

EAST STAFFORDSHIRE CCG GOVERNING BODY

AGENDA OPEN SECTION

Thursday 30 March 2017

2:15pm – 5:00pm

The Crow's Nest, The Waterfront, Barton Marina, Barton under Needwood, DE13 8DZ

			Lead	Time
1.	Apologies		Chair	2:15
2.	(a) Declarations of Interest <i>If any member or anyone present has any interest in any contract, proposed contract or other matter under consideration at this meeting, he/she shall disclose the fact to the Chair and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it.</i>		Chair / All	2:17
3.	Minutes of Meeting held on 26 January 2017	<i>Enc. 1</i>	Chair	2:20
4.	Actions from Meeting held on 26 January 2017	<i>Enc. 2</i>	Chair	2:25
5.	Chairman's Report	<i>Enc. 3</i>	Chair	2:30
6.	Accountable Officer's Report	<i>Enc. 4</i>	Tony Bruce	2:40
7.	Patient Board Update	<i>Enc. 5</i>	Chair	2:50
	<u>Strategic Items</u>			
8.	ESCCG 2017/18 Priorities	<i>Enc. 6</i>	Nicola Harkness	2:55
9.	Delegation of Primary Care Commissioning	<i>Enc. 7</i>	Nicola Harkness	3:05
10.	Approval of 2017/18 Financial Plans	<i>Enc. 8</i>	Wendy Kerr	3:15
11.	Operating Framework 2017/18 – Performance Implications	<i>Enc. 9</i>	Paul Winter	3:25
B R E A K 3:35 - 3:50				
	<u>Quality & Safety</u>			
12.	Quality Report	<i>Enc. 10</i>	Heather Johnstone	3:50
	<u>Performance</u>			
13.	Finance Report - Month 11	<i>Enc. 11</i>	Wendy Kerr	4:00
14.	Performance Report – Month 10	<i>Enc. 12</i>	Paul Winter	4:10
	<u>Governance</u>			

15.	Policy Approvals Update	Enc. 13	Paul Winter	4:20
16.	Issues Arising from Governing Body requiring entry on CCG Risk Register	Verbal	All	4:25
17.	Approved Minutes of Committees / For Information – Issues to be raised by exception by Chairs of Committees			4:30
	Joint Quality Committee (11 January, 9 February 2017)	Enc. 14, 14a,		
	QIPP, Finance and Performance Committee (21 December 2016, 25 January 2017)	Enc. 15, 15a		
	Audit Committee (22 December 2016)	Enc. 16		
	Steering Group (17 January, 21 February 2017)	Enc. 17, 17a		
18.	Any Other Business			4:32
19.	Issues to be communicated to Patient Board	Verbal	All	4:40
20.	Questions / Comments from the public	Verbal		4:45
21.	Date of Next Meeting – Thursday, 27 April 2017, 2:15pm – 5:00pm The Crow's Nest, The Waterfront, Barton Marina, Barton under Needwood, DE13 8DZ			

Standing Declarations of Interest

- All GPs express an interest in the GP federation named Alexin.
- Heather Johnstone express's an interest as she is employed to work across the 4 South Staffordshire CCG's.
- Mr Raj Saha express's an interest as being employed by HEFT.

EAST STAFFORDSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the East Staffordshire Clinical Commissioning Group Governing Body

HELD IN PUBLIC

Held on Thursday 26 January 2017, at 2:15pm - 5:00pm

The Robert Peel Suite, Holiday Inn, Centrum 100, 2nd Ave, DE14 2WF

Present	Dr Charles Pidsley Tony Bruce Wendy Kerr Nicola Harkness Paul Winter Heather Johnstone Lynne Smith David Harding Dr Wai Lim Dr Simon Jones Dr Miriam Masaud Dr John Tansey Mr Raj Saha	Chair Accountable Office (Arrived at 2:30) Chief Finance Officer (Arrived at 2:30) Chief Operating Officer Head of Performance and Governance Chief Nurse and Director of Quality Lay Member for Quality (Left at 3:45) Governance Lay Member GP Executive (Left at 3:45) GP Executive GP Executive GP Executive Secondary Care Consultant (Left at 3:45)
In Attendance	Emma Keeling Deborah Neal <u>Members of the Public:</u> Mr John Bridges Mr Graham Lamb Mr Leon Knowles Mr Cyril Burton	PA to AO and COO (Minutes) Senior Communications and Engagement Manager, CSU
	MINUTES OF THE MEETING OF THE EAST STAFFORDSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY	ACTION
	WELCOME AND INTRODUCTION Dr Charles Pidsley welcomed all present to the East Staffordshire Clinical Commissioning Group (CCG) Governing Body (GB) meeting and confirmed this is a meeting held in public but not a public meeting; opportunities for public questions would be available at the end of the session.	
GB(01)01	APOLOGIES <ul style="list-style-type: none"> Apologies were received from Tony Bruce and Wendy Kerr who are arriving late due to attending a meeting in Birmingham and Ron Dougan. 	
GB(01)02	DECLARATIONS OF INTEREST <ul style="list-style-type: none"> All GPs expressed an interest in the GP federation named Alexin. Mr Raj Saha expressed an interest as being employed by HEFT. Dr Miriam Masaud works at Burton Hospital Foundation Trust (BHFT). 	
GB(01)03	MINUTES OF THE MEETING HELD ON 24 NOVEMBER 2016 <ul style="list-style-type: none"> The minutes were agreed as a true and accurate record with the following point of clarity noted: Page 7 of the Quality report; <p>Page 7: Quality report: For East Staffordshire adults Neurology Virgin Care are the prime contractor however as ESCCG are the lead commissioner the route for addressing issues needs to be through BHFT also.</p>	
GB(01)04	ACTIONS UPDATE FROM PREVIOUS MEETING <ul style="list-style-type: none"> All actions are updated within the action log. 	
GB(01)05	CHAIRMAN'S REPORT The paper was taken as read. Dr Charles Pidsley provided a verbal update: <ul style="list-style-type: none"> The IVF service is due to be re-procured and requires the GB's approval 	

	<p>for the new process. The policy criteria has not changed. The proposal is to provide the service with three levels. These will be Primary Care for brief assessment of the problem and identification of the need for further intervention followed by referral to Secondary care, and then if needed referral to the IVF service. The provider of the services will be tendered out for.</p> <ul style="list-style-type: none"> • ESCCG will ensure during the procurement process the impact on main contracts in BHFT is completed. • All GB members approved the process by which the specialised service is chosen. • Cancer Research UK have offered to help support practices increase their level of screening services locally with main programmes being Bowel, Breast and Cervical screening. The offer has been made to several practices locally and it is expected that Practice Participation Groups will be involved. 	
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Accepted the Chairman's report for information and discussion. • Approved the process used to re procure the IVF service prior to the successful bidder being informed. 	
GB(01)06	ACCOUNTABLE OFFICER REPORT	
	<p>The paper was taken as read. Tony Bruce provided a verbal update:</p> <ul style="list-style-type: none"> • Tony Bruce emphasised his thanks to the CCG and Commissioning Support Unit (CSU) teams and its partners for the hard work that has gone into getting the contracts signed and agreed before Christmas. This came following an unexpected request from NHSE for contracts to be signed for the next 2 years and also 3 months earlier than the usual process in place. It has however resulted in the CCG feeling it is in a strong place going forward working with providers. • The one exception is the contract with BHFT who have confirmed they are in agreement with the terms and will work to enact those but have not yet signed due to the absence of a signed contract with VC. This does not mean there is a disagreement but VC as a private provider does not have to adhere to the NHS timescales and are not compelled to have the contract signed until March 2017. <p>Key Areas Discussed:</p> <ul style="list-style-type: none"> • Wendy Kerr confirmed the signing of a 2 year contract is based on the outturn forecast for this year, with the potential for NHSE to request a refresh and review of the final actual outturn and the implication this may have on the contract. Internally this piece of work will be completed to identify any risks going forward. • There will be a tariff change in year 2, in line with the planning guidance however no fundamental changes are expected. • The 2 year plan allows for a more collaborative partnership to drive transformation in a more timely manner. Securing benefits over a longer period of time with clear actions agreed between now and March with BHFT will prove of great benefit when concentrating on outcomes for patients. • Next year's financial plan will be the first time the CCG do not have to fully hold back the 1% non-recurrent transformation reserve to support the management of national risks., 50% can be used to support transformation locally. This relates to the £800,000 (1/2 %) protected funds. In order to support genuine transformation and achievement of the CCG's Control Total set by NHSE we have agreed that unless a like for like return on investment is agreed through negotiations with BHFT the CCG will be using this money non-recurrently to support achievement of its Control 	

	<p>Total. Work with BHFT is ongoing.</p> <ul style="list-style-type: none"> The STP is a collaborative venture across Staffordshire and Stoke that addresses areas of work such as unplanned care and how support is offered to help with that. ESCCG have already acted on a number of these issues by implementing the Improving Lives Programme. Collaborative working with Staffordshire and Stoke On Trent partners via the STP, with Virgin Care through Improving Lives Programme, with BHFT/ DHFT and Southern Derbyshire CCG via the Burton/Derby Collaboration work and with local authorities through the BCF respectively will continue to help drive the improvements referenced in the STP for local people in East Staffordshire. ESCCG are currently working with local authorities and BHFT and forming close working relationships with SDCCG to ensure the alignment of the STP and acute care integration is achieved across all providers and localities. 	
	<p>The Governing Body:</p> <ul style="list-style-type: none"> Are assured and accept all recommendations and content within the report. 	
GB(01)07	PATIENT BOARD UPDATE	
	<p>Dr Charles Pidsley provided a verbal update:</p> <ul style="list-style-type: none"> Dr Charles Pidsley acknowledged Ron Dougan's apology however is saddened to inform the GB that due to family illness Ron has resigned in his post as Lay Member. On behalf of the GB Charles offered their thanks to Ron for the fantastic job he has done and the positive impact he has had at Patient Board (PB) and Quality meetings. He has great gravitas and has been a huge asset to the CCG and we will be sorry to lose him. In December, the PB had a presentation from Penny Harris, Project Director and Bill Gowans, Medical Director of the Sustainability and Transformation Programme, (STP). The presentation and discussions were very informative covering a wide range of topics under the STP. There were several concerning patient stories and emphasis was made regarding the need to initially take up with the relevant GP surgeries. The PB will monitor the progress. The PB have started a piece of work to evaluate the effect of the Council cuts on both services and the local community. A formal letter was sent to the County Council late November. A meeting is taking place between the Patient Board and the County Council with Nicola Harkness being involved in the pre meet. The Final Patient Survey Report on the Challenges Facing Primary Care was now complete and all actions agreed by the ESCCG and GP Steering Group. The PB signed off the report with the recommendation this be now put into the public arena. The East Staffordshire District Patient Engagement Group, (ESDPEG), had reported that following the presentations given to the GP Steering Group on the value of Patient Participation Groups, (PPG's), there had been a positive response with improved engagement and atmosphere between the PPG and the surgery. The ESDPEG expressed concerns on poor communication by Virgin Care, (VC). Following a request from the Practice Managers Group the ESDPEG have agreed to group the approved minutes from the meetings. Any matters requested not to be forwarded will be deleted before sending. Patient Board felt that the REST at Home service being proposed by VC was a positive scheme but expressed concerns over how VC have communicated the availability of the scheme to patients who may benefit from it. 	

	<ul style="list-style-type: none"> The STP has now been issued and was discussed. Tony Bruce will be attending the February PB meeting to present and update on the STP and the way forward. Discussions were held around the new promotion of Patient on-line which is now being rebranded as GP on-line. Practices are now close to being at the required 10% uptake of patients listed. PB membership and meeting frequency discussed. It was agreed that with the STP and Collaboration work between Burton and Derby Hospitals the meeting frequency will remain as monthly. John Bridges was re-elected as the PB Vice Chair. Dr Charles Pidsley offered the GB thanks to John Bridges for the report he has provided. 	
	In relation to the paper the Governing Body: <ul style="list-style-type: none"> Accepted the verbal update for information. 	
	STRATEGIC ITEMS	
GB(01)08	RIGHT CARE PROGRAMME: The paper was taken as read. Nicola Harkness provided a verbal update: <ul style="list-style-type: none"> The Right Care programme is a proven three phased approach being led by NHSE to help support the CCG with benchmarking to identify opportunities. This has helped to firm up our internal processes for identifying opportunity and provided business intelligence and analytical support to help with planning and prioritisation. Key Areas Discussed: <ul style="list-style-type: none"> This programme will fully integrate into our internal processes NHSE have also offered access to best practice, networking and peer learning from other CCG's working on similar priorities. The right care toolkit is available on line to the public. 	
	In relation to the paper the Governing Body: <ul style="list-style-type: none"> Are assured by all recommendations and content within the report. 	
GB(01)09	OPERATIONAL PLAN 2017-2019: The paper was taken as read. Nicola Harkness provided a verbal update: <ul style="list-style-type: none"> Nicola Harkness apologised for the length of the plan as the one circulated is NHSE facing in its entirety. Work is underway on a public facing version to highlight the priorities and the actions being taken over the next 2 years. The plan acknowledges that the CCG is not the lead commissioner from some of the 'must do' priorities within it. The 'must do's' noted within the plan are building on the 5 Year Forward View planning guidance form 2017/18 alongside aligning locally to the Staffordshire Sustainability and Transformation Programme. Key Areas Discussed: <ul style="list-style-type: none"> Clarity was given the public facing version will also highlight how the plan aligns to the Health and Well Being Strategy. 2 points of clarity on typo's within the narrative were: Page 34: Spelling mistake: duplication of the letter 'p'; and Page 46 on the first line should read approved not approval. Page 21: In relation to the additional 69.5 GP hours. This is a requirement within the 5 year forward view and is confirmed as additionally across the locality and not per practice. For clarification this will be clear within the public facing documents. 	
	In relation to the paper the Governing Body: <ul style="list-style-type: none"> Are assured and adopt all recommendations and content within the report. 	

	<ul style="list-style-type: none"> • Approve the ESCCG Operational Plan for 2017-19 noting the amendments to be made. 	
GB(01)10	<p>FINANCE PLANS 2017/19: The paper was taken as read. Wendy Kerr provided a verbal update:</p> <ul style="list-style-type: none"> • The CCG have produced and submitted a financial plan in line with NHSE control total requirements for both financial years that has been agreed. • CCG has a potential financial risk pressure arising from specialised services following the transferred of agreed activity changes between CCG's and NHS England due to changes in commissioning responsibilities. ESCCG currently has a potentially risk of c£1.0m. • Reconciliation work is underway with providers and specialised services to try and address the financial gap, the original basis of the value of the transfers was based on 14/15 activity with agreed methodology for growth assumptions. The gap could therefore be due to 2 reasons, one being the new algorithm has been incorrectly applied by the CCG or Trust, or secondly the activity required has increased due to changes in growth assumptions between the baseline year and 2017/18 contract being greater than the national assumed growth levels. • From BHFT specialised services have acknowledged there has been a £300k error and will be refunding the monies back. There currently remains a £700k gap in Derby and £300k gap at UHNM. Work is underway to aim mitigate this cost pressure and NHS England have been made aware of the level of risk being managed by the CCG on this issue. • Full resolution of the HRG4+ roll out is yet to be confirmed but is being worked on, early indications are that this is likely to be resolved 	
	<p>In relation to the paper the Governing Body:</p> <ul style="list-style-type: none"> • Are assured and approve all recommendations and content within the report. 	
GB(01)11	<p>LOCAL AUTHORITY SERVICE REDUCTIONS: The paper was taken as read. Nicola Harkness provided a verbal update:</p> <ul style="list-style-type: none"> • An additional recommendation has been circulated at the commencement of the meeting for consideration. • Since the previous meeting an agreement with NHSE has been reached that the CCG should progress at pace discussions with the local authority around how together we review service reductions within the section 256 and the other cash funding streams transferred over into local authority by the CCG; and how the CCG's funding should best be used to mitigate the impact on health and healthcare services of the spending cuts the local authority is making. • The additional recommendation is to seek the approval from the GB to progress this work at pace with the aim to bring back proposals to the GB to formulate a decision about plans to redefine and re-prioritise services we fund through joint commissioning both in and outside of the section 256 provision. This is in order to optimise the benefit secured from the CCGs funding and to mitigate the impact of the local authority spending cuts. <p>Key Areas Discussed:</p> <ul style="list-style-type: none"> • Although funding for the special school nursing was transferred as part of the public health budget in 2013 the commissioning statutory responsibility sits with the CCG's therefore creating a shift in cost. SCC states they will not be transferring any funding back to the CCG to meet this cost shift. • The CCG will work to understand and assess the impact the proposed SCC spending reductions will have on NHS provision and agree who will lead on each aspect with partner Staffordshire CCG's. This will ensure that risks are identified and mitigated with work underway in conjunction with 	

	<ul style="list-style-type: none"> GP's currently have the option to refer their patients to Stoke however BHFT have further work to do on securing a Neurologist as there has been an indication that Stoke may withdraw that service and may pose a potential risk. Sourcing alternative provision via virtual advisory support may need to be scoped and is possible once medication and a care plan have been drawn up to aid the management of the patient. Once the lists of patients have been notified by BHFT to GP's this will be discussed further during the GP Steering Group meeting. Clarity will be sought on the reported trolley waits exceeding 12 hours in ED at Derby that relate to mental health service users and the associated delay's in transport in order to access a mental health inpatient bed and is deemed outside of the scope of the Virgin contract. Nicola Harkness confirmed the Pulmonary Rehab service ceased for 1 month only on 31 March and was transferred as part of the "as is" Virgin contract. Heather Johnstone will update the wording within the report. Tony Bruce informed the Commissioning and contracting teams are working to ensure the A&E performance within BHFT is back on track. 	<p>Paul Winter</p> <p>Heather Johnstone</p>
	<p>In relation to the paper the Governing Body:</p> <ul style="list-style-type: none"> Are assured and accept all recommendations and content within the report with the addition of the various comments in terms of adjustments and actions noted. Approved the children's and safeguarding policy being cognisant of the significant number of changes and improvements noted within the report. 	
	PERFORMANCE	
GB(01)13	<p>FINANCE REPORT - MONTH 9:</p> <p>The paper was taken as read. Wendy Kerr provided a verbal update:</p> <ul style="list-style-type: none"> Work is on-going to ensure robust activity data and financial monitoring is available. In particular aligning with providers on forecast outturn positions, reconciling contracts in line with flex and freeze dates to ensure forecasts are based on agreed year to date positions and oversight of the impact of RTT. The CCG remains on plan to deliver the forecast outturn although a number of challenges remain. The Internal Audit Charter has been included to bring it to the attention of the GB to recognise ESCCG have new internal auditors in place who will work to the Charter that has been approved by the Audit Committee. 	
	<p>In relation to the paper the Governing Body:</p> <ul style="list-style-type: none"> Are assured and adopt all recommendations and content within the report. Recognise the Internal Audit Charter presented within the report. 	
GB(01)14	<p>PERFORMANCE REPORT – MONTH 8:</p> <p>The paper was taken as read. Paul Winter provided a verbal update:</p> <ul style="list-style-type: none"> A meeting has taken place with BHFT in relation to the cancer 62 day wait and the serious deterioration in performance against the 85% standard. Actions have been agreed and a revision of the remedial action plan will take place to address performance within a number of working days. This includes a provisional appointment being made for patients once the MDT has been completed. SSSFHT have reported breaches for patients that have not been seen within a week after being discharged from inpatient mental health care. Discussions are to take place and actions agreed if required. 	
	<p>In relation to the paper the Governing Body:</p> <ul style="list-style-type: none"> Are assured and adopt all recommendations and content within the report. 	

	GOVERNANCE	
GB(01)15	POLICIES AND CONSTITUTION CHANGES RATIFICATION: The paper was taken as read. Paul Winter provided a verbal update: <ul style="list-style-type: none"> There has been an agreement and approval by the Quality Committee of medicines of limited clinical value policy across the CCG's and is brought to the GB for approval. The Constitution change relates to the application for fully delegated co-commissioning from 1 April whereby a Primary Care Commissioning Committee is to be included within the structure. 	
	In relation to the paper the Governing Body: <ul style="list-style-type: none"> Are assured and adopt all recommendations and content within the report. Approve the Constitution and policies changes noted within the report. 	
GB(01)16	Q3 RISK REGISTER & ASSURANCE FRAMEWORK UPDATE: The paper was taken as read. Paul Winter provided a verbal update: <ul style="list-style-type: none"> There are a number of risks in the register that are high scoring and note there is good progress being made on the assurance framework around the delivery of the corporate objectives. Key Areas Discussed: <ul style="list-style-type: none"> Wendy Kerr confirmed since the writing of the report the BCF for 2016/17 has been signed off for Staffordshire. A joint risk assessment form for BHFT and VC in relation to Neurology has been submitted and will be included on the clinical risk register. This will be discussed at the Joint Quality Committee for scoring. 	Paul Winter
	In relation to the paper the Governing Body: <ul style="list-style-type: none"> Are assured and adopt all recommendations within the report. Approve the content of the accompanying risk register and assurance framework update. 	
GB(01)17	ISSUES ARISING FROM GOVERNING BODY REQUIRING ENTRY ON CCG RISK REGISTER: <ul style="list-style-type: none"> Heather Johnstone will discuss further with the Quality Committee how in light of the recent cluster of issues with BHFT around safety and quality future reporting and the route for escalation is processed. A further discussion is to be held during the Quality Committee and the potential risk around patient transport issues between WMAS and the new contracted provider. The criteria between what is deemed a high dependency transfer and a blue light transfer. This is already included within the risk register but will be reviewed and rescored if required. 	Heather Johnstone Paul Winter
GB(01)18	APPROVED MINUTES OF COMMITTEES / FOR INFORMATION – ISSUES TO BE RAISED BY EXCEPTION BY CHAIRS OF COMMITTEES <ul style="list-style-type: none"> Joint Quality Committee (14 September, 7 October, 9 November, 14 December 2016) QIPP, Finance and Performance Committee (26 October, 23 November 2016) Steering Group (15 November, 20 December 2016) Audit Committee(27 October 2016) 	
GB(01)19	ANY OTHER BUSINESS	
	<ul style="list-style-type: none"> No other business was raised. 	
GB(01)20	ISSUES TO BE COMMUNICATED TO PATIENT BOARD	
	<ul style="list-style-type: none"> Nothing to be noted. 	
GB(01)21	QUESTIONS/COMMENTS FROM THE PUBLIC	

Mr Leon Knowles:

Mr Knowles commented positively on the information that is circulated within the GB papers in particular the GP Steering Group minutes that proved insightful and interesting.

Q1: It concerns me that during the BHFT public Directors meeting it highlighted that ESCCG and BHFT do not have a signed contract due to VC and BHFT not having one agreed and in place at present.

A: Tony Bruce informed the timescales everyone within the NHS has previously worked to is March of each year. For the first time this has now been moved forward to 23rd December. The 7 year contract signed between the CCG and VC does not require them to have a contract signed with their sub-contractors by December. It requires VC to have them in place on a continuous basis. Therefore a replacement contract does not need to be in place until 1 April 2017. To the best of the CCG's knowledge discussions between BHFT and VC are currently working through the process on that timescale.

Mr John Bridges:

Mr Bridges noted on behalf of the Patient Board their thanks to Ron Dougan for the contribution he has made in the short time he has spent with the group and are saddened by his resignation but understand and support his decision.

Q1: On Monday 16 January the BBC Inside Out programme reported how prescriptions from practices were being re sold. What are practices doing to try and stop the ordering of medication that is no longer required to be used for this purpose?

A: Dr John Tansey: Although I did not see the programme I can begin by saying that a Doctor patient relationship is built on trust that works both ways. Unfortunately some patients do not tell the truth in order to procure a prescription. When repeat prescriptions are set up receptionists are trained to look at when repeats are being requested at 28 day intervals as recommended. Drugs that are identified as having a street value are prescribed in smaller denominations and review appointments are required. Prescriptions can also be post-dated. GP's are working more closely with pharmacies to tackle the issue of patients who stock pile drugs and the CCG now link with counter fraud teams and pharmacies when alerts are generated

Q2: Does ESCCG meet with hospitals and other CCG's regarding the collaboration work, to discuss modification of contracts and how this then relates to the STP work underway?

A: Tony Bruce confirmed the answer is yes we do link with our providers and other CCG's to work collaboratively on the work programmes underway. I am building relationships with Gary Thomson, Accountable Officer from SDCCG and who is also the Chair of the Derbyshire STP ensuring a joint up approach to future working together.

Mr Graham Lamb:

Q1: STP: After the consultation have finished who will make the decision on what services are implemented and will there be an impact in terms of CCG central consolidation?

A: Tony Bruce informed the STP's are a collaborative venture of statutory

	<p>sovereign bodies with the intention we work together to create an aligned and clear strategy across the wider geographic footprint that will be progressed at a local level. Services will be decided upon on a local level. There will eventually be a move for CCG configurations to be restructured in the future however there are no pressures for this to be in the immediate term.</p> <p>A: Nicola Harkness informed the operational plan aims to draw out the alignment with the STP but recognises that locally and contractually plans are designed.</p> <p>Q2: Is the care co-ordination centre now fully operational within the Improving Lives contract?</p> <p>A: Dr Charles Pidsley confirmed the CCC is up and running in terms of offering appointments but is not fully operational in the time scale expected in terms of case management process. This is being discussed during contract management meetings.</p> <p>Q3: Does the CCG sponsor any activities to encourage self-empowerment for patients to become more active?</p> <p>A: Dr Charles Pidsley informed the CCG do not sponsor activities for health promotion as the responsibility lies with the county council and the funding was transferred to local authorities to do this in 2012. This is therefore and are not part of our functions.</p> <p>The meeting closed at 5:15pm</p>	
GB(01)22	DATE OF NEXT MEETING	
	<p>The next meeting in Public is scheduled to take place on: Thursday 30 March 2017, 1:00pm, The Crows Nest, The Waterfront, Barton Marina, Barton under Needwood, DE13 8DZ</p>	

SIGNED:.....
(Chairman)

DATE:.....

ACTION LIST

Governing Body Meeting 26 January 2017

CLOSED ACTIONS

[illegible]

		<p>issues with BHFT around safety and quality future reporting and the route for escalation is processed. Update: The Route will continue as per risk and quality strategies and regular review continues. This action is CLOSED.</p>	Johnstone	
		<p>2. A further discussion is to be held during the Quality Committee and the potential risk around patient transport issues between WMAS and the new contracted provider. The criteria between what is deemed a high dependency transfer and a blue light transfer. This is already included within the risk register but will be reviewed and rescored if required. Update: This risk will appear on the Q4 risk register update. This action is CLOSED.</p>	Paul Winter	CLOSED

Title	Chairman's Report
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
	Dr Charles Pidsley

Purpose of the Report (Please select)			
Approval	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
			Information
			<input checked="" type="checkbox"/>

Key Points/Executive Summary
<p>The report summarises recent Chair activity including joint chairmanship of the Staffordshire Health and Well being board.</p>

Recommendations (what is expected from the Board)
<p>The report is attached for discussion and information.</p> <p>In addition:</p> <p>The Governing body is asked to ratify the Chairman's approval for the AO to sign the Fully Delegated Co-Commissioning Agreement.</p> <p>The Governing Body is asked to ratify the Chairman's approval of the audiology procurement service in line with the paper attached.</p>

Enclosures
<p>Chairman's Report.</p> <p>Appx1 Audiology procurement paper.</p>

Chairman's Report to the Governing Body (30th March 2017)

Co-commissioning

I am pleased to report that the CCG application to be fully delegated Co-commissioners of Primary Care with NHSE has been approved. Further to this approval, Tony Bruce our Accountable Officer has signed the agreement at the beginning of the month, with Chairman's action given for this to take place in the absence of a formal Governing Body meeting before the deadline given by NHS England.

There has taken place a thorough process of due diligence which had raised a number of risks to the CCG. These were raised with NHS England and in response we have now had undertakings from them as follows:

"The AO/CFO through dialogue with NHS England has managed to secure funding up to a maximum value of £350k non recurrently for 2017/18 to support ESCCG Primary Care Winter Schemes.

NHS England will have a process in place for the CCG to put forward proposals on how the £350k can be best utilised to support winter, and NHS England will undertake the approval of the schemes based on the CCG's recommendations, since the funds identified for 2017/18 are outside of the CCG's Primary Care Delegated Budgets. What the CCG has managed to therefore secure is the early confirmation of the amount of funding being made available and that it is guaranteed subject to satisfactory outcome of the governance requirements set by NHS England, and that the CCG is not expected to meet the required funding from the 2017/18 delegated primary care budgets. It was this risk the CCG was looking to mitigate as part of the due diligence process since there would not have been adequate funding to cover.

Going forward for 2018/19 then the process is likely to change given that there will be available £3.34 per patient for improved access which should mitigate the requirement for additional winter funding to the same extent as 2017/18, hence the basis of the funding being provided non recurrently for 2017/18.

The other main issue raised by the Due Diligence process on Primary Care was that the new contract requirements meant that there was a shortfall in the allocation versus what we had to pay out, CQC costs being one item for example, to the tune of c£150k keeping winter monies separate. The position is that having challenged NHS England under the due diligence findings, NHS England have reviewed the budgets and reflected the new contract terms and as a result have increased the

funding to the CCG c£126k. Hence we believe the majority of the financial gap to be addressed.

NHS England have also made a commitment to ensure the CCG's allocation will be adjusted for the issue of rent reviews and Prop-Co which existed prior to 1/4/2017 and which are still in the process of being resolved once the financial position has been finalised.

Therefore, following the challenges made to NHS England the majority have been addressed. “

I am grateful to Wendy Kerr our CFO and her team for the hard work done in addressing these issues and would reflect on the fact that this has also been to the benefit of the other South CCGs, where similar risks have applied.

- **The Governing body is asked to ratify the Chairman's approval for the AO to sign the Fully Delegated Co-Commissioning Agreement.**

Audiology

Audiology services have been procured for the last 3 years under an AQP (Any Qualified Provider) contract. This being the contract term a further procurement service has been undertaken. There have been no significant changes to the specification of the contract, specifically no change in the threshold for provision.

For this reason and to enable successful bidders to be notified without delay, Chairs approval was given to the process of procurement of the service for the next 3 years.

A paper is attached (Appx 1) which gives details of this process.

- **The Governing Body is asked to ratify the Chairman's approval of the audiology procurement service in line with the paper attached.**

Update from the Health and Well being (HWB) Board

At the last HWB Board meeting on the 16th March, a report of the first public debate sponsored by the Board was received. The title of the debate was 'The Big Fat Chat'. The title itself raised significant debate, over 70 members of the public attended and large numbers of comments were left by tweet and facebook media. A considerable amount of useful ideas have been received around the topic of obesity, which the Board intends to incorporate in the future Health and Well being strategy which is being developed over the next 12 months.

The Board also received very favourably a draft of the director of public health's annual report which will focus on End of life. It is recognised that there is a need for wider public debate around the last year of life, and whether we medicalise to prolong life at any costs or focus more on comfort and meeting the wishes of those whose life is ending. This topic is likely to be the next subject for public debate organised by the HWBB.

Health in all policies (HiAP) is a new principle that was well received. HiAP is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas. Whilst there had been some consideration of an HiAP type approach locally within licensing and fast food, there had been no co-ordinated approach to embed health in all policies. It was agreed to promote this approach across the Staffordshire HWBB.

The STP across Staffordshire and Stoke on Trent was discussed and it was agreed that Staffordshire HWBB would approach Stoke City HWBB to explore the possibility of a joint Health and Wellbeing Strategy, which clearly would then align well with the footprint of the Staffordshire STP.

