
Appendix 1 – Modern Slavery Statement

RELEVANT BACKGROUND PAPERS

Link inserted in 2.1 – Transparency in Supply chains – a practical guide

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	AL	30.08.17
Public/ Patient View	AL	'
Finance Implications discussed with Finance Team	N/A	'
Quality Implications discussed with Quality and Risk Team	AL	'
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	Provider contract content discussed with WCCG Contract team Procurement questions discussed with CSU Procurement Staff	'
Signed off by Report Owner (Must be completed)	AL	30.08.17

Appendix 1

NHS Wolverhampton Clinical Commissioning Group's Response to the Requirements of the Modern Slavery Act 2015

This statement comprises the slavery and human trafficking statement of NHS Wolverhampton Clinical Commissioning Group (the organisation) for the financial year ending 31st March 2017 in accordance with **Section 54, Part 6 of the Modern Slavery Act 2015**.

The organisation recognises that it has a responsibility to take a robust approach to slavery and human trafficking and is absolutely committed to preventing slavery and human trafficking in its corporate activities.

Definition of Offences

Slavery, servitude and forced or compulsory labour.

A person commits an offence if:

- i. The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or;
- ii. The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

Human Trafficking

A person commits an offence if:

- i. The person arranges or facilitates the travel of another person (victim) with a view to being exploited;
- ii. It is irrelevant whether the victim consents to travel and whether or not the victim is an adult or a child.

Exploitation

A person is exploited if one or more of the following issues are identified in relation to the victim:

- i. Slavery, servitude, forced or compulsory labour;
- ii. Sexual exploitation;
- iii. Removal of organs;
- iv. Securing services by force, threats and deception;
- v. Securing services from children, young people and vulnerable persons.

Organisational Structure

As an authorised statutory body, the CCG is the lead commissioner for health care services (including acute, community, mental health and primary care) in Wolverhampton.

The Membership, Governing Body, Executive Team and all employees are committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity and in so far as is possible to holding our suppliers to account to do likewise.

Our approach

Our overall approach is governed by compliance with legislative and regulatory requirements and the maintenance and development of best practice in the fields of contracting and employment.

The CCG recognises safeguarding as a high priority for the organisation. In order to achieve this we ensure that we have arrangements in place to provide strong leadership, vision and direction for safeguarding. We

make sure we have clear accessible policies and procedures in line with relevant legislation, statutory guidance and best practice.

The organisational structure, business and supply chain

We have a clear line of accountability for safeguarding within the CCG.

The CCG's Accountable Officer has ultimate accountability for ensuring that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole health economy through commissioning arrangements.

The Director of Nursing and Quality is the Governing Body executive lead for safeguarding, and has responsibility for providing leadership and gaining assurance in relation to safeguarding issues within the CCG and locality.

The CCG employs the expertise of Designated professionals for both children and adults. These roles are an integral part of the CCG's activity and support the delivery of the safeguarding adult and children agenda.

Procurement

The CCG ensures that organisations commissioned to provide services have appropriate systems that safeguard children in line with section 11 of the Children Act (2004), and adults in line The Mental Capacity Act 2005, The Care Act 2014 and The Modern Slavery Act 2015.

With regards specifically to the Modern Slavery Act 2015, there is a specific question in our standard set in the pre-qualification questionnaire so that we can be assured of the approach of potential providers at the outset of procurement.

In addition, the CCG's contractual agreements (Standard NHS Contract) contain an obligation within clause SC1.2.2 for providers of services to *'perform all of its obligations under the Contract in accordance with':*

- 1.1.1 the terms of this Contract; and
- 1.1.2 the Law; and
- 1.1.3 Good Practice'

Further, under SC32 Safety and Safeguarding there is a requirement upon all of our providers to have in place programmes for safeguarding and to co-operate with the Commissioner in pursuance of these.

The policies in relation to Slavery and Human Trafficking

Across the West Midlands there is a multi-agency policy and procedures for the protection of adults with care and support needs. This policy covers Modern Slavery and Trafficking. Across Wolverhampton. Organisations will report any concerns direct to the police or into adult safeguarding.

Any concerns are directed to the police or into adult safeguarding.

The due diligence processes in relation to Slavery and Human Trafficking in its business and supply chains

The CCG is committed to ensuring that there is no Modern Slavery or Human Trafficking in our supply chains or in any part of our business.

Safe recruitment principles are adhered to which includes strict requirements in respect of identity checks, work permits and criminal records. The pay structure is derived from national collective agreements and is based on equal pay principles with rates of pay that are nationally determined.

Systems are in place to encourage the reporting of concerns and the protection of whistle blowers.

With regards to providers and supply chains, we expect these entities to have suitable anti-slavery and human trafficking policies and processes in place. We will use our routine contract management meetings with major providers to hold them explicitly to account for compliance with the Act and we will implement any relevant clauses contained within the Standard NHS Contract for 2017/18.

The CCG's Safeguarding team have developed a Children and Adults Safeguarding Dashboard and Assurance Reporting Framework that the CCG's providers are expected to complete to ensure that they can themselves be assured that they have all measures in place but to also provide assurance to the CCG.

The parts of its business and supply chains where there is a risk of Slavery and Human Trafficking taking place, and the steps it has taken to assess and manage that risk

The CCG is committed to social and environmental responsibility and has zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking would be escalated as part of the organisational safeguarding process and in conjunction with partner agencies; such as the Local Authority and Police.

The effectiveness in ensuring that Slavery and Human Trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate

The CCG aims to be as effective as possible in ensuring that modern slavery and Human Trafficking is not taking place in any part of our business or supply chains by:

- i. Effective interagency working with local authorities, the police and third sector organisations which includes appropriate arrangements for preventing and responding to modern slavery and Human Trafficking;
- ii. Signing up to the West Midlands multi-agency policy and procedures for the protection of adults with care and support needs;
- iii. Undertaking robust NHS employment checks and payroll systems;
- iv. Ensuring good communication through contract management meetings, with our commissioned providers in the supply chain and their understanding of, and compliance with, our expectations in relation to the NHS terms and conditions. These conditions relate to issues including bribery, slavery and other ethical considerations.
- v. Requiring the CCG's providers to complete the Assurance Reporting Framework as stated in IRSG 12 - 100% Compliance with Safeguarding Reporting Framework

Training about Slavery and Human Trafficking

Slavery and Human Trafficking is part of the organisation's Mandatory Safeguarding Children and Adults training programme.

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's modern slavery and human trafficking statement for the current financial year.

Signed:

Date:

Governing Body
14 November 2017

Page 7 of 7

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WOLVERHAMPTON CCG

Governing Body
14 November 2017

Agenda item 11

TITLE OF REPORT:	Commissioning Committee – Reporting Period October 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 October 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 October 2017.

2. MAIN BODY OF REPORT

2.1. Contracting Update

Royal Wolverhampton NHS Trust

Contract Performance - No specific activity information was provided due to Month 4 data being repeated at the September CRM.

The main issues are noted as follows:

- Performance recorded in Month 4 indicates an over performance on activity of 1.46% and 0.11% on the finances.
- Elective activity is the largest under-performing Point of Delivery area at (£663k) which continues to give concern for the achievement of Referral to Treatment (RTT) time targets.
- Non-elective activity continues to overheat and the CCG is seeing new HRGs being used e.g. relating to Sepsis where before activity was not recorded.
- Outpatient first attendances are on plan in activity and money and this position is also reflected in the reduction of referrals seen.
- Outpatient follow ups continue to over perform and the CCG is working with RWT to understand the causes and key specialties.

Performance sanctions for July 2017 are confirmed as £29,000

Sepsis Counting & Coding Change:

- Due to a national change in the coding guidance for Sepsis, the CCG advised RWT that this will have a cost neutral impact to the CCG during FY 2017/18. The Trust has a different interpretation of the national guidance. However, CCG intentions have been made clear.
- The CSU is pulling together a report to put the CCG's case forward to the Trust.

Activity Transfer from Walsall Manor:

- The CCG has been made aware that a cohort of paediatric orthopaedic activity will be transferred from Walsall Manor Hospital to RWT, on the basis of clinical and safety concerns for patients. The CCG has not yet been sighted on the activity numbers and will continue to liaise with RWT and Walsall CCG, particularly with regards to the impact on RTT.

Urgent Care/ Ambulance/ Patient Transport

Urgent Care Centre:

- Totally PLC have announced their intention to buy Vocare and the acquisition was due to be completed by the 24th October 2017. The sale has been confirmed by Vocare in its own recent press release, which confirms their full support. The change of ownership is not expected to impact on the contractual and commissioning arrangements the CCG has in place i.e. the existing contract will continue in its present form. It is therefore not a contract novation. In this scenario, the NHS Standard Contract requires the provider to notify the commissioner of a Change of Control, as per General Condition 24, once the acquisition is confirmed.
- The provider remains under close scrutiny through the Improvement Board and monthly Contract Review Meeting. The Vocare Improvement Board has issued the provider with a three month timeframe to make specific improvement in areas of concern. Two Contract Performance Notices and an Information Breach Notice remain in force.

WMAS – Non-Emergency Patient Transport (NEPT):

- The performance of the NEPT service in Wolverhampton and Dudley is currently below the required standard. A Contract Performance Notice has been served for all of the KPIs that are underperforming and WMAS are working to a Remedial Action Plan.
- Two Potential Serious Incidents (SIs) – One incident has been confirmed not to be an SI and the other one is still being discussed between quality teams at the CCG and WMAS.

Other Contracts

Probert Court Nursing Home:

- The suspension to the service at Probert Court Nursing Home (Step-down facility) has been lifted as of 4th October 2017. This follows an intense period of scrutiny which has included weekly inspections and agreement that the provider Accord has demonstrated satisfactory improvement to warrant a return to normal operational service.
- As a result of the suspension, bed utilisation at the home has been very low. This means poor value for money on the block contract (which is circa £880k) and the CCG paying for alternative arrangements for patients discharged from RWT who would have been suitable for Probert Court. These costs have been closely monitored by the Continuing Healthcare Team during the suspension period and arrangements are being made for this total amount to be recovered accordingly.

Individual Placement Support:

- As per paper to the September Governing Body (private session), a procurement process has been completed for Individual Placement Support service which the CCG is actively supporting West Midlands Combined Authority on, in the role of host commissioner. A draft contract is being developed for the CCG to review week commencing 16th October, aiming for contract sign off by 1st November. This is an

ambitious timeframe and there is a risk of slippage.

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

2.2 Primary Care Counselling Service

The Committee was presented with a report by Ranjit Khular to request that approval be given to extend the current Primary Care Counselling Service Contract to the end of March 2018.

The key features of the service are to provide counselling support to patients with very low level anxiety and depression within a Primary Care setting for patients who do not meet the criteria for Healthy Minds.

The uptake of the service and its outcomes are positive and the Committee therefore approved the recommendation to extend the service until 31st March 2018.

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: 27th October 2017

WOLVERHAMPTON CCG
Governing Body
Tuesday 14th November 2017

Agenda item 12

TITLE OF REPORT:	Executive Summary from the Quality and Safety Committee
AUTHOR(s) OF REPORT:	Steve Forsyth Deputy Director of Nursing
MANAGEMENT LEAD:	Steve Forsyth Deputy Director of Nursing
PURPOSE OF REPORT:	To share with the Governing Body a reflective report regarding the undertaking of the clinical quality monitoring framework .The report includes, performance against key clinical indicators (reported by exception).
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public.
RECOMMENDATION:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	Domains 1, 2, 3 and 4.

1. Key areas of concern are highlighted for the Quality & Safety Committee 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 number in report
<p>Page 56</p> <p>Urgent Care Provider</p>	<p>Vocare CQC Rating is INADEQUATE the visit took place in March 2017 and a further CQC announced visit took place on 26th October 2017. Improvement Board Meeting continues 6 weekly. Contract performance and information breach notice are in place.</p> <ol style="list-style-type: none"> 1. Daily risk management meetings 2. An Escalation Process has been developed within the Clinical Safety SOP that instructs staff to divert children into the Emergency Department when Paediatric Clinicians are not available. 3. An Escalation Process has been developed for rota gaps that cannot be resolved locally. 4. CCG support for education and training on the identification, reporting, management and investigation of Serious Incidents Ongoing CCG support to the newly appointed team leaders and clinical service managers. 5. Recruitment and Retention Strategy with plan for short, medium and long term staffing rota implications 		21

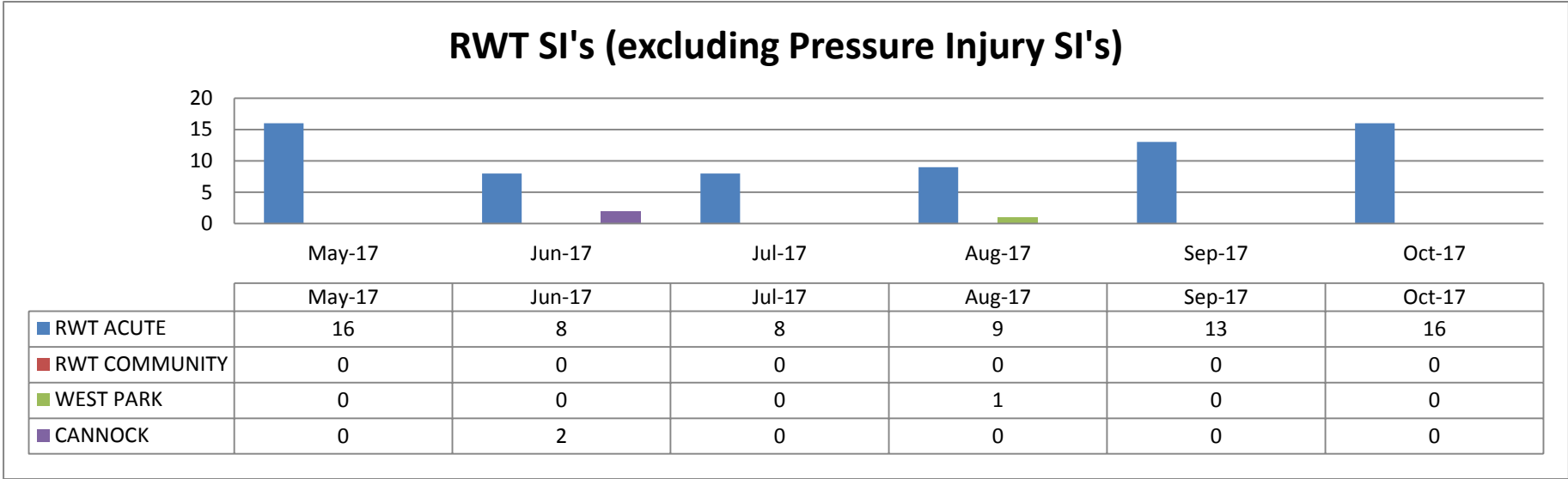
Maternity Performance Issues	There were 3 SI's reported for the maternity services for Oct 2017 and in total 6 SI's has been reported for maternity services since June 2017. The key performance indicators on maternity dashboard are a growing concern which is impacting on quality and safety. Escalated to NHSI, NHSE, LSE and Maternity STP. The provider has also capped the maternity activity for the trust.		15
Non-Emergency patient transport service issues	Mainly there are performance issues with this provider with a potential for its impact on quality issues. The provider has failed to meet reporting requirements i.e. Serious incidents, KPI's, Quality report etc and the current performance has not been at the levels expected and has recently impacted adversely upon the quality element of the service.		22
Mortality	Raised SHMI/HSMR. Action plan is in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices have been strengthened. Update from extraordinary MORAG meeting (Sep 2017).		16-17
Step Down care home provider	Quality and health and safety concerns. 6 weekly improvement board meetings are in progress. Step down suspension has been lifted and WCCG is closely monitoring and supporting the care home delivery of safe care.		23-24
Increased number of NEs 16/17	16/17 total 5. 17/18 ytd total is 4.		14-15
Safety, experience and effectiveness	Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc. Improvements seen in avoidable pressure injuries, CDiff and falls. There is significant rise in the number of pressure injuries and diagnostic delay incidents reported for Oct 2017.		5-13
RWT safeguarding level 3 training	Significant improvement for compliance with level 3 training children and adults but the provider has continuously failed to achieve the mandatory 95% compliance.		20
Improving primary care services	Continuous monitoring of Infection Prevention ratings, Friends and Family Test, Quality Matters, Complaints, Serious Incidents , NICE, and Workforce.		QSC Agenda Item

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Committee is asked to note the following:

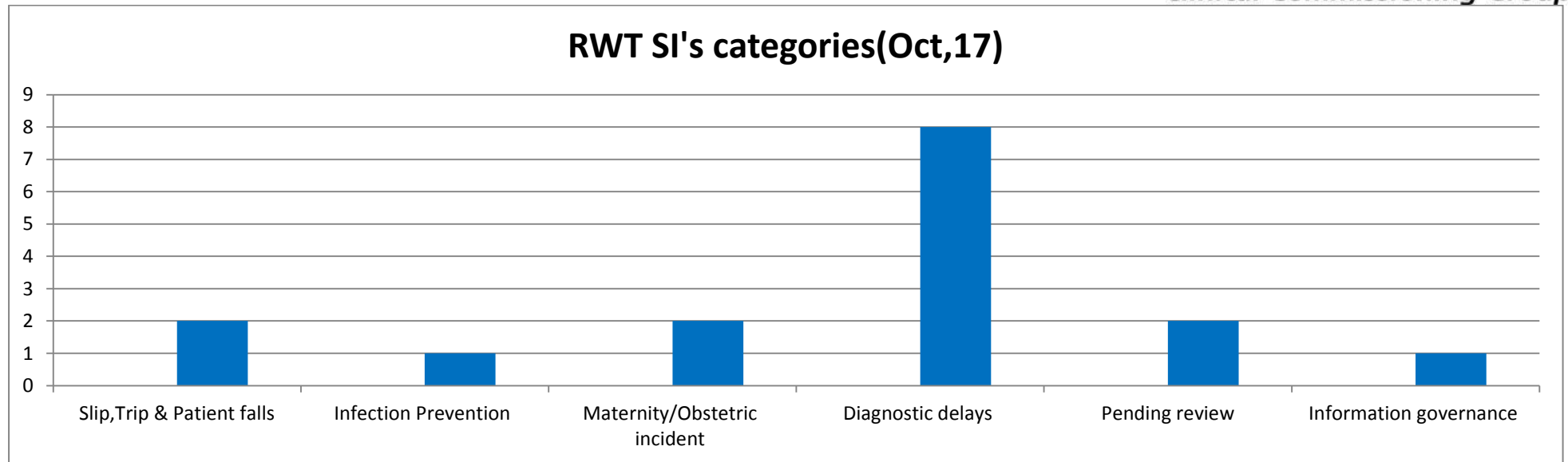
2a Serious Incidents (excluding pressure injury incidents)

Fig.1



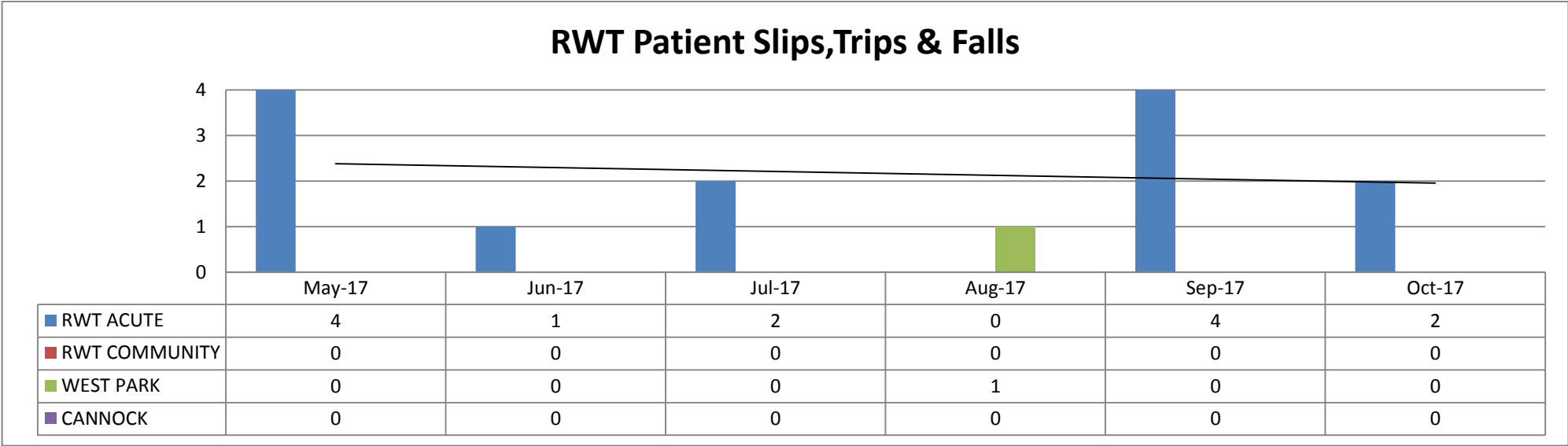
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Fig.2



Slip Trip and Patient Falls SI's (RWT)

Fig.3



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A reduction was seen in the number of patient falls in the last few months and the evidence suggests that the current policy on falls prevention is embedding. All patient falls SI's are discussed at the provider weekly scrutiny meeting chaired by the Chief Nurse and is attended by WCCG quality and safety manager.

