

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 11 September 2018 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 July 2018
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~

Dr S Reehana

Chair

Clinical

Dr M Asghar

Board Member

Dr D Bush

Board Member

Dr R Gulati

Board Member

Dr M Kainth

Board Member

Dr J Parkes

Board Member

Dr R Rajcholan

Board Member

Management

Mr T Gallagher

Chief Finance Officer – Walsall/Wolverhampton

Mr M Hastings

Director of Operations

Mr S Marshall

Director of Strategy and Transformation

Ms S Roberts

Chief Nurse Director of Quality

Lay Members/Consultant

Mr A Chandock

Secondary Care Consultant

Mr J Oatridge

Lay Member

Mr P Price

Lay Member

Ms H Ryan

Lay Member

Mr L Trigg

Lay Member

In Attendance

Mr J Denley

Wolverhampton Council

Ms S Fellows (part)

Mental health Commissioning Manger

Ms K Garbutt

Administrative Officer

Mr M Hartland

Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)

Mr P McKenzie

Corporate Operations Manager

Apologies for absence

Apologies were received from Ms T Cresswell, Ms S Gill, Mr D Watts and Ms H Ryan.

Declarations of Interest

WCCG.2151 There were no declarations of interest declared.

RESOLVED: That the above is noted.

Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing

WCCG.2152 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 22 May 2018 be approved as a correct record.

Matters arising from the Minutes

WCCG.2153 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2154 There were no actions for this meeting

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2155 Dr Hibbs presented the report. She pointed out the Black Country Sustainability and Transformation Plan (STP) is currently refreshing its programme of work and the senior leaders are taking part in development work to ensure that the STP will be in a position to evolve to become an integrated system in due course.

Dr Hibbs pointed out that the IT Refresh Programme of work is continuing with the upgrading of the IT infrastructure, the Network upgrade project has just completed and the replacement of old PC's will continue for the rest of this year.

Dr Hibbs stated that NHS England has confirmed that the Local Maternity Systems (LMS) will receive £320k to implement a number of projects

proposals to support the improvement in service transformation, support some of our most vulnerable women; in order to tackle health inequality and improve the outcomes for women and their babies.

Mr J Oatridge referred to the Primary Care Update, improving access and suggested that the level of uptake is included in the next quarterly report. Mr S Marshall highlighted that text reminders and information sharing / gathering is working well in practices and confirmed the information will be included in the next quarterly report.

RESOLVED: That the above is noted.

Primary Care Governance Arrangement

WCCG.2156 Mr P McKenzie presented the report which is to ask the Governing Body to agree to clarify the governance arrangements for Primary Care strategic management and development by delegating responsibility for monitoring the implementation and development of the Primary Care strategy to the Primary Care Commissioning Committee.

The name will change to Primary Care Committee. The proposal will be for the Committee to function as a corporate decision making body for the management of the delegated functions and the exercise of these delegated powers for commissioning primary medical services for the people of Wolverhampton.

Ms S McKie asked if the Terms of Reference have been agreed. Mr McKenzie stated if there are any further comments to let him know.

RESOLVED:

(a) That the Governing Body agreed to amend the Terms of Reference of the Primary Care Commissioning Committee to give it responsibility for managing the implementation and development of the Primary Care Strategy.

(b) That the Governing Body agreed to include the revised Terms of Reference in an application to vary the CCG's Constitution.

The Wolverhampton Place Strategy and the Integrated Care Alliance

WCCG.2157 Mr S Marshall gave an overview of the report together with appendices. He pointed to the need to implement new models of care; the CCG acknowledges that there must be a shifting of the resource to increase investment in Primary Care, something which has fallen consistently over the last few years as a proportion of NHS spend. In addition there needs

to be a much stronger relationship between GP Primary Care and Community Services along with additional investment in Community Services.

Dr Asghar arrived

There are a number of risks of not moving forward as well as a number of risks associated with moving forward –

1. Degree of uncertainty with regard to the evolution of strategic commissioning in the Black Country.
2. The programme fails to progress to the required timescales.
3. Disentangling and providing transparency across the longitudinal spends lens proves to be too difficult and the role of the management team becomes dissipated and engagement in the new model of care drops away.
4. Not all of the GP groupings buy into the new model of care solution and there is not full participation in the way forward.
5. Potential disruption to staff could lead to a lack of focus on delivering the CCG's core agenda.

Dr Bush asked if the General Medical Service (GMS) contract will be affected. Mr Marshal confirmed the GMS contract would not be affected. Mr Gallagher added this will be a shadow year

RESOLVED: That the Governing Body endorsed and adopted the strategy and implementation plan for the Wolverhampton place and Integrated Care Alliance.

Black Country Joint Commissioning Committee

WCCG.2158

Dr Hibbs stated that the documents are for information. Ms S Roberts reported that the first draft of the Black Country Clinical Strategy has been issued to the Clinical Leadership Group (CLG) members, CCG clinical Chairs and leads, Medical Directors, Chief Nurses and Chief Executives. Feedback has been received and now embarking on the second draft of the strategy. This will then go back out to consultation and a discussion will take place in August 2018.

Ms Roberts added she is happy to forward the draft strategy to Governing Body members and would welcome any comments and feedback.

RESOLVED: That the Black Country Sustainability Transformation Plan (STP) Clinical Strategy is circulated.

Draft Joint Mental Health Strategy

WCCG.2159

Ms S Fellows presented the report. This has been developed with the Local Authority. We are trying to ensure appointments are more fluid in order for people to recover and move on and achieve their aspirations.

Dr Hibbs thanked Ms Fellows for the amount of work carried out. It is important and we know that mental health is one of the priorities for the NHS moving forward so this piece of work places us in a good place for the future.

Ms Fellows pointed out that the Care Programme Approach is being rewritten as this is not working well and mental health patients are entitled to a high level of rap around care.

Ms Roberts referred to page 18 of the report relating to dementia and asked if pathways were going to be included. Ms Fellows stated we are focusing on diagnosis and joined up care plans which need to be developed.

Ms Fellows stated that Wolverhampton CCG co-commission with Sandwell CCG regarding Eating Disorders service. This is an all age service and if there are any issues to let her know. Referral to treatment is reported to NHS England every month.

Ms Fellows confirmed that Relate and Partners deliver mindfulness together with other services. Dr M Asghar pointed out that voluntary organisations offer a good timely service. It would be helpful if GPs are made aware of the facilities available to incorporate voluntary services within the strategy. Ms Fellows agreed to this. Dr Asghar also mentioned the confusion for GPs and patients regarding the pathways around Child and Adolescent Mental Health Services (CAMHS). Ms Fellows confirmed a letter has been forwarded to Black Country Partnership Foundation Trust regarding the referral route and currently awaiting their comments. Once approved the pathways will be distributed to practices and other relevant organisations.

Mr Hastings pointed out that he will work with providers to set up a separate work stream in order to improve the data quality gap as mental health data is poor in its current electronic format.

Ms S Fellows left

RESOLVED: That the above is noted.

Mental Health and Wellbeing Strategy

WCCG.2160 Mr J Denley presented the report which gives an update regarding the Public Mental Health and Wellbeing Strategy. The Strategy provides a high level summary of current and planned workstreams across the Council and Clinical Commissioning Group (CCG) to promote population wellbeing and improve mental health. He pointed out the list of services outlined on page 4 of the report.

Mr Denley confirmed this document is a public document and will now go to the Health and Wellbeing Board. Mr McKenzie asked if branding the Joint Mental Health Strategy and Mental Health and Wellbeing Strategy together as they are similar. Mr Denley confirmed this will be raised at the Health and Wellbeing Board.

RESOLVED: That the above is noted.

Commissioning Committee

WCCG.2161 Dr M Kainth presented the report. He highlighted that the Commissioning Committee were provided with an assurance report relating to the Sickle Cell and Thalassemia Support Project for the revised service and agreed to extend the current contract based on the revision from 1 July 2018 to 31 March 2020.

He referred to the Anti-Coagulation Specification. It was agreed that the specification was carried into the current contract.

The Committee considered the pilot relating to Smoking Cessation in Pregnancy Investment proposed to reduce the number of women smoking during pregnancy. Approval was given for this to be implemented with an end date of March 2020.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2162 Ms Roberts presented the report. She highlighted the key areas of concern on page 3 of the report.

Dr Gulati arrived

Vocare are now rated requires improvement by the Care Quality Commissioning (CQC) which is an improvement. This will be discussed further at the private Governing Body meeting.

The cancer performance at RWT against 62 and 104 day cancer pathways is not currently being achieved. In addition a range of other cancer performance measures, include 2 week referral target remain challenged. Assurance is required relating to potential or actual impact of harm for patients as a result of any delay.

Ms Roberts reported an increase in the number of Never Events. The Trust have reported a further 2 Never Events for year 2018/19. She reported that emergency theatres are not as tight especially around the counting of swabs. A robust action plan is now in place. This will be followed up and a stress test will be implemented to check if actions have taken place. Dr J Parkes highlighted that this is not a new issue. Dr Reehana emphasised the importance that scrutiny needs to be very tight and Ms Roberts supported this.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2163

Mr T Gallagher presented the report. He highlighted the finance position on page 3 of the report. We are meeting all of our financial metrics. Detail of expenditure is shown on page 4 of the report. At this stage the forecast over performance on acute contracts of £6.2m is offset by an under performance on reserves. Future reports will reflect the application of reserves to service lines as appropriate.

Mr Gallagher highlighted the Quality, Innovation, Productivity and Prevention (QIPP) deliverability outcome of work moving reserves. The submitted finance plan required a QIPP of £13.949m. NHS England is focusing on QIPP delivery across Medicines Optimisation and Right Care schemes. We are currently in a good position and monitoring performance against this scheme.

The CCG submitted a month 2 position which included £2.5m risk which has been fully mitigated. The Transforming Care Partnership (TCP) is presenting a real financial challenge and currently presents a risk of around £1m.

RESOLVED: That the above is noted.

Audit and Governance Committee

WCCG.2164 Mr P Price stated the report was for information.

RESOLVED: That the above is noted.

Remuneration Committee

WCCG.2165 Mr Price presented the report highlighting that the Committee agreed that following the ending of Helen Ryan's first term of office as the Governing Body Practice Manager she should be re-appointed in line with the provisions of the CCG's constitution.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2166 Ms McKie stated the report is to provide the Governing Body with an Update from the meetings of the Primary Care Commissioning Committee which took place on the 22 May 2018 and 5 July 2018.

RESOLVED: That the Governing Body noted the progress made by the Joint Commissioning Committee.

Communication and Engagement update

WCCG.2167 Ms McKie gave an overview of the report. She highlighted that the Patient Participation Group/Citizen forum meeting took place in May with an attendance from 11 practices and no Citizens Forum representatives. The meeting is currently under review.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.2168 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2169 RESOLVED: That the minutes are noted.

Minutes of the Commissioning Committee

WCCG.2170 RESOLVED: That the minutes are noted.

Black Country and West Birmingham Commissioning Board minutes

WCCG.2171 RESOLVED: That the minutes are noted.

Minutes of the Audit and Governance Committee

WCCG.2172 RESOLVED: That the minutes are noted.

Minutes of the Health and Wellbeing Board

WCCG.2173 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.2174 RESOLVED: That the above is noted.

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

WCCG.2175 RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2176 The Board noted that the next meeting was due to be held on **Tuesday 11 September 2018** to commence at **1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.55 pm

Chair.....

Date

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Wolverhampton Clinical Commissioning Group Governing Body

Action List

11 September 2018

Date of meeting	Minute Number	Action	By When	By Whom	Status
10.7.18	WCCG.2158	The Black Country Sustainability Transformation Plan (STP) Clinical Strategy is circulated	July 2018	Sally Roberts	Document circulated 18 July 2018

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WOLVERHAMPTON CCG
GOVERNING BODY
11 SEPTEMBER 2018

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"> • Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Development The Black Country STP has now appointed an Independent Chair and a Portfolio Director. A programme management office is currently being set up.
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 (WCCG).

2. CHIEF OFFICER REPORT

2.1 Evidence Based Interventions

NHS England are currently consulting on Evidence Based Interventions which focuses on interventions which should not be routinely commissioned or performed or interventions which should only be routinely commissioned when specific criteria is met. The interventions and criteria set out are broadly similar and in line with the CCGs Procedures of Limited Clinical Value Policy (POLCV) and the CCG will respond to the consultation which closes on the 28 September 2018. Further information about the consultation can be found at <https://www.engage.england.nhs.uk/consultation/evidence-based-interventions/>

2.2 Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Development

- 2.2.1 The Black Country STP has now appointed an Independent Chair and a Portfolio Director. A programme management office is currently being set up.
- 2.2.2 The twelve week programme commissioned by NHS England with PwC and Optum has now concluded and the STP have produced a route map describing the activities that the STP will undertake in the coming months to move towards shadow ICS status.

2.3 Prescribing STP

- 2.3.1 In line with commitments made to implement the NHS Five Year Forward View, NHS England is supporting a new strategic work programme in seven geographical areas across England - one for each of the new NHS regions.
- 2.3.2 The Integrating Pharmacy and Medicines Optimisation into STP/ICSs programme aims to systematically tackle the medicines optimisation priorities for a local population by developing local models for system leadership. These models will subsequently be rolled out nationwide. The Black Country STP has been selected to join this programme for the Midlands region; this has been agreed with Dr Helen Hibbs, Black Country STP Accountable Officer and Alison Tonge, NHS England Director of Commissioning Operations for Midlands North and West.

2.4 Planned Care

- 2.4.1 During 2018/19 the CCG continues to play a leading role in the implementation of the Elective Care Transformation Programme (ECTP), as part of the Black Country Sustainability and Transformation Partnership (STP). The STP is committed to continuous improvement against, and maintenance of the NHS Constitution standard; that more than 92% of patients

on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice. The ECTP is focused on Specialty Based Transformation and High Impact Interventions (Ophthalmology, General Surgery and Orthopaedics), as well as Demand Management activities (E-Referral, Choice and Peer Review). Robust performance management and improvement initiatives continue across acute, community and primary care settings in Wolverhampton, supporting both our local strategic objectives to improve the health of our population, and the STP ambition to provide sustainable, streamlined and more efficient services.

2.5 Urgent Care

- 2.5.1 Wolverhampton CCG have worked closely with the urgent care centre provider and are pleased with the significant progress that has been made in relation to service delivery, triage times and waiting times against the 95% target. The remainder of the health economy has worked extremely well during the challenging summer months and this is reflected in positive performance against the national Accident & Emergency waiting time standard. In comparison to its peers, Wolverhampton acute trust colleagues are performing better than peers across the Black Country against the 95% target and ambulance handover delays. This is a positive picture moving into the Winter period and puts us in a more robust position. Plans are in place this year to allocate the resilience money into the most challenged areas around system flow, discharge and admission avoidance. The wider health and social care economy are working closely together to ensure seamless quality care to patients.
- 2.5.2 A Black Country STP Urgent Care Plan has been submitted to NHS England to enable the release of resource across the STP to assist with our winter plans. Plans include work to support care homes, initiatives around the management of frailty and work with Local Authorities around reducing delayed transfers of care.

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:	29 August 2018



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	29/08/18



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WOLVERHAMPTON CCG
GOVERNING BODY
11 SEPTEMBER 2018
Agenda item 7

TITLE OF REPORT:	Governing Body Assurance Framework and Risk Register
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide assurance to the Committee on the CCG's Risk Management arrangements, including the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register.
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 outlines the current work underway to support risk management across the CCG, including the work of the Governing Body Committees. • A copy of the latest updated version of the GBAF and Strategic risk register, which has been reviewed by the Audit and Governance Committee is appended to the report. • Governing Body is asked to review and comment on the GBAF and Risk Register.
RECOMMENDATION:	That the Governing Body <ul style="list-style-type: none"> • Considers report and updated risk profile for the CCG • Considers the Governing Body Assurance Framework.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS &	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.

OBJECTIVES:	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Audit and Governance Committee is responsible for maintaining an overview of the CCG's arrangements for managing risk and providing assurance to the Governing Body that they are operating effectively. The Committee agreed an updated version of the Risk Management Strategy in February 2018.
- 1.2. The CCG's risk management arrangements are designed to provide assurance to the Governing Body that risks to the CCG achieving its objectives are identified and effectively managed. A key element of this is the CCG's Governing Body Assurance Framework (GBAF) which outlines the overall risk to the CCG achieving each of its Corporate Objectives. This is supported by a Corporate level and Committee level risk register as well as regular risk assessment and review by teams throughout the CCG.

2. ASSURANCE FRAMEWORK UPDATE

- 2.1. The latest updated version of the GBAF, which was considered by the Audit and Governance Committee at its meeting in July 2018 is appended to the report. The GBAF gives an update on the risk profile against each of the defined Corporate Objectives and the Governing Body should use it to make an assessment for each objective based on the overall risk of it not being achieved. To support the Governing Body, an indicative score from the management team is given based on the updated risk profile, including the identified Corporate Risks which impact on the achievement of each objective. Details of the change in score from the previous assessment of the GBAF in May 2018 are provided for reference.
- 2.2. A key support for the development of the GBAF is the CCG's Strategic Risk Register, which includes an update on each of the identified risks, including those reviewed by the Governing Body Committees, which take place at each meeting. The Committee will note that risks associated with Vocare and the Primary Care Workforce are recommended for de-escalation to Committees for management. A new risk associated with the governance arrangements for the Insight Shared Care Record has been added to the Corporate Risk Register.
- 2.3. Following discussions around the overall governance arrangements for Primary Care, risks associated with the Primary Care strategy will be managed by the Primary Care Commissioning Committee (which will be renamed as the Primary Care Committee) for escalation to the Governing Body. This will reflect the arrangements across the CCG's other programmes of work.

3. COMMITTEE RISK REVIEWS

3.1. In addition to supporting the Governing Body with their review of the Strategic Risk Register, Committees have also continued to review their own assigned risk registers at each meeting. These discussions are supported by work in CCG teams to identify operational risks and discussion at team meetings to escalate risks as appropriate to committees.

3.2. The current number of risks on each Committee Risk Register is as follows:-

Committee	Number of Risks				
	Red	Amber	Yellow	Green	TOTAL
Commissioning Committee	1	2	0	0	3
Finance and Performance Committee	0	1	7	0	8
Primary Care Commissioning Committee*	1	3	0	0	4
Quality and Safety Committee	1	5	1	0	7
TOTAL	3	11	8	0	22

**Further risks associated with the Primary Care Strategy programme of work are likely to be added to the Committee's risk register.*

3.3. Work continues to ensure that discussions of the risk profile at committees is an embedded part of the committees operation. This includes not just discussing the risks outlined on the committee's risk register, but also considering whether risks are identified as a result of issues discussed throughout the meeting.

4. RISK MANAGEMENT ARRANGEMENTS

4.1. Work continues with teams across the CCG to ensure that risks are being identified and managed at the appropriate level. This includes regular audits of team risk registers to ensure that the Governance staff in the Operations team have a clear oversight of risks across the organisation and are able to provide appropriate advice and guidance on the management and escalation of risks. Training on the new risk management arrangements has been delivered at CCG staff meetings and new Intranet pages have been populated.

4.2. Processes for ensuring that risks are captured and managed through the CCG's project and programme processes are being reviewed and refined. The Governance team are working closely with the CCG's Programme Management

Office team to ensure that this works effectively. In particular, this supports the management of risk within the QIPP programme and Primary Care strategy.

- 4.3. Risk management was discussed at the July Governing Body Development session with members receiving an overview of the risk management arrangements and discussing the operation of the arrangements at committee level. Outcomes from the discussions included a proposal for committees to review the timing of risk discussions on their agenda, which is being trialled and a move forwards descriptions of the CCG's approach to managing individual risks to determine whether they will be treated or tolerated. This will ensure the Governing Body are able to use risk management as a tool to provide effective scrutiny of the CCG's performance. Next steps in the development of risk management arrangements will include the use of 'deep dives' into individual areas of risk by the Senior Management Team which will be reported to the Audit and Governance Committee.

5. CLINICAL VIEW

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

6. PATIENT AND PUBLIC VIEW

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

7. KEY RISKS AND MITIGATIONS

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

8. IMPACT ASSESFSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

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

Legal and Policy Implications

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

Other Implications

8.5. There are no other implications arising from this report

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: August 2018

ATTACHED:

GBAF and 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	August 2018
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	30/08/2018

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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 post mitigation	Previous Rating (May 2018)	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 CR13 - Maternity Services CR15 - CCG Staff Capacity Challenges CR19 - Transforming Care Partnership	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 identified and, following the Governing Body decision to move to business as usual scrutiny of Vocare the overall risk has reduced and the Governing Body are considering de-escalating this risk to the Quality and Safety Committee to manage. The Corporate risk around maternity services is being reframed to reflect the work across the Black Country. The Quality team are continuing to work with RWT to manage action plans and understand issues associated with 62 Day Cancer Waits, Mortality and Never Events.	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 - 3 9 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	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 have been identified. The Governing Body has agreed to delegate responsibility for monitoring and developing the Primary Care strategy to the Primary Care Commissioning Committee as this work stream moves to becoming business as usual. The Committee will be able to dedicate time to understanding risks and effectively escalating key risks to the Governing Body when required. The strategic risk around Primary Care workforce is being considered for de-escalation to the Primary Care Commissioning Committee.	The CCG continues to support the development of Clinical Groupings with staff in the Primary Care team providing direct support. Progress with the Primary Care Strategy is being measured by a milestone plan through monthly checks and quarterly review meetings. 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 - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
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. Clinical engagement with work programme to develop local pathways remains strong. An outline of the local place based approach was presented to Governing Body in July which outlined overall risks including the complexity of changes to contracting arrangements and the ambitious timeline proposed for making changes. New STP Leadership arrangements are clarifying the overall programme of work for the STP to become an integrated care system, which will be based on the local place models in the component CCGs.	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 - 2 Impact - 4 8 High	Likelihood - 2 Impact - 4 8 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 post mitigation	Previous Rating (May 2018)	Trend
3. System effectiveness delivered within our financial envelope								
a. Proactively drive our contribution to the Black Country STP 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.	CR08 - New Ways of Working across the STP CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR18 - Long Term Financial Strategy	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. New STP Leadership arrangements are emerging with Independent Chair appointed and plans in place to recruit a Portfolio Director although the overall risk level has been maintained for how as these arrangements bed in. As greater clarity around the STP workstreams emerges further risks may emerge and require assessment.	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. Greater integration of health and social care services across Wolverhampton 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. Committee level risks around the capacity of the BCF team and community based teams have reduced. As highlighted above, work is continuing on developing a broad local place based integrated alliance approach and the outline presented to Governing highlighted overall risks. In particular, there are risks associated with ensuring that new arrangements align with existing governance and collaborative arrangements (such as the Better Care Fund) to ensure system change is facilitated.	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. Continue to meet our Statutory Duties and responsibilities 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 CR03 - NHS Constitutional Targets CR05 - EPRR CR07 - Failure to meet overall Financial Targets CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR18 - Long Term Financial Strategy	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 have been identified. Risks remain around the CCG achieving NHS constitutional targets around Referral to Treatment, A&E Attendance and Cancer treatment. The risk identified with Cancer performance, which is being closely scrutinised by NHS England, has been allocated to the Quality and Safety Committee for management. Whilst the CCG has been rated again as Outstanding, work continues to ensure that all action plans remain robust to ensure Providers work to achieve constitutional measures. Risk levels associated with CCG staff capacity and Governing Body leadership remain stable. Work is continuing to understand how CCG Statutory duties will be impacted by moving to an Integrated Care System and how assurance will be provided at both a strategic and local place level.	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. Governing Body Members are in place and taking up roles within the organisation	Likelihood - 3 Impact - 3 9 High	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	↑
d. Deliver improvements in the infrastructure for health and care across Wolverhampton 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 CR20 - Insight Shared Care Record Governance	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	A new Strategic risk associated with the Governance arrangements for the Shared Care Record has been identified and is being mitigated with partners. Work on existing estates plans continue, with a number of primary care projects now underway and collaborative work across the STP taking place through a Service Level Agreement with Sandwell and West Birmingham CCG.	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 & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR01		<p>Failure to meet QIPP Targets QIPP Delivery is vital to ensuring that the CCG meets its financial targets. A challenging QIPP target of 3.5% has been set equivalent to £14m in 2018-19</p>	<p>Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets.</p> <p>Update QIPP Plans in place for 2018/19 following NHSE Scrutiny of Planning Process. The CCG has fully identified QIPP schemes to meet the target. An assessment of deliverability risk has been undertaken and the consequences of which can be met through reserves.</p>	12/08/2016	Aug-18	3c - Meeting our Statutory Duties (Delivery of Financial duties)	Finance and Performance	Tony Gallagher	12	High	3	Low	↓
CR02		<p>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.</p>	<p>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</p>	31/01/2014	Oct-17	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	4	Moderate	4	Moderate	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR03	FP04 - Increased Activity at RWT QS06 - 62 Day Cancer Target	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 Update Cancer performance continues to be scrutinised by NHS England, Recovery Action Plan is in place and is being monitored by NHSE and the Cancer Alliance. Coordinated approach involving Quality, Commissioning, Contracting and Performance team are driving CCG approach	28/02/2017	Jul-18	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	High	8	High	↔
CR05		EPPR Support 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. Update Public Health staffing resource has reduced. Work continues with Public Health and other partners to ensure key work is prioritised	01/05/2014	Jun-18	3c - Continue to meet statutory duties and responsibilities (Emergency Planning)	Quality and Safety	Mike Hastings	8	High	6	Moderate	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR06	QS01 - Inaccurate Reporting Procuring a Step in Provider (PCDB)	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. Update Following progress made by Vocare with the action plan, Governing Body has agreed to move scrutiny of Vocare to business as usual. Quality and Safety Committee are managing the residual risk. Recommendation that risk is de-escalated to Committee management	30/01/2017	Apr-18	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Sally Roberts	16	Very High	8	High	↓
CR08	Execs	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. Update Independent Chair appointed, Recruitment to Programme Director position underway and programme of work for the STP to become a Integrated Care System (ICS) are being developed.	21/06/2017	Aug-18	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Very High	9	High	↔
CR10	CC12 - Quality of ILS Provision	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	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. Update Section 75 Agreement for 2017/18 has now been signed to reflect agreed financial and risk share plans now in place. Committee risks relating to Community and Neighbourhood teams clarified	12/09/2017	Mar-18	3b - Greater Integration of health and Social Care Services across Wolverhampton	Commissioning Committee	Steven Marshall	12	High	9	High	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR11	PC10 Primary Care Workforce	<p>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</p>	<p>Workforce development is a key strand of the Primary Care Strategy and is being robustly monitored. Milestone action plan is being developed to support task and finish group in delivering their programme of work. Work also continues collaboratively with other CCGs across the STP where appropriate. Update Following the review of Primary Care Governance arrangements, responsibility for managing risks associated with the Primary Care Strategy has been transferred to the Primary Care Commissioning Committee who have assessed a risk associated with workforce at Committee level Recommendation that Corporate Risk is closed as risk now managed at Committee level</p>	12/09/2017	Sep-18	2a - Improve and develop Primary Care in Wolverhampton	Governing Body	Steven Marshall	12	High	12	High	↔
CR12		<p>New Ways of Working in Primary Care There are a number of issues with the developing new approach to working. This potentially puts at risk the benefits for patients and the prospect of system change</p>	<p>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. Update Groups are progressing with proposals for new service developments, including remote consultation solutions and Home visiting Services as pilot projects</p>		Jan-18	2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	8	High	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR13	QS05 - Maternity Capacity & Demand	<p>Maternity Services Following the decision to transfer a number of births from Walsall to Royal Wolverhampton Trust there have been consistently high midwife to birth ratios and there is a risk that the level of demand may affect the safety and sustainability of services</p>	<p>Maternity services are being actively monitored and local and regional action plans are being put into place. Update RWT have restricted the number of bookings as a result we have now begun to see a reduction in the number of bookings and deliveries below the identified threshold The mid wife to birth rate ratio is currently 1:29. Recruitment to midwife posts continues with completion expected in September 2018. Risk to remain open until recruitment has been completed.</p>	15/06/2017	Aug-18	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Sally Roberts	12	High	6	Moderate	↓
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	<p>Developing Local Accountable Care Models The potential complexity of the developing new models locally will mean having to balance competing priorities for different organisations and against other drivers in the system to clearly articulate the rationale for change and the direction of travel. This means that there is a risk that the objectives of improving patient care and delivering financial stability across the system will not be realised</p>	<p>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. Update Clinical discussions between GPs and Secondary Care colleagues continue, including specific workshops around Older people and Children. Colleagues across the system are considering the financial and governance implications of changing arrangements to reflect clinical priorities.</p>	12/09/2017	Jul-18	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Very High	12	High	↔
CR15	Workload pressures of STP Workload pressures - Black Country Joint Commissioning Committee Impact of unexpected events on overall workload CSU Capacity	<p>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.</p>	<p>Open lines of communication are being provided to staff through regular updates from STP and Joint Commissioning Committee meetings and through CCG staff briefings</p>	12/09/2017	Jan-18	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High	9	High	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR16		<p>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.</p>	<p>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. Update New Governing Body Members are now in place and will be undertaking appraisals with the Chair in the near future</p>	12/09/2017	Apr-18	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High	6	Moderate	↔
CR17	CC10 - Estates for Community Neighbourhood Teams Primary Care estate improvements	<p>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</p>	<p>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. Update Funding sources have been identified for a number of proposed improvements in GP practices and the CCG continues to work with other partners to identify alternative sources of funding</p>	12/09/2017	Jan-18	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR18	FP06 - Prescribing Budget FP07 - CHC Budget	Failure to Deliver Long Term Financial Strategy Recurrent Financial pressures across the system may make it difficult to deliver the CCG's financial plans for future years	Proactive approach to identifying QIPP schemes and embedding them in contracts. Work with partners to support alliance working with risk/ gain share. Proactive approach to financial planning to identify potential gaps and develop mitigating actions Update Financial Plan for 18/19 now submitted showing risks of around £3.5m. Mitigations have been identified for all of these risks but the plan includes a significant QIPP target and the use of nonrecurrent contingencies to meet financial targets.	30/01/2018	Aug-18	3c - Meeting our statutory duties and responsibilities	Finance and Performance	Tony Gallagher	20	Very High	6	Moderate	↓
CR19	FP14 - Transforming Care - Financial Impact	Transforming Care Partnership There are a number of risks to the delivery of the Black Country Transforming Care Partnership's programme of work that cause result in a failure to deliver improvements in the quality of service for patients with Learning Disabilities	Black Country Joint Commissioning Committee has delegated authority for oversight of the programme of work across the four CCGs Programme Management for the partnership resourced by Sandwell and West Birmingham CCG with Wolverhampton AO acting as SRO Collaborative work underway to understand patient cohort and their needs Joint finance work to understand financial impacts on CCG. The risk sharing agreement with partners to support the funding transfer arrangement is close to finalisation. The financial risks fully mitigated through the application of non-recurrent reserve in 2018-19.	27/02/2018	Aug-18	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Tony Gallagher	16	Very High	6	Moderate	↓

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CR20		<p>Insight Shared Care Record – Governance Arrangements</p> <p>If robust governance arrangements are not put in place to support the implementation of the Insight Shared Care record then it may not be possible to deliver the intended benefits of the programme to support direct care for patients and improved population health planning in order to support overall strategic aims across the health economy.</p>	<p>Technical Project Group in place discussing the implementation. Developed solution is nationally recognised with appropriate solutions to manage security of information.</p> <p>Discussions taking place with Information Governance leads to develop robust framework</p> <p>Discussions taking place to ensure programme is appropriately rooted in overall system governance (i.e. System Development Board reporting lines, individual organization governance)</p> <p>Clear project mandate and timelines being developed.</p>	19/07/2018	**NEW**	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Executives	Mike Hastings	12	High	9	High	*

WOLVERHAMPTON CCG
GOVERNING BODY
11 SEPTEMBER 2018
Agenda item 8

TITLE OF REPORT:	ICS Roadmap
AUTHOR(S) OF REPORT:	Dr Helen Hibbs – Chief Officer/Black Country STP SRO
MANAGEMENT LEAD:	Dr Helen Hibbs – Chief Officer/ Black Country STP SRO
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"> • Integrated Care System (ICS) Integrated Care System Roadmap
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 the development of the Black Country and West Birmingham (BCWB) Integrated Care System (ICS) Roadmap.

2. STP SRO REPORT

2.1 ICS Roadmap

The Black Country Sustainability Transformation Partnership (STP) Partners have been working together supported by PricewaterhouseCoopers (PWC) and Optum Alliance to agree a roadmap to enable our system to work collaboratively towards becoming an ICS .

Our STP is built on four place based integrated systems in Wolverhampton, Dudley, Walsall and Sandwell and West Birmingham which are developing well and ensure that the delivery of services are focused around patients. These systems are fundamental to the Black Country ICS development and everything that we are planning is built up upon these strong foundations.

Such systems bring health, social care and voluntary sector partners together to deliver more integrated care. The benefits to this include more streamlined services for:

- The local population.
- Increase in efficiency.
- Improved patient outcomes.
- Reduction in unwarranted variation of outcomes.
- A more sustainable workforce as well as many other benefits.

Several areas of the country are already working as integrated care systems within their STPs and are reporting benefits for their population.

An initial roadmap (enclosed appendix 1) has been discussed and presented to NHS Improvement (NHSI) and NHS England (NHSE).

2.2 Next Steps

A Portfolio Director has been appointed for the STP and appointments are currently being made for an STP Programme Management Office (PMO).

The roadmap will then be turned into a delivery plan to be managed across the various organisations through the STP PMO.

As part of this work, some of the timescales and named leads are being confirmed.

3. CLINICAL VIEW

- 3.1 It is important that our work is clinically led and the STP Clinical Leadership Group will be taking a central role with appropriate clinical leads appointed to the work streams.

4. PATIENT AND PUBLIC VIEW

- 4.1. The STP will be ensuring that there will be public and patient engagement at appropriate points during the development of the ICS.

5. KEY RISKS AND MITIGATIONS

- 5.1. The STP relies upon collaborative working between a large number of statutory organisations. To mitigate this, an Independent Chair has been appointed and partners meet regularly to discuss and agree the way forward.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. Finance Directors across the STP partners meet regularly to discuss the way forward.

Quality and Safety Implications

- 6.2. Quality and Safety of services is integral to our on-going discussions.

Equality Implications

- 6.3. The appropriate equality impact analyses will be undertaken as the programme comes to fruition.

Legal and Policy Implications

- 6.4. The STP currently has no legal framework and we are working within the remit of the existing statutory organisations.

Other Implications

- 6.5. Not applicable to this report.

Name Dr Helen Hibbs
Job Title Chief Officer/Black Country STP SRO
Date: 4 September 2018

Appendix 1 – Black Country and West Birmingham Integrated Care System Roadmap

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	04/09/18

WOLVERHAMPTON CCG

Governing Body
11 September 2018

Agenda item 10

TITLE OF REPORT:	Commissioning Committee – Reporting Period July and August 2018
AUTHOR(s) OF REPORT:	Dr Manjit Kainth
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 July and August 2018
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 July and August 2018.

2. MAIN BODY OF REPORT – July 2018

2.1 Medicine Optimisation in Care Homes across the STP

The committee were presented with a medicines review project in care homes which has been designed to improve the quality and outcomes for patients as well as minimising waste of medication and improving Care Home staff training. The committee agreed the funding for the project in year 2 of 50% approx. £129,594 per CCG within the Black Country STP.

2.2 OptimiseRX

The Committee was presented with a report for approval of procurement of a patient-specific prescribing solution for GP practices within the CCG. This system will alert and advise practices on individual patient needs and reviews accordingly.

The committee approved the procurement of OptimiseRX.

2.3 Risks

The Committee were advised that no change is forthcoming for the Corporate Risks and remain the same CR10 and CR14

Commissioning Committee Risk

CC12 – The Committee was advised that the provision of ILS services will cease with Wolverhampton City Council as provider and the CCG will need to uptake this service.



2.4 Contracting Report

Royal Wolverhampton NHS Trust

It was advised that RWT total growth is 2.8 million above forecast outturn 2017/18, but still under plan for 18/19.

Acute contracts sanctions 18/19 are currently on hold awaiting agreement with RWT on exemptions.

Black Country Partnership Foundation Trust (BCPFT)

Service Development Improvement Plan (SDIP)

The Committee noted that ongoing discussions are currently ongoing with regards to moving towards a commissioning for outcomes framework.

Data Quality Improvement Plan (DQIP)

IAPT targets have been increased for this year, and a programme of work is in place for 3rd sector providers to upload performance onto NHS data sets for both Adult IAPs and Children's access.

2018/19 Contract Review

Finance Activity

The Committee was updated on the agreed Price Activity Matrix (PAM) with BSOL for 2018/19. Discussions are ongoing for 2019/20.

Other Contractual Issues

Primary Care/Secondary Care Engagement

The committee was advised that a Primary Care Mental Health Workshop took place on 22 June 2018 and the Trust is now keen to implement DOCMAN for all e-services

WMAS Non-emergency Patient Transport Service (NEPTS)

Actions have been agreed including a revised remedial plan for KPIs.

Peri-natal Mental Health

The STP has been successful in securing funding for this service, WCCG has been designated as the host commissioner and will performance manage the contract.



Primary Care Contract Issues

Zero Tolerance Schemes

The Committee was advised that the GP provider for the Zero Tolerance scheme has served notice and local practices and groups have been invited to submit an expression of interest.

2.4 Emotional Mental Health & Wellbeing Service update

The Committee was presented with an update of the pilot project commissioned by the CCG from September 2017 to March 2018.

3. MAIN BODY OF REPORT – August 2018

3.1 Royal Wolverhampton NHS Trust

Contracting Report

Activity

The committee was presented with an update on the current contracting overview, finance and activity data showing under performance has continued into the third month. Growth which has been built into the contract to include National Planning and phasing throughout the year is partly the reason.

Performance Sanctions

Sanctions have not been processed for 18/19, as agreement has not been reached on exemptions from the process. Due to new flexibility guidance a mutually agreed Contract Variation will be needed to amend the Service Development Improvement Plan (SDIP) 2017/19.

Other Contractual Report

52 Week Wait

The Committee was advised that the focus will be on patients that lie between 40 and 52 weeks and recovery plans with weekly returns also needed to be completed.

Re-admissions Audit

The Committee was advised that an audit was carried out in June 2018, the aim of this review was to implement a 30 day readmissions rule and the agreed threshold.

Risk/gain share agreement

The Committee was advised that 2018/19 is the first year of this agreement going live and therefore is designated the pilot year, currently waiting for a written summary from The Royal Wolverhampton Trust for agreement.

Spyglass procedures

The Committee were updated of the Spyglass business case for the provision of a procedure which will offer patients a better experience for treatment with biliary disorders; this will be less invasive and will avoid unnecessary surgery.

Black Country Partnership Foundation Trust (BCPFT)

Performance Quality Report

AQP Audiology

The committee was advised that Specsavers have raised an issue of a provider contract that currently exists with local Trusts, BSOL is the lead commissioner and all relevant responses will be provided on behalf of all the CCGs.

The committee noted the contents and requested that letters are sent to all GP practices

Assisted Conception Service

The current contract for this service is 5 years and will expand in July 2019 with an option to extend for a further one year.

The committee agreed to extend the service contract for a further year to 31st July 2020.

3.2 Review of Risks

The committee received an update of the risk register highlighting the current risks and requested the addition of Urology as a new risk.

4. RECOMMENDATIONS

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

Name: Dr Manjit Kainth

Job Title: Lead for Commissioning & Contracting

Date: 29th July 2018

WCCG Governing Body
11 September 2018

Page 5 of 5

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WOLVERHAMPTON CCG
GOVERNING BODY MEETING
11th September 2018
Agenda item 11

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(S) OF REPORT:	Sally Roberts Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
PURPOSE OF REPORT:	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception). For the board to seek assurance that the services we commission are safe and effective and that where required appropriate remedial action has been undertaken.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
KEY POINTS:	<p>This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as:</p> <ul style="list-style-type: none"> • Update on progress for Vocare Urgent Care provider • Cancer performance remains challenged • Mortality indicators deteriorating and requiring further understanding and assurance • Maternity performance issues showing improvement, further understanding of caesarean section rates still required • Further assurance received relating to Never Event occurrence and actions undertaken • The QSC received reports relating to: <ul style="list-style-type: none"> ➤ Safeguarding activity and assurance ➤ Medication Optimisation update ➤ SPACE update ➤ Primary care assurance. <p>No key risks or issues were identified by committee.</p>



RECOMMENDATION:	Provides assurance on quality and safety of care, and inform the Governing Body as to actions being taken to address areas of concern.
------------------------	--



1. Key areas of concern are highlighted 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
Quality and performance issues of Urgent Care Provider	<p>Vocare was rated 'Inadequate' by CQC following an inspection in March 2017. CQC conducted a further announced focused inspection in October 2017 in relation to warning notices issued in July 2017. The CQC re-visited Vocare in February 2018 and rated the provider as 'Requires Improvement'. An initial 8 week improvement plan was agreed between CCG and Vocare and progress achieved. A further revised 14 week rapid improvement plan has now been implemented. Given the level of improvement and sustainability Governing Body accepted the recommendation in July to reduce scrutiny by standing down the Improvement Board and replace the recovery plan with weekly reporting against the two main areas i) 15 min triage and ii) the performance against their time to respond to telephone contacts. Quality and Safety team have since met with the provider and RWT together and there is good evidence of collaborative working between both providers, with operational issues now being managed appropriately.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Announced and unannounced visits by WCCG • No Serious incidents reported by Vocare since December 17 • Triage response rates demonstrate consistent improvement for the last 5 months, with the highest performance achieved in June at 93%. • Four hour wait performance was maintained at 98% for June 18. • Home visiting performance has been maintained for June 18 at 93% Urgent and 94% Routine. • Recruitment to key posts to support effective working now in place. • Demand and capacity analysis undertaken by Vocare to determine future modelling. • Process mapping exercise completed to determine effectiveness of triage between RWT and Vocare. • Follow up meeting undertaken and further actions agreed, including improved signage and focus on the ophthalmology pathway. 	



Cancer Performance for 104 and 62 day waits is below expected target. This may impact on the quality and safety of care provided to patients.

Cancer performance at RWT against 62 and 104 day cancer pathways is not currently being achieved. In addition a range of other cancer performance measures, including 2 week referral target remains challenged. Assurance is required relating to potential or actual impact of harm to patients as a result of the delay.

Risk Mitigation:

- A revised remedial action plan is in place with agreed trajectories. Going forward the remedial action plan with also include recommendations from the IST review.
- Weekly system wide assurance calls continue to provide updates on current performance and progress against agreed actions, escalation to a monthly face to face meeting has also been agreed and is in place.
- NHSE review meeting held in July with Trust and CCG. Agreement for priority focused work stream to include primary care referrals for CT and MRI, to ensure appropriate referrals to assist demand management. Urology will also be a focus with a comprehensive pathway review and scoping of implementation of a one stop prostate diagnosis clinic.
- The first 104 day harm review meeting has been held for May 2018 data, with CCG clinician representation. No harm identified to patients reviewed; comprehensive process observed..
- Clinical CCG attendance at weekly cancer PTL meeting for further assurance and scrutiny of performance is ongoing.
- Breakdown of GP referrals received, to enable focused analysis and action. Communication to be issued within primary care stressing the importance of attending appointments as DNA rates have been reported as high.Targetted intervention now underway following initial peer review analysis.
- IST are supporting the Trust with an accelerated model support programme, commenced 2nd week in August, consisting of 2 days a week formal support for 6-8 weeks to review PTL, access, SOPs, policies, demand and capacity and pathways.
- Cancer performance and associated actions remains a high risk on both RWT and WCCG risk registers.
- Cancer network and NHSE/NHSI are sighted on current performance and support the ongoing work with the trust.
- West Midlands Cancer alliance providing additional support for the trust, specifically with regards urology pathway.
- CCG are actively working with the trust to identify any alternative provision to support current patient waits.