Title	Audiology AQP contracts
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Dr Charles Pidsley	Collen Manhuwa

Purpose of the Report (Please select)			
Approval	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>

Key Points/Executive Summary
<p>To present the procurement process undertaken to re-procure an Audiology service for South Staffordshire and seek approval to award the contract.</p> <p>Following an extended period of engagement with the public, clinicians, hearing loss stakeholder groups and the Overview and Scrutiny Committee the Stafford and Surrounds CCG led a procurement process on behalf of the 4 south CCG. The procurement has followed national procurement guidance and adopted the service specification developed to support the Action Plan on Hearing Loss.</p> <p>The procurement uses an Any Qualified Provider Model and the Evaluation Panel has passed all bids, which include a mix of NHS and private providers. Most of the Providers are currently delivering the service in one or more CCGs.</p> <p>Patients will have a choice of attending a High Street provider or hospital setting.</p> <p>The specification drives additional support to patients to encourage them to use their hearing aids which is associated with a reduced rate of on-set of dementia and falls</p> <p>The specification encourages providers to work with support groups to improve the patient's ability to self-care.</p>

Recommendations (what is expected from the Board)
<p>The Governing Body is asked to:</p> <p>The Committee Members are asked to ratify the decision to allow the award letters to be issued.</p>

Enclosures
None

1. Participating CCGs

The Commissioning Organisations for this procurement are

Cannock Chase CCG

East Staffordshire CCG

South East Staffordshire and Seisdon Peninsular CCG

Stafford and Surrounds CCG

2. Background

The purpose of the Audiology Service is to provide a comprehensive service for adults experiencing hearing and communication difficulties who feel they might benefit from hearing assessment and rehabilitation including the option of trying hearing aids with aftercare and support, in line with the National Commissioning Framework, other national guidance and local requirements.

The Procurement Event has been led by NHS Midlands and Lancashire CSU acting on behalf of the South Staffordshire Clinical Commissioning Groups (CCG). The South Staffordshire CCGs consist of East Staffordshire CCG, South East Staffordshire & Seisdon Peninsula CCG, Stafford & Surrounds CCG and Cannock Chase CCG.

Providers applied to be part of an AQP multiple provider approach to provide an Audiology Service. The AQP contract to be awarded has a fixed fee schedule and Commissioners do not guarantee any volume of referrals to Providers as Patients are permitted to choose their provider from the approved list on the contract.

3. Expressions of Interest

An Evaluation Panel was established, consisting of the following members:

- Jane Chapman, Associate Director of Integration, SAS & Cannock CCGs
- Collen Manhuwa, Commissioning Manager, East Staffs CCG
- Dr. Charles Pidsley Clinician
- Dr. Marianne Holmes Clinician
- Dr. Gary Free Clinician

Non-Scoring:

- Roman Klimczak MLCSU Procurement (Moderator)
- Other evaluators (Specialist)
- Quality R. Boland Stafford and Cannock CCGs
- Contracting Andy Rushton MLCSU
- Workforce Lisa Kelly MLCSU
- Information Management and Technology Mike Jones MLCSU

Following best procurement practice, the service was advertised in OJEU & Contracts Finder requesting expressions of interest to participate in an 'AQP' procurement process.

9 Organisations Expressed an Interest in bidding for the project.

All bidders were then instructed to register on the BRAVO e tendering website and were then invited to submit a tender response.

4. Invitation to Tender

An Invitation to Tender (ITT) was issued to each of the potential bidders on the with a return date of 21.11.16 for South Staffordshire Audiology Service. The ITTs were issued using the BRAVO e tendering system. Tenders were received by the closing date from:-

Burton Hospitals NHS Foundation Trust
Industrial Diagnostics Company Ltd
Mediscan Diagnostic Services Ltd
Scrivens Ltd
Specsavers Optical Group
The Outside Clinic
The Royal Wolverhampton NHS Trust
University Hospitals of North Midlands

All bidders submitted a response.

5. Evaluation & Moderation

The evaluation methodology for assessing the ITT responses was published in the ITT. In accordance with AQP guidelines the majority of questions attracted a pass/fail score.

Section J (Finance) was based on a CCG set of local tariffs, and bidders were given the option to agree or disagree with the rates.

The purpose of the AQP was to ensure that providers are qualified to provide the services described in the attached service specification (within contract particulars) and able to meet the required tariff. Providers were required to demonstrate that they have the appropriate qualities and resources to be capable of successfully delivering the services.

Following the Evaluators scoring of the written bids, a moderation meeting took place on 14th December 2016 re the initial scores. As there is no intention to award to a single provider, the decision was made not to interview the bidders. However, where the Evaluation panel were unable to reach a consensus on certain responses, clarification was sought and the responses re-assessed & scored. Following clarification there were some amendments to the scores.

6. Evaluation Summary

The results of the evaluation are summarised below:-

Bidder	Overall Score (Pass/Fail)
Burton Hospitals NHS Foundation Trust	Pass
Industrial Diagnostics Company Ltd	Pass

Mediscan Diagnostic Services Ltd	Pass
Scrivens Ltd	Pass
Specsavers Optical Group	Pass
The Outside Clinic	Pass
Royal Wolverhampton NHS Trust	Pass
University Hospitals of North Midlands	Pass

As part of the declared assessment criteria Bidders will need to score a minimum of 50% on the qualitative assessment for each weighted section to be successful. The Financial part of the assessment was a pass/fail consideration as the declared tariffs represented the maximum the CCGs would pay for each procedure.

On the basis of the scores the recommendation is that the 8 bidders are accepted onto the approved list of AQP providers, namely

Burton Hospitals NHS Foundation Trust
Industrial Diagnostics Company Ltd
Mediscan Diagnostic Services Ltd
Scrivens Ltd
Specsavers Optical Group
The Royal Wolverhampton NHS Trust
University Hospitals of North Midlands
The Outside Clinic

In the case of The Outside Clinic Ltd, as this organisation solely provides domiciliary visits within Patient's own homes. It is acknowledged that they have a qualifying score, however, Referrals to them shall be restricted via the contract to visits to patients who are housebound or unable to attend a clinic. This condition is based on the need within the service specification under section 4.2 Facilities as below.

“Facilities”

Hearing assessments should be conducted in appropriately sound treated rooms where possible, such that ambient noise levels are compliant with the 'BS EN ISO 8253-1:2010 standard, Acoustics- Audiometric Test Methods – Part 1: basic pure tone air and bone conduction threshold audiometry'. If this is not possible because domiciliary visits are required, or where only preliminary hearing assessment is performed before full hearing assessment, the 35 dBA (maximum background noise level) standard should be achieved before undertaking testing. This should be done in situ with a portable sound level meter and the evidence of this undertaking documented.”

7. Contractual Terms

The total contract length is 4 years, with NO option to extend for a further year at the end of the term.

8. Recommendations

The Committee is asked to ratify the recommendation to award the AQP contracts to the identified bidders.

Title	Chief Accountable Officers Report	
Reporting to	Governing Body	
Date of Meeting	30 th March 2017	
Commissioning Lead(s)	Author(s)	
Tony Bruce	Tony Bruce	
Purpose of the Report (Please select)		
Approval <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion
Key Points / Executive Summary		
<p>This paper gives an overview of the strategic and operational agenda facing the CCG. Its purpose is to give a view “in the round” to frame the more detailed business included on the agenda.</p> <p>It is structured in the same format as the agenda.</p> <p>Further details of the specific areas of work and issues referenced in this report are contained within the Directors’ reports.</p>		
Recommendations (what is expected from the Governing Body)		
<p>The CCG Governing Body is asked to:</p> <ul style="list-style-type: none"> Accept the recommendations contained in bold within the body of the report. 		
Enclosures		
AO Report		

Report to: ESCCG Governing Body (GB)

Report from: Tony Bruce – Accountable Officer

Subject: Chief Accountable Officer's Report

Date: 30th March 2017

1. Introduction

This paper gives an overview of the strategic and operational agenda facing the CCG. Its purpose is to give a view “in the round” at the commencement of the meeting to frame the more detailed business included on the agenda.

It is structured in the same format as the agenda. Further details of the specific areas of work and issues referenced in this report are contained within the Directors' reports.

2. Strategic Matters

Health and Care Transformation Board and the Sustainability and Transformation Plan (STP)

In my last report I assured the Governing Body that the STP leadership was considering how best to engage patients and communities in testing and further shaping the ideas published. I have since met with the ESCCG Patient Board which is now considering how this can best be achieved in the ESCCG area as an aid to the STPs work. My understanding is that the engagement schedule has been postponed to May due to Purdah relating to local government elections.

The STP leadership is currently in the process of deliberating the capacity and capability that will be required to lead the progression “Pan Staffordshire” of the STP into more detailed and formal plans and subsequently into delivery.

The CCG is engaged in the above work within the Pan Staffordshire and Stoke on Trent STP, both clinically and managerially. However in taking forward the collaborative work and implementation locally the CCG is aware of the need to be mindful of the following specific and local factors:

- The significance of the Burton and Derby Hospitals Collaboration and the need for increasingly aligned commissioning between ESCCG and Southern Derbyshire CCG (in the Derbyshire STP) to support the sustainability of local hospital services in Burton.
- The natural patient and referral flows to the East for more specialised and tertiary services.
- Many of the ideas relating to improved support for LTC patients and the frail and elderly included in the Enhanced Community Services and Emergency Care Workstreams of the STP have been progressed locally through the Improving Lives Programme and are in the process of implementation.
- In a number of respects Virgin Care as the Prime Contractor will be the appropriate “purchasing” partner to engage in the STP, rather than ESCCG.

The Governing Body is invited to:

- **Be ASSURED that the STP collaborative is committed to engaging with the people of East Staffordshire and the ESCCG Patient Board will assist in shaping the plans for this.**
- **APPROVE And Be ASSURED that local progression of the STP will be cognisant of the specific and local factors in East Staffordshire and particularly the Burton/Derby Hospitals collaboration.**
- **Be ASSURED that the CCG's Executive is developing closer working relationships with SDCCG to support the aligned commissioning that will be needed going forward.**
- **Be ASSURED that the CCG's leadership continue to be actively engaged in the STP work.**

Removal of Remaining ESCCG Authorisation Conditions

Longer serving Governing Body members will be aware that at the point of Authorisation on 1 April 2012 the CCG had "Conditions" attached to the Authorisation which gave NHSE additional powers to support, scrutinise and direct the CCG. This was consistent with the Authorisation of a significant number of CCG's where there were perceived challenges.

In the case of ESCCG there were Conditions attached due to the forecast deficit arising from the run rate legacy inherited from the former PCT; and due to the Service Plan being unacceptable, because it resulted in a financial deficit. The Conditions related to 3.1 1C and 3.1 1B of the Authorisation requirements respectively.

I am pleased to be able to inform the Governing Body that following four successful years of delivering ambitious improvements for our patients which have also reduced costs, the Conditions have now been fully removed. The CCG has, for the first time in its life, No Authorisation Conditions applied to it. Specifically the national requirement to have set a plan to be in surplus, and to have demonstrated achievement of the financial plans in each of the previous three quarters have been satisfied.

This means that the CCG joins the "normal" assurance regime of NHSE with no additional requirements.

The Governing Body is invited to:

- **Be ASSURED that the work of the last four years, together with that planned for 2017/18, in delivering patient improvements and rigorous financial stewardship have been recognised by NHSE.**

Primary Care Sustainability and Development – The Local Delivery Plan (LDP)

The CCG's work with its GP Practices to develop the LDP for sustainable primary care medical services continues to progress well.

The CCG leadership is continuing to work with Practices to help them shape the support needed to explore how they should best work collaboratively together, clinically and operationally, to enhance sustainability and take forward the LDP.

The Governing Body is invited to:

- **Be ASSURED that the CCG continues to support Practices appropriately to take forward the Staffordshire Primary Care Strategy and the ESLDP and to aid their collaborative working.**

Delegated Primary Care General Medical Services Commissioning

I am pleased to report that following the CCG's application (subject to Due Diligence findings) to undertake the commissioning of Primary Care General Medical Services on a delegated basis on behalf of NHSE the CCG's application was approved. This is consistent with the other CCG's in Staffordshire.

Furthermore the CCG has been able to secure satisfactory resolution of those matters of significance raised in the CCG's Due Diligence process; and in particular assurances with regards to a number of financial issues; including baseline budgets and discretionary winter funding.

On this basis, following engagement with Governing Body members, the Chairman has exercised his powers to authorise me to sign the Delegation Agreement, the CCG will commence this function on 1 April 2017 and the necessary arrangements are being put in place.

The Governing Body is invited to:

- **Be ASSURED that the CCG has agreed to become a Delegated Commissioner of Primary Care General Medical Services with effect from 1 April 2017 within the policy parameters previously set by the Governing Body.**
- **Be ASSURED that the necessary arrangements are being put in place.**

Improving Lives Mobilisation

As they approach the end of their first year of operation in East Staffordshire Virgin Care continue to make progress in implementing their two year operational plan for the transformation of local services; following the "as is" transfer of services.

In addition to the improvements to services reported in January (GP OOH relocation, A&E streaming and rapid response) Virgin Care are now working with partners to roll out the Integrated Care Record, develop the Care Co-ordination Centre and support Discharge to Assess. A full review of progress will be undertaken following the end of the first operational year.

I have previously reported on a number of contractual claims made by Virgin Care for variations to the Contract. These continue to be managed through the prescribed contract management and dispute resolution processes.

The Governing Body is invited to:

- **Be ASSURED that Virgin Care is continuing to make progress with transformation.**
- **Be ASSURED that the CCG is progressing the resolution of a number of contractual claims made by Virgin Care through the appropriate contractual dispute resolution processes.**

Commissioning and Contracting for 2017/18 and 2018/19

Further to my report to the January Governing Body I am pleased to report that:

- Progress is being made in drafting the “Public Facing” version of the ESCCG 2 year operational plan.
- The “Priorities” document (in effect the CCG Business Plan) used to ensure internal focus on key priorities is being presented for Governing Body approval at today’s meeting.
- Work has been ongoing with BHFT particularly to plan and align work programmes and joint working arrangements to promote achievement of the contracted improvements to patient care and taxpayer value.
- Internally the CCG has been developing its more detailed plans for achievement of the operational plan, financial plan and the QIPP programme. This is scrutinised on behalf of the Governing Body by the QF&P Committee.
- BHFT has now signed its Contract with ESCCG and Associate NHS Commissioners.
- There has been no further formal review of our financial plan to achieve the Control Total set by NHSE, although, as with other CCGs’, the detailed delivery plans are being scrutinised.
- The CCG, as part of its Due Diligence review of the proposed Delegation of Primary Care Commissioning, identified a number of significant risks to the achievement of the CCG’s Control Total arising from proposed shortfalls/risks in the Primary Care funding being offered. These were addressed and resolved with NHSE prior to acceptance of the Delegation.
- The financial risks associated with the Specialised Services re-alignments and with the introduction of HRG4+ continue to be worked through with a view to securing a resolution that does not create a further financial pressure to be CCG.

The Governing Body is invited to:

- **Be ASSURED that the CCG has met the requirements of the planning round and is progressing implementation in a number of respects.**
- **Be ASSURED that BHFT has now signed its contract with ESCCG and its NHS Associates.**
- **Be ASSURED that, based on explicitly agreed flexibilities, current information and explicit assumptions and caveats expressed to NHSE, the CCG continues to have a credible plan to achieve the challenging Control Total for 2017/18 set on a non-negotiable basis by NHSE.**
- **Be ASSURED that the risks to the achievement of the CCG Control Total arising from the Delegation of Primary Care Commissioning were addressed prior to agreeing to accept the delegated responsibilities.**
- **Be ASSURED that in taking forward the CCG’s financial planning the CCG’s officers will enact the policy and approach agreed by the Governing Body at its meeting in November, and specifically in respect of managing the risk associated with Specialised Services and HRG4 adjustments.**

Local Authority Spending Reductions on Health and Care Services

In my last report I referred to the work being undertaken collaboratively with Staffordshire County Council (SCC) and with other CCG partners to assess and mitigate the impact of the Councils spending reductions on health and care services, on the health of local people in East Staffordshire and on the quality of and demands placed on NHS services.

This work has progressed significantly since the Governing Body's last meeting. Whilst the CCG has not fully concluded this work it is now much more informed of the Local Authority services where spending is being reduced and of the impact the local authority assesses this will have on both citizens and on NHS services.

The CCG makes significant financial transfers to SCC in order to enable the Council to commission/provide non-statutory local authority services that will benefit the CCG's goals of improving health and leading a high quality and cost effective NHS; and to enable integrated commissioning.

The CCG's goal in its collaborative work with SCC is to ensure that the CCG's funds are used for this purpose and used optimally for the benefit of local people; recognising the impacts of the spending reductions the Council is making.

The CCG is continuing to work with its partners in SCC and the other CCG's in Staffordshire to assess the impact of the spending reductions SCC are making and to inform the best course of action for the CCG to take to secure its goals.

The Governing Body is invited to:

- **Be ASSURED that the collaborative work with SCC to mitigate the impact of the Councils spending reductions is being progressed within the policy previously approved.**

3. Quality

Based on the information at the time of writing I expect the Joint Quality Committee meeting to confirm that all services commissioned by the CCG are safe and that Quality is being maintained. As a result of the recent never events and ongoing issues with Neurology the Committee's score for safety at BHFT has reduced. Appropriate steps are being taken by the CCG in collaboration with BHFT to address those issues.

The Governing Body is invited to:

- **Be ASSURED of the safety and quality of services commissioned by the CCG on behalf of its patients and communities.**

4. Performance and Finance

Performance

Performance across the range of indicators continues to be generally strong, although less strong than previously. The exceptions are highlighted, with Action Plans, in the Head of Performance and Governance's report.

Where appropriate the full range of permitted contractual actions are being utilised to address the performance shortfalls. The contractual actions are particularly in relation to Virgin Care in their Prime Contractor role (including as the contracted A&E provider and emergency admissions provider for ESCCG Adults), and with BHFT as the principal planned care provider. Alongside these actions the CCG is working collaboratively with the providers to assist the development of robust plans to secure improvement for patients.

The new A&E Delivery Board, mandated nationally to be chaired by the CEO of the A&E Department, is leading the whole system collaborative work to improve A&E access performance. This work has proved highly successful and performance has improved and is now often over 95% and usually within the top performers nationally. Performance has improved to a level where the additional accountability to NHSE and NHSI has been stood down.

Finance

The CCG is currently on course to achieve its Control Total for 16/17; subject to the effective management of a number of risks. This has been a key factor in the removal of the Authorisation Conditions.

There is a potential risk to the CCG depending on the outcome of the contractual claims made by Virgin Care. As referred to above the claims are being managed through the prescribed contract management and dispute resolution processes.

The Governing Body is invited to:

- **Be ASSURED that performance against the NHS Constitution standards is positive overall, albeit less positive than previously.**
- **Be ASSURED that both contractual management and collaborative actions are in place to address issues and risks where services are not meeting the required standards.**
- **Be ASSURED that; based on the available data and reasonable assumptions, the CCG is on trajectory to achieve its approved Control Total.**
- **Be COGNISANT of the potential risk caused by the contractual claims made by Virgin Care.**

5. Governance and Organisational Development

Risk Management

The risk register continues to be effectively maintained. The principal risks are:

- Finances related to the scale of the financial challenge, particularly for 2017/18, linked to the sustained evidence (including in Right Care) of average or better than average performance and value across many of the CCG's commissioning domains and evidence of being significantly below the "fair shares" funding target; including following the 2017/18 allocation.
- Finances related to the re assignment between NHSE and CCG's nationally in relation to specialised services commissioning responsibilities runs the risk that the budgetary adjustments to ESCCG's resource limit will not align with the transfer of costs; thus resulting in a risk of a shortfall in funding to the CCG and a commensurate risk to the achievement of the control total set by NHSE.
- The impact on the NHS of Staffordshire County Council Health and Social Care spending reductions and service changes.
- Clinical and financial sustainability of local services going forward, reflecting national factors locally.
- The risk inherent in the progression of the Improving Lives contract given its innovative and transformational nature from both a service and commercial perspective.

Organisational Development (OD)

The CCG, through its Executive Team, continues to refresh its OD priorities in the light of changing circumstances. Of particular significance currently are:

- The operation of the Virgin Care prime contract and the need to manage the contract effectively and to collaborate appropriately in supporting the success of the programme, whilst recognising the Commissioner/Prime Provider relationship;
- The impact on the BHFT contract of the Virgin Care Prime Contract and the need to align as appropriate the CCG's contract management and collaborative programme in relation to the two contracts;
- The scale of the changes required within the system during 2017/18 and the need to work collaboratively with partner CCG's and providers to execute truly transformational change at scale and pace.
- The continuation and enhancement of the Pan Staffordshire collaborative work programme under the new governance arrangements of the Health and Care Transformation Board and the STP Programme Director.
- The need to collaborate with SDCCG and within the context of the Derbyshire STP to support the collaborative agenda being progressed by BHFT and DHFT.
- The mobilisation of Delegated Primary Care Commissioning.
- The successful appointment of a replacement Director of Quality and Nursing on a full time basis, following the planned departure of Heather Johnstone to work full time across the three South Staffordshire CCG's.

The Governing Body is invited to:

- **Be ASSURED that the key risks to the CCG have been identified and are being mitigated.**
- **Be COGNISANT of the key risks in making decisions.**
- **Be ASSURED that the OD of the CCG is being progressed in response to the changing context and priorities.**

Tony Bruce 20-03-17

Title	Patient Board Report
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
	Dr Charles Pidsley

Purpose of the Report (Please select)			
Approval	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>

Key Points/Executive Summary
Please find attached the report from the Patient Board covering the various topics that the members wish to forward to the ESCCG Board.

Recommendations (what is expected from the Board)
That the report is reviewed by the ESCCG Board and their comments forwarded back to the Patient Board.

Enclosures
Patient Board Report. Appendix 1. Draft PoLCV Leaflet

Report for the East Staffordshire CCG from the East Staffordshire CCG Patient Board February and March 2017 Meetings

Introduction

This report is based on the Patient Board, (PB), meetings that were held on 14th February 2017 and the 14th March 2017. This and subsequent reports will be submitted by the Vice Chair until the appointment of the new Lay Member, (Patient and Public Involvement). Both meetings were conducted in accordance with the audit best practice recommendations.

14th February Meeting

- Members informed of the decision and reasons, made by the Chair, Ron Dougan having had to resign from his post with the CCG. All expressed their gratitude and appreciation of the work Ron had carried out in his post and wished him well under the current circumstances. All agreed that the Vice Chair, John Bridges, will “Chair” the meetings until a replacement had been appointed.
- John Bridges, Lynne Barrell and Sue Adey-Rankin fed back the details of the meeting held with Cllr Allan White Staffordshire County Council regarding the cutbacks on services that have and are being made by the Council. The objective was to work with the Council, like we do with the ESCCG and other organisations, by giving feedback from a grassroots level, any effect we are seeing within communities, to give background information regarding future services and soft intelligence. In a perfect scenario and under the STP guidelines, we would envisage the Patient Board, The Staffs County Council and the East Staffs CCG all working together, as a Partnership, in open and frank discussions regarding the future health care and community services for both our communities and statutory duties.
- **Virgin Care:** Concerns over communications issues have been raised via various routes, including the East Staffs District Patient Engagement Group, (ESDPEG), and the newly formed Diabetes Network. The members were equally concerned, especially as no report for the Patient Board had been received in time for the meeting. Virgin Care will be invited to come and speak to the Patient Board on these and other concerns.
- **Report on the Challenges Faced in Primary Care:** This has now been approved by all parties concerned and has been widely distributed including a copy going onto the CCG website.
- **The Patient Board document on Useful Websites:** The latest revision was approved and has been widely circulated. The Patient Board have also had the opportunity to feedback on the list of Acronyms currently being updated.
- **Feedback from The East Staffs District Patient Engagement Group, (ESDPEG):** The Board now have feedback from the ESDPEG as a standard agenda item and Sue Adey-Rankin, Chair of the group fed back on the issues raised at the January meeting.
- **Sustainability and Transformation Plan, (STP):** Tony Bruce gave an excellent input on the STP and full discussions were held by all present on this. Other

issues around Virgin Care, the Better Care Fund and the Burton Mail articles on the suggested situation with Burton Hospital Foundation Trust, (BHFT), Accident and Emergency were also discussed in depth. Regarding the A&E it was suggested a joint statement by the CCG and BHFT would be beneficial to allay fears by both the community and A&E staff.

- Feedback was given on the CCG Annual Review Document 2016/17

14th March Meeting

- The members were informed that Dawn Green (East Staffs Citizens Advice), had resigned from the Board due to work commitments. Recruitment for new Board members will commence once a new Lay Member (Patient and Public Involvement), has been appointed. Unfortunately, due to other commitments there was a small turnout so it was decided to cancel the speakers due to come from Edwin House. It was agreed that this and future meetings will still take place even if not quorate at times.
- **Patient Stories:** A resume of the patient stories received since January 2016 was given. Although the outcome for some were straightforward there were others that needed a more formal response from the Quality Team. Nicola Harkness will speak to the Quality team to contact the Patient Board to discuss a process and timeline for patient stories.
- **The PoLVC Patient Leaflet:** Version 1 has been produced and has been circulated to all members for feedback as per Appendix 1. This has been carried out and a version 2 has been sent to Collen Manhuwa, CCG Commissioning Manager.
- **Virgin Care:** Although the Board had received the monthly report it was felt to be very general and needed clarification on some of the points it contained. It was agreed that a formal request would go to the Interim Managing Director Michelle Lee on the data the Patient Board would wish to see in future and this would be based on the points raised in the meeting. An invitation will also be sent to Michelle Lee to come to the June Patient Board.
- **Feedback from the East Staffs CCG that requires Patient Board Input:** Nicola Harkness informed the Board that a paper on the Local Authority service reductions is to be presented to the CCG Board on 30th March 2017. Following the presentation, the Patient Board would be asked to support and challenge as the next steps are taken.
- **Feedback from the District Group:** The next meeting is not until 16th March. On the agenda is discussion around local pharmacies and the part they can play within the health economy.
- **ESCCG Public Event:** Input requested from the Patient Board on how this event should be formatted. It has also been suggested that the Patient Board give a talk at the event.
- **Sustainability and Transformation Plan, (STP):** Sue Adey Rankin gave feedback on the latest Enhanced Primary and Community Care Work stream, (EPCC). This

had a diverse range of people attending and it was clear that some present, including local councillors had little knowledge of STP

- **Healthwatch:** Some concerns expressed that not all Healthwatch Champions are being invited to meetings and some of the topics being discussed maybe duplicating work being undertaken elsewhere.
- **Events:** The Patient Board will be hosting the next public Mental Health Event which this year will be in The Albion Suite, Pirelli Stadium on Thursday 25th May 2017 between 6pm and 9pm
- **Burton and Derby Hospitals Collaboration work:** Feedback was given by John Bridges.

Concluding Remarks

As the interim Chair of the Patient Board I wish to have recorded my thanks to fellow Board colleagues, members of the CCG Board and support staff for the help and support I have received during the past two months.

John Bridges, Vice Chair East Staffs CCG Patient Board.

Page 1 of current leaflet
Burton Hospitals Logo
CCG Logo
As current leaflet
leaflet

East Staffs

As current

Patient Leaflet

Procedures of Low Clinical Value (PoLCV)

A patient guide to the policy and why your doctor must observe it

Some treatments are now described as 'Procedures of Low Clinical Value' or effectiveness, and need to be considered on a case by case basis before they can be provided by the NHS.

This patient information leaflet has been produced to explain the purpose and reasons behind the commissioning of the above policy.

Picture etc as on front page of the current leaflet

Page 2 of current leaflet

Background

Since 2013 all Clinical Commissioning Groups, (CCG's), receive funding from NHS England to commission health services for their local population. This enables the CCGs to make decisions within the context of statutes, statutory instruments, regulations and guidance, ("the legal bits").

They, CCG's, are expected to seek the greatest health advantage possible for their local populations using the resources allocated to them, whilst required to commission comprehensive, effective, accessible services which are free to patients at the point of entry, (except where there are defined charges), within an agreed budget.

It is, therefore, necessary to make decisions regarding the investment of resources in clinical procedures that achieve the greatest health gain for the whole population. The Policy is therefore designed to help CCGs meet their obligation in providing health access to all.

Based on local GP clinical input, systematic evaluations, Public Health Clinician Input and other national organisations, some medical procedures have been identified as being either marginally effective or ineffective with limited clinical value in the clear majority of cases. Other procedures have been shown to be an inefficient use of resource, based on the high cost per limited improved quality of life for the patient.

Taking all the above into account the 11 CCGs within Staffordshire and the West Midlands have drawn up and commissioned the Policy for Procedures of Low Clinical Value, (PoLCV). <http://eaststaffsccg.nhs.uk/publications/policies/clinical/procedures-of-low-clinical-value>

Page 3 of current leaflet

What does this mean for me, the Patient?

As stated some treatments are now described as 'Procedures of Low Clinical

Value' or Effectiveness, and need to be considered on a case by case basis before they can be provided by the NHS. This means that when you see your GP they must follow the policy guidelines, which they have helped produce. If your condition meets the policy guidelines they may then forward you to a consultant for further investigation or discussion on your condition. In certain situations, your GP may not be able to offer you a certain treatment or consultant referral because it does not meet the criteria laid down within the policy.

Although your GP may feel uncomfortable in explaining this to you, because of the implications for you as an individual, they have a duty to observe the policy because it is the agreed policy of their local CCG, and is the best way to ensure that local NHS funds are spent on the things that will bring greatest overall benefit to local people in a way that is affordable and fair.

In addition, if your doctor does forward you to a consultant, without following the guidelines, then the consultant will be unable to carry out any procedures and would only refer you back to your GP. Naturally this situation causes stress for the patient with a wasted cost to both the patient and the NHS.

Examples of all treatments and applicable exclusions and criteria, which are listed as not being funded under the policy are available from your doctor during initial consultation or by referring to the CCG policy covering Procedures of Low Clinical Value at

<http://eaststaffsccg.nhs.uk/publications/policies/clinical/proceduresof-low-clinical-value>

[Your doctor should be able to provide you with the necessary criteria to the relevant section\(s\) of the policy document at your initial consultation](#)

Page 4 of the current leaflet **Are there any Exceptions?**

Occasionally, in exceptional circumstances, some procedures can be carried out by applying through the Individual Funding Request (IFR) procedure, further details of which can be found at <http://sesandspccg.nhs.uk/news-and-information/individualfunding-requests-ifr>

Applications can only be made through your doctor who will be informed of the outcome and, if approved, they will refer you for treatment in the normal way. If the application is denied, the reasons will be explained to you by your GP.

What if I am not happy with the decision?

Decisions are based on strict medical criteria and so are usually clear-cut. If you are not happy with the decision you can ask your doctor to apply again with more medical information. The decision is based on medical evidence, so if you submit new evidence your case will be re-examined.

We would welcome any feedback, complaints or compliments, on any of our services. Contact; feedback@staffordshireccs.nhs.uk Or ring 0800 030 4563 - There is also a 24-hour answer phone service.

This leaflet has been produced with the support and approval of
Queen's Hospital, Burton.
NHS East Staffordshire CCG, Edwin House,
NHS East Staffordshire CCG, Patient Board
Second Avenue, Burton-on- Trent, DE14 2WF
Issue Date 03/17

Title	East Staffordshire CCG 2017/18 Corporate Priorities
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Nicola Harkness Dr Charles Pidsley Tony Bruce Wendy Kerr Heather Johnstone	Nicola Harkness

Purpose of the Report (Please select)
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Approval x	Assurance x	Discussion X
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Key Points

Our ESCCG 2017/18 Corporate Priorities have been developed by the Executive Team and a draft paper was taken to the February 2017 Informal Governing Body session for discussion.

The priorities are fully aligned to the NHSE mandated Must Do's and outcome measures and reflect the operational narrative, activity and finance plans for 2017/18 previously approved by the Governing Body.

The Corporate Priorities enclosure includes a column identifying some examples of products delivered/Key actions to take which could potentially change in year as work develops or as further mandated change is required by NHSE.

Recommendations (what is expected from the Governing Body)

1. To be assured that key strategic and operational functions and responsibilities of the CCG are being discharged and are aligned to the NHSE mandated Must Do's and outcome measures with action plans in place to ensure delivery including the mitigation of key risks.
2. Consider, discuss and approve the East Staffordshire CCG 2017/18 Corporate Priorities.