Fig.4

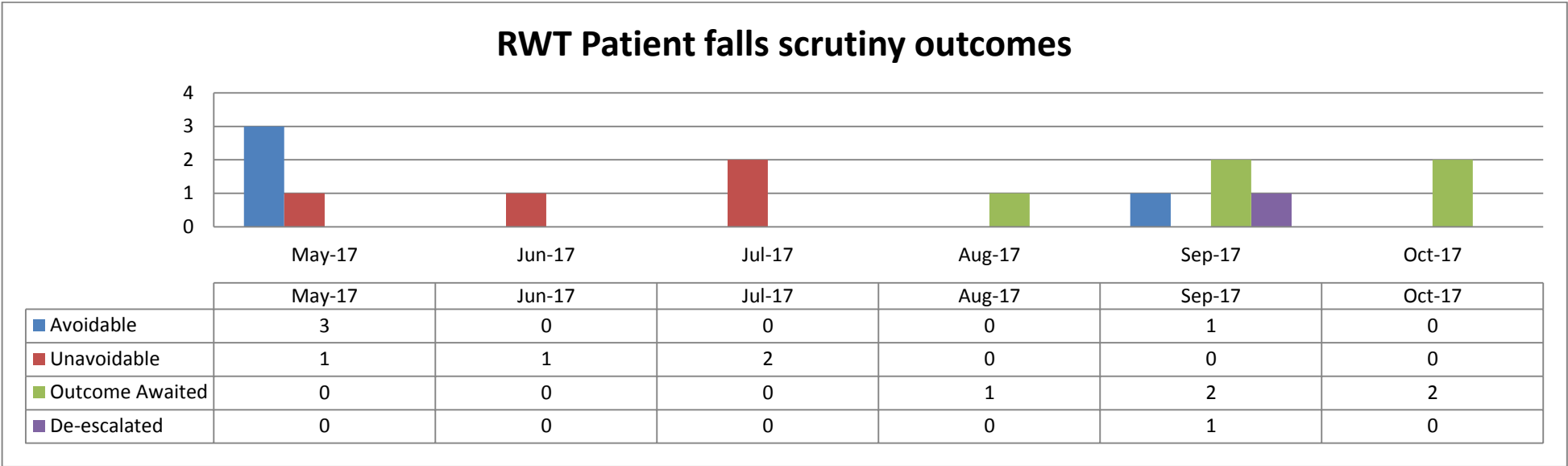
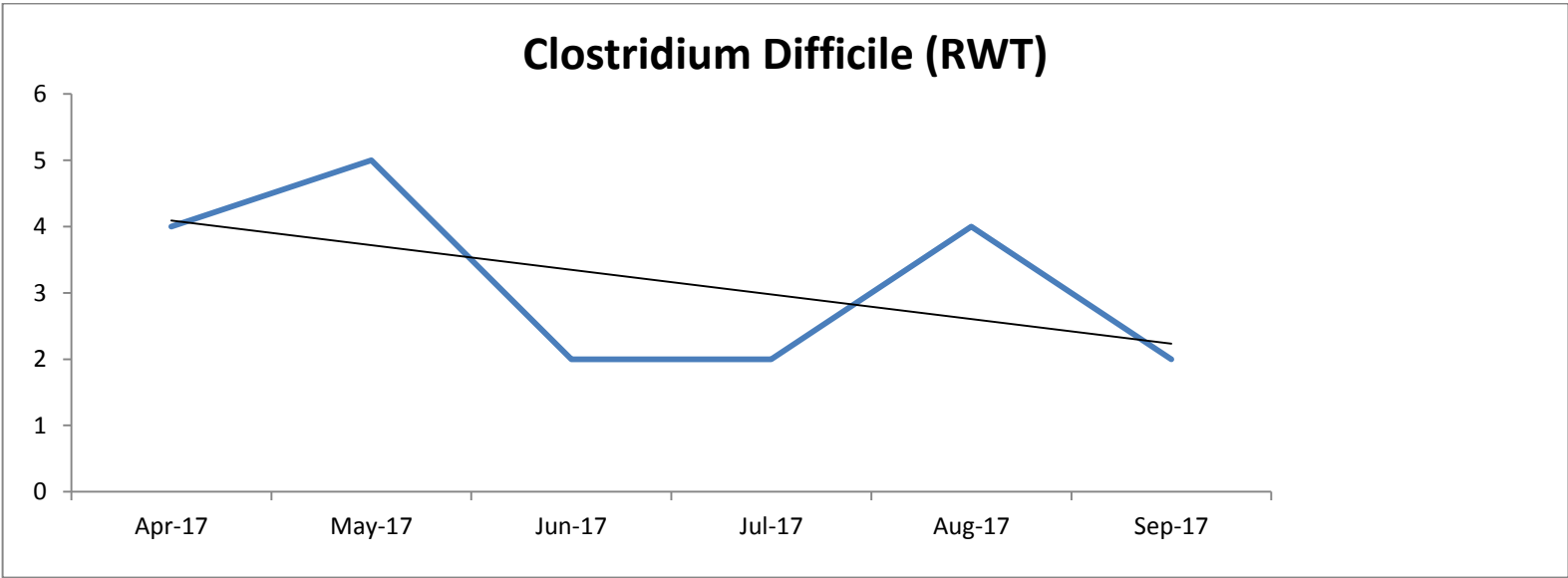


Fig.4 shows that there is significant reduction in the number of avoidable patient falls for Q1, Q2 avoidability is awaited.

Infection Prevention

Clostridium difficile
Fig.5



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There were 2 C-Diff cases reported for September 2017 which is slight reduction compared to 4 CDiff cases reported in August 2017. RWT is currently one case above their external target at the end of month 6.

CPE (Carbapenemase Producing Enterobacteriaceae)

Fig.6

Breakdown of CPE	Total
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to date August	21

There were 5 new cases confirmed during September 2017.

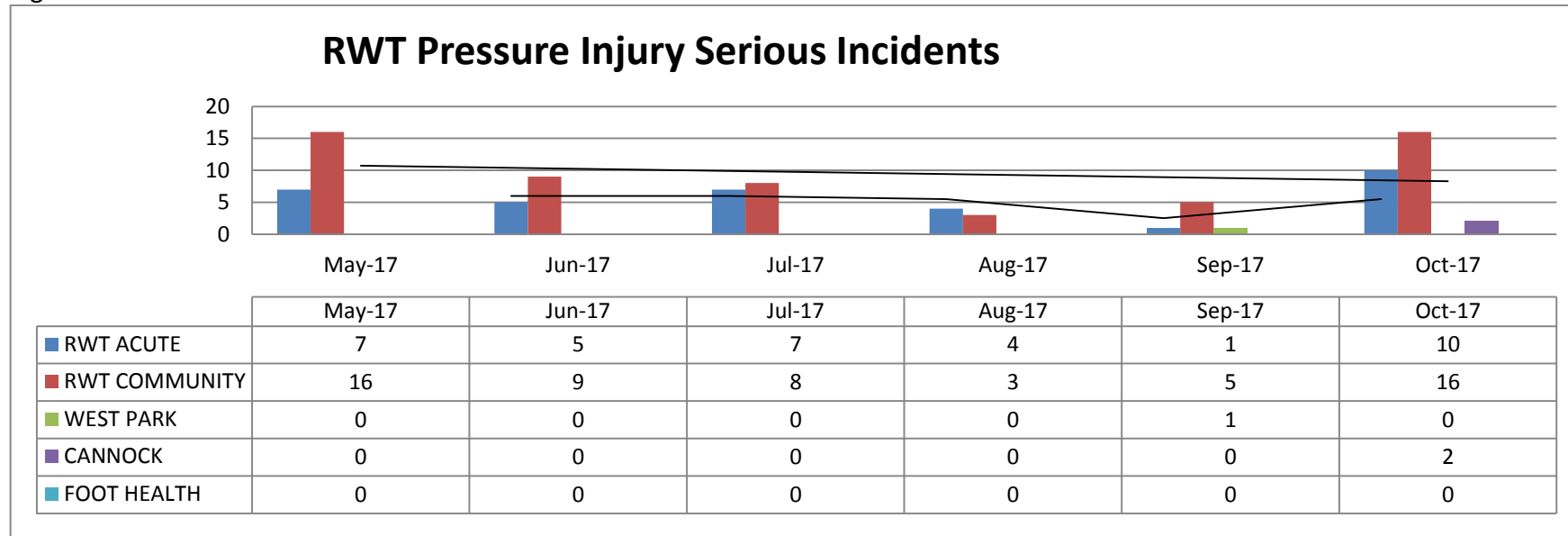
Trust CPE plan:

Admission screening processes continue to plan. The business case for the laboratory to cope with demand for sampling is in development. Focus on regional intra-hospital transfers as highest risk. CPE Virtual Strategy Group will re-convene following a recent incident to re-evaluate the screening process and high risk patients.

MRSA bacteraemia

There has been one case of MRSA Bacteraemia in October 2017 the first since February 2015.

Fig.7

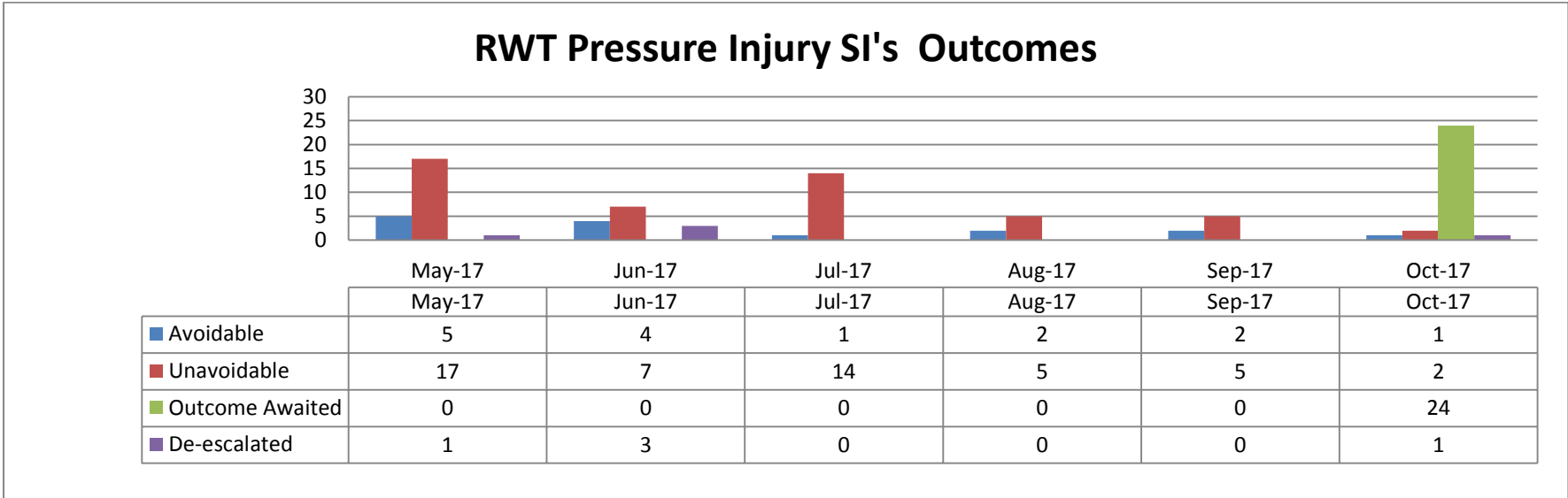


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28 pressure injury incidents were reported for this reporting period which is a high number of PI incidents reported for this financial year for both acute and community services. 5 of these pressure incidents have been reported at stage 4 PI's and 23 SI's has been reported for stage 3 PI's. The WCCG quality and safety manager has contacted the lead tissue viability nurse for RWT to understand the increase in reporting and seek immediate assurances.

WCCG will seek further assurance from the provider to ensure that the mitigation plan is in place to ensure that all pressure injury SI's are investigated appropriately and the learning from SI's is shared within the wider team.

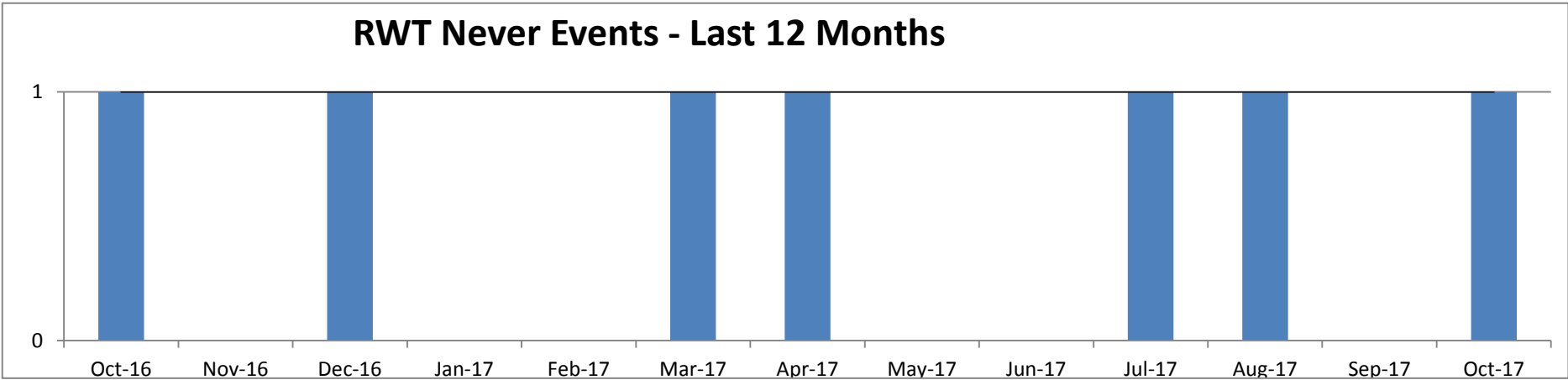
Fig.8



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There has been a reduction seen in the number of avoidable pressure injury SI's but unavoidable numbers have since increased. There will be a new focus on scrutinising grade 2 pressure injuries; with the intention of preventing those developing into grade 3 injuries. Also, the Tissue Viability Strategy, will be reviewed. Reduction of point prevalence data for Division 2 and reduction of new pressure injuries for Division 1 can be noted. The Trust has been selected to be involved in the National pressure injury collaboration, led by NHS Improvement. The improvement programme will begin with Trauma & Orthopaedics. The Trust has commenced a new accountability process, including stage 2 incident reporting from October 2017 for a 3 month trial. The escalation process is to the Chief Nurse, for services that have 2 or more avoidable incidents within a 3 month period or if there is a cause for concern.

RWT Never Events
Fig.9



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Maternity

- 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 September 2017
- c) Midwifery sickness rate was 5.3% in April 2016, peaked to a high of 7.3% in March 2017 and is currently 5.1% for August,17
- 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.

Actions taken by CCG:

- Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- Current escalated Maternity commissioner meetings with RWT.
- Escalation to NHSE and NHSi (awaiting meeting).
- 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.
- RWT and CCG entry on risk register.

A letter has been sent by the RWT Chief Executive informing CEOs and ACOs of maternity restrictions on booking from 13th November 2017.

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 C-diff 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.

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.

Items to Note from CQR Meeting – September 2017

Cancer Waiting Times/Cancer Target Compliance

	Target	Q1 2017/18			Q2 2017/18				Q2 2017/18	
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Sep-17		
2 Week Wait Cancer	93%	90.97%	93.58%	94.19%	93.18%	93.71%	93.44%	Excluding Tertiary Referrals	93.45%	
2WW Breast Symptomatic	93%	94.48%	96.88%	95.02%	97.52%	94.21%	95.10%		95.76%	
31 Day to First Treatment	96%	96.43%	96.24%	97.29%	98.19%	98.64%	97.16%		98.01%	
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
31 Day Sub Treatment - Surgery	94%	73.08%	95.00%	94.74%	95.00%	94.87%	84.85%		91.96%	
31 Day Sub Treatment - Radiotherapy	94%	98.70%	100.00%	98.02%	99.09%	97.06%	98.72%		98.28%	
62 Day Wait for First Treatment	85%	79.38%	77.96%	73.48%	77.71%	78.03%	72.96%		75.00%	76.33%
62 Day Wait - Screening	90%	94.74%	87.50%	78.57%	87.50%	86.49%	83.78%		83.33%	85.96%
62 Day Wait - Consultant Upgrade (local target)	88%	91.61%	92.47%	87.72%	91.57%	88.69%	90.45%		92.86%	90.27%

Site	Total Patients	Breaches	%
Breast	14	2	85.71%
Colorectal	5.5	3.5	36.36%
Gynaecology	5	2.5	50.00%
Haematology	6	0.5	91.67%
Head & Neck	2.5	0.5	80.00%
Lung	4.5	1	77.78%
Sarcoma	0	0	
Skin	16.5	2	87.88%
Upper GI	4	1	75.00%
Urology	21.5	8.5	60.47%
Total	79.5	21.5	72.96%

Comments:

31 Day Sub Surgery - 5 patient breaches in month - all capacity issues.

62 Day Traditional - 26 patient breaches in month - 9 x Tertiary referrals received between days 32 and 85 of the patients pathway (operating guidelines state referrals should be made within 42 days), 10 x Capacity Issues, 2 x Patient Initiated and 5 x Complex Pathways.

Of the tertiary referrals received 3 (33%) were received before day 42 of the pathway, and 1 (11%) was received after day 62 of the patient pathway.

62 Day Screening - 3 patient breaches in month - 1 x capacity issue, 1 x patient unwell and 1 x complex pathway.

Patients over 104 days - There are currently 13 patients at 104+ days on the cancer waiting list (compared with 8 reported in August), all of these patients have had a harm review and no harm has been identified.

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Total Time Spent in Emergency Department (4 hours)

	Target	Q1 2017/18			Q2 2017/18			Q2 2017/18
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	
New Cross	95%	87.36%	90.32%	89.49%	90.57%	88.18%	86.44%	88.45%
Walk in Centre		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cannock MIU		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Vocare		97.45%	98.03%	97.48%	95.94%	95.02%	96.22%	95.74%
Combined		92.52%	94.12%	93.44%	93.76%	92.09%	91.42%	92.46%

Ambulance Handover

The fine for Ambulances during September was £16,000,00. This is based on 70 patients between 30-60 minutes @ £200 per patient and 2 patients >60 minutes @ £1,000 per patient. There were no patients who breached the 12 hour target during September 2017.

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Number between 30-60 mins	0	33	69	54	27	48	70	
Number over 60 minutes	0	1	2	5	0	5	2	

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Safeguarding Adult & Children Mandatory Training Compliance

Safeguarding Adult Mandatory Training Compliance									
April 17	May 17	June 17	July 17	August,17	Sep,17	Oct,17	Nov,17	Dec,17	Jan,18
80%	80%	80%	93.3%	93.3%	93.3%				
Safeguarding Children Mandatory Training Compliance									
April 17	May 17	June 17	July 17	August,17	Sep,17	Oct,17	Nov,17	Dec,17	Jan,18
84.3%	87.3%	85.3%	87.7%	86.4%	83.9%				

The provider has achieved significant improvements for their adult and children safeguarding training compliance and continuously working towards achieving the mandatory safeguarding training compliance (95%) for both elements of the safeguarding training. The provider has continuously failed to meet the targets, despite all the efforts of staff involved. One reason being explored is whether all junior doctors who have moved on have been removed from the list of staff due for retraining. Close monitored at the monthly CQRM's in place.