<p>Capacity within Maternity services may impact on the quality and safety of care delivered</p>	<p>The Provider has currently capped the maternity activity for the Trust; this does not apply to Wolverhampton women. The current Midwife to birth ratio is 1:29, with national rate standing at 1:28. <i>Caesarean rates:</i> Elective rate 7.9 % (target is less than 12%) and Emergency rate 18.4% (target is less than 14%). 2 Never Events occurred within Maternity theatres within June, relating to retained foreign objects post-procedure. Both SIs are currently being investigated.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Continuous monitoring for SI's, complaints or any other emerging quality issues pertaining to maternity • Following the reporting of the Never events, a collaborative visit was undertaken by the Chief Nurse and Deputy Chief Nurse to walk the patient pathway. Assurance was gained relating to effective systems within the labour ward and the Trust had identified actions to improve systems within Maternity emergency theatres where areas for improvement were identified • A collaborative visit to the Neonatal Unit with specialised commissioners was undertaken to gain assurance relating to the recent serious incidents relating to expressed breast milk. There has been an agreement that the RCA action plan will be stress tested to determine if learning has been embedded into practice. • The review by National Team (Birth Rate Plus) has now been undertaken and report shared with CCG– report identifies a shortfall of 15.41wte (Mixed maternity staff), in the main the shortfall is required to support the higher acuity of women presenting to give birth at RWT. Recruitment is ongoing to increase the midwifery workforce and this will be further discussed for assurance at the next CQRM. • RWT undertaking an internal review of caesarean section performance and initial review has suggested that in 60% of cases (category 3 & 4) it was the acuity of the patients i.e. diabetes, specialist support for this cohort of women is in place. 	
<p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country</p>	<p>The SHMI for January 2017 to December 2017 has risen to 119 and banded higher than expected. RWT is a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Initial meeting of a system wide mortality reduction group held, including Public Health and Social Care representation. Clear actions identified including a focus on patient deaths within 30 days of hospital discharge. 	



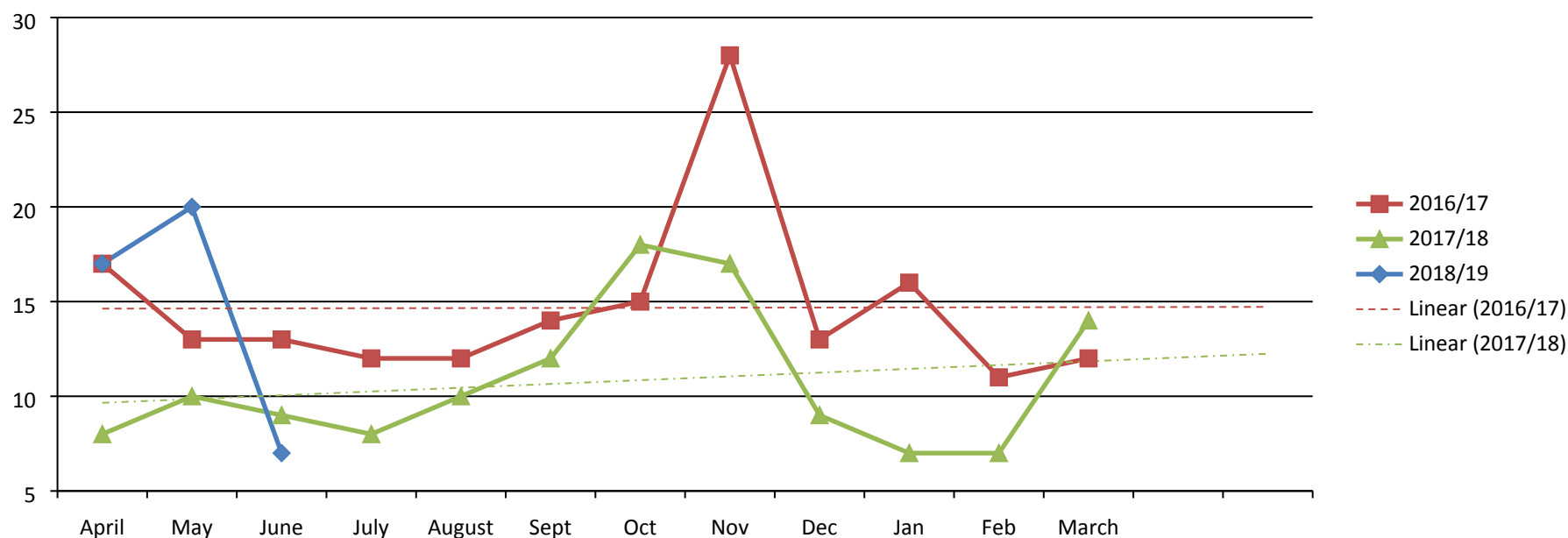
	<ul style="list-style-type: none"> • Review of Nursing Home admission data commenced, to establish any common themes/trends with regards admission profile and a focus on appropriateness end of life pathways. • A review of internal mortality governance arrangements by the trust has occurred and CCG attendance at initial mortality operational meeting has been supported. • Initial revised mortality assurance report received to July CQRM. Further reports have been asked to include crude mortality and HSMR. • Case note reviews of specific pathways already undertaken with the use of an accredited external clinical reviewer, to review actions previously identified and offer revised key areas for focused improvement initiatives. • Supporting Public Health with a mortality review summit planned for Oct 2018. • Proactive approach taken re: HWBB and HOSC. • Monitoring and review of diagnostic groups with elevated SHMI/HSMR is underway; this includes Pneumonia, Acute Kidney Injury, Cerebral Vascular Disease and Sepsis. • External support identified by the trust to facilitate improvement programmes along with specific data analysis support. CCG Chief Nurse attended a collaborative initial meeting with external support, to identify key areas of focus for improvement • Medical Examiner role being recruited to. • Logged on the WCCG risk register as a high risk. 	
<p>Increased number of Never Events at RWT</p>	<p>6 Never Events were reported by RWT for 2017/18. The trust has reported 4 new Never Events in the year to date.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly CQRM/CRM meetings • Robust scrutiny of all Never Events before closure on STEIS (Strategic Executive Information System) • RWT have requested further support from AFPP to review culture and practice within clinical theatre environment, including application of all aspects of WHO checklist, to be reported back to CCG once review completed. • CCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event. • Failure to ensure robust 'checking' process is identified as an emerging theme of never events. 	



2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

2.1 Serious Incidents (SIs)

RWT Incidents 2016-2018 (excluding PI's)

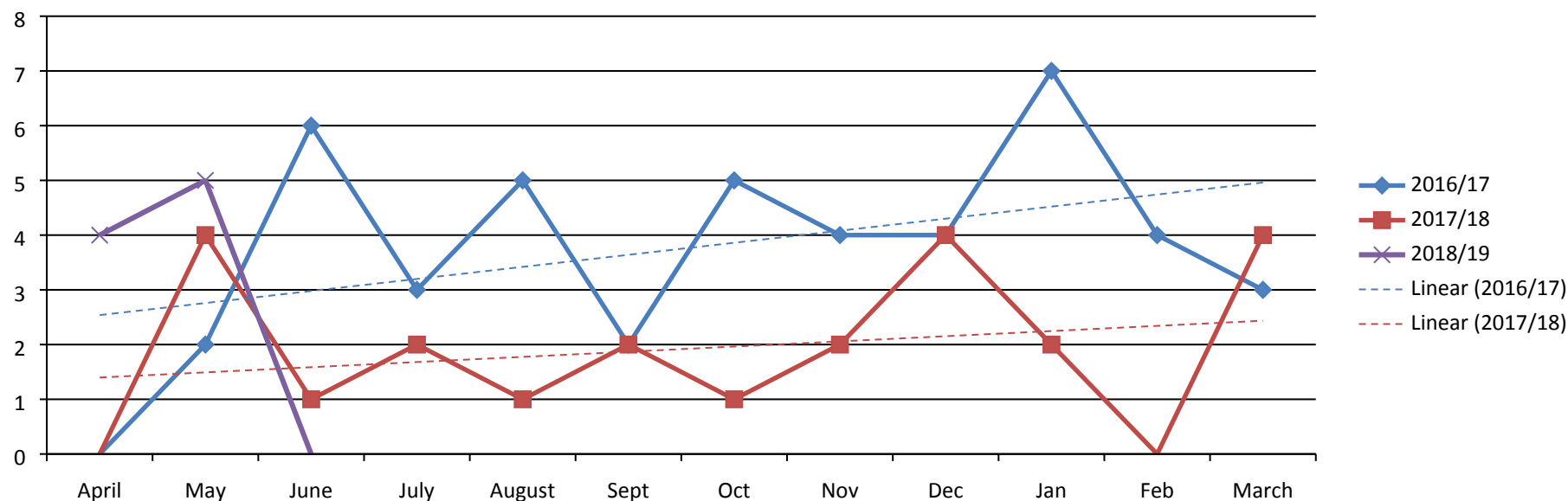


7 Serious Incidents (SIs) were reported in June 2018, which was a significant decrease compared to the 20 SIs reported in May 2018. This is a direct result of changes to reporting by the Trust to bring them in line with the current Serious Incident Framework. Incidents are now reported as a SI if there is an act or omission that is suspected to have led to serious harm to a patient, rather than reporting according to a particular category or outcome. It is expected that this will challenge the organisation to rationalise reporting, ensuring that proportionate investigations are initiated.



2.2 Slip Trip and Patient Falls SIs (RWT)

RWT - Slip Trip Falls, 2016-2018



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There were no patient falls meeting the SI criteria reported in June 2018.

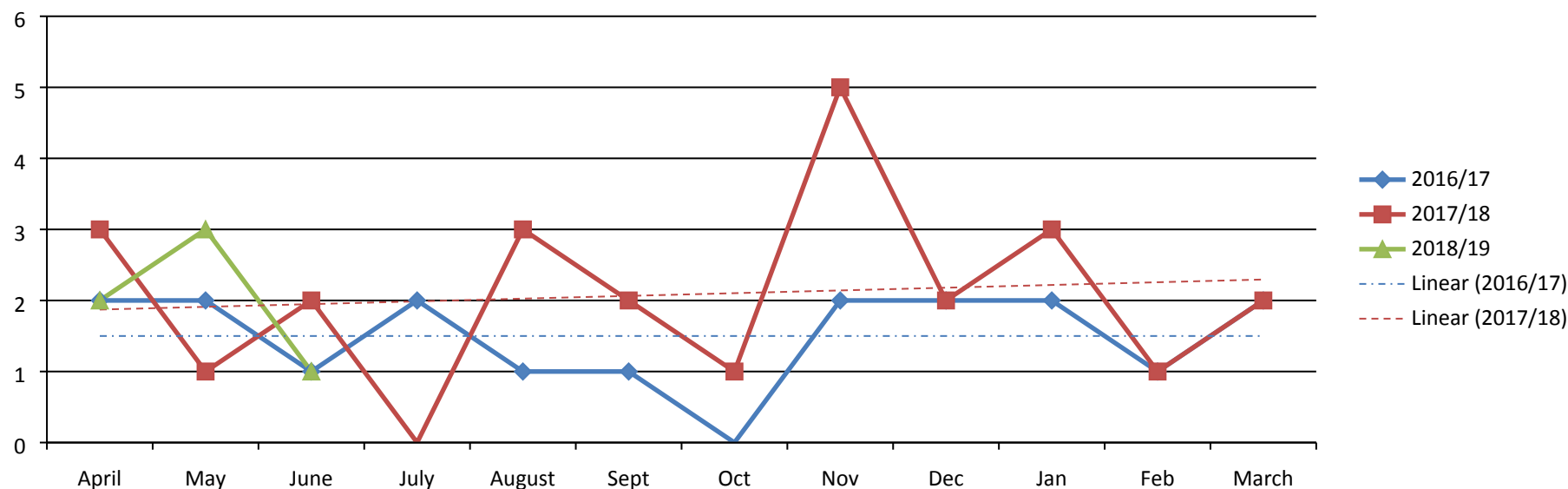
Assurance

The WCCG Quality and Safety Manager attends both the weekly falls accountability meeting, which examines whether there are acts or omissions leading to patient harm, and the monthly falls steering group meeting to gain further assurance regarding the Trust's falls prevention strategies. The Trust has implemented tag nursing and arm's length nursing initiatives in an attempt to mitigate the potential for patient falls. The Trust is undertaking the re-assessment of the early pilot wards to ensure sustainability of actions implemented through the NHSI falls collaborative. Plans are in place to discuss how the Trust applies harm methodology to incidents to enhance the process of determining harm in line with the definitions set in the National Reporting and Learning System.



2.3 Infection Prevention

RWT HCAI/Infection control incidents 2016-2018

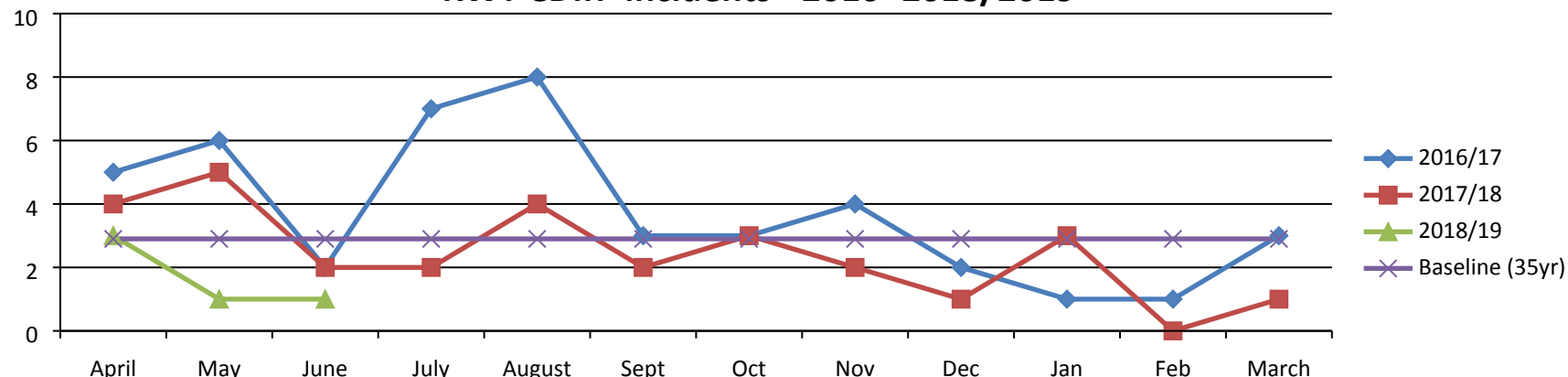


One infection prevention serious incident was reported for June 18. The trust is currently investigating to identify root cause and learning to prevent recurrence of these incidents.

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RWT CDiff incidents - 2016- 2018/2019

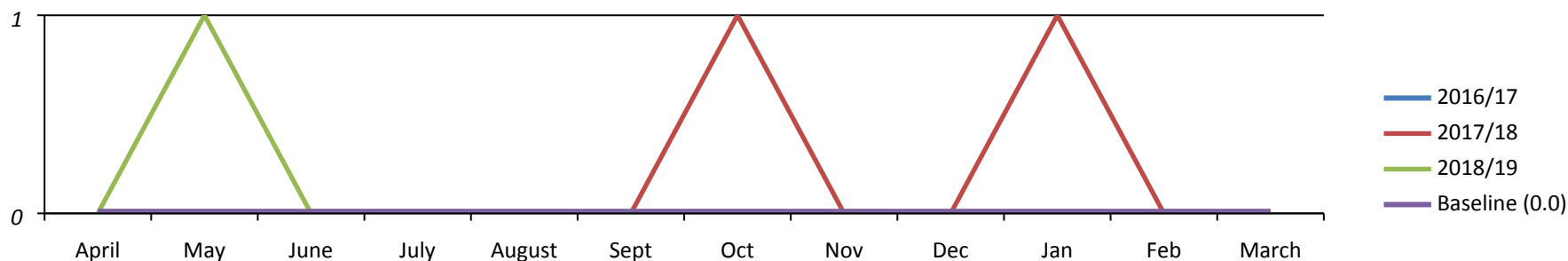


There was 1 Clostridium Difficile case reported by RWT, against a target of 3 for June 2018.

Assurance

WCCG attend the RWT monthly IPCG (Infection Prevention Control Group) and PSIG (Patient Safety Improvement Group) meetings to gain assurance that the Trusts Infection Prevention and Control Strategy is fully implemented and that policies are in place to ensure best practice and to reduce HCAs.

RWT MRSA Bacteraemia incidents - 2016-2018/2019

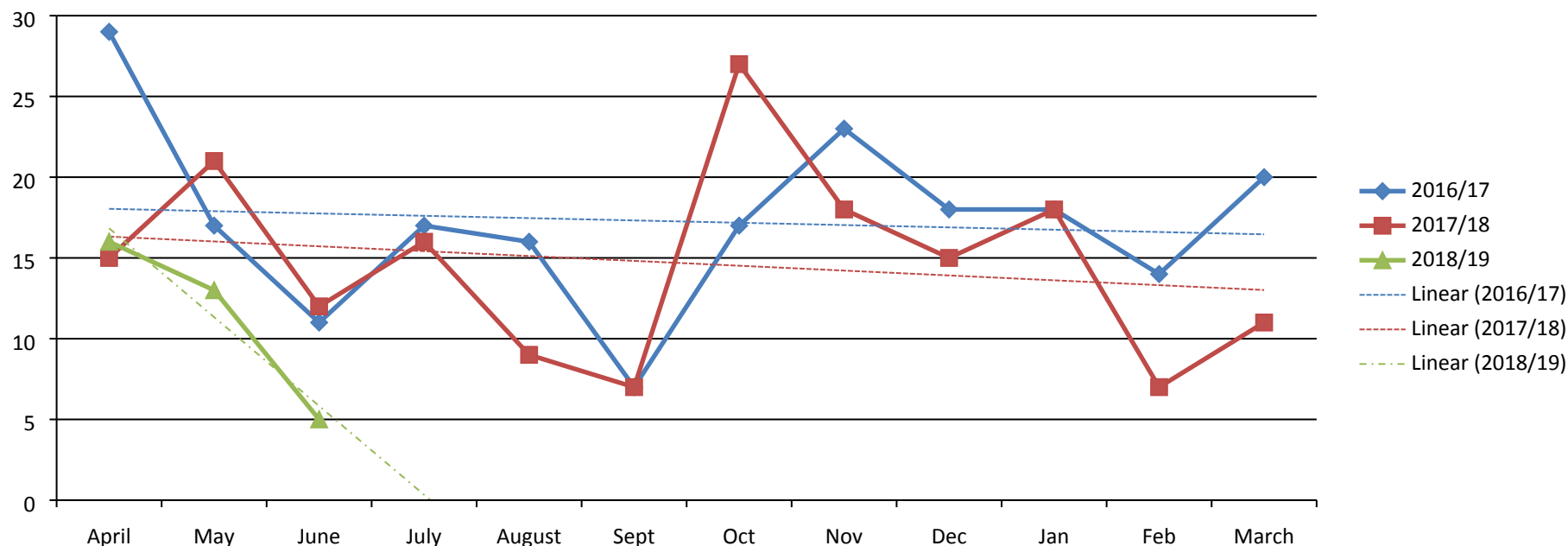


There were no new MRSA related serious incidents reported in June 2018.



2.5 Pressure Injury Serious Incidents

RWT Pressure incidents G3/4, 2016-2018



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5 pressure injury incidents were reported in June 2018 and is a decrease compared to 13 reported in May 2018; expected as a result of the change in reporting in line with the SI framework. 4 pressure injuries were reported as unavoidable and 1 as avoidable.

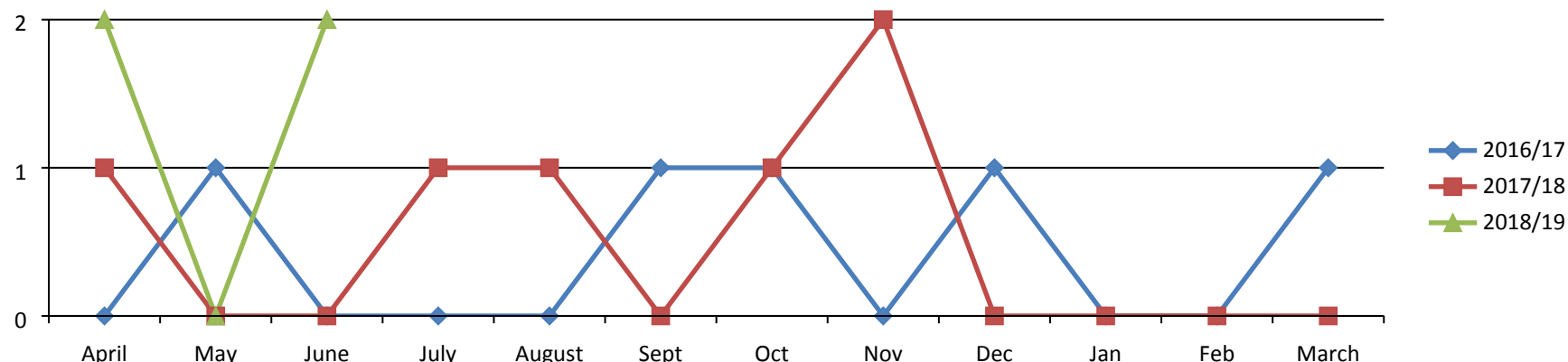
Assurance

The CCG attend the weekly pressure injury scrutiny meetings to gain assurance relating to learning and action planning. Processes for aligning pressure injury reporting with national processes have been implemented.



2.6 RWT Never Events

Never Events at RWT 2015-18.



Apr 17 - 1 Retained foreign object post-procedure

July 17 - 1 Wrong site surgery

Aug 17 - 1 Wrong site surgery

Oct 17 - 1 Retained foreign object post-procedure

Nov 17 - 2 Wrong site surgery

April 18 - 2 Wrong site surgery

May 2018 - No new Never Events

June 2018 - 2 never events were reported related to retained foreign objects post-procedure. One patient was returned to theatre for surgical removal of the foreign object (swab) and the second patient received sedation for a manual removal (not surgical). The foreign object in the second patient was not identified for 19 days. Both SIs are currently being investigated.

Assurance:

- WCCG senior exec board has met with RWT board to seek assurance of actions being undertaken by the Trust to mitigate recurrence of never events.
- WCCG quality team attend the monthly Quality & Safety Intelligence Group to seek assurance relating to compliance of WHO surgical checklists and LOCSSIPS audits and have encouraged system actions and human factors consideration.



- RWHT have requested further support from AFPP (Association for Perioperative Practice) to review culture and practice within clinical theatre environment, including application of all aspects of WHO checklist, to be reported back to CCG once review completed.
- WCCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event.
- Key lines of enquiry are being developed to review actions arising from previous Never Events as additional assurance that actions undertaken have been/remain embedded.

2.7 Maternity

2 maternity incidents were reported during June 2018 and relate to the aforementioned Never Events.

Maternity	Target	Quarter 4, 2017/18			Quarter 1, 2018/19		
		Jan	Feb	Mar	Apr	May	Jun
Bookings at 12+6 weeks	>90%	90.50%	89.60%	91.30%	90.80%	90.10%	
Number of Deliveries (mothers delivered)	<416	428	374	403	404	469	441
Midwife to Birth Ratio (Worked)	<=30	31	31	30	30	30	29
Breastfeeding (initiated within 48 hours)	>64%	61.00%	62.60%	66.60%	70.00%	63.50%	65.50%
Maternal Deaths	-	0	0	0	0	0	0
C-Section - EL LSCS (Births)	<12%	11.40%	12.60%	12.20%	10.90%	10.70%	7.90%
C-Section - EM LSCS (Births)	<14%	17.00%	20.60%	17.10%	16.80%	17.70%	18.40%
Admission of full term babies to Neonatal Unit	0	0	1	3	0	0	1
Number of Neonatal Deaths	3	3	0	3	1	3	2

Booking activity continues to be monitored closely - data indicates that Maternity service bookings are reducing following the limit on booking numbers from November 2017. A formal review for forecasted births has taken place with predicted birth numbers falling in line with commissioned births of 5,000 in July 2018.

C-Section Rates: Emergency cases have seen a further increase; these are reviewed via the directorate governance meeting and an in depth analysis is underway.



Midwife to Birth Ratio: Midwifery recruitment is on-going with minimum vacancy within funded establishments.

A formal workforce assessment using Birth Rate + has been performed, verbal feedback has been given to the directorate and a formal report has been shared with the Division. The report will be presented at CQRM in August 2018.

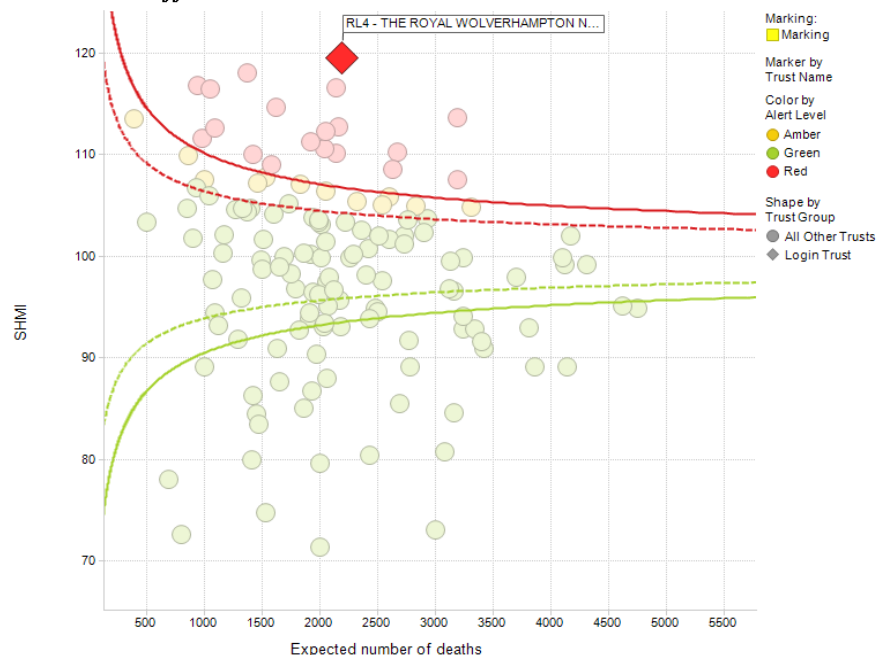
Assurance:

- Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- WCCG to attend RWT Maternity QRV visit planned for 2018/2019.
- A collaborative visit to the Neonatal Unit with specialised commissioners was undertaken to gain assurance relating to the recent serious incidents relating to expressed breast milk. There has been an agreement that the RCA action plan will be stress tested to determine if learning has been embedded into practice
- Following the reporting of the Never events, a collaborative visit was undertaken by the Chief Nurse and Deputy Chief Nurse to walk the patient pathway. Assurance was gained relating to effective systems within the labour ward and the Trust had identified actions to improve systems within Maternity emergency theatres.

2.8 Mortality



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



The SHMI for January 2017 to December 2017 has risen to 119 and banded higher than expected. RWT is a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.

Assurance

- Initial meeting of a system wide mortality reduction group held, including Public Health and Social Care representation. Clear actions identified including a focus on patient deaths within 30 days of hospital discharge
- Requirement to review end of life pathways to ensure they are robust.
- Review of Nursing Home admission data commenced, to establish any common themes/trends with regards admission profile and a focus on appropriateness end of life pathways.
- A review of internal mortality governance arrangements by the trust has occurred and initial mortality operational meeting attended by CCG.

Governing Body Meeting
11 September 2018



- Initial revised mortality assurance report received to July CQRM. Further reports to include crude mortality and HSMR.
- Case note reviews of specific pathways already undertaken with the use of an accredited external clinical reviewer, to review actions previously identified and offer revised key areas for focused improvement initiatives.
- Monitoring of diagnostic groups with elevated SHMI/HSMR is underway; this includes Pneumonia, Acute Kidney Injury, Cerebral Vascular Disease and Sepsis.
- External support identified by the trust to facilitate improvement programmes along with specific data analysis support. Chief Nurse attended a collaborative initial meeting with external support, to identify key areas of focus for improvement
- Medical Examiner role being recruited to.
- Remains on the WCCG risk register as a high risk.

2.9 Cancer Waiting Times

The 2 week wait cancer performance improved slightly in June 2018 but is still below target; a larger improvement in the 2 week wait breast symptomatic was noted, at 71%, an increase of almost 23% toward the target.

Assurance

- A remedial action plan is in place with revised trajectories, moving forward this will include IST actions too.
- Weekly system wide assurance calls in place to provide updates on current performance and progress against agreed actions.
- CCG clinical presence at harm reviews and weekly cancer PTL meetings.
- Performance data on clinical pathways can be scrutinised by specialty, allowing closer CCG scrutiny.
- Scrutiny of 104 day waits following May 2018 identified no harm to patients; 62 day waits to follow.
- UHB tertiary referral forms now been utilised by trust.
- Remains a high risk on both RWT and WCCG risk registers.
- NHSE review meeting carried out in July with Trust and CCG.
- West Midlands Cancer alliance providing support for the trust.



Cancer Waiting Times

Cancer Target Compliance	Target	Quarter 4 2017/18			Quarter 1 2018/19		
		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
2 Week Wait Cancer	93%	90.78%	93.91%	91.52%	79.03%	80.70%	84.05%
2WW Breast Symptomatic	93%	93.33%	95.28%	88.33%	42.02%	48.03%	71.00%
31 Day to First Treatment	96%	96.36%	97.06%	96.36%	91.87%	92.21%	92.95%
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
31 Day Sub Treatment - Surgery	94%	71.70%	84.85%	84.21%	89.47%	88.00%	81.48%
31 Day Sub Treatment - Radiotherapy	94%	98.06%	100.00%	94.63%	96.15%	93.86%	88.00%
62 Day Wait for First Treatment	85%	70.66%	66.85%	74.51%	69.89%	62.38%	63.14%
62 Day Wait - Screening	90%	60.00%	92.31%	72.41%	73.68%	87.50%	75.00%
62 Day Wait - Consultant Upgrade (local target)	88%	90.82%	86.00%	90.21%	91.10%	88.24%	89.93%

Comments:

2 Week Wait: the breaches in month were as follows; 69.3% were due to internal issues (capacity) and 30.7% were patient choice.

2WW Breast Symptomatic: the breaches in month were as follows; 62.1% were due to capacity issues and 37.9% were patient choice.

31 Day to Treatment: 17 patient breaches in month, 15 were due to capacity issues and 2 complex cases.

31 Day Sub Surgery: 5 patient breaches in month; all due to capacity issues.

62 Day to Treatment: 51 patient breaches in month; 8 x Tertiary referrals received between days 42 and 77 of the patients pathway, 37 x Capacity Issues, 2 x Patient Initiated and 4 x Complex Pathways.

Of the tertiary referrals received 0 (0%) were received before day 40 of the pathway, and 3 (37.5%) were received after day 62 of the patient pathway.

62 Day Screening: 3 patient breaches in month; 2 were due to capacity issues and 1 complex pathway.

Patients over 104 days - Following May 2018 month end final upload - 14 patients were treated at 104+ days on a cancer pathway during the month, all of these patients had a harm review and no harm was identified.



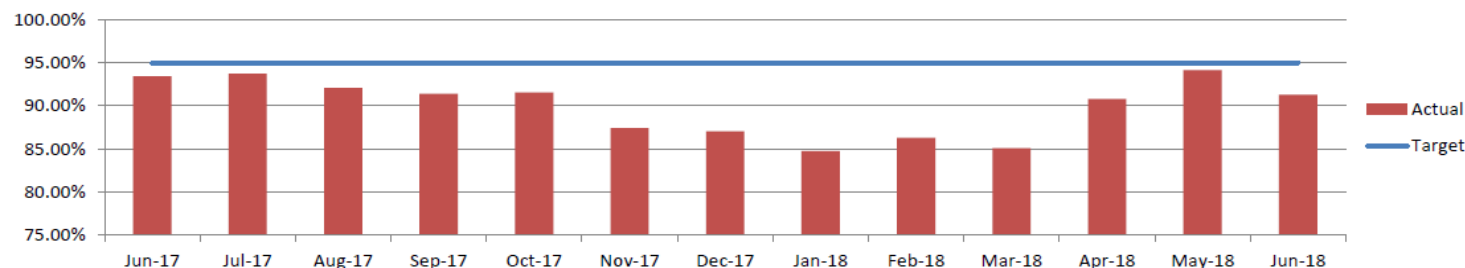
2.10 Total Time Spent in Emergency Department (4 hours)

Urgent Care

Total Time Spent in Emergency Department (4 hours)

	Target	Quarter 4 2017/18			Quarter 1 2018/19			Q1 2018/19
		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
New Cross	95%	73.80%	76.08%	74.57%	84.09%	90.27%	85.55%	86.71%
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		94.76%	96.29%	96.03%	98.56%	98.42%	98.48%	98.49%
Combined		84.73%	86.27%	85.08%	90.81%	94.16%	91.29%	92.13%

ED <4 Hour Performance

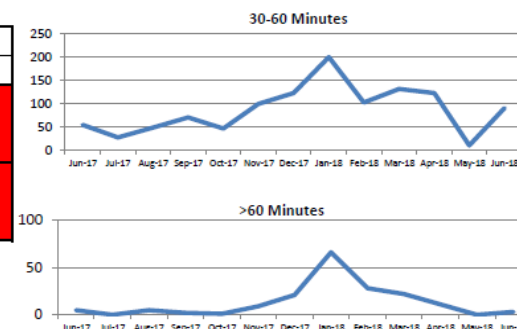


Ambulance Handover

	Quarter 4 2017/18			Quarter 1 2018/19		
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Number between 30-60 minutes	199	102	131	122	10	90
Number over 60 minutes	66	28	22	11	0	3

Comments: The fine for Ambulances during June was £21,000. This is based on 90 patients between 30-60 minutes @ £200 per patient and 3 patients >60 minutes @ £1,000 per patient.

There were no patients who breached the 12 hour decision to admit target during June 2018.



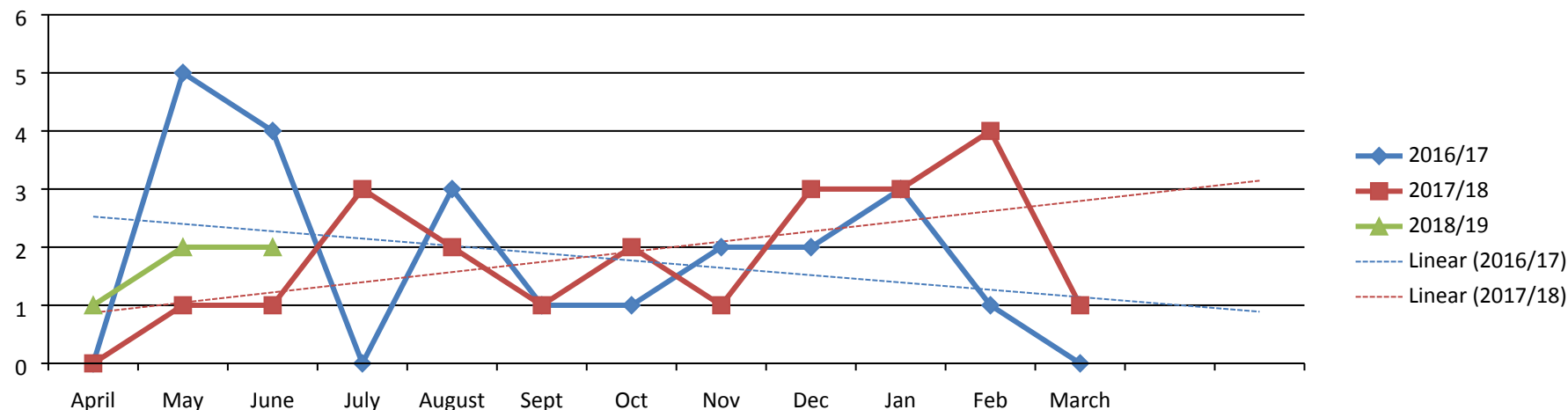
The Trust did not achieve either the New Cross or the All Types target for June 2018, and decreased performance from May 2018. Ambulance handover performance decreased during June 2018 for both 30-60 minutes and over 60 minute handover times.



3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

3.1 Serious Incidents

BCPFT Incidents 2015-2018



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2 new serious incidents were reported by Black Country Partnership Foundation Trust in June 2018, one was Apparent/actual/suspected self-inflicted harm meeting SI criteria and the second was HCAI/Infection control incident meeting SI criteria. Investigations are underway and the SI reports are expected to be received by mid-September 2018 for closure.

BCP shared key areas of learning during Quarter 1, 2018/19 following the completion of investigations to drive continuous improvement, which include:

- Further enhancing suicide risk assessment processes
- Assessment and care planning
- Adherence to Trust Discharge and Transfer of care policy including the management of actions agreed at handover
- Ensuring medication reconciliation with GP records is completed
- Review of current bed management policy
- Record keeping compliance



Assurance:

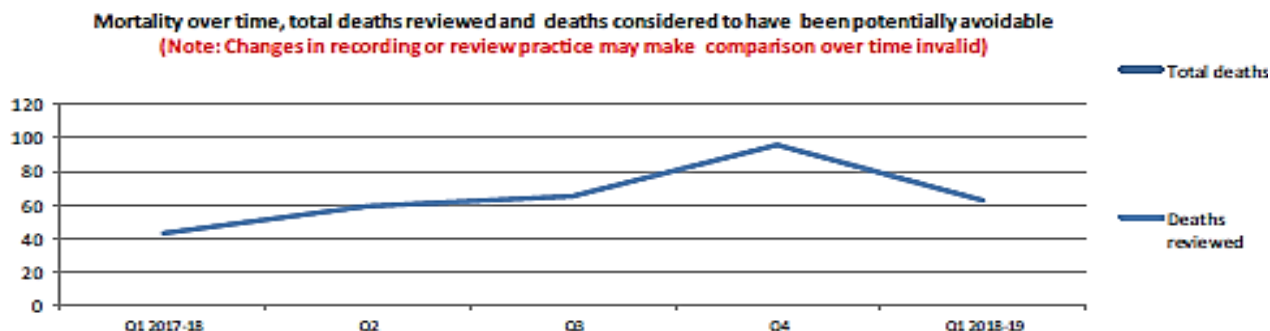
- The learning has been shared with the Trust Mortality Review Group and reviewed alongside recommendations from the findings of the Gosport Inquiry and the Annual LeDeR Mortality Review report.
- The Trust has reviewed its approach to suicide prevention training (now Connecting with People); staff trainers are now in place and the programme rollout is due to commence in September 18 at three pilot sites, Early Intervention Wolverhampton, Learning Disabilities Forensic service and Sandwell Crisis Team; WCCG plan to monitor progress and receive updates.
- WCCG will monitor completed serious incident reports received for changes in trends in this learning.

3.2 Penrose House

Penrose House is experiencing significant staffing difficulties across inpatient areas mainly due to high levels of sickness following an increase of assaults on staff by a particular patient. Staff support is in place and there are plans to expedite patient discharge. The Trust has highlighted the potential for further difficulties during the holiday period and has developed an action plan looking at establishing short term contracts for bank staff.

3.3 Mortality

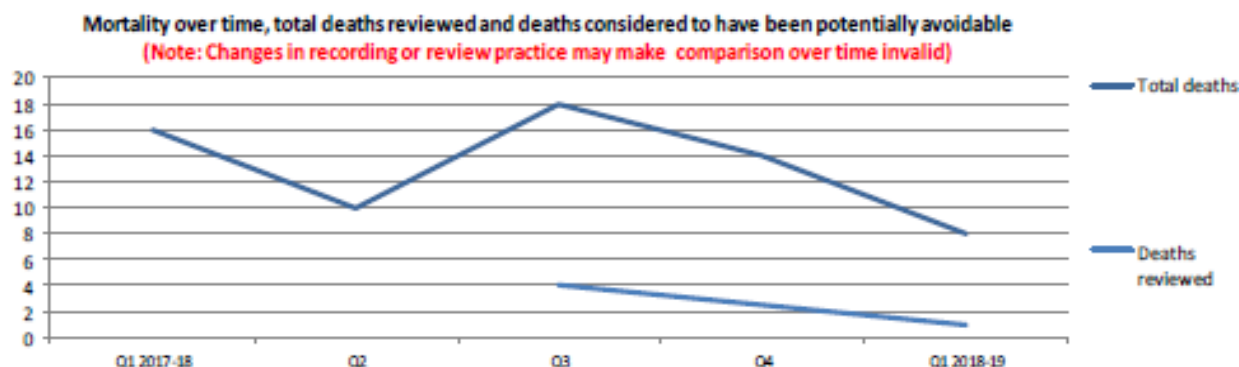
3.3.4 Non-Learning Disabilities



Information from the BCP learning from deaths report indicates that of the 25 deaths meeting the criteria for review in June 2018, all have been reviewed and no deaths were considered to have been potentially avoidable. For Quarter 1, 2018/19, this figure is 63, less than Quarter 4, 2017/18 (96); all have been reviewed and no deaths were considered to have been potentially avoidable.



3.3.4 Learning Disabilities



Assurance:

- Currently there are 5 reviews in progress. 2 duplicate reviews identified and flagged with Bristol. 3 reviews removed from system as deaths occurred prior to October 2017
- Additional training has been arranged for 29th August in Wolverhampton, anticipated that at least 13 places will be taken up by Wolverhampton staff (9 acute trust staff, 1 CHC staff member and 3 from social care).
- Latest newsletter has been circulated to all GP's and Care Homes
- A Wolverhampton GP has recently completed the reviewer training and has been allocated a review
- Awaiting SOP re the admin process
- Update report to the Wolverhampton Safeguarding Board in September
- Multi agency engagement progressing well. Some issues with MH Trust capacity escalated to Exec level
- Learning from LeDeR added to WCCG's commissioning intentions For learning disability.
- An action plan has been requested to gain assurance relating to future support for the LeDeR programme in terms of conducting reviews.

3.4 Workforce

- Sickness absence rate increased by 0.04% to 4.99% in June against a threshold of 4.5%.
- The vacancy rate increased from 14.78% in May to 14.98% in June and remains red rated against the target.



- Turnover increased slightly to 15.13% and remains amber.
- Performance against all annual mandatory training and 3 yearly specialist mandatory training remains above the 85% target. However, performance against yearly specialist mandatory training remains amber at 82.14%.

Assurance:

- The Trust is developing a workforce strategy with 5 key areas of work, including recruitment and retention to address vacancies. Further breakdown of staff group vacancies has been requested.
- There is a monthly review and reconciliation of establishment and vacancies between finance and workforce teams.
- BCP plan to have a targeted approach to improve completion of exit questionnaires to identify trends in leavers. NHSI is monitoring turnover rates for the next 12 months to assess retention.
- The time to recruit to vacancies is being closely monitored by the Trust.

4. PRIVATE SECTOR PROVIDERS

4.1 VOCARE

4.1.1 Serious Incidents

There were no serious incidents reported by Vocare in June 2018. Performance continues to improve and actions against the improvement plan appear to be embedding. The revised 14 week rapid improvement plan is now completed and has demonstrated sustained improvements. Given the level of improvement and sustainability Governing Body accepted a recommendation in July to reduce scrutiny by standing down the Improvement Board and replace the recovery plan with weekly reporting against the two main areas, 15 min triage and the performance against their time to respond to telephone contacts.

Assurance:

- Announced and unannounced visits by WCCG
- No Serious incidents reported by Vocare since December 17
- Triage response rates demonstrate consistent improvement for the last 6 months, with the highest performance achieved in June 18 at 92.5% (May 18, 85%).
- Four hour wait performance was maintained at 98% for June 18.
- Home visiting performance has been maintained for June 18 at 93% Urgent and 94% Routine.
- Recruitment to key posts to support effective working now in place.



- Demand and capacity analysis undertaken by Vocare to determine future modelling.
- Process mapping exercise completed to determine effectiveness of triage between RWT and Vocare. Follow up meeting undertaken and further actions agreed, including improved signage and focus on the ophthalmology pathway.

5. CHILDRENS SAFETY

5.1 Safeguarding Children

Following consultation, a plan for implementation of the proposed We’CAN Neglect Assessment tool is in development with a planned rollout over the next 12 months.

5.2 LAC Update

Discussions on reporting requirements by Providers to ensure effective assurances for LAC have taken place. Data quality issues have been raised related to the nature of the statutory health assessments, and RWT’s internal governance arrangements; an alternative presentation of data from RWT is hoped to enable a more accurate reflection. Reporting requirements has been added to the CCG Commissioning intentions 2019-2020 for review and agreement.