Enclosures

1. East Staffordshire CCG 2017/18 Corporate Priorities.

East Staffordshire CCG 2017/18 Corporate Priorities

Strategic Priority	Outcome Measure/Must do's	Lead Director and Interdependencies	Examples of Products Delivered/ Key Actions
<p>1.To positively take action to address the current and projected future Health, Quality and Finance Gaps in Staffordshire and Stoke on Trent (S&SOT) overall and East Staffordshire specifically by further developing and progressing the strategic direction of the S&SOT Sustainability and Transformation Plan (STP).</p> <p>Overall this will mean:</p> <p>a) Contributing to the collaborative work across the STP Footprint to further develop and execute the STP “pan staffs”</p> <p>b) Implementing locally the STP, as appropriate for the people of East Staffordshire</p> <p>c) Ensuring appropriate connectivity with the Derbyshire STP in shaping ESCCG solutions</p> <p>d) Ensuring appropriate and authentic local engagement and consultation to shape local plans</p> <p>Particularly this will mean:</p> <p>a) collaborating within the STP, and implementing locally as appropriate , within the 5 transformation themes of :</p> <p style="margin-left: 40px;">i) Focussed Prevention</p> <p style="margin-left: 40px;">ii) Enhanced Primary and Community Care</p> <p style="margin-left: 40px;">iii) Effective and Efficient Planned care</p> <p style="margin-left: 40px;">iv) Simplification of the Urgent and Emergency Care system</p>	<p>Achievement of clinical and financially sustainable services within the East Staffordshire.</p> <p>NHS Mandated Must do's;</p> <p>*STP-Alignment of plans to the 5 transformation themes</p> <p>*Urgent and Emergency Care</p> <p>*Primary Care</p> <p>*Elective and RTT- maintaining constitutional standards</p> <p>*Finance-Achievement of CCG control total</p> <p>*Activity and Performance plans/monitoring to achieve constitutional and local standards</p> <p>*QIPP savings target achievement</p>	<p>Tony Bruce-overall lead for CCG on STP and enabling Estates work stream, lead for Derbyshire collaborative working and the Better Care Fund</p> <p>Charles Pidsley- Health and Well Being Board Deputy Chair, CCG lead on STP Enhanced Primary and Community care work stream</p> <p>Wendy Kerr- Finance, Performance, Financial Planning, Contracting, CSU</p> <p>Heather Johnstone- Quality and Safety, Maternity</p> <p>Nicola Harkness-</p>	<ul style="list-style-type: none"> Improving Lives Programme- Contract Management of Prime Contract, public engagement and collaborative working across our local system e.g. A&E Delivery Board. Primary Care Local Delivery plan development and support to work streams. Primary Care Winter Plan/development of additional capacity to support local system collaborative actions. Primary Care Local Improvement Scheme (LIS) delivery focused on reducing avoidable unplanned admissions and planned care. Planned care transformation programme aligned and contracted with BHFT. Outsourcing Plan to ensure delivery of constitutional standards for RTT. Performance management of 18 weeks-activity management query's,

<p>v) Reducing Cost of services</p> <p>b)collaborating within the STP and implementing locally as appropriate the “enabling work streams” including:</p> <ul style="list-style-type: none"> i) Mental health services (including learning disabilities) as part of all 5 above ii) Human Resources and OD iii) IM&T iv) Estates v) System and organisational governance <p>c) Further developing close collaborative working with the Derbyshire STP and with Southern Derbyshire CCG particularly given the natural patient flows to Derbyshire and the East Midlands; and the crucial Strategic Collaboration of Burton and Derby Hospitals Trusts.</p> <p>d)Collaborating within the STP and implementing locally as appropriate authentic and meaningful engagement with patients, communities, clinicians and the wider workforce in shaping local changes.</p>	<ul style="list-style-type: none"> *Cancer *Mental Health *Quality, Safety and Improving Organisations *Continuing Health Care *Learning Disability *Personal Health Budgets *Better Care Fund *Maternity *Diabetes *Wheelchair access 	<p>Operational delivery of ‘Must Do’s’, QIPP, Primary Care, planning, transformation, Right Care implementation</p>	<p>backlog plans etc.</p> <ul style="list-style-type: none"> • Right Care approach fully embedded. • QIPP Programme development and implementation includes- using Right Care approach, BI analysis, PMO function, contract negotiation, scheme leadership. • Cancer Programme implementation-primary care and secondary care actions including improved reporting negotiated in 17/18 BHFT contract. • Performance management e.g. IAPT standards, EIP standards, constitutional standards. • CHC- remedial action plan to mitigate increase financial expenditure. • Alignment with Southern Derbyshire commissioners- POLCV policy and compliance, and further strategic development work with Execs to align commissioning approach to both BHFT and DHFT. • Effective Associate Commissioner activities to
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			<p>manage contracts and mitigate risk of over performance.</p> <ul style="list-style-type: none"> Plans to understand the risk and take appropriate mitigating actions following Local Authority service reductions. Better Care Fund-aligned plans with Staffordshire CCGs and the County Council. Procurement-wheelchair access.
<p>2. To support the development of Sustainable Primary Care Medical Services in ESCCG. This will mean progressing commissioning approaches to take forward the Five Year Forward View for Primary Care, the S&SOT Primary Care Strategy and the East Staffordshire Primary Care Local Delivery Plan; including engagement with local Practices as Providers of care and providing appropriate support to Practices to respond to the commissioning approach.</p>	<p>NHS Mandated Must do's:</p> <p>*Primary Care</p> <p>*STP-Alignment of plans to the STP priority area of enhance primary and community care</p>	<p>Nicola Harkness-Primary Care</p> <p>Charles Pidsley-STP work stream</p> <p>Enhanced Primary and Community Care and clinical engagement</p>	<ul style="list-style-type: none"> Support LDP work streams: primary care at scale, workforce, and efficiency in general practice, IM&T, estates. Transformational support-continuing to support the Co-op or federation models; development of cluster working to deliver the 10 high impact changes releasing time to care, clinical pharmacist, care navigation etc. LIS and Local Enhanced Service review and continued development.

<p>3. To plan for and implement effectively the enhancements to the scope of the CCGs responsibilities including particularly Delegated Primary Care Commissioning and delegated Specialised Services commissioning; through effective organisational development.</p>	<p>NHS Mandated Must do's:</p> <p>*Primary Care</p> <p>*STP-Alignment of plans to the STP priority area</p>	<p>Nicola Harkness- Primary Care Wendy Kerr- specialised services transfer</p> <p>Heather Johnstone- Quality and Safety</p>	<ul style="list-style-type: none"> • Due Diligence. • Delegation plan: quality, finance and contractual assurance. • Engagement of membership on decision to delegate. • Development of the memorandum of understanding between NHSE hosted primary care team covering contracting and retained functions. • Development and establishment of the appropriate governance structures and reporting mechanisms for delegated commissioning.
<p>4. To maintain and further develop the CCGs capabilities as an effective “Change Leader” within the STP and local health and care system. This means further developing the CCGs capabilities and innovation in its principal “lead commissioner” relationships with BHFT and with VCSL; and in it collaborative commissioning relationships with SDCCG in support of the BHFT/DHFT collaboration.</p>	<p>NHS Mandated Must do's:</p> <p>* STP-Alignment of plans to the STP priority work streams and enabling work streams</p>	<p>Tony Bruce overall lead on collaborative commissioning Derby and Staffordshire</p> <p>Wendy Kerr- Contracting</p> <p>Nicola Harkness- Commissioning, transformation and</p>	<ul style="list-style-type: none"> • Further strategic development work with Executives and tripartite working with other commissioners (Derby and Staffordshire). • Collaborative working structure with BHFT to enable innovation and drive the transformation- Programme Board, task and

		operational delivery Heather Johnstone- Quality and Safety	<p>finish groups and joint workshops to enable change.</p> <ul style="list-style-type: none"> • Effective lead commissioner-plans, processes to operate the BHFT and VCL contracts effectively. • Alignment with South Derbyshire Commissioners-POLCV policy and compliance.
<p>5. To maintain and aim to further improve for local patients and communities:</p> <p>i)health outcomes</p> <p>ii)reduction in health inequalities</p> <p>iii)performance against the outlying “clinical priorities” and particularly Cancer and Mental Health</p> <p>iv)clinical safety and quality</p> <p>v)performance against NHS Constitution access and performance standards</p> <p>vi)financial performance and value for money</p> <p>vii) The effective management and mitigation of risks to the above.</p>	<p>NHS Mandated Must do’s:</p> <p>* STP-Alignment of plans to the 5 transformation themes</p> <p>*Urgent and Emergency Care</p> <p>*Primary Care</p> <p>*Elective and RTT-maintaining constitutional standards</p> <p>*Finance-Achievement of control total</p> <p>*Activity and Performance plans/monitoring to achieve constitutional and local standards</p>	<p>Wendy Kerr-Finance, Performance, Financial Planning, Contracting, CSU</p> <p>Heather Johnstone-Quality and Safety, Maternity, Clinical Priorities, Transforming Care</p> <p>Nicola Harkness-Operational delivery of ‘Must Do’s’, QIPP, Primary Care, health improvement, Right Care, planning and transformation</p>	<ul style="list-style-type: none"> • All contractual performance levers to be utilised; activity management queries, information queries, audit, Remedial Action Plans and review, outsourcing plans, backlog plans etc. • All contract schedules to be agreed and delivered e.g. SDIP and DQIP to enable the transformation of services and improvements in data quality. • Established robust governance and reporting mechanisms in place to monitor contractual delivery and manage quality, safety, finance and delivery risks. • Right Care analysis of packs

	<p>*QIPP delivery and target achievement</p> <p>*Cancer</p> <p>*Mental Health</p> <p>*Quality, Safety and Improving Organisations</p> <p>*Continuing Health Care</p> <p>*Learning Disability</p> <p>*Personal Health Budgets</p> <p>*Better Care Fund</p> <p>*Maternity</p> <p>*Diabetes</p> <p>*Wheelchair access</p>		<p>and taking the programme approach into our current planning structures and governance arrangements.</p> <ul style="list-style-type: none"> • Quality contract mechanisms in place including schedule development, performance management, unannounced visits etc. • Support to established quality governance structures. • Quality Impact assessments as an integral part of our planning processes. • Transforming Care plans and delivery. • Cancer Programme to be established.
<p>6. To achieve the planned benefits for patients with Long Term Conditions and the Frail and Elderly through effective management of the innovative Improving Lives Contract, including appropriate and effective collaboration with Virgin Care as the Prime Contractor.</p>	<p>NHS Mandated Must do's:</p> <p>*STP-Alignment of plans to the STP priority areas</p> <p>*Urgent and Emergency Care</p> <p>*Quality, safety and Improving organisations</p>	<p>Tony Bruce overall lead on Improving Lives Programme</p> <p>Wendy Kerr-contracting</p> <p>Nicola Harkness-commissioning,</p>	<ul style="list-style-type: none"> • Improving Lives Programme-effective contract management of Prime Contract to drive the contracted improvements. • Continued collaborative working across our local system with the prime contractor e.g. A&E Delivery

	*Finance, Activity and Performance plans/monitoring to achieve constitutional and local standards/outcomes	collaboration, transformation and operational delivery Heather Johnstone- Quality and Safety	Board. <ul style="list-style-type: none"> Continued development and design of the collaborative working structures. Continued communication and engagement activities.
7. To maintain and further develop the CCGs patient, community, clinical and workforce engagement activities and approaches in taking forward its Priorities for 2017/18.	NHS Mandated Must do's: *STP-Alignment of plans to the 5 STP priority areas *Quality, safety and Improving organisations	Nicola Harkness-communication and engagement Charles Pidsley-clinical and patient engagement	<ul style="list-style-type: none"> Support to the CCG patient Board and the PPGs. CCG newsletter and publications. Steering Group membership workshops. Website development. Public meetings/meeting patient groups to engage in our transformation plans.
8. To support effectively the successful delivery of the CCGs Priorities for 2017/18 with an appropriate Organisational Development (including personal development) Programme.	Must do's: *Quality, safety and improving organisations	Tony Bruce-overall lead	<ul style="list-style-type: none"> Executive team to role model collaborative leadership behaviours both internal and external to the CCG to enable effective collaborative working. Staff representatives across CCG and CSU teams on the Organisation and Development group. CCG and CSU Champions to drive forward agreed priorities. Appraisal/Personal Development Planning.

			<ul style="list-style-type: none">• Individual team development.• Lunch and learn sessions.• Structured formal training for programmes.
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Title	Primary Care Delegated Commissioning Progress
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Nicola Harkness	Wendy Kerr Kirsten Owen

Purpose of the Report (Please select)			
Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>

Key Points/Executive Summary
<p>This paper provides the Governing Body with the outcome of the CCGs application to NHS England regarding delegation commissioning of Primary Care (Medical Services).</p> <p>From a governance perspective it is important that the Governing Body is aware of the findings of the due diligence work undertaken on Primary Care, to be aware of the risks and current baseline status of contracts that will transfer from NHS England.</p> <p>This paper provides the committee with the summary of the current status / outcome of the financial, contractual and legal due diligence which highlights the risks and mitigations.</p> <p>This paper informs the Governing Body that following the written assurances provided by NHS England, in response to the risks highlighted through the due diligence work Chairman's action was taken and the Accountable Officer signed and returned the Delegation agreement on the 8th March 2017.</p>

Recommendations (what is expected from the Board)
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Be cognisant of the individual due diligence reports on Finance and Contractual and Legal. • Discuss the summary of the outcome of the due diligence exercise and the assurances provided by NHS England • Be cognisant that on the 8th March the CCG signed the formal delegation agreement under Chairman's action.

Enclosures
Finance due diligence report Contractual due diligence report

Introduction

This paper provides the Governing Body with the outcome of the CCGs application to NHS England regarding delegation commissioning of Primary Care (Medical Services).

From a governance perspective it is important that the Governing Body is aware of the finding of the due diligence work undertaken on Primary Care, to be aware of the risks and current baseline status of contracts that will transfer from NHS England.

This paper provides the committee with the summary of the current status / outcome of the financial, contractual and legal due diligence which highlights the risks and mitigations.

This paper informs the Governing Body that following the written assurances provided by NHS England, in response to the risks highlighted through the due diligence work Chairman's action was taken and the Accountable Officer signed and returned the Delegation agreement on the 8th March 2017.

CCG Application

We have formally received a letter from NHS England Co-Commissioning Team advising that the CCG was successful in its application to take on delegation commissioning of primary medical services, from the 1st April.

NHS England sent a formal standard Delegation agreement, which the CCG was required to sign and return to the national team on or before the 8th March 2017, in order for this to be ratified by NHS England Board in March 2017 and the financial arrangements to take place to transfer the budgets.

During the delegation agreement webinar, it was highlighted that this was a national Delegation Agreement and that there would be no opportunity to localise this agreement.

The national team stressed that only the delegated functions expressed in the agreement would be delegated and are highlighted below:

Delegated functions	Reserved NHS England functions
GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action, such as issuing breach/remedial notices, and removing a contract)	Management of the national performers list
Newly designed enhanced services ("Local Enhanced Services (LES)" and "Directed Enhanced Services (DES)")	Management of the revalidation and appraisal process
Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF)	Administration of payments in circumstances where a performer is suspended and related performers list management activities
Ability to establish new GP practices in an area	Capital expenditure functions
Approving practice mergers	Section 7a functions
Making decisions on ' discretionary ' payments (e.g., returner/retainer schemes)	Functions in relation to complaints management

Due Diligence – Finance

Work is concluded with regards to the finance due diligence, the exercise was to ensure that there was a clear understanding of the Primary Medical Services allocation including the risks and liabilities that will be transferred post April 2017.

The attached finance due diligence report highlights the original individual areas of risk as highlighted by the CCG, the rating and any agreed mitigations. The final summary table has been included in this overarching report;

Risk assessed	Risk rating	Mitigation	Updated risk rating
The CQC fees are based on the list size of the practice and number of sites, for the CCG this could amount to a cost pressure of £54k.		1. Commitment from NHSE to uplift the budgets to reflect the contract changes relating to CQC	
Premise Rent Reviews – disputes		2. Commitment from NHSE to uplift the budgets to following the outcome of the dispute process	
Premise Rent Reviews – outstanding valuation reports			
Premise Rent Reviews – new reviews to be under taken		3. Budgets are considered to be sufficient at this point	
Rent Abatements – the amount relating to East Staffordshire CCG is minimal (less than £5k)		4. Commitment from NHSE to uplift the budgets to following the outcome of the dispute process	
NHS PS – mechanisms regarding recharges, facilities management		5. As above	
Revenue implications regarding Capital build – existing builds		6. There are no existing agreements in place for future builds	
Revenue implications regarding Capital build – future potential builds		7. Agreement with NHSE to discuss the revenue implications on any future capital builds.	
Discretionary spend – winter funding		8. Commitment from NHSE to underwrite the funding for winter 2017/18, non-recurrently	
Discretionary spend – support for practice merger, caretaker arrangements, significant events		9. The CCG has protected the reserves, by securing additional winter funding for 2017/18. The discretionary fund is £85k	
Available reserves to support risk 0.5% = £85k			
Resource pressures to support primary care delegation quality, finance and commissioning		10. CCG investing in Primary Care Resources to support 5 Year Forward View	
Review if 17/18 uplifts vs allocation – recognising Local Authority business rates uplifts.		11. There is a small reserve and commitment from NHSE to recurrently fund known CCG cost pressures relating to GP premises, if these are material.	

The areas of highest concern were around the discretionary spend relating to winter funding; it was highlighted through finance due diligence that in 2017/18 the CCG would not have the same level of funding as in previous years.

The second area of concern was in relation to any premise reviews schedule to take place during 2017/18, if these reviews show an increase in to rent to be paid to the practice this will need to be found from the transferred CCG delegated commissioning finance allocation.

The third areas of concern was linked to the potential costs incurred regarding discretionary spend to support practices either through a practice merger or if we need to fund caretaker arrangements as these could become costly.

Update

Since the QIPP, Finance and Performance Committee received the original due diligence reports relating to finance and contracts, the CCG has been in discussion with NHS England to resolve the risks which were untenable to the CCG.

The Accountable Officer and Chief Financial Officer have been able to seek agreement from NHS England to financially underwrite these financial risks during 2017/18. During the transition year of 2017/18 NHS England has reviewed its direct commissioning position and following this review NHS England has committed to set aside £350k for East Staffordshire non recurrently to fund winter pressures schemes.

This funding will sit outside of the scope of primary care co commissioning budgets and will be subject to an approval and governance process which will be undertaken by NHS England Head of Primary Care. This is to support the CCG during their transitional year only.

In addition the recurrent budgets to be transferred from the 1st April 2017; additional funding of £170k recurrently has been added to the Primary Care baseline to be transferred following discussions with the Accountable Officer and Chief Financial Officer. NHS England has also made written commitment to appropriately adjust the Primary Care baseline once resolution to the rent and prop-co disputes prior to 1st April 2017 have been resolved.

After receiving these assurances from NHS England the Delegation Agreement was signed by the Accountable Officer and returned to NHS England on the 8th March.

Due Diligence – Contractual

The contractual due diligence report provides an overview of all the significant contract elements that may pose a risk to the CCG in relation to assuming responsibility for delegated commissioning for Primary Care (Medical Services).

The report reviews each contract element, provides an assessment for the CCG and highlights those risks for the specific areas and has been developed with the support of NHS England contracts and quality team.

The summary at the end of this report collates these individual risks together and highlights those practices with the highest risk.

Of the twelve practices, that have been highlighted as having a contract element risk, when we combined all the contract elements there are two practices which have a high risk score, and three which have a medium risk score, the remaining seven practices would be classified as low risk.

Of the two practices that pose a high risk there is one action plan in place and there is a requirement to develop a second action plan between NHS England and the CCG in order to manage the risk for this second practice.

Gaps in our due diligence

The individual GP performers' information was not detailed in the contractual due diligence report; and continues to be out of scope in terms of delegated commissioning responsibilities and remains part of the reserved functions of NHS England.

Whilst the CCG acknowledges the fact that the individual performers data, in terms of referrals to the Professional Advisory Committee, any subsequent referrals and outcomes to the Performer List Decision Panel, is not part of the responsibilities which will transfer to the CCG post Delegated Commissioning, there is a direct correlation between the performer management and the sustainability of General Practices.

The CCG continues to have discussions with NHS England performance team to establish a method for safely sharing this information responsibly with the CCG.

Primary Care Capacity

Although the direct operational finance allocation will be transferred to the CCG, there will be no transfer of any additional resource to support new finance, commissioning or quality responsibilities which will fall to the CCG to absorb and manage.

Although, continue to work on developing an MOU, with NHS England, that will provide the working arrangements for how the NHS England Primary Care Team will support the CCG to discharge its duties and responsibilities. We are aware that the current team is limited within its capacity to deliver more than reactive management of the contracts and finance.

There will be a requirement for the CCG to take a more hands on approach in relation to commissioning of primary care, in terms of the development of General Practice, financial management and quality assurance of General Practice; it is unlikely that this will be able to be managed within the current CCG Team. Therefore there will be a requirement for the CCG to look at its establishment and consider its workforce requirements in consideration of the Five Year Forward View and GP Forward View.

Summary

The due diligence reviews were concluded and highlighted that there was a level of risk to the CCG in taking on delegated commissioning.

The most significant level of risk was around the budget setting and the management of the individual practices in relation to a number of contractual concerns.

These risks have been discussed and regarding the financial risks these have been mitigated against in the form of written assurance from NHS England. In terms of the contractual risks, these will be managed through closer working relationships with NHS England.

Recommendation

The Governing Body is asked to:

- Be cognisant of the individual due diligence reports on Finance, Contractual and Legal.
- Discuss the summary of the outcome of the due diligence exercise and the assurances provided by NHS England
- Be cognisant that on the 8th March the CCG signed the formal delegation agreement under Chairman's action.

East Staffordshire Clinical Commissioning Group

Finance due diligence Report

1. Introduction

From the 1st April 2017 East Staffordshire CCG (along with the other 5 CCGs in Staffordshire and Stoke on Trent) will become responsible for the Primary Medical Care annual budget under a formal Delegated Agreement and the medical services allocation will form part of the overall CCG financial allocation.

The formal liability for Primary Care commissioning for legal reason will remain with NHS England (NHSE) although individual CCGs will remain accountable for meeting their statutory functions in relation to quality, financial resources and public engagement.

CCGs are statutorily responsible for their expenditure and remaining within their financial allocations and/or control totals. The Delegated Commissioning allocation forms part of a CCGs Financial allocation, and it therefore follows that those CCGs with delegated authority should be responsible for reporting this expenditure and for remaining in their overall financial allocation.

The aim of this GP Primary Care delegated commissioning finance due diligence review is to ensure that the CCG has reviewed the implications and risks associated with taking on responsibility of commissioning of GP primary care (medical services).

2. Background

Towards the end of 2016 and during the beginning of 2017 the finance due diligence work was undertaken by the CCGs Finance teams and NHSE to develop an understanding of the Primary Medical Services allocation including the risks and liabilities that will be transferred post April 2017.

The CCG have applied for delegated commissioning in December 2016, the application by CCG was all made in principle subject to a satisfactory financial due diligence exercise being concluded. Following the conclusion of this due diligence the CCGs would, through their internal governance arrangements, to make the final decision about whether to proceed or defer the application until 2018/19 when the national planning guidance indicates that delegated of GP primary care will be mandated to transfer to CCGs.

3. Financial Risk

There is concern about the change in responsibilities and the risk that surrounds assurance that the budgets transferred are sufficient to meet operational needs of the service both in 2017/18 and in future years.

The concern is that there has not enough detail being provided in relation to spend and accruals which would enable the CCG to robustly forecast Primary Medical Services spend. Although assurances have being provided by NHS England that sufficient funding will be transferred. A comprehensive review will allow the CCGs to fully understand the, peaks and troughs of cash flow and identify cost pressures areas and provide a budget forecast for both the Primary Care Commissioning committee and the governing body finance report. Recently some assurance from NHS England has been given to provide more detail budget information.

The current areas of concern for East Staffordshire CCG were related to winter discretionary spend, premises reviews and practice related discretionary spend.

The table below provides a high level view of all the financial risks highlighted in this report, the financial risks that have been highlighted during the diligence exercise and at the end of this report there is a summary and an updated risk rating following the written assurances received from NHS England.

Risk assessed Summary	Risk rating
The CQC fees are based on the list size of the practice and number of sites, for the CCG this could amount to a cost pressure of £54k.	
Premise Rent Reviews – disputes	
Premise Rent Reviews – outstanding valuation reports	
Premise Rent Reviews – new reviews to be under taken	
Rent Abatements The amount relating to East Staffordshire CCG is minimal (less than £5k)	
NHS PS – mechanisms regarding recharges, facilities management	
Revenue implications regarding Capital build – existing builds	
Revenue implications regarding Capital build – future potential builds	
Discretionary spend – winter funding	
Discretionary spend – support for practice merger, caretaker arrangements, significant events	
Available reserves to support risk 0.5% = £85k	
Resource pressures to support primary care delegation quality, finance and commissioning	
Review if 17/18 uplifts vs allocation – recognising Local Authority business rates uplifts.	

2017/18 GMS Contract negotiations

As part of the GMS contract negotiations 2017/18 it has been agreed that CQC Fees will be reimbursed directly. Practices will present their CQC invoices to the CCG (where delegated powers exist) or the NHS England regional team and they will be reimbursed as part of the practice's next regular payment.

CCG	CCG Assessment of the Risk	Risk Rating
East Staffordshire	The CQC fees are based on the list size of the practice and number of sites, for the CCG this could amount to a cost pressure of £54k.	

This has been a recent development and we are seeking a view from NHS England with regards to this impact being reflected in our overall budget allocation, or if the CCG will need to source this from the CCG delegated commissioning reserved budget.

Rent /Premise

The current rent review information supplied by NHSE includes a number of practices where there are outstanding disputes between the District Valuer review and the GP surveyors. Although NHSE have advised that there is no material impact on the CCGs it is not clear how and when the situation will be resolved, what the potential financial impact of the dispute is and how, historically, these cases have been resolved.

NHSE have assured the CCGs Chief Financial Officers (CFO) that they will review the outstanding list of rent reviews disputes and provide the additional information required in relation to the dispute of value, the process to get these resolved and historical information on the outcome of past reviews.

NHSE have also advised that any liability resulting from a rent review either disputes or challenges raised prior to 1st April 2017 will be the responsibility of NHSE and they will ensure that the CCGs Primary Medical Services allocation would be uplifted accordingly. This is further supported by the Delegation Agreement Financial Risks and Liabilities.

Within the CCG we have four practices that practice out of NHS Property Services owned building, during 2016/17 there has been considerable discussion between NHS England, NHS Property Services and LMC with regards to understanding the total charges for each building. This is as a direct result of NHS PS recently including into their invoices fees around, facilitates management and services charges fee, a fee which had previously not been charged.

This matter continues to be managed by NHS England and they are negotiating the matter with the individual practices and LMC. Once these negotiations are concluded the matter and the relevant financial allocation will be transferred over the CCG.

Rent / Premises Risk RAG Rated

CCG	CCG Assessment of the Risk	Risk Rating
East Staffordshire	Rent Reviews	
	5 practices have outstanding rent review disputes	
	4 practices had their premises valued during 2016/17 and the outcome of the valuation is outstanding,	
	2 Practices are due their premise evaluation in April 2017	
	NHS PS charges increase There are 4 of practices who are currently leasing from NHSPS.	

Rent abatements

There are a number of practices that currently have rent abatements which will be coming to an end at some point over in the next 10 years; the CCGs needs understand the number, impact and timing of these rent abatements in order to ensure that the required funding is made available in future allocations.

NHSE have assured the CCG CFO's that they will review the outstanding list of rent abatements and provide this information for each practice when abatement will be cease, in order for the CCGs to understand the existing liabilities.

NHSE have also advised that any liability resulting from rent abatements for agreements made pre April 2017, but expire post April 2017 will be the responsibility of NHSE and they will ensure that the CCGs allocation would be uplifted accordingly.

Rent abatement Risk RAG Rated

CCG	CCG Assessment of the Risk	Risk Rating
East Staffordshire	There are 7 practices which have rent abatements with a total value of £5k. 3 will have a financial impact in 18/19	

Capital builds

There are a small number of capital build schemes agreed by NHSE which will have a revenue charge for the CCG at some point over the next few years. The CCGs have asked for a full breakdown of all past and proposed capital schemes being managed by NHSE. Although capital expenditure functions remains under the reserved functions for NHSE, under the delegated arrangements there is the potential for the CCGs to be exposed to unacceptable revenue costs.

NHS E have assured the CCG CFOs that they will review the outstanding list of past and proposed capital bids and that this information for each practice with the potential revenue costs, if known, will be made available, in order for the CCGs to understand the existing liabilities.

NHSE have also advised that any revenue liability resulting from a capital build projects for agreements made pre April 2017, but not transacted until after April 2017 will be the responsibility of NHSE and they will ensure that the CCGs allocation would be uplifted accordingly.

The CCG has asked NHSE to agree that CCGs will be equal partners in the decision making around any future capital build bids, and are in discussion to explore the opportunity that any impact on revenue costs resulting from a new build could be uplifted in the CCG Primary Medical Services allocation.

Capital Risk RAG Rated

CCG	Notes	Risk rating
East Staffordshire	<ul style="list-style-type: none"> We have no current capital build project agreed in East Staffordshire 	
	<ul style="list-style-type: none"> There is a proposed capital build project in the pipeline for 2020/21; this is still at the early exploratory stages and a formal business case will be required to be signed off. 	

Discretionary spend

During the course of commissioning with General Practice, NHSE has historically made discretionary one off payments to practices in relation to support for practice mergers to support legal and HR costs, or financial assistance for a clinical review of medical notes, or funding for winter pressures etc. The CCGs have asked for a full breakdown of historical discretionary spends over the last 3 years to understand the trends and the amounts. NHSE have struggled to provide this information and advised that as this is discretionary and there is no legal obligation for the CCG to continue with these payments.

It is also widely known that Primary Medical Services discretionary spend historically has been financially supported by flexibilities in other Primary Care budgets such as Dental/Pharmacy and

Ophthalmology. This will not be an option when the Primary Medical Services financial allocation is transferred to the CCGs.

Whilst the CCGs acknowledge the fact that this spend is discretionary it is clear that this funding has been used to support practices and to this end is part of the overall costs of commissioning and contracting with Primary Medical Services. The CFOs have asked NHS England to provide this information even at a high level to help the CCGs understand this level of funding and have also requested where this funding has been sourced from.

The CFOs have also requested if there could be a phased arrangement with NHSE to increase the CCGs primary medical service allocation, in line with historical spend in order to support future discretionary spend in the short term, this would be tapered over a 3/5 year period.

Discretionary spend Risk RAG Rated

CCG	Notes	Risk rating
East Staffordshire	Winter Funding, <ul style="list-style-type: none"> During winter 2016/17 the CCG was given an additional £364k winter pressures money. This allocation from NHS England is in excess of the 1% NIR and 0.5% of contingency which represents £255 in total of which £170k is unitised as part of agreement re CCGs control total NHS England have confirmed that the Primary financial allocation will not include any additional resource for winter 2017/18. From the 1st April 2017/18 the CCG will only have £255k of reserved from the Primary Care allocation, to fund all discretionary spend including winter. 	
	Support for practice merger or caretaker arrangements <ul style="list-style-type: none"> None during 2016/17 	

4. Direct supplier services

There are number of direct supplier services such as clinical waste, interpreting services, which will remain with NHS England, they will continue to manage the contractual and financial responsibility for these contracts, which are listed below:

	Supplier
<i>Clinical Waste (Staffordshire)</i>	<i>West Midland Ambulance Trust</i>
<i>Occupational Health (East Staffs)</i>	<i>Burton Hospital</i>
<i>Interpreter Service</i>	<i>Deaf Links</i>
<i>Interpreter Service</i>	<i>Language line</i>
<i>Interpreter Service</i>	<i>Staffordshire County Council</i>
<i>Property</i>	<i>Valuation Office</i>

Direct supplier services Risk RAG Rated

CCG	Notes	Risk rating
East Staffs CCG	These contracts are managed and contracted centrally by NHS England. There is no financial risk to the CCG. Although the CCG has requested assurances regarding the continued level of investment to maintain current service provision.	