3. **BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

The Committee is asked to note the following:

a) **Serious Incidents**

There was one serious incident reported by Black Country Partnership Foundation Trust for October 2017 and this incident was reported under the suspected self-harm SI category. The Trust is undertaking full RCA into these incidents and the final RCA will be submitted to the WCCG in January, 2017. There are number of serious incidents remains open for BCPFT because they have failed to provide the requested response to the WCCG quality team. An extra ordinary SISG meeting was arranged where the provider was invited to attend this meeting to discuss all the open SI's but later it was cancelled because the provider was unable to send any SI responses to WCCG prior to the meeting. WCCG quality team is liaising with BCPFT to rearrange this meeting.

b) Items to note from CQRM held in October 2017 (theme: LD)

- The Divisional Report highlighted that there had been an increase in incident reporting, with a trend of Violence and Aggression against staff – notably for Incidents of biting, for provisions have been made to supply staff with PPE equipment via the 'See, Think, Act' programme.
- The Trust were challenged on the Mandatory and Specialist Training rates, with questions asked as to why the rates are below target. The Trust suggested that there may be a data validation issue due to previous ICT issues, resulting in training statuses not being counted for some staff. In order to close the gap in assurance, commissioners asked for a breakdown of training areas, particularly in relation to Conflict Resolution and Infection Control (two areas that may have impacted upon Violence and Aggression incidents and the Hand Hygiene failed audit at The Pines). Trust

offered to submit numerator/denominator values in regards to the data to provide additional context. Trust offered assurance that the issue is being addressed by the Rapid Improvement

- The Trust has been requested to provide a reason for the recent increase in staff turnover levels. The Trust suggested that these figure could be explained in reference to the fact that recruitment to posts had been put on hold, due to the immediate onset of the Transforming Care Together programme. The Trust had recently undertaken a review of exit interviews. There had been no specific issues raised as part of the review.
- It had been noted that there had been an increase in medication errors categorised as being ‘administration’ and it was felt that clarity was needed in terms of what type of incidents these should be recorded. The Trust had agreed to provide a breakdown of incident category definitions pertaining to medication incidents at next CQRM.

4. PRIVATE SECTOR PROVIDERS

Vocare

Vocare has reported one information governance serious incident for this reporting period and they are currently undertaking a full RCA into this SI and the final report will be submitted to WCCG for closure in December 2017.

Vocare has worked closely with Wolverhampton’s Quality and Safety Team and a serious incident workshop has recently been run by the team at Vocare’s request. This was attended by governance staff (governance assistants, clinical support managers, clinical governance leads) from across the country as well as the Vocare’s Organisational Medical Director, Director of Quality and Nursing and most of Vocare’s Department of Quality, Compliance and Assurance. The workshop was well received and has resulted in actions which will now form part of a national work plan to build continuous improvement in the identification and management of serious incidents. One of the actions will be for a local workshop to be held to fully establish the new quality and governance management structure with a second workshop held with local governance staff and operational managers and staff to explore and identify improvements in the management of quality and safety.

The CQC Inspection Report for Vocare Visit in March 2017 has been rated as INADEQUATE overall and a further visit by CQC took place on 26th October 2017. The latest CQC visit has acknowledged overall progress made in a number of areas and this has been evidenced, however concern was raised around waiting times for children, especially those that are booked via NHS111 as they may have had their assessment some time before. To mitigate this concern Vocare will be implementing the additional safety netting for all NHS111 booked appointment with under 1 years old receiving a triage on

arrival as is they had self-presented and children over the age of 1 having a triage if the wait time is above 2 hours. This will provide a safety net for children presenting at the UCC. Vocare have a formal SOP in place with RWT for occasions that skill mix causes issues with infants ensuring a safe an efficient hand off.

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 March, May and July 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.

The Board of Totally PLC the provider of a range of out-of-hospital services to the UK healthcare sector has announced acquisition of Vocare Limited on the 24th October 2017 however for Vocare it is business as usual.

NEPTS (Non-emergency Patient Transport Services)

Currently there is a discussion regarding a potential serious incident that has been identified by the CCG which is being contested by the NEPTS service. The CCG are in dialogue with NHSE and NEPTS are taking a paper to their executive board 13.11.17

Probert Court

The Probert court suspension has been lifted now with the caveat that Accord need to manage admissions based on risk stratification: staffing and patient complexity. WCCG will be closely monitoring the provider progress with improving the quality of care through quality visits, CQRM'S and improvement board. The provider will also be supported by the quality nurse advisors. The next Probert Court Improvement Board is to be held in November 2017.

CHILDREN'S SAFEGUARDING

CP-IS (Child Protection- Information Sharing)

The CP-IS project is helping health and social care staff to share information securely to better protect society's most vulnerable children. When a child is known to social services and is a Looked after Child or on a Child Protection Plan, basic information about that plan is shared securely with the NHS. If that child attends an NHS unscheduled care setting, such as an emergency department or a minor injury unit:

- The health team is alerted that they are on a plan and has access to the contact details for the social care team
- The social care team is automatically notified that the child has attended, and
- Both parties can see details of the child's previous 25 visits to unscheduled care settings in England

This means that health and social care staff have a more complete picture of a child's interactions with health and social care services. This enables them to provide better care and earlier interventions for children who are considered vulnerable and at risk.

The CP-IS project is linking the IT systems used across health and social care and helping organisations to change business processes so this basic information can be shared securely between them. No personal or sensitive data is shared and the information can only be accessed securely by trained professionals involved in a child's care.

It is endorsed by the Care Quality Commission (CQC) and is included in the key lines of enquiry during CQC inspections. It is also included in the standard contract for providers of NHS unscheduled care.

Wolverhampton Local Authority has now signed off on CP-IS and are planning to integrate CP-IS into their new system which needs to go live on 31.3.18. Since becoming aware of the LA plans the WCCG Designated Nurse has met with the regional CP-IS leads for NHS digital and has arranged for an initial meeting to take place with WCCG and the RWT Safeguarding, IT and IG leads. It has been requested that RWT invite the appropriate personnel from Cannock as they are responsible for some services that will require links to CP-IS.

The safeguarding lead from Vocare has also been invited to ensure there is an understanding of the Wolverhampton position – although links will need to be made nationally as Vocare are managing this nationally.

LAC Update

RWT recruited a Paediatric Community Consultant who commenced in post on 30th October and will take on the Named Doctor for LAC role.

The RWT implementation plan around new commissioning for our LAC was due to commence in September with the advertisement of additional nursing and administration posts. With a slight delay, the Band 7 Named Nurse LAC went out to advert on the 31/10/17.

The Designated and Named Nurse delivered a training session to social work managers at Goodyear's Pavilion in Oct around statutory health assessments and the joint challenges faced in meeting timescales, particularly for those children placed out of area. It is hoped that these sessions will continue on a 6 monthly basis to ensure robust partnership working and sound understanding of responsibilities between health and the local authority.

6. ADULT SAFEGUARDING

6.1 Care Homes

Pressure injury incidence is an ever improving picture with only 1 avoidable pressure injury during Q2 with improvements attributed to the implementation of intensive improvement initiatives facilitated by the QNAT. There were 9 serious incidents and 11 safeguarding concerns investigated and care homes are working towards completion of improvement action plans.

The process for requesting health involvement has been revised in line with the CCG revised Serious Incident Policy (SI) and quality concerns that do not meet the SI framework will no longer be reported on STEIS and will not be investigated by the QNAT.

The SPACE programme continues to deliver quality improvement training, promoting falls training and the implementation of safety crosses and PDSA cycles with 18 homes continuing to be fully engaged.

6.2 Adult Safeguarding

- The Named GP for Safeguarding Adults post was advertised but no there were no suitable applicants. Further discussions are taking place to establish further options regarding this post
 - Safeguarding week took place from the 2nd – 9th October. WCCG Safeguarding Team supported this, and set up a stand in the reception of the Science Park with resources, contact details and information.

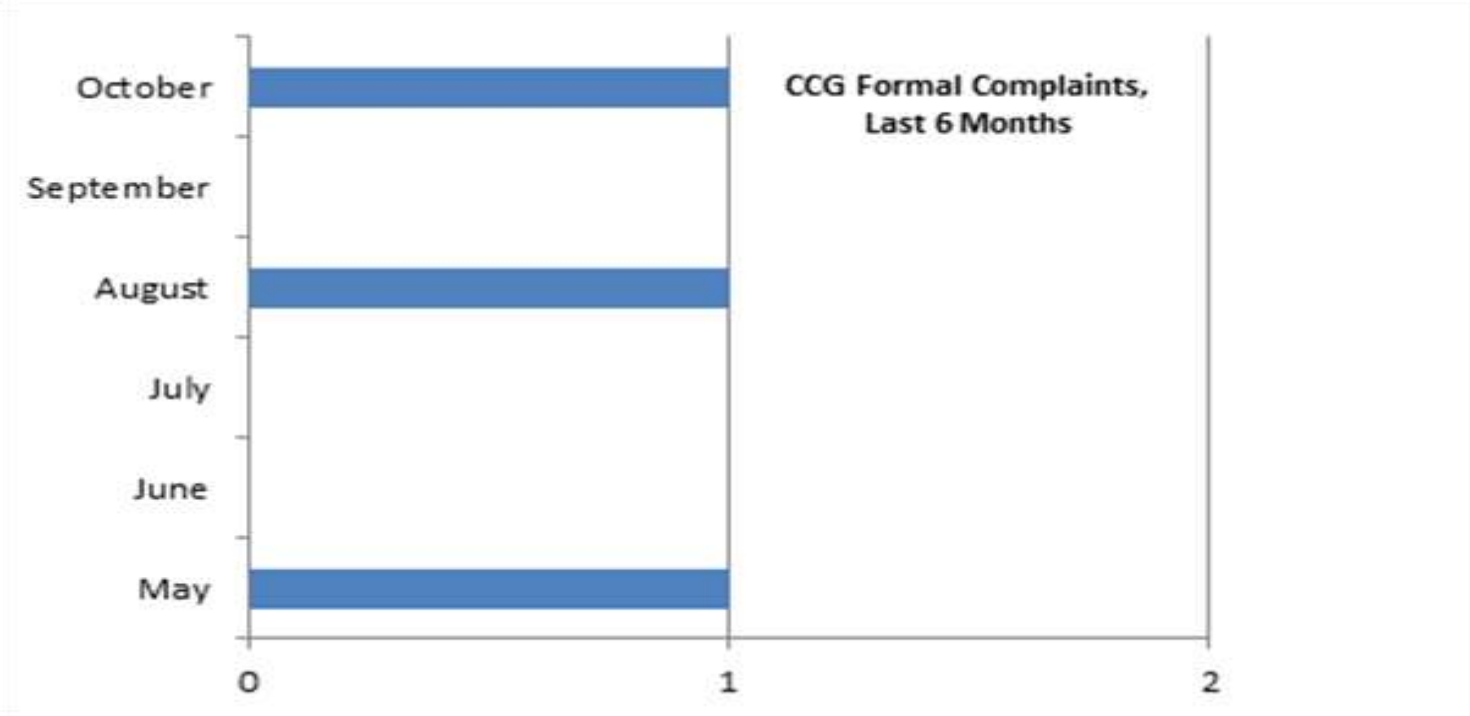


- WCCG Safeguarding Children, Young People and Adults with Care and Support Needs from Harm and Abuse Commissioning Policy will be submitted to the Committee today for ratification
- Domestic Homicide Reviews (DHR) – DHR 07 is still in progress. The final report is due to be published before the end of 2017; however lessons learned regarding controlling and coercive behaviour have already been embedded in training for 2017/18.
- Safeguarding Adult Reviews (SAR) – Currently there are 2 SAR's, 1 Case Discussion and 1 Learning review in progress.
- **NHSE Funded Safeguarding Project:** WCCG have been successful in a bid to NHSE for money (£15,000) to fund a project working in collaboration with the Refugee and Migrant Centre and the Wolverhampton Domestic Violence Forum, **Empowerment of hard to reach communities (new arrivals – Black, Asian and Minority Ethnic Communities) in the prevention of violence against women and girls.** It responds to: recommendations identified in Wolverhampton **Domestic Homicide Reviews** 2 and 3 in relation to the need to raise awareness of domestic abuse, related cultural issues and safety planning within our communities and learning from regional **Serious Case Reviews** by adopting a 'think family' approach

7. USER AND CARER EXPERIENCE

7.1 New formal complaints

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There has been 1 new complaint registered by the CCG in October 2017, this is the only complaint that is currently ongoing and it is anticipated that the complaint will be fully resolved in November 2017.

The CCG has also registered 4 concerns or complaints for other commissioned providers where the complainant has contacted the CCG in the first

instance, in all 4 concerns or complaints, the complainant has been given the appropriate details of the provider for the provider to investigate in the first instance, or where consent was supplied, the CCG have forwarded the complaint / concern onto the provider responsible.

8. HEALTH AND SAFETY

Health and Safety discussions have taken place at the most recent JNCC which will become a standing item on the JNCC agenda from August 2017 or as part of an individual Health and Safety Committee. Martin Rowlands from STK Fire and Risk Management Ltd was in attendance to provide options regarding the development or integration of a Health and Safety Committee. Discussions continue regarding the best forum for Health and Safety.

Quarter 2 Health and Safety Audit had been conducted and the Quarter 2 report was reported at the October Quality & Safety Committee.

STK will be assisting the CCG with the review of the Health and Safety Policy in line with Health and Safety action plan through Quarter 2. STK will be sharing their comments from the policy review on the 1st November 2017.

The Committee is requested to:

- **Receive** and **note** the information provided in this report.
- **Discuss** any aspects of concern and **agree** on action to be taken.

Name: Steven Forsyth

Job Title: Deputy Director of Nursing

Date: 1st November 2017

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 31st October 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	£403.044m	£403.044m	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	329	705	376	A
Maximum closing cash balance %	1.25%	2.68%	1.43%	A
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	97%	-2%	G
QIPP	£5.31m	£5.12m	£0.19m	A
Programme Cost £'000*	192,210	193,397	1,186	G
Reserves £'000*	1,068	0	(1,068)	G
Running Cost £'000*	2,767	2,667	(100)	G

- The net effect of the three identified lines (*) is a small overspend.
- The CCG's cash performance has improved in September.
- 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 M6 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 partially compensated for by underspends on Running Costs, (section 3).

- The financial position has been scrutinised in M6 (Q2 review) and following a review of assumptions the recurrent overspend has decreased to an estimated £900k FOT which is currently offset by non-recurrent underspends and the use of reserves. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase.
- Royal Wolverhampton Trust (RWT) is giving concern as the M5 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 spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is some flexibility to in bring forward plans and commit recurrent spend.
- Expenditure on GP prescribing has decreased significantly compared to month 5. The movement includes savings in relation to Pregabalin partially offset by increased costs for NCSO drugs.
- CHC/FNC continues to report an overall FOT underspend but this has reduced again in month 6 due to additional patients within Adult CHC.
- The inclusion of the “cap” arrangement for BCF has released £700k into the recurrent position .
- Additional QIPP has been identified over and above M5 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes are not materialising and are manifesting themselves in overspends, largely within the Acute portfolio.

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

	Annual Budget £'000	YTD Performance M06								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	190,356	95,178	95,905	727	0.8%	192,377	2,021	1.1%	●	310	1,711	
Mental Health Services	35,651	17,826	18,097	271	1.5%	35,799	147	0.4%	●	(266)	413	
Community Services	36,943	18,425	18,358	(67)	(0.4%)	36,814	(128)	(0.3%)	●	(71)	(57)	
Delegated Primary Care	35,165	17,582	17,756	174	1.0%	34,665	(500)	(1.4%)	●	(207)	(293)	
Other Primary Care	724	362	362	0	0.0%	724	0	0.0%	●	0	0	
Prescribing & Quality	50,570	25,285	25,833	549	2.2%	51,377	807	1.6%	●	(398)	1,205	
Continuing Care/FNC	13,973	6,987	6,877	(109)	(1.6%)	13,766	(207)	(1.5%)	●	218	(425)	
Other Programme	21,131	10,566	10,207	(358)	(3.4%)	20,849	(282)	(1.3%)	●	413	(695)	
Total Programme	384,513	192,210	193,397	1,186	0.6%	386,372	1,858	0.5%	●	(0)	1,858	
Running Costs	5,535	2,767	2,667	(100)	(3.6%)	5,465	(70)	(1.3%)	●	0	(70)	
Reserves	3,866	1,068	0	(1,068)	(100.0%)	2,077	(1,788)	(46.3%)	●	0	(1,788)	
Total Mandate	393,914	196,045	196,063	18	0.0%	393,914	(0)	(0.0%)	●	(0)	(0)	
Target Surplus	9,130	4,565	0	(4,565)	(100.0%)	0	(9,130)	(100.0%)	●	0	(9,130)	
Total	403,044	200,610	196,063	(4,547)	(2.3%)	393,914	(9,130)	(2.3%)	●	(0)	(9,130)	

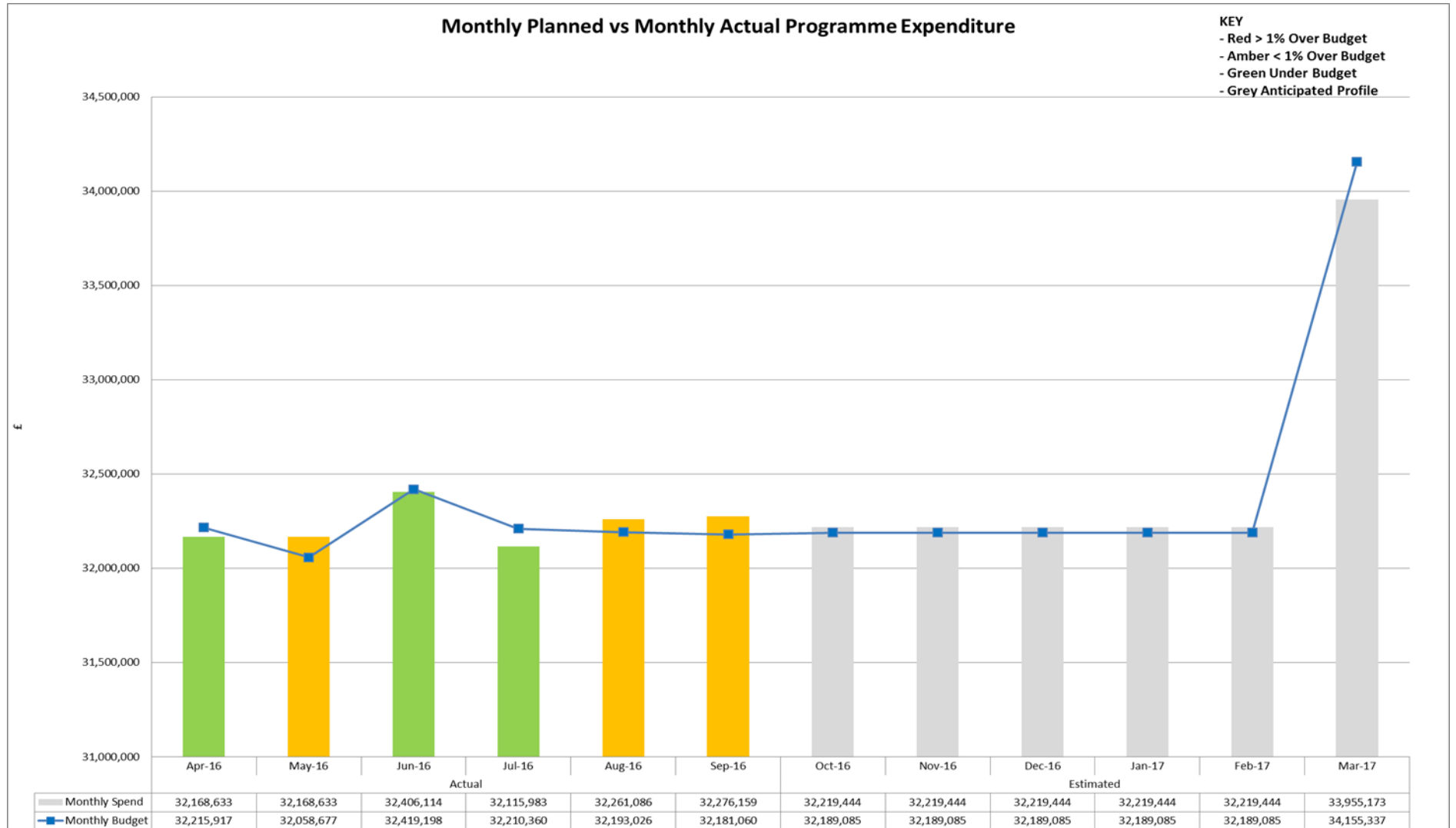
Red = adverse impact on FOT and overall financial position of the CCG