- A process for children placed further than 50 miles has been agreed with RWT, and implemented, with clear pathways in place to enable strategic oversight.
- Governance and reporting arrangements for (LAC) CAMHS has been discussed with BCP, clarifying the expectation of communication for escalating issues.

6. ADULT SAFETY

6.1 Care Homes

Serious Incidents (SI)

No SIs were reported during June 2018 from nursing homes, three were reported in May 2018.



Three SIs were presented at June 2018 SISG, 1 pressure ulcer with no acts or omissions in care identified as contributory and 2 falls, one which identified gaps in manual handling training, which are currently being addressed; the second concluded that it was not able to determine how the patient's injury was obtained and was deemed inconclusive..

Lessons learned identified the need for good communication, manual handling training for staff and timely escalation of concerns.

Safeguarding Referrals

Nine safeguarding referrals were received to the QNAT during June 2018, less than in May 2018 (28). Outcome of investigations and enquiries will be reported in subsequent reports.

One residential care home remains in suspension.

Outbreaks in care homes

No outbreaks were reported during June 2018.

Quality Improvement – SPACE

Care homes continue to engage well with the programme and taking the lead in identifying and initiating quality improvement initiatives supported by the QI facilitator. Facilitator's report attached.

5.2 Adult Safeguarding

SAR – 01/2018: this report is on target for publication in September; the first draft was available for the June 2018 Practitioners Learning Event.

DHR 10: Commenced in June 2018. An author and chair has been appointed; Terms of Reference for the review are being agreed.

LeDeR: Local Area Contact training is complete and reviewers have started to be allocated to reviews in Wolverhampton.

- Demand is exceeding capacity currently – to address this, further reviewer training dates have been made available, including a bespoke reviewer training session for Wolverhampton with 20 places available on 29th August 2018.
- Online LeDeR reviewer training is being developed by Bristol University and is anticipated to be available from September 2018.
- Awaiting development of SOP by Dudley CCG LAC which outlines local processes.
- Awaiting confirmation of availability of shared Admin support by Dudley CCG LAC.



PRIMARY CARE QUALITY DASHBOARD

RAG Ratings:

1a Business as usual
1b Monitoring
2 Recovery Action Plan in place
3 RAP and escalation

Data for June 2018		
Issue	Concern	RAG rating
IP	New cycle of audits has begun – one practice has red rating with action plan due for 24 th July 2018. NHS England have reported low ordering rates for aTIV flu vaccine – 35 practices had responded to NHSE request for information on 26 th July and Performance continue to chase non-responders.	1b
MHRA	Since 1 st April 2018 <ul style="list-style-type: none"> • 16 weekly field safety bulletins with all medical device information included. • 2 device alerts/recalls • 4 drug alerts/recalls 	1a
FFT	In June 2018 <ul style="list-style-type: none"> • 8 practice submitted no data • 1 zero submission • 4 submitted fewer than 5 responses (supressed data) 	1b
Quality Matters	Currently up to date: <ul style="list-style-type: none"> • 11 open • 5 overdue • 1 closed 	1b
Complaints	25 new GP complaints received since November 2017 Quarter 1 2018 now data available – 7 complaints in total, 3 upheld, 4 not upheld	1a
Serious Incidents	One primary care serious incident has recently been reported and will be investigated by the relevant practice.	1b
Practice Issues	Issues relating to one practice around immunisations; referrals and complaints are being managed.	1b
Escalation to NHSE	One ongoing process through PAG.	1a
NICE	NICE assurance to be linked to GP Peer Review system	1a
CQC	Two practices currently have a Requires Improvement rating; both have action plans in place.	1b
Workforce and Training	Work continues around: <ul style="list-style-type: none"> • Recruitment • Portfolio careers • Workforce and GPN strategies 	1a
Training and Development	Training has been provided for: <ul style="list-style-type: none"> • HCAs – Respiratory and Weight Management • Nurses - Nurse Education Forum and flu training • All GP staff – care navigation; domestic violence 	1a



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WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 31st July 2018
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

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

1. FINANCE POSITION

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

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£9.986m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£417.230m	£417.230m	Nil	G
Revenue Administration Resource not exceeded	£5.518m	£5.518m	Nil	G

Non Statutory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£405k	£2,284k	£1,879k	A
Maximum closing cash balance %	1.25%	7.05%	5.80%	A
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	98%	(3%)	G
QIPP	£3.76m	£3.76m	Nil	G
Programme Cost *	£99,808k	£100,409k	£601k	G
Reserves *	£621k	£0k	(£621k)	G
Running Cost *	£1,379k	£1,379k	£0k	G

- The net effect of the three identified lines (*) is a small under spend in year and breakeven FOT.
- The cash target has not been met this month due to some anticipated payments not materialising.
- Underlying recurrent surplus metric of 2% is being maintained.

- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M2 data indicates a small under performance.
- Referrals from GP's into RWT continue to increase.
- Challenges on data for Nuffield, Sandwell and West Birmingham and UHNM being channelled through Contracting.
- The increased volume of clients in receipt of Continuing Care payments and the number in receipt of expensive packages will require close monitoring to ensure all costs are captured and monitored. The CCG control total is £9.986m which takes account of the 17/18 year end performance.
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report identifies the need to deploy reserves in order to reach the QIPP target.
- The CCG is currently reporting a nil net risk albeit a slight change in risk incidence.
- The pay award has been funded and averages out at 3.8% or c £140k for 18/19. This may impact on future years' flexibilities.

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

	Annual Budget £'000	YTD Performance M03						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	202,167	50,542	50,675	133	0.3%	202,064	(103)	(0.1%)
Mental Health Services	37,794	9,449	9,442	(6)	(0.1%)	37,710	(84)	(0.2%)
Community Services	40,596	10,146	10,129	(17)	(0.2%)	40,477	(119)	(0.3%)
Continuing Care	15,095	3,774	3,775	2	0.0%	15,295	200	1.3%
Primary Care Services	53,429	13,357	13,235	(123)	(0.9%)	53,338	(91)	(0.2%)
Delegated Primary Care	35,719	8,930	9,067	137	1.5%	35,719	0	0.0%
Other Programme	14,442	3,611	4,086	476	13.2%	16,575	2,132	14.8%
Total Programme	399,243	99,808	100,409	601	0.6%	401,178	1,935	0.5%
Running Costs	5,518	1,379	1,379	0	0.0%	5,518	0	0.0%
Reserves	2,483	621	0	(621)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	407,244	101,808	101,788	(20)	(0.0%)	407,244	0	0.0%
Target Surplus	9,986	2,496	0	(2,496)	(100.0%)	0	(9,986)	(100.0%)
Total	417,230	104,304	101,788	(2,516)	(2.4%)	407,244	(9,986)	(2.4%)

- Within the Forecast out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £2.021m. A similar position is also for the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% this will be a first call on growth monies. This is clearly detailed in the following table.

	Annual Recurrent £'000	Annual Non Recurrent £'000	Total £'000	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent £'000	Total £'000
General Reserves	1,317	(1,317)	0	(1,107)	1,107	0
Contingency Reserve	2,021	(86)	1,935	0	(1,935)	(1,935)
1% Reserve	3,971	(3,971)	0	0	0	0
Delegated Contingency reserve	183	0	183	0	0	0
Delegated Primary Care 1% reserve	366	0	366	0	0	0
Total	7,857	(5,374)	2,483	(1,107)	(828)	(1,935)

- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation.
- The underlying position is crudely calculated as the current total spend minus non recurrent spend.
- The CCG is required to maintain an underlying surplus as per the submitted finance plan i.e. 2%.

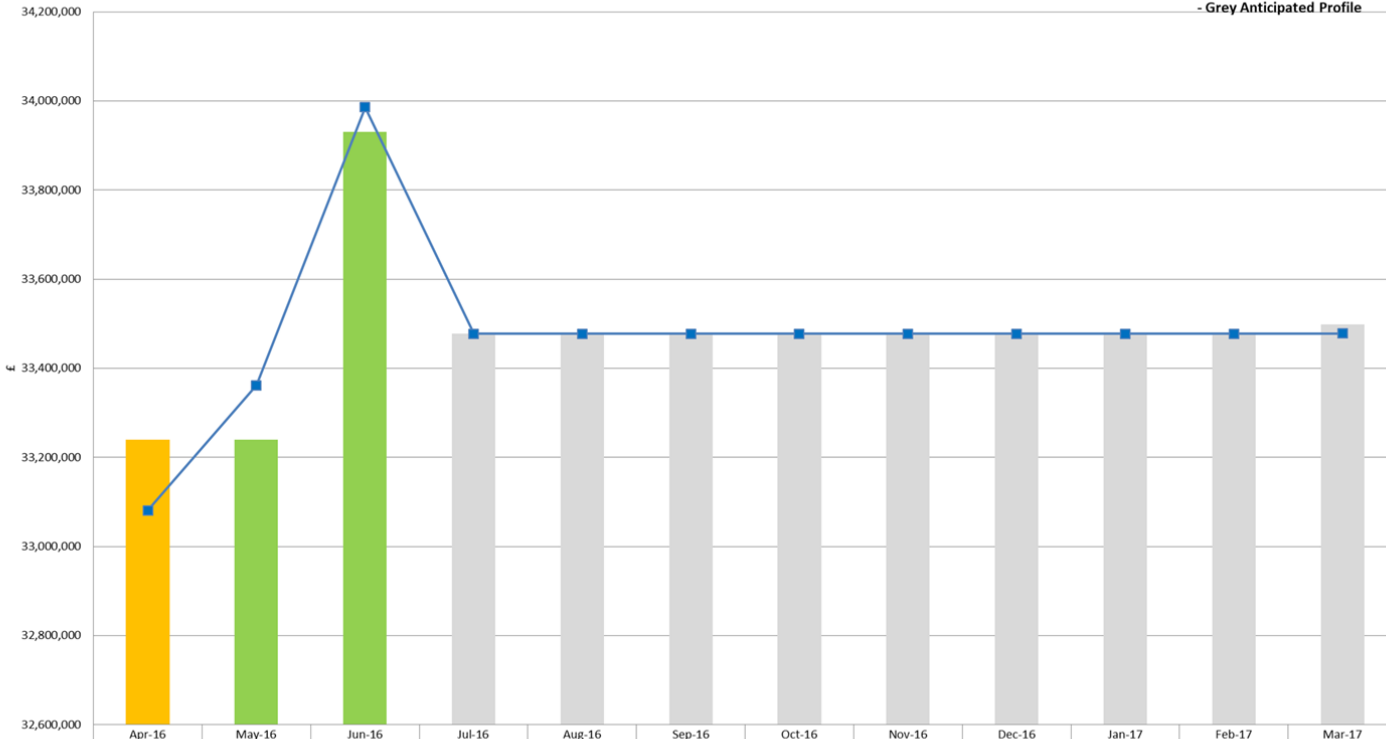
- The extract from the M3 non ISFE demonstrates the CCG is on plan, achieving 2% recurrent underlying surplus.

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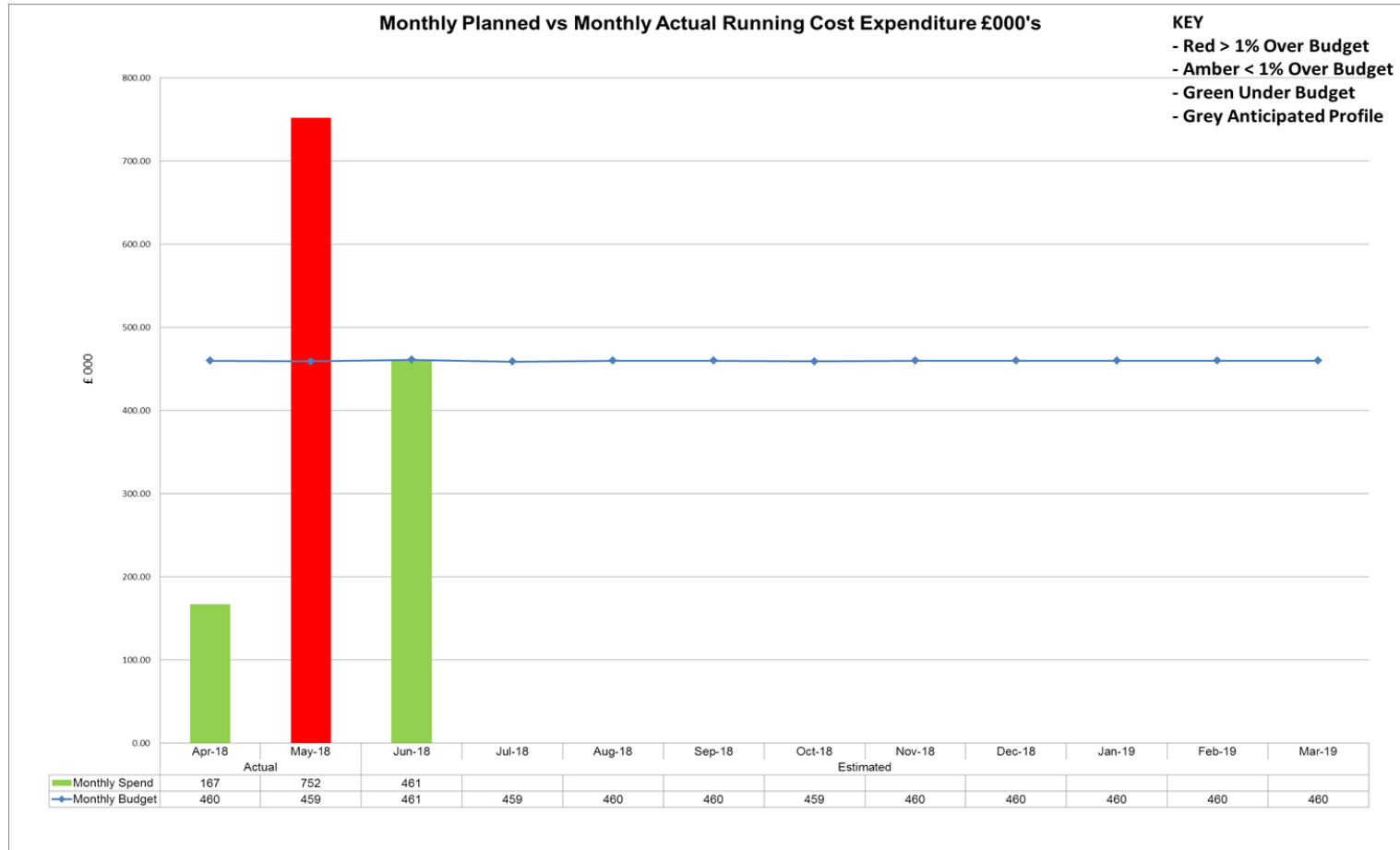
CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2018/19 Underlying Position
	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NRSpend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	
REVENUE RESOURCE LIMIT (IN YEAR)	407.244				(4.592)						402.652
Acute Services	201.252	201.149	0.103	0.1%	(1.473)	-		(7.739)			191.937
Mental Health Services	37.794	37.710	0.084	0.2%	(0.887)	-		0.065			36.888
Community Health Services	40.596	40.477	0.119	0.3%	-	-		0.114			40.592
Continuing Care Services	15.095	15.295	(0.200)	(1.3%)	-	-		(0.200)			15.095
Primary Care Services	53.429	53.338	0.091	0.2%	(0.939)	-		(0.204)			52.195
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		(0.263)			36.004
Other Programme Services	17.293	17.490	(0.197)	(1.1%)	(1.290)	-	(2.021)	2.380			16.559
Commissioning Services Total	401.726	401.726	(0.000)	(0.0%)	(4.589)	-	(2.021)	(5.847)	-	-	389.269
Running Costs	5.518	5.518	-	0.0%	(0.003)	-					5.515
TOTAL CCG NET EXPENDITURE	407.244	407.244	(0.000)	(0.0%)	(4.592)	-	(2.021)	(5.847)	-	-	394.784
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%							7.868
									Underlying Underspend / (Deficit)		2.0 %
									% RRL		

Monthly Planned vs Monthly Actual Programme Expenditure

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



	Apr-16	May-16 Actual	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Monthly Spend	33,239,399	33,239,399	33,930,116	33,477,411	33,477,411	33,477,411	33,477,411	33,477,411	33,477,411	33,477,411	33,477,411	33,497,797
Monthly Budget	33,081,233	33,361,601	33,985,748	33,477,412	33,477,412	33,477,412	33,477,412	33,477,412	33,477,412	33,477,412	33,477,412	33,478,122



Delegated Primary Care allocations for 2018/19 as at M03 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The 0.5% contingency and 1% reserves are showing an underspend year to date but are expected to be fully utilised by year end.

	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	5,511	5,577	66	22,043	22,043	0	●	0	0
General Practice PMS	475	368	(107)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	603	670	67	2,412	2,412	0	●	0	0
Premises	704	616	(88)	2,817	2,817	0	●	0	0
Premises Other	24	12	(11)	94	94	0	●	0	0
Enhanced services Delegated	222	182	(40)	887	887	0	●	0	0
QOF	950	884	(67)	3,802	3,802	0	●	0	0
Other GP Services	441	759	317	1,765	1,765	0	●	0	0
Delegated Contingency reserve	46	0	(46)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	91	0	(91)	366	366	0	●	0	0
Total	9,067	9,067	0	36,267	36,267	0	●	0	0

- 2018/19 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG.
- 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.

2. QIPP

The key points to note are as follows:

- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.

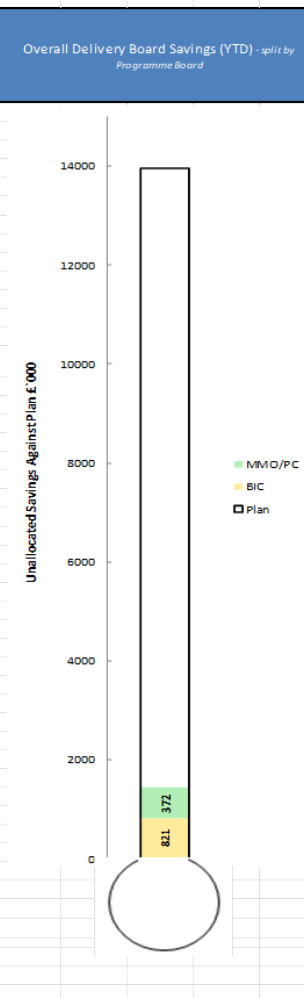
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics although the CCG is challenging the Right Care opportunity level in Respiratory as the CCG cannot identify the levels of activity used in the Right Care calculation and the impact of HRG4+ had not been factored into calculations.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 3 QIPP is being reported as delivering on plan mainly as a result of M2 data being available for only a few key areas.
- Appendix 5 details the QIPP within the Finance plan and the associated QIPP leads FOT. The financial gap between FOT and plan will have to be met by additional QIPP schemes and cover from Reserves. Currently the deliverability gap is £5.9m as demonstrated by the table below. However, should the CCG be successful in agreeing a gain/risk share with RWT a further c£3m QIPP will be secured. The remaining balance, £2.9m will need to be addressed through existing QIPP schemes exceeding the delivery target or the identification of new schemes.

QIPP Programme Delivery Board

Mth 3 - June 18/19

Source: Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Project ID	Description	Annual Plan	April to Jun (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Jun (YTD) Prog Brd diff from Plan	Jun (FOT) Prog Brd diff from Plan	Overall Delivery Board Savings (YTD) - split by Programme Board
1819-7	Estates Voids (#)	100	0	0	0	100	0	0	0	
1819-8	EPP	20	20	20	0	20	0	-20	0	
1819-13	Running cost	115	115	115	0	115	0	0	0	
1819-15	MSK Acute	187	45	21	-24	200	13	-24	13	
1819-19	Dementia Outreach Recommission	200	200	0	-200	182	-18	-200	-18	
1819-20	Peads Right Care - Main	604	0	0	0	302	-302	0	-302	
1819-21	Care Closer to Home - Main	1368	342	255	-87	1368	0	-87	0	
1819-27	Care Closer to Home - Stretch	1851	462	0	-462	0	-1851	-462	-1851	
1819-41	High Volume Mental and Acute Service Users	252	61	0	-61	100	-152	-61	-152	
1819-42	Falls Service Redesign - Main	490	120	-9	-129	169	-321	-129	-321	
1819-66	Neuro Rehab Tariff Change	138	0	0	0	0	-138	0	-138	
1819-86	Diabetes Pathway / Service - Right Care Activity	98	24	17	-7	98	0	-7	0	
1819-93	Targeted Peer Review - Main	136	33	15	-18	136	0	-18	0	
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of a rea placements	500	90	0	-90	250	-250	-90	-250	
1819-106	Clinical Assessment Service (CAS)	102	24	0	-24	30	-72	-24	-72	
1819-108	Prescribing Review- NHS Guidance Phase 2 (OTC Prescribing)	120	0	0	0	61	-59	0	-59	
1819-112	NHS Funded Care (18/19-3 Continuing Care Services)	400	100	100	0	400	0	-67	0	
1819-113	Respiratory Right Care - Main	454	112	-13	-125	74	-380	-125	-380	
1819-114	Peads Right Care - Stretch	0	0	0	0	0	0	0	0	
1819-115	Falls Service Redesign - Stretch	0	0	0	0	0	0	0	0	
1819-116	BCF Cap	500	123	123	0	500	0	0	0	
1819-117	Children's Equipment (SEND)	30	30	30	0	30	0	-30	0	
1819-118	Diabetes Pathway / Service - Right Care Prescribing	250	61	0	-61	0	-250	-61	-250	
1819-119	Step Down	300	75	0	-75	300	0	-75	0	
1819-120	Specific Client MH Moving to Tier 4	450	450	450	0	450	0	0	0	
1819-121	Reduction Of Excess Beds Days /DTC	414	102	0	-102	207	-207	-102	-207	
1819-122	Ambulatory / Frailty Care	385	96	0	-96	0	-385	-96	-385	
1819-123	End Of Life	373	94	0	-94	0	-373	-94	-373	
1819-126	Targeted Peer Review - Stretch	293	72	0	-72	147	-147	-72	-147	
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	40	-30	0	-30	
1819-128	CDU	500	123	0	-123	0	-500	-123	-500	
1819-129	Community Dermatology	221	0	0	0	100	-121	0	-121	
1819-130	Respiratory Right Care - Prescribing	124	30	13	-17	100	-24	-17	-24	
1819-131	Vocare	200	49	49	0	200	0	-49	0	
1819-132	Primary Care - Post Payment Verification (Post verification on payment LE5)	40	0	0	0	40	0	0	0	
1819-133	Reablement Budget	100	100	100	0	100	0	-100	0	
1819-134	Admission Avoidance Beds - Stretch	250	60	1	-89	125	-125	-59	-125	
1819-135	Contract Challenges	250	54	0	-54	113	-113	-54	-113	
1819-136	MSK Community	143	35	35	0	143	0	-35	0	
1819-6a	Prescribing Internal Efficiencies - Main	1593	397	400	3	1493	-100	3	-100	
1819-6b	Prescribing Internal Efficiencies - Bio Similars	250	61	13	-48	250	0	-48	0	
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	24	0	-24	70	-30	-24	-30	
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0	
Grand Total		13947	3784	1737	-2047	8013	-5934	-2348	-5934	



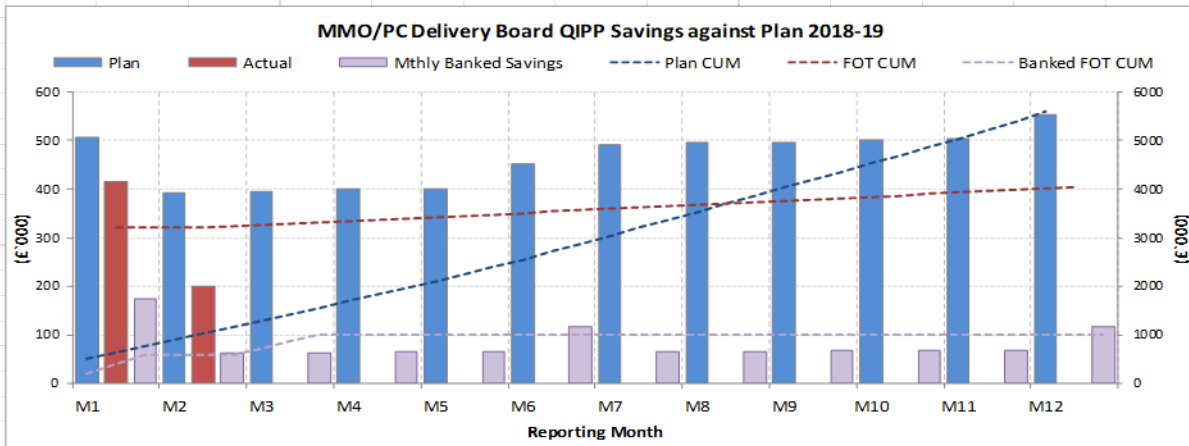
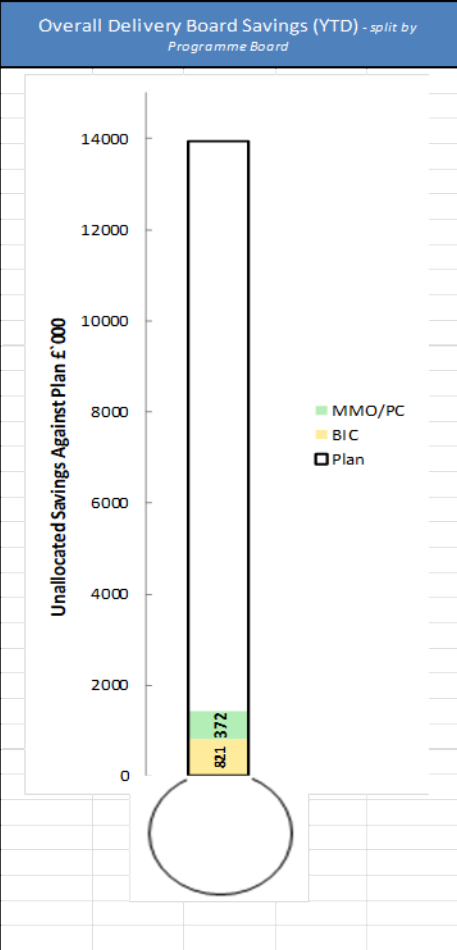
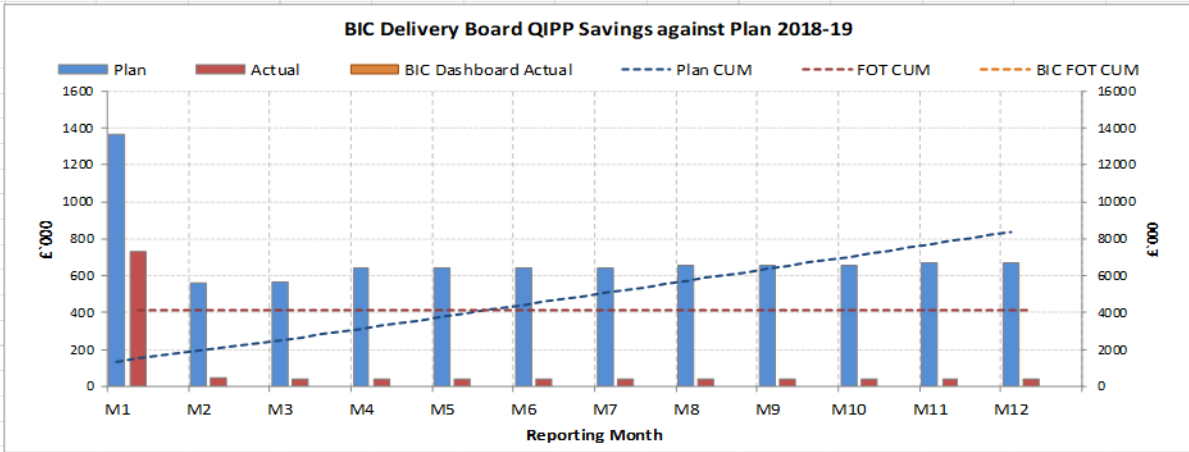
Key:

MMO/PC
BIC
Closed Projects - for information

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000

Mth 3 - June 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th June 2018 is shown below.

	30 June '18 £'000	31 May '18 £'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	1,848	1,821	27
Cash and Cash Equivalents	2,258	349	1,908
	4,106	2,170	
Total Assets	4,106	2,170	
Current Liabilities			
Trade and Other Payables	-34,021	-33,595	-426
	-34,021	-33,595	
Total Assets less Current Liabilities	-29,915	-31,425	
TOTAL ASSETS EMPLOYED	-29,915	-31,425	
Financed by:			
TAXPAYERS EQUITY			
General Fund	29,915	31,425	-1,509
TOTAL	29,915	31,425	

Key points to note from the SoFP are:

- The cash target for month 3 has not been achieved, further details are provided in 13.2 below;
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (98% for non-NHS invoices and 99% for NHS invoices);
- The current position of trade payables and receivables is shown in the charts below:

4. **PERFORMANCE**

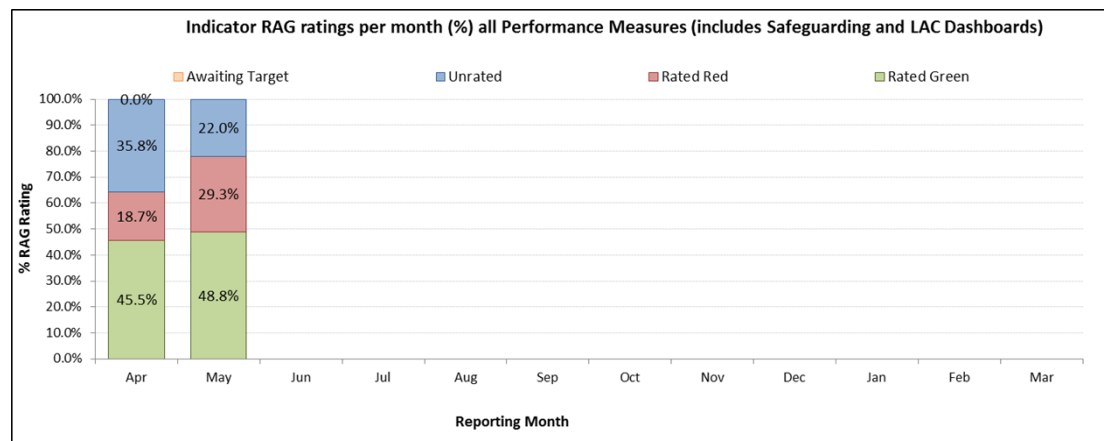
The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

May-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	12	9	11	15	1	0	0	0	24
Outcomes Framework	8	7	5	7	13	12	0	0	26
Mental Health	22	23	3	5	16	13	0	0	41
Sub Totals	42	39	19	27	30	25	0	0	91
RWT - Safeguarding	0	8	3	5	13	0	0	0	13
RWT - Looked After Children (LAC)	2	1	4	4	0	1	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	14	21	7	9	14	2	0	0	32
Grand Total	56	60	26	36	44	27	0	0	123

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Exception highlights were as follows;

4.1. Royal Wolverhampton NHS Trust (RWT)

4.1.1. EB3 – Referral to Treatment Time (18weeks), EBS4 - 52 Week Waiters

- A revised performance trajectory for 18/19 has been submitted by the Trust is awaiting approval by the CCG with a stretch target (from 90.3% to 91.5% by year end and zero 52 week waiters) and discussions are on-going.
- May18 included 2 bank holidays during the reporting period and saw a 497 decrease in the number of patients seen during the month with performance reporting at 90.61% (below the National 92% target - achieving current draft local stretch target of 90.48%) and an improvement on previous month performance (90.38%).
- The Trust continues to focus on reducing the backlog where possible with Directorates monitored against individual trajectories for both activity numbers and backlog reduction each month.
- A national (high vigilance) pause on Vaginal Mesh and Tape surgery has been issued by NHS England (10th July 2018). Implications on the RTT waiting list are yet to be confirmed, however enforced delays in surgery due to the pause restriction should be coded appropriately by the Trust.
- Zero 52 week waiters have been reported by the Trust, however there are 4 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 3

University Hospitals of North Midlands (T&O) x 1

- **Influence Factors : Demand management Plan, Clinical Peer Review**

4.1.2. Urgent Care (4hr Waits, Ambulance Handovers, 12 Hr Trolley Breaches)

- A revised A&E 4 Hour Wait performance trajectory for 18/19 has been submitted by the Trust to align with the Provider sustainability fund (PSF) trajectory and is awaiting approval by the CCG with a stretch target (from 90.3% to 95.1% by year end) and discussions are on-going.
- The number of A&E attendances has seen a 7.14% increase from the previous month and an increase in performance to 94.16%. The Trust are now at full establishment for Consultants within both the Emergency Department (ED) and Paediatric Emergency Department. The Trust has confirmed that they achieved a ranking of 36th out of 136 Trusts for May.
- Ambulance handovers has seen a significant decrease in May, with no >60minute breaches, however >30 minute breaches continue to report above thresholds (10 >30, 0 >60 minutes).
- A 12 hour Trolley breach has been reported for May 2018, the Trust have shared a Root Cause Analysis Report confirming that a failure to record a Decision To Admit (DTA) resulted in no notifications of bed requirement escalating to the capacity team.
- **Influence Factors : Public education in use of Primary Care, Pharmacy, Walk in Centres**

4.1.3. Cancer 2WW, 31 Day and 62 Day

- A revised 62 Day performance trajectory for 18/19 has been submitted by the Trust and agreed with the CCG for a stretch target (from 73.9% to 85.2% by June 2019).
- Cancer recovery plan is in place, weekly calls with NHS England (NHSE) and NHS Intelligence (NHSI), Cancer Alliance, Trust and CCG with high levels of scrutiny by NHSE and NHSI.
- There were 24 patients breaching 104 days (due to capacity, patient choice, clinical complexity and late tertiary referrals). Discussions are on-going on a national level to set a zero trajectory for all providers against 104 day cancer waits.

- The Trust has shared 2WW cancer referral numbers by Wolverhampton GP Practices. This will be analysed to establish high or low referral rate practices (per 1000 list size) with the view to arrange a GP Peer Review.
- Current performance levels :

Ref	Indicator	Target	May18	YTD
EB6	2 Week Wait (2WW)	93%	80.60%	79.82%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	48.03%	45.31%
EB8	31 Day (1 st Treatment)	96%	91.98%	91.14%
EB9	31 Day (Surgery)	94%	88.00%	86.52%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	90.59%	91.61%
EB12	62 Day (1 st Treatment)	M2=75%	59.72%	63.85%
EB13	62 Day (Screening)	90%	87.50%	80.26%

The June forecast from the Trust shows an increase across all performance standards.

- **Influence Factors : GP Peer Review, Tertiary Referrals**

4.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections : Excluding Assessment Units (achieving 95.70% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (76.25%) and the proposed Q1draft trajectory of 90%.
- Main issues include an increase in failed e-discharges with the maternity units following the introduction of the Badgernet system.

4.1.5. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust continue to achieve (based on 17/18 threshold of 3.5%) with 2.36% for May18 (all delays) and excluding Social Care (0.77%).
- A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month.

4.1.6. MRSA and Clostridium Difficile

- MRSA – 1 breach (against the zero threshold) has been reported for the Trust during May, with a Root Cause Analysis on-going, early updates on learning from the breach have been shared within the Trust to highlight best practice and the continuity of MRSA screening.
- C-Diff – 5 breaches (against a 3 per month threshold) has been reported during May, an exception report confirms that there were no restrictions on submission of stool samples to the laboratory, however due to the requirement of repeat sampling (due to previous insufficient or formed samples) a delay in testing occurred. Investigations for 2 of the breaches have confirmed as unlikely to have contracted C.Diff within the hospital.
- Early indications are that both indicators have achieved within thresholds for June18.

4.1.7. Serious Incident Breaches (SUIs) - RWT

- 5 breaches were identified for May (see table below)
- Following the 2 Never Events during April (both Surgical/Invasive Procedures) the CCG have met with the Trusts Board to seek board assurance of actions undertaken to prevent/mitigate reoccurrence and has also instigated an unannounced visit to the theatre area involved to identify trends/themes.

Ref	Indicator	May 18	YTD
LQR4	SUIs reported no later than 2 working days	1	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	4	6

4.1.8. Safeguarding

- 7 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for May2018 (and 1 non submission).
- The Trust has submitted exception reports for the Looked After Children indicators (% of RHAs completed by the due date and % of new requests for IHAs completed within 13 working days).

4.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

4.2.1. Early Intervention Care Package within 2 weeks (EH4)

- Following the breach in April (33% of patients breached the 2 week threshold); the May performance has seen a significant improvement to 66.67% against the 53% target. The numerator and denominator confirmation has been requested from the Provider.

1.1.1. Care Programme Approach – Follow up within 7 days (EBS3)

- May performance has seen a decrease to 82.05% (against a target of 95%) and relates to 7 breaches (out of 39 patients).
- An exception report has been submitted by the Trust providing both an overview of issues and actions and an in-depth timeline analysis for each breach.
- Main issues relate to contacting patient (no responses from patients/failed attempts or failure to establish contact details and arrangements on discharge).

1.1.2. IAPT Access (LQIA05)

- May failed to achieve the 2018/19 in-month target of 1.58% with 1.18%; however indicator is an annual (Year End) target of 19%.
- Following data quality queries in 2017/18, this indicator is discussed monthly as part of the Data Quality Improvement Plan (DQIP) and includes discussions on the addition of Long Term Condition referral figures.
- The Trust have raised concerns for meeting the national increases in targets (to 25% by 2020/21) with a need to invest in more staff to meet the increased demand and the changes to funding from Health Education England. The CCG are exploring the development of a Business Case to support this key performance indicator.
- The CCG are investigating if other Providers meet the IAPT criteria to include with performance submissions.

1.1.3. Patients with Eating Disorders (ED) (EH10b)

- The number of patients with ED (routine cases) referred that start treatment within 4 weeks (0-19years old) is monitored Quarterly, however the Trust have submitted an exception report as the May performance has been confirmed as 85.71% (against a target of 95%).
- The breach relates to an individual patient who cancelled two appointments which were within standard (attended on the 3rd offered appointment).
- The Trust continues to offer appointments within standard, however are unable to mitigate against cancellations due to patient choice.

1.1.4. Serious Incident Breaches (SUIs) - BCP (LQGE17)

- 2 breaches were identified (out of 4 incidents) which confirms the May performance as 50% (against the 100% target).
- The Trust has submitted an exception report detailing reasons for delay (including cross organisation investigations and delays in responses from other organisations) and actions and lessons learnt have been identified and are to be reinforced at point of investigation lead allocation.

5. RISK and MITIGATION

The CCG submitted a M3 position which included £2.5m risk which has been fully mitigated.

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT as it is assumed a Gain/Risk share will be agreed and will remove the main areas of risk;
- Transforming Care Partnerships, TCP, is presenting a real financial challenge and currently presents a risk of c £500k, a reduction from last month as the CCG now expects to be in receipt of funding to support client movements;
- Costs of drugs now off patent are increasing therefore Prescribing may over spend and the risk presented is c £500k;
- Other Programme services have an increased risk of c £500k potentially relating to Property Costs, NHS111 and other smaller budgets.

CCG RISKS & MITIGATIONS	Forecast Net Expenditure				RISKS (enter negative values only)						MITIGATIONS (enter positive values only)									TOTAL NET (RISK) / MITIGATION	Of Which: RECURRENT	Risk Adjusted Forecast Variance		
	Plan	Actual	Variance	Variance	Contract	QIPP	Performance Issues	Prescribing	Other	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QIPP Extensions	Non-Recurrent Measures	Delay/Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS			Em	%	
	Em	Em	Em	%	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em	Em			Em	Em	
REVENUE RESOURCE LIMIT (IN YEAR)	407,244																							
REVENUE RESOURCE LIMIT (CUMULATIVE)	417,230																							
Acute Services	201,252	201,149	0.103	0.1%	(1,000)	-	-	-	-	(1,000)	1,000	-	-	-	-	-	-	-	-	1,000	-	-	0.103	0.1%
Mental Health Services	37,794	37,710	0.084	0.2%	(0,500)	-	-	-	-	(0,500)	0,500	-	-	-	-	-	-	-	-	0,500	-	-	0.084	0.2%
Community Health Services	40,596	40,477	0.119	0.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.119	0.3%
Continuing Care Services	15,095	15,295	(0,200)	(1.3%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(0,200)	(1.3%)
Primary Care Services	53,429	53,338	0.091	0.2%	-	-	-	(0,500)	-	(0,500)	-	-	-	-	-	-	-	-	-	-	(0,500)	-	(0,409)	(0.8%)
Primary Care Co-Commissioning	36,267	36,267	-	0.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Other Programme Services	17,293	17,490	(0,197)	(1.1%)	(0,500)	-	-	-	-	(0,500)	0,500	-	-	0,500	-	-	-	-	-	1,000	0,500	-	0,303	1.8%
Commissioning Services Total	401,726	401,726	(0,000)	(0.0%)	(2,000)	-	-	(0,500)	-	(2,500)	2,000	-	-	0,500	-	(2,500)	-	-	-	2,500	-	-	(0,000)	(0.0%)
Running Costs	5,518	5,518	-	0.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Unidentified QIPP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
TOTAL CCG NET EXPENDITURE	407,244	407,244	(0,000)	(0.0%)	(2,000)	-	-	(0,500)	-	(2,500)	2,000	-	-	0,500	-	-	-	-	-	2,500	-	-	(0,000)	(0.0%)
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																				
CUMULATIVE UNDERSPEND / (DEFICIT)	9,986	9,986	-	0.0%																				

The key mitigations are as follows:

- The CCG holds a Contingency Reserve of c £2m. This will be held to cover the risk on Acute, Mental Health Services and Other Programme Services.
- The CCG also holds SOFP flexibilities which will be used to offset Prescribing risk.

Further work is being undertaken to assess the levels of risks and further mitigations and a verbal update will be available at Committee.

In summary the CCG is reporting:

	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£12.486	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£7.486	Adjusted risks and no mitigations occur. CCG misses revised control total

6. Contract and Procurement Report

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

7. Risk Report

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks. Narrative of risks to be reviewed to reflect any changes.