5. Processes and responsibilities

Whilst the Primary Care finance allocation has been transferred over the CCGs, there has not been a similar allocation of resources; within the Memorandum of Understanding between NHSE and Staffordshire and Stoke on Trent CCGs there is an agreement to ensure that the current NHSE team would stay as a single Primary Care (PC) Team working to the CCGs under a service level agreement (MOU). The advantages of a single PC Team are that all CCGs have access to the breadth and depth of specialist contract and financial expertise of the whole team.

In terms of strategic financial management relating to changes in the way practice budgets or cash flow is managed this should always be discussed with NHSE Head of Primary Care, Head of Primary Care Finance and CCG Finance Lead to agree a consistent approach. NHS England and the CCG finance lead will need to develop working arrangements in order for the smooth transfer of responsibilities of delegated commissioning, it is suggested therefore that there is a short time limited task and finish group is set up to plan and project manage the transition and resolve the outstanding risks.

6. Summary

This report provides a summary of the individual financial risks associated with assuming responsibility of delegated commissioning from the 1st April 2017. The areas of highest concern was around the discretionary spend relating to winter funding; in 2017/18 the CCG will not have the same level of funding as in previous years.

Since this original report was written in February 2017 the Accountable Officer and Chief Financial Officer have been able to seek agreement from NHS England to financially underwrite these financial risks during 2017/18.

During the transition year of 2017/18 NHS England has reviewed its direct commissioning position and following this review NHS England has committed to set aside £350k for East Staffordshire non recurrently to fund winter pressures schemes.

This funding will sit outside of the scope of primary care co commissioning budgets and will be subject to an approval and governance process which will be undertaken by NHS England Head of Primary Care. This is to support the CCG during their transitional year only.

In addition the recurrent budgets to be transferred from the 1st April 2017; additional funding of £170k recurrently has been added to the Primary Care baseline to be transferred following discussions with the Accountable Officer and Chief Financial Officer. NHS England has also made written commitment to appropriately adjust the Primary Care baseline once resolution to the rent and prop-co disputes prior to 1st April 2017 have been resolved.

After receiving these assurances from NHS England the Delegation Agreement was signed by the Accountable Officer and returned to NHS England on the 8th March.

Overall risk assessment

The table below summarised the risks highlighted throughout this paper and following the written assurances from NHS England we have updated the status of these risks.

Risk assessed	Risk rating	Mitigation	Updated risk rating
The CQC fees are based on the list size of the practice and number of sites, for the CCG this could amount to a cost pressure of £54k.		1. Commitment from NHSE to uplift the budgets to reflect the contract changes relating to CQC	
Premise Rent Reviews – disputes		2. Commitment from NHSE to uplift the budgets to following the outcome of the dispute process	
Premise Rent Reviews – outstanding valuation reports			
Premise Rent Reviews – new reviews to be under taken		3. Budgets are considered to be sufficient at this point	
Rent Abatements The amount relating to East Staffordshire CCG is minimal (less than £5k)		4. Commitment from NHS E to uplift the budgets to following the outcome of the dispute process	
NHS PS – mechanisms regarding recharges, facilities management		5. As above	
Revenue implications regarding Capital build – existing builds		6. There are no existing agreements in place for future builds	
Revenue implications regarding Capital build – future potential builds		7. Agreement with NHSE to discuss the revenue implications on any future capital builds.	
Discretionary spend – winter funding		8. Commitment from NHSE to underwrite the funding for winter 2017/18, non-recurrently	
Discretionary spend – support for practice merger, caretaker arrangements, significant events		9. The CCG has protected the reserves, by securing additional winter funding for 2017/18. The discretionary fund is £85k	
Available reserves to support risk 0.5% = £85k			
Resource pressures to support primary care delegation quality, finance and commissioning		10. CCG investing in Primary Care Resources to support 5 year forward view	
Review if 17/18 uplifts vs allocation – recognising Local Authority business rates uplifts.		11. There is a small reserve. Commitment from NHSE to recurrently fund known CCG cost pressures relating to GP premises, if these are material.	

East Staffordshire Clinical Commissioning Group**Contract due diligence Report****1. Introduction**

This report provides an overview of all the significant contractual elements which may pose a risk to the CCG when they responsibility of delegated commissioning for Primary Care (Medical Services).

This report reviews each contract element, provides an assessment for the CCG and highlights those risks for the specific areas.

This report has been developed by the CCG with the support of NHS England contracts and quality team.

The table below summarises the risks in this report collates these individual risks together and highlights those practices with the highest risk. The following report highlights the individual risks in these areas.

Practice	Contract	Workforce	Pop,	Rent & rates	QCQ	Vulnerable	Quality	Overall
2								
3								
4								
5								
6								
8								
10								
12								
14								
15								
16								
18								

The individual GP performers' information is not detailed in this report; is continues to be out of scope in terms of delegated commissioning responsibilities and remains as part of the reserved functions of NHS England. We are in discussion with NHS England performance team to establish a method for sharing this data responsibly with the CCG. Recognising the ley link between practices overall performance, for which the CCG is responsible for once delegated, with GP performance.

2. Basic practice information

As at 1st April 2016 within the CCG there were 18 Practice contracts in place, there are no AMPS practices or GP Walk in Centres in geographical area of East Staffordshire.

Following the retirement, in 2015, of Dr G Buschart from King Street Surgery, NHS England worked with Carlton Street to take over the management of the practice and patients care. King Street Surgery is now part of Carlton Group, although the King Street Premises remain under the ownership of Dr Buschart. Since 2015 there have been no other changes to the GP contract in East Staffordshire.

3. Contract information

Using the information provided by NHS England we know that of the eighteen practices, twelve hold a GMS contract; five held a PMS contract on 1st April 2016.

We know during September 2014 NHS England issues guidance entitled “Framework for Personal Medical Services (PMS) Contract Reviews” which set out the key principles that underpinned the PMS review process. This PMS review process commenced in December 2015 and was concluded in East Staffordshire in August 2016, working with NHS England and the local LMC.

Following the PMS review of the six practices that held a PMS contract three practices have reverted back to a GMS contract and three have retained their PMS contract. All six practices will have their funding aligned to GMS levels over a phased approach of either five or seven years.

3.1 East Staffordshire Practice Contract Status 2016/17

Practice Code	Contract Type	New contract type	Avoiding unplanned care	Extended hours	Learning Disabilities health checks	Minor surgery	Out of area registration
1	GMS	GMS	Y	Y	Y	Y	X
2	GMS	GMS	Y	Y	Y	Y	X
3	GMS	GMS	Y	Y	X	Y	X
4	GMS	GMS	Y	Y	Y	Y	X
5	GMS	GMS	Y	Y	Y	Y	X
6	GMS	GMS	Y	Y	Y	Y	X
7	GMS	GMS	Y	Y	Y	Y	Y
8	GMS	GMS	Y	X	Y	Y	X
9	GMS	GMS	Y	X	Y	Y	X
10	PMS	GMS	Y	X	Y	X	X
11	GMS	GMS	Y	X	Y	Y	Y
12	GMS	GMS	Y	Y	Y	Y	Y
13	PMS	PMS	Y	Y	Y	Y	X
14	PMS	PMS	Y	X	Y	Y	Y
15	GMS	GMS	Y	Y	Y	Y	X
16	PMS	GMS	Y	Y	Y	Y	Y
17	PMS	GMS	Y	Y	Y	Y	X
18	PMS	PMS	Y	Y	Y	Y	Y

3.2 Risks to the CCG

Practice	Notes	Risk Rating
Practice 14	<p>The Practice contested the PMS review based on concerns that as a single handed Partner would have a decreased income for the Practice and the service would no longer be viable.</p> <p>These concerns were based on his thoughts that the demographics leads to an additional volume of requests for appointments above and beyond the norm. A Public Health demographic review, did not elicit anything out of the ordinary with the demographic.</p> <p>The Practice has since withdrawn his challenge of the review.</p>	

3.3 Contract Update 2017/18

Following from the recent GMS contract negotiations for 2017/18, the major changes relating to Directed Enhanced services (DESS) are:

- The payment for the LD health check will increase from £116 to £140
- The extended hours DES will remain unchanged until 30th September, however post 1st October those practices that regularly close for half a day will not ordinarily qualify for the DES.
- The Avoiding Unplanned Admissions DES will cease at 31 March 2017. Funding of £156.7 million will be transferred into global sum, and used to support the new contractual requirement on Identification and Management of Patients with Frailty.

Regarding the DES for extended hours, we know that 13 of our 18 practices currently have opted in to the DES and of those that are opted in are open all day Monday to Friday. This change should not reduce the number of practices undertaking extended hours during 2017/18.

There is a cost pressure risk to the CCG if the five practices, who currently opt out of extended hours decide to opt in for 2017/18.

4. Workforce

Using the data provided by the NHS Digital General Practice workforce data collection, as at March 2016, of the eighteen practices within East Staffordshire two practices did not submit their workforce data. Although all practices are required to submit this data we know that the following practices did not supply any information:

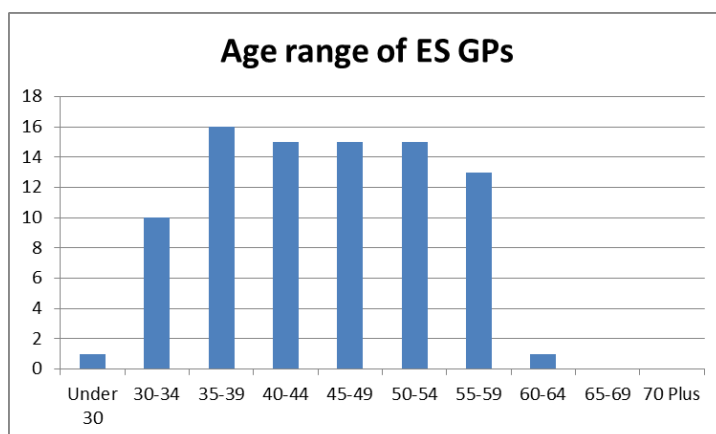
- Practice 2
- Practice 12

Of the sixteen practices that did submit the data the number of clinical workforce is shown in the following tables

GP Type	Head count
Senior Partners	13
Partners	44
Salaried GPs	9
GP Registrars ST3/4	8
GP Registrars F1/2	3
Total GP Registrars	3
Locums covering vacancies	2
GP locums other	4

Clinical Role	Head count
Practice Nurse	41
Advance Nurse Practitioner	4
Nurse Specialist	2
Extended nurse role	1
Nurse Trainee	3
Dispenser	11
HCA	18
Phlebotomist	2
Pharmacist	2

4.1 Age profile of the GPs in East Staffs



Using the data provided by NHS Digital we can see that the 66% of GPs are aged 49 and below, which would suggest that they are below the expected retirement age. It is important to note that there is no fixed retirement age for GPs. However, in a recent FOI response the Department of Health advised that the average age of retirement was 60.5 in 2015/16.

It would seem that there is no immediate risk for the CCG that they would expect to see a high number of GPs taking retirement, although over the next 5 years the risk does increase.

4.2 Risks to the CCG

Having looking at the age ranges on a practice by practice basis there are four practices that have over 33% of the GP workforce who will be in the age bracket of either 55-59 or 60-64, the reported average age of GP retirement is 60.5 years.

Practice	Notes	Total GPs	Number of GPs aged 55-59	Number of GPs age 60-64	%	Risk Rating
Practice 3	A GP retires in March this year	3	1	1	66%	
Practice 5	A number of GPs have spoken about looking to take retirement.	7	5	0	77%	
Practice 15		3	1		33%	
Practice 16		4	3		75%	

There could be a number of practices which could be destabilised if the GPs who are reaching the average age of GP retirement decide to leave general practice. In the worst case scenarios practices can hand back their contract to the NHS, which would result in the CCG need to put in to place short term caretaker arrangements, whilst a decision is made about the future of the practice and contract.

The CCG has a small contingency of £85k to cover this eventuality if it was to occur.

5. Estates

Within East Staffordshire there are 22 practice sites, which include 18 main surgeries and 4 branch surgeries and these are a mixture of GP owned, LIFT and NHS Property Services premises.

There was a recent multi-faceted survey enables a high level performance assessment of the estate within East Staffordshire.

- 90% of the estate was ranked as achieving the benchmark all NHS Organisations should achieve
- 95% of the estate is compliant with the all necessary mandatory fire safety
- 86% of the estates were deemed as fully occupied for the majority of the time, with 10% underused for long periods and 5% was deemed fully occupied for most of the time.

6. Rent and Rates

Although GPs have traditionally assumed responsibility for the ownership of their practice premises, there are two main types of funding associated with general practice these are:

1. The practice is a tenant with a landlord (leased)
2. The practice owns the premises (owner/ occupier)

Leased premises; the practice is a tenant with a landlord; the landlord is a third party and should have a written lease with the practice. There are many types of lease that contain specific information regarding rent increases, who is responsible for repairs etc.

Owner-occupier premises; There are two forms of payment made to practices that own their own premises. Initially a practice would obtain a loan/mortgage to develop their premises; the sum borrowed would include professional fees and cost of the building.

NHS England, having agreed the **Cost Rent** scheme, would pay the practice the interest on its loan – ie the **cost** of borrowing. This would continue until the loan is paid off or, and this is the usual case, the practice elects to receive notional rent.

Notional rent pays the practice as if it was the landlord and receiving rent from a tenant. In the absence of an actual lease agreement, terms are laid out to set an annual value payable.

Within East Staffordshire the premises arrangements are:

- 13 owned by the partners (of these 11 are Notional Rent and 2 are Cost Rent)
- 5 leased
- 4 LIFT with NHS Property Services

Notional Rent is reviewed every three years; notional rent can increase or decrease, this is the risk the practice takes. The three year cycle may only be brought forward under mutual agreement with NHS E; the practice and NHS E must agree the notional rent.

In relation to those practices that are currently disputing the District Valuer findings there is an NHS Litigation Authority (NHSLA) dispute resolution process, which involves the appointment of an independent expert to assess the value.

In 2015 the NHS Litigation Authority ruled that practices should be allowed a three year window to appeal against decisions.

6.1 Risks to the CCG

As at February 2017 there were two practices that are due a notional rent review in April 2017, four practices had their rent review in 2016 and are going through the processes of agreeing the outcome of the review.

The risk to the CCG is the five practices which are in dispute with the valuation details of these are below.

Practice Name	Current Information	Risk Rating
Practice 2	CURRENT RR 2015:-DISPUTING DV instructed to reopen case with GP Surveyors 21/09/2016 LCA	
Practice 3	CURRENT RR 2013:- DISPUTING DV & GPS are negotiating, DV TOE received 22/7/15	
Practice 6	CURRENT RR 2014:- DISPUTING DV liaising with GP Surveyors - 23.02.2016	
Practice 8	CURRENT RR 2014:- DISPUTING Wait for GP Surveyors to contact us with Notional agreement figure PCL supports GPS with solution to case Nov 2016	
Practice 16	CURRENT RR 2014:- DISPUTING DV liaising with GP Surveyors - 23.02.2016	

6.2 Mitigating Actions

NHS England have advised, in writing, that any liabilities resulting from rent and rates reviews raised pre April 2017, but unlikely to be resolved until post April 2017, will be the responsibility of NHS England. Once the claim has been settled with the agreement of NHS England they will make the appropriate adjustments to the CCG financial allocation. This will include both the current disputes and any disputes that result from any reviews that were undertaken during 2016/17.

7. Population Growth

Within East Staffordshire, the Borough Council Local Housing Plan delivers a planning framework which responds to meeting the housing development needs of the Borough during the period of 2012 and 2031. The plan articulates the Borough Councils proposed delivery of an additional 11,648 houses. The main focus of growth is within Burton on Trent and Uttoxeter, with **three Strategic Development Areas** identified in Branston, Beamhill and Uttoxeter West.

The total housing requirement of 11648 will be delivered in accordance with the following indicative average annual rate: 466 dwellings per annum for 6 years (2012/2013-2017/2018); 682 dwellings per annum for 13 years (2018/2019-2030/2031).

The following is the forecast population growth within the ESBC Local development Plan

Table 23: Forecast GP requirement

Area	Forecast population increase 2031	GP requirement
Burton upon Trent	16,197	11
Uttoxeter	3,940	2.7
Barton under Needwood	438	0.3
Rolleston on Dove	219	0.2
Tutbury	438	0.3
Rocester	219	0.2
Rural	438	0.3

The table above indicates that this would need an increase of 15 GPs, with an average of 1 per year for the next 13 years.

The CCG is also aware of considerable developments within the Lichfield District Council, Derbyshire Dales District Council and South Derbyshire Council which will impact upon the Practices who sit on the boundary of East Staffordshire, Dover River at Tutbury and Sudbury, Tutbury Practice, Stapenhill and Alrewas.

The CCG is actively working with all the above Borough and District Councils to ensure that risks are mitigated against including seeking legal agreements and Community Infrastructure levy's where possible to support any requirements for changes to or development of health care facilities to support the predicted population growth.

However, it should be recognised that section 106 monies, relating from 106 agreements, from development is non-recurrent to support infrastructure set up costs and values so far shared with the CCG does not fund the significant premises developments that might be required, the values are small in comparison to the costs of new builds.

7.1 Risks to the CCG

There is a current risk with the development covering Branston Locks; currently this area is not covered in any practice boundary either inner or outer. The practices closest to the development are:

Practice	Notes	Risk Rating
Practice 16	To consider going in to speak to surgery regarding boundary issues and to support the practice. Discussed boundary issues with new housing development	
Practice 5	Discussed boundary issues with new housing development	

8. Capital estates plan

Health care estates development plans currently include – A partnership development with Stride developers and Burton Hospital Foundation Trust (BHFT) and the Practice on the former Outwood site belonging to BHFT. These discussions are at the early stage but the vision is for a health and social care village concept which will include the already agreed Dementia Centre of excellence.

Capital Developments remain as part of the reserved functions of NHS England although the CCG is working closely with NHS England and the practice. Since any revenue implications will be the CCG's responsibility.

There are other discussions between 3 individual practices in the Burton inner town area to potentially join and look for a health and social care development opportunity.

The CCG is supporting Practices to actively seek section 106 and Community Infrastructure legal agreements to support development of their existing estate to manage population growth in Uttoxeter. This is being supported by ESBC. Recognising these funds are non-recurrent any recurrent implications will be the CCGs responsibility where allowed under the premises guidelines.

9. Quality in General Practice

9.1 CQC ratings

Practice	Safe	Effective	Caring	Responsive	Well Led	Overall	Report Date
1	G	G	G	G	G	G	10/03/2016
2	G	G	G	G	G	G	08/05/2015
3	RI	G	G	G	G	G	28/10/2016
4	G	G	G	G	G	G	19/02/2015
5	G	G	G	G	G	G	19/02/2015
6	G	G	G	G	G	G	08/01/2015
7	G	G	G	G	G	G	08/01/2015
8	G	G	G	G	G	G	08/05/2015
9	G	O ★	G	G	G	G	08/01/2015
10	G	G	G	G	RI	G	29/10/2015
11	G	G	G	G	G	G	01/09/2016
12	RI	G	G	G	RI	RI	30/11/2016
13	G	G	G	G	G	G	08/01/2015
14	RI	G	G	G	G	G	22/06/2016
15	Not Inspected Yet						
16	G	G	G	G	G	G	11/12/2014
17	G	G	O ★	O ★	O ★	O ★	06/09/2016
18	G	G	G	G	G	G	09/12/2016

9.2 Risks for the CCG

Practice	Notes	Risk Rating
Practice 12	Rated as requires improvement the NHS England Practice Support Team has met with the practice and developed an action plan for improvement. There is no CQC follow up visit planned for this year so NHSE will monitor this plan.	

10. Vulnerable practices

Five practices have been identified as vulnerable and will be contacted by the NHS England Practice Support Team to design and develop the tailored support plan. Which could include; intervention and management support, diagnostic services, specialist advice and guidance. There is also coaching / supervision / mentorship, Practice management capacity support available to the practices.

NHS England Primary Care Support Team is funded centrally by NHS England and has an important role in supporting struggling practices and their close relationship with practices which enables an early warning system to be in place to flag any potential risks which could result in a practice giving notice on their contract.

10.1 Risks to the CCG

Practice	On Vulnerable List *	Risk Rating
Practice 10	9	
Practice 16	16	
Practice 2	20	
Practice 14	12	
Practice 18	9	

*Assessment value given by NHS England practice support team, the higher the assessment value the more vulnerable the practice.

Practices can independently seek support from the Practice Support Team in order to access the expertise from the team to become more efficient and to support change in their practice, this is in addition to this being suggested by NHS England in relation to poor CQC outcome and/or as a result of the quality dashboard review.

11. NHS England quality dashboard

NHS England Quality Team develop a monthly quality dashboard, which collates data from a number of various sources to create an overall picture of quality, this includes; Practice High level indicators (HLI), General Practice Outcome Standards (GPOS), QOF scores, GP patient survey results, friends and family tests, complaints and number of incidents etc.

Some of this data is collected monthly with regards to complaints and serious incidents, others are collected quarterly, 6 monthly or in some circumstances annually.

These results are weighted and contribute to an overarching score and, if needed a risk assessment escalation process. There are four levels; no concern, emerging concerns, Investigation of concerns and potential resolution and Formal action/intervention to ensure resolution. The descriptor regarding the levels and actions to be taken at each level can be found on appendix 1.

The latest quality dashboard received is for the month of January 2017:

Practice Code	Suggested Score January 2017	Trend
1	26	↑
2	88	↑
3	35	↑
4	49	↑
5	40	↑
6	29	↑
7	29	↑
8	25	↓
9	18	↔
10	29	↑
11	15	↑
12	43	↑
13	17	↑
14	26	↑
15	*	↔
16	46	↑
17	17	↔
18	27	↓

Key :

<10 no concerns,
 10-14 emerging concerns,
 15-29 investigation of concerns and resolution
 30+ formal action / intervention

11.1 Risks for the CCG

From this there are three practices which have triggered an expanded quality metric report. These three practices are: this may be changed again following the update to the dashboard

Practice	Risk Score Jan	Risk Rating	Notes
Practice 16	46		<ul style="list-style-type: none"> Reviewed expanded information decline in patient experience. To consider going in to speak to surgery regarding boundary issues and to support the practice. Discussed boundary issues with new housing development
Practice 4	49		<ul style="list-style-type: none"> Reviewed expanded metric information data. To watch next set of data, effect of previous merger shouldn't feature in the data now. CCG to talk to the practice regarding access issues. NHSE to support with information.
Practice 2	88		<ul style="list-style-type: none"> Reviewed expanded metric information. Concern regarding NHS choices comment on a delayed childhood vaccination. JH reported the practice is significantly outlying with the number of outstanding childhood vaccinations (100 above other practices). All metrics red but CQC inspection gave a 'good' rating in October 2014. Practice to be asked to review the occurrence and provide assurance regarding the plan to improve the number of

			overdue immunisations.
			<ul style="list-style-type: none"> JH to email KM to arrange a meeting regarding next steps.
Practice 12	43		<ul style="list-style-type: none"> Review Meeting 4.1.2017 - no concerns,
Practice 5	40		<ul style="list-style-type: none"> Review Meeting 4.1.2017 - no concerns, discussed boundary issues with new housing development

12. Summary

NHS England Primary Care Contract Team have reviewed this report and confirmed, in writing on 15th February, that the report covers all the issues that we are aware of relating to the contract. There are no other issues relating to East Staffs practices that we are aware of.

Whilst the CCG acknowledges the fact that the individual performers data, in terms of referrals to the Professional Advisory Committee, any subsequent referrals and outcomes to the Performer List Decision Panel, is not part of the responsibilities which will transfer to the CCG post Delegated Commissioning, there is a direct collation between the performer management and the sustainability of individual General Practice.

The individual contract elements have been reviewed and the risks to the CCG have been assessed, some risks already have mitigating action plans in place others need to be developed and arrangements followed up which will be managed by the CCG Primary Care and NHS England.

The table below identifies that of the 12 practices, which have been previously highlighted as having a contract element risk, when you combined all the contract elements there are two practices which have a high risk score and three which have a medium risk score, the remaining 7 practices would be classified as low risk.

Practice	Contract	Workforce	Pop,	Rent & rates	QCQ	Vulnerable	Quality	Overall
2								
3								
4								
5								
6								
8								
10								
12								
14								
15								
16								
18								

Appendix 1

Quality Dashboard Scorecard metrics

Status	Score	Potential Action
No concerns	<10	<ul style="list-style-type: none"> Routine monitoring Sharing best practice Escalate as appropriate
Emerging concerns	10-14	<ul style="list-style-type: none"> Regular quality / performance review meetings Triangulate intelligence Risk assess significance and urgency of potential concerns / issues Continue enhanced monitoring Work with the practice proactively to understand and begin to plan future of services Consider sharing intelligence with the practice Share intelligence with contracting team Share concerns relating to individual performance with PAG/PLPD Escalate / de-escalate as appropriate
Investigation of concerns and potential resolution	15-29	<ul style="list-style-type: none"> Regular quality / performance review meetings Agree with CCG actions in response to each case Raise concerns with practice for response Deep dive into practice – desktop or through quality / contract review visit Request copy of practice improvement plan Review and quality assure practice improvement plan Support practice develop and deliver improvement plan Rapidly work with the practice to reduce / eliminate risks to service continuity Develop and implement mitigation plans should the risk of service delivery be considered unresolvable Share concerns relating to individual performance with PAG/PLPD Escalate / de-escalate as appropriate
Formal action/intervention to ensure resolution	30+	<ul style="list-style-type: none"> Support practice develop and deliver improvement plan Contractual action (remedial / breach notice) to formalise required improvement Formally seek evidence of improvement and compliance with contractual actions Quality / contract review visit to confirm completion of improvement plan Develop contingency plan to secure continuity of patient services Escalate to NMDCPG Immediately work with practice/s to resolve immediate service continuity issue Share concerns relating to individual performance with PAG/PLPD De-escalate as appropriate

Title	ESCCG Financial Plans 2017-18
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Reporting to	Governing Body
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Date of Meeting	30th March 2017
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Commissioning Lead(s)	Author(s)
	Wendy Kerr

Purpose of the Report (Please select)
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Approval <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>
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Key Points / Executive Summary

- Planning guidance issued in September 2016 required CCG's to produce 2 year activity and financial plans, combined with agreeing two year contracts with providers for the period covering April 2017 to March 2019, all 2017-19 contracts to have been signed by 23rd December 2016.
- The CCG was informed of its in-year control totals for 2017-19 which was;
 - £4.2m surplus for 2017/18
 - £2.9m surplus for 2018/19.
 Plans submitted to NHS England at the end of December 2016 and February 2017 equate back to the in-year control totals allocated for both financial years.
- This paper focuses on the 2017/18 Financial Plans, an updated position on 2018/19 will be brought to the Governing Body later in the financial year, but key to 2018/19 planning is the delivery of 2017/18.
- What the financial plans demonstrate is that in order to deliver a control total of £4.2m for 2017/18 a QIPP of c£5.6m is required, representing 3.5% of the CCG's programme allocation. The CCG has identified savings to deliver the full value and has undertaken a RAG rating assessment of the level of risk associated with each scheme. Monitoring of the delivery of the 2017/18 QIPP schemes will be under taken monthly through the Financial Recovery Programme Board, which reports into the QIPP, Finance and Performance Committee.
- Whilst recognising the value of the QIPP programme required to be delivered, achievement of the QIPP in full would result in the CCG being in an overall small surplus position by the end of 2017/18. The basis of having a high QIPP in 2017/18 is the requirement for the CCG to pay back its non-recurrent historical deficit of £4.0m (based on anticipated closing position for 2016/17) and hence why the QIPP requires £3.7m recurrent and £1.9m non recurrent. The CCG is ambitious to deliver the control totals set by NHS England and be in the position of no cumulative debt remaining.
- All Key contracts with Burton Hospital Foundation Trust, Derbyshire Hospital Foundation Trust and Staffordshire and Shropshire Mental Health Trust were agreed and signed (virtual sign off by Burton, actual contract signed 10th March) as per the National Deadline of the 23rd December 2016.
- Current plans include the impact of NHS England's Top slice of £1.8m relating to impact of changes in Specialised Services landscape and responsible commissioner, and benefits

considered to align to CCG's through the implementation of HRG4+. The majority of contracts reflect the top slice adjustments; however a level of risk still remains with regard to University Hospital North Midlands and Derby Foundation Trust. Discussions are ongoing between Host Commissioners and Trusts to resolve. There is a possibility of an element of residual risk remaining, currently indication are that this could be within the range of c£0.7k further work is still required to be undertaken to establish the final position.

- Delegated Primary Care Budget plans are included for GB approval, and have been produced in conjunction with NHS England.

Recommendations (what is expected from the Governing Body)

The Governing Body are asked to:

- **Understand** the impact of the allocations received and how the funds are proposed to be utilised in the setting of the 2017-19 financial and activity plans.
- **Recognise** that the plans demonstrate an "in year Surplus" and achievement of the Control Totals and Business Rules as set by NHS England. The CCG has submitted plans to NHS England's that equates to the control totals allocated.
- **Be Cognisant** that the CCG still has a prior year deficit of £4m pay back at the end of 2016/17. The above plans show the CCG to be in a cumulative surplus position by the end of 2017/18.
- **Recognition** of the risks that remain in particular the Specialised Services adjustments that currently remains without resolution and the potential impact on the QIPP of any upward movements in financial pressures or activity assumptions.
- **Approve** the current plans as at March 2017 (both Programme and Primary Care), recognising that further amendments will be required pending resolution of the specialised services risk.

Enclosures

Appendix One – 2017/18 QIPP Schemes and associated RAG rating.

1. Finance and Business Rules

- Individual organisations have been given control totals which will equate to the STP overall control total once all amalgamated.
- Organisations will be held accountable for delivering both their individual control totals and the overall system control total.
- The nine must do's continued and the CCG's financial plans reflect the level of funding required to achieve the required standards. Some funds will be provided by the centre for investment in improvements (Mental Health and Primary Care) some will be covered from within CCG's allocations
- Provider Sanctions continue to be suspended until April 2019 if eligible for payments from the STF.
- National PBR Tariff is set at 2.1% uplift for both 2017/18 and 2018/19, efficiency deflator - 2% in both years.
- Requirement for CCGs from existing allocations to fund £3 per head non-recurrently to be allocated to support primary care transformation, to be spent over a two year period, ESCCG has allocated £90k in 2017/18 the remaining element is incorporated within 2018/19 plans.
- Risk Reserves – CCGs required to hold 1% non-recurrent funding as in previous years but allowed to spend 50% for immediate investment to support transformation and change implied by STP's.
- Rest of business rules apply re 0.5% contingency.
- CCGs with cumulative deficit need to recover their **position rapidly** as possible **and plan for return to cumulative underspend over the spending review period.**
- Quality premium continues to be offered to CCGs – indicators streamlined but still linked to cancer, anti-microbial – blood stream infections, right care programme and mental health and continuing healthcare.
- ESCCG has been authorised to undertake delegated Primary Care Commissioning as from April 2017, it is mandated for all CCG's to take on delegation as from 2018/19.

2. ESCCG Control Total 2017-19

The CCG has been informed of its in-year control totals for 2017-19 which is;

- £4.2m surplus for 2017/18
- £2.9m surplus for 2018/19.