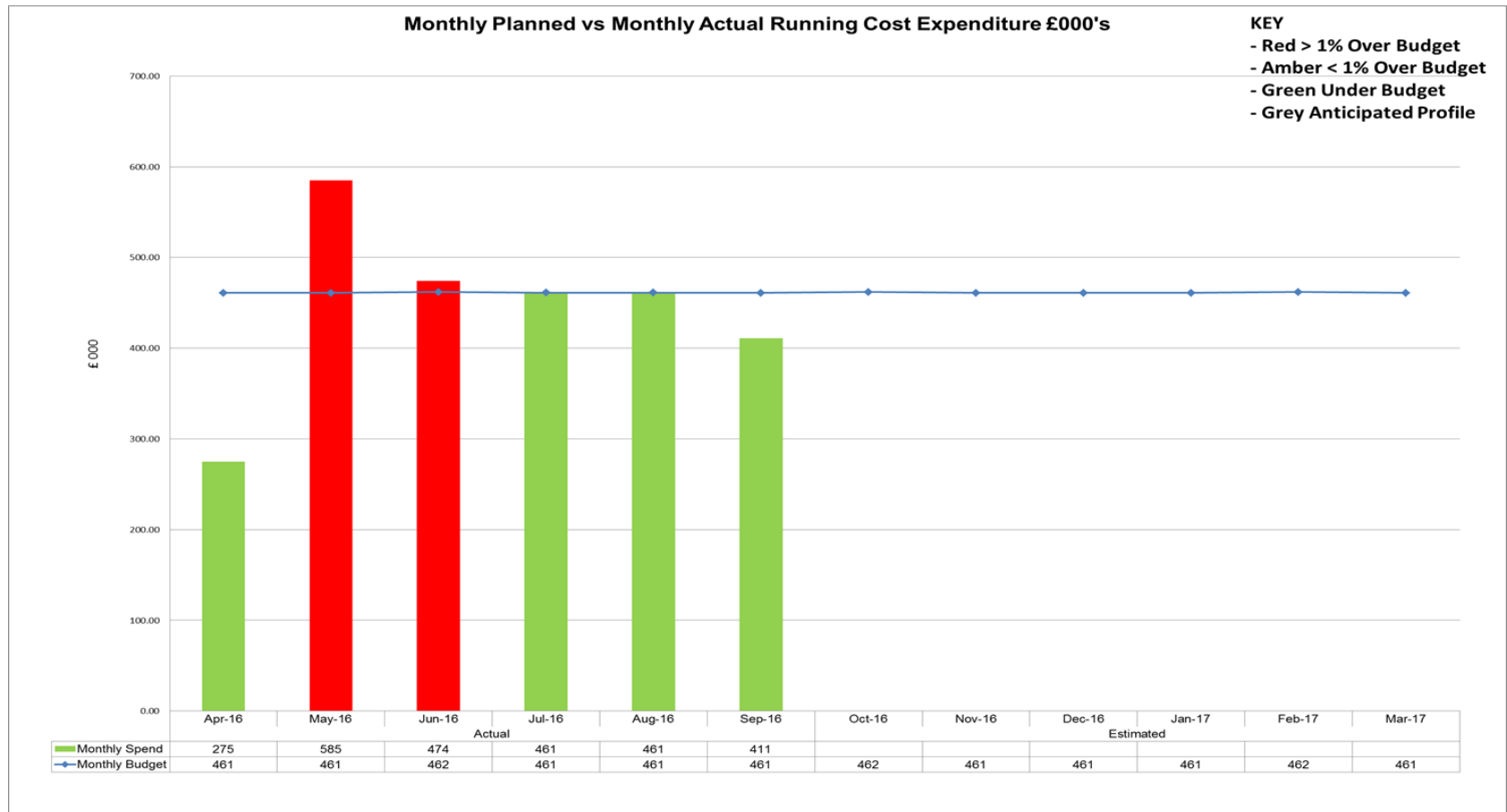
Amber = no movement on FOT from last month

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	190,356	192,377	2,021	1,399	622	0
Mental Health Services	35,651	35,799	147	(15)	162	0
Community Services	36,943	36,814	(128)	45	(173)	(0)
Delegated Primary Care	35,165	34,665	(500)	0	(500)	(0)
Other Primary Care	724	724	0	0	0	0
Prescribing & Quality	50,570	51,377	807	782	25	0
Continuing Care/FNC	13,973	13,766	(207)	(327)	120	(0)
Other Programme	21,131	20,849	(282)	5,497	(5,779)	(0)
Total Programme	384,513	386,372	1,858	7,381	(5,523)	0
Running Costs	5,535	5,465	(70)	0	(70)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	393,914	393,914	(0)	5,593	(5,593)	(0)
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	403,044	393,914	(9,130)	5,593	(14,723)	(0)
Recurrent/non recurrent adjustment				-4721	4721	
Removal of Target Surplus					9,130	
Residual position				872	(872)	

- Of the recurrent year end variance, £4.721m 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). This is reflected in the table above.
- The above table demonstrates that after adjusting for the required target and non-recurrent allocation, the CCG is overcommitted recurrently by £872k, which is offset by non-recurrent underspends.
- 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.





- 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 M06 are £35.513m which includes the 1% reserve which isn't included in the table below as it sits outside of the delegated primary care budget but within CCG reserves. Therefore the annual budget excluding 1% reserve is £35.165m and the forecast outturn is £34.665m delivering an underspend position.

- The table below shows the revised forecast for month 06:

	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	10,501	10,526	25	21,002	21,002	0	●	0	0
General Practice PMS	905	899	(5)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	1,149	1,271	122	2,298	2,298	0	●	0	0
Premises	1,342	1,325	(17)	2,684	2,684	0	●	0	0
Premises Other	45	26	(19)	90	90	0	●	0	0
Enhanced services Delegated	422	405	(17)	845	845	0	●	0	0
QOF	1,811	1,764	(47)	3,622	3,622	0	●	0	0
Other GP Services	1,320	1,540	219	2,641	2,141	(500)	●	(500)	0
Delegated Contingency reserve	87	0	(87)	174	174	0	●	0	0
Total	17,582	17,756	174	35,165	34,665	(500)	●	(500)	0

The forecast outturn shows an underspend of £500k against other GP services which relates to the release of an accrual previously managed by NHSE. The benefit is non recurrent in nature. The 0.5% contingency will be committed in line with the 2017/18 planning metrics. The CCG has plans in place to utilise this resource.

In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services. The CCG has plans in place to meet this metric.

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.

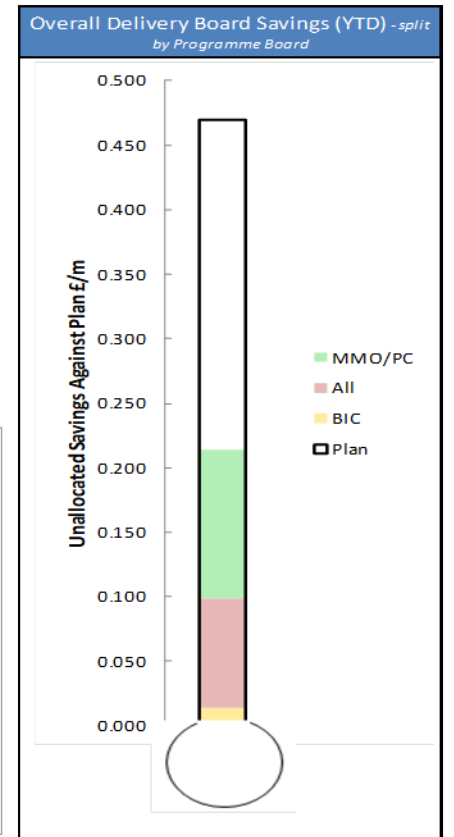
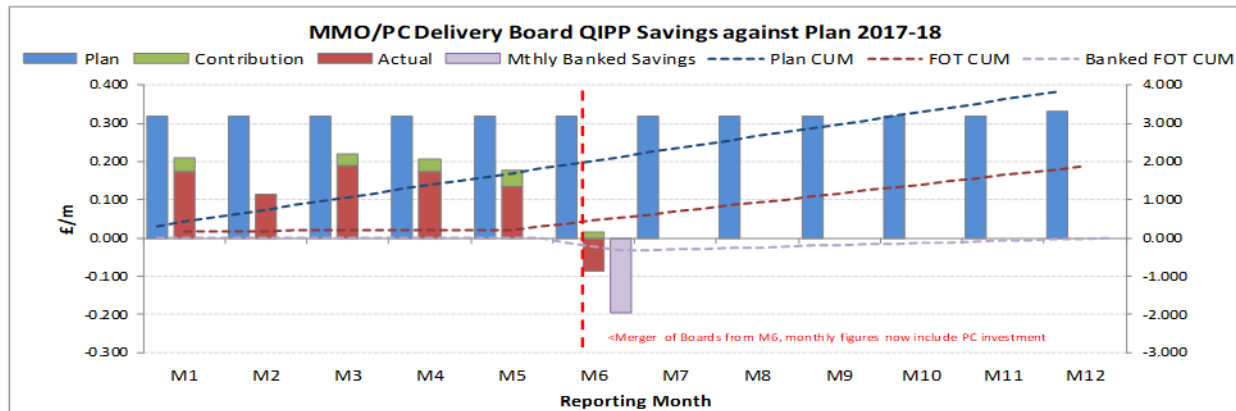
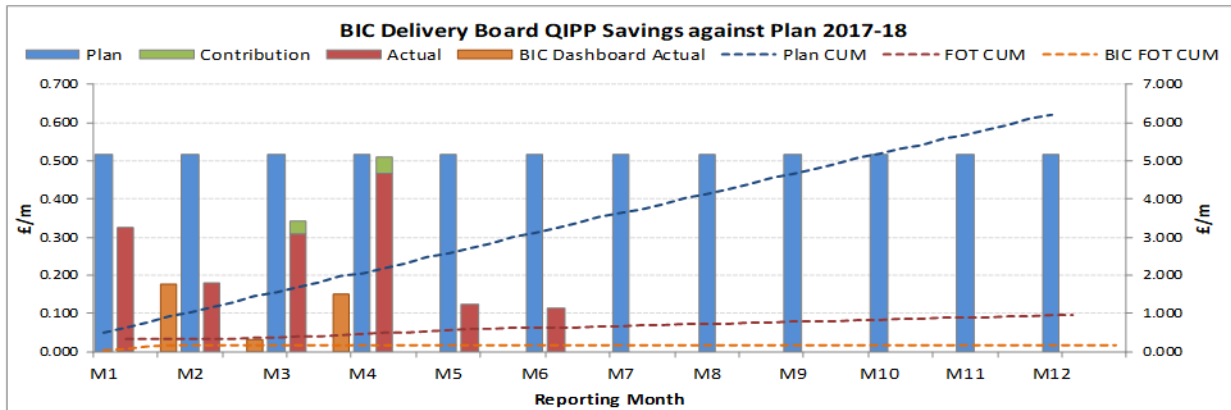
- Additional QIPP has been identified in M6.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	2.03	2.03	0.00	4.05	4.05	0.00
Transformational	3.29	3.09	-0.20	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00
Total	5.32	5.12	-0.20	10.61	10.61	0.00

QIPP Programme Delivery Board

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

Mth 6 - Sept 17/18



4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th September is shown below.

	30 September '17 £'000	31 August '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	1,591	1,410	181
Cash and Cash Equivalents	687	1,650	-963
	2,279	3,060	
Total Assets	2,279	3,060	
Current Liabilities			
Trade and Other Payables	-25,648	-24,087	-1,561
	-25,648	-24,087	
Total Assets less Current Liabilities	-23,369	-21,026	
TOTAL ASSETS EMPLOYED	-23,369	-21,026	
Financed by:			
TAXPAYERS EQUITY			
General Fund	23,369	21,026	2,343
TOTAL	23,369	21,026	

Key points to note from the SoFP are:

- The CCG's cash performance has improved this month with the bank balance at the end of September being £705k compared to £1,652k at the end of August, (note that these balances differ from the SoFP cash balances shown above due to timing differences). This was 2.68% of the monthly drawdown against the target of no greater than 1.25%. Work will continue to achieve the target in October (see 14.2 below);
- Performance continues to be high against the target of paying at least 95% of invoices within 30 days, (97% 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

Aug-17

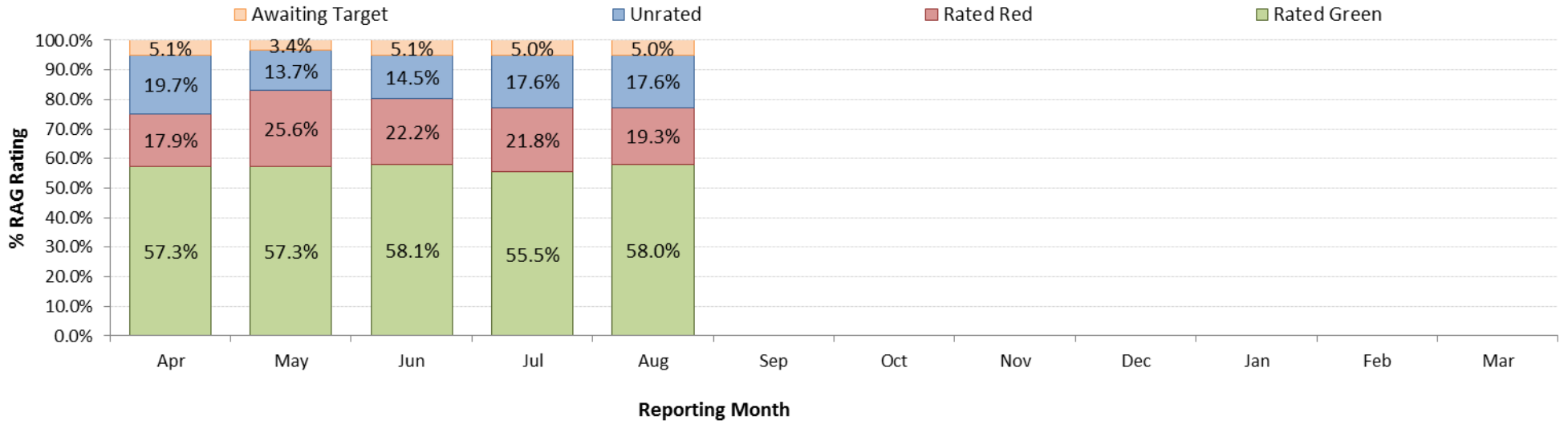
Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	13	15	9	8	2	1	0	0	24
Outcomes Framework	8	7	7	7	11	12	0	0	26
Mental Health	23	24	5	4	8	8	0	0	36
Safeguarding - RWT	8	9	5	4	0	0	0	0	13
Looked After Children (LAC)	0	0	0	0	0	0	6	6	6
Safeguarding - BCP	14	14	0	0	0	0	0	0	14
Totals	66	69	26	23	21	21	6	6	119

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	54%	63%	38%	33%	8%	4%	0%	0%
Outcomes Framework	31%	27%	27%	27%	42%	46%	0%	0%
Mental Health	64%	67%	14%	11%	22%	22%	0%	0%
Safeguarding - RWT	62%	69%	38%	31%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	0%	100%	100%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	55%	58%	22%	19%	18%	18%	5%	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.

August 2017 : additional of C.Diff and MRSA indicators for the Black Country Partnership Foundation Trust reporting, increases number to 119 overall indicators

Indicator RAG ratings per month (%) all Performance Measures (includes Safeguarding and LAC Dashboards)



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%	93.09%	93.64%								93.05%	93.00%

RWT_EB6

The 2 week first outpatient cancer performance has achieved the 93% target for the fourth consecutive month. Due to the increase in performance since May, the Year To Date has recovered and is now achieving standard. Compared to the previous year, there has been a 1.70% increase in referrals (August16 = 1288 - 93.56%, August17 = 1321 - 93.71%) and an increase in compliance by 0.09%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and August performance has been confirmed as 93.71% (83 patients breaching target out of 1,319) and therefore remains GREEN in month.

Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery													
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.78%	94.87%	94.34%	91.43%	94.44%								90.57%	94.00%

RWT_EB9

The 31 Day for subsequent treatment (surgery) cancer performance in August achieved the 94% target (94.44%) in month, however the Year To Date remains below target at 90.57% due to previously lower than target performance in April17 (77.78%) and July17 (91.43%). Performance will need to achieve 96.5% for the remainder of the year to achieve the 94% Year End target. Compared to the previous year, there has been a 35% decrease in referrals (Aug16 = 55 - 87.27%, Aug17 = 36 - 94.44%) and a increase in compliance by 7.17%. 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 August confirm that the Trust achieved 94.87% (relating to 2 breaches out of 39 patients seen) and therefore remains GREEN in month. Early indications are that the September performance has seen a decrease to 84.85% and is therefore RED.

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



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.74%	84.62%	78.57%	82.50%	86.49%								85.38%	90.00%

RWT_EB13

The 62 Day referral from an NHS screening service performance for August has seen a positive increase to 86.49%, however has failed to achieve the 90% target for the 4th consecutive month. This indicator is affected by low numbers of breaches impacting on a small cohort of patients. In August, 2.5 patients breached the 62 day threshold from a total of 18.5 patients (includes tertiary referral shared breaches). The Trust have confirmed that all breaches relate to capacity issues with performance excluding tertiary referrals = 88.89%. The pathway and process flow coach assigned by NHS Intelligence has been working with the Trust (1 day per week) and has researched a methodology applied in other Trusts to calculate number of slots that would need to be available for to achieve levels of activity. A revised 62 Day Cancer Standard Improvement Plan has been distributed following discussions at the Trusts Cancer Recovery Meeting in October. Updates include : Gastroscopy OGD (Oesophago-gastro duodenoscopy) tests are to be offered within 7 days (rather than 14 days) and colonoscopies and combi's are to be offered within 14 days to support the diagnostic element of the Upper and Lower GI 62 Cancer Pathway, with a further review of other specialty pathways to assess if any could move to a diagnostic test within 7 days. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and the August performance has been confirmed as 86.49%. Initial indications are that performance has declined in September to 83.78% and remains below target.

The 62 Day Cancer waits continues to be a National issue and is to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The performance remains as part of the Quality requirements National Operational Standards for 2017/18 with the threshold remaining at 90%.

Minimise rates of Clostridium Difficile



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
4	5	2	2	4								17	35

RWT_EAS5

The number of Clostridium Difficile (C.Diff) has failed to achieve the in-month threshold of 3 with 4 cases reported for August at the Trust. The Year to Date remains in breach due to the number of breaches in previous months (17 cases against a threshold of 15 cases). Compared to the same month in 16/17, performance has seen a significant improvement (16/17 = 8, 17/18 = 4) and the YTD performance has also seen a significant improvement (16/17 YTD = 28, 17/18 YTD = 17). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 21 positive cases (by toxin test), 4 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. The Trust have confirmed that Incident meetings have been held with the respective areas where cases occurred with actions identified and implemented. These included: support of junior pharmacists working in the clinical areas when seniors are off sick and review of the deep clean programme. The Nationally verified data has confirmed that the number of cases for the CCG as a Commissioner for August has increased to 10 cases (30 Year to Date) and matches the Year to Date threshold of 30. The Trust have also confirmed that there were 5 E coli device related bacteraemia also identified during August 2017.

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	0	0	0								10	0

RWT_EBS4

This indicator has breached the Year End zero threshold for 52 week waiters due to the April and May breaches for Orthodontic patients. The M5 performance confirms that there were no patients waiting over 52 weeks during August, however the Year End threshold has already breached for 2017/18 due to the performance in April and May. 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. Early indications are that there are no further breaches during September.

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	27	48								231	0

RWT_EBS7a

The Ambulance handover delays have seen an increase in breach numbers during August with 48 handover breaches out of 3,655 conveyances during the month. Compared to the same month in 16/17, there has been a 4% decrease in the number of breaches. There has also been a 1.8% increase in the number of conveyances (August 16/17 = 50 breaches out of 3,591, August 17/18 = 48 breaches out of 3,655). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. 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 (e.g. accidents, incidents, hot/inclement weather). Activity numbers for August confirm that there were an average of 118 conveyances per day, the highest number of 155 ambulance conveyances was reported on Wednesday 16th August. The Trust have advised that 30% of all breaches in month occurred on the same day. 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 5 estimated at £9,600 (based on 48 breaches 30-60mins @ £200). There were no patients breaching the 12 hour threshold during August. Early indications are that the September performance has seen an increase to 70 breaches.

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	0	5								13	0

RWT_EBS7b

The Ambulance handover delays have seen an increase in breach numbers during August with 5 handover breaches out of 3,655 conveyances during the month. Compared to the same month in 16/17, there has been a 16.7% decrease in the number of breaches. There has also been a 1.8% increase in the number of conveyances (August 16/17 = 6 breaches out of 3,591, August 17/18 = 5 breaches out of 3,655). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. 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 (e.g. accidents, incidents, hot/inclement weather). Activity numbers for August confirm that there were an average of 118 conveyances per day, the highest number of 155 ambulance conveyances was reported on Wednesday 16th August. The Trust have advised that all 60 minute breaches in month all occurred on the same day between 16:30 and 17:15. 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 5 estimated at £5,000 (based on 5 breaches >60mins @ £1000). There were no patients breaching the 12 hour threshold during August. Early indications are that the September performance has seen a decrease to 2 breaches.