8. Other Risk

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

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

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 31st July 2018

Performance Indicators 18/19

Current Month: **May-18**

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

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	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_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92.0%	90.61%	90.50%	↑													
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.08%	99.11%	↓													
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	95.0%	94.16%	92.54%	↑													
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	93.0%	80.60%	79.82%	↓													
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	93.0%	48.03%	45.31%	↓													
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	96.0%	91.98%	91.14%	↓													
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	88.00%	86.52%	↑													
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98.0%	100.00%	100.00%	→													
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	94.0%	90.59%	91.61%	↑													
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	Stretch from 73.91% to Yr End 85.2%	59.72%	63.85%	↓													
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	90.0%	87.50%	80.26%	↑													
RWT_EBS1	Mixed sex accommodation breach	0	0	0	→													
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	0	0	0	→													
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	0	1	1	↓													
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	5	8	↓													
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→													
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	0	10	132	↑													
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	0	11	↑													
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	1	1	↓													
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	→													
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	92.03%	92.32%	↓													
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0														
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	99.0%	99.90%	99.87%	↑													
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95.0%	98.67%	98.77%	↑													

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	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_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	95.0%	No Data	No Data														
RWT_LQR26	% of patient with a treatment summary record at the end of the first definitive treatment - DRAFT indicator awaiting CVO	75.0%	No Data	No Data														
RWT_LQR27	Hospital and General Practice Interface for 6 areas as detailed in the Service Conditions Local Access Policies, Discharge Summaries, Clinic Letters, Onward referral of patients, Results and treatments, Feedback/Communications *Note : 18/19 - awaiting confirmation of removal to SDIP	0.0%	No Data	No Data														
RWT_LQR28	All Staff Hand Hygiene Compliance	95.0%	91.31%	91.67%	↓													
RWT_LQR29	Infection Prevention Training Level 2	95.0%	94.48%	94.02%	↑													
BCP_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	92.00%	96.76%	97.33%	↓													
BCP_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→													
BCP_DC1	Duty of Candour	YES	1	2														
BCP_NHS1	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.00%	No Data	99.93%														
BCP_MHSDS1	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	90.00%	No Data	95.58%														
BCP_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	90.00%	100.00%	100.00%	→													
BCP_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	0	0	0	→													
BCP_EAS5	Minimise rates of Clostridium Difficile	0	0	0	→													
BCP_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	53.00%	66.67%	50.00%	↑													
BCP_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	75.00%	91.49%	90.15%	↓													
BCP_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	95.00%	98.94%	99.09%	↓													
BCP_EH9	The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	32.00%	No Data	No Data														
BCP_EH10a	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (0-19 year olds)	85.00%	No Data	No Data														
BCP_EH11a	Number of CYP with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (0-19 year olds)	85.00%	No Data	No Data														
BCP_EH10b	Number of patients with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (19 year olds and above)	85.00%	No Data	No Data														
BCP_EH11b	Number of patients with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (19 year olds and above)	85.00%	No Data	No Data														
BCP_EBS1	Mixed sex accommodation breach	0.00%	0.00%	0.00%	→													
BCP_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	95.00%	82.05%	91.14%	↓													
BCP_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	90.00%	No Data	No Data														
BCP_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)	100.00%	100.00%	96.43%	→													
BCP_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	80.00%	No Data	No Data														

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	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
BCP_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	85.00%	No Data	No Data														
BCP_LQGE08	% compliance with local anti-biotic formulary for inpatients.	95.00%	No Data	No Data														
BCP_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	95.00%	96.97%	97.14%	↓													
BCP_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	95.00%	97.30%	98.53%	↓													
BCP_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	7.50%	0.00%	2.28%	↑													
BCP_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	95.00%	99.39%	99.68%	↑													
BCP_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	85.00%	96.97%	98.59%	↓													
BCP_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	85.00%	100.00%	100.00%	↑													
BCP_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	100.00%	100.00%	100.00%	→													
BCP_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	100.00%	100.00%	100.00%	→													
BCP_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.	100.00%	50.00%	60.00%	↓													
BCP_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	50.00%	57.61%	55.31%	↑													
BCP_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]	75.00%	91.49%	90.15%	↓													
BCP_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]	95.00%	98.94%	99.09%	↓													
BCP_LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report. [Target - >80%, Sanction: GC9]	80.00%	No Data	93.39%														
BCP_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence.	1.58%	1.18%	2.35%	↓													
BCP_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,970 = 19% of prevalence. CUMULATIVE	1.58% per month 19% by Year End	2.35%	3.51%	↓													
BCP_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'	90.00%	90.91%	94.03%	↓													
BCP_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	80.00%	No Data	No Data														
BCP_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	95.00%	100.00%	100.00%	→													
BCP_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100.00%	100.00%	100.00%	→													

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WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 12

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 28th August 2018
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	<ul style="list-style-type: none"> • Receive and note the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

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

1. FINANCE POSITION

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

Financial Targets				
Statutory Duties	Target	Out turn	Variance o(u)	RAG
Expenditure not to exceed income	£9.986m surplus	£9.986m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£417.515m	£417.515m	Nil	G
Revenue Administration Resource not exceeded	£5.518m	£5.518m	Nil	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance	£355k	£295k	(£60k)	G
Maximum closing cash balance %	1.25%	1.04%	(0.21%)	G
BPPC NHS by No. Invoices (cum)	95%	99%	(4%)	G
BPPC non-NHS by No. Invoices (cum)	95%	99%	(4%)	G
QIPP	£4.79m	£4.79m	Nil	G
Programme Cost *	£133,165k	£133,970k	£804k	G
Reserves *	£828k	£0k	(£828k)	G
Running Cost *	£1,839k	£1,839k	£0k	G

- The net effect of the three identified lines (*) is a small under spend in year and breakeven FOT.

- The cash position has been recovered this month and the cash target has been met.
- Underlying recurrent surplus metric of 2% is being maintained.
- Programme Costs YTD inclusive of reserves is showing a small underspend.
- Royal Wolverhampton Trust (RWT) M3 data indicates a financial under performance.
- Referrals from GPs into RWT have reduced but this may be due to the summer period.
- Challenges on data for Nuffield, Sandwell and West Birmingham and UHNM being channelled through Contracting.
- The increased volume of clients in receipt of Continuing Care payments and the number in receipt of expensive packages will require close monitoring to ensure all costs are captured and monitored.
- The CCG control total is £9.986m which takes account of the 17/18 year end performance.
- The CCG is reporting achieving its QIPP target of £13.948m.
- The Programme Boards QIPP deliverability report identifies the need to deploy reserves in order to meet the QIPP target.
- The CCG is currently reporting a nil net risk albeit a slight change in risk incidence.
- The pay award has been funded and averages out at 3.8% or c £140k for 18/19. This may impact on future years' flexibilities.

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

	Annual Budget £'000	YTD Performance M04						
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)
Acute Services	201,252	67,084	67,085	1	0.0%	201,059	(193)	(0.1%)
Mental Health Services	37,883	12,608	12,535	(73)	(0.6%)	37,715	(168)	(0.4%)
Community Services	40,508	13,512	13,457	(55)	(0.4%)	40,389	(119)	(0.3%)
Continuing Care	15,095	5,032	5,026	(5)	(0.1%)	15,341	246	1.6%
Primary Care Services	53,703	17,903	17,743	(160)	(0.9%)	53,545	(158)	(0.3%)
Delegated Primary Care	35,719	11,906	12,089	183	1.5%	35,719	0	0.0%
Other Programme	15,369	5,121	6,034	913	17.8%	17,696	2,327	15.1%
Total Programme	399,528	133,165	133,970	804	0.6%	401,463	1,935	0.5%
Running Costs	5,518	1,839	1,839	0	0.0%	5,518	0	0.0%
Reserves	2,483	828	0	(828)	(100.0%)	548	(1,935)	(77.9%)
Total Mandate	407,529	135,832	135,809	(23)	(0.0%)	407,529	(0)	(0.0%)
Target Surplus	9,986	3,329	0	(3,329)	(100.0%)	0	(9,986)	(100.0%)
Total	417,515	139,161	135,809	(3,352)	(2.4%)	407,529	(9,986)	(2.4%)

- Within the Forecast out turn there is a commitment of £1.107m of non recurrent investment to support the RWT transformational agenda.
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, and the 1% reserve. For 19/20 the CCG will need to reinstate the Contingency and 1% reserve which will be a first call on growth monies.
- The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 2% recurrent surplus as shown below.

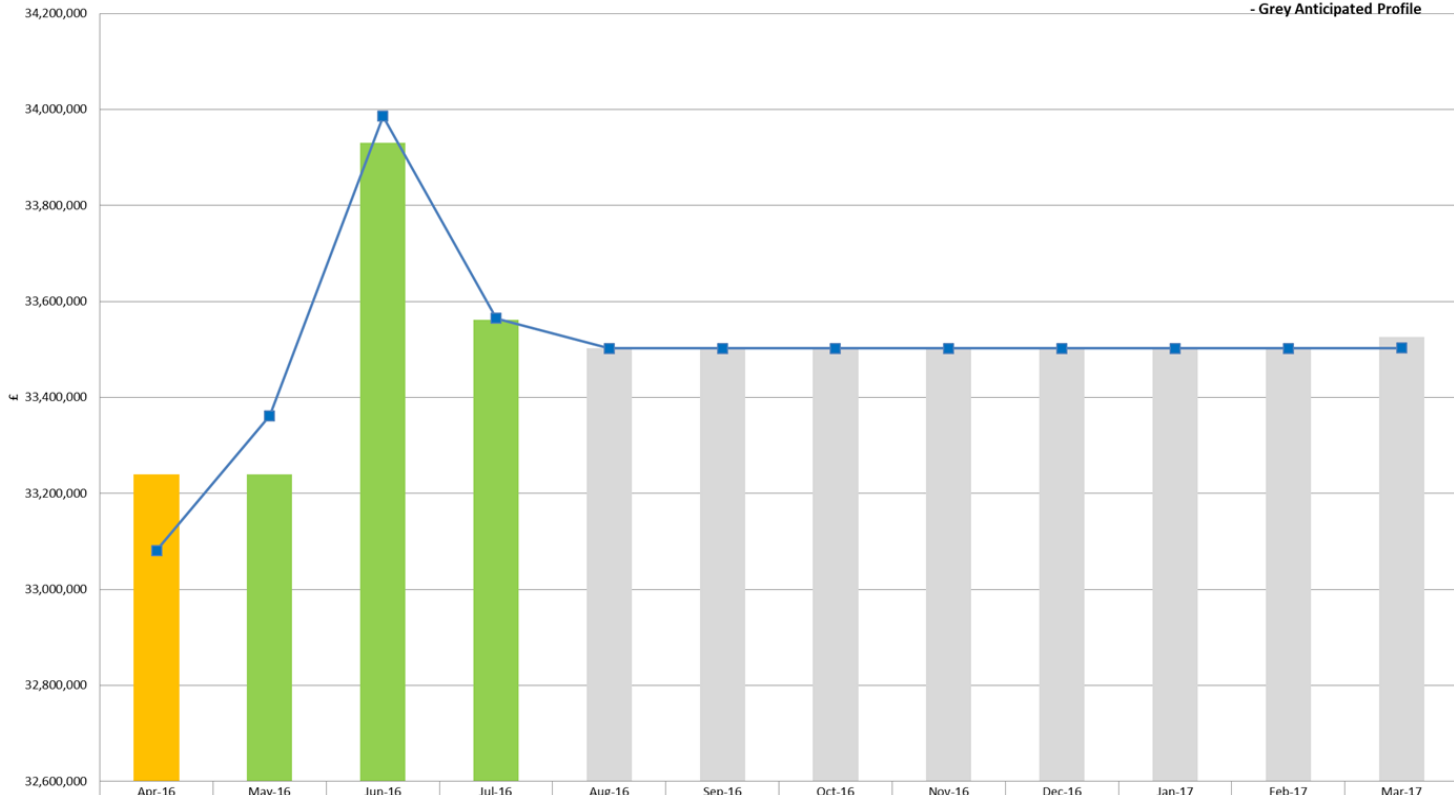
- The extract from the M3 non ISFE demonstrates the CCG is on plan, achieving 2% recurrent underlying surplus.

CCG UNDERLYING POSITION	Forecast Net Expenditure				Remove Non Recurrent Items				Part/Full Year Effects		2018/19 Underlying Position
	Plan	Actual	Variance	Variance	NR Allocations & Matched Expenditure	NR QIPP Benefit	Contingency	Other NR Spend / Income	QIPP	Other	
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m
REVENUE RESOURCE LIMIT (IN YEAR)	407.529				(4.877)						402.652
Acute Services	201.252	201.059	0.193	0.1%	(1.473)	-		(7.802)			191.784
Mental Health Services	37.883	37.715	0.168	0.4%	(0.887)	-		(0.118)			36.710
Community Health Services	40.508	40.389	0.119	0.3%	-	-		(0.118)			40.271
Continuing Care Services	15.095	15.341	(0.246)	(1.6%)	-	-		0.229			15.570
Primary Care Services	53.703	53.545	0.158	0.3%	(1.227)	-		-			52.318
Primary Care Co-Commissioning	36.267	36.267	-	0.0%	-	-		-			36.267
Other Programme Services	17.304	17.696	(0.391)	(2.3%)	(1.290)	-	(2.021)	2.380			16.765
Commissioning Services Total	402.011	402.011	0.000	0.0%	(4.877)	-	(2.021)	(5.429)	-	-	389.684
Running Costs	5.518	5.518	-	0.0%	(0.003)	-					5.515
TOTAL CCG NET EXPENDITURE	407.529	407.529	0.000	0.0%	(4.880)	-	(2.021)	(5.429)	-	-	395.199
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%							7.453
											1.9 %

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Monthly Planned vs Monthly Actual Programme Expenditure

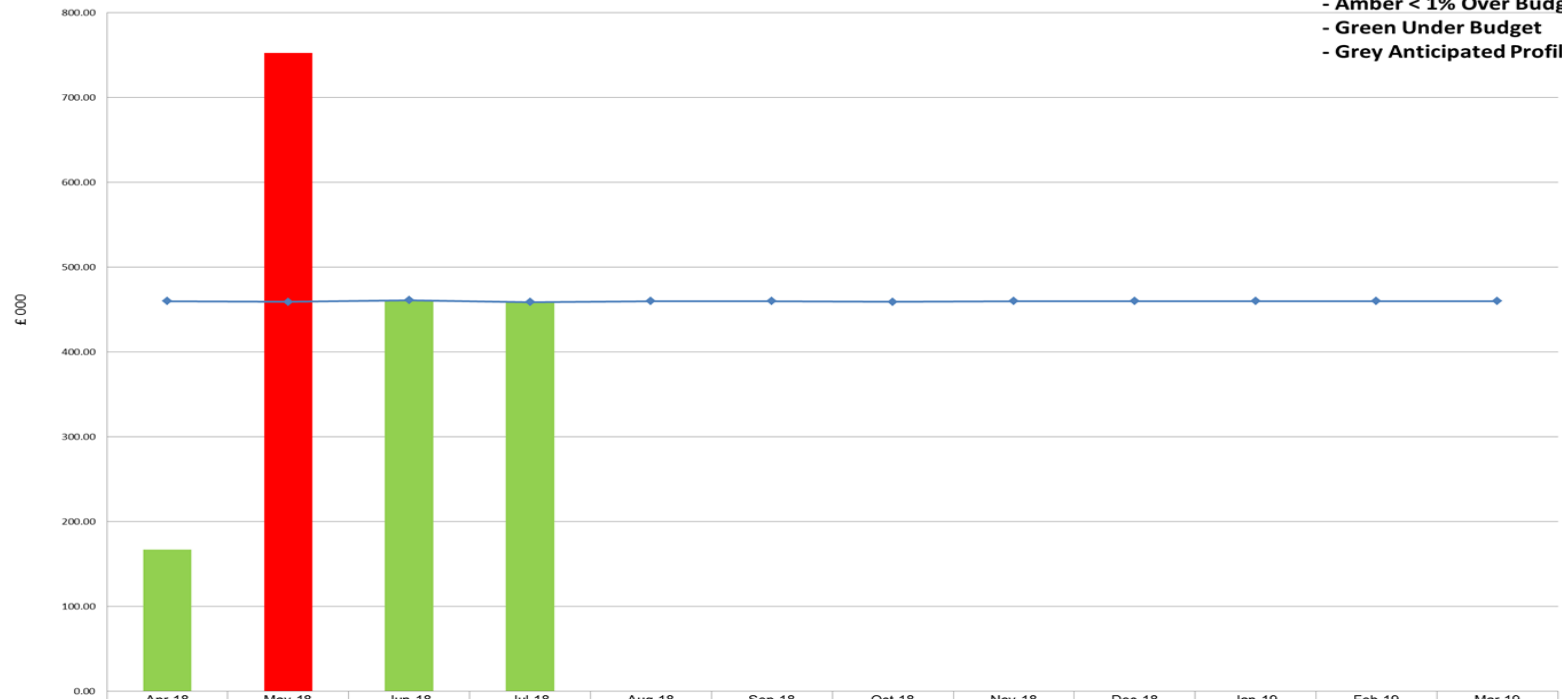
KEY
 - Red > 1% Over Budget
 - Amber < 1% Over Budget
 - Green Under Budget
 - Grey Anticipated Profile



	Apr-16	May-16 Actual	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16 Estimated	Dec-16	Jan-17	Feb-17	Mar-17
Monthly Spend	33,239,399	33,239,399	33,930,116	33,560,880	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,526,168
Monthly Budget	33,081,233	33,361,601	33,985,748	33,564,545	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,502,148	33,502,837

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

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



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Monthly Spend	167	752	461	459								
Monthly Budget	460	459	461	459	460	460	459	460	460	460	460	460

Delegated Primary Care allocations for 2018/19 as at M04 are £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The 0.5% contingency and 1% reserves are showing an underspend year to date but are expected to be fully utilised by year end.

The table below shows the outturn for month 4:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	7,348	7,341	(7)	22,043	22,043	0	●	0	0
General Practice PMS	633	491	(142)	1,899	1,899	0	●	0	0
Other List Based Services APMS incl	804	893	89	2,412	2,412	0	●	0	0
Premises	939	807	(132)	2,817	2,817	0	●	0	0
Premises Other	31	40	8	94	94	0	●	0	0
Enhanced services Delegated	296	239	(57)	887	887	0	●	0	0
QOF	1,267	1,230	(37)	3,802	3,802	0	●	0	0
Other GP Services	588	1,048	460	1,765	1,765	0	●	0	0
Delegated Contingency reserve	61	0	(61)	183	183	0	●	0	0
Delegated Primary Care 1% reserve	122	0	(122)	366	366	0	●	0	0
Total	12,089	12,089	0	36,267	36,267	0	●	0	0

- 2018/19 forecast figures have been updated on quarter 1 list sizes to reflect Global Sum, Out of Hours and MPIG.

- 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.

2. QIPP

The key points to note are as follows:

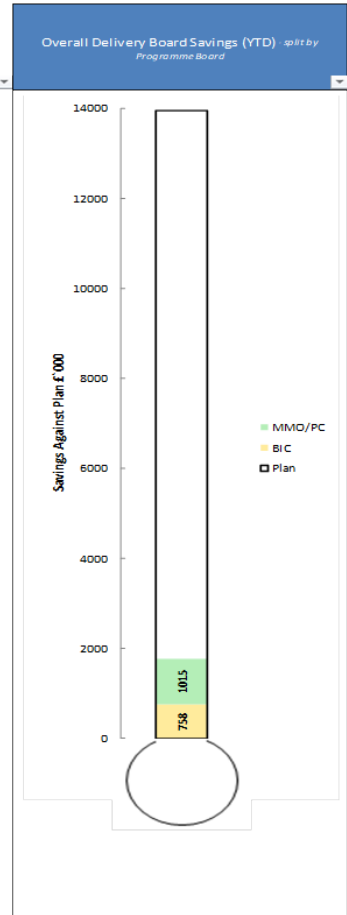
- The submitted finance plan required a QIPP of £13.948m or 3.5% of allocation.
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care schemes such as Respiratory, Diabetes and Paediatrics although the CCG is challenging the Right Care opportunity level in Respiratory as the CCG cannot identify the levels of activity used in the Right Care calculation and the impact of HRG4+ had not been factored into calculations. A meeting is being organised between NHSE, Right Care and the CCG to explore this issue more fully.
- The plan assumes full delivery of QIPP on a recurrent basis as any non-recurrent QIPP will potentially be carried forward into future years.
- For Month 4 QIPP is being reported as delivering on plan.
- The tables below detail the QIPP within the Finance plan and the associated QIPP leads FOT. The financial gap between FOT and plan will have to met by additional QIPP schemes and cover from Reserves. Currently the deliverability gap is £5.09m as demonstrated by the table below. However, should the CCG be successful in agreeing a gain/risk share with RWT a further c£3m QIPP will be secured. The remaining balance, £2.1m will need to be addressed through existing QIPP schemes exceeding the delivery target or the identification of new schemes to ensure recurrent QIPP delivery. However, an assessment has been made in regard to the deliverability risk which is fully covered through reserves.

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £ '000

Mth 4 - Jul 18/19

Project ID	Description	Annual Plan	April to Jul (YTD) Plan	YTD (Non ISFE)	Variance from Plan (YTD)	FOT (Non ISFE)	FOT Variance from Annual Plan	Jul (YTD) Prog Brd diff from Plan	Jul (FOT) Prog Brd diff from Plan
1819-7	Estates Voids (£)	100	0	0	0	100	0	0	0
1819-8	EPP	20	20	20	0	20	0	-20	0
1819-13	Running cost	115	115	115	0	115	0	0	0
1819-15	MSK Acute	187	60	60	0	187	0	-42	13
1819-19	Dementia Outreach ReCommission	200	200	200	0	200	0	-200	-18
1819-20	Peads Right Care - Main	604	67	67	0	604	0	-12	-302
1819-21	Care Closer to Home - Main	1368	456	456	0	1368	0	-15	0
1819-27	Care Closer to Home - Stretch	1851	616	616	0	1851	0	-616	-1851
1819-41	High Volume Mental and Acute Service Users	252	82	82	0	252	0	-94	-152
1819-42	Falls Service Redesign - Main	490	160	160	0	490	0	-184	-321
1819-66	Neuro Rehab Tariff Change	138	0	0	0	138	0	0	-138
1819-86	Diabetes Pathway / Service - Right Care Activity	98	32	32	0	98	0	-7	0
1819-93	Targeted Peer Review - Main	136	44	44	0	136	0	-99	0
1819-104	Improving care pathways to prevent and reduce lengths of stay in out of area placements	500	130	130	0	500	0	-130	-250
1819-106	Clinical Assessment Service (CAS)	102	32	32	0	102	0	-32	-102
1819-108	Prescribing Review - NHS Guidance Phase 2 (OTC Prescribing)	120	0	0	0	120	0	0	-59
1819-112	NHS Funded Care (18/19-3 Continuing Care Services)	400	133	133	0	400	0	-100	0
1819-113	Respiratory Right Care - Main	454	150	150	0	454	0	-181	-380
1819-114	Peads Right Care - Stretch	0	0	0	0	0	0	0	0
1819-115	Falls Service Redesign - Stretch	0	0	0	0	0	0	0	0
1819-116	BCF Cap	500	164	164	0	500	0	0	0
1819-117	Children's Equipment (SEND)	30	30	30	0	30	0	0	0
1819-118	Diabetes Pathway / Service - Right Care Prescribing	250	82	82	0	250	0	-78	-250
1819-119	Step Down	300	100	100	0	300	0	-100	0
1819-120	Specific Client MH Moving to Tier 4	450	450	450	0	450	0	-388	0
1819-121	Reduction Of Excess Beds Days /DTDC	414	136	136	0	414	0	-136	-207
1819-122	Ambulatory / Frailty Care	385	128	128	0	385	0	-128	-385
1819-123	End Of Life	373	125	125	0	373	0	-125	-373
1819-126	Targeted Peer Review - Stretch	293	96	96	0	293	0	-96	-147
1819-127	Repeat Prescription Management (Prescribing Hub)	70	0	0	0	70	0	0	-30
1819-128	CDU	500	164	164	0	500	0	-54	167
1819-129	Community Dermatology	221	0	0	0	221	0	0	-171
1819-130	Respiratory Right Care - Prescribing	124	40	40	0	124	0	-21	-24
1819-131	Vocare	200	66	66	0	200	0	-66	0
1819-132	Primary Care - Post Payment Verification (Post verification payment LES)	40	4	4	0	40	0	-4	0
1819-133	Reablement Budget	100	100	100	0	100	0	-100	0
1819-134	Admission Avoidance Beds - Stretch	250	80	80	0	250	0	-78	-242
1819-135	Contract Challenges	226	72	72	0	226	0	-72	-113
1819-136	MSK Community	143	47	47	0	143	0	97	377
1819-6a	Prescribing Internal Efficiencies - Main	1593	530	530	0	1593	0	66	-100
1819-6b	Prescribing Internal Efficiencies - Bio Similars	250	82	82	0	250	0	-57	0
1819-6c	Prescribing Internal Efficiencies - Low Clinical Limited Value	100	32	32	0	100	0	-32	-30
1819-137	Pre Glaucoma Screening in the Community	0	0	0	0	0	0	0	0
Grand Total		13947	4825	4825	0	13947	0	-3052	-5087



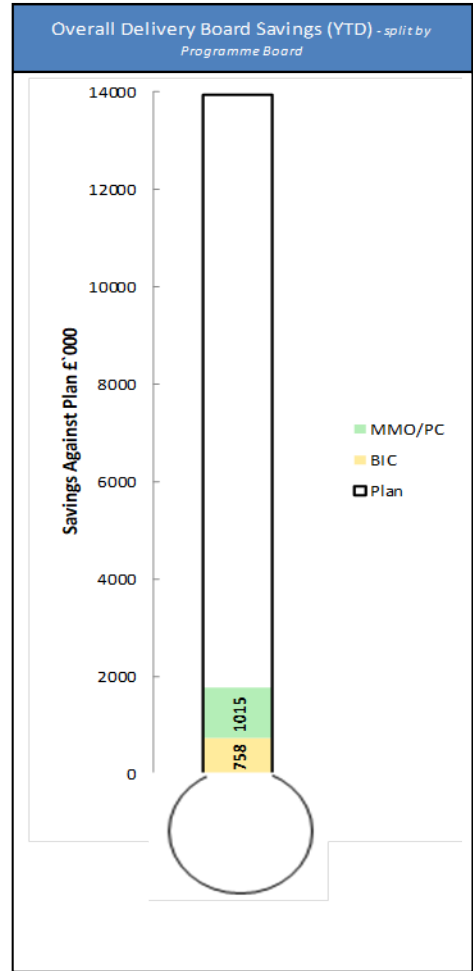
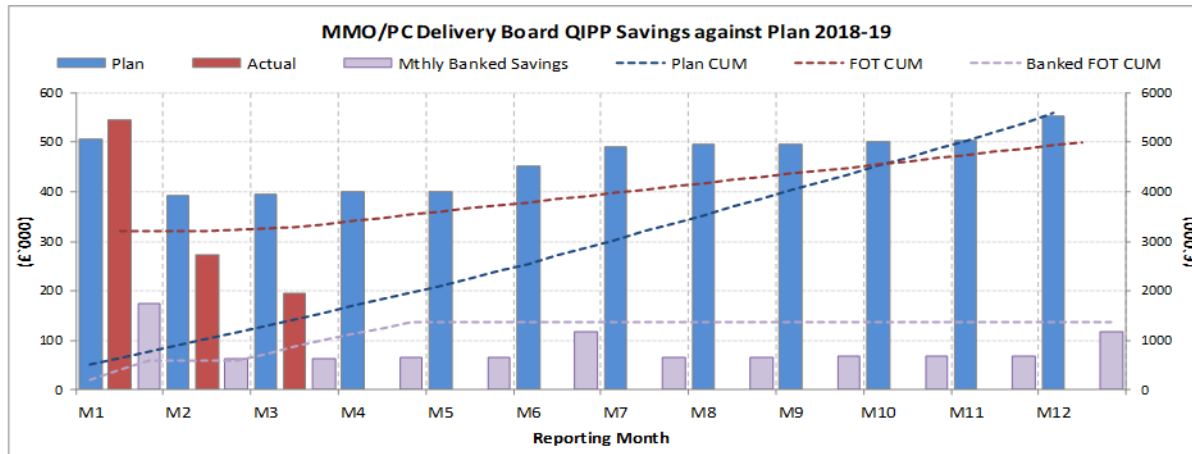
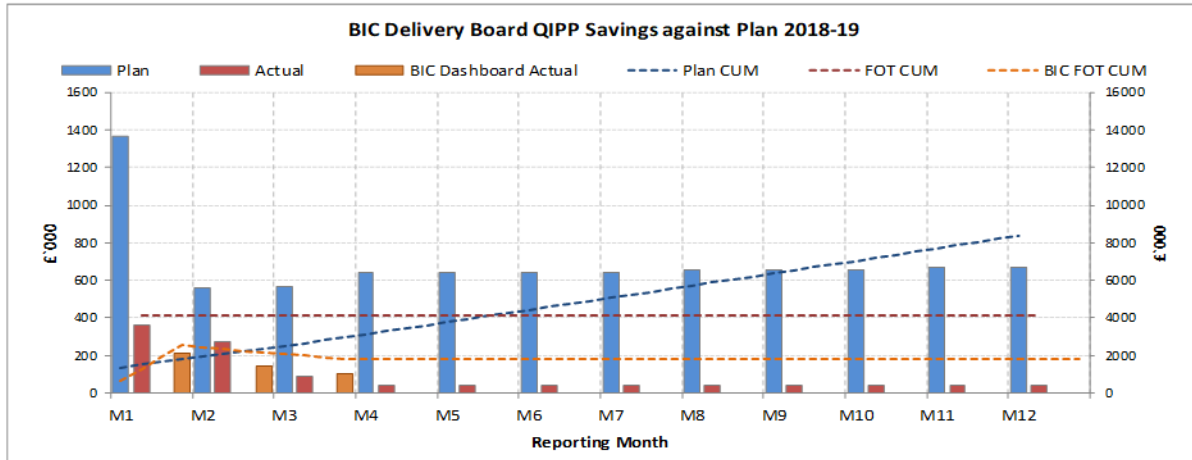
Key:

MMO/PC
BIC
Closed Projects - for information

QIPP Programme Delivery Board

Source : Annual Non ISFE Plan and Monthly Project Leads Updates - all figures shown as £'000

Mth 4 - Jul 18/19



3. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st July 2018 is shown below.

	31 July '18 £'000	30 June '18 £'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	4,040	1,848	2,192
Cash and Cash Equivalents	295	2,258	-1,963
	4,335	4,106	
Total Assets	4,335	4,106	
Current Liabilities			
Trade and Other Payables	-36,090	-34,021	-2,069
	-36,090	-34,021	
Total Assets less Current Liabilities	-31,754	-29,915	
TOTAL ASSETS EMPLOYED	-31,754	-29,915	
Financed by:			
TAXPAYERS EQUITY			
General Fund	31,754	29,915	1,839
TOTAL	31,754	29,915	

Key points to note from the SoFP are:

- The cash target for month 4 has been achieved, further details are provided in 13.2 below;
- The CCG is maintaining its high performance against the BPPC target of paying at least 95% of invoices within 30 days, (99% for non-NHS invoices and 99% for NHS invoices);

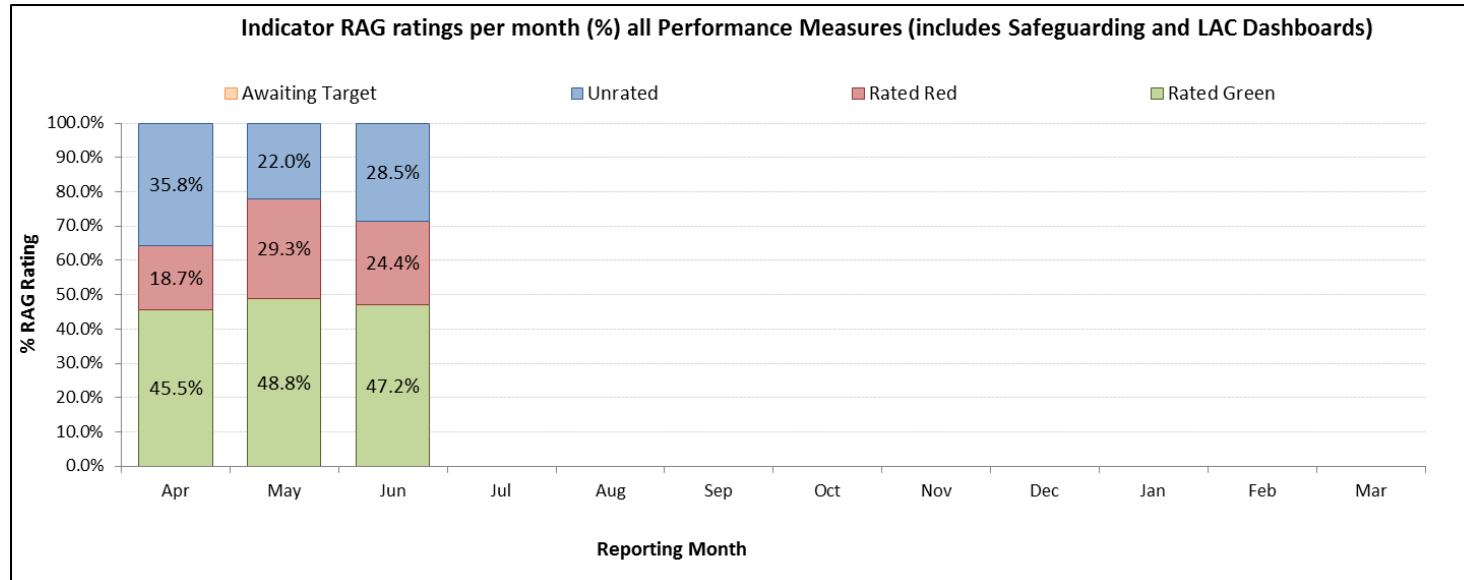
• **PERFORMANCE**

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

Executive Summary - Overview

Jun-18

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	9	10	15	13	0	1	0	0	24
Outcomes Framework	7	6	7	6	12	14	0	0	26
Mental Health	23	25	5	6	13	10	0	0	41
Sub Totals	39	41	27	25	25	25	0	0	91
RWT - Safeguarding	8	5	5	5	0	3	0	0	13
RWT - Looked After Children (LAC)	1	0	4	0	1	6	0	0	6
BCP - Safeguarding	12	12	0	0	1	1	0	0	13
Dashboard Totals	21	17	9	5	2	10	0	0	32
Grand Total	60	58	36	30	27	35	0	0	123



Exception highlights were as follows;

3.1. Royal Wolverhampton NHS Trust (RWT)

3.1.1. EB3 – Referral to Treatment Time (18weeks), EBS4 - 52 Week Waiters

- A revised performance trajectory for 18/19 has been submitted by the Trust is awaiting approval by the CCG with a stretch target (from 90.3% to 91.5% by year end and zero 52 week waiters) and discussions are on-going.
- June18 saw a 283 decrease in the number of patients seen during the month with performance reporting at 90.94% (below the National 92% target - achieving current draft local stretch target of 90.68%) and an improvement on previous month performance (90.48%).
- The Trust continues to validate patient pathways and monitor monthly prediction reports to highlight priority patients and expected activity numbers for each month.

- Weekly updates to NHS England for 52 week waiters commenced during August which require a recovery action plan for each 52 week waiter without a TCI (exceptions apply – eg specialised services).
- Zero 52 week waiters have been reported by the Trust, however there are 5 Wolverhampton patients who remain waiting over 52 weeks at :

The Royal Orthopaedic (T&O) x 2

University Hospitals of North Midlands (T&O) x 2

Bart's Health NHS Trust (Dermatology) x 1

3.1.2. Urgent Care (4hr Waits, Ambulance Handovers, 12 Hr Trolley Breaches)

- A revised A&E 4 Hour Wait performance trajectory for 18/19 has been submitted by the Trust to align with the Provider sustainability fund (PSF) trajectory and is awaiting approval by the CCG with a stretch target (from 90.3% to 95.1% by year end) and discussions are on-going.
- The number of A&E attendances has seen a 3.5% decrease from the previous month and a decrease in performance to 91.29%. The A&E Delivery Board have a programme plan which includes key target areas including on-going actions for improvement of patient flows, enhancement of joint triage, improved discharge initiatives and winter debrief actions.
- Ambulance handovers has seen an increase in June (90 >30, 3 >60 minutes against zero thresholds)

3.1.3. Cancer 2WW, 31 Day and 62 Day

- A revised 62 Day performance trajectory for 18/19 has been submitted by the Trust and agreed with the CCG for a stretch target (from 73.9% to 85.2% by June 2019).
- Cancer recovery plan is in place, weekly calls with NHS England (NHSE) and NHS Intelligence (NHSI), Cancer Alliance, Trust and CCG with high levels of scrutiny by NHSE and NHSI.

- There were 4 patients breaching 104 days (due to complex pathways, multiple diagnostic tests, prolonged surgical and anaesthetic assessment and patient choice). Discussions are on-going on a national level to set a zero trajectory for all providers against 104 day cancer waits.
- The CCG have commenced a 2WW scoping exercise to provide Wolverhampton GP's with practice specific analysis (including referrals per `000 list size and cancer conversion rates) which will enable joint working with practices, CCG and the Trust (including GP Peer Review) to understand referral trends and possible reasons for the local increases and variation.
- Current performance levels :

Ref	Indicator	Target	Jun18	YTD
EB6	2 Week Wait (2WW)	93%	84.01%	81.19%
EB7	2 Week Wait (2WW) Breast Symptoms)	93%	71.00%	53.80%
EB8	31 Day (1 st Treatment)	96%	93.00%	91.70%
EB9	31 Day (Surgery)	94%	81.48%	84.70%
EB10	31 Day (anti-cancer drug)	98%	100%	100%
EB11	31 Day (radiotherapy)	94%	87.90%	90.53%
EB12	62 Day (1 st Treatment)	M3=75.9% (Recovery) 93% (National)	63.14%	63.97%
EB13	62 Day (Screening)	90%	75.00%	78.24%

The July forecast from the Trust shows an increase across all performance standards with the exception of 31 and 62 Cancer Waits

3.1.4. Electronic Discharge Summary

- Performance for the Electronic discharge summary is divided into 2 sections : Excluding Assessment Units (achieving 96.04% against a 95% target), and Assessment Units which is currently showing as failing against the original 85% target (75.21%) and the proposed Q1draft trajectory of 90%.

- Main issues include an increase in failed e-discharges with the maternity units following the introduction of the Badgernet system and issues with regular attenders and the clerking of patients on the system

3.1.5. Delayed Transfers of Care

- Delays for the Royal Wolverhampton NHS Trust continue to achieve (based on 17/18 threshold of 3.5%) with 2.68% for June18 (all delays) and excluding Social Care (0.0.82%).
A revised trajectory for 18/19 is awaiting approval for a 2% threshold each month

3.1.6. MRSA and Clostridium Difficile

- MRSA – No breaches (against the zero threshold) have been reported for the Trust during June; however this indicator has already failed Year End due to May performance.
- C-Diff – 1 breach (against a 3 per month threshold) has been reported during June, (positive by toxin test and was attributable to RWT using the external definition of attribution). The Trust have confirmed that a combination of antibiotic diversity, attendance at ward huddles and strong environmental controls is thought to have contributed to the decrease in cases.
- Early indications are that although C.Diff remains within threshold, there has been a further MRSA breach during July18

3.1.7. Serious Incident Breaches (SUIs) - RWT

- 1 breach was identified for June (see table below)
- Overall, there has been a significant decrease in the reporting of serious incidents (20 reported in May, 7 reported in June18) which has been attributed to direct changes to reporting by the Trust to be in line with the Serious Incident Framework.
- Incidents are now reported as a serious incident if there is an act or omission that is suspected to have led to serious harm, rather than reporting according to a particular category or outcome.

Ref	Indicator	June18	YTD
LQR4	SUIs reported no later than 2 working days	0	2
LQR5	SUIs 72 hour review within 3 working days	0	0
LQR6	SUIs Share investigation and action plan within 60 working days	1	7

3.1.8. Safeguarding

- 5 out of the 19 Safeguarding and Looked After Children indicators were reported as breaching targets for June 2018 (and 9 non submission).
- The Trust has submitted exception reports for the June performance for Looked After Children indicators (% of RHAs completed by the due date and % of new requests for IHAs completed within 13 working days) which have highlighted staff capacity and notification issues by social work teams

3.2. Black Country Partnership NHS Foundation Trust – (BCPFT)

1.1.1. Care Programme Approach – Follow up within 7 days (EBS3)

- June performance has seen an increase to 91.43% from the previous May breach (against a target of 95%) and relates to 3 breaches (out of 35 patients).
- An exception report has been submitted by the Trust providing both an overview of issues and actions and an in-depth timeline analysis for each breach.
- Main issues relate to contacting patients (failure to establish contact details and arrangements on discharge).

1.1.1. IPC Training Programme Compliance (LQGE06)

- The IPC training programme performance is monitored quarterly, with the Q1 performance reporting below the 85% target (82.13% with 223 breaches, out of 1248). An exception report has been submitted by the Trust providing both an overview of issues and actions.

- These include: the identification of all non-compliant staff via the ESR/Training Dashboard with compliance requests cascaded to all line managers and staff requesting completion of the on-line programme or the IPC paper assessment.

1.1.2. IAPT Access (LQIA05)

- June failed to achieve the 2018/19 in-month target of 1.58% with 1.29% (YTD= 3.63%); however indicator is an annual (Year End) target of 19%.
- Following data quality queries in 2017/18, this indicator is discussed monthly as part of the Data Quality Improvement Plan (DQIP) and includes discussions on the addition of Long Term Condition referral figures.
- The Trust have raised concerns for meeting the national increases in targets (to 25% by 2020/21) with a need to invest in more staff to meet the increased demand and the changes to funding from Health Education England. Training for Long Term Conditions (LTC) has been confirmed to be provided at Stafford University and the Trust is awaiting further information.
- The CCG are exploring the development of a Business Case to support this key performance indicator.
- The CCG are investigating if other Providers meet the IAPT criteria to include with performance submissions.

1.1.2. CAMHS receiving treatment from NHS Funded Services (EH9)

- The June performance has been reported as 7.89% and failing the 32% target however as part of the Data Quality Improvement Plan (DQIP) there is on-going work to review the current target as this relates to a whole community target rather than the Black Country Partnership only proportion.

4. RISK and MITIGATION

The CCG submitted a M4 position which included £2.1m risk which has been fully mitigated.

The key risks are as below:

- Likely over performance in Acute contracts excluding RWT as it is assumed a Gain/Risk share will be agreed and will remove the main areas of risk;

- Transforming Care Partnerships, TCP, is presenting a real financial challenge and currently presents a risk of c £500k, a reduction from last month as the CCG now expects to be in receipt of funding to support client movements;
- Costs of drugs now off patent are increasing therefore Prescribing may over spend and the risk presented is c £600k;
- Other Programme services have an increased risk of c £200k potentially relating to Property Costs, NHS111 and other smaller budgets.

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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	TOTAL RISKS	Contingency Held	Contract Reserves	Investments Uncommitted	Further QJPP Extensions	Non-Recurrent Measures	Delay / Reduce Investment Plans	Other Mitigations	Potential Funding	TOTAL MITIGATIONS			
	£m	£m	£m	%	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m			£m
REVENUE RESOURCE LIMIT (IN YEAR)	407.529																					
REVENUE RESOURCE LIMIT (CUMULATIVE)	417.515																					
Acute Services	201.252	201.059	0.193	0.1%	(0.500)	-				(0.500)	0.400			-						0.400	(0.100)	
Mental Health Services	37.883	37.715	0.168	0.4%	(0.500)	-				(0.500)	0.300			-						0.300	(0.200)	
Community Health Services	40.508	40.389	0.119	0.3%		-				-				-						-	-	
Continuing Care Services	15.095	15.341	(0.246)	(1.6%)	(0.300)	-				(0.300)	0.500			-						0.500	0.200	
Primary Care Services	53.703	53.545	0.158	0.3%		-		(0.600)		(0.600)	0.400			-	0.100					0.500	(0.100)	
Primary Care Co-Commissioning	36.267	36.267	-	0.0%		-				-				-						-	-	
Other Programme Services	17.304	17.696	(0.391)	(2.3%)	(0.200)	-				(0.200)	0.400			-						0.400	0.200	
Commissioning Services Total	402.011	402.011	0.000	0.0%	(1.500)	-	-	(0.600)	-	(2.100)	2.000	-	-	-	0.100	-	-	-	-	2.100	-	-
Running Costs	5.518	5.518	-	0.0%		-				-				-						-	-	
Unidentified QJPP						-				-				-						-	-	
TOTAL CCG NET EXPENDITURE	407.529	407.529	0.000	0.0%	(1.500)	-	-	(0.600)	-	(2.100)	2.000	-	-	-	0.100	-	-	-	-	2.100	-	-
IN YEAR UNDERSPEND / (DEFICIT)	-	-	-	0.0%																		
CUMULATIVE UNDERSPEND / (DEFICIT)	9.986	9.986	-	0.0%																		

The key mitigations are as follows:

- The CCG holds a Contingency Reserve of c £2m. This will be held to cover the risk on Acute, Mental Health Services and Other Programme Services.
- The CCG also holds SOFP flexibilities which will be used to offset Prescribing risk.

Further work is being undertaken to assess the levels of risks and further mitigations and a verbal update will be available at Committee.

In summary the CCG is reporting:

In summary the CCG is reporting:

	£m Surplus(deficit)	
Most Likely	£9.986	No risks or mitigations, achieves control total
Best Case	£12.086	Control total and mitigations achieved, risks do not materialise achieves control total
Risk adjusted case	£9.986	Adjusted risks and mitigations occur. CCG achieves control total
Worst Case	£7.886	Adjusted risks and no mitigations occur. CCG misses revised control total

5. 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.

6. RISK REPORT

The Committee received and considered an overview of the risk profile for the Committee including Corporate and Committee level risks which had been reviewed and updated following discussions at the last meeting. There were no additional risks to be added.

7. FINANCIAL CONTROL PLANNING AND GOVERNANCE SELF-ASSESSMENT

The Committee considered the self-assessment undertaken and the supporting narrative prior to submission to the NHS England local team.