In terms of the CCG's position with regard to payback of cumulative deficit the position would be;

Table One – 2017-19 Position (Cumulative, with 1% NR Released in 2016/17)

Cumulative Position	£m
2016/17 Cumulative Deficit	-3.90
2017/18 In Year Surplus	4.20
2017/18 Cumulative Position	0.30
2018/19 In Year Surplus	2.90
2018/19 Cumulative Position (2% of Allocation)	3.20

If the above scenario was to occur then the CCG by 2018/19 would be delivering a 2% cumulative surplus as opposed to the planning requirements to achieve a 1% cumulative surplus.

3. Utilisation of Allocation

The Allocations table below shows the uplift received by the CCG for Commissioning Healthcare services for the population of East Staffordshire as being £3.8m, 2.49% growth, of which funding above 2.1% should be attributed to supporting CCG's cumulative outturn position.

Tables Two and Three below set out

- How the allocation has been utilised at a summary level based on delivering a £4.2m in year surplus in 2017/18.

	2017/18
East Staffordshire CCG - Source & Apps Growth (control total £4.2m)	
	£'000
Allocation Uplift (2.4%)	3,870
Must Dos	
Surplus - Additional to achieve allocated control totals (NR)	2,805
Contingency (0.5%) Reinstated	797
Funds Available	268
Cost Pressures	
Activity Growth (1.9%)	1,413
Demographic Growth (0.8%)	545
Inflation (2.1%)	1,631
Efficiency (-2.0%)	-1,452
CHC Uplift (12.0%)	1,225
Prescribing Uplift (4.5%)	967
NICE / Counting & Coding / Virgin	1,556
Total Cost Pressures	5,885
QIPP	-5,617
Identified	-5,617
Unidentified	

- How the allocation have been utilised at an expenditure level to deliver a £4.2m surplus in 2017/18

Summary Schedule of Resource and Allocation 2016/17 to 2017/18							
	PLAN 2016/17	2016/17 Forecast	NR Adjustment	Recurrent Forecast	2017/18 Plan	Movement	
	£,000	£,000	£,000	£,000	£,000	£,000	%
Recurrent Resource as at Month 7 (Excluding payback)		153,157		153,157	156,965	3,808	2.5%
Non Recurrent Allocations (Excluding payback)		703	703		-1,843		
BCF		2,488		2,488	2,550	62	2.5%
Running Costs		2,966		2,966	2,965	-1	0.0%
Total Resource		159,314	703	158,611	160,637	3,869	
Acute	100,463	99,996	517	100,513	97,942	-2,571	-2.6%
Mental Health	12,031	11,786	772	12,558	12,397	-161	-1.3%
Community	2,115	3,335	-1,014	2,321	2,780	459	19.8%
Continuing Care	9,790	10,630	0	10,630	11,505	875	8.2%
Continuing Care - Risk Pool	327	327	-427	-100	0	100	
Primary Care - Including Prescribing	23,400	23,582	-517	23,065	23,284	219	0.9%
Other Programme	1,706	877	87	964	1,109	145	15.1%
Better Care Fund	2,703	2,703		2,703	2,742	39	1.4%
Running Costs	2,966	2,966		2,966	2,965	-1	0.0%
Reserves - NICE				0	118	118	
Contingency - 0.5%				0	797	797	
Reserves - 1% NR 2016/17 and 0.5% in 2017/18	1,556	1,556	-1,556	0	798	798	
Total Expenditure	157,057	157,758	-2,138	155,620	156,437	817	
Surplus/(deficit) including enhanced tariff		1,556		2,991	4,200	2,644	
Prior year payback		-7,050			-3,938		
Cumulative Position		-5,494			262		
1% Non Recurrent Reserve released		1,556					
Net Position including Reserve		-3,938					

Table Four shows reserves re 1%/ and Contingency

Business Rules	2016/17	2017/18
	£'000	£'000
1% National Reserve	1,556	1,595
0.5% Contingency	778	798

Further reviews will be undertaken on the activity in May 2017 to compare the outturn position against those formally agreed with providers in December 2016. Any upwards movement in activity requirements would impact on the level of QIPP required to be delivered rather than an adjustment to the CCG's achievement of the Business requirements.

4. QIPP Requirements

What the financial plans demonstrate is that in order to deliver a control total of £4.2m for 2017/18 is that a QIPP of c£5.6m is required representing 3.5% of the CCG's allocation.

Current benchmarking under Right Care shows the CCG to already be in the upper decile range and hence little opportunity remains for savings to be achieved using traditional QIPP saving schemes.

The CCG has also awarded the Improving Lives contract under a fixed price agreement and hence this represents c£39m of the CCG's £160m programme allocation. Therefore any increased requirement for QIPP delivery will have to be achieved from the remaining £121m allocation, which is mainly attributable to Planned Care, Continuing Health Care and GP Prescribing. Appendix One shows 2017/18 QIPP Schemes and associated RAG ratings.

5. Risks/Key Issues:

- Management of Acute activity, Continuing Health Care and Prescribing spend being in line with plan.
- Delivery of the QIPP programme for 2017/18 – 2018/19 ensuring plans for recurrent delivery are achieved.
- Full resolution of the cost pressure arising from the transfer of Specialised Services activity and HRG4 + roll out
- It is assumed that no costs pressures will arise as a result of the Delegation of Primary Care Commissioning.
- Contract dispute outcomes.
- Increase in demand for NHS Healthcare services, arising as an indirect impact of LA spending reductions.

6. Primary Care Delegated budgets

- The CCG in conjunction with the other CCG's in Staffordshire and Stoke on Trent have undertaken a full due diligence review prior to undertaking the commitment to take on Delegation of Primary Care Commissioning. The Financial due diligence highlighted a number of financial risk; however the majority of these risk have now been resolved following dialogue with NHS England. The Budget agreed with NHS England to be delegated in 2017/18 amounts to £18,134k, £170k higher than originally advised. The budget recognises the impact of the GP Contract negotiations for 2017-18, and includes CQC, Indemnity cover, contract uplifts and Enhanced Services price increases and changes. The Primary Care Commissioning budget does not currently form part of the CCG's submitted plans but will be amalgamated as part of the reporting process from April 2017. As per discussions with NHS England the 1% non-recurrent reserve will be offset against the negative £170k currently shown within the QIPP programme once the allocation transfers from NHS England.

Primary Care Delegated Budgets 2017/18	
	£,000
Enhanced Services	557
General Practice GMS	11,027
General Practice PMS	2,144
Other GP Services	387
Premise Costs	1,265
QOF	1,700
Prescribing/Dispensing Doctors	785
Reserve/Contingency	269
Total	18,134

The CCG has a commitment and a Memorandum of Understanding with NHS England with regard to a few areas that remain to be resolved, in particular General Practices Rent Reviews pre April 2017 and Prop-co charges relating to the management of GP Premises. These areas will be worked on with North Midlands DCO and the CCG during 2017/18 and if the outcome has any impact on the delegated financial budgets then the appropriate amendment will be made by NHS England to ensure the CCG does not inherit any financial risk relating to these issues.

The Budget delegated does not include funding for Primary Care Winter Schemes, expenditure required to support 2017/18 will be made available non recurrently by NHS England, following the same process as in prior years. The value being ring fenced for winter for ESCCG is £350k, and will be subject to final approval from the Head of Primary Care NHS England through the Direct Commissioning Performance Group. Release of funds will be based on:

- The CCG drawing up schemes to improve urgent access in primary care and reducing the impact on secondary care activity.
- A robust performance management approach to evaluate and evidence the improvement and effectiveness achieved with the additional funding.
- Assurance that there is no double funding to General Practices via other funding streams.

Recommendations

The Governing Body are asked to:

- **Understand** the impact of the allocations received and how the funds are proposed to be utilised in the setting of the 2017-19 financial and activity plans.
- **Recognise** that the plans demonstrate an “in year Surplus” and achievement of the Control Totals and Business Rules as set by NHS England. The CCG has submitted plans to NHS England’s that equates to the control totals allocated.
- **Be Cognisant** that the CCG still has a prior year deficit of £4m pay back at the end of 2016/17. The above plans show the CCG to be in a cumulative surplus position by the end of 2017/18.
- **Recognition** of the risks that remain in particular the Specialised Services adjustments that currently remains without resolution and the potential impact on the QIPP of any upward movements in financial pressures or activity assumptions.
- **Approve** the current plans as at March 2017 (both Programme and Primary Care), recognising that further amendments will be required pending resolution of the specialised services risk.

Appendix One

<u>QIPP Scheme 2017/18</u>	<u>2017/18</u>	<u>Rec /</u>	<u>RAG</u>
	<u>£,000</u>	<u>NR</u>	<u>Rating</u>
<u>Transactional</u>	-	-	
<u>SSOTP - Adult Weight Management</u>	<u>-37</u>	<u>Rec</u>	
<u>SSOTP - Chronic Pain Management</u>	<u>-85</u>	<u>Rec</u>	
<u>Patient Transport</u>	<u>-61</u>	<u>Rec</u>	
<u>Medicines Management</u>	<u>-410</u>	<u>Rec</u>	
<u>POLCV</u>	<u>-400</u>	<u>Rec</u>	
<u>CHC</u>	<u>-250</u>	<u>Rec</u>	
<u>Coding & Counting - Burton (Acute Transactions Review)</u>	<u>-391</u>	<u>Rec</u>	
<u>Transformational</u>	-	-	
<u>First Outpatients</u>	<u>-356</u>	<u>Rec</u>	
<u>First to Follow-ups</u>	<u>-349</u>	<u>Rec</u>	
<u>STP Burton - £ for £ (STP Transformation)</u>	<u>-800</u>	<u>Rec</u>	
<u>Sub Total - Original Schemes</u>	<u>-3,139</u>	-	
<u>Additional Solutions - Transactional</u>	-	-	
<u>Activity Reduction Burton / Nuffield</u>	<u>-400</u>	<u>NR</u>	
<u>LA – JCU (LA Expenditure Review)</u>	<u>-50</u>	<u>Rec</u>	
<u>LA - S256 Cross Subsidy Elimination (LA S256 Expenditure Review)</u>	<u>-300</u>	<u>Rec</u>	
<u>SSSFT (SSSFT Stretch Target)</u>	<u>-230</u>	<u>Rec</u>	
<u>Balance Sheet Review</u>	<u>-200</u>	<u>NR</u>	
<u>Primary Care £3 Per Head - Deferred</u>	<u>-200</u>	<u>NR</u>	
<u>Budget Line Review</u>	<u>-500</u>	<u>NR</u>	
<u>Parity Of Esteem</u>	<u>-150</u>	<u>NR</u>	
<u>STP - Withdrawal Contributions</u>	<u>-150</u>	<u>NR</u>	
<u>Primary Care 1% NR Utilisation</u>	<u>-170</u>	<u>NR</u>	
<u>Sub Total - Additional Solutions</u>	<u>-2,350</u>	-	
<u>Unidentified</u>	-	<u>NR</u>	
<u>Total</u>	<u>-5489</u>	-	

Title	ESCCG Performance Trajectories 2017–19
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Wendy Kerr	Paul Winter

Purpose of the Report (Please select)		
Approval	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>

Key Points / Executive Summary
<p>In line with national guidance issued in September 2016, each CCG has to produce a set of performance trajectories as part of the planning requirement covering the 2017-19 period. A formal trajectory was required to be submitted and agreed with NHS England (NHSE) for each of the nationally-determined priorities in the tables below. These cover in part the nine 'Must Do's' for 2017-19, as further set out within the CCG's Operational Plan.</p> <p>The CCG's submitted trajectories for the planning period are appended to this coversheet for Governing Body awareness-raising and scrutiny purposes. The trajectories have already been approved by NHS England, who identified no areas to be changed regarding the proposals during the plans validation work that occurred prior to Christmas.</p> <p>Full copies of the trajectories are available upon request – showing individual months and cumulative planning rates as noted within the tables appended to this report (these provide the cumulative target rate for each measure, rather than list every month individually – presented in this way to keep the paper succinct and relevant to the Governing Body's requirements).</p>

Recommendations (what is expected from the Governing Body)
<p>The Governing Body is requested to note the contents of the embedded overview summary report on the NHSE trajectories, and be assured that these are fit-for-purpose in meeting national planning requirements.</p>

Enclosures
None

APPENDIX – East Staffs CCG 2017-19 Planning Trajectories

Planning Measure	Target	ESCCG Plan
Referral To Treatment (RTT) Incomplete Pathways <18 Weeks	92%	Plans = at the suggested CSU-wide RTT <i>Upper Quartile</i> rate of 93.4%, achieving this cumulatively across 17/18 & 18/19 with monthly variation in the 2-year trajectory period to reflect seasonality; +3.9% growth applied c/o CCG Elective Activity Plans 17/18 & 18/19.
Diagnostic Waits >6 Weeks	1%	Plans = just above the CSU-wide <i>Median</i> rate of 0.7% (Upper Quartile of 0.3% deemed too challenging given our past performance), set as 0.8% for the cumulative annual 17/18 & 18/19 rates with monthly variation in the 2-year trajectory period to reflect seasonality; +2.4% & +2.2% growth applied to 17/18 & 18/19 c/o CCG Elective Activity Plans.
Cancer 2 Week Waits (all)	93%	Plans = at the CSU-wide <i>Upper Quartile</i> rate of 95.4%, achieving cumulatively 95.3% across 17/18, 95.4% across 18/19, with variable monthly achievement ranges over these, phasing performance as per 15/16 actual monthly rates; +5% growth applied to 17/18 & 18/19 to reflect actual average growths in 2ww denominators p.a. since 13/14.
Cancer 2 Week Waits (breast symptoms)	93%	Plans = just below the CSU-wide <i>Median</i> rate of 94.7%, achieving cumulatively 94.4% across 17/18 & 18/19, with variable monthly achievement ranges over these, phasing performance as per 15/16 actual monthly rates; +1.5% growth applied to 17/18 & 18/19 to reflect actual average growths in 2ww denominators p.a. since 13/14.
Cancer 1 Month Waits: 1st treatments (all)	96%	Plans = just below the CSU-wide <i>Median</i> rate of 97.9%, achieving cumulatively 97.1% across 17/18, 97.4% across 18/19, with variable monthly achievement ranges over these, phasing performance as per 15/16 actual monthly rates; +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
Cancer 1 Month Waits: (surgery)	94%	Plans = above the CSU-wide <i>Upper Decile</i> rate of 98.5%, achieving cumulatively 100% across 17/18 & 18/19 and each month within these years – the % rate was set a result of low ESCCG numerators + denominators not allowing anything other than 100% or planned non-delivery of the target (unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
Cancer 1 Month Waits: (drugs)	98%	Plans = at the CSU-wide <i>Upper Decile</i> rate of 100%, achieving cumulatively 100% across 17/18 & 18/19 and each month within these years – the % rate was set a result of low ESCCG numerators + denominators not allowing anything other than 100% or planned non-delivery of the target (unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
Cancer 1 Month Waits: (radiotherapy)	94%	Plans = above the CSU-wide <i>Upper Decile</i> rate of 99.6%, achieving cumulatively 100% across 17/18 & 18/19 and each month within these years – the % rate was set a result of low ESCCG numerators + denominators not allowing anything other than 100% or planned non-delivery of the target (unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
Cancer 2 Month Waits: (urgent GP referral to treatment)	85%	Plans = at the CSU-wide <i>Upper Decile</i> rate of 86.6%, achieving this cumulatively across 17/18 & 18/19, with variable monthly achievement rates ranging over these, phasing performance as per 15/16 actual monthly rates; ESCCG numerators + denominators did not allow anything other than upper decile or planned non-delivery of the target (unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 62d denominators p.a. since 13/14.

Planning Measure	Target	ESCCG Plan
Cancer 2 Month Waits: (screening service referrals)	90%	Plans = at the CSU-wide <i>Upper Decile</i> rate of 100%, achieving cumulatively 100% across 17/18 & 18/19 and each month within these years, as a result of low ESCCG numerators + denominators (not allowing anything other than 100% or planned or planned non-delivery of the target – unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
Cancer 2 Month Waits: (consultant decision to upgrade patient priority)	n/a	Plans = at the CSU-wide <i>Upper Decile</i> rate of 100%, achieving cumulatively 100% across 17/18 & 18/19 and each month within these years, as a result of low ESCCG numerators + denominators (not allowing anything other than 100% or planned or planned non-delivery of the target – unacceptable to NHSE); +3% growth applied to 17/18 & 18/19 to reflect actual average growths in 31d denominators p.a. since 13/14.
A&E 4 Hour Waits (plans set as Lead CCG for Burton Hospitals FT)	95%	Plans maintain 95% minimum achievement over both years, as NHSE guidance dictated we can only have the first few months of 17/18 maximum to close the gap between Burton's Mar-17 STF trajectory milestone (that is sub-95%) and achievement of 95%: all CCGs & Trusts must not plan for sustained failure; +0.3% growth applied to 17/18 + 18/19 from ESCCG A&E Activity Plans.
Dementia Diagnosis Rate	66.7%	Plans maintain CCG historic performance, achieving 66.8% in 17/18 & 67.3% in 18/19; however these plans were set <u>before</u> NHSE subsequently confirmed a national change in the way this is to be calculated (i.e. from 01.04.17 NHSE will calculate diagnosis rates based on GP-registered populations not resident-responsible populations, which artificially drops ESCCG's aggregated performance to below the 66.7% target, making this more stretching than was initially envisaged).
IAPT Roll-out (quarterly access rates)	4.2% + 4.75%	Plans use 15/16 prevalence c/o 2010 Adult Psychiatric Morbidity Survey: APMS, with +2% demographic growth to meet NHSE guidance, achieving 17.4% in 17/18 (range = 4.2% in Q1 to 4.5% in Q4) & 19.6% in 18/19 (range = 4.8% in Q1 to 5% in Q4) against the minimum expected 16.8% & 19%; however these plans are expected to be amended when NHSE releases the 2016 APMS at CCG level, which suggested nationally a significant increase in anxiety / depression prevalence of +24.5%, which would significantly impact on our denominator.
IAPT Recovery Rate	50%	Plans use 16/17 activity as a baseline with +2% demographic growth c/o QOF prevalence to meet NHSE guidance and achieve 50.8% in 17/18 (range = 50.2% in Q1 to 51.6% in Q4) & 52.1% in 18/19 (range = 51.6% in Q1 to 52.5% in Q4) against the minimum expected 50%.
IAPT Waiting Times <6 weeks	75%	Plans use 16/17 activity as a baseline with +2% demographic growth c/o QOF prevalence to meet NHSE guidance and achieve 95.3% in 17/18 (range = 95.2% in Q1 to 95.5% in Q4) & 75.7% in 18/19 (range = 75.5% in Q1 to 75.9% in Q4) against the minimum expected 75%.
IAPT Waiting Times <18 weeks	95%	Plans use 16/17 activity as a baseline with +2% demographic growth c/o QOF prevalence to meet NHSE guidance and achieve 75.2% in 17/18 (range = 75.1% in Q1 to 75.4% in Q4) & 95.8% in 18/19 (range = 95.6% in Q1 to 96.1% in Q4) against the minimum expected 95%.
Early Episode of Psychosis treated <2 weeks of referral	50%	Plans use 16/17 activity / performance as a baseline to meet NHSE guidance and achieve 68.8% in 17/18 (50% in Q1 to 75% in Q4) & 75% in 18/19 (75% each quarter) against the minimum expected 50%: the stretch above target is realistic as ESCCG performance YTD in 16/17 is 91%.
Improved Access to Children's & Young People's Mental Health	30%	Plans must show a quarterly increase in numbers in treatment between Q1 17/18 and Q4 18/19 (ours show 133 rising to 145); they must also show a year-on-year increase (ours show +7.2% on 16/17 for 17/18 and +7.3% on 17/18 for 18/19); and an increase in the rate receiving community services over 16/17 baseline of 40.9% (ours show 41.4%, 17/18 & 41.9%, 18/19).

Planning Measure	Target	ESCCG Plan
E-Referral Coverage	80% + 100%	Plans must meet NHSE target rates by September of each planning year – i.e. 80% in Sep-17 & 100% in Sep-18; our plans cumulatively show 75.6% in 17/18 (rising from 50% to 92% in 12 months) and 98% in 18/19 (rising from 92% to 100% in 12 months).
Personal Health Budgets (PHBs)	Between 40 / 55 per 100k	Plans must show an increase in PHBs over a year: our PHB numbers plan for rising from 30 in Q1 to 75 in Q4 17/18, and in 18/19, rising from 85 in Q1 to 110 in Q4; our resultant rates per 100,000 population increase from 21.42 to 53.56 and from 60.3 to 78.04 in these same periods (there must be between 100 / 200 per 100k by 2021).
Children waiting more than 18 Weeks for a Wheelchair	92% + 100%	Plans achieve 93.9% & 96% cumulatively, rising from 93.3% in Q1 to 94.4% in Q4 17/18 and 94.4% to 100% 18/19 respectively, as a result of using low 16/17 actual CCG numerators + denominators as a baseline that do not allow anything other than these rates or planned non-delivery of the mandatory target rates.
Extended Access at GP Services (evenings + weekends)	100% by 2020	Plans achieve 0% in 17/18 owing to agreement with NHSE on delaying the payments to Practices until 18/19 as part of the CCG's very challenging QIPP targets; then rising from 50% (9 out of 18 practices) in Month 1-6 to 100% in Month 7-12 (18 out of 18) for 18/19.

CCG Activity Plans	n/a	<p>[See table below]</p> <p>All plans were agreed with our DCO as being within NHSE's expectations (no growth assumptions were set nationally, but Midlands & East Region took a line of expecting activity to be within achievable / realistic levels to meet underlying demographic trends and QIPP, meaning that large deductions in activity without agreed contracts in place signing these off were not generally permissible. <u>NOTE</u>: Elective and Non-Elective activity numbers will change shortly after the Governing Body meeting to meet a new NHSE requirement – although the actual planned growth rates will remain as stated in the table below.</p>
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Code	Activity Line	17/18 Annual Plan	18/19 Annual Plan	Forecast Growth from CCG Supplied 16/17 FOT to 17/18 Plan*	17/18 to 18/19 Forecast Growth
E.M.7	Total Referrals (General and Acute)	43,880	44,091	0.6%	0.5%
E.M.7a	Total GP Referrals (General and Acute)	25,826	25,950	0.6%	0.5%
E.M.7b	Total Other Referrals (General and Acute)	18,054	18,141	0.6%	0.5%
E.M.8	Consultant Led First Outpatient Attendances	34,989	35,058	0.3%	0.2%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	67,791	68,427	0.9%	0.9%
E.M.10	Total Elective Admissions	14,332	14,227	-0.8%	-0.7%
E.M.11	Total Non-Elective Admissions	14,856	14,925	0.3%	0.5%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	41,365	41,497	0.3%	0.3%
E.M.18	Number of Completed Admitted RTT Pathways	11,412	11,581	29.5%	1.5%
E.M.19	Number of Completed Non-Admitted RTT Pathways	25,259	25,309	32.9%	0.2%
E.M.20	Number of New RTT Pathways (Clockstarts)	36,711	37,249	2.4%	1.5%
E.J.3	Number of specific acute bed days relating to hospital pro	57,856	57,278	-1.0%	-1.0%

NOTE:

The large growths in 17/18 Completed RTT Pathways over 16/17 levels reported above for EM18 & EM19 does not represent an issue in terms of affordability to the CCG. This is a technical adjustment, reflecting the change in Burton Hospitals FT 18 weeks data between the old v5 IT system and the new v6 system, which better incorporated national rules on RTT coding (as per the Dept. of Health "RTT Rules Suite"). Burton reported a large number of 18 week pathways that previously were not categorised as such, but were still genuine elective treatments paid for under PbR. It is just that these did not appear in their national RTT returns and were felt necessary to be included locally for improved 17/18 monitoring purposes.

Title	Quality Report
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Reporting to	Governing Body
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Date of Meeting	Thursday 30th March 2017
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Director Lead(s)	Author(s)
Heather Johnstone	Debbie Vucetic

Purpose of the Report (Please select)		
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Approval	Assurance ✓	Discussion
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Key Points / Executive Summary

This report is intended to provide the Governing Body with assurance in respect of the on-going monitoring of quality and safety with all key providers. This assurance is obtained as a result of day to day quality and safety monitoring and regular interaction with providers. Key quality information is routinely reported to the Joint Quality Committee which meets on a monthly basis to review in detail all information and data available in respect of commissioned services.

The Governing Body will note that some Providers reviewed at February and/or the March Joint Quality Committee have received partial assurance for safety, the Governing Body are advised of specific actions being taken with each relevant provider in respect of this as follows:

Burton Hospitals NHS Foundation Trust

Members of the JQC awarded partial assurance for safety in February and March due to the failing 62 day cancer performance; the never events relating to ophthalmology services; and the issues with neurology. It should be noted that the level of assurance for safety at the February JQC was 7 out of a possible 10; and decreased to 6 out of a possible 10 in March, both leading to partial assurance for safety.

Derby Teaching Hospital NHS Foundation Trust

Derby and the Lead Commissioner SDCCG have assured their CQRM that the contract 2016/17 will provide a more timely production of data which will include the "so what factor" which has been evidently missing from CQRM reporting. Until such time as this additional data is received members did not feel sufficiently assured to agree full assurance regarding safety.

Virgin Care Improving Lives (VCIL)

JQC received information and assurance in respect of community services but the Prime Contractor role does not provide assurance due to the lack of separate and specific acute provider data (BHFT and DTHFT) relating to ESCCG patients. Work is on-going with VCIL and Providers to address this issue.

Recommendations (what is expected from the Governing Body)

The CCG Governing Body is asked to:

- Understand the detail in this report and **take assurance** from the contents and the continuing work to improve quality and patient safety monitoring in the CCG which is brought together through the work of the Joint Quality Committee.

- **Take assurance** that a detailed assessment of quality and safety has been undertaken for each provider and that levels of assurance were agreed as outlined in the report body with risks and mitigations being identified as appropriate.
- In addition and if considered necessary, members of the Governing Body are invited to **suggest** any further actions they would like to see in respect of any of the issues raised within the report.

Enclosures

- Quality Report March 2017

East Staffordshire Clinical Commissioning Group

Governing Body Quality report – This report is produced for the March 2017 Governing Body for East Staffordshire CCG. The report contains data from December 2016 and January 2017 which was reported to the February and March 2017 Joint Quality Committee.

Please note: Governing Body are asked to note not all Providers are reported at JQC on a monthly basis, this is reflected in the report.

CCG Name: East Staffordshire CCG

Date of meeting: 31st March 2017

Author: Debbie Vucetic

At each meeting of the Committee the Core Members and Expert Representatives are asked to consider their assessment of each of the providers' service provision in terms of quality and safety, compare this to the agreed assurance level descriptions and declare a numerical score for safety and a numerical score for quality (0 - 1 being Not Assured, 2 – 4 being Limited Assurance, 5 – 7 being Partial Assurance and 8 - 10 being Full Assurance), the average of these scores is then taken to provide overall scores for quality and safety for each provider. The recorded overall assurance scores from the Committee meetings held in February and March 2017 are shown below. Please note in respect of the VCIL Contract, the score was reached based on the amalgamation of scores from the Community Services element of the Virgin Care Improving Lives Contract and those services included in the prime contractor contract. Virgin Care community services were rated as fully assured; however, for the prime contractor aspects of the Virgin Contract the assurance levels for other providers are included and these impact upon the rating overall.

February 2017

Provider organisation	Overall assurance for safety	Overall assurance for quality
Burton Hospitals NHS Foundation Trust	7 - Partial Assurance	7 - Partial Assurance
Derby Hospitals NHS Foundation Trust	Report not due	Report not due
Virgin Care Improving Lives*	6 - Partial Assurance	7 - Partial Assurance
South Staffordshire and Shropshire NHS Foundation Trust	Report not due	Report not due
WMAS	8 - Full Assurance	7 - Partial Assurance
NHS 111 (Staffordshire Doctors Urgent Care)	Report not due	Report not due
EZEC (Formally NSL)	Report not due	Report not due
Barton Community Hospital	Report not due	Report not due

March 2017

Provider organisation	Overall assurance for safety	Overall assurance for quality
Burton Hospitals NHS Foundation Trust	6 - Partial Assurance	7 - Partial Assurance
Derby Hospitals NHS Foundation Trust	6 - Partial Assurance	5 - Partial Assurance
Virgin Care - Improving Lives*	6 - Partial Assurance	7 - Partial Assurance
South Staffordshire and Shropshire NHS Foundation Trust	8 - Full Assurance	8 - Full Assurance
WMAS	Not scored – CQRM papers delayed	Not scored – CQRM papers delayed
NHS 111 (Staffordshire Doctors Urgent Care)	8 - Full Assurance	8 – Full Assurance
EZEC (formally NSL)	Report not due	Report not due
Barton Community Hospital	Report not due	Report not due

Cancer Performance

Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery (Target 94%): November 2016 performance = 83.3% This equated to two patient breaches. No harm reported. Performance recovered to 100% in January.

Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer (Target 85%): Performance in November 2016 = 60.2%. This equated to 22 breaches in total during November 2016, no known harm reported to those who are being treated at BHFT. Performance increased to 72.6% in December which equated to 13 breaches patients, which are either still under review at BHFT or treated at a tertiary centre, therefore not known if any harm came to the patients.

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 (Target 93%): Performance in December = 91.4% (Overall Q3 performance = 95.3%).

This affected 8 patients who all had an earlier appointment within target time but was cancelled by the patient. The Trust reports no harm to any of the women who breached.

Percentage of Service Users waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the Service User (all cancers)(Target 95%): November 2016 performance = 66.7%. This was due to one breach. No harm reported. December performance = 50% which equated to one patient breaching who had a complex pathway.

Dashboard Breaches

Zero Tolerance Referral to treatment Times (RTT) waits over 52 Weeks for incomplete pathway: One reported in December 2016. This arose due to ambiguity in a consultant clinic letter. No harm arose and the patient was offered surgery within 48 hours, however the patient chose to have operation at a later date. No breaches reported in January.

Quality Stroke Services, % of people at high risk of Stroke who experience a TIA who are assessed + treated < 24 hours (target 60%): performance in December 2016 = 55%. All patients are seen in clinic within 24 hours however BHFT had insufficient carotid ultrasound slots in the time needed.

Action: This will be monitored by the CQRM and by the performance team.

Performance improved in January to 60%.

Stroke Services % of people who spend at least 90% of their time on a stroke unit (Target 80%): Performance in January 2017 = 78%. The Trust report this was attributable to an increasing number of admissions from 30 to 51 causing an increased demand for beds.

Never Events: 3 were reported in January 2017 all of which have been reported as Wrong Site Surgery. One occurred in orthopaedics, whereby a patient had a procedure started on the wrong finger; soon after commencing surgery the surgeon realised the error, and operated on the consented site.

Action: A full investigation is underway.

The other 2 occurred in Ophthalmology to the same patient on different dates, and in both cases the incorrect lens was fitted. The patient was referred to another provider for corrective surgery.

Action: As a result of the Ophthalmology Never Events, BHFT have appointed an external Consultant from Moorfields Eye Hospital NHS Foundation Trust is to undertake an independent full review of Ophthalmic services being delivered by the Trust. The review has already commenced, and it is anticipated the first draft will be shared with BHFT in July 2017.