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%	96.25%	95.56%								94.81%	95.00%

RWT_LQR1

The E-Discharge (excluding assessment units) indicator has seen a decrease in performance to 95.56%, however has achieved the 95% target for the 3rd consecutive month. Analysis of the year on year performance shows that the M5 performance relates to a lower number of records (16/17 denominator = 2754, 17/18 denominator = 2412 and a reduction of 342) and a performance above that of the same period in 2016/17 (95.56%). The Trust confirmed that 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) to identify any common trends and this is having a positive impact on performance. Early indications are that the September performance has seen a further decrease to 95.91% but remains above target.

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%	90.36%	89.33%								87.42%	92.50%

The E-Discharge (excluding assessment units) indicator has failed to achieve 85% target for the first time since April 2017. Analysis of the year on year performance shows that the M5 performance has seen an increase in the number of records (16/17 denominator = 1363, 17/18 denominator = 1424 and a reduction of 61) and a performance above that of the same period in 2016/17 (80.92%). The Trust confirmed that 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) to identify any common trends and this is having a positive impact on performance. Early indications are that the September performance has seen a decrease to 85.49% and therefore below the Quarter 2 target of 90%.

RWT_LQR2

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	0	0								1	0

The Trust have reported no breaches for August, however following clarification and confirmation of the contract indicator wording (based on the occurrence date is equal to the date incident was discovered, rather than the date reported) the CCG's Quality and Patient Safety Team have identified 4 breaches since the confirmed breach in May (of which 2 have since been agreed as overturned). The breaches relating to serious incidents are as follows :

1 x Slip/Trip/Fall (ref : 13497 - May)

1 x Surgical/invasive procedure incident meeting SI criteria (ref: 17050 - July) - confirmed as a Never Event (Surgical Invasive Procedure) with ongoing discussions with Trust for LQR4 sanction

1 x Maternity/Obstetric incident meeting SI criteria - Mother only (ref: 17230 - July)

The overturned breaches were as follows :

1 x Pending Review - category to be confirmed before incident can be closed (ref: 17028 - July)

1 x Treatment delay meeting SI criteria (ref: 17933 - July).

The disputed breaches are currently under discussion with each breach 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 there are 3 agreed breaches for the Royal Wolverhampton NHS Trust and an additional 7 disputed breaches currently under investigation.

RWT_LQR4

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	1	4								12	0

The August performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 4 reported breaches. The Year to Date breaches relating to serious incidents are as follows :

5 x Treatment delay meeting SI criteria (ref : 3856 - May, 3250 - May, 29941, 7143 - June, 13500 - August)

2 x Pending Review - category to be confirmed before incident can be closed (ref: 2461 - May, 12558 - August)

2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775 - June, 7707 - June)

1 x Awaiting RCA (due 18/07/17, not recieved ref : 10549 - July).

2 x VTE meeting SI criteria (ref: 12846 - August, 13134 - August). 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 September performance has no further breaches 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	Yes								-	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). The Month 5 report has been submitted as "Yes" to indicate no breaches, however, the Safeguarding Dashboard has highlighted several breaches. Breaches include :

LQSG05 - Safeguarding Children Training, Board Level for Chief Executive Officers (93.33% against 100% target)

The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.

LQSG10 - Safeguarding Training, Board Level for Chief Executive Officers (93.33% against 100% target)

The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.

LQSG11 - Prevent Awareness level 1 & 2 (71.35% against 95% target)

LQSG13 - Prevent Awareness level 3,4 &5 (71.35% against 85% target).

RWT_LQR21

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%	92.08%	92.50%								92.16%	95.00%



RWT_LQR28

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 August reporting 92.50%. 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 that contributions to the under performance were: Long Term Sickness, lack of adequate training resources for staff to complete training and failed attendance by staff to pre-booked training sessions. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process with the following planned actions :
 Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance. Early indications are that the September performance has increased to 92.88% however remains below target.

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%	94.67%	94.83%								94.64%	95.00%



RWT_LQR29

The Infection Prevention Training 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 August reporting 94.83%. The Trust have provided an exception report which includes the following actions: Improved electronic notification via the Electronic Staff Record (ESR) system - giving staff members 3 months notification to staff of training due dates (with non attendance followed up and addressed), continued monthly discussion at the Infection Prevention and Control Group (IPCG), The Commissioner has formally written to the Trust as the current exception reports narrative fails to provide the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust and are awaiting a formal response from the Trust.

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.

7. Risk Report

The Committee received and considered a first overview of the risk profile for the Committee including Corporate and Committee level risks following a review of the CCG's risk management arrangements.

8. Risk and Mitigation

The CCG submitted an annual plan which presented a nil net risk. Following discussion within the CCG the risk profile has changed to reflect changes between plan submission (March 2017), and Month 6, and continues to report a nil net risk.

The table below details the current risk assessment for the CCG' a risk of £2m with mitigations of £2m. There has been a reduction of £200k in overall risk following a re-assessment of the BCF overspend risk.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)					MITIGATIONS (enter positive values only)								TOTAL NET (RISK) / MITIGATION	Of which: RECURRENT	
	Plan	Actual	Variance	Variance	Contract	QJPP	Performance Issues	Prescribing	Other	Contingency Held	Contract Reserves	Investments Uncommitted	Further QJPP Extensions	Non-Recurent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding			
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m			£m
REVENUE RESOURCE LIMIT (IN YEAR)	393.9																			
REVENUE RESOURCE LIMIT (CUMULATIVE)	403.0																			
Acute Services	193.9	195.4	(1.5)	(0.8%)	(1.4)	(0.3)							0.3						(1.4)	(1.4)
Mental Health Services	35.7	35.8	(0.1)	(0.2%)		0.0							0.0						0.0	0.0
Community Health Services	48.5	47.7	0.8	1.7%		0.0							0.0						0.0	0.0
Continuing Care Services	14.5	14.4	0.1	0.7%		0.0							0.0						0.0	0.0
Primary Care Services	52.3	53.0	(0.7)	(1.3%)		0.0		(0.3)					0.0	0.3					(0.0)	
Primary Care Co-Commissioning	35.5	35.0	0.5	1.4%		0.0							0.0	0.4					0.4	
Other Programme Services	7.9	7.2	0.7	8.7%		0.0							0.0		1.0				1.0	
Commissioning Services Total	388.4	388.4	(0.1)	(0.0%)	(1.4)	(0.3)	0.0	(0.3)	0.0	0.0	0.0	0.0	0.3	0.7	1.0	0.0	0.0	(0.0)	(1.4)	
Running Costs	5.5	5.5	0.1	1.3%		0.0							0.0						0.0	
Unidentified QJPP						0.0													0.0	
TOTAL CCG NET EXPENDITURE	393.9	393.9	0.0	0.0%	(1.4)	(0.3)	0.0	(0.3)	0.0	0.0	0.0	0.0	0.3	0.7	1.0	0.0	0.0	(0.0)	(1.4)	

There has been a change in reporting requirements to NHSE as the above table now reflects risk and mitigations by service line as well as by recurrent /non recurrent. It is clear that the CCG is carrying a recurrent risk, particularly in the Acute portfolio which is being offset by non-recurrent solutions.

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	£9.130	No risks or mitigations, achieves control total
Best Case	£11.130	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.130	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£7.130	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.

There are potentially two additional risks not factored into the financial position or Risk schedule as follows:

- Any contribution to the currently disputed £4.8m invoice received from RWT in respect of lost income as Emergency activity continues to reduce (a national directive)
- Any potential financial consequences resulting from issues arising with services provided at the Urgent Care Centre (Vocare Ltd).

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 1st November 2017

Performance Indicators 17/18

Current Month: **Aug**

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														
									A	M	J	J	A	S	O	N	D	J	F	M	Yr End		
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	99.20%	G	99.24%	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%	92.09%	R	93.19%	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%	93.64%	G	93.05%	G	↑															
RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	RWT	93%	94.21%	G	95.30%	G	↓															
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	RWT	96%	98.56%	G	96.75%	G	↑															
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	94.44%	G	90.57%	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%	96.74%	G	99.00%	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%	75.00%	R	75.67%	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%	86.49%	R	85.38%	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	4.00	R	17.00	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	48	R	231	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	13	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%	95.51%	G	95.55%	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%	99.88%	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%	98.81%	G	98.97%	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%	95.56%	G	94.81%	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%	89.33%	R	87.42%	R	↓															
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%	1.81%	G	1.67%	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	→															

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
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	2.00	R	2.00	R	↓	
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	RWT	0	4.00	R	12.00	R	↓	
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.21%	G	0.29%	G	↓	
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	92.90%	G	91.82%	G	↓	
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	90.24%	G	87.14%	G	↑	
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	64.81%	G	75.96%	G	↓	
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.56%	G	99.51%	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	Yes	G	-	-		
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	92.50%	R	92.16%	R	↑	
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.83%	R	94.64%	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%	97.93%	G	97.44%	G	↓	
BCPFT_EB4	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%	87.50%	G	85.50%	G	↑	
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	94.70%	G	93.34%	G	↑	
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	100.00%	G	99.82%	G	↑	
BCPFT_EB51	Mixed sex accommodation breach	BCP	0	0	G	0	G	→	
BCPFT_EB53	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%	97.22%	G	96.80%	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	98.37%	R	↑	
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	97.03%	G	96.33%	G	↑	
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	97.75%	G	99.55%	G	↓	
BCPFT_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	BCP	7.50%	2.25%	G	3.27%	G	↑	
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	100.00%	G	95.79%	G	↑	
BCPFT_LQGE12b	% of Crisis assessments carried out within 4 hours (Sandwell Psychiatric Liaison Service Emergency)	BCP	95.00%	100.00%	G	97.70%	G	↑	
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	93.33%	G	92.26%	G	↓	
BCPFT_LQGE13b	% of Urgent assessments carried out within 48 hours (Sandwell Psychiatric Liaison Service)	BCP	85.00%	94.64%	G	90.81%	G	↓	
BCPFT_LQGE14a	% of Routine assessments carried out within 8 weeks (Sandwell SQPR)	BCP	85.00%	97.00%	G	86.80%	G	↓	
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	96.64%	G	97.66%	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	96.00%	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
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 CORM.	BCP	100.00%	80.00%	R	96.00%	R	↓	
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%	100.00%	G	82.00%	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%	50.68%	G	55.60%	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%	94.67%	G	95.92%	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%	1.42%	G	1.47%	G	↑	
BCPFT_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence. CUMULATIVE	BCP	1.25% per mth 15% by Yr End	7.37%	G	7.37%	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%	100.00%	G	98.31%	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	→	
BCPFT_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	BCP	0	0	G	0	G	→	
BCPFT_EASS	Minimise rates of Clostridium Difficile	BCP	0	0	G	0	G	→	

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WOLVERHAMPTON CCG
GOVERNING BODY
14 NOVEMBER 2017
Agenda item 14

TITLE OF REPORT:	Summary – Remuneration Committee – 24 October 2017
AUTHOR(s) OF REPORT:	Peter Price – Remuneration Committee Chairman
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To provide an update of key discussions and decisions made at the Remuneration Committee to the Governing Body.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<p>The Committee discussed the following points</p> <ul style="list-style-type: none"> • Governing Body Clinical Roles • Arrangements for the Executive Director of Nursing • An Interim Deputy Chairing arrangement for the Governing Body • Approval of HR Policies
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	<p><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.</p>

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 24 October 2017.

2. ITEMS CONSIDERED BY THE COMMITTEE

2.1. Governing Body Clinical Roles

The Committee agreed the make-up of the clinical roles for GP Governing Body Members and the associated remuneration. The Committee agreed that, in addition to the Chair there would be three Clinical Leads (for Commissioning and Contracting, Finance and Performance and Quality and Safety) and three Deputy Clinical Leads

2.2. Executive Director of Nursing

The committee noted that, following advice from NHS England, the new Executive Director for Nursing and Quality had been recruited on a permanent basis. The Chair and Committee Members had previously agreed this virtually and confirmed this decision. The Committee also formally agreed to the interim appointment of Deputy Nurse Directors to cover the period before our new Executive Nursing Director joins us.

2.3 Interim Governing Body Deputy Chairing Arrangement

The committee considered a proposal to support the transition for the incoming Chair and Deputy Chair of the Governing Body by appointing Jim Oatridge, who has served as Interim Chair as Interim Deputy Chair until the end of June 2018. Mr Oatridge will serve as Deputy Chair of the Audit and Governance Committee and be Co-opted on to the Governing Body to act as Deputy Chair. The Committee agreed to this proposal, agreed the level of remuneration for the pose and, as consequence, to confirm the interim Lay Members for Audit and Governance and Finance and Performance as permanent members of the Governing Body.

NOTE:- The Chair declared an Interest in this item, vacated the Chair and took no part in the discussion.

2.4 Human Resources Policies

The committee considered and approved new policies for Under and Over payment of salaries and Use of Social Media and changes to policies for Capability, Management of Change and Sickness Absence.

2.5 Very Senior Manager Pay arrangements

Following discussions at the committee's previous meeting, it was agreed that arrangements for Very Senior Manager performance related pay will be considered in January 2018.

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. Changes were made to Human Resources Policies as outlined in the paper.

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: October 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	31/10/17



WOLVERHAMPTON CCG
Governing Body
14th November 2017

Agenda item 15

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 10 th October 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"> • Progress made towards on-going implementation both the Primary Care Strategy & General Practice Five Year Forward View Programme(s) of Work. • Milestone plans have been developed for both programmes of work. • The committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October onwards and propose a name change from committee to Milestone Review Board.
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 recognising the extent of progress that has taken place • Note the assurance provided by the Committee & recommendation for change of frequency & name for future meetings • Accept the milestone plans provided for both programmes of work • Support the decision to reduce the frequency of meetings to quarterly from October onwards
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 is largely implemented through activities driven by the Primary Care Team and assurance provided to the Primary Care Strategy Committee. Assurance confirms progress and the effectiveness of action taken during the reporting period & often leads to debate at the committee. This report provides an overview of those discussions & the controls in place to safeguard delivery of the programme of work for the Primary Care Strategy and also the General Practice Forward View.
- 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. Our vision is that this will be achieved continued development of services available in the community and in general practice.

2. Primary Care Strategy Programme of Work

- 2.1 At the October meeting, considered the viability of future meetings, in recognition of the control measures in place & track record the decision was taken to reduce the frequency of meetings from October onwards to quarterly. The responsible Director would continue to undertake a monthly assurance review with the Head of Primary Care, any escalations during the intervening period would be made directly to the CCG Weekly Executive Meeting(s) as and when the need arose.
- 2.2 Each nominated lead provided an overview of the updates captured in each respective workbook based on the work of each task & finish group. The programme was largely running in accordance with anticipated timescales however there were 3 exception reports as indicated below:-

Task & Finish Group	Highlights
Practices as Providers	<ul style="list-style-type: none"> - Risk Stratification Specification has been agreed at CRG. Pilot is taking place in Church Street Surgery, with roll out to remaining practices anticipated once findings are shared with CRG - The Home Visiting service business case is being prepared for the PC/MMO Programme Board in October. - Clinical Pharmacist bid confirmed successful by NHSE survey undertaken of practices who had expressed an interest in the Clinical Pharmacist. Recruitment of additional Clinical Pharmacists is currently underway and the allocation of Clinical Pharmacists to respective practice(s) associated with the bid is anticipated before Christmas. - An exception report was considered pertaining to a review of Back Office Functions, timescales had slipped beyond the anticipated completion a survey was due to commence at group level involving practice managers initially. The Board approved the exception report with the expectation that findings from the survey be considered by each respective Group Meeting and endorsed by the Clinical Lead(s). Findings will be shared with the board in January.



<p>General Practice as Commissioners</p>	<ul style="list-style-type: none"> - Discussions have been taking place at the Group Leads Meetings (September/October) in response to the data available from the Group Dashboards, reporting period April to July 2017. Data has been further analysed to identify at group level areas requiring further consideration, particularly those specialities where practices have been identified as high referrer(s)/low conversion. The dashboard has exposed group performance across a range of specialties that are now being scrutinised at practice level, findings will be reviewed at Group Meetings in December. Variation in referral patterns involving Vertically Integrated Practices (physiotherapy) has been raised formally with the trust via the Contracting Team. - Updates on progress with service redesign projects are also presented at this forum to enable clinical ownership/engagement including:- <ul style="list-style-type: none"> o Prospective Peer Review - was presented at the Clinical Reference Group and this was approved in principle as a pilot project. When reviewing the data it was identified that 20 practices were in the cohort where referrals required clarification. Following a discussion at the Group Leads Meeting (October) the decision was taken to merge both peer review specifications in light of relaxation of rules pertaining to prospective peer review. The revised specification will be considered with a view to final approval by CRG in November & implementation lead by the newly recruited Group Managers. o Paediatric Referrals – consideration at group level is taking place regarding the ongoing increase in referrals of this type, a potential solution may be to include input from Consultant Paediatrician(s) in Saturday morning hubs. A service specification is being developed for consideration by CRG. o Risk Stratification – following approval at CRG the specification has been trialled at Church Street Surgery in October with positive feedback. The frequency of meetings is however under review as bi-monthly & the number of patients requiring view may not be reasonably achievable. Discussions with stakeholders have commenced to identify a mutually agreeable way forward. The revised service specification is being tabled at the Clinical Reference Group in November. - An exception report was considered pertaining to Enhanced Services at Scale, group level discussions have not yet concluded to identify what other interventions could be provided under the banner of enhanced services, an extended timescale has been agreed.
<p>Workforce Development</p>	<ul style="list-style-type: none"> - STP Primary Care Workforce Strategy was under development in response to NHS England expectations, the first draft will be available for consideration at the end of October. This document will have oversight from the Workforce Task and Finish Group. - Planning for nurse education & other non clinical training needs for practice groups continue to be worked up for 2018 & beyond. - Team W (Protected learning time for GPs) – a reduction in the number of attendees has been evident over recent months. Discussions with LMC & Group Leads have concluded with a series of changes being made to the timing and format of future sessions, this will continue to be overseen at monthly Group Leads Meetings. - Stakeholders – close liaison with training & educational establishments continues to be maintained ie Wolverhampton University, Health Education West Midlands etc. - Workforce Engagement & Communications Group – General practice vacancies are being actively advertised via the CCG this includes our



	<p>website, intranet & distribution to stakeholders. Early indications are that this approach is assisting practices in recruiting to vacancies sooner as a result of wider interest. A Working in Wolverhampton video will be available for the Task & Finish Group to consider, filming concluded early November. Development of the Primary Care area of the website continues, use of social media is also being strengthened. A series of case studies have also been prepared & due to published.</p> <ul style="list-style-type: none"> - Practice Nurse 10 Point Action Plan – the group are assured that progress towards the action plan is on track & gaining momentum. - There were no exceptions to consider for this group.
<p>General Practice Contract Management</p>	<ul style="list-style-type: none"> - Accountable Care Alliance (ACA) Working Group is being set up with representatives from each practice group and LMC. The first meeting of this group will take place in November & the outcome of discussions shared in subsequent reports. - Enhanced Services – contract variations for a range of enhanced services had recently been finalised with practices. Quarter 2 data was under review to determine any themes or concerns & would be reviewed at Group Level, this is also linked to General Practice as Commissioners (Enhanced Services at Scale). - Practice Merger – a merger among 3 practices is underway following approval at Primary Care Commissioning Committee, oversight by the Primary Care Team continues to take place. The merger is anticipated to conclude in December. - Primary Care Counselling – an extension to the existing contract has been approved at Commissioning Committee in October, until end of March 2018. - An exception report was presented to the board pertaining to Risk / Gain Share Agreement. A delay in concluding this piece of work was noted, timing of discussions coincides with the forthcoming ACA Working Group Meetings. The board accepted the exception.
<p>Estates Development</p>	<ul style="list-style-type: none"> - North East BCF locality has a potential base at the Science Park. The option is to be discussed and finances to be taken to the next programme board. PCH are holding a workshop in October for an update on the service specification being developed and delivery of services in Wolverhampton. - Lease agreements issue is still on-going, however the CCG and practices have been notified that Internal Repair Leases will not be offered. Practices continue to work with NHSPS to iron out service charge issues and meetings have been on-going with CCG support. PCC delegated authorisation to the Director of Operations for reallocation of ETTF funding which the Operations Team are currently scoping with practices.
<p>IM&T</p>	<ul style="list-style-type: none"> - Data Checking had concluded for the latest system migration (Castlecroft Practice). There were no exceptions to the migration plan. - The Sound Doctor is available for all practices to utilise - Patient Online Uptake: working with Group Managers to engage the practice groups to increase usage. Also met with NHS Digital Regional Lead to review progress and agree future steps. - Two way text messaging project had been costed & a trial due to commence prior to Christmas with a view to full rollout before the end of the financial year. - A review the availability of digital applications was currently underway although it was noted that Ask NHS (Sensely) was available for Wolverhampton patients.