8. OTHER RISK

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

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

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 31st August 2018

Performance Indicators 18/19

Current Month: **Jun-18**

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

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	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_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92.0%	No Data	90.50%																			
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	99.0%	99.24%	99.15%	↑																		
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	95.0%	91.29%	92.13%	↑																		
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	93.0%	84.01%	81.19%	↑																		
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	93.0%	71.00%	52.75%	↑																		
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	96.0%	93.00%	91.82%	↑																		
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	94.0%	81.48%	85.34%	↓																		
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98.0%	100.00%	100.00%	→																		
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	94.0%	87.90%	89.89%	↓																		
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	Stretch from 73.91% to Yr End 85.2%	63.14%	63.56%	↓																		
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	90.0%	75.00%	79.00%	↑																		
RWT_EBS1	Mixed sex accommodation breach	0	0	0	→																		
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	0	0	0	→																		
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	0	0	1	→																		
RWT_EAS5	Minimise rates of Clostridium Difficile	Mths 1-11 = 3 Mth 12 = 2	1	9	↑																		
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	0	0	→																		
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	0	90	222	↑																		
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	0	3	14	↑																		
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	0	0	1	→																		
RWT_EBS6	No urgent operation should be cancelled for a second time	0	0	0	→																		
RWT_CB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95.0%	91.52%	92.05%	↓																		

18/19 Reference	Description - Indicators with exception reporting highlighted for info	Target	Latest Month Performance	YTD Performance	Variance between Mth	Trend (null submissions will be blank) per Month												Yr End
						A	M	J	J	A	S	O	N	D	J	F	M	
RWT_CB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	Yes	Yes	0														
RWT_CB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99.0%	99.87%	99.87%	↑													
RWT_CB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95.0%	98.51%	98.68%	↓													
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	95.0%	96.04%	96.01%	↓													
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.]	Q1 - 90% Q2 - 90% Q3 - 92.5% Q4 - 95%	75.21%	80.14%	↓													
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	2.0%	0.82%	0.83%	↑													
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.	0	0	2	↑													
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	0	0	0	→													
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.	0	1	7	↑													
RWT_LQR7	Number of cancelled operations - % of electives	0.8%	0.51%	0.39%	↓													
RWT_LQR10	DToc – compliance with checklist *awaiting confirmation of removal to Schedule 6	95.0%	No Data	No Data														
RWT_LQR11	% Completion of electronic CHC Checklist	98.0%	No Data	90.12%														
RWT_LQR12	E-Referral - ASI rates	10.0%	No Data	28.89%														
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	90.0%	No Data	90.45%														
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	80.0%	89.19%	92.25%	↓													
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	60.0%	77.92%	79.15%	↓													
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	92.5%	No Data	99.68%														
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)	Yes	No	No													n/a	
RWT_LQR22a	Number of Avoidable Grade 2 Hospital Acquired Pressure Injuries (HAPI) *Note : Updated KPI, to be CVO'd into contract	<40 per yr TBC	No Data	5														
RWT_LQR22b	Number of Avoidable Grade 3 HAPI *Note : Updated KPI, to be CVO'd into contract	<30 per yr TBC	No Data	3														
RWT_LQR22c	Number of Avoidable Grade 4 HAPI *Note : Updated KPI, to be CVO'd into contract	<2 per yr TBC	No Data	0														
RWT_LQR23a	Number of Avoidable Grade 2 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	2														
RWT_LQR23b	Number of Avoidable Grade 3 Community Acquired Pressure Injuries (CAPI) *Note : Updated KPI, to be CVO'd into contract	<10 per yr TBC	No Data	1														

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**WOLVERHAMPTON CCG
 GOVERNING BODY
 11 September 2018**

Agenda item 13

TITLE OF REPORT:	Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC) – 31 July 2018
AUTHOR(S) OF REPORT:	Peter Price – Interim Chair, Audit and Governance Committee
MANAGEMENT LEAD:	Tony Gallagher – Chief Finance Officer
PURPOSE OF REPORT:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.
RECOMMENDATION:	<ul style="list-style-type: none"> Receive this report and note the actions taken by the Audit and Governance Committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	n/a
2. Reducing Health Inequalities in Wolverhampton	n/a
3. System effectiveness delivered within our financial envelope	n/a

1. BACKGROUND AND CURRENT SITUATION

- 1.1 Internal Audit Progress Report
The Internal Audit Progress Report updated the Committee on activity since the last meeting and against key recommendations and when they were due. The committee noted and accepted the report.
- 1.2 Internal Audit Report – QIPP 2017/2018
The Internal Audit Report on QIPP 2017/2018 noted 4 low risk areas which the CCG were addressing. The report was accepted and commended.
- 1.3 Internal Audit Report 2017/2018 Governance Arrangements Relating To the Better Care Fund
The report recommended that whilst the Governing Body were kept apprised around the Better Care Fund (BCF), the BCF report which was presented at the Health and Wellbeing Board could be shared with the Governing Body.
- 1.4 Internal Audit Report – 2017/2018 Primary Care Commissioning
The internal audit report on 2017/2018 Primary Care Commissioning identified 4 low rated risks and particularly that the Committee seemed more operational focused rather than strategic focused. The Corporate Operations Manager advised that the heavier focus on operational work had been necessary to aid the CCG becoming fully delegated in Primary Care. With this now in place, the Committee was moving more towards addressing strategic work.
- 1.5 Internal Audit Charter - Revisions
The Internal Audit Charter outlined the responsibilities of the Internal Audit function for the year and the Committee noted the report with the request that the Head of Internal Audit Opinion was added to the Charter.
- 1.6 Annual Audit Letter
The Annual Audit Letter was not dissimilar to the audit findings report that had been issued previously to the Committee and was issued as an unqualified report.
- 1.7 Risk Register Reporting/Board Assurance Framework
The report presented to the Committee reported on the CCG's Risk Management arrangements, including the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register. The Committee noted the report and its recommendations.

- 1.8 Review of Performance against Whistleblowing Policy
The group discussed the review of performance against whistleblowing policy and approved it with the potential for amendments in the future.
- 1.9 Feedback to and from the Audit and Governance Committee and Wolverhampton CCG Governing Body Meetings and Black Country Joint Governance Forum
The Chair of the Audit and Governance Committee and Chair of the Black Country Joint Governance Forum updated respectively from each committee.
- 1.10 Losses and Compensation Payments – Quarter 4 2017/18
There were no losses or special payments were reported in quarter 1 2018/19
- 1.11 Suspensions, Waiver and Breaches of SO/PFPS
There were 24 breaches of PFPs in quarter 1 2017/2018. During the same period 17 waivers were raised and 10 non-healthcare invoices were pard with a purchase order numbers being raised.
- 1.12 Receivable/Payable Greater than £10,000 and over 6 months old
The Committee noted that as at 30 June 2018, there were 0 receivables and 21 payables over £10,000 and greater than 6 months old.

CLINICAL VIEW

1.1. N/A

2. PATIENT AND PUBLIC VIEW

2.1. N/A

3. KEY RISKS AND MITIGATIONS

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

4. IMPACT ASSESSMENT

Financial and Resource Implications

4.1. N/A

Quality and Safety Implications

4.2. N/A

Equality Implications

4.3. N/A

Legal and Policy Implications

4.4. N/A

Other Implications

4.5. N/A

Name: Tony Gallagher
Job Title: Chief Finance Officer
Date: 1 August 2018

REPORT SIGN-OFF CHECKLIST

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

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



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WOLVERHAMPTON CCG
GOVERNING BODY
11 SEPTEMBER 2018
Agenda item 14

TITLE OF REPORT:	Summary – Remuneration Committee – 5 July 2018
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"> • Arrangements to CCG staff undertaking additional duties • Remuneration for individuals on non-Agenda for Change Contracts including Senior Manager Performance Related Pay • Appointment arrangements for STP posts hosted by the CCG • Extension of Interim Deputy Chairing arrangements
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 5 July 2018.

2. ITEMS CONSIDERED BY THE COMMITTEE

- 2.1. Arrangements for staff undertaking additional duties

The Committee agreed arrangements for a number of CCG staff who would be undertaking additional duties during 2018/19.

- 2.2. Remuneration for individuals on Non-Agenda for Change Contracts

The committee agreed to apply pay uplifts, in line with the three year pay deal agreed for staff on Agenda for Change contracts, for 2018/19, 2019/20 and 2020/21. The committee also agreed performance related payments for Very Senior Managers 2017/18 and objectives for 2018/19 in line with the CCG's agreed framework.

- 2.3 Appointment arrangements for STP posts

The committee considered and approved arrangements for the recruitment and remuneration of the STP Independent Chair and Portfolio Director. These posts are being hosted by the CCG and the cost will be recharged to the other organisations within the STP.

- 2.4 Interim Deputy Chairing Arrangement

The committee agreed to extend the interim Governing Body Deputy Chairing arrangement for a further 12 months.

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: August 2018

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	29/08/18

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
11 SEPTEMBER 2018

Agenda item 15

TITLE OF REPORT:	Summary – Primary Care Commissioning Committee – 3 July 2018 and 7 August 2018
AUTHOR(s) OF REPORT:	Sue McKie, Primary Care Commissioning Committee Chair
MANAGEMENT LEAD:	Mike Hastings, Associate Director of Operations
PURPOSE OF REPORT:	To provide the Governing Body with an update from the meeting of the Primary Care Commissioning Committee on 3 July 2018 and 7 August 2018.
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>Quarterly Finance Report</p> <p>An update was provided around the Financial Position as at Month 3, June 2018. The Delegated Primary Care Allocations for 2018/19 as at month 3 were notes as £36.267m. The forecast outturn was noted as £36.267m, delivering a breakeven position.</p>
RECOMMENDATION:	The Governing Body is asked to note the progress made by the Primary Care Joint Commissioning Committee.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Commissioning Committee monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Commissioning Committee works with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our	Primary Care issues are managed to enable Primary Care Strategy delivery.



financial envelope	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Commissioning Committee met on 3 July 2018 and 7 August 2018. This report provides a summary of the issues discussed and the decisions made at those meetings.

2. PRIMARY CARE UPDATES

Primary Care Commissioning Committee – 3 July 2018

2.1 Primary Care Quality Report

- 2.1.1 Ms Corrigan updated the Committee around primary care quality, providing an overview of activity in primary care and assurances around mitigation and actions taken where issues have arisen. The following issues were highlighted:

- The data provided around Infection Prevention in May 2018 showed that the audits have resulted in lower scores, common issues encountered were around the sinks being updated and damage to décor and plaster.
- The Friends and Family data was shared and it was noted that there had been issues around practices submitting data, but this has now been resolved and the last 2 months data have now been submitted.
- Ms Corrigan also presented the Friends and Family Test Policy which sets out national guidance, contractual requirements and local procedures for supporting the friends and family submission. The Policy also sets out the process for when data is not submitted. The Committee approved the Policy and noted that there will be a qualitative element to reviewing the data in future, including patient experience and working with Patient Participation Group Chairs.
- The Committee noted that there are 2 practices that have a CQC rating of requires improvement which are being monitored and supported by the Primary Care and Contracting Team with input from the Quality Team. One Practice which was previously rated as 'requires improvement', has now been rated 'good' following a revisit.

2.2 Primary Care Operational Management Group Meeting

- 2.2.1 Mr Hastings provided an update from the meeting which took place on 6 June 2018 and noted the following:

2.2.2 The MGS Medical Practice transition work continues and any issues highlighted have either been resolved or are being monitored at fortnightly meetings between the CCG and Contract Holders.

2.2.3 The Committee noted that in terms of estates, Estates and Technology Transformation Fund (ETTF) funded work continues, with one Practice commencing building work.

2.3 **QOF+ Report**

2.3.1 Ms Sherlock informed the Committee that funding had been made available to practices to undertake some preparatory work in readiness for the QOF+ 2018/19 scheme that is due to be launched in June 2018. The purpose of the QOF+ preparatory scheme was to fund practices to build 4 registers that would later serve as the basis for QOF+ 2018/19. 37 practices originally signed up to take part equating to 88% of practices in Wolverhampton and of those 20 practices, 48% submitted a return. The learning from the preparatory scheme highlighted that a number of practices struggled to run a set of searches on their clinical systems. It was noted that, in future, practices would need to be trained / supported in the process of building searches.

2.3.2 It was noted that there is a risk that practices may choose not to participate in QOF+ 2018 due to workload and perceived issues around searches and coding. Ms Sherlock stated that there is mitigation in place to address this including a full set of searches and templates being provided by IM&T.

2.4 **Governance Arrangements for Primary Care**

2.4.1 Mr McKenzie presented a report to ask the Committee to endorse a proposal to clarify the governance arrangements for Primary Care strategic management and development. This proposal involves the Committee taking responsibility for monitoring the implementation and development of the Primary Care strategy on behalf of the Governing Body. It is proposed that, to clarify these arrangements, this committee is given delegated authority to develop and monitor the implementation of the CCG's Primary Care Strategy and the revised arrangements have been included in the updated terms of reference. The Committee approved the new governance arrangements and noted that the Governing Body would retain overall ownership of the strategy and sign-off responsibility.

Primary Care Commissioning Committee (Private) – 3 July 2018

2.5 The Committee met in private to receive updates on the GP Retention Plan, feedback from the last Local Medical Committee meeting and a review of the risk register.

Primary Care Commissioning Committee – 7 August 2018

2.6 Quarterly Finance Report

2.6.1 Mr Gallagher provided an update around the Financial Position as at Month 3, June 2018. The Delegated Primary Care Allocations for 2018/19 as at month 3 were notes as £36.267m. The forecast outturn was noted as £36.267m, delivering a breakeven position.

2.6.2 The CCG planning metrics for 2018/19 were as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations

2.7 Primary Care Quality Report

2.7.1 Ms Corrigan updated the Committee around the monthly Primary Care Quality Report and highlighted the following:

- Infection prevention audits continued to take place during July 2018, with the majority scoring a silver rating.
- The figures for Friends and Family have made a slight improvement on last month's submission. Overall responses remain positive (86% overall would recommend their practice, 4% would not).

2.8 Domestic Violence Coding Update

2.8.1 Ms Corrigan presented the Domestic Violence Multi Agency Risk Assessment Conference (MARAC) Data Reporting Specification alongside the associated EIA, DPIA and QIA. The work will be funded by the Home Office and the purpose of the programme is to ensure that practices can accurately track and identify any repeat domestic violence incidents and patient records that need updating with any incidents that have occurred over the last 12 months. The Committee accepted and agreed the report and associated documents. It was agreed that further discussion would take place around consideration of data sharing of patient information.

2.9 Primary Care Assurance Report

2.9.1 Ms Southall outlined the content of the report to the Committee, which is based on the Primary Care Strategy and General Practice Forward View (GPFV) programmes of work which was presented to the quarterly Milestone Review Board Meeting in July 2018. The report also provides an overview of activity for enhanced services, commissioned services and practice referral data.

2.9.2 The variability between practices of take up on pre-enhanced services such as social prescribing, primary care counselling and care navigation was noted.

2.9.3 The Committee queried the care navigation activity as the data is quite varied across the practices and they noted that not all practices had been included. It was reported that initially there were coding problems with the recording of information. The Primary Care Team have been working with IM&T to resolve these issues and additional training has been provided.

2.10 Primary Care Counselling Service

2.10.1 Mrs Southall updated the Committee around the Primary Care Counselling Service. It was noted that 975 referrals have been made into the service since May 2018, although the volume of referrals identifies a clear need for the service, there are concerns around the capacity of the service with this level of demand. A further update report will be provided to the December Committee meeting.

2.11 CCG Benchmarking Project

2.11.1 Mrs Southall updated the Committee around work that has been undertaken as part of the CCG Benchmarking Project. It was noted that the purpose of the Benchmarking is to allow the organisation to be measured against others with a view to recognise relative strengths and areas for improvement. The report proposes a series of actions on how the CCG can robustly monitor a number of indicators on key areas such as patient experience, provision of enhanced services and the configuration of primary care.

Primary Care Commissioning Committee (Private) – 7 August 2018

2.12 The Committee met in private to receive items around the business case of a practice merger and the risk register.

3. CLINICAL VIEW

3.1. Not applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

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

6. IMPACT ASSESSMENT

Financial and Resource Implications

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

Quality and Safety Implications

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

Equality Implications

6.3. Equality and inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

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

Name: Sue McKie
Job Title: Lay Member for Public and Patient Involvement, Committee Chair
Date: 28 August 2018

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)	Sue McKie	28/08/18

WOLVERHAMPTON CCG

Governing Body
11 September 2018

Agenda item 16

TITLE OF REPORT:	Communication and Participation update
AUTHOR(s) OF REPORT:	Sue McKie, Patient and Public Involvement Lay Member 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 July and August 2018.
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 Outstanding Rating Announced 2.1.3 Have your say on over-the-counter medicines 2.2.1 NHS70 celebrations 2.2.3 Annual General Meeting (AGM)
RECOMMENDATION:	<ul style="list-style-type: none"> • Receive and discuss this report • Note the action being taken
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others.
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> • Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions. • Works in partnership with others. • Delivering key mandate requirements and NHS Constitution standards.
3. System effectiveness delivered within our financial envelope	<ul style="list-style-type: none"> • Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.



1. BACKGROUND AND CURRENT SITUATION

To update the Governing Body on the key activities which have taken place July and August 2018, 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 Outstanding Rating Announced

We celebrated our Outstanding rating by announcing it online, through the local media and at our AGM in July.

NHS England assessed WCCG an Outstanding rating in their 2017/2018 annual assessment in July. This is the highest possible rating by NHS England (NHSE), and Wolverhampton CCG is the only CCG to be awarded this rating in the West Midlands. This year there were 20 CCGs rated as Outstanding out of 207 CCGs across the country for 17/18.



This is the third year that the CCG has been recognised by NHSE as outstanding. Only three CCGs have been rated as Outstanding for three years in a row. This puts Wolverhampton in the top 1% over that period.

<https://wolverhamptonccg.nhs.uk/about-us/news/684-outstanding-performance-rating-awarded-by-nhs-england-to-wolverhampton-ccg-for-the-third-year-running>

2.1.2 Extended opening for Pharmacy and GP surgeries August Bank Holiday

Extended bank holiday opening was shown on our website in advance of the August Bank Holiday. See <https://wolverhamptonccg.nhs.uk/about-us/news/710-wolverhampton-gp-bank-holiday-opening-for-monday-27-august-18> and <https://wolverhamptonccg.nhs.uk/about-us/news/696-august-bank-holiday-2018-pharmacy-opening-in-wolverhampton> for full details.

2.1.3 Press Releases

Press releases since the last meeting have included:

August 2018

- Wolverhampton GP Bank Holiday opening for Monday 27 August '18
- Think ahead and help your NHS this August Bank Holiday
- Save a wasted journey to A&E and treat yourself at home for sprains and strains
- AGM 2018 success
- Families help shape future of local maternity care
- Exam results: Keep calm and communicate
- A&E shouldn't be one of your holiday tourist attractions
- August Bank Holiday 2018 Pharmacy opening in Wolverhampton



July 2018

- Stay safe in the sun as heatwave continues in Wolverhampton
- School's out for summer! Be holiday ready!
- NHS 70 – Sainsbury's event
- If its red, it's blood-wee serious
- Outstanding Performance rating awarded by NHS England to Wolverhampton CCG for the third year running
- Wolverhampton Better Care Fund Partners Shortlisted for a Nursing Times Award
- Stay safe in the heat
- Wolverhampton Health and Social Care Chiefs join with Sainsbury's to celebrate 70 years of the NHS
- Wolverhampton residents invited to WCCG's Annual General Meeting
- Top tips to take the sting out of summer
- Join us to celebrate 70 years of the NHS

2.1.3 Have your say on over-the-counter medicines

We have started a period of engagement to get people's views about over the counter medicines on prescription for minor ailments, following the NHSE consultation earlier on this year.

We have produced a short survey <https://www.surveymonkey.co.uk/r/WYGSGTP> which closes on Tuesday 25 September.

2.2. Communication & Engagement with members and stakeholders

2.2.1 NHS70 celebrations start in Wolverhampton at Sainsbury's

On Friday 6 July, the CCG and City of Wolverhampton Council invited people to join them to celebrate NHS70 at Sainsbury's St Marks. We celebrated the NHS special birthday with a tea party in the café, with health and social care guests, between 10am-12pm.

Robert would
NHS - finest or
First
Robert and

Members of the public shared their experiences of the NHS and it was great to hear people's positive stories of how the NHS has looked after them over the years. <https://wolverhamptonccg.nhs.uk/about-us/news/702-nhs-70-sainsbury-s-event>



2.2.2 Annual Report Summary

We printed and distributed our Annual Report Summary at our Annual General Meeting. Copies are available online <https://wolverhamptonccg.nhs.uk/about-us/wolverhampton-ccg-annual-report-summary-2018>, or by contacting the CCG.

2.2.3 Annual General Meeting (AGM)

Approximately 50 patients and members of the public attended the event at Molineux stadium in July, along with CCG senior members, GPs, staff and patient representatives.



We paid tribute to NHS 70 throughout the event and showcased the CCG's achievements over the last 12 months. These include improvements to GP services with the development of our New Models of Care and good collaborative working with our partners in Wolverhampton and across the Black Country.

The event also gave us the opportunity to announce our 'Outstanding' rating from NHS England. We are proud to be one of only three CCG's in the country to have received the top rating three years in a row.



We finished the afternoon with a 1940s-themed celebration with afternoon tea and music from the era. Attendees also had an opportunity to talk to CCG representatives and ask any questions. Our feedback from those who attended has been extremely positive and we are really pleased that many of you enjoyed the afternoon.



For those unable to attend, please [Watch our video from the AGM](#)

2.2.4 GP Bulletin

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

2.2.5 Practice Nurse Bulletin

The July/August editions of the Practice Nurse Bulletin included the following topics:

- WCCG rated Outstanding for a third year in a row
- WCCG AGM
- Kicks Count campaign and website
- Practice Makes Perfect Forum
- LeDeR – Learning into Action Newsletter
- Summer sports
- Thrive into Work Newsletter
- Training and events
- STP Stakeholder News
- Useful information and resources

2.2.6 Members Meeting

The GP Members Meeting took place on 25 July. GP members heard the latest updates focussing on the GP workforce in Wolverhampton and discussed how best to manage repeat prescribing in the future



3. CLINICAL VIEW

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning. GP leads for the new models of care have been meeting with their network PPG Chairs to allow information on the new models, and provide an opportunity for the Chairs to ask questions. All the new groupings have decided to meet on a regular quarterly basis.

4. PATIENT AND PUBLIC VIEWS

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

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

4.1 PPG Chair / Citizen Forum meeting

The PPG Chair / Citizen Forum meeting took place in July with an attendance from 11 GP practices and representatives from the cancer services forum and Health Watch Wolverhampton. The group received presentations on Falls Prevention and Care Navigation and then provided feedback on their various practice activity. The Terms of Reference were approved and members agreed that they would like to keep meetings bi-monthly in addition to the Hub meetings.

5. LAY MEMBER MEETINGS – attended:

- 5.1 Primary Care Commissioning Meeting
- CCG Governing Body Meeting
- CCG Governing Body Development meeting
- Quality and Safety Meeting
- 1:1 discussion re Equality Objectives
- Strategic communications
- JEAG
- VI PPG planned to attend but cancelled x 2

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: Sue McKie

Job Title: Lay Member for Patient and Public Involvement

Date: 28 August 2018

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

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	Details/ Name	Date
Clinical View	n/a	
Public / Patient View	Sue McKie	28 August 2018
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)	Sue McKie	28 August 2018



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Minutes of the Quality & Safety Committee
Tuesday 12th June 2018 at 10.30am in the CCG Main Meeting Room

	8.5.18	12.6.18
MEMBERS:		
Mike Hastings – Director of Operations	-	✓
Dr Helen Hibbs – Chief Officer, WCCG	A	A
Marlene Lambeth – Patient Representative	✓	✓
Sukhdip Parvez – Quality and Patient Safety Manager, WCCG	✓	✓
Sally Roberts – Chief Nurse and Director of Quality, WCCG	✓	✓
Dr R Rajchalon - Chair – WCCG Board Member	A	A
Jim Oatridge – Deputy Chair - Lay Member	✓	✓ Chair
Sue McKie – Patient/Public Involvement – Lay Member	✓	✓
Alicia Price - Patient Representative – Lay Member	A	A
Peter Price – Independent Member – Lay Member	✓	✓
IN ATTENDANCE:		
Fiona Brennan – Designated Nurse for Looked After Children	✓	-
Liz Corrigan – PC Quality Assurance Co-ordinator	✓	A
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)	-	✓
Kelly Kavanagh – Minute Taker - Interim Administrative Officer (PA to Chief Nurse and Director of Quality)	✓	-
David King - Equality and Human Rights Manager	-	✓
Peter McKenzie – Corporate Operations Manager	✓	-
Lorraine Millard – Designated Nurse Safeguarding Children	✓	-
Phil Strickland - Governance & Risk Coordinator	✓	✓
Tracie Wilson – Quality Improvement Nurse and SPACE Programme Facilitator	✓	-

QSC/18/001 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/18/002 Declarations of Interest

No declarations of interest were raised.

QSC/18/003 Public and Private Papers

Mr Oatridge commented on items 5.2 and 5.3 on the agenda and wondered whether they were to be made public papers or not.

Mr Price wondered whether the meeting should be split into two parts and have a public and private session.

Mrs Roberts commented that unless specific issue i.e. patient identifiable data then it should all be public.

Mr Oatridge asked whether the reports would be put onto the public website.

Mrs Roberts advised that in a previous meeting a report was presented whereby something could have been patient identifiable.

Mr Hastings suggested having the meeting split into two parts in line with Mrs Roberts' advice.

Mrs Roberts agreed and added that she will reflect it in the Terms of Reference.

ACTION: Mrs Roberts

Mr Oatridge suggested that a private and public section to the meeting be considered if required for next month's agenda.

ACTION: Mrs Hough

QSC/18/004 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/004.1 Minutes from the meeting held on 8th May 2018 (Enclosure 1)

The minutes from the meeting which was held on 8th May 2018 were read and agreed as a true record.

Mrs Roberts referred the Committee to page 5 of the minutes and the Cytology Incident which was regarding the HPV incident; she provided an update that there were 33 patients in total (across the Black Country). Of the 33, there were 19 patients with a false negative result and they had all been seen by the Consultant apart from one patient who has not been contacted yet, as it appears they have moved address. Two of the patients need a follow-up appointment and will then be discharged; she has asked for a review of harm and this will be reported in due process. This has been reported on STEIS and there were six that were Wolverhampton patients.

Ms McKie commented on the communication around Public Health and wondered if they were aware of it.

Mrs Roberts replied that the trust had informed Public Health as soon as she was aware of it and added that there was a new person in post now. She had asked for a Public Health member to attend this Committee too.

The attendance on the front page of the minutes should have Independent members and Patient Reps down as lay members

QSC/18/004.2 Action Log from meeting held on 8th May 2018 (Enclosure 2)

Mrs Roberts provided an updated action log which was reviewed and updated.

QSC068 – Points raised by the Chair following the presentation of the Quality and Risk Report – Mr Parvez advised that this had been trialled in three care homes and advised that the catheter passport has now been put on hold.

Mr Oatridge commented on the use of the more expensive catheter and the much better health outcomes and wondered if it was part of this issue.

Mrs Roberts replied that she was surprised at the amount of patients there were with catheters and added that there could be a trial of a pathway; she advised that Ms Higgins has a meeting to discuss this.

QSC071 – H&S Performance Report – This has been deferred to July.

Mr King joined the meeting at this point.

QSC/18/005 Matters Arising

There were no matters arising.

QSC/18/06 Assurance Reports

QSC/18/006.1 Equality & Diversity Quarterly Report (Enclosure 4)

Mr Oatridge advised Mr King that discussions had taken place around papers that should be marked as private or for the public domain as his paper stated that it should be classified as private.

Mr King presented the Equality & Diversity Quarterly Report and advised it was a quarterly update to the CCG and added that this was for two large providers; the Black Country Partnership and the Royal Wolverhampton Trust. He advised that since he started as Quality Manager in January 2018 he had been working to address the gaps identified in the compliance of the two organisations. At the time of the review neither Trust had fully published evidence of its compliance with its obligations under the Equality Act 2010 and the expectations of NHS England in line with the NHS Standard Contract. Underneath everything, all is good and they are both doing everything that was statutory doing all and were partly compliance with what the CCG were expecting so they had some red ratings; which is not ideal but he thought they were probably doing it.

Black Country Partnership – Mr King had reviewed them and they had demonstrated they were compliant with its obligations under the Equality Act 2010 on their website and they were fully green. Mr King referred the Committee to page 101 which showed the BCP action plan and added that he would put clearer headers on the action plans in future; but it showed that they were now completely green.

Ms McKie asked what blue represented on the action plans.

Mr King replied that it was that they had not started it as yet; this was due to Data Protection Rules and they were listening to feedback received. However, they should have started this last year.

Mr King referred the Committee to pages 93 to 97 – Review of RWT compliance position as of March 2018 and advised that he had met with a number of the quality leads and was still awaiting some of their actions and added that they have not fully updated their website. He stated that he will review this again when they have updated it, but added that it was more positive than it appeared. Mr King advised that they are not sharing good practices; but he would expect this in the next few months. He added that none of this impacts on patient safety.

Mr Oatridge asked when Mr King would be presenting to the Committee next and suggested it would be October 2018.

Mr King agreed that he would be presenting in October and was positive that the Committee should see improvements.

Mrs Roberts advised that she was expecting some angst from RWT; but they had been grateful of the support Mr King had offered and added that he was right to leave the ambers and reds in the action plan.

Mr Price asked what the contractual position was.

Mr King replied that this was around the contract and added that the information breach notice is the last resort, but support and advice has been given and they have got shared good practices from other Trusts. He thought it would probably be six months. With regards to the Equality Objectives the website shows it was last updated in 2016; they have got an action plan etc. but it is not available on the public website. Black Country Partnership has two different websites. He added that there was also a 0.5 WTE vacancy for a Band 6 Equality person out at the moment. He stated that NHSE would have a concern, if CCG didn't know about it and there is now an audit trail to show what has been done so far.

Assurance was **received** by the Committee.

Ms McKie asked if this is shared with CCG counter parts.

Mr King replied that he does meet with Sandwell and West Birmingham Trust and added that there was more to do with commissioners with joint approach; he advised that he would like a quarterly meeting with commissioners Equality and Diversity leads.

Mr King left the meeting.

QSC/18/006.2 Monthly Quality Report including Primary Care Report (Enclosure 3)

Mrs Roberts presented the Monthly Quality Report including Primary Care Report and advised the following:

Vocare – There was some media recently around Vocare and CQC; the Express and Star had reported a relatively old news story. Mrs Roberts advised that Vocare remain on weekly surveillance and they are reviewing the reports and that they are now seeing real improvements; there are local arrangements for staffing and the Trust and Vocare are meeting around work at the front door which appears to be working much better. The Trust has work to do around patient pathways for eyes, minors and children. There is an issue around rooms; this is being investigated with the contracts team, commissioners and lease arrangements and Vocare have had some issues around triage which is being addressed with the trust.

Ms Lambeth stated that she doesn't have the Express and Star and wondered about the fear for patients.

Mrs Roberts replied that Vocare replied to the Express and Star straight away and staff had letter from Vocare for assurance. She added that she had visited Vocare last week and it felt very joined up with regards to team working etc. there is a lot more work to do with RWT.

Mr Price asked if it was a risk around the management of it.

Mrs Roberts replied that she didn't think there was; she added that Vocare was a company and that the Trust would be their flagship; there is a clinical lead who is very good, very clinical and patient focussed. Mrs Roberts advised that they are looking at stepping down to monthly review soon.

Ms Lambeth wondered if they should speak with patients. Ms McKie advised that there are patient groups.

Mrs Roberts advised that there was an issue around signage but they have now added footprints on the floor to Vocare from ED.

Ms McKie advised that there was also an issue with acoustics and patients not hearing their name being announced.

Ms Lambeth asked if Healthwatch visit the Trust.

Mr Oatridge replied that Healthwatch undertook a patient survey, it was a good report and they have now done a few. He added that it was a big enough sample to take notice of. Mr Oatridge referred the Committee to page 25 of the papers and asked if it was tied in.

Mr Hastings replied that it includes Vocare, Cannock and the Trust and thought it was a bit contentious around the ED performance.

Mr Oatridge asked if the greens for Vocare was to do with their performance and wondered if it was because they had got better resources.

Mrs Roberts added that yes it was but it was the way the contract works with a sliding scale about capacity and the lower end of capacity.

Mr Oatridge wondered if the Trust could look at what the others are doing to help them improve.

Mrs Roberts replied that they have now agreed some specific pathways to help.

Mrs Roberts stated that there were issues with the signage, but added that there are discussions taking place between the Trust and Vocare which were positive and they are agreeing to do pathways together.

Cancer Performance – Mrs Roberts advised that this was still not good performance and that there are still significant breaches at 104 and 62 days; weekly calls with NHSI, Cancer alliance, CCG and Trust are taking place and through attendance at weekly PTL reviews there is evidence that they are having patient by patient level discussions. IST are going into the Trust; pathways are developing, but there is currently no cancer manager. The Cancer Alliance has put somebody in that starts next week; where it is expected to see an impact. Issues remain with regards to urology, specifically around robotics; and access, urology back log is the most significant and has been escalated to cancer alliance for review.

Ms Lambeth asked if the robotics was better for infection etc.

Mrs Roberts replied that yes it was and there are some slow progressive cancers which would be better to wait to be operated on.

Mr Price asked if there were trajectories.

Mrs Roberts replied that yes there were trajectories, as reflected within the revised cancer action plan submitted by the trust; she added that they have challenged them and in return they have given more assurance.

Mr Hastings stated clinical support by bringing Mrs Roberts into this has improved as she has been able to support it clinically.

Mr Hastings advised that there are representations at the STPs meetings; but they do need to look at Cancer Performance over all.

Mr Oatridge asked about people's choice.

Mrs Roberts replied that patients could choose any provider for treatment, it was however, important to recognise Quality and ensure safe services.

Maternity – Mrs Roberts advised that Maternity are comparable with other local Trusts with regards to performance; the unit has had a visit from the birthing team, who reviewed the community models, the delivery caps remain and RWT are still awaiting Walsall to have their cap lifted prior to lifting the cap at RWT.

Ms McKie asked about what was happening in relation to Shropshire.

Mrs Roberts replied that Shropshire is on the LMS (Local Maternity Systems) and from a Wolverhampton and LMS aspect; Wolverhampton are represented at the Shropshire LMS. Caesarean Section (c-section) rates have had an internal review and they have got good clinical leadership there now.

Mr Oatridge asked about c-section and whether the target was driven by patient or clinical choice.

Mrs Roberts replied that an element of it is patient choice, but may also be as the result of required medical intervention for safe delivery.

Mortality – Mrs Roberts attended the MORAG meeting she advised that the SHMI is the highest in the Country, the HMSR is 116; which is higher than average. She added that she was not assured with regards the trusts grip and pace around mortality following the last MORAG meeting the reporting process was not transparent and not robust and their governance process is also not robust. Mrs Roberts stated that the CCG has put the challenge in and the Trust has agreed on the actions; they are to review the governance structure, step down the MORAG meetings so to only have one mortality group and they have also asked Public Health to attend and Agreement with trust and PH to hold a system wide mortality reduction group.

Mortality Coding Issue – Mrs Roberts advised that external consultancy had been in in the past 18 months to do a review on Respiratory, Stroke and Pneumonia which are CQC outliers and added that the Trust were continuing to work with the action log. An external reviewer is to go into the Trust to look at the issues and review previous actions. She stated that more needs to be done as a system as Wolverhampton patients are dying in hospital; this may not be their preferred place of care/death. She added that they had met prior to this meeting and they were looking at the mortality group; they have seen an improvement elsewhere and are under scrutiny about the SHMI; the Trust position was discussed at last QSG and an escalation call had been booked with NHSE to consider escalation for QSG.

Mr Price wondered if the Board was sighted on this.

Mrs Roberts replied that the trust have advised the board are fully sighted.

Ms McKie asked if there was any group of patients that were highlighting issues.

Mrs Roberts replied that there were outliers such as vascular, stroke and respiratory. There was also a Sepsis CQUIN whereby section B was around the administration of antibiotics and the Trust was not hitting the target. However, this does not fit around SHMI and HMSR; there is agreement for a shared local mortality strategy but added that we will not see the impact for at least six – twelve months.

Mr Hastings asked if this was mentioned in the CQC Report.

Mrs Roberts replied that she didn't think it was, but added that she hadn't seen the report as yet.

Mr Oatridge stated that it was not new though.

Ms McKie commented on the Cancer performance delays.

Mr Oatridge stated that the robustness of reporting does not seem right.

Mrs Roberts advised that reports come to MORAG but the Trust couldn't give assurance so the CCG challenged it.

Mr Oatridge commented that this had been long standing and felt the Trust should be more concerned.

Mr Price asked they are reporting properly.

Mrs Roberts stated that the trust does report one of the measures, but this was to do with demographics etc. She reported more robust reporting was required and had been asked for from the trust. This was currently awaited.

Never Events – Mrs Roberts advised that there had been two Never Events and the RCAs have now been completed by the Trust. The Trust has been given approval from NHSE to host a learning event. The Association for Perioperative Practice (AFFP) is going into the Trust and CCG will await their diagnostic report; the issues

have been around human factors, work with clinical group. There is now a new Director of Nursing and Mrs Roberts has had positive discussions with her and feels there is more pragmatic honest conversations taking place with regards the wider aspects of issues pertaining to human factors training.

Mr Oatridge asked if there was any way the colour coding on each of the graphs showing the yearly data could be the same as it was slightly confusing.

Mr Strickland joined the meeting.

Mrs Roberts replied that yes they could and work was taking place around this.

Mr Oatridge referred to page 36 of the papers and the two maternity incidents which are both related to the same issue and asked if the Trust was learning from the incidents.

Mrs Roberts replied that this was to do with the wrong breast milk given to the babies; this was down to human factors and she felt it would take slightly longer to see the impact of this learning.

Mr Oatridge referred to page 48 of the papers and commented that it was good to see that the second named nurse for LAC had commenced in post.

Mrs Roberts added that she had spoken with Ms Cannaby regarding the Safeguarding processes in the trust.

Mr Oatridge commented on the two neglect incidents.

Mrs Roberts advised that Rachael Johnson has joined the Trust from Manchester; she had led on a neglect strategy which she has bought to Wolverhampton; we are leading on this from Wolverhampton and she would ask Ms Johnson to give an update at a future meeting of this work.

ACTION: Mrs Roberts

Ms Lambeth commented on the Friends and Family Test and that there was a number of practices that had zero submission.

Mrs Roberts advised that there had been an issue with a practice manager; Ms Corrigan had been in touch and they were having technical issues and added that it was a process issue which would be resolved shortly.

QSC/18/006.3 Finance and Performance Report (Enclosure 5)

Mr Hastings presented the Finance and Performance Report and advised that this report goes to the Finance and Performance Committee too and added that they scrutinise it there and review it in detail; it is coming here to make sure we have got collaboration between performance and quality.

Referral to Treatment (18 Weeks) – Mr Hastings informed the Committee that the Trust was underperforming with this; it needs to be above 92% which is the National target. There was no data available for the month of March 2018; performance trajectory is challenging, they are aiming to be at least 92%. A&E has already been spoken about. With regards to Vocare; nationally Mr Hastings reported that they are underperforming but are better than others.

Cancer 62 Day Waits (85%) — Mr Hastings reported that Quality and Performance are working together and added that there is an action plan that he would bring to this meeting to show assurances.

ACTION: Mr Hastings

E-Referral - ASI Rates - Appointment Slot Issues (<10%) – Mr Hastings advised that there is a national project that Trusts should be paper free by October this year; the CCG is working closely with the Trust. He added that about three quarters of specialties are switching off paper referrals and are returning paper referrals and making them do it electronically; all going well so far. There have been some rejected referrals with about 20 on the list; in order to work ASI there is an issue that slots are not available and again the CCG are working closely with the Trust.

Mr Oatridge commented on another Trust locally where they are split into six localities and the GPs can't refer their patients they have to put their case in and Solihull refer to the Trust; he got the impression that there was not much enthusiasm.

Mr Hastings thought that was quite expensive for somebody to look at all referrals before being passed on. He added that there are two referral assessments at the moment; one for physio and the other for MSK services and ophthalmology.

Mr Oatridge commented that there was no pressure in this area to do them this way.

Mr Hastings replied that we are always putting pressure on them. Each practice will review their own specialty practices/referrals. Feedback from GPs is related to pushback on referrals.

Ms Lambeth asked if the patients are aware that this is happening.

Mr Hastings replied that they should be aware as the GP should say that they will be referred to assessment referral.

Mr Oatridge noted that the Finance and Performance report is for information and that the Committee will pick up exceptions.

Mr Price wondered whether this paper should be presented under Feedback from Associated Forums.

This was **agreed** by the Committee.

QSC/18/006.4 Individual Funding Requests (Enclosure 6)

Mrs Roberts presented the Individual Funding Requests and advised that this report was here for assurance and was to show inappropriate referrals; she referred to page 7 of the report and advised that this would be communicated back into primary care.

Mr Oatridge commented that he had difficulty in interpreting the table (1a) on page 145 of the papers which showed IFR and Prior Approval.

Mrs Roberts explained the process of IFR and the approval panel and that referrals could get thrown out at that stage. The IFR team does not formally provide a 'Prior Approval' scheme for Wolverhampton CCG, however some requests may reach the IFR Team and these are reviewed with the CCGs designated clinician for a funding decision. Examples include MRI Scans and Hernia repair.

Mr Oatridge stated that the flow was not wonderful and added that he had difficulty in understanding what it was saying. There isn't a lot that gets through that shouldn't get through.

QSC/18/007 Risk Review

QSC/18/007.1 Quality and Safety Risk Register (Enclosure 7)

Mr Strickland presented the Risk Register and advised that there were no new risks added to the report and added that all risks were up to date and asked if there was anything that needed adding to the list following discussions that had taken place during the meeting.

Mr Oatridge commented that Vocare was going in the right direction.

Mrs Roberts advised that that risk might be able to come down to a nine.

Mr Strickland stated that the report that is presented to the Committee is the top line of the risk and it is that that gets reviewed. He added that Mr McKenzie refreshes them.

Mrs Roberts enquired as to how Mr McKenzie reviews them as she thought she would need to assist with the risks allocated to her.

Mr Strickland replied that for Vocare there are two risks that sit within the one corporate risk.

Mr Oatridge asked if there was a CCG and a Corporate risk for Vocare.

Mr Strickland replied that yes there was.

Mr Oatridge queried as to whether he was right in thinking that the risks that started with CR were Corporate risks, QS were Quality and Safety Committee risks and PC were Primary Care risks.

Mr Strickland agreed that was correct and the risks shown were the ones pertaining to the Committee and advised that they are reviewed on a quarterly basis.

Mr Oatridge commented that Mrs Roberts was not involved in the quarterly review and queried what role the Corporate lead has in reviewing them.

Ms McKie commented on the Mortality risk (QS07) and wondered as it was a high risk should it be higher than a nine.

Mr Strickland advised that there would be a full review at the end of this month.

Mrs Roberts commented on risk QS02 '**Inappropriate arrangements for a Named Midwife (RWT)** - RWT are not currently compliant with guidance around having a named midwife for safeguarding in place. This creates a risk that safeguarding matters will not be dealt with appropriately': she advised that the vacancy is out for recruitment and as long as the Trust recruits the risk could be reviewed.

Mr Oatridge commented on risk QS04 '**LAC CAMHS** - Waiting Times for LAC CAMHS is 40 weeks causing a risk to patient outcomes': and enquired as to if people do not attend people do they that fall off the end.

Mrs Roberts advised that she would ask Ms Fiona Brennan to update the process.

Mr Oatridge wondered if the risk had been scored too low until they fill the gap.

Mr Price commented that having the risks at the end of the meeting seemed to have worked well as they have had discussions in the meeting and review risks at the end.

Mr Strickland left the meeting.

QSC/18/008

Items For Consideration

Mrs Roberts advised that the Trust has had CQC in and the report is with them for review.