	<p>Serious incidents: 7 serious incidents reported in December 2016. One of which was a grade 3 pressure ulcer for a Virgin Care Improving Lives (VCIL) patient. The other 6 SIs were 1 x grade 3 pressure Ulcer; Slips/trip/falls x 3; and 2 x treatment delay. In January 7 serious incidents reported; one of which was a diagnostic Incident for a Virgin Care Improving Lives patient. The other 6 SIs were 1 x grade 3 pressure Ulcer (escalation from a Critical Incident); 1 x of a deteriorating patient (escalation from a critical incident); 1 x Diagnostic Incident (escalation from a Critical Incident); 1 x Suboptimal Care of a deteriorating Patient; 1 x Treatment delay; 1 x Surgical/invasive Procedure.</p> <p><i>Action: All Serious incidents are subject to an investigation, and themes and trends monitored at the CCG SI group. The numbers of serious incidents are reducing, and the quality of the investigations is improving. Actions to improve the SI process are in place at the Trust and are incorporated in to the wider CQC action plan.</i></p> <p>Internal safety Incidents (formally termed Critical Incidents): 11 reported in December 2016 (inclusive of VCIL): Slip/trips/falls x 4 (1 of which is a VCIL patient); Medical equipment/devises x 1 (VCIL patient); Medication incident x1; Surgical / invasive Procedure x 1; Pressure Ulcers x 1; Venous Thrombolytic Embolism x 1; Diagnostic Incident x 2 (one of which is a VCIL patient).</p> <p>In January 11 (inclusive of 4 for VCIL): Slip/trips/falls x 1 (Virgin Care patient); Suboptimal Care of a deteriorating patient x 1 (Virgin Care patient); Treatment Delay; x 1; Medical equipment/devises x 1; Surgical / invasive Procedure x 1; Pressure Ulcers x 5 (2 of which are Virgin Care patients); Diagnostic Incident x 1</p> <p><i>Action: All internal Safety Incidents are subject to an internal investigation and if found there were omissions in care they are escalated to a serious Incident.</i></p> <p>Patient safety incidents: The number of patient safety Incidents reported in December 2016 = 559, a reduction from 628 in November 2016. The top five themes were fall/accident (79). Pressure Ulcers (76); documentation (52); Medication/biologics/fluids (47); Diagnostic Procedures (41).</p> <p>641 reported in January 2017, an increase from 559 in December 2016. The top five themes were Pressure Ulcers (100); fall/accident (79); Diagnostic Procedures (54); Medication/biologics/fluids (50); communication (47).</p> <p><i>Action: Patient safety incidents are monitored at the CQRM.</i></p> <p>Mortality data: The latest mortality data shows:</p> <ul style="list-style-type: none"> • A HSMR (HED) Rolling 12 months of December 2015 – November 2016 (latest available) = 109 • HSMR November 2016 (latest data available) = 107 <p>The Trust report that since the introduction of the HED system, monitoring of HSMR has become clearer and more accurate. The minutes of the mortality review group were discussed at the CQRM, as weekend mortality according to the minutes identify both SHMI and HSMR to be higher at the weekend. The Trust is putting plans in place to improve the monitoring of this. The timeframe for this work has is not yet know.</p> <p>In respect of the SHMI data which covers July 2015 to June 2016, this shows BHFT is within the expected range and not a cause for concern. Out of the 45 Trusts which are been bench marked Guys and St Thomas NHS Foundation Trust has the lowest Mortality, and Burton Hospital NHS Foundation Trust is in 16th place behind Guys and St. Thomas NHS Foundation Trust.</p>
Effectiveness	<p>A&E waiting times: 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 Target 95%. Performance in December 2016 = 87.2%. Performance improved slightly to 87.2% in January.</p> <p><i>Action: A Remedial Action Plan (RAP) is in place.</i></p> <p>BHFT are in the top 25% of providers in respect of A&E performance and NHSE are encouraged by the data over the</p>

	recent weeks/the month of February.
Patient experience	<p>Eliminating Mixed Sex Accommodation: 11 reported in December 2016 and in January in Critical Care when the Trust was at escalation levels of 3 – 4. No patient complaints have been received in respect of these breaches. <i>Action: The Eliminating Mixed Breach Accommodation Policy which was written by the Trust with input from the Chief Nurse at ESCCG has been recognised Nationally by NHSE, and is to be the adopted Nationally.</i></p> <p>Patient experience: In December 2016 the overall patient experience score remained green at 95%, with an increase to 97% in January. <i>Actions: The Matrons discuss the scores at their ward meetings, and actions are put in place to address area of concern.</i></p> <p>Patient experience in relation to Discharge This is no longer a question on the patient experience questionnaire, and this action has been questioned at the Joint Quality committee. <i>Actions The Trust reports no plans to reintroduce the question. Historically the issues around discharge are delays in medications being available which they are cited on and issues around transport. The Trust Chief Nurse reported at the CQRM that consideration needs to be given to the quantity and throughput of patients through departments, noting minimal complaints, adding that if there was an issue around discharge the Trust would make commissioners aware. Work around discharge initiatives would give the Trust an opportunity to showcase the work around discharge. The Trust is trialling projects around certain wards with pharmacy technicians, which would be presented to the CQRM in a report at a later date. A full staffing review is currently being undertaken in order to address discharge, looking at potential further employment of discharge nurses. The Trust gave full assurance to members that if there were any major concerns or issues associated with discharge this would be escalated via the Trust and to Commissioners</i></p> <p>Friends and Family test: Overall Emergency Care scores dipped in December, in particular the A&E FFT score reduced to 78.1%, but increased in January to 86.21%. The comments made mainly related to waiting times, staff attitudes and treatment received. <i>Actions: All Senior Sisters and department managers are able to have access to Meridian to look at their scores and comments; to identify where improvements can be made; and to read the positive comments made by patients and share them with staff. In respect of compliments the emergency department received 7 in December 8 in January.</i></p> <p>Complaints: During December 2016, 12 formal complaints were received, which is a decrease from 21 in November 2016. In January 15 complaints were received. The dominant complaint categories continue to relate to clinical treatment, communication, and patient care issues of which all are reflected across the three clinical divisions.</p> <p>PALs Contacts: The total number of PALs contacts received in December 2016 = 273, a reduction of 83 since November 2016. The top issues raised in December 2016 were: providing information/feedback (102); informal resolution (75); Compliments (65); request for advice/information (50); support needed (11). The total number of PALs contacts received in January = 264, a reduction of 9 since December. The top issues: Informal resolution (94); request for advice/information (81); providing information/feedback (53); Compliments (24); support needed (12). <i>Action: The issue causing the most PALs enquiries is consistently related to car parking; car parking will always be a contentious issue and has been discussed at CQRM, but the Trust has no plans to stop charging for car parking.</i></p>
Regulatory / external bodies	<p>NHS Improvement, National Reporting and Learning System (Part of NHS Improvement) & Care Quality Commission (inspectorate): No update from the November 2016 Report.</p>
Summary of emerging themes and trends	<p>Complaints in respect of services at BHFT have decreased, patient experience remains green, and the Trust is taking actions on issues. The internal management of the serious incident process continues to improve, & the number of serious</p>

incidents is reducing, Areas where work is taking place to improve the patient journey:

- Cancer Performance 62 day wait:** The Trust report no harm has come to any patient as a result of these breaches.
Actions: Remedial action Plan in place. The Trust anticipates compliance with this target by March 2017.
- Neurology services:** A Contract Performance Notice was issued on 13th October 2016 following notification of the suspension of Neurology service provision from 1st July 2016. Weekly teleconference calls between ESCCG, BHFT and VCIL to seek resolution. Derby Hospital ceased accepting new referrals from 6th March 2017. Derby reported a significant increase in referrals to neurology in the first 8 months of the year which equates to a 26% increase year on year, and does not have the capacity to deal with this level of demand. Derby Hospital identified the additional activity is mainly driven by the lack of services at BHFT, and have therefore now closed to referrals from out of area patients (ESCCG counts as being out of area).
 Notice has been served by University Hospital North Midlands (UHNM) from 1st June 2017. The neurology service currently offered by UHNM sees patients who the GP refers for an urgent follow up appointment, and also sees those patients who attend BHFT ED with first neurological episodes such as seizures.
Actions: Weekly conference calls taking place between BHFT, ESCCG and Virgin Care Services to seek a resolution. An urgent meeting was held on Monday 6th March with Executive Directors from BHFT, ESCCG and Virgin Care to seek resolution to the lack of neurology provision at BHFT. NHSE are aware of the situation and on-going discussions are taking place with NHSE.
- Ophthalmology:** Patients continue (though reduced this month) to raise PALs enquiries in respect of Ophthalmology services at BHFT.
Actions: In January 2017 2 x never events were reported in Ophthalmology and as a result an external Consultant is to undertake an independent full review of Ophthalmic services being delivered by the Trust to address the long standing themes.
- Accident and Emergency 4 hour Performance:** *Actions: The CPN will remain in place until performance has achieved the target for two consecutive months. The Accident and Emergency recovery is supported by the Staffordshire A&E Delivery Board. The Trust report no harm has come to patients as a result of these breaches.*

Risks and mitigations

Risk	Mitigation
Historic 52 week breaches in Ophthalmology, and increasing complaints/PALS enquiries regarding appointment issues in Ophthalmology; One never event in November 2016, two never events in January 2017.	External Consultant from Moorfields Eye hospital has commenced an independent full review of Ophthalmic services being delivered by the Trust.

Serious Incident reporting and quality of the submitted Root cause analyses being submitted by the provider	Contract performance notice submitted. The Trust has added actions from the external review to their central action plan. Until all actions are complete the Contract performance notice and remedial action plan will remain in place.
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: Target = 95%,	The RAP has been signed off by NHSE as being appropriate, and all actions are on track or being delivered. The Accident and Emergency recovery is supported by the Staffordshire A&E Delivery Board.
Neurology Services: Current lack of provision for New patients and those Patients awaiting a follow up appointment	The Provider is seeking to secure additional sessions from Consultant neurologists from across the health economy. Actions are being taken by the Commissioners to assist in getting these patients reviewed. NHSE are involved in seeking a resolution

Safety

Cancer Breaches (October and November)

31 day subsequent treatment – surgery - Target 94%: Performance = 95.35% in October and 91.11 % in November 2016.

Action: The CCG locality has been requested.

Cancer 62 day Standard - Target 85%: In November the achievement = 72.79%, a reduction of 10% compared to the October when performance = 82.97%.

Actions: A full Root Cause Analysis of each breach is undertaken supported by clinicians from the relevant multi-disciplinary team. The RCA looks to identify the cause of the breach, any harm which may have occurred, and where avoidable the lessons can be identified. To date, no harm has been identified to any of the patients. A remedial action plan is in place and currently monitored by the Lead Commissioners and NHS England. It is anticipated that the trajectory will meet the monthly target.

Dashboard Breaches (November and December)

Total time in ED seen within 4 Hours - Target 95%: During November, the lowest attendances in the Emergency Department [ED] in one 24 hour period were 331 and the highest 455. There were 9 days when attendances exceeded 400 within a 24 hour period. The average attendance was 386, 1 below the average day compared to November 2015. The main issues are related to bed occupancy pressures and staffing level issues within ED. The achievement for these months is consistent with the preceding 12 months, where the target had not been achieved during 2016.

During December, the lowest attendances in the ED in one 24 hour period were 312 and the highest 444. There were 10 days when attendances exceeded 400 in a 24 hour period. The average attendance was 385, 13 above the average day compared to December 2015.

Actions: The implementation of the workforce plan continues; however, it was felt that the introduction of the Lorenzo computer system on 16 November 2016 did have a negative impact. This has been paused whilst the identified issues are resolved. Assessments are carried out at regular intervals to ensure the patients are safe and comfortable.

Trolley waits over 12 hours: There was 1 breach in November and 3 in December which all resulted in delays obtaining access to mental health beds within mental health organisations.

Action: A recent review of all the 12 hour trolley breaches since April 2016 has been undertaken taken by the Lead Commissioners and NHS England. Feedback from this review is awaited.

MRSA screening planned admissions - Target 97%: In November the achievement was 74.51% and 74.61% in December.

MRSA screening for unplanned admissions - Target 95%: In November the achievement was 83.57% and 83.54% in December.

Actions: The Lead Commissioners are assured by the Providers explanation of data recording issues around MRSA screening and progress updates are requested at monthly Quality Assurance Meetings [QAG].

TIA treated within 24 hours - Target 60%: In November the achievement was 59.38% and 51.06% in December.

Actions: The following actions have been jointly agreed with the Lead CCG.

- *The availability of doppler slots has been improved to ensure that it meets service demand.*

- Continuing to write to late referring practices to encourage early referral.
- The Lead Clinician for stroke has attended three CCG locality meetings and emphasised the pathway.
- An article was submitted to GP brief 'High Risk TIAs - Refer EARLY'
- Data validation completed to ensure that the correct patients are being captured such as those downgraded from TIAs.
- Revised data capture has been shared with the CCG.
- New TIA pathway for primary care has been sent to the CCG to distribute to all GP surgeries.
- Further information on the breaches due to late referral by GPs has been shared with the CCG.
- Analysis of current breaches shared with clinical staff, Stroke Operational Group and CCG.
- Revised referral process agreed with ED.
- Further support to encourage primary care to refer promptly has been sought from the CCG.
- Final sign off of agreed breach reason categories and where they are attributed by December 2016.

Termination of Pregnancy [TOP]: Women to receive TOP within 3 weeks of referral -Target 95%: During December, performance was 83.56%, which was a reduction compared to November where they achieved 95.4%.

Serious Incidents [SIs]: During November, there were 13 [4] Serious Incidents, including pressure ulcers, reported onto STEIS

- MRSA bacteraemia.
- Intrauterine death.
- Ward closure due to suspected norovirus with 7 patients and 2 staff affected.
- Patient undergoing removal of impacted Intrauterine device and sustained a perforated uterus.

December there were 13 [2] Serious Incidents, including pressure ulcers, reported onto STEIS. It should be noted that the figures within bracket are the totals reported at the Provider QAG meeting:

- Ward closure due to suspected norovirus with 7 patients and 2 staff affected.
- Patient diagnosed with cervical cancer and previous screening results audited. Initial thoughts are that an interpretation error was made on the previous cervical smear test [false negative].

Actions: The Lead Commissioners have state that there are a number of SIs which have been completed but the list has not been updated.

Never Events: During December, there was 1 never event reported- A patient was listed at a cystoscopy appointment for left ureteric stent change. No stent was present on the patient's left side; however, a stent was located on the patient's right side. The 72 hour report has been requested from the Lead Commissioner. The CCG location of this patient is not known.

Actions: An RCA investigation is underway and findings will be shared at the QAG meeting.

Internal Incidents: During November, there were 5 reported:

- Information governance x 2.
- Patient Fall.
- Incomplete removal of intentionally retained vaginal pack.
- Delays in patient receiving Parkinson medication.

During December 11 were reported:

	<ul style="list-style-type: none"> • Patient falls x 5. • Nasogastric tube had not been confirmed before medication was administered. Immediate action taken identified that the nasogastric tube was found to be incorrect place. • Delay of 5 days in administering medication to treat low calcium. • Unwell baby transferred to the neonatal unit. • Missed identification of foreign body on x-ray. • Incorrect type of implant used in knee surgery. • Tissue sent to incorrect laboratory for testing. • Appointment booking delay. <p><i>Actions: Internal incidents are investigated to determine omissions in care and reported to QAG. The Provider is reviewing the investigation process and intend on investigating incidents as clusters rather than individually to identify learning. The Author of this report was unable to attend the last QAG to challenge to the classification of the incidents, particularly the missed identification of foreign body on x-ray and incorrect type of implant used in knee surgery.</i></p> <p>Medication Errors: The average number of medication incidents reported has consistently averaged 110 per calendar months for the last 2 years; however, the results for Quarter 3 results for 2016-17 show a marked increase, averaging 131 medication incidents per calendar months. It is thought that this has been a result of increased reporting in November and December.</p> <p><i>Actions: The Provider conducted a review of the medication incidents and looked at the time they occurred. The review showed a peak of 'prescribing' related incidents in quarter 3. Further exploration identified the primary caused following by a significant increase in the number of prescribing incidents reported by rheumatology. A multi-disciplinary meeting, including patient safety and governance leads with the rheumatology team, took place to explore the root causes of these incidents and support improvements to pathways and processes. The situation will be monitored closely and actions followed up in due course.</i></p>
Effectiveness	<p>Nurse Staffing and Winter Plan: Extra capacity beds in 2 wards remain open and they have support from a dedicated medical team and a cohort of nursing staff who have moved from wards and departments from across the three Divisions plus some new HCAs have been recruited.</p> <p><i>Actions: The reduction in agency nurse shifts had been maintained over the Christmas period. There was an increased use of agency nurses over the new year period due to the triggering of the full capacity plan and this usage will continue to be monitored. Meetings are underway with specialist nurses to explore all opportunities for them to work shifts on wards to reduce the requirement for bank and agency nurses. They have a project in place to address the increasing numbers of bank Health Care Assistants [HCA] required to provide one to one care for patients with cognitive impairment. The enhanced supervision tool has been revised and there is extensive training underway during the month of January. The governance around the booking of additional HCAs is also being strengthened to ensure that all other avenues have been explored before additional staff are requested. This will be monitored through the daily staffing meeting. The work on the provision of enhanced supervision for patients with cognitive impairment is also continuing in order to enhance value for money whilst maintaining a high standard of care for the patients. The team continue to review all incidents related to short staffing on a weekly basis. None have been reported since the Provider's last report to their Board.</i></p> <p>Appraisals: The appraisal rate remained <u>below</u> the target rate of 90% for most of the months during Quarter 3. This is comparable with previous Quarters throughout the year</p> <p>Mandatory Training: The mandatory training rate remains above the target rate of 90% for Quarter 3. This is</p>

	comparable with previous Quarters throughout the year. <i>Actions: The Author of this report was unable to attend the last QAG to challenge to the details of the report to ascertain the actions the Provider intend to put in place to rectify the compliance with appraisal rates.</i>	
Patient experience	<p>Friends and Family Test - Target 90%: Emergency Department – The percentage of attendees who would recommend was 86% within November and December. This may be as a result of protracted waiting times to be seen in the department.</p> <p>Complaints: There were 37 complaints opened in December 2016, which represented a 33% decrease compared to the previous month. This reflects a fall in complaints in the month of December in the two previous financial years. Overall, the average number of complaints received by the Provider continues to fall, remaining below the monthly average of 57 complaints over the last 12 months and 14% lower than the same month in 2015/2016.</p> <p>There were re-opened 7 complaints during December 2016, which represented 19% of the total number of complaints received during the month. This has been a slight increase in reopened complaints compared to the previous month; however, the trend line shows that reopened complaints are continuing to decrease. This is a good indication that the Provider is responding well to complaints in the first instance. The overall response rates both exceeded the target of 85%; 88% for complaints with a 25 day timescale and 89% for 40 day investigations.</p> <p><i>Actions: There were 12 meetings held relating to formal complaints during December 2016. This represents an average of 15 per month since April 2015. The total number of meetings held has continued to increase since April 2015. No information was presented by the Provider in respect of complaints raised in November. This information will be provided in their next quarterly report.</i></p> <p>PALS contacts: The overall PALS activity of 289 contacts decreased by 5% in December 2016, compared to 305 in November 2016. The number of concerns and enquiries received directly by PALS has decreased slightly; however the complexity of the issues is greater. The number of compliments has increased by 17%, with most received directly by PALS and through the Provider’s website.</p> <p>Within the subject of communication, the main clinical areas highlighted were maternity and gynaecology. It is thought that this is due to Healthwatch Derbyshire holding a communication engagement event within the antenatal clinic. The concerns raised were that staff did not keep women informed of delays in clinics, and there was a lack of information provided about birth.</p> <p><i>Actions: The feedback has been summarised and provided to the division, who are looking into the issues raised and will provide a response, including any actions and learning.</i></p>	
Regulatory / external bodies	<p>National Reporting and Learning System [Incorporated into NHS Improvement]: The reporting period is 1 October 2015 to 31 March 2016. The Provider is in the lower 25% of all reporters, which is a decrease in the previous reporting. This concern was raised by the Author at the QAG. It is thought that the reduction is a result of the Community Hospitals data no longer being included within the totals since the middle of 2016.</p> <p>Care Quality Commission: Report published 3 February 2017 in response to a visit undertaken in August 2016. All areas were identified as ‘Good’ apart from safety where they were areas of improvement identified. The overall rating was Good.</p>	
Risks and mitigations		
Risk		Mitigation

Total time in ED [95% seen within 4 Hours]	<ul style="list-style-type: none"> • The Remedial Action plan has been developed and implemented further with the extension of the GP co –located service. • A detailed Workforce plan has been developed to allow an increase in staffing levels within the ED. • Job advertisements for 7 Junior Clinical Fellows are currently out.
Cancer Targets	<ul style="list-style-type: none"> • Production of 2016/17 Trajectory indicating compliance of 62 Day Standard for each Quarter. • Update of Cancer Action Plan to drive further improvements • Focus on the 31 subsequent surgery standards and the plan for increased surgical capacity linked to theatre reconfiguration. • Continued performance management of Cancer PTLs and identification of issues which may adversely impact on performance with escalation as appropriate. • 62 day Action Plan to focus on further pathway refinements. • Completion of actions contained within the 62day and 31 days Subsequent Surgery Action Plan.

Virgin Care Improving Lives: Prime Provider Community Services	
Safety	<p>Serious incidents: 1 serious incident reported in December 2016. This is a grade 3 pressure ulcer. No serious incidents were reported in January.</p> <p>Patient safety incidents: The number of patient safety Incidents reported in December = 35. The most common reported incident was pressure ulcers with 4 reported. During January 59 were reported of which 12 were pressure ulcers.</p>
Effectiveness	<p>Nurse Revalidation: Revalidation was 100% compliant for December 2016, and January 2017. Staff due to revalidate in January 2017 are fully compliant and there are no outstanding revalidations for February reported. <i>Action: Staff whose revalidation is due in March are already working on completion before the deadline with no anticipated issues.</i></p> <p>Statutory and Mandatory Training: During December there were some significant improvements in regard to Statutory and Mandatory training. Information Governance during December was a target for all staff to complete and with the exception of those who were either on maternity or long term sick leave this was effectively achieved; improving by 9% from 85% to 94%. There were also improvements in other mandatory training requirements as it would appear staff who had been directed to complete their IG training then took the opportunity to complete other areas of outstanding training. During the month of January the focus of mandatory training will be Health & Safety.</p> <p>Appraisal Rate: Appraisals have been undertaken and entry is currently being updated onto the Virgin Care colleague appraisal system. This year each service has agreed a 'Feel the Difference' objective for each colleague to achieve to improve patient experience. The completed appraisals information stands at 71.26% against a target of 85%, with a focus of achieving the remaining appraisals in January.</p> <p>Vacancy Rate: There are currently 11 vacancies for District Nurses and Rapid Response.</p> <p>Pulmonary Rehabilitation: The newly appointed physiotherapist has resigned, and is working their notice. <i>Actions: Virgin Care has secured BOC Healthcare to provide 3 slots a week for ESCCG patients. BOC Healthcare is currently commissioned by SESCCG to deliver rehabilitation services. BOC and VCIL are currently in the process of agreeing the contract for the provision of 3 slots per week. VCIL are also seeking to recruit an immediate full time replacement and are currently advertising the post.</i></p>
Patient experience	<p>Patient experience: 43 patients responded to the Friends and Family Test in December 2016, of which 39 were 'extremely likely' and 2 'likely' to recommend services to Friends and Family. One patient who ticked the 'neither likely, or unlikely' response left a comment which related to the length of time the patient had to wait between podiatry appointments. <i>Actions: VCIL are currently conducting a service review of Podiatry. A particular issue has been rescheduling of follow up appointments leading to delays in patients been seen. A new process has been put in place for clinic cancellation and rescheduling of cancelled patients.</i></p> <p>100% recommendation of the community services within January.</p> <p>Complaints: Three complaints were received in Q3 (2 in December one at the end of November and initially logged on the system in December hence not reported in November CQRM report). Complaint 1(November): Communication with family/breakdown in confidence to a member of the multi-disciplinary team.</p>

	<p>This refers to Adult Ability Team and has been investigated by the Service Lead. An action plan has been developed to address the issues raised in the complaint and the key themes shared at the Business Unit Clinical Governance Meeting.</p> <p>Complaint 2 (December): Staff attitude and behaviour. This refers to the district nursing service and has been investigated by the Service Lead. The concerns raised have been addressed with the member of staff and wider learning shared with the team.</p> <p>Complaint 3 (December): Waiting time for an appointment. This refers to Pulmonary Rehabilitation. No Complaints received in January.</p>
Regulatory / external bodies	No assessments have been undertaken in respect of this new contract. The services provided by VCIL are registered with the CQC as being based at Edwin House in Burton. These services have not been inspected as yet and no concerns surrounding these services have been raised with the CQC.
Summary of emerging themes and trends	<ul style="list-style-type: none"> • Positive visits to the leg ulcer clinics by ESCCG Quality Managers in January which will be reported in the March JQC Report. • Quality of the reports to the CQRM, and the responses to queries at the CQRM. • A prospective audit on leg ulcers is to take place with support from the ESCCG Quality Lead. • Pulmonary Rehabilitation: Virgin Care has secured BOC Healthcare to provide 3 slots a week for ESCCG patients. VCIL are also seeking to recruit an immediate full time replacement and are currently advertising the post.

Virgin Care Prime Contractor: Burton Hospitals NHS Foundation Trust	
Safety	<p>Serious incidents: There was one serious incidents reported during December 2016 which involved an ESCCG service user. This relates to a pressure ulcer. One reported in January which was a failure to gain consent before procedure undertaken.</p> <p>Internal Safety Incidents (formally known as critical Incidents); Three internal safety incidents were reported during December 2016 involving ESCCG service users: Diagnostic incident; Un-witnessed fall; An incident which involves cancer surgery which is being challenged by VCIL. There were 4 reported in during January 2017: Pressure ulcers x 2; suboptimal care of a patient x 1 and patient fall x 1.</p>
Effectiveness	<p>Trolley Waits in ED Not Longer Than 12 Hours: VCIL report there were no trolley waits longer than 12 hours reported for December 2016. However there were two reported in November. These were both East Staffs service users. At the time of the breaches the Trust was under considerable pressure with more service users requiring admission than beds available.</p> <p><i>Actions: The Trust followed their escalation policy and extra beds were opened and the decision was made to cancel elective surgeries in order to create capacity for emergency admissions. Service users that had a DTA's were allocated beds in clinical need firstly then a time order basis which is the appropriate measure to assure service user safety. Both the service users involved were admitted into clinically appropriate beds upon leaving ED, whilst being cared for in ED both service users had all care needs met and no harm has been reported as a result of these breaches</i></p> <p><i>In addition to this work is continuing with WMAS to refer to rapid response through care coordination centre with support from community matrons in order to access alternative pathway rather than convey to ED. Although both of these service users required treatment within ED and subsequent admission, if other service users can have their clinical needs met via alternative pathways this will improve timeliness and service user experience for those for whom ED is the appropriate</i></p>

	<p>pathway.</p> <p>Staffing and workforce:</p> <ul style="list-style-type: none"> • Vacancy rates remain high for ED; the Trust has on-going recruitment drives in order to attract new staff. • Medical Locum usage continues to be the highest in the emergency department. • In Acute Medicine/AAC46 locum shifts were used in December 2016. • In the emergency department 151 locum shifts were used in December 2016 <p>Neurology Services: The neurology consultant recruitment continues to present a challenge. Weekly teleconference calls between ESCCG, BHFT and VCIL to seek resolution. Derby Hospital ceased accepting new referrals from 6th March 2017. Derby reported a significant increase in referrals to neurology in the first 8 months of the year which equates to a 26% increase year on year, and does not have the capacity to deal with this level of demand. Derby Hospital identified the additional activity is mainly driven by the lack of services at BHFT, and have therefore now closed to referrals from out of area patients (ESCCG counts as being out of area). Notice has been served by University Hospital North Midlands (UHNM) from 1st June 2017. The neurology service currently offered by UHNM sees patients who the GP refers for an urgent follow up appointment, and also sees those patients who attend BHFT ED with first neurological episodes such as seizures. <i>Actions: Weekly conference calls are taking place between ESCCG, VCIL and BHFT. An urgent meeting was held on Monday 6th March with Executive Directors from BHFT, ESCCG and Virgin Care to seek resolution to the lack of neurology provision at BHFT. NHSE are aware of the situation and on-going discussions are taking place with NHSE.</i></p>
Patient experience	<p>Sleeping Accommodation Breach: There were 11 EMSA breaches for December 2016. There were two ESIL service users involved in the breach on the 3rd December 2016 and three in the breach on the 8th December 2016. No ESIL service users were involved in the breach on the 29th December 2016. All of the breaches took place within critical care. It should also be noted that the Trust reported at the meeting that no service users had raised a complaint as a result of these breaches. There were 11 EMSA breaches for January 2017. There were two ESIL patients identified in these breaches. All of the breaches took place within critical care.</p> <p>Patient experience: (Target 90%) In December VCIL identified AAC presents significant areas for improvement; however the score of 94 is a slight improvement on a score of 92 the previous month. AAC remains amber overall. Although it is worth noting that the doctors' communication question is green for AAC. Welcome= 86%, attention 94%, and Pain relief = 89%.</p> <p><i>Actions: Actions identified for AAC include;</i></p> <ul style="list-style-type: none"> • <i>The Senior Sister will remind nurses directly looking after service users to welcome them as well as the nurse in charge initially welcoming them on arrival.</i> • <i>Topics for the January quality rounds include questions focusing on Introductions, Medications and Comfort rounds</i> <p>Inpatient experience feedback overall for the Trust for January 2017 was 97%. When looked at on a ward basis, AAC presents continued improvement on previous months scores of 94% in December 2016 and 92% in November 2016. The low score for explanations from therapists relates to one patient who had only recently commenced treatment and made the comment "They haven't explained things yet, but they will do".</p> <p><i>Action: The Head of Therapy will discuss this at the next staff team meeting and remind staff of the importance of</i></p>

	<p><i>explaining why their intervention is necessary and what it will entail.</i></p> <p>Ward assurance: ED results are based upon their bespoke tool developed by devised by the Matron and agreed by the Divisional Nurse Director for Medicine. Domains remain aligned to the elements listed in the Trust-wide overview:</p> <p><i>Action: As an action from the December audit ED are reviewing the induction process for bank and agency staff to ensure that temporary staff are delivering the same high standards of care as substantive staff. The trust have also reported that the audit was undertaken on a day when overcrowding within the department was an issue.</i></p> <p>Friends and Family test: The ED FFT score has decreased to 78.10% from 90.38% in November; but increasing to 86.1% in January.</p> <p>The report from VCIL did not provide any detail as to whether or not they were taking actions to improve the consistently poor results in ED.</p> <p><i>Action: VCIL to be asked what actions they will be taking to improve the patient experience. The Quality Lead for VCIL has raised the issue at the BHFT CQRM and has also raised the issue with the Senior Management Team at Virgin.</i></p>
Regulatory external bodies /	<p>BHFT</p> <p>NHS Improvement (formally Monitor): Updated 19th September 2016: Financial sustainability risk rating of 2. A risk rating of 2 indicates Monitor consider the financial position of the Trust is unlikely to get worse in the immediate future. Governance rating- Red; Subject to enforcement action.</p> <p>National Reporting and Learning System (Part of NHS Improvement): The latest data was published on the 28th September 2016, and covers the period 1st October 2015 - 31st March 2016. The Trust remains in the middle 50% of reporters, but has decreased slightly from the previous NRLS report.</p> <p>Care Quality Commission: The Trust came out of special measures in October 2015, but Requires Improvement, and is receiving on-going support</p>
Summary of emerging themes and trends	<p>The Author is assured in respect of:</p> <ul style="list-style-type: none"> • The areas of reporting where ESCCG patients are being identified. • Work is taking place with BHFT and it is anticipated BHFT will be identifying all ESCCG patients by end February 2017. <p>Areas where work is taking place to improve the patient journey:</p> <ul style="list-style-type: none"> • Neurology: where on-going work between VCIL and BHFT is taking place to ensure the back log of patients requiring a follow up appointment is addressed. • The failing A&E target, which VCIL has a Remedial action plan in place. This is separate to the RAP in place for BHFT.

Virgin Care Prime Contractor: Staffordshire Doctors Urgent Care- Out of Hours

Safety

Patient Safety Incidents: 7 reported East Staffordshire in November; only details for three of these were provided:

- Missing prescription pack- appropriate action taken, police informed and actions taken to prevent a recurrence.
- Waiting times-investigation underway
- Breach of Confidentiality- relates to the request for an ambulance for a mental health service user who was suicidal, consent not gained from service user however provider was acting in service users best interests.