2.2 General Practice Five Year Forward View Progress

Implementation in line with the CCGs 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 (awaiting national guidance)

The board agreed that the milestone review plan for the GPFV would be reviewed at quarterly intervals to ensure timely progress was being made against each project within the programme.

Specific updates for consideration are in the following areas-

2.2.1 Care Navigation Training

Care Navigation is a tried and tested model of care that improves access to primary care services for patients and reduces GP pressures all in one. Care Navigation is a person-centred approach that uses signposting and information to help primary care patients and their carers move through the health and social care system as smoothly as possible. The model is applied to pathways where GP referral is not viewed as essential & seeks to avoid delays in patient care.

A further stakeholder event had taken place in October, 6 pathways had been shortlisted for inclusion in the roll out of care navigation. Pathway templates are due to be embedded in practice clinical systems to enable practice staff to commence online training in December.

The pathways included in cohort 1 are as follows:-

- Community Pharmacy
- Minor Eye Conditions
- Community Hub (Starfish)
- One You/ Healthy Lifestyles Service
- Carer Support
- Community Dental

The six identified navigation points are well engaged with the programme, and are scheduled to attend practice staff training in January so that staff are confident in discussion the services.

Clinicians attending the general practitioner educational event (Team W) in November will also hear about the progress & next steps for the programme.

2.2.2 Sound Doctor

This project is now fully implemented and is available to be utilised by practices. Monitored at group level will take place at monthly meetings via the Service Activity Dashboard.

2.2.3 Training & Development

An extensive range of training continues to be available for practices, training held recently includes Effective Telephone Conversations, which was well received and fully subscribed. Further training of this type is planned for the new year.

NHS Improvement & NHS Digital recently delivered sessions on Patient Choice and e-RS, further locally delivered sessions will be offered out to practices, in conjunction with introduction of Care Navigation.

A page has been developed on the website as a central reference point for training updates and promotion, to enable easier access for staff and frequent updates to be available. the number of 'hits' on the page is being monitored to gauge the effectiveness of this channel.

2.2.4 Extended access

PCH1 commence extend (hub) opening in September offering appointments to patients in the group on Saturdays. There has been a delay in PCH 2 mobilising extended access hub for practices within this group due to leave commitments hence go live anticipated by 14th October.

Report shared with committee and Q1 progress (September).

Medical Chambers 1 (13 practices) have commenced a hub provision offering appointments to patients from across the group on Saturday(s). A revised delivery plan has been submitted confirming how the funds have been allocated to a nominated practice (Intra-Health). All practices within the group have signed an SLA to confirm their agreement regarding allocations of funds and arrangements for how the hub is being run until the end of March 2018. Also discussions with EMIS have concluded with a new system being introduced to accommodate hub working enabling a separate diary and hub activity to be captured in a dedicated EMIS system in October.

Discussions Medical Chambers 2 continue with a focus on working at scale and how the group will develop i.e. how transformation fund money will be utilised before the end of March 2018.

Primary Care Home 1 & Vertically Integrated Practices continue to provide additional appointments accessible by patients from across both respective groups.

Primary Care Home 2 are due to go live on Saturday 4 November.

3 CLINICAL VIEW

- 3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at task and finish group meetings as well as the board.

4 PATIENT AND PUBLIC VIEW

- 4.1 Whilst patients and the public were engaged in the development of the Primary Care Strategy and Patient Participation Group Chairs are involved in discussions associated with both programmes of work the Governing Body lay member is also appraised of ongoing developments & intentions through regular liaison & discussions. As part of the new appointment to the Lay Member post this .

- 4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in September, 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

The board has in place a series of risk logs and also an escalation log. Whilst there are no red risks to raise with Governing Body the following risks have been discussed at the board in October:-

- Workforce Task & Finish Group : Depletion of workforce numbers in primary care (score 12) anticipated reduction in score in Quarter 3.
- Workforce Task & Finish Group : Financial Implications associated with roles in primary care (score 12) anticipated reduction in score in Quarter 3.
- Estates Task & Finish Group : The impact of new leases with NHS Property Services not yet being signed (score 12) anticipated reduction in score in Quarter 3.

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 task 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 has established is anticipated to be met with positive experiences of care. The quality team are actively engaged as service design / redesign 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, a review of the equality analysis is due to take place shortly & will be discussed at the board in January 2018.

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
(Governing Body Meeting)
(November 2017)

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Date 6 November 2017

SLS/GBR-PCSC/NOV17



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	NA	
Public/ Patient View	NA	
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	7.11.17



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WOLVERHAMPTON CCG

Governing Body
14 November 2017

Agenda item 16

TITLE OF REPORT:	Communication and Participation update
AUTHOR(S) OF REPORT:	Helen Cook, Communications, Marketing & Engagement Manager
MANAGEMENT LEAD:	Mike Hastings – Director of Operations
PURPOSE OF REPORT:	This report updates the Governing Body on the key communications and participation activities in September 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:	The key points to note from the report are: 2.1.1 Minor Eye Conditions Service (MECS) 2.1.3 Winter Campaign - Flu 2.1.4 Health directory now available on WIN
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 October 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 Minor Eye Conditions Service (MECS)

The MECS campaign has a web and social media presence following its launch in September. Work has begun with young people from across the city to develop a multi-media piece to complement the campaign. Full details on MECS at <https://wolverhamptonccg.nhs.uk/your-health-services/eye-care-service-meecs>

2.1.2 Press Releases

Press releases since the last meeting have included: The power is in your hands to stop germs spreading in Wolverhampton; CCG announces new Chair; Online directory now includes health information and advice and Silver award for charitable Clinical Commissioning Group.

2.1.3 Winter Campaign - Flu

The winter campaign has continued to focus on flu jabs. All public who are identified as being in an “at risk” group are invited to take up their flu jab at their GP surgery or with at their local pharmacy. Focus this month across the Black Country is with Pregnant women in the Black Country. A press release and series of tweets have been produced and disseminated.

Planning is well underway for the next phase of the Winter campaign. This will be focussing on Stay Well, to mirror the national campaign. In Wolverhampton we will be having a series of five outreach events. These will include high footfall sites, such as supermarkets, and also some more targeted events to reach young children, their parents and older people.

See our Stay Well website pages for more information

<https://wolverhamptonccg.nhs.uk/your-health-services/stay-well-this-winter>

2.1.4 Health directory now available on WIN - www.wolverhampton.gov.uk/win

Working in partnership with City of Wolverhampton Council, we sent out a press release and have scheduled a series of tweets for the next six months to advertise the WIN website and the wide variety of local health services that can now be found on the Wolverhampton Information Network.

The health directory is the latest addition to the Wolverhampton Information Network, which already has comprehensive sections offering information and advice and details of support available to adults, carers, families and children and young people with special educational needs and disabilities.



People can also use a special search function on the Wolverhampton Information Network to find their nearest GP, dentist, pharmacy or opticians simply by typing in their postcode.

The Wolverhampton Information Network is designed to be used by frontline practitioners, service users and members of the public. It enables people to search quickly and easily via a particular issue or topic, or find activities and events close to home by searching using postcodes.

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 October edition of the Practice Nurse Bulletin included the following topics:

- LeDeR information
- Review of non-residential adult social care
- Nurses get together
- RCN bursary programme
- Local implementation of universal credit
- Healthwatch advisory board chair position

2.2.3 Practice Managers Forum

The PM Forum planned sessions covered the following topics in October:

- Diabetes Prevention programme
- Sound Doctor
- Domestic violence template and project
- Base 25 counselling service – Rapport children's counselling
- Bowel screening promotion and endorsement

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.

5. LAY MEMBER MEETINGS – attended:

5.1 Lay Member post is currently being recruited to.

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: Helen Cook

Job Title: Communications, Marketing & Engagement Manager

Date: 02 October 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	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)	Helen Cook	02 October 2017



**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 12th SEPTEMBER 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
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Steven Forsyth	-	Head of Quality & Risk
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Danielle Cole	-	Administrative Officer

APOLOGIES: No apologies noted.

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 11th July 2017

The minutes of the meeting held on the 8th July 2017 were approved as an accurate record with the exception of the following amendments:

PR highlighted Sue McKie was present at the last meeting.

SP highlighted page five, third paragraph typing error 'not' should state note.

PR stated page four, third paragraph, last sentence to amend 'moms' to state 'mothers'.

3.2 Action Log from meeting held on the 11th July 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

SP has not received further correspondence from Olivia Taylor. SP agreed to chase.

5.1 Monthly Quality Report – Primary Care Mortality review

MG stated she has spoken to NHS England and they are providing some insight into what a job description for a clinical advisor should include. Once the Job Description has been received the post will be advertised across Wolverhampton for those GPs that are not VI. MG added she has also spoken with Jonathan Odum and Cheryl Etches who are happy to amend the terms of reference to state there will be a VI GP and a non-VI GP on the review group.

Action 5.1 – A summary sheet has been included in this month’s Primary Care report. Committee agreed to close.

Action 5.1 – SP stated this month’s report outlines the date an SI has been reported and when to the RCA is expected to be received. Committee agreed to close.

Action 6.1 – MG stated she has spoken with Matt Boyce and in order to demonstrate a timeline against trajectory on Datix this will take time however, the presentation side can be looked at internally.

The remaining actions relating to the risk register will be discussed on agenda item 6.1 Risk Review.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Report was noted by all present. SF provided a summary of the report.

Urgent Care Provider

SF stated the main concern is the CQC Inspection Report for Vocare has been rated 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. Prior to the CQC visit there was Director to Director meetings in March, May and July 2017, subsequently agreed to set up an Improvement Board which has been running since April 2017. Since the first Improvement Board an action plan that contained 200 actions for the organisation is in the process of being streamlined in order to identify the



key risks. The CCG has issued Contract Performance Notices that relates to data submission, NQR10, opening hours and paediatric cover. Subsequent to the Contract Performance Notices the CCG have also issued an Information Breach Notice. The response received in regards to data submission hasn't been sufficient therefore another information breach notice has been raised around inconsistent data reporting on SQPR and Unify.

The CCG are seeing some improvement, SF assured the committee there are no further serious incidents and there hasn't been an increase in complaints and what the CCG generally know is that when patients are seen they receive a good service.

The CCG continue with announced and unannounced visits to observe adherence to processes and systems which assure patient safety at all times. SF added Vocare have recruited additional staff to help support the operational management of the organisation.

MG has escalated to NHS England through the Quality Surveillance Group. An Initial Stakeholder Review meeting was held in August 2017 and there were clear actions identified that need to be addressed by October 2017. MG added NHS England wanted assurance regarding the long, medium and short term recruitment and retention strategy, plans for managing and improving performance for the initial triage of walk in patients (NQR10). The CCG were also asked by NHS England to formalise the support given to the organisation and that there is continuing of education and training. MG added a training session has been scheduled for Vocare on Thursday 21st September; the session will be looking at how to identify report and manage incidents and for executives on how to apply appropriate scrutiny to a root cause analysis report following a serious incident occurrence.

JO asked what is known of Vocare as an organisation in terms of capability and capacity. JO added are there other areas within the country that have received a CQC inspection and what are the results. MG responded the intelligence from Vocare is the organisation has 25 contracts across the country majority are in the North with more in the South than central. Two inspections have been rated as good, two rated inadequate, 14 areas remain to be inspected and the remaining contracts requires improvement. MG stated all areas that require an inspection were all registered as new in 2016 therefore prior to the WCCG procurement due diligence exercise.

Maternity Performance Issues

SF stated key performance indicators on the maternity dashboard are a concern which could impact on quality and safety. Key areas are staffing, sickness, vacancy rate and birthing ratio. There has been communication from David Loughton who has formally written to all CCGs in the area and NHS England to ask around the consideration of capping. Bookings have increased from surrounding areas as Burton, Dudley, Shropshire and Walsall (which falls outside of the capped arrangements). The actions taken by the CCG are monthly discussions at CQRM, current escalated Maternity Commissioner



Meetings with RWT, escalation to NHSE and NHSI, escalation meetings with RWT to discuss options and plans on maintaining safety and RWT and CCG entry onto the risk register. SF highlighted the Trust has reported a serious incident yesterday (Monday 11th September 2017) with regards to a mother who had a intrauterine death at 31 weeks. A full investigation has commenced as on early indication there were other underlying factors which may or may not have affected the sad outcome for this family.

RR queried if the neonatal network review has taken place as suggested in the QSG minutes. MG confirm the review has taken place, NHSE Director of Nursing for Specialised Commissioning visited the neonatal unit at New Cross Hospital and stated whilst the estate is dated, it does provide a good service and evidence does not suggest that there are delays in repatriation of patients. The Trust was commended on the management of infection prevention and control in the NNU.

Increased number of never Events 16/17

SF stated there have been three Never Events to date. The Never Event described in the report was thought to be at this stage of the RCA investigation to be influenced human error (this could be STC). The Trust is undertaking a full RCA into this incident and the final RCA will be submitted to the WCCG in November, however, the Trust has taken immediate action with the surgeon involved to ensure safety of other patients.

JO highlighted the table on page 14 of the report demonstrates a Never Event occurs at least six weekly. PP noted in the last 12 months there has been six wrong site surgery incidents reported and asked what actions are being taken. SF responded there have been Never Event table top discussion which have been beneficial and challenging and subsequently picked up at CQRM. MG added wrong site surgery is the most common nationally.

Non-Emergency patient transport services issues

SF stated mainly there are performance issues with this provider with a potential for its impact on the quality issues. The provider has failed to meet key performance indicators, key areas are; the quality report is not being submitted and when it is there's lack of data and the current performance has not been at the level expected. The CCG have taken contractual action in terms of the quality report. This is a 'watch and wait' as potentially further action may need to be taken.

Step Down Care Home Provider

SF noted the CCG are continuing with Improvement Board Meetings. Due to the evidence of improvement the CCG have agreed to increase admissions to seven per week for the period 28th August 2017 to 17th September 2017. Step down admissions for this period are restricted to one per day. The announced Quality visits continue fortnightly and an unannounced quality visit is planned shortly.



PR raised concern regarding the diagnostic delay serious incident noted in the report.. RR added as a primary care physician she also finds the pathway difficult to access. MG stated once the full RCA has been received a wider review of the pathways would be valuable.

Action :- RR to escalate the issue at own surgery through Quality Matters.

PR congratulated the nursing team at RWT on the reduction of pressure injuries.

Action:- Inform the nursing team at RWT on behalf of the committee on their efforts for reducing the number of pressure injuries were congratulated.

PR asked for the report on page 22 to read 'There was one serious incident reported for August 2017 by BCPFT compared to three SI's reported by BCPFT for July 2017. This incident was reported under the pending review category where a patient unexpectedly committed suicide by hanging himself at home.

5.2 August Primary Care report

The report was noted by all present. Liz Corrigan (LC) provided a summary of the report.

The Infection Prevention (IP) team are leading the new audit ratings, it had caused the overall rating to drop slightly because the measure is against new guidance. LC highlighted Hill Street Surgery overall IP audit rating is 76%, Julia Freeman Primary Care Liaison for IP is supporting the surgery and will undertake a three month follow up and will provide a progress report.

Two serious incidents are currently being investigated within Primary Care, both SIs will be reported to NHS England Professional and Practice Information Gathering Group (PPIGG) group for logging and appropriate escalation.

There has a slight reduction in the number of respondents who would recommend their practice but also a reduction in number that would not recommend their practice. LC noted 1% is the overall response for Wolverhampton's total list size which is double the England average. There have been five repeat offenders who have not submitted data, contract breaches have started to be issued. An action plan is currently being devised to look at the process for practices who suppress data (fewer than five responses) in order to issue contract breaches.

The majority of responses have come via tablet/kiosk (check in screens) with handwritten cards in second place and SMS text in third, reflecting an effort by the CGG to promote this within practices.

Quality Matters incidents are now up to date and all Primary Care incidents have been forwarded to the relevant practice.



No formal complaints or compliments relating to primary care are noted for the CCG.

CQC have recently inspected Keats Grove Surgery who has been rated as 'good'. Two practices currently have requires improvement rating and are being monitored by the Primary Care and Contracting Team with input from the Quality and Risk Team.

A workforce gap analysis report has been provided by PCH and Unity identifying current and future needs, this will be reviewed in line with the implementation plan. Similar will be provided by VI this will be aligned with the workforce strategy.

A number of nurses and pharmacists have received funding from Health Education England to undertake development courses. Three individuals have applied for fundamentals in Practice Nursing and five for ACP course. General Practice Funding View (GPFV) training programmes continue which includes Care Navigator, Reception Staff training and Practice Manager training.

5.3 Quality and Risk Work Plan – Deferred

5.4 Infection Prevention & Control – RWT Commissioned Service Update

The report was noted by all present.

Vanessa Whatley highlighted the following points;

- The Care Home Prevalence project concluded in March.
- The focus for 2017/18 activity will be data collection on urinary tract and interventions to encourage and raise awareness with regard to the importance of hydration in Wolverhampton Care Homes and subsequently there's effort within the Acute Trust to look at similarly. The purpose of this project is looking at reducing the risk of UTIs but also improving diagnosis and making particularly in dementia patients.
- Following ratification of the revised GP enhanced standards and audit tool surgeries with completed audits in Q1 were revisited to assess the additional areas. Although observation of practice was difficult it is improving with planned audits in Q2.
- Audit results were expected to deteriorate with more stringent standards aimed at streamlining practice and improving environments however the impact has been minimal in most practices visited in Q1.
- The Government has renewed its commitment to reduce Healthcare associated Gram Negative Bacteraemia by 50% by 2021. The target for 2017/18 is a 10% (20 cases) decrease in all cases of E. Coli bacteraemia in Wolverhampton. A draft action plan has been circulated with a final sign off at RWT Infection Prevention and Control Group on September 2017 where the CCG, Public Health and RWT are all present. Failure to meet the target impacts on the CCG quality Premium.

- There is a risk that the quality premium targets will not be achieved through monitored infections. Through shared information across primary and secondary care patients are followed up and risks of reinfection or persistence colonisation reduced. Other risks highlighted in report are being mitigated.

PP queried 2.2.1 of the report asking what is meant by 'observation of practice was difficult'. VW responded it was difficult to look back retrospectively at observation of practice element in order to capture activity. MG asked if support from the CCG would help in terms of improving quality in the primary care for IP. VW responded the support from the CCG would be helpful.

Action:- CCG to support the IP Team to improve the quality of IP in Primary Care LC to take this forward with VW to identify key messages and actions.

SP queried the report mentions the appropriate use of urinalysis (urine 'dip stick'), SP asked if the samples are still sent to the laboratory. VW responded the Trust are aware a lot of urinalysis is undertaken and lot of inappropriate specimens being sent therefore the infection prevention team need to educate what the limitations are. VW added sepsis monitoring from a UTI perspective around catheters the Trust on average have four patients diagnosed per month, work is being undertaken within the continent service which NHSI are funding to review patients with a urinary catheter.

MG asked is there an opportunity to improve practice environments. VW responded a member of staff attends the Estates Group and their expert advice is generally well received at these meetings. VW added after having redeveloped the audit tool at the end of this year the Trust will collate a risk log that brings all the surgeries together in order to focus on what improvements are required from an environment perspective.

PR stated the report indicates a total of 94 MRSA positives patients. PR asked are all patients screened prior to an operation. VW confirmed the 94 patients are mixture of patients who are screened on admission from GP clinical specimens.

5.5 Emergency Preparedness, Resilience and Response (EPRR)

Report was noted by all. Tally highlighted the following points :-

- The update for the Business Continuity Plan as a statutory yearly requirement.
- 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.
- 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.



- 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.
- 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.
- 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.

6. RISK REVIEW

6.1 Risk Register

MB highlighted there are eight risks currently logged on the risk register.

312 – Mass Causality Planning. TK provided an update stating the Mass Casualty planning is incorporated in the continuing work on Pandemic Influenza. This has included developing a model for implementation across the Local Health Resilience Partnerships (LHRP) footprint. The CCG are also in the process of developing a live exercise in order to be more resilient. TK agreed to update the risk register. The risk is currently at level eight.

SF highlighted the following risks remain on the register; Maternity Capacity and Demand (492), Patient Transport Services Poor Performance (493) and Vocare (466).

Risk 476:- Named Dr for LAC. MG stated this risk remains on the register as whilst there is an interim in place the CCG would like to see a substantive post.

7. ITEMS FOR CONSIDERATION

7.1a NICE Policy

The NICE policy was noted by all.

JO asked where there is a discretion how is it exercised and by whom and where is the level of clinical input into the operation of the discretion. SF confirmed Dr Booshan chairs the NICE meeting and then the decisions are added to the contract and then implemented.

JO asked is there a public record of what key decisions have been made and when and the effective date of those decisions. MG responded the agreements made at the NICE Assurance Group are not currently made public. JO added if clinical decisions regarding clinical activity do we at least need to make those decisions public.