BCPFT – Have now been given a date for CQC visit, the Committee will hear about in August/September 2018.

CQC update on next meeting.

ACTION: Mrs Roberts

QSC/18/009 Feedback from Associated Forums (Exceptions and Queries)

QSC/18/009.1 Draft Mortality Assurance Review Group (MoRAG) (Enclosure 8)

The Draft Mortality Assurance Review Group minutes were received for information/assurance.

QSC/18/009.2 NICE Group Minutes (Enclosure 9)

The NICE Group minutes were received for information/assurance.

QSC/18/010 Items for Escalation/Feedback to CCG Governing Body

Mr Oatridge thought the Mortality report from this meeting could go to the Governing Body and could include that and Vocare.

Mr Hastings added that there was also better assurance around Equality.

Mr Oatridge advised that the next Governing Body Meeting is in July.

Mrs Roberts added that it was the 10th July 2018.

QSC/18/011 Any Other Business

Terms of Reference - Mrs Roberts commented that she would review splitting the Committee into two meetings - private and public.

ACTION: Mrs Roberts

Mrs Roberts added that she had reviewed the Membership of the Committee; to include Deputies and the quoracy to include 1 of 3 Lay Members NEDs.

Mr Hastings advised that his deputy would be the Business Operations Manager.

Mr Oatridge noted that the Committee had had clarity of the Terms of Reference.

QSC/18/012 Date of Next Meeting: Tuesday 10th July 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Signed: **Date:**
Chair

Minutes of the Quality & Safety Committee
Tuesday 10th July 2018 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan — WCCG Board Member (**Chair**)
Sally Roberts – Chief Nurse and Director of Quality, WCCG
Mike Hastings – Director of Operations
Amarbaj Chandock – Secondary Consultant, Heartlands
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)

Lay Members:

Jim Oatridge – Deputy Chair - Lay Member
Sue McKie – Patient/Public Involvement – Lay Member
Peter Price – Independent Member – Lay Member

In attendance (part):

Kelly Huckvale – IG Officer, CSU
Peter McKenzie – Corporate Operations Manager
Fiona Brennan – Designated Nurse for Looked After Children
Liz Corrigan – PC Quality Assurance Co-ordinator
Lorraine Millard – Designated Nurse Safeguarding Children

APOLOGIES:

Marlene Lambeth – Patient Representative

QSC/18/013 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

Mrs Roberts informed the Committee that Ms Lambeth (a patient Representative) recently had a stroke, she is making a good recovery and her eyesight has been affected; she still wants to be involved with the meetings at the CCG. It was noted that that the Committee wish her well for her recovery.

Dr Rajcholan welcomed Ms Higgins to the meeting.

QSC/18/014 Declarations of Interest

Ms McKie advised that she is involved with an agency in Walsall; working with Wolverhampton and Walsall Public Health reviewing Child Deaths and this will be for two days per week.

QSC/18/015 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/015.1 Minutes from the meeting held on 12th June 2018 (Enclosure 1)

The minutes from the meeting which was held on 12th June 2018 were read and agreed as a true record.

Dr Rajcholan commented that there used to be a representative from Public Health at this Committee.

Mrs Roberts advised that Dr Mittal will be joining us going forward but had given his apologies in for today.

QSC/18/015.2 Action Log from meeting held on 12th June 2018 (Enclosure 2)

QSC/18/003 and QSC/18/011 – Terms of Reference: To review splitting the Committee into two meetings (Public and Private) and QSC/18/003 – To review agendas (Public and Private) for next month's meeting.

Mrs Roberts advised that she had reviewed the splitting of the meeting into two meetings but had the assumption that all papers are public and if there are some that are deemed private then they would review this meeting by meeting if and when required.

Mr Oatridge confirmed that papers would be private by exception.

Ms McKie commented on the papers and requested they were submitted in a timely manner.

Mrs Roberts responded that she would ask Mr Hastings to send a reminder of responsibilities to all staff.

ACTION: Mr Hastings

QSC/18/006.2 - Monthly Quality Report including Primary Care Report: **Safeguarding:** To ask Rachael Johnson to give an update at a future meeting of this work around the work she is doing around Safeguarding and especially the neglect strategy.

Mrs Roberts advised that she had actioned this and that it would be part of the Safeguarding Paper which is to be presented in September 2018.

QSC/18/006.3 - Finance and Performance Report - **Cancer 62 Day Waits (85%)** — To share the action plan to a future meeting to show assurances around work that is being done.

Mr Hastings advised that they have now agreed a recovery plan, which has been agreed by CCG.

CLOSED

QSC064 - Quality & Risk Report - NEPS (WMAS) - To update the committee following the outcome of the incident that was escalated to NHSE.

Mrs Roberts advised that there are ongoing telephone conference calls with NHSE/NHSI and all incidents have a RCA.

CLOSED

QSC068 - Points raised by the Chair following the presentation of the Quality & Risk Report - A date is to be confirmed on the implementation of the catheter passport.

Ms Higgins advised that she is having discussions with Ms Whatley (Infection Prevention and Control Lead - RWT) and would report back in October 2018.

ACTION: Ms Higgins

Dr Chandock joined the meeting.

QSC071 - H&S Performance Report - New H&S Provider to look into risks of not signing out of temporary reception.

Mr Hastings advised that this would now be another 6 weeks and suggested bringing an update back to the August meeting.

QSC/18/008 - Items for Consideration - CQC update on next meeting.

Mrs Roberts advised that the full report was enclosed with the papers and that the Trust had been given a 'good' overall rating from the CQC.

Are services safe? – The rating stayed the same as previous 'requires improvement'.

Outstanding Practice – Found examples of outstanding practice at New Cross Hospital in Medical care (including older people's care), Surgery, Maternity, Outpatients and Diagnostics Imaging. Overall it was a really positive report. Safeguarding as a theme has been highlighted, which CCG were previously aware of. Cheryl Etches is going to develop an action plan to be shared with the CCG and will be monitored through CQRM.

Ms Huckvale and Mr McKenzie joined the meeting.

Mr Price commented that there is a theme occurring with the Never Events and wondered if the CQC would look at that. Mrs Roberts responded would look at this and also talk to the board and the NEDs.

Dr Chandock also added that governance was one of the CQC themes so they would consider Never Events within that.

Mrs Roberts advised that surgery was rated good for safety.

Mr Oatridge commented the compliance with the WHO safety surgery checklist which had deteriorated and advised that this was raised at Board to Board meeting last year..

Mrs Roberts advised she had conducted an announced visit to maternity theatres with Ms Higgins, following recent Never Events and observed good practices. Mrs Roberts stated that all staff she spoke to reiterated standardised safe practice within the labour ward and within the maternity emergency theatre staff had identified areas for improvement and were already initiating actions.

Dr Chandock commented that Heartlands use iPads and an automated system for the WHO safer surgery checklist in their theatres and it goes straight onto the system.

Mrs Roberts thought this could be an IT solution and would work really well and suggested that they could ask RWT where they are with it.

Mr Hastings agreed to talk to IT and report back to the Committee.

ACTION: Mr Hastings

Dr Rajcholan commented that Cannock Chase Hospital had got a few 'requires improvement'. Ms Higgins advised that she is planning to conduct a visit at Cannock Chase Hospital to gain further assurance.

Mr Hastings added that inspections had also taken place on the VI practices on 5th July.

Dr Rajcholan asked for an update in 2 months' time.

ACTION: Mr Hastings

QSC/18/015.3 Matters Arising

There were no matters arising.

QSC/18/016 Assurance Reports

QSC/18/016.1 Freedom of Information (FOI) Report (Enclosure 3)

Mr McKenzie presented the Freedom of Information Report and advised that this was to give assurance relating to the management of the FOI requests that are coming into the

CCG; this is a quarterly report. In the first quarter of this year there were 55 requests responded to and some had asked for further information, which follow the same timescale which is to reply within 20 working days. The scope of requests cover a range of different things from requests for contact details to how much do we spend for Primary Care and GPs.

Mrs Roberts enquired as to whether there were any themes or trends with the requests.

Mr McKenzie replied that there were themes around access, new requests about money and primary care. There are one or two organisations that put in yearly requests.

Mr Price asked about private reports.

Mr McKenzie replied that there were not really any private items, they are mainly service specifications, contracts and procurement etc. usually following a couple of unsuccessful bids but added that they follow the guidelines around confidential matters.

QSC/18/016.2 Information Governance Report (Enclosure 4)

Ms Huckvale presented the Information Governance Report and highlighted that item 2 on the report was the 'Information Governance Work/Improvement Plan 2018-19' and advised that there had been a few minor amendments and a section added relating to GDPR and asked for ratification from this Committee.

Mrs Roberts commented on the information sharing agreement which is ongoing and wondered if conversations were taking place in the Black Country at STP level.

Mr McKenzie confirmed that there had been some local discussions around this and added that there had been conversations around shared care records and the proper use of data with the data care alliance and thought it would become STP level discussions.

Mr Hastings commented that he thought they were making progress and that direct conversations had been had with the Royal Wolverhampton NHS Trust (RWT) and they were now supportive with this. He advised that he had been at an ICA meeting and he felt that they were in a good position.

Dr Rajcholan queried as to whether Mental Health was included with continuing health needs and the access to patients, was it just for adults.

Mr Hastings replied that Mental Health minimum data set was within contract and added that not all data might be in the data set.

Mrs Roberts stated that this was really positive.

Dr Rajcholan added that it was especially positive with regards to Mental Health and wondered is it was just for adults or did it include CAMHS too.

Mr Hastings replied that it was for all patients.

Dr Rajcholan enquired as to whether the GPs were aware of this.

Mr Hastings replied that he didn't want to say anything until completely confirmed and added that this was with executive support at the Trust.

Mr McKenzie advised that the key thing is to discuss the benefits. People need to see how helpful it is.

Mr Hastings advised that it was about where patients access their care and adverting unnecessary admissions.

Ms Huckvale asked if the Committee would ratify the document.

The Committee **agreed to ratify** the document.

Mr Price commented on the GDPR compliance and asked if the Committee could have a progression report later in the year.

Ms Huckvale agreed. She added that with regards to GDPR, the CSU IG team were currently working through the GDPR work plan with IAOs and relevant colleagues in order for the CCG to demonstrate and remain GDPR compliant and she added that compliance is being sent to managers on a weekly basis.

- Contact has been made with IAOs in order to define the legal basis for assets containing PCD.
- Contact has also been made with policy holders to update policies in line with the new Data Protection Law to include DPA and GDPR.
- **Data Protection Impact Assessment (DIPA)** – A template is to be sent to all staff and will be discussed at staff briefings; with guidance as to how to complete etc.
- **Information Governance (IG) incidents** – There were no incidents reported in the first quarter. However, she was aware of an issue with RWT but was not for us to worry about.
- **Caldicott Guardian Log work 2018-2019** – There were 20 DPIAs that were submitted to the IG team for review and comment in the first quarter. The CCG commission services and there is a new process for the data provider.
- **Subject Access Requests** – There had been two Data Protection Requests in the form of Subject Access Requests in Quarter 1. The first request has been responded to and closed and the second request is in progress and expected to be responded to within the one month timescale.

Ms Huckvale left the meeting.

QSC/18/016.3 Quality Annual Report (Enclosure 5)

Mrs Roberts presented the Annual Quality Report and advised that she would take any questions the Committee has and advised that it would be finalised within the next couple of weeks. She added that there was going to be a team away day soon to review this.

Dr Rajcholan advised that there was some typos on page 93 of the papers (page 11 of the report) where it states that the pressure injury policy had been sent for comments and was due to be agreed with the Tissue Viability Group on 21st March, which had already passed.

Mr Oatridge referred to page 86 of the papers (page 4 of the report) which states that it includes Pressure Injuries but excludes Pressure Injuries and believed that they should be shown.

Ms Millard, Ms Brennan and Ms Corrigan joined the meeting.

Mr Price commented that it was a really helpful report but commented on page 111 of the papers (page 29 of the report) where it states that Nuffield Hospital had a Never Event in December 2017 and that the CCG were awaiting the final RCA and wondered when it would be received.

Ms Higgins replied that it should be any time now but advised that she would confirm.

ACTION: Ms Higgins

Dr Rajcholan stated that it was a comprehensive report.

QSC/18/016.4 Safeguarding Adults, Children and Looked After Children Annual Report (April 2017-March 2018)

Ms Millard advised that the CCG is compliant and referred the Committee to section 2.1 'Self-Assessment Tool'. The CCG oversee this and have a forum which discusses sharing information. With regards to training, all designated professionals are required to maintain level 5 competencies.

Mrs Roberts commented on the CQC report for RWT where there were issues around safeguarding and have now been mitigated with the changes the Trust had initiated.

Ms Millard advised that the team had attended operational groups and they were reviewing the meetings and that Ms Millard, Ms Lawrence and/or Ms Brennan will attend.

Mrs Roberts advised that the new chief nurse is chairing that meeting.

Ms Millard commented that with regards to safeguarding they are taking learning from reviews for Adult and Children Board and individual case reviews and they also have oversight and implementations and recommendations from this.

CQC – CQC reviewed safeguarding children and services for looked after children in Wolverhampton which took place in July 2016 an action plan was developed by the CCG to address the recommendations made. There were lots of actions and there are still some outstanding actions which are still progressing, if they are not concluded they will escalate.

Joint Targeted Area Inspection (JTAI) – Ms Millard advised that they are expecting an inspection in Wolverhampton. She added that they are working with the Black Country Partnership trust and RWT with regards to preparation.

NHSE Funded Safeguarding Project – Ms Millard advised that this is going really well. She referred the Committee to section 2.25 Highlights from Wolverhampton Safeguarding Boards - Adult and Children 2017/2018.

Partnership Working – Ms Millard advised that section 2.26 (Table 2) showed that we were fully compliant working with partners across the City.

Learning Disabilities Mortality Review (LeDeR) - Mrs Roberts advised that we are now leading on local reviews; She added that she had met with the regional lead and agreed that each Black Country CCG will do their own reviews and share the learning across the STP. Ms Lawrence is developing an action plan which committee will be updated regularly.

Ms Millard referred the Committee to page 13 of the report which demonstrates how the CCG monitor the regulators with regards to contracts and non-compliance.

Looked After Children Report - Ms Brennan then presented the Looked After Children section of the report and advised that there were 668 looked after children in the area as of March 2016 and there were 641 as of March this year, she added that the rate is slowing down for children who need to be in care. Capacity to place internally remains a challenge, with 55% children living outside of the City today. The local authority has recruited more foster parents which is having an effect on permanent residence. Wolverhampton still has a significant number of Looked After Children. Black Country Partnership Trust (BCPT) is commissioned to provide mental health support all of our children up to the age of 18 years. There has been a redesign on Looked after Children and in April; 97% of referrals were seen within 18 weeks which is really positive. A national CQUIN has been introduced as an incentive to improve the experience and outcomes for young people when they transition out of CAMHS to adult mental health services.

Key Changes in Legislation – Child and Social Care Act 2017 – Under the previous legal framework, all care leavers were entitled to receive support from a Personal Adviser until they reached 21 years. Section 3 of the Children and Social Work Act 2017 has changed this, requiring the Local Authority to offer Personal Adviser support to all care leavers up to the age of 25. Our local offer is to be submitted by the Local Authority to the Department of Education by July 2018.

Ms McKie stated that there was some new guidance around children's death and that there was some training for GPs around learning from child's death and asked if this was something that the team would be involved in.

Ms Millard replied that as part of the level 3 Safeguarding training there are scenarios used with recommendations from learning from children's death.

Ms McKie asked if there was information sharing from CDOPs.

Dr Rajcholan replied that there was shared information and learning from CDOPs.

Mr Oatridge asked about Serious Case Reviews (SCR) and specifically about the Croydon Case and what our involvement was in this particular case.

Ms Millard added that the child was placed here, but died in Croydon. The information required was shared between us and Local Authority.

Mr Oatridge wondered about the Chair of SCR and the designated nurse and asked if that produced any Conflict of Interest issues, and if so how does that get handled.

Ms Millard replied that there is a review is to see if the case meets the criteria and if so there is an independent chair nominated.

Mrs Roberts added that if a case goes through as a SCR there is national guidance.

Ms Millard and Ms Brennan left the meeting.

QSC/18/016.5 Quality Report including Primary Care Report (Enclosure 6)

Ms Higgins presented the Monthly Quality Report including Primary Care Report and asked if the Committee agree, she would like to change this report to a Dashboard style report which would concentrate on key issues.

Vocare – They are now improving, the CCG are stepping down the level of scrutiny. There were no SIs reported.

Cancer Performance – 104 and 62 day wait and 2 week breast pathway was an issue; breast numbers have increased which has had a significant impact on the service. Following a meeting with NHSE an action plan has been devised and recovery trajectory now agreed. Referrals also have increased.

Mr Hastings added that they practice level data and if the practice is a significant outlier a team will visit the practice.

Ms Higgins advised that they are still having weekly Cancer calls with the Trust, NHSI, NHSE and the Cancer Alliance and harm review meetings are commencing.

Mrs Roberts advised that we still require more granular level speciality detail.

Mrs Roberts advised that Ms Gwen Nuttall has made some interim basis appointments to look at capacity.

Mrs Roberts advised that there that there had been two more Never Events which takes it up to four Never Events for this year; the two were in Maternity Theatres and were a retained tampon and a retained swab, she added that a team from the CCG had been

into the unit and conducted an announced visit.

Dr Chandock commented on the Never Events and that New Cross had been an outlier for retained swab and there should be three people to sign the checklist at the end of surgery.

Ms Higgins advised that they had been assured from the announced visit. They had been to the emergency theatre and they have implemented a swab locker now and they have introduced an independent checker too. This was different in the delivery rooms as these things were already established. She added that they would hopefully do another visit to 'stress test' a previous RCA action plan to identify if learning has been embedded into practice.

Dr Chandock advised that there was a similar Never Event in 2013.

Mr Oatridge commented on the Emergency C-Section Rate and asked if that was because the mothers were not being captured earlier.

Mrs Roberts replied that this was to do with the acuity rates and that she had received feedback from the Head of Midwifery (HoM) at the Trust around the elective theatre and the late IUGR, late presentation.

Ms Higgins stated that overall across the LMS they have a target for reducing the number of still births; there are four elements of saving babies lives care bundle which if implemented consistently can impact on reducing still birth numbers. The consistent implementation and improvement programme is being led by the Local Maternity services. Ms Higgins advised that LMS funding is supporting an 8a midwife, who would be working with the HoMs, sharing best practices and learning.

Mrs Roberts commented that there is also some short term and long term work that Ms Higgins is leading on relating to hypothermia and hypoglycaemia.

Mr Oatridge asked who was really good at this.

Ms Higgins replied that Sandwell and West Birmingham Trust are sharing good practice relating to reduced fetal growth and the LMS are also learning from BUMP.

Mr Oatridge queried if RWT were open to this.

Mrs Roberts replied that yes they are added that the HoM is really open to this. Regional lead visited the LMS and the four HoMs work really well together.

Mortality – The CCG are still concerned about this, RWT SHMI. Mrs Roberts previously sat on the MORAG, this is now being disbanded and she will sit on the operational Mortality group at the Trust.

Mrs Roberts advised that this was raised at her first Quality and Safety Committee at Wolverhampton about the grip and pace at MORAG. MORAG has been stepped down and an operational group has been set up, she added that she is working with Mr John Denley and Dr Mittal (Public Health) around the SHMI and end of life, it may take a long time to see the outcome of this, but she added that there is a robust action plan.

Mr Oatridge commented on the Trust CQC report and that they had changed to green and the overall rating had improved but safety still needs some improvement and wondered if it was right to change to green. The Committee agreed to change this back to amber.

Mr Price commented on the targets for Serious Incidents, Slips and falls etc. and noted that they have all gone up albeit in small numbers.

Mrs Roberts stated that it was still early days and added that they had not changed the reporting process.

Ms Higgins advised that it would be much easier to see on a dashboard style report and the Committee should see this in September.

Ms Corrigan presented the Primary Care element of the report. She commented that a Primary Care group for Flu has been established with an aim of improving immunisation rates.

FFT – There had been a problem with uploading the data in April and May and the figures are not a true reflection, Practices are now able to submit this month.

Dr Rajcholan commented on the Method of response for FFT and that smart phone app/online response rate for the West Midlands average was 0.9 and Wolverhampton had got 2.1% for April.

Quality Matters – Ms Corrigan advised that they had closed some of these. The new ones related to IG incidents. There are four complaints (clinical) that are still open with NHSE and one was related to Safeguarding.

Mr Price commented that there were two in March.

Ms Corrigan replied that they were closed at year end. She added that they also have bi-weekly meetings.

Serious Incidents - There were two Serious Incidents in Primary Care and had both been closed. All Serious Incidents are reviewed in CCG internal scrutiny group and reported to NHSE PPIGG Group for logging and appropriate escalation and feedback is provided to the CCG. Practice visits are undertaken and assurances must be provided around learning and action plans.

CQC –There are two practices that have been rated as 'Requires Improvement' which are Bradley Medical Centre and Coalway Road Medical Practice. Bradley Medical Centre had been given 'Inadequate' on the well led element. The team has had a meeting with the Practice Manager and is receiving support from the CCG.

Workforce – Work continues to refine the workforce development plan in line with STP and is looking at National drivers; collaborative work is ongoing. A Practice Nurse Workforce Strategy is being developed across STP working across CCGs and especially LWABS. Wolverhampton is looking at a Workforce Dashboard.

Recruitment – CCT fellows interviews are currently being held.

Primary Care Training – Three sponsored courses from HEE have been disseminated with ongoing training for all sorts of staff.

Dr Rajcholan queried as to whether all of the Primary Care training had taken place.

Ms Corrigan advised that this is discussed at the practice nurses education forum and that they are also looking at working together across the Black Country.

Ms Corrigan, Ms Higgins and Mrs Roberts left the meeting.

QSC/18/017 Risk Review

QSC/18/017.1 Quality and Safety Risk Register (Tabled)

Mr McKenzie presented the Risk Register and advised that with regards to the Corporate risks Mrs Roberts was planning to review the risks for Vocare and Maternity and the thoughts were that they could deescalate Vocare.

Mrs Roberts rejoined the meeting.

Mr McKenzie commented about maternity and stated that there needs to be a review around the LMS work.

Mr McKenzie stated that with regards to the Committee risk 'QS02' will need to look at de-escalating and 'QS01' they are also looking at closing. He added that there were no new risks to be added.

Mr Oatridge commented on the SHMI Risk (QS07) and thought as the Trust was a national outlier and the score being a low 9, this also might need to be reviewed.

Mrs Roberts agreed to review.

ACTION: Mrs Roberts

Dr Chandock queried Risk QS05 and asked where the patients were going.

Mrs Roberts advised that patients were going to Walsall; however patients are opting to go to RWT now as patient choice and they couldn't manage.

Mr McKenzie left the meeting.

QSC/18/018 Feedback from Associated Forums (Exceptions and Queries)

QSC/18/018.1 CCG Governing Body (Enclosure 7)

The CCG Governing Body minutes were received for information/assurance.

QSC/18/018.2 Health and Wellbeing Board (Enclosure 8)

The Health and Wellbeing Board minutes were received for information/assurance.

QSC/18/018.3 Commissioning Committee (Enclosure 9)

The Commissioning Committee minutes were received for information/assurance.

QSC/18/018.4 Area Prescribing Committee (Enclosure 10)

The Area Prescribing Committee minutes were received for information/assurance.

QSC/18/019 Any Other Business

QSC/18/019.1 Update on NHS Funded Care Provision (Enclosure 12)

NHSE will look at us for good practice.

QSC/18/019.2 Terms of Reference (Enclosure 11)

These will be finalised on the basis of the conversations that had taken place today.

QSC/18/020 Items For Consideration

QSC/18/020.1 Items for Escalation/Feedback to CCG Governing Body

- Cancer
- Mortality
- CQC

QSC/18/021 Date of Next Meeting: Tuesday 14th August 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.45pm

Signed: Date:
Chair

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 26th June 2018
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr S Marshall	Director of Strategy and Transformation
Mr M Hastings	Director of Operations
Dr M Asghar	Governing Body GP, Deputy Finance and Performance Lead (part meeting)

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr P McKenzie	Corporate Operations Manager
Mr M Dhura	Senior Contract Manager

In attendance

Mrs H Pidoux	Administrative Team Manager
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1. Apologies

Apologies were submitted by Dr Bush and Mr Middlemiss.

2. Declarations of Interest

FP.268 There were no declarations of interest.

3. Minutes of the last meetings held on 24th April 2018

FP.269 The minutes of the last meeting were agreed as a correct record.

4. Resolution Log

FP.270 Item 124 (FP.262) - New 2018/19 guidance for RTT to be reviewed for changes. – Mr Hastings confirmed that the guidance had been reviewed. Following RWT's submission of their RTT recovery plan, which had been based on the interpretation that this needs to be at a higher level than the performance at March 2017, the CCG had reviewed the guidance again. It is the CCG's interpretation that the backlog should be no higher than at March 2017 and that the national recovery target is 92%. The recovery plan has been pushed back to RWT for review.

Item 126 (FP.264) - Committee level risk register – the following actions were closed following recommendation at the last meeting- FP13, 62 Day Cancer Waits and FP09, Fraud – Pay and expenses – action closed.

Item 122 (FP.254) – Corporate Risk CR07 to be closed for 2017/18 and reopened for 2018/19 (to be considered if this should be 2 risks, current and future) – completed action closed.

Item 127(FP.265) - Draft Annual Report – comments had been forward to Peter McKenzie and the final Annual Report completed and submitted – action closed.

5. Matters Arising from the minutes of the meeting held on 24th April 2018

FP.271 There were no matters arising to discuss from the last meeting.

6. Finance Report

FP. 272 Mr Gallagher and Mrs Sawrey introduced the report relating to Month 2 May 2018

The following key points were highlighted and discussed;

- Financial metrics are being met
- Forecast outturn breakeven due to the minimal information available
- Can mitigate all risks, however, this is finely balanced.

Dr Asghar joined the meeting

- QIPP deliverability – the CCG’s QIPP target does not need to be as high as the nationally set target. The internal target is £9.5m to £10m. A submission will be made to NHS England (NHSE) demonstrating that 90% of the target will be met some of which will be by the use of reserves. Details of this to be included in the next report.

The impact on the non-deliverability of some QIPP this year on the future year was queried. It was clarified that in 2019/20 reserves would be reinstated as a first call on available growth funding.

An audit of the Care Closer to Home Rapid Response Team had shown that there had been no hospital admissions for 83% of the patients seen. This audit had been undertaken on a randomly selected number of patients over a period of time.

- Risks and mitigations
 - Acute services risk with other providers £1m
 - Mental Health Services – there is pressure to deliver TCP and this was a risk as the funding transfer

agreement had not been agreed. The Mental Health risk had been reviewed and had reduced to approximately £500k.

- Prescribing – this has been increased and is covered by contingency and non-recurrent funding.

It was noted that additional money allocated to the NHS will not be seen until planning guidance is issued and this will not impact on 2018/19.

Resolved: The Committee

- noted the contents of the report

7. Contract and Procurement Report

FP.273 Mr Dhura presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

The Committee was reminded that last year Cancer Waits, RTT and A&E were part of the STF and were exempt from CCG financial sanctions. A&E continues to be exempt this year. Guidance is awaited for Cancer Waits and RTT.

An audit of readmissions had been undertaken. The findings are to be shared internally for comment and will then be shared with RWT for their comment. A meeting will be held to discuss avoidable readmissions.

RWT is initiating an independent review of its dermatology service which has long standing capacity issues. The review will help inform them of their provision options going forward. The CCG was offered the opportunity to jointly fund the review, after discussion at the MMO/PC Programme Board it was agreed to decline this request.

Black Country Partnership Foundation Trust (BCPFT)

A joint event had been held including GPs, clinicians and CCG representatives. Discussions had been constructive and further meetings will be arranged.

An increase in Improving Access to Psychological Therapies (IAPT) targets was noted. NHSE have advised that teams may need to expand by 50% but the investment for this is in CCG baseline. Mr Marshall raised a concern that there is no provision for training in the Black Country and West Midlands and where this can be accessed is currently under review.

Urgent Care/Ambulance/Patient Transport

Urgent Care Centre – an improvement in quality and performance continues to be seen.

An activity query notice had been raised by the provider. A response is still outstanding from Vocare relating to the finance and activity plan for 2018/19. In the absence of a response the CCG's reverts to the default position of Option 1 from the original procurement, which is the highest level of activity. In the meantime, the invoice for June service costs is being kept on hold.

A contract meeting had been held with Vocare who have requested a change in option for the contract as the current one is not affordable for them. A further meeting will be held to discuss this further. The rationale for changing the contract Option is required from Vocare and open discussion is needed to reach agreement.

It was raised that discussions are ongoing with RWT and Vocare, to increase the activity going into the Urgent Care Centre. Process mapping is being undertaken to identify patient pathways, however, this will take time to reach a conclusion.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

There had been an improvement in KPIs between March and April 2018. However, the Provider is still not meeting contractual requirements. A written reminder of the agreed expectations had been sent to the Provider, a response is awaited.

Resolved – The Committee

- noted the contents of the report
- actions being taken

8. Performance Report

FP.274 Mr Hastings explained to the Committee that the layout and content of the report had been revised following discussions with the Chair. The key points of the Executive Summary relating to April 2018 performance were highlighted and the following was considered;

- Urgent Care – had been performing reasonably well although volumes had increased over the last 2 weeks.
- There had been no 12 hour trolley breaches during April 2018
- Cancer 62 day waits – weekly calls continue and a Recovery plan is in place. The CCG is liaising with the Cancer Alliance and work is on-going to identify anything that can be brought into Primary Care.

Clarity was requested regarding the Black Country Partnership NHS Foundation Trust performance of Early Intervention Care Package within 2 weeks as it was unclear whether performance was good or bad. It was clarified that performance was below target, that this is a small cohort of patients and relates to 2 out of 6 patients.

It was raised that Shrewsbury and Telford Hospital NHS Trust (SaTH) is reducing the number of fast track breast clinics held which may affect RWT. This will be raised at the RWT Contract Review Meeting.

The changes to the report were acknowledged, in particular the introduction of the 'Influence factor' under each item and the inclusion of further detailed reference later in the report. It was felt that this was an improvement. It was asked that any further comments with regards to the content and layout should be feedback to Mr Hastings.

Resolved: The Committee;

- noted the contents of the report.

9. Risk Report

FP.275 Mr McKenzie presented the latest risks relevant to Corporate organisational and Committee level risks relevant to this meeting.

Changes to Corporate Risks

As discussed and agreed at Governing Body;

- CR07, Failure to meet overall financial targets to be closed and CR18, Failure to deliver Long Term Financial Strategy to remain.
- CR19, Transforming Care Partnerships, to be the responsibility of the Finance and Performance Committee

Committee level risks;

The existing risks were noted and discussed as follows;

- FP01, Tier 4 Obesity Services, recommendation from the risk handler that this Risk is now closed. This was supported by the Committee.

Resolved: The Committee noted;

- The following risk to be closed on the Corporate Committee Risk Register;
 - CR07 – Failure to meet overall financial targets
- The following risk to be closed on the Committee Level Risk Register;
 - FP01, Tier 4 Obesity Services

11. Any other Business

FP.276 There were no items to discuss under any other business.

11. Date and time of next meeting

FP.277 Tuesday 31st July 2018 at 2.00pm

Signed:

Dated:

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Finance and Performance Committee

**Minutes of the meeting held on 31st July 2018
Science Park, Wolverhampton**

Present:

Mr L Trigg	Independent Committee Member (Chair)
Mr T Gallagher	Chief Finance Officer
Mr M Hastings	Director of Operations
Dr M Asghar	Governing Body GP, Deputy Finance and Performance Lead (part meeting)

In regular attendance:

Mrs L Sawrey	Deputy Chief Finance Officer
Mr V Middlemiss	Head of Contracting and Performance
Mr P Strickland	Governance and Risk Coordinator (part meeting)

In attendance

Mrs H Pidoux	Administrative Team Manager
Mr J Lloyd	Business Administrative Support

1. Apologies

Apologies were submitted by Mr Marshall.

2. Declarations of Interest

FP.278 There were no declarations of interest.

3. Minutes of the last meetings held on 26th June 2018

FP.279 The minutes of the last meeting were agreed as a correct record with the following amendment to be made;

- Item 274 Performance Report – ‘reducing the number of breast screening clinics’ to be changed to ‘reducing the number of fast track breast clinics’.

4. Resolution Log

FP.280 Item 125 (FP.263) – Update on HRG coding analysis to be brought to July meeting - Mrs Sawrey informed the Committee that unless there are extreme movements then any trend is difficult to spot on a monthly basis. The BI team have included this analysis in the routine monthly monitoring but will formally review quarterly for any movements. It has become part of the routine BI monitoring schedule.

Item 128 (FP.275) – To be closed

- Corporate Risk CR07 - Failure to meet overall Financial Targets - completed action closed.
- Committee level risk register FP01 – Tier 4 Obesity Services – completed action closed

5. Matters Arising from the minutes of the meeting held on 26th June 2018

FP.281 There were no matters arising to discuss from the last meeting.

6. Performance Report

FP. 282 Mr Hastings reported the following key points;

- RTT – performance is consistently below the national 92% target. There is going to be a national focus on waiting lists. RWT had a commitment to maintain the same waiting list size as at March 2018. The waiting list size had increased slightly, this will be closely monitored and the CCG will submit data as required. It was highlighted that RWT are running at capacity and that options to reduce the waiting list will be considered if required.

It was reported that patients electing to wait for robotic surgery is impacting on cancer waits. Clarification was given that the guidance states that exclusions from the waiting list data cannot be made for patient choice.

2 week wait breast symptoms – there had been a significant decrease in performance, however, this had quickly recovered and early indications were that this was at 92%.

Mr Hastings stated that there is close scrutiny on cancer waits. There is an intensive support team at RWT looking at pathways and standardisation across providers and the CCG is working closely with RWT.

- Delayed Transfers of Care – continues to achieve target with the majority of delays being social care related.
- Electronic discharge summaries - performance for Assessment Units continues to fail against target. The main issues include an

increase in failed e-discharges with the maternity units following the introduction of the Badgernet system. This is picked up through the Contract Review meetings.

- IAPT Access – there had been a national increase in the targets and the Trust had raised concerns for meeting these. There are tight rules as to what can be counted however the CCG is reviewing how it can measure activity that is currently excluded. This includes the ability of providers to upload activity.

Resolved: The Committee;

- Noted the contents of the report and the actions being undertaken
- Noted the change to the format of the report and that this had made the report more accessible

7. Finance Report

FP. 283 Mrs Sawrey introduced the report relating to Month 3 June 2018

The following key points were highlighted and discussed;

- On target to achieve all financial metrics
- Underlying recurrent surplus metric of 2% is being maintained
- RWT is showing underperformance against the same time last year
- Elective activity is showing underperformance which gives concern for the achievement of RTT
- Non-Elective activity is largely on plan
- There are 3 main challenges;
 - Nuffield – activity continues to increase particularly in the areas of Pain Management. The CCG is challenging coding in this area as such activity (epidurals etc.) is being coded to Spinal. It was clarified that whilst this does not create a cost impact, the CCG requires accurate coding for planning and monitoring purposes.
 - A very late contract offer, which requires an increase to the Sandwell and West Birmingham contract of £113k (on a contract value of £997k). The increase is being challenged and a response is awaited from the lead commissioner.
 - A challenge on coding data has been raised with University Hospitals of North Midlands (UHNM). This is in relation to spinal surgery coded as Neurosurgery, and therefore the CCG's responsibility, undertaken by a T&O Consultant and previously coded as T&O and chargeable to

Specialised Commissioning. The value of this one spell is £34K

- CHC Adult – there had been an increase of 13 patients including 1 additional high cost patient
- NHSE is focussing on QIPP delivery across Medicines Optimisation and Right Care opportunities in Respiratory. The CCG cannot identify the levels of activity used in the Right Care calculation and the impact of HRG4+ had not been factored into calculations and is therefore challenging the estimated level of opportunities.

It was suggested that the version of the graph in the QIPP benchmarking dashboard shared with the Audit and Governance Committee could be included in future Finance Reports to this Committee for information.

Dr Bush raised a query regarding referrals and it was agreed to benchmark Consultant to Consultant referrals against the rates at other Trusts.

Dr Asghar joined the meeting

Mr Gallagher reported that the Risk Gain Share Agreement is still to be agreed this is mainly due to annual leave commitments. It was noted that this may need to be sent out to members for consideration before the next planned meeting.

It was raised whether there was a database of finance reports within the STP reporting as at the moment and it was clarified that this would be reviewed as work progresses.

Resolved: The Committee

- noted the contents of the report
- Consultant to Consultant referrals to be benchmarked against the rates at other Trusts

7. Contract and Procurement Report

FP.284 Mr Middlemiss presented the key points of the report as follows;

Royal Wolverhampton NHS Trust

The Provider had submitted performance trajectories to NHS Improvement (NHSI) for Cancer 62 days, RTT and A&E. NHSI had requested that the trajectories are revisited to check that they are in line with the Provider Sustainability Fund (PSF) trajectories. A&E trajectories had been resubmitted to align with this request.

RWT had been asked if they will be compliant with the NHS constitutional target for RTT (92%). RWT had advised that this was not a stipulated requirement by NHSI. RWT had submitted an improved trajectory for 15% reduction in backlog taking RWT up to 91.5%. NHSI had advised that this is an acceptable trajectory and will not be requesting further change.

It was queried whether the A&E performance included the Urgent Care Centre. It was confirmed that the CCG independently monitor RWT (A&E) and Vocare (UCC) performance.

Performance Sanctions – Nationally there is a move away from sanctions, however, the guidance relating to this is not clear. Any changes made need to be clear and agreed with the Provider.

Black Country Partnership Foundation Trust (BCPFT)

An outcome based approach to the contract is being developed.

Urgent Care Centre

Discussions are on-going with Vocare to finalise the contract and agree a finance activity approach for 2018/19.

WMAS – Non-Emergency Patient Transport Service (NEPTS)

There had been improvements in the performance of some KPIs over recent reported months and WMAS reporting has also improved.

Peri-natal Mental Health

As previously reported the local STP was successful in securing funding for the service. Wolverhampton CCG is the host commissioner and, therefore, needs to performance manage providers on outcomes and KPIs. The 3 providers, BCPFT, Birmingham and Solihull Mental Health Trust and Dudley and Walsall Mental Health Foundation Trust, will be asked to sign new contracts for the service. The first sum of money had been received from NHSE and providers will invoice for their allocation on a quarterly basis with effect from July 18.

Grants

All five organisations had been advised of the outcome of the evaluation and the decision that had been made. The two organisations where continuation of funding had been offered had been asked to confirm acceptance of the offer while Grant Schedules are prepared.

The consequence of not continuing to fund the other 3 organisations was raised. It was clarified that a panel had evaluated all the organisations against a scoring criteria. All the organisations were aware when the initial funding was given that there would be no guarantee of continued funding and this would be evaluated each year. An exit strategy was included in the project plans to mitigate against the risk.

Primary Care Contract Issues - Zero Tolerance Schemes (for Violent Patients)

The current Provider had written to the CCG serving notice on the contract. The Provider has offered to continue with the service on a rolling 30 day basis so that there is continuity of service up until the point a new provider can be found and is able to commence. The Primary Care Contract and Commissioning Teams will work collectively to ensure this is prioritised. It is likely to involve a mini-procurement process with expressions of interest sought from local practices/groups.

A query was raised regarding the Nuffield contract and the approval of the business case submission to remove BMI restrictions. It was confirmed that this excluded commissioning policy/POLCV requirements and was aligned with other providers.

.Resolved – The Committee

- noted the contents of the report
- actions being taken

Mr Strickland joined the meeting

9. Risk Report

FP.285 Mr Strickland presented the latest risks relevant to Corporate organisational and Committee level risks relevant to this meeting. It was noted that no new risks had been identified.

It was agreed that Mr Gallagher would review the narrative for each risk. It would also be considered whether the opened date should remain as when first opened or when should this be refreshed for each year. Following the review Mr Gallagher would meet with Mr Strickland to discuss.

Resolved: The Committee noted;

- that the risks should be reviewed and the narrative revised where the risk may have changed

11. Any other Business

FP.286 There were no items to discuss under any other business.

12. Date and time of next meeting

FP.287 Tuesday 28th August 2018 at 2.00pm

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 6th February 2018, Commencing at 2.00 pm in the in the Stephenson Room,
Technology Centre, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	Yes
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	No
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Liz Corrigan	Primary Care Quality Manager Assurance Coordinator	No
Jane Worton	Primary Care Liaison Manager	No
Sheila Gill	Chair of Healthwatch	Yes
Hemant Patel	Head of Medicines Optimisation	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcomes and Introductions

WPCC175 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC176 Apologies were submitted on behalf of Jane Worton, Mike Hastings, Lesley Sawrey, Liz Corrigan and Jeff Blankley.

Declarations of Interest

WPCC177 Dr Kainth and Dr Reehana declared that, as GPs they have a standing interest in all items related to primary care.

Ms McKie declared she works two days a week with Public Health at the Wolverhampton Local Authority.

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

RESOLVED: That the above is noted

Minutes of the Primary Care Commissioning Committee Meeting Held on the 5th December 2017.

WPCC178 **RESOLVED:**

That the minutes of the previous meeting held on the 5th December 2017 were approved as an accurate record.

Matters Arising from the minutes

WPCC179 There were no matters arising from the minutes.

RESOLUTION: That the above is noted.

Committee Action Points

WPCC180 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
It was noted the CCG have been informed the cost directives were still awaited.
Action to remain open.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract - Business Case

A report expected in September 2018 from Ms Shelley regarding the progress made to secure a partner onto the contract.

Minute Number WPCC159 – Primary Care Quality Report

It was confirmed this had been included within the report. Action closed.

Minute Number WPCC160 - Governing Body Report/Primary Care Milestone Programme Review Board Update.

It was reported the data had been received and continues to be monitored through the dashboard. The utilisation of sound doctor is low and work continues to look at driving improvement. Action closed.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC181 Ms McKie informed the Committee Ms Corrigan was unable to attend the meeting to present the report and has provided a comparison of the two months. Ms McKie asked if there were any comments and noted the report was for assurance. The Committee accepted the report.

RESOLVED: That the above is noted.

Quarterly WCCG Finance Report

WPCC182 Ms McKie advised the Committee Ms Sawrey was unable to attend the meeting to present the report which had been circulated for the Committees comments. Mr Trigg informed the Committee the report had been discussed at the Finance and Performance Committee and the Primary Care budget is on target and there are no areas of concern. The Committee accepted the report.

The Committee discussed the need to ensure Finance representation on a quarterly basis to present the report and to make sure their meeting does not clash with the Committee.

RESOLVED: That the above is noted.

Governing Body Report/Primary Care Milestone Review Board Update

WPCC183 Ms Southall informed the Committee the report presented has been shared with the Governing Body at the December meeting, based on the November activity. The following points were highlighted to the Committee;

- Care Navigation – The Care Navigation face to face training took place on the 24th January 2018 and the programme has now launched. The second cohort of pathways are being discussed and identified.
- Document Management - is the next phase of programmes to be implemented to support the on-going development of non-clinical staff.
- Extended access/winter opening – The plans for access over the winter period were in place and offered appointments to patients every day except Christmas day and New Year's Eve. The winter pressures scheme funded by

the CCG continues, aiming to increase the number of appointments available to patients during December 2017 - March 2018.

- Workforce Strategy - This will be shared with the Governing Body in February 2018 for ratification.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC184 Mr McKenzie gave the following update on behalf of Mr Hastings of the discussions which took place at the Primary Care Operational Management Group Meeting on the 22nd January 2018;

- Programme of the ongoing merges were shared and discussed.
- In relation to estates some of the practices are signing agreements to start work the end of this financial year. There have been implications with NHS Property Services leases and cost directives.
- CQC have undertaken a number of inspections to Primary Care premises and 1 report has been published for Dr Fowler which received a rating of 'good'.
- An update was provided on Public Health Commissioning Strategy and the impact on the services such as smoking cessation.

Discussions took place regarding the new models of care and the decisions made on how they formed. It confirmed that GPs have worked together to form the new models of care and updates have been provided at the PPG chairs meetings. It was highlighted the practices have been encouraged to work with their patient population, it was suggested that work could be undertaken such as sharing learning to support those PPG meetings where they have low attendance.