December: No incident information has reported by VCIL in December. The relevant information should be reported in the next report.

Face to face Consultations shall be initiated within specified disposition from NHS 111 (Target>95%):

Performance in November = 94.29. Virgin Care have requested a more detailed exception report for SDUC, clarifying whether there was any service user harm as a result of these waits.

For December 2016, the compliance was 92.25% against a target of 95%.

Action: Further analysis and assurance has been requested by CQRM. Further work is planned collaboratively to develop understanding of SDUC's processes and develop tools to enable SDUC to provide this information and for deeper analysis and themes and trends to be identified. There were no unexpected deaths reported in relation to any breaches of KPIs.

Telephone consultations initiated within specified disposition from 111 (Target>95%): Performance in November = 94.29.

When broken down:

- The 30 minutes performance = 85.37%,
- 1 hour was 83.57%,
- 2 hours was 97.17%,
- 2-6 hours was 97.17%
- over 6 hours was 98.87%

No service users were DX coded for urgent 20 minute clinical assessment. There were 6 breaches of 30 minute timescale. There was 34 breaches of the service needing to speak to own GP/or OOH GP within 60 minutes, there were 11 breaches of the 2 hour timescale and 2 breaches in >6 hour timescale. Further information will be requested at the VCIL CQRM

Overall compliance for December 2016 was 93.78% when broken down the 30 minutes timescale was 97.30%.

Break down:

- 1 hour was 79.60%;
- 2 hours was 97.59%;
- 2-6 hours was 95.19%
- over 6 hours was 99.48%

No service users were DX coded for urgent 20 minute clinical assessment. There was 1 breach of 30 minute timescale. There was 43 breaches of the service needing to speak to own GP/or OOH GP within 60 minutes, 8 breaches of speaking to a healthcare professional within 60 minutes. There were 11 breaches of the 2 hour

	timescale and 20 breaches in >6 hour timescale.
Effectiveness	<p>Staffing and workforce: Discussions have taken place at previous CQRMs regarding training previously assurance has been given on the grounds that GPs must register with and be compliant with the National Performers List. However having explored the requirements further it has become clear that this only requires GPs to complete Adult and Child Safeguarding and Basic Life Support (BLS).</p> <p><i>Action: This was raised again at the November CQRM when the provider again offered assurance that sessional GPs would have to be on the performers list in order to practice. Repeated to provider the limitations of the training this provides assurance on. Further assurance has been sought from the provider regarding the compliance with statutory and mandatory training of sessional GPs. The provider has supplied a copy of their training matrix which all new starters have to complete to VCIL.</i></p> <p><i>Further discussions took place at January CQRM with the provider and they are aware that further assurance is required. The provider explained their current IT system does not allow reports to be pulled from the system and training records have to be individually tracked in order to compile the report. The submission date for this information is then the 20th March 2017 to allow time for this to be completed. This item has been identified as a risk by all commissioners and added to risk registers.</i></p> <p>Response to Requests for Clinical Advice from External Healthcare Professionals: For December 2016 the provider achieved 80.77% for the requirement to speak with a healthcare professional with a patient within 30 minutes [2 cases] and 80% for the requirement to speak with a healthcare professional not with a service user within 60 minutes (this relates to one case). No service user harm has been reported by SDUC.</p> <p><i>Action: Further analysis and assurance has been requested by CQRM. Further work is planned collaboratively to develop tools to enable SDUC to provide this information and for themes and trends to be explored.</i></p>
Patient experience	<p>Friends and Family test: In November 2016 there were 69 FFT responses submitted in the Burton Urgent Care Centre.</p> <p>Of these returns 67% of service users were 'highly likely' to recommend the service and 30% were 'likely' to recommend with 3% neutral. No service users returned negative feedback.</p> <p>Positive comments received this month include:</p> <ul style="list-style-type: none"> • Quick ring back and an early appointment offered. • Friendly and sympathetic. • Informative consultation". <p>In December 2016, there were only 2 FFT responses submitted. No service users returned negative feedback. This represents a disappointing reduction following significant progress made earlier in the year by SDUC to improve response rates.</p> <p><i>Action: SDUC are currently devising a patient and public engagement strategy, including looking at the development of an electronic FFT tool to improve response rates, VCL encouraged SDUC to speak with BHFT about SMS FFT.</i></p> <p>Complaints: Two complaints were received during November, one relates to waiting times and the other to a GPs attitude towards other healthcare staff. Both of these complaints are under investigation by the Provider. Further updates will be shared when investigations are completed. <i>No complaints were reported by VCIL in December.</i></p>

	<i>Action: The relevant information should be reported in the next report.</i>	
Regulatory / external bodies	CQC Website checked 1 st February 2017: The CQC are currently undertaking checks on SDUC Services and will publish a report once the checks are completed	
Summary of emerging themes and trends	<p>The Author is assured in respect of:</p> <ul style="list-style-type: none">• Patient Experience• Reporting which is ESCCG specific data.• The Provider is reporting patient safety incidents which are investigated.• Complaints are reported and investigated so learning can take place. <p>Areas where work is taking place to improve the patient journey:</p> <ul style="list-style-type: none">• Further assurance required in respect of the training and competencies of the GPs working for SDUC-OOH. Until further assurance has been provided by SDUC regarding the compliance with statutory and mandatory training of sessional GPs, this will remain a concern. No further update provided.• The performance of the KPI- Telephone consultations initiated within specified disposition from 111, failed November, and a lack of detail in respect of the breach reasons has been highlighted to VCIL. Further information requested to determine the breach reasons and to take subsequent actions to address the issues identified. The compliance figure for December 2016 was 92.25% against a target of 95%>.This represents deterioration from November. More detailed exception reports have been requested for future reports where compliance may not be achieved clarifying whether there was any harm as a result of these waits	
Risks and mitigations		
Risk	Mitigation	
Accident and Emergency department at BHFT, failing 4 hour target.	Remedial action Plan (RAP) in place (Virgin Care also have a RAP for their elements of the A&E Pathway) Actions have been put in place but the performance has still failed to increase to achieve the 95% National target. The RAP has been signed off by NHSE as being appropriate, and all actions are on track or being delivered. The Accident and Emergency recovery is supported by the Staffordshire A&E Delivery Board.	

<p>Neurology Services at Burton Hospital</p>	<p>The neurology consultant recruitment continues to present a challenge. Weekly teleconference calls between ESCCG, BHFT and VCIL to seek resolution. Derby Hospital ceased accepting new referrals from 6th March 2017. Derby reported a significant increase in referrals to neurology in the first 8 months of the year which equates to a 26% increase year on year, and does not have the capacity to deal with this level of demand. Derby Hospital identified the additional activity is mainly driven by the lack of services at BHFT, and have therefore now closed to referrals from out of area patients (ESCCG counts as being out of area).</p> <p>Notice has been served by University Hospital North Midlands (UHNM) from 1st June 2017. The neurology service currently offered by UHNM sees patients who the GP refers for an urgent follow up appointment, and also sees those patients who attend BHFT ED with first neurological episodes such as seizures.</p> <p>An urgent meeting was held on Monday 6th March with Executive Directors from BHFT, ESCCG and Virgin Care to seek resolution to the lack of neurology provision at BHFT. NHSE are aware of the situation and on-going discussions are taking place with NHSE.</p>
<p>Burton Hospital NHS Foundation Trust (BHFT) unable to separate East Staffordshire Clinical Commissioning Group [ESCCG] patient data from their Trust wide data.</p>	<p>The Contract Performance Notice has been withdrawn, and a Data Quality Improvement Plan is now in place. The inability to identify patient safety incidents which apply to ESCCG patients is due to interface issues between Datix and Meditec V6 at BHFT, and are therefore out of the Trusts control, due to the need for the Manufacturer to develop a new component to resolve the issue.</p> <p>It is anticipated the issues will be resolved in February 2017.</p> <p>Note: Serious Incidents and Internal Incidents, where an ESCCG patient is involved have been identified as VCIL patients since the 1st June</p>
<p>Derby Teaching Hospital NHS Foundation Trust (DTHFT) is currently unable to separate ESCCG patient data from their Trust wide data.</p>	<p>As ESCCG are not the Lead Commissioner for this contract, VCSL are involved in discussions/negotiations with Southern Derbyshire CCG to resolve this issue. The quality report for DTHFT will continue to include data for <u>all</u> patients until the issues are resolved.</p>

South Staffordshire and Shropshire Foundation Trust	
Safety	<p>There were no reported Never Events, Local Avoidable Events, Pressure Ulcers Grade 3 or 4 and no Eliminating Mixed Sex Breaches, Clostridium Difficile or MRSA cases in December 2016 or January 2017.</p> <p>Serious Incidents: There were 8 reported in December 2016; 1 Under 18 Admissions to Adult Mental Health Facility, 1 Unexpected Death of an Inpatient, 6 Unexpected Deaths – Community Patient. The Unexpected Inpatient Death is currently under investigation. There was 8 serious incidents reported in January 2017; 2 Under 18 Admissions to Adult Mental Health Facility, 4 Unexpected Deaths – Community Patient and 1 Death of Recently Discharged Patient and 1 Self Harm. <i>Investigations are in progress and each incident will be reviewed by the CCG Serious Incident Review Group and any themes, trends and appropriate escalations will be determined.</i></p> <p>Under 18 Admissions to Adult Mental Health Facility: There was one admission in December 2016 (Non SAS CCG) a 17 year old was admitted to Brocton Ward, St Georges under Section 2 Mental Health Act, 1983. In January 2017 there were a further 2, 17 year olds reported. These have all been transferred to appropriate placements.</p> <p>Serious Incidents >60 Days: 3 were reported in December 2016 and 2 in January 2017. <i>This is monitored and challenged at the Serious Incident Review Group, no concerns.</i></p> <p>Patient Safety Incidents: The total number of patient safety incidents reported for the month of January 2017 is 167 and 166 in December 2016. The main area of concern in January 2017 was an increase in incident figures for adult mental health inpatient services from 58 to 123 when compared with the previous month. This takes the total above the Trust statistical upper control limit by 14 incidents. This is in part due to an increase in self-harm incidents (53% of the reported incidents) that was as a result of (in the main) 2 patients with repeated occurrence of incidents. In the areas where incidents occurred there are increased levels of sickness, vacancies and turnover rates which must be noted. The Trust provided a detailed narrative around these 2 patients which was further discussed at the Joint Quality Committee. <i>In terms of workforce the Trust have sent in assurance regarding the actions being taken; these will be further explored at CQRM in March 2017 coupled with quality assurance visits to Chebsey and Brocton Wards are to be scheduled as part of 2017/18 visit plans.</i></p> <p>Coroners Regulation 28 (Avoiding Future Deaths): There was one Coroners Regulation 28 for the month of December 2016 (Mental Health Staffordshire). The matter of concern raised by the Coroner was that there was no specific examination for the risk of venous thromboembolism. Current Trust Prevention of VTE Policy was deemed as more fitting for a physical health setting, and the Coroner suggested that the Trust should adopt a more specific policy. <i>Action: In response, the Trust acknowledged that the current policy was not specific to mental health settings and the Deputy Director of Nursing is now leading some work to bring the VTE assessment into the Trust's physical health pathway documentation which will be reported to the CQRM having been through Trust internal governance processes.</i></p> <p>Mental Health Safety Thermometer (88.19% - National): The latest published result was reported in November at, 82.70% (National 88.19%) due to increases in the proportion of patients that have been 'victim of violence and</p>

	<p>aggression' and have had an 'omission of medication in the last 24 hours'. The Trust reported that unfortunately the dashboard continues to be un-available nationally as the contract with NHSE to support the Safety Thermometer is in the process of changing over to another company. An email validating the Trusts verbal update was received from NHSE and the website continues to state "work in progress". <i>Action: The CQRM has a planned themed discussion around Safer Medicines Management and the Trust is presenting their annual thematic review into this in May 2017.</i></p>
Effectiveness	<p>The Trusts appraisal, mandatory training and safeguarding mandatory training: Rates for appraisal and mandatory are just below the Trusts internal target of 90% ranging between 84-89% with a small number of Directorates that are low in compliance such as Learning Disabilities, which is being managed at Divisional level. It is anticipated that there will be a small dip in compliance for appraisals over the next 3 months which is reflective of last year's strategy used by the Trust. <i>Action: To continue to monitor at CQRM and expect rates to fall for the next 3 months whilst appraisals are being completed.</i></p> <p>Vacancy Rate for Specialist and Family Services Directorate is at 9.65%. Individual teams such as IAPT East, IAPT South East Staffordshire and Brocton Ward have >15% rates this month. The Trust has stated there is a management of change in progress, promotion and retirement and re-modelling have had an effect, a small number of staff has chosen to leave. Positively, both Specialist Learning Disabilities and Mental Health Staffordshire Directorates as a whole are below 8% which is a great improvement. <i>Action: This will continue to be monitored at CQRM coupled with the HR Director for SSSFT attending CQRM in March 2017 where low compliance rates will be further discussed.</i></p> <p>Turnover Rate (target 10-15%) has declined since the last report to 15.44%, Adult Mental Health Directorate reporting highest at 15.94% followed by Specialist and Family Services Directorate at 11.73%, however pleasingly an area that was once one of the highest reporting rates, Specialist Learning Disabilities is now 8.68%. <i>Action: This will continue to be monitored at CQRM coupled with the HR Director for SSSFT attending CQRM in March 2017 where low compliance rates will be further discussed.</i></p> <p>Sickness Rate is above the threshold of 4.20% for January at 4.55%. Adult Mental Health is the hot-spot where it is currently sitting at 6.10% with 0.31% of this rate related to staff stress and anxiety. As discussed within the incident section, Adult Mental Health has several workforce indicators that are high with specific areas more concerning than others. <i>Action: There is a planned Quality Assurance Visit to CMHTs across South Staffordshire in March 2017 and provisional plans to visit Chebsey and Brocton Ward. Further assurance has been requested around what is being done in particular for Adult Mental Health staff 'stress and anxiety' which will be presented to the March 2017 CQRM.</i></p> <p>Psychiatric Liaison Urgent: service users should be seen and assessed within 24 hours (95%): The Trust reported 84% in December 2016 and 87% in January 2017 (Trust wide). In respect of a further breakdown, South East Staffordshire (138%) are the areas where the performance fell below the required threshold, all other areas where 100%. There were no reported impacts caused by the breaches however the performance has been noted at CRB as low for South East Staffordshire. The joint working between the Trust and CCG in relation to the commissioning arrangements of this service is still in progress and therefore there may be areas of low performance due to the potential gap in provision. <i>Action: to continue to closely monitor at CQRM and CRB.</i></p> <p>Psychiatric Liaison - Urgent: service users should be seen and assessed within 48 hours (95%): Significant</p>

	<p>deterioration in December 2016 to 25% and reported an improvement to 67% in January 2017. This has been escalated from CQRM to CRB in respect of the significant drop in performance and has since been found to be very likely, small numbers. There has been no reported quality impact such as incidents, complaints, PALS concerns from service users, carers and staff. <i>Action: Commissioning discussions continue in respect of the current specifications across South Staffordshire. To continue to closely monitor at CQRM and CRB.</i></p> <p>ICPA - All service users to have a care plan or statement of care as appropriate that is reviewed and updated every 12 months – CPA (95%): The Trust are reporting compliance at 96% however, Stafford and Surround and East Staffs are below the required threshold performing at 93%. Assurance has been provided by the Trust, no harm or impact was reported as part of the virtual CQRM process. <i>Action: This will continue to be monitored at CQRM and CRB.</i></p> <p>Did Not Attend Rates: The performance has seen some improvements in areas such as CAMHS, Learning Disabilities, Paediatric and Dementia where the rates fall below 10% however it is not demonstrating sustainability each month. Mother and Baby are lower than expected in South East Staffordshire and the percentage for this indicator fluctuates across the remaining South Staffordshire CCGs due to small numbers. Adult Mental Health is reduced across all localities ranging between 11-21%. <i>Action: The Trust is undertaking a thematic review which is due to be presented at CQRM in March/April 2017.</i></p>
Patient experience	<p>Friend and Family Staff: Advance notice to the Governing Body members, there will be no reporting nationally for Quarter 3 2016/17 due to the NHS Staff Survey results being released and this being the focus for Q3.</p> <p>Friend and Family Test Staff for Work and Care Quarter 2: The Trust reported above the national average for staff recommending care (70%); however the areas the Trust failed was not recommended care (19%), recommended work (70%) and not recommended work (19%). The Trust informed the response rate was completed by only 27 staff members in total and no trends detailed in the narrative of these responses were identified. Furthermore, the Trust are expecting the NHS Staff Survey results to be released shortly after the 7th March 2017 (currently embargoed as per National requirements) however early verbal indications from the Trust are positive in respect of the staff survey response rate and detailed data which will inform future work needed for the Trust. <i>The CCG is awaiting the NHS Staff Survey results which will be presented to CQRM in May 2017.</i></p> <p>Friend and Family Test Patient: reporting above the national averages for both recommended care, 91% and 4% not recommended. <i>Continue to be monitored at CQRM.</i></p> <p>Soft Intelligence: 4 soft intelligence reports were logged in December 2016 and January 2017. 2 related to Access and Waiting (Memory Services and 1 unknown) and 2 discharge summaries not received by the GPs. Of the 4 reported, 1 patient has now been re-referred into the service for follow-up and letters have now been received by the GPs. <i>Issues shared with the Trust with no further action required.</i></p>
Regulatory / external bodies	<p>CQC Full Inspection Quality Report: The last published report was on the 12th July 2016 were rated as “Good” for each individual domain and overall. The Action Plan continues to be reported to CQRM on a quarterly basis with no concerns. In respect of the one area that “required improvement” – estates work has commenced to extend, refurbish and centralise the Section 136 Suites to St Georges Hospital. <i>Action: To continue to monitor the action plan at CQRM</i></p>

	<i>until assured all actions have been completed and forward plan to visit the new suites once opened.</i>	
Summary of emerging themes and trends	No other themes or trends other than those identified in the report.	
Risks and Mitigations		
Risk		Mitigation
Lack of engagement and implementation of Public Health Suicide Prevention Strategy for Staffordshire and Stoke on Trent.		<p>The County Council will continue to play a role in leading and co-ordinating implementation of the Strategy.</p> <p>Meeting held with the County Council in February 2017. The refreshed Suicide Prevention Action Plan is due to be presented in May 2017 to the JQC.</p>

West Midlands Ambulance Service NHS Foundation Trust

Safety

Please note, at the time of writing the report there had been no Quality and Safety Paper Submissions for the March 2017 CQRM. The Contracting and Urgent Care Commissioning Team will be attending on the CCGs Behalf. The Data below is November 2016.

CQRM Activity: Since November 2016 there have been no CQRMs for WMAS and operational activity has taken priority as well as contracting negotiations taking up capacity for the CCG & provider meeting timetables, the next CQRM will be in March 2017. WMAS as a region has stabilised at an approximate 3.5% increase above predicted activity. To note there is no identified safety concerns at the present time and the main quality impact is patients are waiting a slightly longer time than expected.

Red Response: The local average response for patients being seen in 8mins for the four South Staffordshire CCGs is on par with the regional performance for October & November 2016.

Action: The use of the new Red, Amber & Green percentiles has now been recorded for a full 5 months. This information demonstrates that 75% of patients in South Staffordshire are waiting for a red ambulance despatch on average between 8.5 and 9 minutes. To note there is no identified safety concerns at the present time and the main quality impact is patients are waiting a slightly longer time than expected.

Amber & Green Ambulance Response: The first quarter analysis of **Amber** response indicates that on average 90% of the South Staffordshire patients are waiting on average 30 minutes for this lower acuity response.

Patient response for a **Green** Ambulance for South Staffordshire Patients indicates 90% of patients received a 1hr30 minute response. Both of these measures have seen an increase from the previous months. In view of the Green Response this is on average a 40minute increase across all areas.

Action: This trend will be discussed at the regional CQRM, however, there are no identified safety impacts for patients and waiting times are the main quality impact theme.

HCP Referrals: The WMAS reporting has indicated some variance of this across the 4 South Staffordshire CCGs. The October and November 2016 indicate an increase which is expected as the winter season pressure begins. Quality and Safety issues for South Staffordshire patients have not been reported.

New Measure Red Category 2: These are patients with a lower acuity than category 1. Both Locally and Regionally the ambulance response is on average 20 minutes for 90% of patients. There appears to be little local variance.

Action: Further analysis of the quality and safety impacts of this measurement will be sought locally and regionally in March 2017.

Hear and Treat See and Treat & See and Convey: See and Treat & See and Convey measurements remain static for the Staffordshire CCGs. Indicating that patients are being conveyed appropriately.

Serious Incidents: No SIs reported for South Staffordshire CCGs.

Clinical Scorecard: Due to the changes for the Electronic Patient Record the Trust are able to report more accurate and timely data on their clinical outcomes. The following gives the most accurate picture to date.

	<p>Cardiac Arrest ROSC – performance is 25.4% by November 2016 on par with the National Average.</p> <p>Cardiac Arrest Survival to Discharge: performance is 7.2% for November 2016 slightly above the National Average.</p> <p>STROKE: FAST is 45% however the care bundle is 92.9%. (To note some Stroke cases are only established once the crew is on scene and this can be from any response category.)</p> <p>STEMI: performance on the bundle is 84.9% PPCI (Primary percutaneous coronary intervention- within 90 minutes of first presentation) however is lower than the national mean.</p> <p>Both the STEMI and Stroke metrics appear to be under the national mean averages. This is a good indicator that patients are receiving the correct treatment on scene because the bundles which are measurements of the treatment given and don't suffer from the real-time fluctuation indicate that patients are receiving the right care. The overall view of these from Clinical Quality and Safety is positive and gives good assurance of patient safety.</p>
Effectiveness	<p>Workforce: Turnover has shown a month on month increase from 0.80% in April 2016 to 6.45% in November 2016. <i>Turnover has increased over the year.</i></p> <p><i>Action: This will be raised at the CQRM in March 2017 and discussed with the HOST commissioner for causation as there is no indication of causation reported.</i></p>
Patient experience	<p>Complaints: There is one outstanding complaint for a SES&SP CCG patient. The Quality team has engaged the local WMAS team to discuss the issue. Brief outline is that patient should have been conveyed to Hospital for specialist cover for an indwelling piece of equipment.</p> <p><i>Action: Assurance from the meeting has been obtained and a closing letter will be sent to the patient outlining the CCG actions.</i></p> <p>Patient Experience NHS Choices: (No FFT data available) WMAS have had 10 reviews since October 2017 – Only 1 was negative (Child in Pain) but unable to ascertain the area.</p> <p><i>Action: WMAS response to the NHS Choices comments will be raised at CQRM.</i></p>
Regulatory / external bodies	<p>CQC: The CQC has rated the Ambulance trust as Outstanding. They found the Trust to be effective. In this case the rating for PTS was 'requires improvement' (<i>no WMAS PTS services operate in South Staffordshire</i>). <i>The CQC found the following Areas for improvement - Action the trust MUST take to improve - Safely store all medication on high dependency vehicles Of particular note to the CCGs the CQC also noted the Red 1 performance in that local performance data for emergency calls that were immediately life threatening showed variation across areas. Staffordshire 68.0%. The CQRM will request view of the action plan from WMAS in March 2017. The full report is available on line for members of the board to view.</i></p>
Summary of emerging themes and trends	<p>National Audit Office (NAO) Ambulance Services Paper 2017: The NAO has produced an Ambulance Service review paper on the current state and pressures the Ambulance Services are experiencing. <i>The Host Commissioner assured the South Staffordshire CCGs CQIM that this has been discussed with WMAS and their analysis will be</i></p>

	<i>expected at a CQRM.</i>
Risks and Mitigations	
Risk	Mitigation
Continued local performance not meeting national targets for RED Calls.	Update – WMAS part of the national pilot for ARP since June 2016. Assurance has been given that all red cases are being clinically evaluated by Sheffield University and locally. The Trust and its partners including NHS E have the remit to pull the pilot if there is an indication of clinical risk to patients. The Red target is being evaluated nationally as an appropriate measure.

Safety

Positive NHS 111 indicators: The CQRM noted positive reports and the triangulated information was presented to the March 2017 JQC.

Total Ambulance Referral Rate: *Action: The provider has presented a tangible action plan in the ED Consultant project. This project will utilise ED Consultants to receive ED and Green Ambulance referrals.* Pilot indications from the North East Project have indicated reductions in the overall ED and Green Ambulance referrals and greater emphasis on self-care. This pilot is a positive approach to Emergency outcome management and has been supported at CQRM.

Emergency Department Referral Rates: Staffordshire NHS 111 service was below the national average for the first time this year. A positive indication of improvements in the service and impacts on the quality and safety for patients. Position has been reviewed at CQRM and CRB. The South Staffordshire CCG figures are:-

CC CCG – January 2017 – 3.90%.

ES CCG - January 2017 – 9.14%.

SES & SP CCG – January 2017 – 7.77%.

SAS CCG – January 2017 – 9.11%.

Calls transferred - called back within 60mins: The provider reports that the calls have all been reviewed for clinical safety for these Staffordshire wide calls and a datix completed for any clinical concerns identified 11 calls breached. All reported as receiving safe and appropriate outcomes. All calls have been reviewed at CQRM and a narrative report has been reported to the March 2017 JQC.

Incidents: The March 2017 CQRM has reviewed the following incidents for South Staffordshire patients:

South East Staffordshire: 1 process incident. No clinical risk identified. Narrative reviewed at CQRM and overview of case was provided to JQC. *Action: The provider records feedback to call advisor provided. Datix incident form completed by the clinician and case reviewed.*

Serious Incidents: The provider has 1 reportable serious incident in January 2017: Case concerning an omission re: reporting a possible safeguarding incident. 72 hour report received, RCA in progress. Ambulance Trust and NHS Trust (A&E) had reported the case on the day so patient was safe. The RCA will be reviewed at the CCG Serious Incident (SI) review meeting once completed.

Serious Incident reporting meeting: from February 2017. The process now includes representation by the CQIM at the Serious Incident closure meetings. All NHS 111 SIs will be closed and reviewed by this JQC sub-committee.

NHS 111 End to End Call Review Summaries: Call review management is one of the key elements of securing clinical quality assurance within the NHS 111 service. The review meeting facilitates evaluation and review of the whole patient pathway.

January 2017 Call Review: Emergency Department end outcomes. These were December 2016 calls taken over the Christmas / New Year period. There were 5 calls reviewed with no identified safety issues. All Quality issues have been feedback to the provider and actions have been completed. Review of the call review minutes and actions has been completed at CQRM. The JQC noted through reporting that the CCG patient representative present at the

call review meeting felt that NHS 111 was being accepted by the public and the public were becoming more aware of the value of calling NHS 111 before attending a service. This is very positive as the commissioning aim of NHS 111 is to get the right patient to the right place in the right time frame.

Call review December 2016: The theme for the December call review was November 2016 dental calls taken by the Dental advisors. Dental advisors have been introduced to the SDUC NHS 111 within the last two months to ensure a positive experience for the patients calling with dental pain and dental problems. The patients are able to speak to an experienced dental clinician, who is able to provide comprehensive dental advice. There were 6 calls reviewed with no identified safety issues. All Quality issues have been feedback to the provider and actions have been completed. Review of the call review minutes and actions has been completed at CQRM. The JQC noted through reporting that dental advisors at the call review meeting from North & South Staffordshire Emergency Dental Service commented that they had seen a significant reduction in dental calls over the last few weeks and that the quality of the calls they were receiving were more appropriate.

Audit: NHS 111 reports that Staffordshire did not achieve 100% audit for December 2016 due to there being limited availability to take auditors off line to review the audits. Therefore, for January 2017 to meet the licencing required standards and to ensure that our mitigating circumstances were achieved there was an increase in the amount of audits completed. January 2017 - The provider reports that there were 3 clinicians who failed calls, but passed the audit overall. *Action: NHS 111 will re-audit these clinicians to gain an accurate picture of development and clinicians have formally reflected on their practice. The outcome will be reported into JQC through provider reporting.*

There were several failed calls from the call advisor's audits (however, all audits were passed overall), the themes highlighted similar themes to those of previous months, and however these were from different call advisors. *Action: NHS 111 report all advisors receive extra one to one coaching and constant support to ensure learning from mistakes. A healthy learning environment is encouraged; although constant audit is challenging, positive feedback is also given. The outcome will be reported into JQC through provider reporting.*

At the CQRM it has been confirmed that all calls where a theme has been identified have been reflected on by the individual, the provider has added a new dimension to the pathways training and re-training element around injury and illness. The CQRM were assured that appropriate actions have been identified and acted upon by the provider. The audit will remain as part of the CQRM agenda.

Safeguarding Referrals: The provider has reported the number of Safeguarding referrals for December 2016 is Adult: 7 Child: 7 & January 2017 is Adult: 7 Child: 9. The provider reports that all safeguarding referrals are verbally handed over to social services and hard copies of referral form are also sent. All recorded within NHS 111 patient notes. The CQRM will continue to monitor safeguarding referrals. CQRM has noted the issue of follow up. The provider now provides a follow up report to CQRM in the Quality reporting. *Action: CQRM action is that the safeguarding report is shared with the South Staffordshire Adult and Children Safeguarding Leads who interrogate with expert analysis for any actions to be taken up at CQRM.*

Duty of Candour (DOC): The NHS 111 provider has recorded 2 episodes requiring duty of candour in December 2016 & January 2017 these will be reviewed under serious incident reporting. A 3rd Duty of Candour has been agreed

	to be inappropriate as this was completed through the safeguarding route in the safeguarding SI.
Effectiveness	<p>Staffing: The Provider was over forecasted staffing levels for January 2017.</p> <p>Staffing Levels: Staffing levels remain on the whole above minimum staffing requirements. This will be continued to be monitored at CQRM for Quality and Safety Impact.</p> <p>Statutory and Mandatory Training: At the January 2017 & February 2017 CQRM the provider reported to CQRM 100% compliance with Mandatory Training (excluding Maternity leave and long term sickness staff). The Provider is looking at their requirements to ensure that the staff are compliant to national standards. This work should be completed by April 2017. This will be presented to the April 2017 CQRM.</p>
Patient experience	<p>Complaints: Complaints for the South Staffordshire CCGs are 3 for December 2016. Sufficient challenge has been given at CQRM and JQC has been provided with an analysis. JQC assured that there were no safety issues and quality issues have been identified and actioned. January 2017 - 2 under investigation. 1 has no identified clinical risk and 1 under review to evaluate, if the delay caused any patient harm (patient has now been seen). Both case outcomes will be reported to CQRM when completed.</p> <p>Friends and Family Feedback: The provider records 62 Surveys were completed in January 2017. NHS 111 has provided a sample of positive responses in the caller's own words which has been reviewed at CQRM and the JQC have received and overview for information. The overall analysis from the Clinical Quality Improvement Manager is that NHS 111 is reporting that they are having difficulty in completing surveys due to extreme pressure on the service. The have assured the CQRM that all staff are required on line taking calls to ensure we capture calls coming into the service. <i>Actions: The provider has reported a number of actions to JQC including calendar to allocate FFT calls, improving the collection of survey information & Patient/Public involvement meetings to gain more direct access. It has been agreed at CQRM that an update on this would be given in March's CQRM.</i></p> <p>Compliments: For March 2017 CQRM the provider reported 3 compliments received in January 2017. Themes noted remain good communication and listening skills, approachable staff and both clinical and non-clinical staff acting appropriately.</p>
Regulatory / external bodies	<p>CQC Inspection 16th June 2016 – Published - 16th November 2016: The expected CQC report was published on in November 2016. Overall services have been rated as good for the Staffordshire NHS 111 provider. The provider has been requested for an action plan for: 2 'Should Do' Actions reported by the CQC, these will be presented to the April 2017 CQRM.</p>
Summary of emerging themes and trends	<p>Contact Disposition Meeting – February 2016: As directed by the CQRM, the Urgent Care Commissioning Team, CCG Clinical Quality Improvement Manager, NHS 111 & GP OOH met at the end of February to discuss the Patients being booked directly into OOH for Contact Dispositions. This has been supported by the NHS 111/GP OOH Provider Regional Director. The Action plan from this meeting will be monitored at the CQRM and any further meetings will be instigated from the CQRM.</p> <p>Ambulance and ED Pilot: The Provider reports that Vocare Group has been successful in securing funding for a workforce development project which will run until the end of March 2017. As part of this project we want to understand why our referral rates to 999 and ED are above target and develop mechanisms to address this. It is</p>

anticipated that this will improve the service overall which will in turn affect the patients journey and have an impact on the wider health economy. The provider will update the CQRM on any Quality and Safety issues during the pilot phase.