Action:- DC to include future NICE Assurance minutes.



7.2 Patient Cancer Journey

The Patient Cancer Journey was noted by all. The committee noted it was a difficult pathway for the patient.

PR noted the patient wants their cancer journey story used as an example to improve patient pathways.

Action:- SF to contact PALs at RWT for further information prior to contacting the patient.

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

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.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items for escalation.

10. ANY OTHER BUSINESS

PR noted patient representative interviews have taken place. A decision has been made and the



successful interviewee will be contacted today.

11. DATE AND TIME OF NEXT MEETING

Tuesday 10th October 2017, 10.30am – 12.30pm; CCG Main Meeting Room.



WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 26th September 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:

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

In attendance

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

1. Apologies

Apologies were submitted by Dr Bush, Mr Middlemiss and Mr Hartland.

2. Declarations of Interest

FP.200 There were no declarations of interest.

3. Minutes of the last meetings held on 29 August 2017

FP.201 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.202

- Item 110 (FP.185) – Dermatology Service capacity issues - it was agreed that this action should remain open as a contract review meeting was due to be held where this would be discussed.
- Item 112(FP.194) – Sepsis activity reporting to be reviewed by Dr Bush to assess the appropriateness of coding – Dr Bush had reviewed the information in detail; however, it would be necessary to review patient

notes to obtain further information. Guidance had been received stating that a cost counting adjustment should be made in 2017/18 only relating to the change in recording data. Commissioners will recoup the difference from providers to maintain cost neutrality. Further information will be included in the finance report going forward – action closed

5. Matters Arising from the minutes of the meeting held on 26 August 2017

FP.203 Mr Gallagher reported that an email had been received from the Deputy Director of Finance at NHS England (NHSE) requesting that the CCG draw together material that could be used to support the case for non-payment of the invoice issued by RWT in respect of the Physician A Model should this go to arbitration.

It was agreed that legal advice should be sought on this matter. It was noted that a substantial amount of work and information was sent to the Director of Finance at NHSE when this issue first arose. It was agreed to review this and ensure it includes the necessary detail before seeking legal advice.

Resolved : Previous submission to be reviewed and legal advice sought.

6. Finance Report

FP.204 Mr Gallagher highlighted that the report was more detailed than previous reports as from September a mid-year review is carried out and more information is available for acute providers.

The following key points were highlighted and discussed;

- the CCG is meeting all key metrics with the exception of the cash balance. This has exceeded the target due to an unexpected cash payment from City of Wolverhampton Council (CWC) which was expected in September but was paid in August. Cash flows are to be discussed with CWC as this had further implications.
- Currently forecasting to meet QIPP target. However, there is a slippage of £1.5m in non-contracted and £1m of savings is still to be identified. Reserves and non recurrent money is being utilised to meet the target which is a risk to the CCG as this leaves no contingency to support unexpected cost pressures.
- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs.
- Over performance is occurring in Non Contract Activity (NCAs), ambulance services and prescribing
- RWT is giving concern as Month 4 activity is indicating a potential forecast out turn of circa £1.5m to 2m. New HRG codes are being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the Mental Health Commissioner that spend will reduce and fall back in line with

budget as cases are reviewed and the costs reduced. A detailed plan is required to inform a robust forecast outturn and identify the risk related to achievement.

- There is some flexibility within Delegated Primary Care to utilise in bringing forward plans and commit recurrent spend. More detailed work is required around non recurrent spend and whether this should be held to offset overheating in acute contracts.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the Risk Share arrangements. A formal letter is to be sent to CWC setting out the CCG's position.
- GP Prescribing has moved significantly again contributing to the CCG's overall recurrent pressure. Further work is on-going and a plan developed to address this.

The risks and mitigation section of the report was considered and it was noted that although there is currently a balanced position there is no further flexibility to cope with unexpected cost pressures.

A review of the Long Term Financial Model is to be completed in line with the mid-year review to ensure reporting is as robust as possible. A Quarter 2 Budget Review meeting is being held with the Executive Team on 12th October and the outcome would be reported back to the November meeting of this Committee.

Resolved: The Committee noted;

- the contents of the report
- letter to be sent to CWC setting out the CCG's position for the BCF Risk Share Arrangements for 17/18

7. Performance Report

FP.205

Mr Bahia highlighted the key points of the Executive Summary which were considered as follows;

- RTT – validated performance data for July had shown that the STF trajectory had been missed. The key issues affecting performance are around the numbers waiting for elective care (Orthopaedics, Ophthalmology and ENT) and the number of patients waiting for review of diagnostics (Maxillo-facial). There are concerns as the Trust was reporting a recovery by end December 2017 however, the latest Exception Report received is putting this at March 2018. The CCG will face challenge from NHSE and this is to be discussed at the next Contract Review Meeting. As this is part of the STF the CCG cannot impose financial sanctions, it has to be managed in line with the contract. The CCG had brought enough activity to meet demand. If work is outsourced to another provider a Contract Variation Order would need to be issued as there is no additional money for this activity.

- A&E Urgent Care Performance – July performance had seen an increase from the previous month. The National Target of 95% had not been reached, however, the agreed 17/18 SFT Trajectory or July of 90% had been achieved.

The performance for July placed the Trust as 26th best performing in the country (out of 137). Only 13 Trusts achieved the 95% standard in the reporting month.

- 62 day cancer waits – failed to meet target due to a number of challenges. The Trust had taken part in a shared learning programme; however, this had not identified any specific pathway changes. A pathway and process flow coach had been assigned by NHS Intelligence (NHSI) to review current patient flows. Work is on-going with Dudley Group of Hospitals to review the CT Colonography Cancer pathway.

A Remedial Action Plan and an Exception Report are in place. This target will remain a challenge going forward and it is not expected that the recovery plan will be met.

- Delayed Transfer of Care (DToCs) - Performance had improved; however, concerns remain relating to Social Care transfers. Details of a contact in Staffordshire had been shared with RWT to be contacted when issues arise. Representatives from Staffordshire and Walsall were due to attend the A&E Delivery Board which is responsible for improvements in this area; however, no representatives had attended. This had been raised with NHSE.
- E-Referral – Appointment Slot Issues (ASI) rates – the recovery trajectory shows that there is an expectation that performance will decline before recovery to 4% by April 2018.
- Never Events – it was reported to the Committee for information that year to date 3 Never Events had occurred at RWT. This is not captured in the SPQR. However, these are discussed at the Quality and Safety Committee. Mr Oatridge, CCG Chair had written to the RWT Chair setting out his concerns as this is more than previously seen. In 2016/17 there were 5 Never Events over the whole year. Never Events are not nationally mandated; however they are including in the contract key performance indicators. Root Cause Analysis of each Never Event had either been completed or is underway.
- E-Discharge - targets continue to be achieved for all wards and assessment units.

Resolved: The Committee noted

- the content of the report

8.
FP.206

Contract and Procurement Report

Mr Duhra present the key points of the report as follows;

Royal Wolverhampton NHS Trust

Total sanctions for Month 3 (17/18) totalled £23,000.

The Trust has reported for the first time performance above contract standard for both E Discharge targets.

Non contract activity is proactively monitored on a rolling 60 day programme.

It was noted that the regular meetings between RWT and Telford and Shropshire following an Activity Query Notice (AQN), which had been raised in relation to a significant growth in Ophthalmology referrals from that area, had been stood down.

Following the completion of a POLCV audit, which was administered to ensure compliance against the agreed policy, one of the recommendations from the report was that 8% of activity was incorrectly charged. Therefore, the CCG intention is to retain 8% of the POLCV Budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met. The Trust at the last RWT Contract Review Meeting in August objected to this approach. This is to be escalated to director level.

Black Country Partnership Foundation Trust

Issues with providers submitting data had been resolved with NHS Digital (NHSD).

NHSD have confirmed that a new Referral Assessment Service (RAS) is being launched and is expected to be delivered in February 2018. This will allow providers to set up services on the system and book an appointment when they establish the most suitable pathway for a patient. It was raised how this would impact in primary care and it was agreed to check the details.

No communication has been received from CWC regarding their request to become an associate to the WCCG contract, and therefore, the Contract Variation Order (CVO) is still outstanding. CWC to be contacted for agreement that the current service specification be used for this CVO whilst work is being done to update the specification.

WMAS – Non-Emergency Patient Transport (NEPT)

A Contract Performance Notice is in place for all Key Performance Indicators that are underperforming. An Information Breach Notice has also been issued due to the lack of response to information requested in relation to four reporting incidents that require further information and assurance of mitigating actions, including two potential Serious Incidents that are of significant concern.

It was highlighted that a new team is now in place at WMAS and appear to be proactively addressing the issues.

Urgent Care Centre (UCC)

There continues to be operational and performance concerns at Vocare. At the last Vocare Improvement Board (16th August 2017), five priority areas were discussed:

- a) mandatory training
- b) clinical modelling (work with the CCG & RWT re long term what is the best model)
- c) Home visits and managing the breaches
- d) Paediatric assessment (Joint Standing Operating Procedure with RWT)
- e) Recruitment and Retention

Two Contract Performance Notices (CPN) had been raised with provider:

- A follow up Contract Performance Notice (previously issued in February 2017) had also been raised with provider due to Data Reporting (incorrect reporting data) and out of hour's national quality requirements (definitive clinical assessment within 15 minutes for walk in patients). The provider had been reminded that if a rectification plan is not agreed within 25 days of issuing the CPN, the CCG will withhold 2% of the monthly mandate for each failed milestone. This withhold had presently been actioned.
- A second CPN has been issued as there had been gaps in staff rotas and consequently the CCG required assurance that the service is operational 24 hours a day and has the right number and level of staff.

An Information Breach Notice (IBN) had also been served to the provider as Vocare had not submitted 'Quality Accounts' as required on an annual basis and failed to submit CCG validated A&E activity information to the CCG.

Probert Court Nursing Home

Mr Duhra reported that since the report had been issued to the Committee the suspension on the Home had been lifted. Fortnightly visits by the Quality Team will continue to ensure that standards are maintained at a satisfactory level.

Penn Manor Medical Centre

Penn Manor Medical Centre had informed the CCG that they wish to sub contract all clinical services to Royal Wolverhampton Trust as from 1st October 2017 under the vertical integration pilot scheme. The application was presented to Primary Care Committee on 5th September 2017 and approval given for this to go ahead.

Resolved – The Committee:

- noted the contents of the report and actions being taken.
- The impact of Referral Assessment Service (RAS) in primary care to be checked.

9. Any other Business

FP.207 There were no items raised.

10. Date and time of next meeting

FP.208 Tuesday 31st October 2017 at 2.00pm, Main Meeting Room, CCG Offices, Science Park

Signed:

Dated:

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**Minutes of the Primary Care Strategy Committee
Thursday 21st September 2017 at 1pm
CCG Main Meeting Room, Wolverhampton Science Park**

Present:

Steven Marshall	Director of Strategy & Transformation, WCCG (Chair)
Sarah Southall	Head of Primary Care, WCCG
Jo Reynolds	Primary Care Development Manager, WCCG
Stephen Cook	IM&T Lead, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Gill Shelley	Primary Care Contracting Manager, WCCG
David Birch	Head of Medicines Optimisation, WCCG
Jason Nash	Project Manager, WCCG
Barry White	Project Manager, WCCG
Laura Russell	PMO Administration, WCCG
Liz Hull	Administrative Officer, WCCG

Declarations of Interest

PCSC228 Dr Kainth declared that he is a GP, but did not declare an interest in any specific agenda items.

RESOLVED: That the above was noted.

Apologies for absence

PCSC229 Apologies were submitted on behalf of Manjit Garcha, Sultan Mahmud, Tally Kalea, Vic Middlemiss, Sharon Sidhu, Jane Worton, Mike Hastings and Ranjit Khular.

RESOLVED: That the above is noted.

Minutes and Actions

PCSC230 The minutes of the previous meeting held on 21st August 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, with an action for Stephen Cook and Jo Reynolds to revisit Wolverhampton Babylon with a view to money saved being used to improve access to Primary Care.

Matters Arising

PCSC231 **Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee:**

The Committee was informed that the Governing Body accepted the report submitted to September's meeting.

RESOLVED: That the above was noted.

Risk Register

PCSC232 **Escalation of Risks (Risk Scoring 8-25):**

The Committee was advised that ESC001 and ESC003 have been downgraded and can be removed from the Issue Log. It was also noted that one of the risks can be removed from the Risk Register as they refer to the same thing.

Laura Russell informed the Committee that since the meeting papers were published, EDR05 has been upgraded to a score of 12. The risk is in relation to Vertical Integration lease agreements. The issue is that Property Services have increased the service charges dramatically.

It was reported that Helen Hibbs will be the SRO for Workforce Development when Manjeet Garcha leaves the organisation.

There were no objections or queries from those present.

RESOLVED: That the above was noted and the following actions agreed:

- **EDR05 to be escalated to the Primary Care Commissioning Committee for action.**
- **Laura Russell to update the Escalation Log and Capital Review Group / Strategic Estates Forum Risk Log.**

PCSC233 **Summary of Risk Logs:**

The risk logs for the following Task and Finish Groups were reviewed by the Committee:

- Practice as Providers
- IM&T Business Intelligence
- Clinical Pharmacist in Primary Care
- Capital Review Group / Strategic Estates Forum
- General Practices as Commissioners

- Primary Care Project Management
- Workforce and Development

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

Performance

PCSC234 Strategy Implementation Plan

Laura Russell provided the Committee with an update and advised there had not been any slippage.

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

PCSC235 Milestone Plan

The Milestone Plan was reviewed and it was agreed to monitor it on a quarterly basis going forward.

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

Task & Finish Groups

PCSC236 Practice as Providers Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Collaboration between practices to improve access
- Integration of Primary and Community services
- Practices sharing back office functions
- Review of identified pathways / redesign opportunities

The Committee acknowledged current progress and next steps.

RESOLVED: **That the above was noted and an action agreed for Sarah Southall to share the Shortness of Breath Clinic options paper with the Clinical Reference Group.**

PCSC237 General Practices as Commissioners Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Governance / functions of locality and clinical network groups
- Commissioning and contracting cycle
- Monitoring and quality
- Engagement and development of services

- Business intelligence and data

The Committee acknowledged current progress and next steps.

RESOLVED: That the above was noted and the Committee agreed to formalise the Implementation Plan.

PCSC238 Workforce and Development Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Sarah Southall, on behalf of Manjeet Garcha, in relation to the following projects:

- Primary Care Workforce Strategy
- Primary Care Strategy
- Establish and maintain strong links with stakeholder educational establishments
- Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups
- GPFV/STP Collaborative working: Increase recruitment and retention of doctors within Primary Care
- GPFV/STP Collaborative working: Increase numbers of other staff in Primary Care
- GPFV/STP Collaborative working: Practices need to create protected time and space to support effective team
- Practice Nurse Ten Point Action Plan

The Programme of Work had been revised and Sarah Southall advised the Committee that Marianne Thompson will join the CCG from w/c 25th September, as Workforce Development Lead for Primary Care.

RESOLVED: That the above was noted and the Committee agreed to approve the Implementation Plan.

PCSC239 Clinical Pharmacists in Primary Care Task & Finish Group

The workbook was reviewed by the Committee in relation to the following projects:

- Promotion of new Clinical Pharmacist and Workforce
- Communication
- Future service delivery of Medicines Optimisation
- Training and development
- Contribution to the development of clinical pharmacist

David Birch confirmed that he is happy with progress made and recommended that going forward this should take place at the Workforce Task and Finish Group. It was therefore recommended that this workbook is closed down.

RESOLVED: The Committee agreed to this change.

PCSC240 Primary Care Contract Management Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Sarah Southall, on behalf of Vic Middlemiss, in relation to the following projects:

- Implementation of a virtual alliance contract
- Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England

RESOLVED: That the above was noted.

PCSC241 Estates Development Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Laura Russell, on behalf of Tally Kalea, in relation to the following projects:

- Primary Care BCF Hub Locality (secure funding)
- Primary Care Estates
- Estates Prioritisation

RESOLVED: That the above was noted.

PCSC242 IM&T Business Intelligence Task & Finish Group

The workbook was reviewed by the Committee and assurance provided by Stephen Cook in relation to the following projects:

- Single clinical system EMIS Web
- Integrated working
- Improving access – patient online access digital solutions
- Improving access – increasing the range of contact models
- Improving access – lean

RESOLVED: That the above was noted.

GP 5 Year Forward View

PCSC243 GP Forward View Progress Report

Jo Reynolds presented the Committee with a progress report and key points were noted as follows:

- Implementation in line with the local plan continues to make good progress, with 39 projects live, 3 completed and 3 due to start.
- A procurement process has been undertaken and Care Navigation training is due to start in September. A local offer will be developed relevant to local communities and a launch event will take place in October.

- An STP wide Time to Care Showcase Event was held on 20th July 2017.
- The Sound Doctor project is currently in a mobilisation period
- Resilience Funding – 2 of the 3 bids submitted by Wolverhampton CCG were approved, along with 1 out of the 3 bids submitted by practices. GP colleagues have been informed and a Memorandum of Understanding signed between NHS England and the CCG or contract holders for the practices involved.
- Training – a webpage is being developed as a central reference point for updates and promotion.

RESOLVED: That the above was noted.

PCSC244 GP Forward View Milestone Plan

An action was agreed for Jo Reynolds to circulate the GP Forward View Milestone Plan, which had been omitted from the Committee papers.

RESOLVED: That the above was noted.

PCSC245 Q1 Assurance Transformation Fund – Extended Access / 10 High Impact Actions Enhanced Service Progress Report

Jo Reynolds referred the Committee to a report which summarised progress to date in improving access via the following areas and next steps:

- Appointments
- Capacity
- Advertising / ease of access
- Digital
- Effective access to wider whole system services

It was noted that each of the Practice Groups Assurance Reports were included as Appendix A of the report.

RESOLVED: That the above was noted.

PCSC246 Bank Holiday Update – Improving Access in Primary Care Pilot

The Committee was presented with a report that focused on performance of practice groups over the August Bank Holiday. It was noted that the percentage take up of practice appointments, both pre-planned and same day, was:

- PCH1 – 8%
- PCH2 – 50%
- VI – 22%
- Unity 1 – 36%

However, the Committee did note that pre-planned appointments alone were of a greater rate i.e. more than 70% with a low DNA rate.

In summary, performance across the 4 hubs was varied but remained consistent with previous sessions.

Any Other Business

PCSC247 Frequency of Meetings

It was agreed that the next meeting would take place in October, following which meetings would take place on a quarterly basis to review Milestone Plans. The purpose would be to review for GPFV and Primary Care Strategy. Should any escalations arise during the intervening period they should be directed to the CCG Executive Meeting (weekly).

RESOLVED: That the above was noted.

Date of next meeting

Thursday 19th October 2017 at 12.30pm – 2.30pm in the CCG Main Meeting Room, Wolverhampton Science Park

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**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 24th August 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	Yes
Tony Gallagher	Chief Finance Officer	Yes
Manjeet Garcha	Executive Director Nursing & Quality	No
David Bush	Governing Body GP	No
Sarah Smith	Interim Head of Commissioning - WCC	No
Julie Grainger	Public Health Commissioning Manager – WCC	No

In Attendance ~

Vic Middlemiss	Head of Contracting & Procurement	Yes
Helen Pidoux	Administrative Team Manager	Yes
Mark Williams	Commissioning Manager WCC	No

Apologies for absence ~

Apologies were submitted on behalf of Juliet Grainger.

Declarations of Interest

CCM614 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

CCM615 The minutes of the last Committee meeting, which took place on Thursday 27th July 2017 were agreed as a true and accurate record.

RESOLVED: That the above is noted.

Matters Arising

CCM616 There were not items raised other than reported in the Action Points below.

RESOLVED: That the above is noted.

Committee Action Points

CCM617 (CCM589) Contracting and Procurement Update

- Views of the functionality of the Community Services to be sought – an update will be included in the Contract and Procurement Report at the next meeting

(CCM592) Contracting and Procurement Report

- Consider circulating the minutes of the Improvement Board (Vocare) – minutes to be circulated to Committee members after the meeting – the CQC report has now been made public. It was agreed to share the minutes of the Improvement Board at the next meeting.

(CCM608) Contracting and Procurement

- Dermatology – Plans for communication to GPs re proposals for service changes to address capacity issues at RWT to be discussed with the provider – clarification to be sought as to the progress in implementing the changes and an update to be given at the next meeting. This is to include assurance regarding the financial implications for the CCG.