RESOLVED: That the above is noted.

Services out of Area Registration Scheme Report

WPCC185 Ms Southall presented the above report to the committee which highlighted that there is a gap in commissioning services, for patients living in Wolverhampton area but who live outside their practice boundary and therefore deemed out of area. The following key points were highlighted;

- NHS England originally commissioned this service for CCGs, these arrangements end on 31 March 2017.
- The requirement for the CCG to commission such a service was not identified during the 'Preparing for Full Delegation' process.
- The CCG became aware of a gap in provision summer 2017 & following liaison with a range of colleagues identified that draft guidance dated January 2017 existed.
- Based on NHSE's guidance a local service specification has been developed for consideration in order to address the current gap in commissioning.

The Committee was asked to grant approval for expressions of interest from practices/groups and other local providers to be obtained in order to address this gap in commissioning. The Committee reviewed the report and agreed to the report's recommendations.

RESOLVED: That the above is noted.

Mr Patel entered the meeting

Pharmacy First Scheme or all Patients

WPCC186 Mr Patel presented the report to the Committee which is seeking approval for funding to commission the pharmacy first scheme for all age groups from April 2018 until March 2019. This would therefore be a continuation of an existing service.

The CCG currently commissions a service for over 16's, however the service for under 16's is commissioned by NHS England, which will be decommissioned on the 31st March 2018.

The activity for patients over the age of 16 for 2016/17 was 2,750 consultations. The consultation cost was £5. Therefore the cost of the consultations for the year was £13,750. In addition the drug costs were £7,999. Total cost of the service in the last financial year was £21,749.

The activity for patients under the age of 16 for 2016/17 were 3,852 consultations. The consultation cost was £5. Therefore the cost of the consultations for the year was £19,260. In addition the drug costs were £10,991. The total costs for under 16s therefore were: £30,251.

It was highlighted that patients will be made aware of this service by GP practice staff using the proposed care navigation system and community pharmacists and their staff.

The risks of not continuing to commission the service would place greater demand on the GP Practices, Urgent Care, Walk in Centres and the A&E Department.

Mr Patel noted that a total budget of £60K will be required and this will be split between the primary care budget and the prescribing budget. Primary care will fund the consultation costs and drug costs will be funded from prescribing.

Mr Trigg queried the one year scheme and his concerns if patients build confidence with the scheme then it stops after March 2019. It was stated that a national consultation on the proposed commissioning policy may restrict NHS funds for over the counter and self-care medicines and until this is concluded. It has been advised to commission a 12 month non-recurring contract until the review has been concluded.

The Committee reviewed the report and relevant appendices and agreed to the report recommendation that the CCG commission this service until March 2019. The Committee also requested to have an update in 6 months' time.

RESOLUTION: Mr Patel to report on progress to the Committee in 6 months' time.

Any Other Business

WPCC187 There were no further items raised by the Committee.

Date, Time and Venue of the Next Meeting

Tuesday 3rd April 2018 at 3.30pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park.

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 22nd May 2018 at 2.30pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Tony Gallagher	Chief Finance Officer (WCCG)	Yes
Simon Bourne	Management Consultant (Strategy Unit CSU)	Yes
Jo Reynolds	Primary Care Development Manager (WCCG)	Yes
Ranjit Khular	Primary Care Transformation Manager (WCCG)	Yes
Dr R Gulati	Wolverhampton GP	Yes
Dr Asghar	Wolverhampton GP	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC208 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC209 Apologies were submitted on behalf of Sarah Gaytten and Dr Kainth.

Declarations of Interest

WPCC210 Dr Bush, Dr Reehana, Dr Gulati and Dr Asghar declared that, as GPs they have a standing interest in all items relating to Primary Care.

Minutes of the Meeting held on the 6th February 2018

WPCC211 It was reported there was a spelling mistake on page 4 under WPCC184 last bullet point it should read smoking cessation not smoking sensation.

Apart from this amendment the minutes of the meeting held on the 6th February 2018 were approved as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC212 There were no matters arising from the minutes.

Committee Action Points

WPCC213 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
The cost directives are still awaited.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda retirement from a partnership to a single hander
The update is due in September 2018.

Minute Number WPCC186 - Pharmacy First Scheme for all patients
The report is due at the August 2018 meeting.

Quarterly Finance Report

WPCC214 Mr Gallagher provided a report to the Committee on the CCGs financial position at Month 12 (March 2018). Mr Gallagher reported that the final delegated primary care allocations for 2017/18 is £35.650M. The outturn is £34.428 delivering an underspend position of £1.221m.

The outturn indicates an underspend of £1,221m across delegated primary care of which £790k is against other GP services which relates to the release of accruals relating to pre-delegation. The CCG has received the income to offset expected expenditure, However, as a result of a lower

level of actual spend being incurred, the CCG is reporting a non recurrent benefit of £790k.

Mr Gallagher noted that since the CCG had full responsibility for delegated primary care it has developed the strategy to be aligned to the five year forward view. This has given benefits to patients and the public including:

- Saturday Hub Opening
- Improved Access Opening
- Providing training for Practice Nurses

The CCG will ensure tighter monitoring of schemes to ensure the resource is fully committed.

RESOLUTION: The Committee noted the content of the report and the assurance provided.

QOF+ Scheme 2018/19

WPCC215 Mr Bourne presented the QOF+ Scheme 2018/19 Business Case, Equality Impact Assessment and Quality Impact Assessment to the Committee. The Data Protection Impact Assessment was not made available and will be circulated following the meeting.

The new scheme will be for practices to participate in and will be offered to all Wolverhampton Member Practices. The scheme will focus on tackling three priority areas, Diabetes (Pre-diabetic), Alcohol and Obesity. The purpose of the scheme is to prevent ill health and patients developing disease associated with the three priority areas.

The Committee were informed that member practices were engaged in discussions regarding the priority areas. An external review was commissioned the by the CCG in January and February 2018, which undertook a scoping and review of national evidence in order to determine the evidence base for interventions for the three priority areas. In March the first draft of the scheme was shared with clinicians across primary care including Group Leads, Clinical Reference Group and LMC. In relation to the implementation this will be working within practices and supported by IMT facilitators, as there is a risk practice will experience difficulties in implementing if support is not provided by the CCG. The scheme will be measured by using the Graphnet system.

NOTE: Dr Bush, Dr R Gulati, Dr Asghar and Dr Reehana left the meeting whilst discussions and decisions were taken regarding the report and its recommendations.

The Committee discussed in the length the scheme in particular around the payment and method of calculating the QOF+ points. There were queries made regarding the method being used. It was noted level of payment made to practices will be dependent on the number of QOF+ points they accrue, out of a total of 100 available points. These have been

distributed between the QOF+ indicators. It has been decided based on GP feedback not to incorporate a sliding scale as used previously as they wanted something they could understand and that was achievable. The Committee were informed that quarterly monitoring would be taking place.

The Committee agreed to the QOF+ Scheme.

RESOLUTION: The Committee agrees that:-

- **The Business Case, EIA and QIA were approved.**
- **The DPIA will be to follow**

Note: Mr Simon Bourne left the meeting

NOTE: Dr Bush, Dr R Gulati, Dr Asghar and Dr Reehana joined the meeting.

Primary Care Quality Report

WPCC216 Ms Roberts presented the report to the Committee and provided the following updates:

- **Infection Prevention** - The CCG and Infection prevention teams are continuing to support those practices who have received red ratings.
- **Friends and Family Test** - The figures for March 2018 submission show that they are better than regional and national averages. The overall responses remain positive (82% would recommend their practice) however it is still lower than national average at (89%). A Friends and Family Test Policy has been developed and has been shared with LMC who have approved it, this will come to the committee for approval.
- **Complaints** - The CCG does not have an oversight of GP complaints dealt within the surgery. NHS England are now sharing this information and this is being triangulated with other data.
- **Serious Incidents** - There are currently two serious incidents that are currently under investigation.
- **CQC inspections** - to date from April 2017, 18 practices have received an inspection, of which 16 have been rated good and 2 rated as requires improvement.
- **Workforce** - the workforce plan has been redefined in line with STP and national drivers. The working in Wolverhampton video is now complete and will be used to promote Wolverhampton as a place to work. The CCG continue to attend relevant workforce fairs locally. There is work being undertaken around international recruitment of GPs with a bid being recently submitted. The CCG are also working on adopting Walsall CCGs strategy on revalidation for practice nursing.

RESOLUTION: That the report was noted for assurance.

Governing Body Report - Primary Care Strategy Committee Update

WPCC217 Mrs Southall presented to the Committee the report which has been shared and approved by the Governing Body in April 2018. The report provided an overview of the discussions that took place at the Milestone Review Board with particular focus on to key programmes of work (Primary Care Strategy and General Practice Forward View). The Committee reviewed the content and accepted the report as assurance of the work being undertaken by the Primary Care Team.

RESOLUTION: That the above report was noted.

Primary Care Operational Management Group Update

WPCC218 Mr Hastings reported to the Committee the Operational Management Group had not met within the month as the meeting was cancelled. Mr Hastings noted that work is being undertaken to review the Contract Review Process and the CCG are working with Infection Prevention at RWT on the new regulations.

RESOLUTION: That the above report was noted.

Primary Care Counselling Service

Note: Mr Khular joined the meeting

WPCC219 Mr Khular provided the Committee with an update report on the progress made against the Primary Care Counselling Service which is funded from PMS premium monies.

Mr Khular noted that the Primary Care Counselling service was commissioned as a six month pilot that commenced in June 2017. The pilot was then subsequently extended following a positive evaluation. A contract for a three year service has been operational since the 1st April 2018, and was awarded to a consortium led by Relate Birmingham.

The report provided details of the activity, referrals and the reasons for those referrals. The Committee queried the recoding of the data, it was noted that they are collecting demographics and that they are working with the Mental Health Commissioner to ensure the measuring is correct and this is linked in with IAPT.

The Committee also queried the clinical view section of the report, and noted they needed to be mindful the patient is not counted twice; also patients are not using this service as an alternative to using the healthy minds service.

RESOLUTION: That the above report was noted.

Document Management

WPCC220 Ms Reynolds presented to the Committee the following documentation:

- Business Case
- Service Specification
- Equality Impact Assessment

- Data Protection Impact Assessment
- Quality Impact Assessment

Ms Reynolds asked the Committee to consider and review the above with a view to approve, so the specification can be advertised and a supplier be identified. Ms Reynolds stated that Document Management is part of the GPFV regarding training admin staff to enable the skills to manage clinical correspondence effectively. The aim of the programme is to free up GP time by enhancing the admin role.

The Committee queried how the programme of work would be monitored, it was stated that an audit would be undertaken in six months' time and will be monitored and managed at Group Level.

RESOLUTION: The Committee agrees that:-

- **The Business Case, Service Specification and supporting impact assessments were approved.**

Improving Access

WPCC221 Ms Reynolds shared with the Committee the Improving Access 2018/19 Business Case that has been prepared along with the following supporting documents:

- Service Specification
- Equality Impact Assessment
- Data Protection Impact Assessment
- Quality Impact Assessment

Ms Reynolds asked the Committee to receive and consider the Business Case and supporting documents to approve the continuation of this programme of work.

Ms Reynolds informed the Committee Improving access is a nationally mandated service for extending opening times of primary care on a hub basis. A requirement is to deliver 1.5 hours extra per evening (Monday to Friday after 6.30pm) and Saturday and Sunday. The deadline to achieve this is the 1st September 2018 and delivery plans have been submitted by practice groups to demonstrate how they will achieve this trajectory.

The Committee reviewed the business case and supporting documentation and approved to the continuation of this programme of work.

RESOLUTION: The Committee agrees that:-

- **The Business Case, Service Specification and supporting impact assessments were approved.**

Out of Area Registration

WPCC222 Mrs Reynolds provided a report and following documentation to the Committee:

- Service Specification

- Equality Impact Assessment
- Data Protection Impact Assessment
- Quality Impact Assessment

The Committee considered the documents provided and approved the out of area registration: In hours urgent primary care enhanced service.

RESOLUTION: The Committee approved the out of area registration for In hours urgent primary care enhanced service.

Any Other Business

WPCC223 The Committee agreed to cancel the next Public Committee meeting and the Private Committee meeting at an earlier time of 2.00pm.

RESOLVED: That the above was noted.

Date of Next Meeting

WPCC224 Tuesday 3rd July 2018 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park.

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

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 3rd July 2018 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	No
Les Trigg	Lay Member (Vice Chair)	No

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	No
Sarah Southall	Head of Primary Care (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Lucy Sherlock	Group Manager (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC246 Ms McKie welcomed attendees to the meeting and Introductions took place.

Apologies

WPCC247 Apologies were submitted on behalf of Gill Shelley, Dr Kainth, Jeff Blankley, Sally Roberts, Tracy Cresswell, Les Trigg and Sarah Gayten

Declarations of Interest

WPCC248 Dr Bush and Dr Reehana declared that, as GPs they have a standing interest in all items relating to Primary Care.

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

Minutes of the Meeting held on the 22nd May 2018

WPCC249 The minutes from the meeting held on the 22nd May 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC250 There were no matters arising from the minutes.

Committee Action Points

WPCC251 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
The cost directives are still awaited.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda retirement from a partnership to a single hander
The update is due in September 2018.

Minute Number WPCC186 - Pharmacy First Scheme for all patients
The report is due at the August 2018 meeting.

Minute Number WPCC215 - QOF+ Scheme 2018/19
The signed of DPIA for QOF+ is to be shared with the Committee.

Primary Care Quality Report

WPCC252 Ms Corrigan presented to the Committee the monthly Primary Care Quality Report which provides an overview of activity in primary care. The following key points were raised:

- Infection prevention - the data provided is May 2018 activity, which shows that the audits are scoring low. The main issues that have

been identified through the audits include sinks need updating, damage to decor and plaster.

- MRSA Bacteraemia - None to report in Primary Care. Work has commenced on improving sepsis identification and reporting in the community with collaboration between care homes, GPs and community services. It was noted that a number of practices have sepsis leads in place and they are looking to raise the profile at Team W Events.
- The 2018/19 Flu Season City Wide Steering Group met on 24th May and a Primary Care Group has been set up. The first meeting is scheduled for 4th July 2018. Flu training for practice nurses and HCAs has been booked for 24th July and 22nd August 2018.
- The Friends and Family data was shared within the report, there has been issues for practices to submit the data. This has been resolved and the last two months data has now been submitted.
- Quality Matters themes relate to information governance breaches, delayed or inappropriate treatment, and inappropriate referrals.
- The CCG continues to be copied in on new complaints from NHS England as they are reported, 21 GP complaints have been received since the beginning of November.
- There are two incidents that have recently been closed.
- There are two practices that have a CQC rating of Requires Improvement, they are being monitored by the Primary Care and Contracting Team with input from the Quality Team. One practice was previously rated requires improvement but at revisit was rated good.
- Work continues to refine the workforce development plan in line with STP and national drivers. There are a number of priority areas for workforce including development of the workforce dashboard, LWAB workstreams, developing Practice Manager Framework and the Practice Nurse Workforce Strategy.

Ms Corrigan presented to the Committee the Friends and Family Test Policy, the policy sets out the national guidance and contractual requirements and local procedures for supporting Friends and Family submission. The policy also goes into further detail on what happens with the data and the process taken if data is not submitted. The policy has been shared and approved by Wolverhampton LMC. There will also be qualitative element to reviewing the data in future, to review patient experiences and working with PPG Chairs in order to improve services.

RESOLVED: The Friends and Family Policy was approved by the Committee.

Governing Body Report /Primary Care Strategy Committee

WPCC253 Mrs Southall reported that since the last meeting there had not been a Governing Body Meeting. The next Primary Care Milestone Review Board meeting is taking place in July 2018, where a quarterly position on the projects will be reported.

RESOLVED: That the above was noted.

Primary Care Operational Management Group Meeting

WPCC254 Mr Hastings provided the following updates from the meeting which took place on the 6th June 2018:

- The MGS Medical Practice transition plan continues to be worked through, there have been a few issues which have either been resolved or are being monitored at the weekly monitoring meetings.
- The next system migration to take place is Dr Bilas.
- In terms of Estates the ETTF funded practices continue to move towards improving their current estate. One of which has been given the go ahead to start building an extension with the remaining practices close to agreeing leases.
- The practice issues and communication log was shared which highlights and issues or concerns arising within Practices.

RESOLVED: That the above was noted.

QOF+ Report

WPCC255 Ms Sherlock presented to the Committee a report which provides details of the final outcomes of the QOF prep service specification.

Ms Sherlock noted that funding was made available to practices to undertake some preparatory work in readiness for the QOF+ 2018/19 Scheme that is due to be launched June 2018. The preparatory work was designed to aid practices in identifying patients at risk of developing diabetes, who consumed too much alcohol and/or were overweight who could then be included on a practice level register.

The purpose of the QOF+ preparatory scheme was to fund practices to build 4 registers that would later serve as the basis for QOF+ 2018/2019 and to review the patients on these registers. It was envisaged that having this work done in advance of the QOF+ launch would give practices a good start in achieving the targets set out in the QOF+ 2018/19 service specification.

There were 37 practices that originally signed up to take part equating to 88% of practices in Wolverhampton and of these 20 practices 48% submitted a return. This was broken down as follows;

6 practices from Primary Care Home 1
6 practices from Primary Care Home 2

8 practices from Unity
0 practices from VI

The practices that took part will be in a good position to start work on the new QOF+ Scheme as soon as it is launched, whilst practices that didn't will have some preparatory work to do to create the new registers.

The learning from the QOF+ preparatory scheme highlighted that a number of practices struggled to run a set of searches on their clinical systems. This kind of work has previously been heavily supported by the CCG IM&T Team. It has been highlighted in future the practices would need to be trained or supported in the process of building searches.

The service specification was amended at various stages between the initial draft document production and final sign off of the scheme. Some practices had not realised the addition of a further search requirement around alcohol. It is important to ensure the practices are working to accurate up to date service specifications and that there are clear communication processes in place to ensure latest versions are circulated to all practices. This should reduce ambiguity regarding interpretation and delivery of the schemes.

There is a risk that practices may choose not to participate in the QOF+ 2018 service specification due to workload and perceived issues around searches and coding. There are mitigations in place for this including a full set of searches and templates being provided by the IM&T Team, a comprehensive service specification and other supplementary documents including frequently asked questions sheet.

Dr Hibbs asked once the work has completed what will be done with the data generated. Ms Southall noted they are working with the IM&T Team to review the data, they are not anticipating any impact in the 1st year as there will be only 9 months' worth of data. The following year will provide more meaningful data.

Mrs Southall also shared with the Committee the 2018/19 QOF+ implementation pack that has been issued to practices, which includes supporting information and a frequently asked question document.

RESOLVED: That the above was noted.

Governance Arrangements for Primary Care

WPCC256 Mr McKenzie informed the Committee the report is asking the Committee to endorse a proposal to clarify the governance arrangements for Primary Care strategic management and development. This proposal involves this Committee taking responsibility for monitoring the implementation and development of the Primary Care Strategy on behalf of the Governing Body.

Mr McKenzie provided an overview of the Committee and the Primary Care Strategy's current role and functions. The proposed new arrangements have been revised within the Terms of Reference which

were shared within the report. The proposed revision highlights that responsibility for managing and developing the Primary Care Strategy will be delegated to the Committee on behalf of the Governing Body. It is important to note that the Governing Body would retain overall ownership of the strategy and responsibility for signing it off whilst this Committee would be responsible for providing assurance that delivery was on track and managing any work to refresh or revise the strategy.

The Committee queried where the area of primary care spend would sit with the Primary Care Committee or the Commissioning Committee. It was highlighted that The Primary Care Committee would continue to review GMS/PMS, QOF+ and DES's as well as any start up programmes such as pilots. Once the area of work's finances becomes recurrent spend this would be reported through the Commissioning Committee.

RESOLVED: The Committee approved to the proposal of the new governance arrangements for the Primary Care Commissioning Committee and signed of the new terms of reference.

Any Other Business

WPCC257 There was no other business noted at the meeting

RESOLVED: That the above was noted.

Date of Next Meeting

WPCC258 Tuesday 7th August 2018 at 2.00pm in PC108, Creative Industries Building, Wolverhampton Science Park.

**WOLVERHAMPTON CLINICAL COMMISSIONING
GROUP COMMISSIONING COMMITTEE**

Minutes of the Commissioning Committee Meeting held on Thursday 28 June 2018 commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	Yes

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
Sally Roberts	Chief Nurse & Director of Quality	Yes
Sarah Smith	Head of Commissioning - WCC	Yes

In Attendance ~

Alison Lake	Administrative officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	No
Karen Evans	Solutions and Development Manager	Yes (Part)
Peter McKenzie	Corporate Operations Manager	Yes (Part)

Observing ~

Meha Kainth	Works Experience Student	Yes
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Apologies for absence

Apologies were submitted on behalf of Vic Middlemiss

Declarations of Interest

CCM707 None.

RESOLVED: That the above is noted.
Page 211

Minutes

CCM708 The minutes of the last Committee meeting, which took place on 31 May 2018 were agreed as a true with a correction to page 5, paragraph 3.

RESOLVED: That the above is noted and correction to be made.

Matters Arising

CCM709 None to review

RESOLVED: That the above is noted.

Committee Action Points

CCM710 Reviewed -

CCM698 - Anti Coag Specification has been completed by Karen Evans
CCM700 - Service Specification-Acorns has been completed by Mags Court

RESOLVED: That the above is noted.

Karen Evans joined the meeting

Community Continence Service

CCM711 The Committee was presented with an Equality analysis of the current service; a service specification has never been agreed and, therefore, was not in the current contract. The specification will form a baseline for informed discussions and redesign.

A question of how patients can access this service was requested and it was advised that referrals can be made by GP, hospital or community service based on a clinical need assessment.

RESOLVED: That the above is noted the development of the service and agreed to the specification being added into the current contract.

Karen Evans left the meeting

Peter McKenzie joined the meeting

Review of Risks

CCM712 Corporate Organisational Risks

CR14 – Developing Local Accountable Care Models – should remain red as ongoing work to test and challenge

Committee Level Risks

CC04 – Community Equipment Procurement – on private agenda under AOB

CC09 – PTS poor performance – on public agenda under Contract Report showing improvement

CC12 – Public Health are decommissioning Base 25's counselling service for 14 to 25 year olds – CCG to provide additional funding for a drop in service for 18 to 25 years old – risk reduced recommendation to close risk.

RESOLVED: That the above is noted

Peter McKenzie left the meeting

Contracting Update Report

CCM713 Royal Wolverhampton NHS Trust

The Committee was presented with an update on the current contracting –

The Royal Wolverhampton Trust (RWT) has failed to reach the Cancer targets set, with exception of the 31 days of subsequent treatment (surgery). Performance trajectories have been submitted to NHSI for Cancer, RTT and A&E and are currently being reviewed by the CCG. KPIs expected outcomes are currently being awaited. The current influx of patients from Shropshire is causing targets harder to reach due to increased demand.

Current communication between Wolverhampton CCG and RWT has commenced with regards to Did Not Attend (DNA) and the issue of the provider being one of the regional outlier. Work is ongoing to improve the current service to lower the DNA rates.

Black Country Partnership Foundation Trust (BCPFT)

Service Development Improvement Plan (SDIP)

The Committee was updated on the current activity of the SDIP; the contract principles have been agreed and revised with the Black Country Partnership MH Trust including a revised price activity matrix, Milestones and work streams as a part of the new Strategy. Separate discussion between BCPFT and CCG are currently ongoing.

Data Quality Improvement Plan (DQIP)

IAPT targets have been increased for this year,. It has been advised that the expansion may need to be up to 50%. This is a baseline for the CCG and MH commissioners have escalated this. Discussions with other providers to work collaboratively by including their access rate data.

2018/19 Contract Review

Finance Activity

The Committee was updated on the current activity of the agreed new contracting approach of older adult inpatients; a revised set of contract principles has been agreed. The investment of funding still needs to be determined to show where these are being allocated.

Further work is needed to be completed to determine why some patients are being sent out of area for Psychiatric Intensive Care Unit (PICU) and will involve clinicians across the STP.

Monitoring has been agreed of use of leave beds of performance via the Price Activity Matrix, any concerns will be brought to the CRM.

Other Contractual Issues

Primary Care/Secondary Care Engagement

A Primary Care Mental Health Workshop is due to take place to give advice and guidance to patients on outpatient prescriptions, physical health checks, care concern and e-referrals/discharge. Further discussion will be needed on these areas around processes, procedure, responsibilities and contractual requirements.

Urgent Care Centre/Ambulance/Patient Transport

The Committee was advised of the recognised improvement in Vocare performance, direct pay spend, enhancements and Agency changes such as increased contract numbers for Year 3. In-house training to deliver a 3 month published rota and provided support in delivery of the KPI 10.2 for clinical assessment of patients within 15 minutes of arriving. Payment for June is currently on hold awaiting the finance and activity plan for 2018/19.

WMAS Non-emergency Patient Transport Service (NEPTS)

An Improvement in KPIs of non-emergency patient transport has improved, though this is being monitored this is not available in data form. More communication is needed in Wolverhampton for referrals from GPs and practice nurses. EMIS referrals will be forthcoming from June 2018.

Thrive into Work

Extension of this contact has been requested to ensure I think this was to ensure “that the trial can meet it’s randomisation and control principles”

Primary Care Contract Issues

Vertical Integration (RWT)

The Primary Care Committee has given approval for the Surgery in Coalway Road, Warstones to contract all clinical services to RWT from the 1st July 2018 under the vertical integration project. MGS practice has now terminated its sub-contracting with RWT from the end of May 2018.

RESOLVED: That the above is noted

Any Other Business

CCM714 The Committee highlighted the risk of any large financial needs that may be missed for the forthcoming end of financial year.

The committee was informed of the CCG under discussions with regard to adopting a different way of on contracting with RWT for the Acute to replace PBR, moving to an aligned incentives contract which includes a component of fixed payment.

RESOLVED: That the above is noted

Date, Time and Venue of Next Meeting

CCM715 Thursday 26th July 2018 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 26 July 2018
commencing at 1.00 pm in the Main CCG Meeting Room, Wolverhampton Science Park

MEMBERS ~

Clinical ~

Present

Dr M Kainth (Chair)	Lead for Commissioning & Contracting	Yes
Dr Gulati	Deputy Lead for Commissioning & Contracting	Yes

Patient Representatives ~

Malcolm Reynolds	Patient Representative	Yes
Cyril Randles	Patient Representative	No

Management ~

Steven Marshall	Director of Strategy & Transformation	Yes
Tony Gallagher	Chief Finance Officer	Yes
Sally Roberts	Chief Nurse & Director of Quality	Yes
Sarah Smith	Head of Commissioning - WCC	No

In Attendance ~

Alison Lake	Administrative Officer	Yes
Vic Middlemiss	Head of Contracting & Procurement	Yes (Part)
Philip Strickland	Governance and Risk Coordinator	Yes (Part)
Peter McKenzie	Corporate Operations Manager	Yes (Part)
Mags Courts	Mental Health	Yes (Part)
Sukvinder Sandhar	Deputy Head of Medicines Optimisation	Yes (Part)

Apologies for absence

Apologies were submitted on behalf of Cyril Randles and Sarah Smith

Declarations of Interest

CCM716 None.

RESOLVED: That the above is noted.

Minutes

CCM717 The minutes of the last Committee meeting, which took place on 28 June 2018 were agreed as a true and accurate record

RESOLVED: That the above is noted.

Matters Arising

CCM718 None to review

RESOLVED: That the above is noted.

Committee Action Points

CCM719 Reviewed -

CCM708 – Corrections made to minutes of 31 May 18 Closed

CCM711 - Service Specification to be add to current contract Closed

RESOLVED: That the above is noted.

Sukvinder Sandhar joined the meeting

Medicines Optimisation In Care Homes across the STP

CCM720 The Committee was presented with a report. This project has been designed to improve the quality and outcomes for patients as well as minimising waste of medication. This service will replace the current system and will consist of a team of two, one Pharmacist and a Pharmacy Technician who will liaise with the GP to approve any changes deemed necessary with the patient's approval. Training will be made available for Care Home Staff within the project.

The report is to request funding for the project in year 2 for 50% approx. £129,594 per CCG within the Black Country STP.

RESOLVED: That the above is noted and the Committee agreed the funding for year 2 of the project.

OptimiseRX

CCM721 The Committee was presented with a report for approval of procurement of a patient-specific prescribing solution for GP practices within the CCG. This software will replace the current Scriptswitch and will be embedded within EMIS. This system will alert and advise practices on individual patient needs and review accordingly. The tool will enhance best practice by providing relevant clinical guidance.

RESOLVED: That the above is noted and the Committee agreed the procurement of the business case for FDB Optimise Rx

Vic Middlemiss joined the meeting

Review of Risks

CCM722 Corporate Organisational Risks

The Committee were advised that no change is forthcoming for the Corporate Risks and remain the same CR10 and CR14

Committee Level Risks

CC04 – Community Equipment Procurement – to be closed

CC09 – PTS poor performance – on public agenda under Contract Report showing improvement

CC12 – The Committee were advised that the provision of ILS services will cease with Wolverhampton City Council as provider. A meeting has been held to inform the Council of the CCGs decision. Due to potential risk while tendering this service, the risk will remain red until the service is re-procured.

RESOLVED: That the above is noted and agreed

Peter McKenzie and Philip Strickland left the meeting

Contracting Update Report

CCM723 **Royal Wolverhampton NHS Trust**

The Committee was presented with an update on the current contracting overview –

The Royal Wolverhampton Trust (RWT), CRM was attended by Vic Middlemiss and Mags Courts.

Activity

It was advised that RWT total growth is 2.8 million above forecast outturn 2017/18, but still under plan for 18/19. Elective and non-elective activity is down, but an increase in day care electives has been shown, which should be beneficial in achieving the 92% target.

Discussions are ongoing with RWT regarding trajectories for Cancer and A&E. With regards to RTT, NHS Improvements have agreed a lower percentage which will

enable the backlog of patients to be treated. Evidence of RTT has been requested.

Acute contracts sanctions 18/19 are currently on hold awaiting agreement with RWT on exemptions.

Black Country Partnership Foundation Trust (BCPFT)

Service Development Improvement Plan (SDIP)

The Committee was advised that a meeting has been arranged with BCPFT to discuss moving towards commissioning for outcomes.

Data Quality Improvement Plan (DQIP)

IAPT targets have been increased for this year, the Primary Care counselling provider Relate will count towards the targets. A programme of work is in place for 3rd sector providers to upload performance onto NHS data sets for both Adult IAPs and Children's access.

2018/19 Contract Review

Finance Activity

The Committee was updated that the Price Activity Matrix (PAM) has been agreed for 2018/19. Further discussion will be taking place for a more outcome based approach for 2019/20.

Other Contractual Issues

Primary Care/Secondary Care Engagement

A Primary Care Mental Health Workshop took place on 22 June 2018. Discussion centred on advice and guidance, and this has now been superseded by the Trust implementing DOCMAN for all e-services. Updates on triage and pathways of the services are available to GPs.

WMAS Non-emergency Patient Transport Service (NEPTS)

Actions have been agreed including a revised remedial plan for KPIs.

Peri-natal Mental Health

The STP has been successful in securing funding for this service, WCCG has been designated as the host commissioner and will performance manage the contract.

Grants

Letters have been forwarded to the relevant organisation to inform them of their continued funding as agreed by the committee in June 2018.

Primary Care Contract Issues

Zero Tolerance Schemes

The GP provider for the Zero Tolerance scheme has served notice on the contracts, and has offered a rolling 30 day basis to ensure business continuity.

The Primary Care Contracting and Commissioning Teams will prioritise the requesting of local practices and groups for expressions of interest.

RESOLVED: That the above is noted

Emotional Mental Health & Wellbeing Service update

CCM724 The Committee was presented with an update of the pilot project commissioned by the CCG from September 2017 to March 2018, to ensure services for young people to access without the need for referred to CAMHS. This new joint procured service will offer alternative services across Wolverhampton for children and young people. The services are now up and running and included services such as drop in centres with professionals and support staff on hand.

RESOLVED: That the above is noted

Any Other Business

CCM725 None

RESOLVED: That the above is noted

Date, Time and Venue of Next Meeting

CCM715 Thursday 30th August 2018 at 1pm in the CCG Main Meeting Room

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**Wolverhampton Clinical Commissioning Group
Audit and Governance Committee**

Minutes of the meeting held on 22 May 2018 commencing at 11.00am
In Main Meeting Room, Science Park, Wolverhampton

Attendees:

Members:

Mr P Price	Chairman/Governing Body Member
Mr D Cullis	Independent Lay Member
Mr J Oatridge	Deputy Chair of the Governing Body and Audit and Governance Committee
Mr L Trigg	Lay Member/Governing Body Member

In Regular Attendance:

Mr P McKenzie	Corporate Operations Manager, WCCG
Miss M Patel	Administrative Support Officer, WCCG (minute taker)

In Attendance:

Dr H Hibbs	Chief Officer, WCCG
Mr T Gallagher	Chief Finance Officer, WCCG and Walsall CCG
Mr S Grayson	LSMS, CW Audit
Mr J McLarnon	Manager, External Audit, Grant Thornton
Dr S Reehana	Chair of the Governing Body, WCCG
Mr M Stocks	Partner, External Audit, Grant Thornton
Ms M Tongue	Head of Financial Resources, WCCG
Ms J Watson	Senior Internal Audit Manager, PwC (Partial Meeting)

Apologies for attendance:

AGC/18/58 There were no apologies for this meeting

Declarations of Interest

AGC/18/59 There were no declarations of interest.

Minutes of the last meeting held on 17 April 2018

AGC/18/60 The minutes of the last meeting were agreed as a correct record with the below changes:

- Mr Oatridge's apologies were noted for the meeting.
- Item AGC18/53 the monetary figure was changed from

£109.500 to £109,500

Matters arising (not on resolution log)

AGC/18/61 There were no matters arising to discuss.

Resolution Log

AGC/18/62 The resolution log was discussed as follows;

- Item 118 (AGC/18/30) - Internal Audit Progress Report – Ms Watson to produce a report with outstanding recommendations and reasons for slippage by owners – Information to be brought to all meetings going forward - Closed
- Item 119 (AGC/18/35) - Internal Audit Plan 2018/2019 – Report to be circulated to members prior to the next meeting – On agenda.
- Item 120 (AGC/18/41) - Informing the Audit Risk Assessment - Results from the mapping exercise around the National Standard Contracts to be brought to the next meeting – Update at next meeting.
- Item 121 – (AGC/18/44a) - Final Review of Effectiveness - Miss Patel to arrange meetings with the Chair of the Audit and Governance Committee and the Chair of the Governing Body – In process – Closed.
- Item 122 (AGC/18/44b) - Final Review of Effectiveness - Responses to the Effectiveness Questionnaire to be sent back to Mr McKenzie as soon as possible – Feedback received and added to the report – Closed.
- Item 123 (AGC/18/44c) - Final Review of Effectiveness - Miss Patel to arrange appraisals – This will be picked up through the GB appraisals.
- Item 124 (AGC/18/54) - Suspension, Waiver and Breaches of SO/PFPS - Ms Tongue to send more detail behind requisition numbers 4990 & 4991 to the Chair and other Audit and Governance Committee members – This had been actioned – Closed.

Internal Audit Annual Report 2017/2018

AGC/18/63 Ms Watson presented the Final Internal Audit Annual Report to Committee members following the draft version that had been circulated at the April Meeting.

The Head of Internal Audit Opinion was confirmed as ‘Generally satisfactory with some improvements required’. This was a good performance for the CCG.

The report showed the work undertaken by the Internal Audit Team. Highlighted again was the improvement in the Risk Management area.

Mr Oatridge asked if there were any lessons to be drawn from other NHS organisations the Internal Audit team were working with. Ms Watson advised that there were common themes in risk assessments around the overall financial pressures facing NHS organisations that could bring problems. The CCG had good controls in place to deal with this should it arise. Mr Price asked if this was a risk on the corporate register and. Mr McKenzie confirmed that it was.

Mr Price asked when the outstanding report on QIPP report would be completed. Ms Watson advised that it was imminent. Mr Gallagher said that this report had received sign off from Internal Audit but needed to be signed off by himself as the Director of Finance and Mr Steven Marshall – Director of Strategy and Transformation.

Dr Hibbs asked about the identification of further potential QIPP savings. Ms Watson said that she and some PWC Specialists had met with Mr Gallagher, Mr Marshall, Ms Lesley Sawrey – Deputy Director of Finance and Ms S Sidhu – Head of Strategy and Transformation to explore areas of QIPP and to see what could be done differently.

RESOLUTION: The Committee:

- Noted and accepted the report.

Draft Internal Audit Plan 2018/2019

AGC/18/64 Ms Watson presented the Draft Internal Audit Plan over a three year period.

The table on page 11 of the report showed the links of audit to the CCG's corporate objectives. The Audit and Governance Committee were asked to take note of pages 4 onward of the report setting out the high risks that were linked to the plan where no audit work was planned and that the CCG looked at how they would address this. Mr Price asked if Quality and Safety would be looked at within the Internal Audit work. Ms Watson said this could be looked at. The Committee members discussed the distribution of days and the areas they were looking into.

Mr Price also asked if General Data Protection Regulation (GDPR) Implementation would be looked at. Ms Watson advised that they had not received information for what the audit requirement would be.

Mr Oatridge raised a question on page 9 of the around the sentence 'In accepting an increased risk appetite, Management and the Audit and Governance Committee need to be reassured that internal audit resources are directed in areas of greatest risk.' was actually being addressed. Ms Watson said that the CCG had worked with Internal Audit to develop a work programme in line with the agreed SLA but the purpose of discussion at the committee was to ensure that the plan was as robust as possible. Mr Gallagher highlighted the value that the Committee's discussions added, by discussing the key risk areas this

would help to ensure the final plan was robust.

RESOLUTION: The Committee:

- Noted and accepted the report.
- Asked for further information around the areas of risk that had been identified.

Report To Those Charged with Governance

AGC/18/65 Mr Stocks presented the Report To Those Charged with Governance. The audit had gone well and the Finance Team's cooperation had been greatly appreciated. There would be no adjustments to the Financial Statement.

RESOLUTION: The Committee:

- Noted the Plan.

Ms Watson left.

Annual Accounts

AGC/18/66 The Annual Accounts were presented to the Audit and Governance Committee by Mr Gallagher and Ms Tongue.

RESOLUTION: The Committee:

- Approved the Annual Report
- Recommended that that the Governing Body Members approved the report.

Annual Accounts – Management Representation Letter

AGC/18/67 The Management Representation Letter was presented to the Audit and Governance Committee.

RESOLUTION: The Committee:

- Accepted the Management Representation Letter.

Annual Accounts – Annual Report

AGC/18/68 Mr McKenzie advised that the Annual Report had been aligned to the standard template.

The report also discussed the improvements made particularly around Risk Management.

RESOLUTION: The Committee:

- Noted the report and its recommendations.
- Recommend approval to the Governing Body.
- Thank staff for their hard work on the improvements made.

Committee Annual Report

AGC/18/69 The Committee Annual Report was presented to the Committee with all comments from the last meeting picked up and incorporated into the document.

RESOLUTION: The Committee:

- Accepted the report.

Wolverhampton CCG LSMS Plan 201819 Draft

AGC/18/70 Mr Grayson presented the draft Wolverhampton CCG LSMS Plan 201819.

RESOLUTION: The Committee:

- Approved the report.

Any Other Business

AGC/18/71 Mr Price asked that the date for the next meeting was checked and circulated out.

Mr Price thanked Miss Patel for her assistance in supporting the work of the Audit and Governance Committee.

RESOLUTION: The Committee:

- Miss Patel to check date for the next Committee and send out.

Date and time of next meeting

AGC/18/72 Tuesday 31 July 2018 at 10am at Wolverhampton Science Park

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Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 21st June 2018

Members:

Dr Anand Rischie – Chairman, Walsall CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Dr David Hegarty – Chair, Dudley CCG
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Angela Poulton - Programme Director – Joint Commissioning Committee
Peter Price – Lay Member, Wolverhampton CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Charlotte Harris – Note Taker, NHS England
Laura Broster – Director of Communications and Public Insight
Steven Marshall – Wolverhampton CCG

Apologies:

Prof. Nick Harding – Chair, Sandwell & West Birmingham CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

- 1.1 Welcome and introductions as above.
- 1.2 Apologies noted as above.
- 1.3 Dr Anand Rischie asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda of the meeting. None were given.
- 1.4 The minutes of the meeting held on the 10th May were agreed as an accurate record of the meeting. It was confirmed that Dr Ruth Tapparo can now be removed from the invite list.
- 1.5 The action register was reviewed (see table at the end of the notes). Actions delivered were confirmed and others taken within the agenda.
- 1.6 Regarding 091, 097, 099 and 100, the draft Clinical Strategy has been circulated to clinical leaders, Chief Executives and Accountable Officers. Once the document has been reviewed by the Clinical Leadership Group it will be presented to the JCC. Dr Anand Rischie to meet with the four clinical Chairs to discuss this strategy.

Action: Dr Rischie to schedule a meeting between the clinical Chairs to review the draft Clinical Strategy.

- 1.7 Regarding 092, there was discussion regarding the residual risk to Dudley Group of Hospitals NHS Trust arising out of the MCP procurement and the need to understand this in the context of the wider system. Paul Maubach confirmed that there is the need for all risks within the Black Country system to be understood, and in relation to the MCP this information will not be available until after the next stage of procurement has been completed (anticipated for report to the August JCC meeting).
- 1.8 Regarding 096, Dr David Hegarty confirmed that there is a forum where the Chairs of the Clinical Leadership Groups across the STPs meet, chaired by Kiran Patel. Dr Hegarty reported that the Black Country STP make a significant contribution to this group. Dr Hegarty informed members that he will be formally standing down as Chair of the Clinical Leadership Group, and that a process will be agreed to appoint his replacement on behalf of the JCC members. Thanks were extended to Prof. Nick Harding who has been standing in for Dr David Hegarty. Dr Hegarty noted that the Clinical Strategy is based on principles and priorities agreed under his tenure.
- 1.9 Regarding 098, this action will transfer to Prof. Nick Harding. Dr Helen Hibbs confirmed that the acute trusts have now agreed a process for the acute sustainability work.
- 1.10 Regarding 103 and 106, it was confirmed these are being done through the ICS Development Programme that PWC and Optum are facilitating. This programme reviews the work and delivery plan for STPs to become Aspirant ICSs.
- 1.11 Regarding 105, Dr Helen Hibbs has had communication with Simon Collings and an meeting being scheduled with Rachel O'Connor.
- 1.12 Regarding 107, Dudley will be leading this and it was confirmed adverts will go out for a project manager for Personalised Care.
- 1.13 Angela Poulton gave an update regarding the risk register. The governance group had been asked to revisit the template. A draft template had been included for the committee to review. This will need to be populated. It was not clear what risks would sit with the JCC and what would sit with CCGs and what risks are already on the CCGs risk registers. James Green suggested the JCC would have risks that involved the overall programme across all CCGs. The CCGs may have the same risks as the JCC, but these could be rated differently if they are at different stages. Jim Oatridge noted if there is a risk relating to an area formally delegated to the JCC this needs to be included and clarity needed about who will be responsible should the risk materialise.
- 1.14 Matthew Hartland suggested if a CCG is leading on something, then they would have the item on their risk register. However, if the JCC has concerns regarding delivery such as capacity issues, then it would be appropriate to include this on the JCC Register. Andy Williams identified that the discussion was highlighting process issues. There is the argument that risks should only appear on the JCC Register where areas have been formally delegated. However, as a collective forum, there is a difference between what is discussed and that the committee is responsible for i.e. those risks managed through the JCC and those managed elsewhere in the system. Paul Maubach asked if risks are limited to areas formally delegated how are collective risks raised and where, and referred to the importance of understanding the relationship of this committee and the STP. An example in relation to the Midland Metropolitan Hospital was discussed.

- 1.15 It was agreed to re-structure the agenda to reflect areas formally delegated to the JCC and issues of common interests, and to reflect this in the risk register. Peter Price raised the importance of being clear what the Committee wants to achieve, and to identify any risks in the context of the objectives. Mike Abel stated that there is the need to identify advisory risks that are pushed out to the organisations who can manage, and ensure effective feedback mechanisms to enable the JCC to be satisfied that risks are being managed/have been mitigated.

Actions:

- **Charlotte Harris to restructure the agenda to include formal delegations and issues of common interest**
- **Angela Poulton, Paul Maubach and Jim Oatridge to populate the Risk Register**

2. CORE BUSINESS

2.1 Place Based Updates – Dudley

- 2.1.1 Paul Maubach shared that bid evaluation is underway, a joint process between the Council and the CCG, that will be followed by the Regulator process. There are two judicial reviews in relation to the contract, the first of which has failed and the outcome of the second is awaited. There will be a public consultation on the contract later in the year. Paul Maubach referred members to the Health Select Committee Report, which refers to both Dudley and Manchester as ways to achieve integrated care systems. The need for legislation to remove procurement obstacles was noted. The bid decision will be made in July, which is then subject to a 9-month assurance process.

2.2 Clinical Leadership Group (CLG) Update

- 2.2.1 Angela Poulton informed the first draft Clinical Strategy has been circulated, based upon desktop research, RightCare analysis and some clinical input. The document makes the case for change for the priority areas identified in the chapters and does not state the actions to be taken in the version to date. The document has been sent to CLG members, Clinical Chairs, clinical members of the CCGs and Chief Executives/Accountable Officers. The document was discussed at the STP on 18th June 2018 and will be reviewed by CLG on the 29th June. Initial feedback responses have been received pointing to further work to enhance the document. It was noted that this is a starting point, which will stimulate debate and discussion to inform later versions.
- 2.2.2 Praise was given for the work undertaken to produce the Clinical Strategy. It was suggested this could be built on and developed with more clinical engagement. Dr Helen Hibbs informed members that the next ICS Development Workshop on 2nd July will be reviewing and building on the Clinical Strategy, with invites being extended to as many clinicians as possible. Once sign off has been achieved from CLG, the strategy will formally be presented to the JCC to review (July JCC). It was confirmed comments and responses should go to Angela Poulton, Prof. Nick Harding and/or Sally Roberts.

2.3 Programme Performance

- 2.3.1 Angela Poulton presented the STP performance reports produced by the NHSE STP programme office. It was noted that A&E 4-hour performance continues to be challenging but it is notable that Royal Wolverhampton are now meeting the standard with improvement being seen at Walsall. 62-day cancer target performance continues to not be met, partly

due to tertiary referral delays but also capacity issues. Dr Helen Hibbs informed that Royal Wolverhampton is National outlier for Cancer 62 day target. The Cancer Alliance is involved and is going to put a manager into Royal Wolverhampton for support. They are tracking at patient level data in the CCG. The 104 day waits are reducing which can affect the increase in 62 day wait. There is a plan and trajectory. There are weekly calls. The STP is meeting the target for Delayed Transfers of Care.

- 2.3.2 Dr Helen Hibbs reported that TCP trajectories continue to not be met owing to the number of admission and there is close monitoring by NHS England. There is a deep dive scheduled for the end of next week. There have been some improvements. The workshop under the pathway group focussed on how to work differently and achieve a standardised approach. The providers are working better with CCGs. The new community model commissioning specifications have been sent to governing bodies. It was noted it was important to commission the intensive support team to reduce admissions as the placements in the community need support. There are challenges with regards Local Authority engagement arising out of the financial risk and risk posed by forensic patients being in the community, and a meeting with the four Directors of Adult Social Services has been scheduled.

Mike Abel left the meeting.

- 2.3.3 There was discussion about the impact of keeping inpatient beds open in relation to staff being released to work within the community model of provisions. Concerns continue regarding the risk that admission rates do not fall owing to the way providers operate, and the result financial risk which CCGs will have to bear. It was agreed that work is required on a longer term financial strategy that creates the right incentives. With regards to changes to inpatient provision and bed numbers, there was a discussion regarding the need for engagement versus consultation and the need to remain sighted on where the opportunity to influence sits in any process. Dr Helen Hibbs informed members that there would be a presentation to all the Oversee and Scrutiny Committees and Health and Well Being Boards, which will inform the need for public engagement or consultation.
- 2.3.4 James Green emphasised the importance of the need for a longer term financial plan and the risk of the provider. The need for an options appraisal to agree the approach that will best allow the CCGs to manage the risk was agreed. Despite the risks identified, this should not stop the progression of the contract variation and service model implementation. It was noted that not having the community model in place was leading to patients being referred out of area. Once the approach to risk management from health's perspective is agreed, it was agreed that there would be benefit in understanding of the issues being faced by Councils.

Action: Chief Finance Officers to review the long term financial management of TCP and a progress report to be given in July JCC.

- 2.3.5 Laura Broster gave an update on the Memorandum of Understanding for Personalised Care. This has been signed. The money should be received from NHS England this month. There are leads identified from each CCG that are aware of the trajectory targets. There should be a programme management post appointed within the next couple on months. Paula Furnival has been very engaged in the process.

2.4 Specialised Services

- 2.4.1 Angela Poulton provided the information that had been gathered by Midlands and Lancashire CSU staff, supplied by Arden and GEM CSU regarding specialised services. Access to the NCDR portal has not been possible and the information is based upon provider SUS information. The request the committee had made was to identify the activity

and spend by each of the 4 CCGs on specialised services and to identify those services that are high volume and low cost that may no longer be considered 'specialised' and that could be commissioned by CCGs. The information still does not show activity/spend against contact/budget. Initial analysis of the data shows significant data quality issues, and it is unclear whether AGEM undertake any validation work. Angela Poulton stated that the Committee needs to source information from Specialised Services going forward.

- 2.4.2 Dr David Hegarty pointed out the notable the lack of engagement from Specialised Commissioning, the consequence of which is that the JCC have been unable to get any meaningful data. Paul Maubach suggested the STP needs to understand the strategic position regarding Specialised Commissioning. It was suggested there could be the previous two tier model; some services commissioned at individual STP levels and others at a West Midlands level. Dr Helen Hibbs noted the response from Rachel O'Connor had been positive and that Alastair McIntyre had informed her that no decision had been made regarding delegation. Dr David Hegarty suggested Prof. Nick Harding raising the issue with the wider CLG forum with Kiran Patel. Dr Helen Hibbs informed she will mention this to Rachel O'Connor when their meeting is arranged.

2.5 **PSO Update**

- 2.5.1 The advert is out for the STP Portfolio Director. There are a number of interested applications and the interview date has been fixed. The funding has been agreed in part. There will be some funding through the STP work, and then potentially the JCC. There is technical infrastructure in place for file sharing. Folders are currently being built on the shared drive. There is temporary programme support being given from Wolverhampton staff. This is a short term solution. They will be implementing programme mandates and briefs. There will be high level milestone plans for delivery for projects that are underway.

2.6 **Cancer Alliance**

- 2.6.1 Angela Poulton referred the committee to the paper supplied by Paul Tulley for information. The purpose of the paper was to ensure the committee were aware of the governance arrangements in place in relation to the Cancer Alliance and the resources identified to work on improving cancer services provision. There are commissioning leads in each of the CCGs that Paul Tulley is working through with Dr Simon Grummett, Black Country Clinical Lead for Cancer. The existing commissioner working group will extend to include the acute hospital Cancer Managers going forward. The transformation funding made available will fund additional posts as outlined.
- 2.6.2 Paul Maubach noted there seems to be a recurrent solution to appoint to non-recurrent set posts. There is a risk to this. There would need to be a permanent solution. It was suggested a more sustainable workforce solution would need to go on the risk register. Dr Helen Hibbs noted that some of the posts are short term programmes and therefore require short term support. It was agreed to have the non-recurrent posts as short term, but to include a long term solution on workforce to the risk register.

3. **DECISIONS REQUIRED**

3.1 **Future Support for JCC**

- 3.1.1 Angela Poulton reported that she had been advised to speak to NHS England to see if they could provide interim cover to support the JCC. Jo-anne Alner had agreed to provide cover until a permanent solution is found. Jo Melling will be supporting in the absence of Jo-anne Alner. There was some discussion about this and it was agreed that the Accountable Officers would meet to discuss future JCC support. It was agreed that the committee needs

to be effective and appropriately supported. Thanks were given to Angela Poulton for her support and work with the JCC.

Action: Accountable Officers to discuss an alternative solution for support for the JCC.

Steven Marshall entered the meeting.

3.2 STP Individual Placement Support Service

3.2.1 Steven Marshall gave an overview of the Individual Placement Support Service (IPS). The Five Year Forward View specifications outline key provisions for IPS across the STP. There are a number of waves for funding. The funding application was developed by Dudley and Walsall Mental Health Trust who are current providers of this. There will be funding for two years. The services specification was developed out of the actual submission. This was approved by NHS England. There are in process of joint arrangement for working up and implementation. There was a commitment to years three and four for a sustainability of funding. This has been sent to all finance directors of the CCGs. There is a deficit in provision of that supply in Wolverhampton and Sandwell and West Birmingham. The service specification has been agreed by Wolverhampton CCG Commissioning Committee. This is going to governing bodies on 10th July. There are three items outstanding; QIA, PIA and EQIA. As the bid was developed by the provider and the service provider is a consequence, so the service providers need to do this too for their governance.

3.2.2 Paul Maubach suggested there will need to be a plan and review after the funding ends in two years and how to commission at that point. Steven Marshall noted this will be the same to a certain extent for the Perinatal Service as the funding will drop into the CCG baseline. It was confirmed, as this is new money, the host CCG can approve but the information will go to other CCGs so they are aware.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

4.1 There were no comments or issues raised.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

5.1 There was no other business to discuss.

6. DATE OF NEXT MEETING

Thursday 12th July, 10:00-12:00, Board Room, Dudley CCG, 2nd Floor, BHHSCC, Venture Way, Brierley Hill, DY5 1RU

JCC Action Log

No.	Date	Action	Lead	Status Update
075	10th Jan 2018	James Green and Matthew Hartland to develop a plan on how to undertake the necessary diligence to support the Black Country STP becoming an ICS in the future, for report back at the July JCC meeting.	James Green and Matthew Hartland	
076	10 th Jan 2018	Simon Collings to provide the finance and activity data for Specialised Services provided for Black Country registered patients at future JCC meetings.	Simon Collings	
091	22 nd Mar 2018	Clinical chairs to discuss CLG links into workstreams and the PMO to ensure there is no duplication of work.	Dr Anand Rischie	21/06/18 This will follow up with the refreshed clinical strategy and regular updates
092	22 nd Mar 2018	Paul Maubach to share details of the new Dudley MCP Foundation Trust once the case is finalised circa July.	Paul Maubach	21/06/18 This will be available in August
094	22 nd Mar 2018	Angela Poulton to use a future JCC Joint Executive Development session to consider what commissioning an alliance looks like.	Angela Poulton	
095	22 nd Mar 2018	Angela Poulton to support Prof Nick Harding the production of a refreshed clinical strategy to identify priority areas and how to progress delivery, for presentation at a future meeting.	Angela Poulton/ Nick Harding	21/06/18 1 st draft being discussed at CLG meeting 29/06/18. Report to July JCC.
097	10 th Apr 2018	Local Authority representatives to be invited to the Clinical Leadership Group meetings.	Charlotte Harris	21/06/18 This is on hold until the Clinical Strategy is finalised
098	10th Apr 2018	Prof. Nick Harding to ensure the findings of the acute sustainability review are fed into the final clinical strategy.	Nick Harding	
099	10th Apr 2018	Prof. Nick Harding as Chair of the Clinical Leadership Group to write to all Trusts requesting representation at meetings.	Nick Harding	21/06/18 This is on hold until the Clinical Strategy is finalised
100	10th Apr 2018	Dr Anand Rischie to discuss with Prof Nick Harding how to engage Local Authority colleagues in the work of the Clinical Leadership Group, including the working groups, before the next JCC meeting	Anand Rischie	21/06/18 This is on hold until the Clinical Strategy is finalised
102	10 th Apr 2018	Angela Poulton to speak to Prof. Nick Harding regarding adding Strategic Commissioning as a CLG agenda item.	Angela Poulton	
104	10 th Apr 2018	The Accountable Officers to discuss governance arrangements for TCP.	Andy Williams/ Helen Hibbs/ Paul Maubach	21/06/18 There are ongoing discussions through the TCP programme
105	10 th Apr 2018	Dr Helen Hibbs to arrange a meeting with Rachel O'Connor to discuss Specialised Services.	Helen Hibbs	21/06/18 Contact has been made. A meeting is due to be arranged shortly

No.	Date	Action	Lead	Status Update
109	21 st June 2018	Dr Rischie to schedule a meeting between the clinical Chairs to review the draft Clinical Strategy	Anand Rischie	
110	21 st June 2018	Charlotte Harris to restructure the agenda to include formal delegations and issues of common interest.	Charlotte Harris	
111	21 st June 2018	Angela Poulton, Paul Maubach and Jim Oatridge to populate the Risk Register	Angela Poulton (to transfer to replacement officer)	
112	21 st June 2018	Chief Finance Officers to review the long term financial management of TCP and a progress report to be given in July JCC.	James Green/ Matthew Hartland/ Tony Gallagher	
113	21 st June 2018	Accountable Officers to discuss an alternative solution for support for the JCC.	Andy Williams/ Helen Hibbs/ Paul Maubach	

Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 12th July 2018

Members:

Dr Anand Rischie – Chairman, Walsall CCG
Paul Maubach – Accountable Officer, Dudley CCG & Walsall CCG
Dr Helen Hibbs – Accountable Officer, Wolverhampton CCG
Prof Nick Harding – Chair, Sandwell & West Birmingham CCG
Matthew Hartland – Chief Finance and Operating Officer, Dudley CCG; Strategic Chief Finance Officer Walsall and Wolverhampton CCG's
James Green – Chief Finance Officer, Sandwell & West Birmingham CCG
Peter Price – Lay Member, Wolverhampton CCG
Mike Abel – Lay Member, Walsall CCG

In Attendance:

Charlotte Harris – Note Taker, NHS England
Laura Broster – Director of Communications and Public Insight
Alastair McIntyre – Interim Portfolio Director, NHS England

Apologies:

Andy Williams – Accountable Officer, Sandwell & West Birmingham CCG
Dr Salma Reehana – Chair, Wolverhampton CCG
Dr David Hegarty – Chair, Dudley CCG
Paula Furnival – Director of Adult Social Care, Walsall MBC
Julie Jasper – Lay Member, Dudley CCG and Sandwell and West Birmingham CCG
Jim Oatridge – Lay Member, Wolverhampton CCG
Simon Collings – Assistant Director of Specialised Commissioning, NHS England

1. INTRODUCTION

- 1.1 Welcome and introductions as above.
- 1.2 Apologies noted as above.
- 1.3 Dr Anand Rischie asked the committee if anyone had any declarations of interest they wished to declare in relation to the agenda of the meeting. None were given.
- 1.4 The minutes of the meeting held on the 21st June were agreed as an accurate record of the meeting.
- 1.5 The action register was reviewed (see table at the end of the notes). Actions delivered were confirmed and others taken within the agenda.
- 1.6 In regards to 075, Matthew Hartland informed the plan was agreed in April. It was agreed the item would be deferred until August and would be included as an agenda item to allow the review of the clinical priorities and capital bids and the organisation changes. It will pick up some of the risks and activity flows.

- 1.7 In regards to 076, James Green noted that he should be able to get the data through the finance colleague in Specialised Commissioning. There has been some data sent through but it is a year out of date. He will give an update at the next meeting.
- 1.8 In regards to 095, the CSU is supporting writing another draft of the Clinical Strategy. This will be circulated and there will be a launch meeting in September.
- 1.9 In regards to 098, there were questions raised regarding the description of the action and whether the documents should remain separate. Dr Helen Hibbs noted that each trust defines clinical sustainability differently; Walsall is reviewing whether their services are clinically sustainable and the other trusts are focusing on issues with workforce. It was confirmed Richard Beeken is leading on the clinical sustainability review. The sustainability review is intrinsically part of the Clinical Strategy. The trusts are not using a consistent approach to the Sustainability Review. Prof Nick Harding noted that Kiran Patel had requested a vulnerable services review which was around workforce, serious events and prediction of loss of staff implications. The STP has presented a first iteration of the clinical sustainability to Kiran Patel. The next iteration can be shared. It was agreed that the Clinical Strategy and Sustainability Review were two separate items and therefore the action to change to state: "Prof Nick Harding to ensure the acute sustainability findings informs the work of the Clinical Strategy."

Action: Prof Nick Harding to share the second iteration of the clinical sustainability review requested by Kiran Patel for the October JCC meeting.

- 1.10 In regards to 102, there were questions raised over the definition of strategic commissioning. Dr Helen Hibbs noted her definition is system management, whereby population health commissioning is done at a higher level. This will place a budget with a lead provider and measuring outcomes. Paul Maubach noted strategic commissioning is being carried out in Dudley with the MCP outcomes framework and in Walsall. It was noted there is an opportunity to reflect on a different narrative around the triple aims and how the JCC commission services for the clinical outcomes. It was agreed the action would be changed to state: "Prof Nick Harding to include clinically based commissioning for outcomes as an agenda item for the Clinical Leadership Group."
- 1.11 In regards to 105, Dr Helen Hibbs is meeting Catherine O'Connell on 31st July 2018. She will provide an update from the meeting.
- 1.12 In regards to 109, Dr Anand Rischie informed this in progress and there should be a date arranged for August.
- 1.13 In regards to 111, Paul Maubach informed they are meeting next week. There should be a report for the September meeting. It was agreed for Alastair McIntyre to support in Angela Poulton's place.
- 1.14 In regards to 112, Matthew Hartland informed they had met twice to discuss the true cost of the programme. There should be a report regarding the risks for the four CCGs available from tomorrow. This will be brought back to the August meeting.

2. MATTERS OF COMMON INTEREST

2.1 Place Based Updates – Walsall

- 2.1.1 Paul Maubach shared that there is an emerging provider alliance. The providers are collaborating on strengthening their alliance model. One piece of immediate work is for them

to decide which will be the provider host/lead for the model. This should be completed by September. They are reviewing what the priority outcomes for the alliance model will be. They have jointly commissioned KPMG as a facilitator of the CCG and provider, to sort issues around governance arrangements, what is the target operating model and scope of services. They have agreed the scope of services but require a target operating model. This should be in place by April 2019. It was noted it is going well. There have been a few debates regarding the meaning of the outcomes and there have been questions around the financial and operational implications. KPMG are facilitating the conversation around a shared view for the population needs. There is a lot of work needed to get the model mobilised by next year. They are operationalising some of the work, such as MDT. There is commitment to collaboration from the providers, CCG and council.

- 2.1.2 Mike Abel noted that this had gone as an item to the Health and Wellbeing Board at a development session. The councillors and chairs of scrutiny were present. There were discussions around health, and the impact of poor housing and transport. They requested the detail of measuring outcomes and changes in the outcomes. There was a good discussion and commitment to better the health of the population. Paul Maubach noted there needs to be a consensus on what they want from the outcomes.
- 2.1.3 Dr Anand Rischie discussed the timelines for Walsall. By September, they want the commissioning outcomes for place based care to be signed off. This feeds into the provider alliance model which should have the final draft completed by October. They are on target for April 2019 for the provider alliance to be mobilised.
- 2.1.4 Paul Maubach discussed how they are a different set of organisations, with different sizes. They have complex organisational dynamics. The councils are split between seeing themselves as commissioner or large scale provider. KPMG will be helping the organisations to sort formal government arrangements and this is established on a more structured basis. They will be reviewing what the target operating model should be and how to collectively operationalise this. Mike Abel noted there had been a weak voluntary sector in Walsall until now. This is now developing fast. Other partners will need to ensure they are included. KPMG are also reviewing the capability and capacity around delivery.
- 2.1.5 Paul Maubach noted there has been a clear commitment to establish a Walsall place based solution. The scope of services has been developed separately. The Dudley framework has been used to learn from. There is a debate regarding the metrics that are most relevant for the system. Prof Nick Harding discussed the national debate around metrics and the ICS Development programme. Dr Helen Hibbs discussed the acute part of the services and how they influence the pathways. Paul Maubach confirmed this issue has led the scope being broad. The services that are delivering a long term care approach, like COPD, can be part of the place based model. Those with short term interventions are not included. There is a benefit of having the acute trust in the middle of the model as the boundary of scope shifts internally within one organisation for NHS services instead of between organisations. Alastair McIntyre suggested there should be a review about when to sense check with NHS England regarding the service changes.

It was agreed that Sandwell and West Birmingham would present at the next meeting.

2.2 **Clinical Leadership Group (CLG) Update**

- 2.2.1 Prof Nick Harding informed there is to be an evening meeting scheduled for the first week of August which will discuss the importance of Primary Care Networks. A robust Primary Care Network is required for ICS Development.

2.3 **Clinical Strategy**

2.3.1 This was discussed in 1.8.

2.4 JCC Interim Support Arrangements

2.4.1 Alastair McIntyre will be providing interim portfolio director support. Charlotte Harris will remain administration support.

2.5 Programme Performance

2.5.1 Alastair McIntyre presented the monthly performance report from NHS England regarding the STPs. This is presented to the Accountable Officers at monthly meetings. It allows comparison between STPs. It highlights the metrics of delivery for regulators. It was noted that some data is not yet public so should only be shared appropriately at this time. The data presented is from Unify.

Action: Laura Broster to send communications out regarding sharing any requests for FOIs and having a common response.

2.5.2 Alastair McIntyre presented the transformation reporting presentation regarding progress and risk. There are 132 metrics this year. The headline programmes are those the regulator is most interested in. A single dashboard is imminent. There are some metrics that will require a narrative response. Nationally there is a request for reporting to be carried out with single response for the entire STP. There will be some work to get this into place. The RD assurance refers to future milestones. Monthly reporting dates have been set. NHS England is meeting with the PMOs of STPs on 26th July. Mike Hastings is the nominee attendee for the Black Country. This will be presented to the STP partners on Monday 16th July.

2.6 Programme Leadership

2.6.1 Alastair McIntyre presented the key programmes that the regulators are looking at. There needs to be an SRO and named lead for each programme. This needs to be populated. There are other programmes that need to be added; including pathology and acute sustainability. There will be a full populated sheet next time regarding progress which will allow accountability for programmes that are not meeting their targets. It was agreed there will be regular reporting to the JCC regarding the programmes of work. Exception reports will be presented to the committee.

2.7 Specialised Services

2.7.1 It was agreed to defer this until after Dr Helen Hibbs meets with Katherine O'Connell on 31st July.

2.8 Risk Register

2.8.1 This was deferred until the September JCC.

3. FORMAL DELEGATION

3.1 Risk Register

3.1.1 This was deferred until the September JCC.

3.2 Transforming Care Partnership (TCP)

- 3.2.1 Dr Helen Hibbs presented the TCP Report. TCP is still an issue for the Black Country. There has been an escalation meeting with NHS England. There have been a lot of discharges in the last quarter but there have been too many admissions. The commissioning of the model is starting to be in place. There are better support and care arrangements being put in place. They remain on red escalation as the numbers are still too high. The trajectory is still off plan. The five year cohort and commissioning of the beds is doing well. The CVOs have gone to the provider. There is still a patient in Orchard Hills and the provider has indicated that this location will need to close once the patient has been discharged. The community services are in place and they are out to advert for forensic staff.. The care and support market is not as well developed for forensic patients. There is a lot of work trying to develop this area.
- 3.2.2 The Local Authorities have concerns regarding the financial risks. Dr Helen Hibbs has met with the four Directors of Adult Services. There will be a presentation to the Health and Wellbeing Boards and the Overview Scrutiny Committees. There will be a new full time programme director appointed; Rita Symmons is providing support until the end of the month. There have been requests regarding bringing discharges forward however they are ensuring there are the right services and the ability to move to the community before they challenge this.
- 3.2.3 Paul Maubach expressed appreciation for the attention this programme has been getting and the support it has been given. He suggested that there will need to be a review regarding a shared arrangement for commissioning the programme moving forward. He also suggested there needs to be review of the Learning Disability (LD) services available more widely. For Dudley and Walsall, there was a review of the LD statistics around use and compliance. They are not getting consistent outcomes as others. It was suggested there is more that can be done to deliver a consistent standard. Dr Helen Hibbs noted this is a programme that could be commissioned once. In regards to LD, the health checks are poor and they have been slow in the Leader Programme. There are a lot of health inequalities. There is a quality subgroup reviewing the quality of life for patients and there is an outcomes tool which looks at the patient life after moving into a new placement. There needs to be improvement for patients with LD and their outcomes, such as with employment. The new programme director could review this area. There will need to be a plan of action for moving forward from April that should include all organisations supporting.
- 3.2.4 There are milestones to be met every quarter. They are measures weekly via returns. The final measure is in April 2019. There should be 16 beds CCG commissioned patients and 27 for Specialised Commissioning. These are seen as one number for the STP. It was noted that for one patient, they had spent 15 years in a Specialised Commissioning bed with no LD diagnosis attributed. If these targets are not met, it results in a face-to-face scrutiny with Simon Stevens. Specialised Commissioning have introduced new case managers and there is more collaboration. The Children and Young People work has been slow but they have introduced a new SRO. Any missed targets are escalated to the TCP board. It was requested that individual CCGs focus on their own patient cohorts as well as the TCP being focused on it. It was agreed that this programme would be added to the programme of work for review.
- 3.2.5 Paul Maubach asked for assurance on the involvement plan. Laura Broster informed she had met with Rita Symmons. There were discussions around the risks and whether adequate involvement has taken place. Laura Broster said that she had been given assurance that the clinical model has been informed by involvement of service users, their families and carers. This needs to be documented within the programme and LB has suggested a report go to the next programme Board to be conscientiously considered.

- 3.2.6 The risk around involvement sits with the involvement of future service users and the public with regard to the clinical model and there is now a plan for public events in each locality to further inform the mobilisation of the clinical model. This plan is documented in the presentation for each Scrutiny Committee to offer further opportunity for comment.
- 3.2.7 There is also a risk around the location of the A&T beds, the planned involvement should cover this with a report going to the programme board in October before going to each CCG. The location of the A&T beds should not be finalised until there has been adequate involvement. It was noted that Ridgehill remains closed to admissions on safety concerns and that Orchard Hills may need to be in the same position.
- 3.2.8 The public conversation will focus on the benefits of the community services.

Action: Alastair McIntyre to provide the service change programme for the Black Country from NHS England perspective.

- 3.2.6 James Green informed the members that as part of the STP Estates Strategy, a capital bid has been submitted to an LD Assessment & Treatment Centre. JG also confirmed that funding has been agreed by NHSE to support the discharge of patients from Specialised Commissioning. The CFOs are meeting on 13th July to consider the financial implication and identify options for the management of financial risks associated with the TCP. An update will be given at the next JCC.

3.3 Mental Health

- 3.3.1 There have been two short term project directors appointed; one to look at the Children and Young People workstream and one to review the services that were agreed to be commissioned together across the Black Country. This can be brought back to the committee when there are some outputs from the work.

Dr Helen Hibbs left the meeting.

4. SUBGROUPS UPDATE (CONSENT AGENDA)

- 4.1 James Green informed there had been a process over the last couple of months regarding the prioritisation of the capital bids. They NHS leaders met on Tuesday 10th July and came to an agreement over the prioritisation of the ten bids put forward. In order of priority, these are; the Black Country LD Assessment and Treatment Transformation Scheme, the Walsall Emergency Department Development, the Midland Metropolitan Hospital Development, the Redevelopment of Emergency Department at Russells Hall Hospital, the Transfer of Services from West Park Hospital and Subsequent Closure of Site, the Development of Black Country Cancer Centre, Carter's Green GP Practice, the Development of the Dorothy Pattison Hospital site and Potential Closure of the Bloxwich Hospital Site, the Black Country Hybrid Theatre, and the West Midlands Ambulance Service Replacement Sandwell Hub. The deadline for submission is Monday 16th July 2018.

5. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

- 5.1 Prof Nick Harding suggested for the continuity of the JCC programme, it would be beneficial for the chair to stay longer than six months. It was agreed the change in Terms of Reference would be drafted and presented at the next JCC meeting for discussion.

Action: Alastair McIntyre to redraft the Terms of Reference for the JCC regarding the continuation of a chair over a yearly period.

6. DATE OF NEXT MEETING

Thursday 9th August, 10:00-12:00, Board Room, Walsall CCG, Jubilee House, Bloxwich Lane, Walsall, WS2 7JL

JCC Action Log

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095	22 nd Mar 2018	Angela Poulton to support Prof Nick Harding the production of a refreshed clinical strategy to identify priority areas and how to progress delivery, for presentation at a future meeting.	Angela Poulton/ Nick Harding	21/06/18 1 st draft being discussed at CLG meeting 29/06/18. Report to July JCC.
097	10 th Apr 2018	Local Authority representatives to be invited to the Clinical Leadership Group meetings.	Charlotte Harris	21/06/18 This is on hold until the Clinical Strategy is finalised
098	10th Apr 2018	Prof Nick Harding to ensure the acute sustainability findings informs the work of the Clinical Strategy.	Nick Harding	
099	10th Apr 2018	Prof Nick Harding as Chair of the Clinical Leadership Group to write to all Trusts requesting representation at meetings.	Nick Harding	21/06/18 This is on hold until the Clinical Strategy is finalised
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109	21 st June 2018	Dr Rischie to schedule a meeting between the clinical Chairs to review the draft Clinical Strategy	Anand Rischie	
111	21st June 2018	Alastair McIntyre, Paul Maubach and Jim Oatridge to populate the Risk Register	Alastair McIntyre/ Paul Maubach/ Jim Oatridge	23/07/18 – Meeting to be arranged in September

No.	Date	Action	Lead	Status Update
112	21 st June 2018	Chief Finance Officers to review the long term financial management of TCP and a progress report to be given in July JCC.	James Green/ Matthew Hartland/ Tony Gallagher	
114	12 th July 2018	Prof Nick Harding to share the second iteration of the clinical sustainability review requested by Kiran Patel for the October JCC meeting.	Nick Harding	
115	12 th July 2018	Laura Broster to send communications out regarding sharing any requests for FOIs and having a common response.	Laura Broster	20/07/18 – Contacted each FOI Officer to connect them and advised that any requests relating to BC collaboration or plans should be a single response
116	12 th July 2018	Alastair McIntyre to provide the service change programme for the Black Country from NHS England perspective.	Alastair McIntyre	20/07/18 – being reviewed on 25/07/2018
117	12 th July 2018	Alastair McIntyre to redraft the Terms of Reference for the JCC regarding the continuation of a chair over a yearly period.	Alastair McIntyre	20/07/18 - completed

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence
Councillor Sandra Samuels OBE
Councillor Paul Sweet

Councillor Hazel Malcolm

Councillor Wendy Thompson
Brendan Clifford
John Denley
Dr Helen Hibbs
Elizabeth Learoyd
Tracy Cresswell
Linda Sanders

Sarah Smith
Jeremy Vanes
David Watts
Lesley Writtle

Warren Davies
Dr Ranjit Khutan

Chair (Labour)
Cabinet Member for Adults
Cabinet Member for Children and Young People
Cabinet Member for Public Health and Wellbeing
Conservative Party Leader
Service Director - City Health
Director of Public Health
Chief Officer, Wolverhampton CCG
Healthwatch Wolverhampton
Healthwatch Wolverhampton
Independent Chair of Adults and Children's Safeguarding Board
Head of Strategic Commissioning
Royal Wolverhampton Hospital NHS Trust
Director of Adult Services
Associate Chief Operating Officer, Black Country Partnership Trust
West Midlands Fire Service
University of Wolverhampton

Employees

Madeleine Freewood
Andrew Wolverson
Wendy Ewins
Dereck Francis

Development Manager
Head of Service – People
Commissioning Officer
Democratic Services Officer

Partners in Attendance

Sarah Southall
Yvonne Higgins

Head of Primary Care, Wolverhampton CCG
Deputy Chief Nurse, Wolverhampton CCG

The Chair also welcomed Habiba Amjad, Graduate Trainee and Amais Perry, a student from King's C of E School, as observers.

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence (if any)**
Apologies were received by Sally Roberts, Emma Bennett, Chief Superintendent Jayne Meir, Ben Diamond, Dr Alexandra Hopkins, Tim Johnson, Mark Taylor and Joanne Alner.

- 2 **Notification of substitute members (if any)**
Warren Davies attended on behalf of Ben Diamond and Dr Ranjit Khutan attended on behalf of Dr Alexandra Hopkins.

- 3 **Declarations of interest (if any)**
There were no declarations of interest made.

- 4 **Minutes of the previous meeting**
Resolved:
 That the minutes of the meeting held on 11 April 2018 be confirmed as a correct record and signed by the Chair.

- 5 **Matters arising**
The Chair took the opportunity to acknowledge that Chief Superintendent Jayne Meir would be moving to a different department and would therefore no longer be attending. He expressed thanks for her service on behalf of the Board and wished her well.

The Chair also welcomed Councillor Jasbir Jaspal, Habiba Amjad, Graduate Trainee and Amais Perry, a student on work experience from Kings C of E School as observers.

- 6 **Health and Wellbeing Board Forward Plan - 2018 - 2019**
Resolved:
 The Children's and Adult's Safeguarding Annual Report items scheduled for 17 October were to be incorporated into one report.

- 7 **HeadStart Phase 3 – Annual Review Outcome**
Andrew Wolverson, Head of Service – People presented the report on the HeadStart Phase 3 and highlighted key points. It was noted that all but two of the milestones had been fully achieved during Phase 2 and the two that remained had been partially achieved. The milestone relating to sustainability planning had picked up the pace and support had been requested from the Big Lottery, which was being considered. An engagement team had been working hard to bring the development of empowerment and capacity building toolkits up to speed.

One finding highlighted from the scheme was that young people from deprived areas had a higher resilience than that of the national average. The importance of discovering how this was built and whether it was resilience through adversity or other factors were at work was noted.

The two-tier service investment was welcomed by Councillor Sweet and the Board were reminded about the B-Safe Safeguarding Board. A presentation of a video

produced by young people on knife crime would be going to the Safeguarding Board in September. HeadStart had been an invaluable scheme and involved many engaged young people.

Initial stages of the HeadStart scheme had been encouraged by the City of Wolverhampton University.

It was queried whether the SUMO based resilience programme was continuing into special schools. The Board were advised that the special schools were around 12 months away from coming on board and it was likely that information on this would be included in next year's HeadStart report. It was also noted that it was important to capture information up to 10 years into the scheme to ensure its longevity.

Resolved:

That the report be noted.

- 8 **Joint Public Mental Health & Wellbeing Strategy for Wolverhampton**
John Denley, Director for Public Health presented the City of Wolverhampton contribution and Sarah Fellows presented the strategy for the Clinical Commissioning Group [CCG] to the draft Joint Mental Health Strategy, a collaboration between the Council and CCG and highlighted key points. Much of the focus was on prevention and ensuring mental health resilience in the population.

The Board were advised that the City of Wolverhampton's strategy was an overarching report whilst the CCG contribution was a more comprehensive document.

Councillor Sandra Samuels OBE stated that, from an adult social care perspective, the joint strategy was an excellent piece of work and it was good that the Council were working in collaboration rather than in a silo environment. She stressed the importance of the integration of physical and mental health and highlighted the risks involved in relation to the mortality rate. With reference to the infographic on page 11 of the CCG's strategy, it was suggested that this be reproduced and appear in public places, such as surgeries, to help influence good practices.

From a safeguarding point of view, Linda Sanders advised she felt that people suffering a severe mental health condition could be vulnerable, to exploitation for example, and could this be considered?

Councillor Paul Sweet echoed that it was an excellent effort and that early intervention was key, saving future costs if a mental health condition worsened. He suggested that much good work was going on with THRIVE West Midlands and that there could be a link established.

Dr Ranjit Khutan noted that ethnic groups and high-risk groups had been grouped together and that solutions needed to be found within communities. He added that work could be done with students.

Sarah Fellows added the following points:

- How many with severe mental illness [SMI] have health checks – reports to NHS England.

- CCG targets were being met and overperforming in cases.
- Medications for SMI can factor in physical health problems
- Information sharing needed to be improved and expanded upon
- The strategy would expand to include a safeguarding element
- Information would be broken down into specific groups, which would be shared with the Board

Resolved:

1. That the CCG strategy would expand to include a safeguarding element.
2. That information would be broken down into specific groups, which would be shared with the Board.
3. That the joint strategy be approved and noted.

9

Quality Improvement Strategy 2017 - 2020

Dr Helen Hibbs, Chief Officer of Wolverhampton Clinical Commissioning Group [CCG] presented the report and highlighted key points.

In addition to the information in the report, it was noted that:

- The focus on safeguarding was welcomed.
- End of life support with respect to cancer sufferers had been bleak and it was queried what the timeline was to close the gap in terms of support. Dr Helen Hibbs advised that discussions were being entered into on quality of care and identification of appropriate end-of-life pathways and getting patients onto them. Work was being done with WT and the Mental Health Trust with regard to workstreams and looking at specific end of life care.
- There were high levels of mortality, which did not appear to be a hospital issue but a system issue.
- Councillor Thompson added that at best the end of life care was excellent and she had seen families incorporated into decision making, however there were challenges faced with various pressures, busy wards, etc. and there was the risk of “wrong choice or no choice”.
- The CCG delivery of the Red Bag Project was touched on and the Board were advised that training had been rolled out to nursing care homes across the City.
- Proposals were being looked at with Compton Care [formerly Compton Hospice] as part of the strategy group. There had been some concerns that

there wasn't as much funding available as when it had been Compton Hospice.

Resolved:

That the Strategy be approved and noted.

10

Overview of Primary Care Strategy

Sarah Southall, Head of Primary Care presented the report and highlighted key points.

The Board were advised that five priority areas were being looked at and each had their own individual work programme. It was noted that the area facing the biggest challenges was the workload placed on staff and practices. There had been engagement with patients and services users throughout the process and the goal was to achieve a seven-day service in general practices by September.

93 recommendations formed part of the strategy, 21 of which had been achieved and closed and 50 of which were in progress.

There had been further development in the following areas:

Special Access Services [formerly Violent Patients] hosted in All Saints practice.

In hours GP for people coming from out of City, for example people who live in Wolverhampton for short periods such as students or people who work but don't live in the City.

Good progress had been made on the improvement plan for learning disability health checks.

Impressive feedback had been received following a session held on issues surrounding Domestic Violence.

With regard to the aforementioned workforce issues, it was noted that the gap was closing with the help of workforce retention schemes, which was to receive £400,000 of funding. Sign-off was awaited for the retention plan which included offering GPs more flexibility and peer support. The NHS and wider Black Country clinical fellows. It suggested to encourage GPs to stay within the area where they were trained NHS Wolverhampton were exploring the concept of a portfolio career for GPs to broaden experience, incorporating some hospital work into work schedules to encourage the retention of local GPs.

Resolved:

That the strategy be received and noted.

11

Better Care Fund (BCF) Update Report

David Watts, Director for Adults Services presented the report and gave an overview of its content. It was highlighted that admission placement figures were at 281, which was above the target 260 but was still a reduction from 2016-2017. It was also worth noting that there had been a visit from the National Better Care Team and that

Wolverhampton had received a positive mention in their bulletin and been included as a good example within some of their presentations.

Councillor Sandra Samuels OBE was particularly pleased to see how well the City were doing with regard to dementia awareness and the engagement of services across the City.

With regard to the number of delayed transfers of care, it was noted that Wolverhampton figures had improved whilst South Staffordshire's had not. The Chair added he had spoken to South Staffordshire Council and they had experienced difficulties over some years. It was suggested that financial problems and a lack of packages of care may be contributing to the problem. South Staffordshire has had difficulties with the sign-off of their Better Care Programme but will look to NHS England to resolve any problems.

It was queried whether Wolverhampton could provide facilities to South Staffordshire at a cost, but it was agreed it would be better for South Staffordshire to work on their challenges and Wolverhampton could assist by sharing their best practices.

In answer to a query regarding regular updates, it was advised that the Better Care Fund item regularly appeared on the Health and Wellbeing Board agenda.

Resolved:

1. That an update on the Better Care Fund become a regular item on the agenda.
2. That the report be noted.

12

Black Country Transforming Care Partnership

Dr Helen Hibbs, Chief Officer of Wolverhampton CCG delivered the PowerPoint presentation to the Board. Following the presentation, questions were invited to be directed at Wendy Ewins who had accompanied her from Wolverhampton CCG.

It was noted that Wolverhampton was ahead across the Black Country with fewer children in the tier 4 A and T beds and only 6-8 young people with tier 4 provision. Finance had been an issue however there was positive funding following to the community provider.

The Black Country as a whole was seen as being behind however it was hoped that Wolverhampton's positive figures would bring the Black Country up to standard.

With regard to the information on the last slide of the presentation [page 161 of the agenda pack], it was queried whether a target had been set for forensic beds. Targets had not changed and there was no indication of reducing tier 4 or Spec Com beds. Some areas would over-deliver, some would under-deliver. There were particularly high numbers in beds but not enough to reach trajectory.

It was noted that the focus needed to lie in doing the right thing and it was crucial that people with learning disabilities or autism received the right care.

Resolved:

That the strategy be agreed and noted.

13 **Healthwatch Wolverhampton Annual Report**

Elizabeth Learoyd, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report and gave an overview.

The focus was on engaging with as many local partners as possible, including the Clinical Commissioning Group [CCG], [CTC], City of Wolverhampton Council to put the City on the map as a good example. It gave an overview on the top priorities and successes and included positive case studies.

Various schemes were highlighted including:

- Café Neuro, established in February 2018 which provided a community hub offering outreach initiatives, peer support, signposting to services and an opportunity to socialise for anyone with a neurological condition and/or carers and other professionals.
- Work was being done with the deaf community and a hard of hearing report was due to come to the next Health and Wellbeing Board meeting. There had been public events, following which a number of recommendations had been made to improve services available. The Action for Hearing Loss scheme was to receive two years of ringfenced legacy funding.
- The CAMHS transformation, which had included surveys from which a number of issues had been highlighted following on to a series of recommendations for improvement.
- The Annual Listening Tour; the feedback from this informed setting work priorities and issues were highlighted in care services, domiciliary care, dental care, GP services, preventing drugs and alcohol misuse, hospital discharge and preventing isolation and loneliness.

It was also announced that Sheila Gill was now the new Chair of the Healthwatch Advisory Board and Tracy Cresswell was now the new manager for Healthwatch Wolverhampton.

Jeremy Vanes, NHS Wolverhampton noted that there were many good, diverse events highlighted here allowing for full and proper conversation and praised the progress made.

Resolved:

That the report be noted.

14 **Strengthening Governance and System Leadership - Health and Wellbeing Board Review - Final Recommendations**

Madeleine Freewood, Development Manager delivered a presentation to the Board outlining the aims of the review of the Health and Wellbeing Board. This provided an update on the recommendations previously submitted to the Board in April.

The presentation included the final recommendations, which included a re-branding of the Board, revision of the Terms of Reference, formulation of a Communication

and Engagement plan, strengthening partnerships and collaborative activity and establishing an Executive Board.

Also included was the launch of a new microsite and the use of new government documents which made the Board more accessible. A guide for the public featuring advice on how to attend a meeting and submit questions on featured agenda items was also introduced.

It was demonstrated how the Board and its transformation would link in with other Council boards, such as the Children's Trust Board which was undergoing a similar review and that the City 2030 Vision would be used to form the basis for its own vision.

The work carried out was praised and the recommendations were all agreed.

Resolved:

That the Health and Wellbeing board adopt the new branding, use of new governance documentation and terms of reference.

15

Wolverhampton Joint Health and Wellbeing Strategy 2018 - 2023

John Denley, Director of Public Health presented the Wolverhampton Joint Health and Wellbeing Strategy and highlighted key points.

The draft version of the Strategy document had been included in the pack and covered seven priorities across the three key themes of Growing Well, Living Well and Ageing Well. It was explained that the Strategy was driven by the City Vision and Public Health Vision and was intended to inform on the statutory role and vision of the Board.

It was suggested that clear shared goals and more public engagement were required and it was requested that a consultation be conducted and brought back to the Board in the autumn.

Resolved:

That a consultation be held on the Wolverhampton Joint Health and Wellbeing Strategy and outcomes be brought to the meeting scheduled in October.