(CCM608) Contracting and Procurement

- Update on MSK Service activity to be given at August meeting – reported that the services is performing generally well. There is slight underperformance, however, reserves have been set aside for this and it is considered to be a low risk. Analysis of activity data has shown a demonstrable change from 37 of 45 practices referring into the service. Analysis of the 8 practices not accessing the service is underway and it had been raised with RWT at the Contract Review Meeting as there is a need to understand why this is happening. The Lead Commissioner for the service has reported that there is a demonstrative corresponding reduction in physiotherapy services activity. It was noted that it is too early for there to be any information available relating to patient satisfaction.

Mr Middlemiss noted that there is one area of risk relating to Rheumatology as the provider has not been able to recruit a Rheumatologist. The provider is developing a business case for interim arrangements with RWT through the conventional route and not the MSK pathway.

(CCM609) Primary Care In-Reach Team

- Consideration to be given to the naming and synchronisation of the Community In Reach Teams as a whole. To consider harmonisation strategy for these services – this is ongoing and Steven Marshall agreed to bring an update to the next meeting.
- Check with Sarah Southall, Head of Primary Care as to how assurance is gained that clinical governance arrangements are audited

RESOLVED: That the above is noted.

Review of Risks

CCM618 To be discussed under at the private session of this Committee.

RESOLVED: That the above is noted.

Contract & Procurement Report

CCM619 Mr Middlemiss presented the Committee 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 – it was noted that Elective Activity is the largest under-performing Point of Delivery (POD) this is being closely monitored, however, this is not expected to continue.

Exception Reporting Proposal – concerns about the quality of the reports received had been raised at the Contract Review Meeting. An improvement has been seen and it was felt that this would continue as it had taken some for the process to embed. The CCG had been able to take a greater level of assurance.

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

Business Cases

Etanercept switch to Erelzi - a gainshare switch to Benepali Biosimilar had previously been approved, however, this has now been superseded by a revised request of a gainshare switch to a new alternative Erelzi. This is likely to have an additional financial benefit and is a low risk approach. The Committee supported the recommendation of a 12th agreement of this gainshare.

Direct Access Diagnosis Spirometry– the request to endorse the decision of the Business Cases Panel to approve this revised pathway was discussed. It was

clarified that GP practices can continue to provide the service, however, NICE are imposing new guidelines to improve the quality of the service which may mean that practices decide to stop providing the service due to the additional costs.

Concerns were raised around the move of a community service into an Acute setting if practices cease to provide the service. It was considered whether there was a more structured way of providing the service within primary care settings.

It was agreed that further information was required regarding the financial implication for the CCG in supporting the business case. A decision was deferred until this information had been discussed at the next meeting.

Black Country Partnership Foundation Trust

LD Psychiatrists – Letter of Concern – the CCG had written to the Provider raising concerns over possible double payments for consultant activity. The provider has asked for an extension until early September to respond to the CCG's query.

Other Contracts/Significant Contract Issues

WMAS – Non-Emergency Patient Transport (NEPT) – the Provider is responsive to addressing concerns and the actions in the Remedial Action Plan are being undertaken. Assurance is being taken from the progress being made against the plan.

Due to the adverse impact the situation is having on A&E/patient flow/bed capacity at RWT the Wolverhampton A&E Delivery Board had agreed to fund the use of a third party transport provider 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 is still a high level of concern around quality, data and operational elements and little progress in addressing the actions contained within the agreed Improvement Plan is being seen. A Contract Performance Notice is in place and an Improvement Board continues to meet regularly to monitor progress. NHS England (NHSE) had hosted a meeting with representatives from Vocare, CCG and CQC. The CCG was challenged at the meeting by NHSE as to how it was managing the situation. It was confirmed that the CCG was holding the Provider to account in line with the contract. Plans are being drawn up to deal with continued non-performance.

Other Acute Associate Contracts

Community Eye Services – Following the award of the Community Eye Services there is a need to provide essential pharmacy input. As the CCG does not have the resource/expertise in house to provide the necessary level of pharmacy contract management an estimate has been obtained from Midlands and Lancashire CSU to undertake this service on the CCG's behalf. It was noted that the estimate was cost effective and affordable. As the CSU has a proven track record for this service and

the support is essential the Committee supported the proposal.

- RESOLVED: The above was noted and that:
- Support was given for a 12th month gainshare switch from Etanercept to Erelzi.
 - Clarification of costs for the Direct Access Diagnosis Spirometry Business Case to be brought to the next meeting.
 - Discussions to be held with Sarah Southall, Head of Primary Care, regarding the options for a more structured way of carrying out Spirometry within Primary Care.
 - Supported the proposal for Midlands and Lancashire CSU to provide pharmacy contract management for the Community Eye Services,

Any Other Business

CCM620 There were no items raised.

Date, Time and Venue of Next Meeting

CCM621 Thursday 28th September 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 28th September 2017
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr J Morgans	Chair	No
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Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	Yes

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	Yes
Manjeet Garcha	Executive Director Nursing & Quality	No
Sarah Smith	Interim Head of Commissioning - WCC	Yes
Julie Grainger	Public Health Commissioning Manager – WCC	No

In Attendance ~

Liz Hull	Administrative Officer	Yes
Margaret Courts	Children's Commissioning Manager	Yes

Apologies for absence

Apologies were submitted on behalf of Dr Morgans, Manjeet Garcha, Juliet Grainger, Vic Middlemiss.

Steven Marshall chaired the meeting due to apologies from Dr Morgans, which meant the meeting was not quorate.

Declarations of Interest

CCM622 No declarations of interest were made.

RESOLVED: That the above is noted.

Minutes

CCM623 The minutes of the last Committee meeting, which took place on Thursday 24th August 2017 were reviewed and will be approved at the next Committee.

RESOLVED: That the above is noted.

Matters Arising

GP Representation

CCM624 Cyril Randles expressed concerns about GP representation and queried previous discussions about a second GP joining the Committee. Steven Marshall gave assurance that concerns have been fed back to the Governing Body and following changes to its membership, GPs will be assigned to Committees.

RESOLVED: That the above is noted and an action agreed for Steven Marshall to invite Jane Woolley, Project Management Office Lead, to the next meeting to present the process that takes place to scrutinise service redesign.

MSK Service

CCM625 A discussion took place about the Wolverhampton Health Network.

RESOLVED: That the above is noted and an action was agreed for Sarah Smith to check that MSK information is included on the Wolverhampton Health Network.

Committee Action Points

CCM626 (CCM589) Contracting and Procurement Update

- Action outstanding - Views of the functionality of the Community Services to be sought – an update will be included in the Contract and Procurement Report at the next meeting.

RESOLVED: That the above is noted and an action agreed for Steven Marshall to follow up with Vic Middlemiss and Sharon Sidhu.

(CCM592) Contracting and Procurement Report – Improvement Board (Vocare)

- Action outstanding – Improvement Board minutes to be circulated.

RESOLVED: That the above is noted and an action for Liz Hull to circulate with the minutes.

(CCM608) Contracting and Procurement

- Dermatology – Assurance regarding the financial implications for the CCG. Steven Marshall confirmed that reassurance has been provided that the CCG is not being charged twice. Action closed.

(CCM609) Primary Care In-Reach Team

- Consideration to be given to the naming and synchronisation of the Community In Reach Teams as a whole. To consider harmonisation strategy for these services. Steven Marshall confirmed that this action is closed.

(CCM617) GP's EMIS System Internal Coding System.

- Steven Marshall explained that a local harvest takes place on a monthly basis for all of the coding. In addition, a quarterly random audit is undertaken by the Contracting Team which involves checking patient files to confirm that procedures have taken place. Action closed.

(CCM619) Direct Access Diagnosis Spirometry Business Case

- Steven Marshall advised that we are waiting for the Trust to clarify cost implications.

RESOLVED: That the above is noted.

Review of Risks

CCM627 No report presented.

RESOLVED: That the above is noted.

Contract & Procurement Report

CCM628 Steven Marshall presented the Committee with an overview and update of key contractual issues in relation to Month 4 (July 2017) for activity and finance.

Royal Wolverhampton NHS Trust

Contract Performance

- Under performance in electives, readmissions and CDU activity.
- There was an over performance in A&E for Month 3.
- Non elective activity is the largest over performing POD.
- Commissioner performance:
 - The overall Acute activity position is under performing at Month 4. However, this level of performance is not expected to continue.
 - Stafford & Surrounds CCG is the largest under performers.
 - Cannock CCG is the largest over performers.

Performance Sanctions

- Confirmed financial sanctions for Month 3 amount to £23,000.

Activity Query Notice

RWT had raised an Activity Query Notice (AQN), in relation to a significant growth in Ophthalmology referrals from Telford and Shropshire CCG. This is being discussed amongst respective CCG's and RWT with Ophthalmology referrals remaining under close scrutiny and any inappropriate referrals are being rejected. In addition, Commissioners are keeping RWT apprised of any 'Fragile Services' and where additional support may be required.

Procedures of Limited Clinical Value (POLCV)

An audit has been carried out which identified that 8% of activity was incorrectly charged. As a result, the CCG intends to retain 8% of the POLCV budget and following a 6 month audit review, the funds will be released on the basis that there is compliance to the criteria being met. The CCG will be formalising this decision with the Trust.

Black Country Partnership Foundation Trust

Service Development Improvement Plan (SDIP) – Following sign off of the plan, a CVO will be progressed.

Data Quality Improvement Plan (DQIP) – The DQIP has been agreed and the Trust issued with a CVO.

LD Psychiatrists Letter of Concern – The Trust has informed the CCG that work through the Transforming Care Partnerships (PCP) programme will redesign the community and in-patient model, which should address the issues around the LD psychiatrists. The CCG has challenged this with the Trust.

CWC becoming Associates to WCCG Contract

The CV is still outstanding.

Other contracts/Significant Contract Issues

WMAS- Non-Emergency Patient Transport (NEPT)

Performance of the NEPT service in Wolverhampton and Dudley is currently below the required standard. As a result, a Contract Performance Notice has been served. WMAS has proposed a Remedial Action Plan which has been agreed, subject to additional information for the Risks section.

An Information Breach Notice has been issued following the lack of response in relation to four reported incidents, two of which are potential Serious Incidents. The CCG has also written to WMAS about the standard of quality reporting since March 2017.

Urgent Care Centre

Operational and performance concerns continue. Two contractual Performance Notices have been raised with the Provider. An Information Breach Notice has also been served following failure to submit Quality Accounts.

Probert Court Nursing Home

The suspension to new admissions has been lifted. There are 12 step down beds and 2 step up beds.

Primary Medical Services Contracts

Penn Manor Medical Centre – The CCG has been informed that the Medical Centre wish to sub contract all clinical services to Royal Wolverhampton Trust as from 1st October 2017, under the vertical integration scheme. Approval was given by the Primary Care Joint Commissioning Committee on 5th September 2017.

Three Practice Merger – The Primary Care Joint Commissioning Committee gave approval, on 5th September 2017, for the following three practices to merge and become one GMS contract: All Saints and Rosevillas Medical Practice; Grove Medical Centre, Caerleon Surgery.

Primary Care In-Reach Team – (PITs) – Expressions of Interest have been sent out to all practice with regards to delivering the PITs (phase 3) to a number of Care Homes within Wolverhampton. This will increase the coverage of the scheme across an additional cohort of homes.

Other Associate Contracts

Birmingham Women's and Children's Hospital – Contract still not signed by Commissioner and Provider.

Birmingham Hospitals – Heart of England NHS Foundation Trust has received agreement to merge with the University Hospitals Birmingham NHS Foundation Trust.

WMAS Emergency & Urgent Ambulance Service – There is general over performance on the contract, which Sandwell and West Birmingham CCG are reviewing.

RESOLVED: That the above is noted.

CAMHS Transformation Refresh 2017 - 2020

CCM629 Margaret Courts presented the Committee with the first draft of the CAMHS Transformation Plan refresh. The Committee supported the draft so far, subject to completion of the annotated sections. Due to the meeting not being quorate, it was decided that a Chair's Action would be taken if required.

RESOLVED: That the above is noted and an action was agreed for Margaret Courts to present the final version of the report once it has been completed.

Any Other Business

CCM630 There were no items raised.

Date, Time and Venue of Next Meeting

CCM631 Thursday 23rd November 2017 at 1pm in the CCG Main Meeting Room

Health and Wellbeing Board

Minutes - 20 September 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
David Baker	West Midlands Fire Service
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Helen Child	Third Sector Partnership
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Steven Marshall	Wolverhampton Clinical Commissioning Group
Susan Milner	Director of Public Health and Wellbeing

Employees

Anthony Walker	Strategy Implementation and Monitoring Officer
Brendan Clifford	Integrated Project Director
Dawn Williams	Head of Service Safeguarding
Helen Tambini	Democratic Services Officer
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 Councillor Paul Sweet, Bhawna Solanki, Chief Supt Jayne Meir, David Loughton, David Watts, Dr Alexandra Hopkins, Emma Bennett and Linda Sanders.

Councillor Jasbir Jaspal also sent her apologies in her capacity as the Chair of the Health Scrutiny Panel.
- 2 **Notification of substitute members**
Brendan Clifford attended as a substitute for David Watts.
- 3 **Declarations of interest**
There were no declarations of interest.
- 4 **Minutes of the previous meeting - 28 June 2017**

That the minutes of the meeting held on 28 June 2017 be approved as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes of the previous meeting.

6 **Change to the Order of Agenda Items**

The Chair moved that agenda item 10, Adults Safeguarding Board and Children's Safeguarding Board Draft Annual Reports be considered next on the agenda.

Resolved:

That agenda item 10 be considered next on the agenda.

7 **Adults Safeguarding Board and Children's Safeguarding Board Draft Annual Reports**

Dawn Williams, Head of Safeguarding and Quality Assurance presented the reports and highlighted key points. She confirmed that both reports had just been signed off by their relevant Boards and as the current documents were draft, she would be happy to take any comments and consider them in the revision documents. She confirmed that the structure of the reports had been amended from previous years. The reports had been based on report templates from Outstanding Authorities with key information highlighted.

In respect of the Wolverhampton Safeguarding Children's Board, a Junior Safeguarding Board was now well established, an Anti-Bullying Charter had been produced, together with work to raise awareness around young women and violence. The B-Safe Team had been invited to take over the afternoon of the Board Development Day which had proved beneficial.

In respect of child deaths, of the eight unexpected deaths, two serious case reviews had been required and undertaken. The report gave a brief breakdown of what each agency had done, with a clear focus on learning and development.

In respect of the Wolverhampton Safeguarding Adults Board, although there was no statutory responsibility for their annual report to be presented to the Health and Wellbeing Board, it was recognised as best practice.

The Chair commented that it was helpful to see the reports in a draft and the new layout and format was a significant improvement.

Councillors Gibson and Samuels thanked Alan Coe, the former Independent Chair of the Safeguarding Boards for his hard work and in particular for improvements to the quality of the annual reports.

In answer to a question reading the high number of referrals to the adult Multi Agency Safeguarding Hub (MASH), Dawn Williams advised that there was an increased focus on adults and work was being undertaken with MASH to identify how it received information and it was hoped that there would be more information next year on thresholds.

The Chair asked that Board members referred the reports to their organisations and forwarded any comments to Dawn Williams.

Resolved:

That the Adults Safeguarding Board and Children's Safeguarding Board draft annual reports be noted.

8 **Development Day Update**

Susan Milner, Director of Public Health and Wellbeing introduced the item.

Helen Tambini, Democratic Services Officer advised that at the last Agenda Group meeting it had been suggested that the issue of Place Based Commissioning, which had been scheduled for consideration at this meeting, should be a potential discussion topic at the Development Day.

Resolved:

That the issue of Place Based Commissioning be added to the current list of three issues for the Development Day, referred to in the Forward Plan.

9 **Health and Wellbeing Board Forward Plan 2016/17**

Susan Milner, Director of Public Health and Wellbeing presented the report. She advised that it would be appropriate to schedule the Director of Public Health Annual Report 2016-17 for the meeting on 10 January 2018.

Steven Marshall, Wolverhampton CCG referred to the Wolverhampton CCG Operational Plan 2017-19 and requested that the issue be kept on the Forward Plan, pending an update from the NHS. If a full refreshed Operational Plan was not required there would be an update on the progress against the current 2016-18 Plan.

Resolved:

That the Director of Public Health Annual Report 2016-17 be scheduled for consideration at the meeting on 10 January 2018.

10 **Better Care Fund (BCF) Quarterly Report**

Brendan Clifford, City of Wolverhampton Council presented the report and highlighted key points. He stated that the Council and the Clinical Commissioning Group (CCG) continued to work together to focus on the overall vision for integration. There was a concern amongst West Midlands councils in respect of Central Government proposals on funding linked to hospital discharge, with 11 of the 14 councils writing to the Secretary of State regarding proposals to withhold funding where trajectories were not met. Performance had improved in the last 12 months but with a trajectory fluctuating between June and July 2017.

The Chair referred to the difficult process, the strain on partnership working and the lessons which needed to be learnt from the exercise. The letter sent by the West Midlands councils to the Secretary of State was unprecedented and showed clear cross-party consensus and that they were facing the same issues.

Councillor Samuels stated that it was unfortunate that the Council was being asked to make commitments that it would be unable to deliver, rather than being given an opportunity to say what it could deliver.

Helen Hibbs, Wolverhampton CCG referred to the different culture and ways of working between the CCG and the Council. A considerable amount had been achieved by the Better Care Fund (BCF) and it was important not to totally focus on the issues associated with Delayed Transfers of Care (DTOC).

Steven Marshall, Wolverhampton CCG referred to the report and the reference to the reduction in emergency admissions to the Royal Wolverhampton Hospital in 2016-17 and stated that it would be more appropriate to say that the reduction could be attributed to in part to the development of the Rapid Intervention Team.

Resolved:

1. That the update on the Better Care Fund Plan submission be noted.
2. That the revised narrative and trajectory for Delayed Transfers of Care targets for health partners as submitted by the Wolverhampton Clinical Commissioning Group be noted.

11 **Tackling Homelessness in Wolverhampton**

Anthony Walker, Homelessness Strategy and External Relationships Manager presented the report and highlighted key points. He referred to the unprecedented increase nationally in homelessness and to the change in legislation, with the introduction of the Homeless Reduction Bill in April 2018. The introduction of the Bill would require resources to be redirected towards prevention of homelessness, with more strategic work with private landlords, including the Rent with Landlords scheme.

In respect of people sleeping rough, again numbers nationally were increasing. The Leader of the Council and the West Midlands Mayor had established various task groups to look at the issue centrally and investigate various solutions.

The Chair referred to the task groups and confirmed that priorities had been identified, with a focus on early intervention, partnership working and to look at more imaginative solutions. Various work streams would be brought together and out of hours provision would be extended. The role of voluntary and community groups would also be investigated, with a view to increasing their role. The issue of aggressive begging would also need to be addressed. It was important to be proactive and to tackle the issue now before the introduction of the Universal Credit scheme.

In answer to a question regarding the potential to house homeless people within the City, Anthony Walker stated that it was not just accommodation that the homeless required, they needed additional support, from various organisations working collaboratively and it was hoped through the Homeless Reduction Bill to find some solutions.

Helen Child, Third Sector Partnership referred to the impact of Universal Credit, particularly on the young and those in work and she confirmed that the Inclusion Board had been discussing ways to ensure that effective crisis support would be available. Social landlords were working hard to engage over the issues; however; it was more difficult to engage with private landlords.

Anthony Walker confirmed that he would be attending a meeting with private landlords on 30 October 2017, to talk to them about the impact of Universal Credit.

In answer to a question regarding evictions, Anthony Walker stated that the main issue was tenants being unaware of their rights when facing eviction. Unfortunately, there was a fear and stigma to renting in the private sector. It was important to

explain that good quality landlords wanted to keep good tenants and the public appeared to be unaware of that.

Jeremy Vanes, Royal Wolverhampton Hospital NHS Trust referred to his concern regarding Universal Credit and fluctuations in mortgage rates which could mean that tenants were further put at risk if rates increased and landlords were struggling to pay. It would be appropriate to plan for the worst-case scenario. The Inclusion Board had discussed the issue that some vulnerable groups would never be able to transition to Universal Credit and who would deal with those groups. It should be noted that there was evidence to show that the health of people who became homeless deteriorated rapidly and that impacted further on services.

In answer to a question regarding the additional scope of the monitoring questions, Anthony Walker advised that the additional questions would give more individualised information which would hopefully allow specific issues to be addressed.

Steven Marshall, Wolverhampton CCG stated that many homeless could not access NHS services as they were not registered and it was important that officers worked closely with Public Health.

In answer to a question regarding the number of private landlord properties in the city, Anthony Walker confirmed that it made up 14% of the housing stock, around 100,000 properties.

The Chair confirmed that as work progressed the Board would receive regular updates from the task groups.

Resolved:

1. That the Board noted the actions by which the city implemented the Homeless Reduction Bill.
2. That the Board noted the impact of the Homeless Reduction Bill.

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