EMD Pilot: The provider presented the February 2017 CQRM a project to establish if further clinical validation of ED and Green Ambulance Calls by ED Consultants. These changes would:

Changes the outcome of the call

Increases the acceptability of the advice offered by 111

Influences patient behaviour following their contact with 111

The Call Advice System will be both physical and virtual with clinicians working from a number of sites including Staffordshire House (Stoke on Trent), Arun House (Stafford) and Vocare House (Newcastle upon Tyne). The pilot is due to run for a 12 week period in the first instance and its quality and safety impact will be reported to the CQRM on a monthly basis.

Safeguarding Leads: An out of area CCG raised an issue that the VOCARE safeguarding leads were not appropriately trained. The CCG CQIM raised through contracting an information request on behalf of the CCG for assurances. Assurances have been received and the oversight by the organisation has now been rectified and the JQC was assured by the swift action the provider has taken to rectify this issue and the swift action from the Quality and Safety Team to gain assurance.

Risks and Mitigations	
Risk	Mitigation
Key Risks have not been identified.	

Explanation of acronyms used in this report:	
Acronym	Explanation
2WW	Two Week Wait
ACDP	Advisory Committee on Dangerous Pathogens
ARP	Ambulance Response Programme
BHFT	Burton Hospitals Foundation Trust
CAS	Central Alerting System
CCG	Clinical Commissioning Group
CDIFF	Clostridium Difficile
CHC	Continuing Healthcare
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
DN	District Nurse
DNA	Did Not Attend
ED	Emergency Department
EMSA	Eliminating Mixed Sex Accommodation
FFT	Friends and Family Test
FTE	Full Time Equivalent
GP	General Practitioner
HCAI	Healthcare Acquired Infection
HEFT	Heart of England Foundation Trust
HSMR	Hospital Standardised Mortality Ratios
IAPT	Improving Access to Psychological Therapies
IL	Improving Lives
IPC	Infection Prevention and Control
ITU	Intensive Therapy Unit
JQC	Joint Quality Committee
MRSA	Methicillin Resistant Staphylococcus Aureus
NEPT	Non-Emergency Patient Transport
NHSI	NHS Improvement
NSL	Non Urgent Patient transport provider
OOH	Out of Hours
PALS	Patient Advisory Liaison Service
PROMS	Patient Reported Outcome Measures

QIA	Quality Impact Assessment
RCA	Root Cause Analysis
Red 1/2	8 minutes to be on site
Red 19	19 minutes to be on site
RTT	Referral to Treatment Times
SALT	Speech and Language Therapy
SDUC	Staffordshire Doctor Urgent Care
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incidents
SSOTP	Staffordshire and Stoke on Trent Partnership Trust
SSSFT	South Staffordshire and Shropshire NHS Mental Health Foundation Trust
SVA	Safeguarding Vulnerable Adults
TDA	Trust Development Authority
TV	Tissue Viability
VTE	Venous-thrombus Embolism
WMAS	West Midlands Ambulance Service
YTD	Year to Date

Title	Finance Report Month Eleven 2016/17 (Period 1st April 2016 – 28th February 2017)
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Wendy Kerr	Wendy Kerr / Martin Richards

Purpose of the Report (Please select)			
Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>

Key Points/Executive Summary
<ul style="list-style-type: none"> ➤ The current forecast outturn shows the CCG to be on plan to deliver the deficit target of £5.49m (in-year surplus of £1.56m less payback of £7.05m). 100% of the contingency reserve has been released into the forecast outturn position to achieve the CCG's overall financial plan. ➤ A year-end settlement has been reached with Burton Hospitals, which is in line with the CCG's expectations and reduces financial risk for the remainder of the year. ➤ It is expected that NHS England will direct CCGs to release the 1% non-recurrent reserve £1.6m in March (Period 12 2016/17), in order to improve the outturn position. This would reduce the deficit target for 2016/17 for East Staffs CCG from £5.49m to £3.94m, and hence reduce the debt carried forward into 2017/18. ➤ Some financial risks remain, in particular UHNM, Derby, Continuing Healthcare and prescribing. However, it is not anticipated that any movements will be material enough to affect the CCG's ability to deliver the control total.

Recommendations (what is expected from the Board)

Recommendations:-

The Governing Body are asked to:

- **Understand** the context against which the month eleven finance report has been written. Recognising that the CCG remains on plan to deliver the forecast outturn of £5.49m, improving to £3.94m as a result of releasing the 1% non-recurrent reserve.
- **Be cognisant of** the year-end settlement reached with Burton Hospitals, to support the year-end process.
- **Understand** that a small number of risks remain which are not considered to be material enough to effect the control total.

Enclosures

Recommendations (what is expected from the Board)
Recommendations:-
The Governing Body are asked to:
<ul style="list-style-type: none">➤ Understand the context against which the month eleven finance report has been written. Recognising that the CCG remains on plan to deliver the forecast outturn of £5.49m, improving to £3.94m as a result of releasing the 1% non-recurrent reserve.➤ Be cognisant of the year-end settlement reached with Burton Hospitals, to support the year-end process.➤ Understand that a small number of risks remain which are not considered to be material enough to effect the control total.
Enclosures

East Staffordshire CCG 2016/17 Financial Position as at Month Eleven.

1. Financial Performance.

Table one below summarises the CCG's financial performance by RAG rating, as at the end of month eleven (1st April 2016 – 28th February 2017). The financial information provided comes with the caveat that further validation of the acute activity for month ten is still being undertaken. However, the level of risk with respect to movements in activity has been reduced as a result of the year-end settlement agreed with Burton.

Table One – Financial Performance.

Indicator	RAG Rating YTD	RAG Rating Forecast Outturn
Achievement of Overall Financial Plan ¹	Green / £5.5m	Green / £5.5m
QIPP Delivery (NHS England Threshold)	Green / £5.0m	Green / £5.0m
Remain within Running Costs Limit	Green / £3.0m	Green / £3.0m
Underlying Recurrent Surplus ²	Green / £3.0m	Green / £3.0m
Remain within Cash Limit	Green / £155.8m	Green / £155.8m
Contingency	Amber / 65%	Amber / 100%
¹ The NHS England Assured Plan is to deliver a £5.49m deficit		
² Maintaining the Underlying Recurrent Surplus is dependant on recurrent QIPP delivery		

2. Revenue Resource Limit.

Table two below highlights the CCG's Revenue Resource Allocation, as at month eleven. The finance report reflects the confirmed revenue resource limit.

Table Two – ESCCG Revenue Resource Limit.

East Staffordshire CCG	Recurrent £000	Non- Recurrent £000	Total Resource £000
Revenue Resource Limit as at Month 11 (1 April - 28th February 2017)			
Confirmed Healthcare Allocation - Programme	155,647		155,647
Confirmed Running Cost Allowance - Admin	2,966		2,966
Brought Forward Surplus/(Deficit)		-7,049	-7,049
Eating Disorder Service		67	67
Bone Morph	-3		-3
Prison Secondary Care (Anticipated In Plan)		221	221
Clerical Training		12	12
CYP Local Transformation Mental Health		28	28
CEOV		-185	-185
Quality Premium Awards 2015/16		53	53
Winter Resilience Funding		364	364
PC Investment Training in Redirecting Workflow		56	56
Improving Access to General Practice		59	59
CYP Local Transformation Mental Health 2nd Tranche		28	28
NHS Property Services		40	40
Total Resource Limit - Programme and Admin	158,610	-6,306	152,304

3. Financial Summary.

Table three shows the CCG's summary position as at the end of month eleven (1st April to 28th February 2017).

Table Three – Financial Overview.

East Staffordshire CCG - Finance Report Month 11 (1 April - 28th February 2017)	Annual Budget £,000	YTD Budget £,000	YTD Exp £,000	YTD Variance £,000	Forecast Exp £,000	Forecast Variance £,000
Revenue Resource Allocation	-152,304	-140,108	-140,108	0	-152,304	0
Expenditure						
Mental Health	11,523	10,510	10,624	114	11,639	116
Acute	99,088	92,120	92,270	149	99,242	153
Primary Care	23,794	21,388	21,340	-48	23,772	-23
Cont Care & FNC	10,110	9,294	9,675	380	10,707	597
Community	6,059	5,599	5,603	4	6,070	11
Other	3,356	1,527	1,541	14	3,397	41
Total HCHS	153,930	140,440	141,053	614	154,826	896
Contingency & NICE	896	583	0	-583	0	-896
Total Reserves & Contingencies	896	583	0	-583	0	-896
Total Healthcare	154,826	141,023	141,053	30	154,826	-0
Corporate/Running Costs	2,972	2,693	2,663	-30	2,972	0
Total Expenditure	157,798	143,716	143,716	-0	157,798	-0
Total Deficit	5,494	3,608	3,608	-0	5,494	-0
Release of 1% Mandated NR Reserve					-1,556	
Anticipated Outturn 2016/17					3,938	

The forecast outturn shows that the CCG remains on plan to achieve the £5.49m deficit control total. Work continues to validate activity and finances for month ten for all providers (including Burton for data trends).

NHS England is expected to direct CCGs to release the 1% non-recurrent reserve in March (Period 12 2016/17), in order to improve the outturn position across the NHS. The 1% reserve equates to £1.556m for East Staffordshire CCG. This will reduce the deficit target for 2016/17 from £5.494m (reflected in the table above) to £3.938m, and hence reduce the debt carried forward into 2017/18.

The planned reserves held by the CCG total £0.9m; usage of these reserves is detailed in table four below.

Table Four - Reserves

Breakdown of General Reserves	Total £'000	Released YTD £'000	Released Forecast £'000
Contingency / NICE	896	583	896
Total	896	583	896

There is still potential for additional financial risks and benefits to materialise, prior to year-end. It is anticipated that areas likely to generate additional risks would be:

- Continuing Healthcare – the CCG is now forecasting a total £597k over spend based on data supplied by the CSU, a slight improvement compared to last month. However, it is important to note that this is after releasing a provision of £300k relating to prior financial year. The forecast includes the 40% national increase in the basic rate for Funded Nursing Care (£350k which had not been anticipated within the plans). The increases in expenditure seen this year are predominantly as a result of price increases rather than activity. Fortnightly reviews with MLCSU and the Staffordshire CCGs take place to undertake contractual reviews to enact mitigating actions to ensure right management of the forecast outturn position.
- Resolution/dispute process of contract disputes.
- Prescribing expenditure tends to be more volatile in quarter four.

4. Mental Health

South Staffordshire & Shropshire Healthcare is currently forecasting an over spend of £140k due to increased costs incurred for individual case management and activity within the Psychiatric Intensive Care unit (PICU).

5. Acute Commissioning

Table five below showing the Acute Commissioning Analysis via ledger.

ESCCG Acute Commissioning Month 11 (1 April - 28th February 2017)	Annual Budget £,000	YTD Budget £,000	YTD Exp £,000	YTD Variance £,000	Forecast Exp £,000	Forecast Variance £,000
Burton	41,216	37,961	38,010	48	41,261	46
Virgin Healthcare (May 2016 to March 2017)	35,403	35,403	35,301	-102	35,403	0
Derby	11,125	10,224	9,681	-542	10,525	-600
Leicester	532	488	542	54	590	58
North Midlands	1,793	1,644	1,859	215	2,027	234
UHB	486	446	451	6	483	-3
Nottingham	585	536	687	151	612	27
HEFT	193	177	171	-6	185	-8
Royal Orthopaedic	247	226	230	4	249	2
B'ham Childrens	244	224	288	65	315	71
Sandwell & West B'ham	104	95	93	-2	101	-2
Wolverhampton	360	330	255	-75	276	-84
Walsall	30	28	5	-22	0	-30
Ambulance	3,484	3,194	3,327	133	3,629	145
Total Main Acute Providers	95,803	90,976	90,901	-75	95,657	-146
Other Acute	3,285	1,144	1,368	224	3,585	300
Total Acute	99,088	92,120	92,270	149	99,242	153

The acute contract year-to-date variance and forecast for month eleven is based on SUS / SLAM at month ten extrapolated, and adjusted to take account of known issues. Information relies on the acute trusts both in terms of quality of submission and adherence to the timetable.

The table illustrates that four key contracts (Leicester, North Midlands, Nottingham and Children's) where the CCG is an associate, the current level of spend is forecasting a potential combined overspend of 12% against contract value, which is an improvement from the 15% reflected last month.

The West Midlands Ambulance contract is forecasting an over performance of £145k due to activity being above plan across all areas, despite allowing for growth of 3.5% in the 2016/17 contract.

Table Six – Summary of main Acute Contract Adjustments to SUS / SLAM via CMET Report.

Month 10	Acute Providers - Contracted								
Provider	Annual Plan	YTD Plan	YTD Actual	YTD Variance	YTD Adjustment	YTD Adjusted Variance	FOT Adjustment	FOT	FOT Variance
Burton	38,297,612	32,091,781	31,203,529	-888,253	597,151	-291,102	716,581	37,949,141	-348,471
Derby Teaching	10,818,380	9,056,329	8,016,889	-1,039,440	532,288	-507,152	638,746	10,218,499	-599,881
UHNM	1,793,268	1,491,828	1,692,457	200,629	-20,833	179,796	-25,000	2,020,976	227,708
Nottingham UH	584,811	490,428	502,756	12,328	19,980	32,308	23,976	624,686	39,875
UH Leicester	532,486	443,490	465,835	22,345	25,670	48,015	30,804	590,081	57,595
UH Birmingham	486,024	405,020	402,537	-2,482	0	-2,482	0	483,044	-2,980
Royal Wolverhampton	360,297	299,597	238,741	-60,855	0	-60,855	0	287,026	-73,271
Nuffield Derby	302,098	251,748	329,548	77,800	0	77,800	0	395,458	93,360
Royal Orthopaedic	246,937	203,610	170,289	-33,321	0	-33,321	0	219,091	-27,846
Birmingham Children's	243,962	203,053	217,543	14,490	44,432	58,922	53,318	314,676	70,714
Heart of England	193,102	154,308	148,061	-6,248	0	-6,248	0	189,722	-3,380
Ramsay Rowley Hall	114,814	95,678	56,115	-39,563	0	-39,563	0	66,691	-48,123
SWBH	103,925	86,302	84,198	-2,104	0	-2,104	0	101,458	-2,467
Birmingham Women's	38,022	31,709	25,816	-5,892	0	-5,892	0	30,920	-7,102
Spire Healthcare	36,182	30,152	23,164	-6,987	0	-6,987	0	27,798	-8,384
SATH	7,902	6,601	9,045	2,444	0	2,444	0	10,855	2,953
Total	54,159,820	45,341,634	43,586,524	-1,755,110	1,198,687	-556,422	1,438,425	53,530,122	-629,698

The difference in values between table five and six for Burton and Derby:-

- Represents agreements & funding outside of the main contracts
- Month 1 Virgin in-scope activity of £0.3m at Derby and £2.2m at Burton.
- NCA's (treatment of Virgin Care's activity).
- Prior year adjustments.

Table seven highlights the manual adjustments (YTD and forecast outturn) made to the SUS/SLAM data, for inclusion in reporting the CCG's financial position for acute activity. The rationale for these adjustments will be provided within the detail of the report below.

Table Seven – Burton Detail

RJF00	Burton Hospitals NHS FT								
Month 10	Finance								
PoD	Annual Plan	YTD Plan	YTD Actual	YTD Variance	YTD Adjustment	YTD Adjusted Variance	FOT Adjustment	FOT	FOT Variance
Daycase	5,957,667	5,009,697	5,186,374	176,677	176,428	353,104	211,713	6,379,489	421,822
Elective	4,687,257	3,915,086	3,552,473	-362,613	263,849	-98,764	316,619	4,569,744	-117,513
Non Elective	7,614,250	6,362,633	6,480,434	117,801	120,207	238,009	144,249	7,899,473	285,223
Critical Care	1,590,768	1,333,630	1,077,073	-256,557	291,667	35,110	350,000	1,634,744	43,976
OP First	1,951,357	1,630,654	1,762,154	131,499	0	131,499	0	2,108,718	157,361
OP Follow Up	2,785,954	2,373,529	2,390,645	17,117	0	17,117	0	2,806,045	20,091
OP Procedure	2,232,610	1,855,730	1,587,890	-267,839	0	-267,839	0	1,910,375	-322,235
OP Diagnostic	554,195	463,008	397,934	-65,074	-40,784	-105,858	-48,941	427,363	-126,832
A&E	844,251	707,783	685,718	-22,065	278	-21,787	334	818,265	-25,986
Drugs	3,010,503	2,523,874	2,488,738	-35,136	0	-35,136	0	2,968,592	-41,911
Maternity	3,062,857	2,567,764	2,586,678	18,914	0	18,914	0	3,085,418	22,561
Direct Access	2,000,581	1,670,985	1,615,854	-55,131	0	-55,131	0	1,934,576	-66,005
Other	1,292,924	1,084,240	900,656	-183,584	-214,494	-398,078	-257,393	816,613	-476,311
MRET	0	0	-120,946	-120,946	0	-120,946	0	-145,135	-145,135
Readmissions	-105,572	-88,507	-88,507	0	0	0	0	-105,572	0
CQUIN	818,011	681,676	700,361	18,685	0	18,685	0	840,433	22,422
Total	38,297,612	32,091,781	31,203,529	-888,253	597,151	-291,102	716,581	37,949,141	-348,471

SLAM data for month ten is showing Burton YTD as being £0.9m under plan. However the CCG's view is that simply extrapolating the YTD position would understate the forecast outturn due to the following:

- U codes – forecast increased by £352k. This will form part of the Trust's revised SUS submission under the flex and freeze arrangements.
- Long stay – the forecast has been increased by £350k for a critical care patient not yet discharged. (This value has been accrued separate to the agreement since payment depends on discharge date).

Since the ledger closed, a year-end settlement has been reached with Burton which is aligned to the forecast outturn position predicted/excluding long stay accruals).

Table Eight – Derby Detail

RTG00	Derby Teaching Hospitals NHS FT								
Month 10	Finance								
PoD	Annual Plan	YTD Plan	YTD Actual	YTD Variance	YTD Adjustment	YTD Adjusted Variance	FOT Adjustment	FOT	FOT Variance
Daycase	1,754,217	1,451,106	1,481,954	30,848	19,841	50,689	23,809	1,815,318	61,101
Elective	2,906,916	2,411,269	1,841,628	-569,642	138,228	-431,414	165,873	2,386,055	-520,861
Non Elective	1,659,169	1,445,708	1,258,687	-187,021	121,093	-65,928	145,312	1,589,846	-69,323
Critical Care	851,738	714,350	498,567	-215,783	169,000	-46,783	202,800	797,254	-54,484
OP First	418,339	347,936	373,390	25,454	0	25,454	0	448,943	30,604
OP Follow Up	509,545	422,905	438,262	15,357	0	15,357	0	528,048	18,503
OP Procedure	482,746	401,879	418,524	16,645	0	16,645	0	502,740	19,994
OP Diagnostic	130,252	109,097	69,969	-39,128	0	-39,128	0	83,536	-46,716
A&E	78,804	64,874	75,818	10,944	0	10,944	0	92,098	13,294
Drugs	1,070,846	892,372	810,091	-82,281	50,000	-32,281	60,000	1,032,109	-38,737
Maternity	0	0	2,080	2,080	0	2,080	0	2,496	2,496
Direct Access	90,351	75,170	57,216	-17,954	0	-17,954	0	68,772	-21,579
Other	896,218	746,639	694,129	-52,510	34,126	-18,384	40,952	874,140	-22,078
MRET	-245,570	-205,984	-160,376	45,608	0	45,608	0	-191,197	54,373
Readmissions	-22,590	-18,825	-18,825	0	0	0	0	-22,590	0
CQUIN	237,401	197,834	175,776	-22,058	0	-22,058	0	210,931	-26,470
Total	10,818,380	9,056,329	8,016,889	-1,039,440	532,288	-507,152	638,746	10,218,499	-599,881

Derby is showing a similar pattern to Burton; manual adjustments have been undertaken for RTT (£189k), the drugs profile (£60k), length of stay report (£202k) plus spinal activity incorrectly coded to Virgin (£145k).

6. Primary Care

Table Nine shows Primary Care expenditure as at the end of month eleven.

Primary Care Summary	Annual Budget	YTD Budget	YTD Exp	YTD Variance	Forecast Exp	Forecast Variance
Month 11 (1 April - 28th February 2017)	£,000	£,000	£,000	£,000	£,000	£,000
Central Drugs	541	496	456	-40	501	-40
Commissioning Schemes	193	177	177	0	193	0
Local Enhanced Services	1,360	1,247	1,247	-0	1,360	0
Medicines Management - Clinical	356	326	269	-57	301	-55
Out Of Hours	15	15	27	13	27	13
Primary Care IT	353	323	323	-0	353	0
Oxygen	166	152	158	6	176	10
Prescribing	20,742	18,589	18,620	31	20,792	50
Primary Care Investments	68	62	62	0	68	0
Total	23,794	21,388	21,340	-48	23,772	-23

Prescribing data for April to December only was available at the time the ledger was closed. Historically the BSA's forecasts have tended to fluctuate and are prone to deterioration in the last two quarters of the financial year and this pattern is being seen in 2016/17. The October BSA forecast outturn was an under spend of £221k compared to an under spend of £448k three months earlier. This has further deteriorated so an over spend of £50k is now reflected. Medicines Management continue to undertake a detailed review of changes in spend patterns at a summary level. What it has shown is that the number of items prescribed has increased by 2.2% and the cost has increased by 0.74%. ESCCG is better than NHS England's average on cost (1.19%) but worse than NHS England average on items (1.87%).

7. Underlying Recurrent Position.

The CCG's underlying recurrent position is a surplus of £2.9m, representing 1% surplus £1.5m and 1% non-recurrent reserve £1.5m which the CCG holds recurrently.

8. CCG Running Costs.

The CCG's running cost envelope for 2016/17 is £2.97m which is a slight reduction from 2015/16.

Table Ten - Running Costs.

Corporate Running Costs	Annual Budget	YTD Budget	YTD Exp	YTD Variance	Forecast Exp	Forecast Variance
Month 11 (1 April - 28th February 2017)	£,000	£,000	£,000	£,000	£,000	£,000
Pay	1,260	1,157	1,074	-83	1,198	-63
Non-Pay	1,737	1,560	1,638	78	1,826	88
Income	-26	-24	-48	-25	-51	-25
Total Corporate Running Costs	2,972	2,693	2,664	-30	2,972	0

Plans include increased capacity for the management of the Virgin contract and legal costs associated with contract disputes.

9. Better Payment Policy

The CCG has a business target to achieve the Government's Prompt Payment Target of 95% of invoices being paid within 30 days both in terms of value and volume. As at month eleven, the CCG is not achieving the Better Payment Policy (BPP) target in relation to the number of non-NHS invoices paid within 30 days, but is achieving the target in all other areas.

Table Eleven below shows the currently reported position.

(05D) EAST STAFFORDSHIRE CCG

Prepared by: Anisa Darbar

Date completed: 02/03/2017

Period: Feb-2017

NHS

	Invoices Paid						Percentage Compliance			
	Within Limit		Outside Limit		Total Paid		This Month		Year to Date	
	Number	Value	Number	Value	Number	Value	Number	Value	Number	Value
APR	217	16,581,780	6	13,254	223	16,595,034	97.3	99.9	97.3	99.9
MAY	96	2,776,676	3	33,536	99	2,810,212	97.0	98.8	97.2	99.8
JUN	200	8,000,539	4	13,078	204	8,013,617	98.0	99.8	97.5	99.8
JUL	118	6,357,873	8	14,267	126	6,372,141	93.7	99.8	96.8	99.8
AUG	105	6,837,146	12	26,482	117	6,863,629	89.7	99.6	95.7	99.8
SEP	106	7,353,411	0	0	106	7,353,411	100.0	100.0	96.2	99.8
OCT	94	6,807,266	1	7,200	95	6,814,466	98.9	99.9	96.5	99.8
NOV	94	6,845,329	2	22,947	96	6,868,279	97.9	99.7	96.6	99.8
DEC	276	6,572,155	0	0	276	6,572,155	100.0	100.0	97.3	99.8
JAN	124	6,236,443	4	615	128	6,237,058	96.9	100.0	97.3	99.8
FEB	292	4,026,824	10	15,988	302	4,042,812	96.7	99.6	97.2	99.8
TOTAL	1,722	78,395,443	50	147,367	1,772	78,542,813				

NON NHS

	Invoices Paid						Percentage Compliance			
	Within Limit		Outside Limit		Total Paid		This Month		Year to Date	
	Number	Value	Number	Value	Number	Value	Number	Value	Number	Value
APR	138	1,585,155	2	56,196	140	1,641,351	98.6	96.6	98.6	96.6
MAY	315	8,178,787	26	85,243	341	8,264,030	92.4	99.0	94.2	98.6
JUN	138	3,856,058	29	133,977	167	3,990,035	82.6	96.6	91.2	98.0
JUL	273	6,927,489	38	80,144	311	7,007,633	87.8	98.9	90.1	98.3
AUG	209	4,439,808	26	37,653	235	4,477,461	88.9	99.2	89.9	98.5
SEP	145	3,924,057	6	5,795	151	3,929,852	96.0	99.9	90.6	98.6
OCT	210	4,125,915	7	12,624	217	4,138,539	96.8	99.7	91.4	98.8
NOV	238	4,285,876	13	6,291	251	4,292,167	94.8	99.9	91.9	98.9
DEC	209	4,148,640	5	10,938	214	4,159,578	97.7	99.7	92.5	99.0
JAN	110	3,932,192	5	16,062	115	3,948,254	95.7	99.6	92.7	99.0
FEB	196	7,580,337	1	5,781	197	7,586,118	99.5	99.9	93.2	99.2
TOTAL	2,181	52,984,314	158	450,704	2,339	53,435,019				

3,903	131,379,757	208	598,071	4,111	131,977,831	94.9	99.5
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10. Cash Resource Limit.

Continuing careful management of cash should ensure sufficient funds are available throughout the financial year. Table Twelve below shows the planned Cash Drawdown position and actual.

East Staffordshire CCG Financial Year 2016/17												
CASH DRAWINGS												
Month	Monthly Plan	Planned Prescribing Drawdown	Cumulative Plan	Actual Prescribing Drawdown	Actual Cash Drawdown	Actual Total Monthly Drawdown	Actual Cumulative Drawdown	% Drawings to Date	Cumulative Variance from Plan	% Variance from Plan (cumulative)	Cash Balance	% Variance
	£000	£000	£000	£000	£000	£000	£000	%	£000	%		%
April	16,629	1,318	17,947	1,376	18,000	19,376	19,376	12.43%	1,429	7.96%	63	0.35%
May	11,505	1,444	30,897	1,502	11,000	12,502	31,878	20.45%	981	3.18%	72	0.65%
June	11,463	1,391	43,751	1,538	12,000	13,538	45,416	29.13%	1,665	3.81%	66	0.55%
July	11,451	1,448	56,650	1,445	13,500	14,945	60,361	38.72%	3,711	6.55%	68	0.50%
August	11,427	1,414	69,490	1,497	11,000	12,497	72,858	46.73%	3,368	4.85%	-54	-0.49%
September	11,451	1,467	82,408	1,449	11,000	12,449	85,307	54.72%	2,899	3.52%	117	1.06%
October	11,455	1,381	95,245	1,497	11,000	12,497	97,804	62.74%	2,559	2.69%	70	0.64%
November	11,415	1,477	108,137	1,433	11,000	12,433	110,237	70.71%	2,100	1.94%	151	1.37%
December	11,465	1,484	121,085	1,532	10,500	12,032	122,269	78.43%	1,184	0.98%	70	0.67%
January	11,435	1,422	133,942	1,530	10,200	11,730	133,999	85.95%	56	0.04%	9	0.09%
February	11,472	1,456	146,871	1,625	11,500	13,125	147,124	94.37%	253	0.17%	81	0.70%
March	7,573	1,453	155,897			0		0.00%		0.00%		
CRL	138,742	17,155	155,897	16,424	130,700	147,124						

The cash profile recognises:

- The planned cash advance of £3m made to Burton in April, this will be clawed back in March 2017, so that cash and the SLA are aligned.
- Cash profile of payments to Virgin Healthcare, an additional £4m paid in May, to be offset by zero payment in March 2017, so cash and SLA are aligned.

11. Statement of Financial Position

Table Thirteen shows the Statement of Financial Position as at month eleven.

Month 11 (1 April - 28th February 2017)	
ASSETS	£'s
Total Other Non-Current Assets	0
Non-Current Assets	0
	£'s
Trade and other receivables	1,253,643
- NHS receivables	343,780
- NHS - Prepayments	0
- Non- NHS Prepayments	0
- Other - Prepayments	263,494
- VAT Receivable	59,858
- Other Receivables	285,011
Cash and cash equivalents	81,372
- Cash	81,372
Current Assets	1,335,015
TOTAL ASSETS	1,335,015
LIABILITIES	£'s
- Social Security Costs	54,755
- NHS payables - revenue	3,746,659
- Non-NHS payables - revenue	704,233
- Non-NHS accruals and deferred income	2,160,251
- NHS accruals and deferred income	1,202,391
- Other Payables - revenue	76,790
- Other liabilities	14
Current Liabilities	7,945,092
EQUITY	£'s
Retained Earnings	-6,610,077
Total Taxpayers Equity	-6,610,077
TOTAL EQUITY + LIABILITIES	1,335,015

Note that the cash position above includes un-cleared BACS and cheques, whereas NHS England monitors the actual cash balance at the bank.

Recommendations:-

The Governing Body are asked to:

- **Understand** the context against which the month eleven finance report has been written. Recognising that the CCG remains on plan to deliver the forecast outturn of £5.49m, improving to £3.94m as a result of releasing the 1% non-recurrent reserve.
- **Be cognisant of** the year-end settlement reached with Burton Hospitals, to support the year-end process.
- **Understand** that a small number of risks remain which are not considered to be material enough to effect the control total.

Title	Performance Report 2016/17: Month 10 (January)
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Reporting to	Governing Body
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Date of Meeting	30 th March 2017
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Commissioning Lead(s)	Author(s)
Paul Winter	Paul Winter

Purpose of the Report (Please select)		
Approval	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>

Key Points / Executive Summary

This report outlines the latest-available data showing CCG performance against all of the NHS Constitution standards. All areas have been updated with data for January 2017.

Performance Context (17 standards)	On Target	Not On Target
NHS Constitution: at Month 10 / Year-to-Date	8 / 5	9 / 12

An increasing number of standards are currently off target on a cumulative basis as at the end of January. However one or two are still recoverable, subject to over-performance in February and March 2017. A couple of currently off-target cancer standards are showing signs of recovery, or have a low number of breaches recorded to date. So few or no further breaches should be enough for delivery across the year.

Recovery is now impossible for 4-hour A&E waits, Cancer 2-week waits (breast symptoms), Cancer 31-d second / subsequent treatments (surgery), Cancer 62-day waits and Ambulance Response Times. Those standards that are set on a zero tolerance basis and in-year breaches recorded this year were already irrecoverable (e.g. Mixed-Sex Accommodation, 52-week waits RTT).

Delivery remains very challenging for Diagnostic 6-week waits, 18-week RTT waits, Cancer 31-d waits (radiotherapy) and Mental Health Care Programme Approach, which all might be achieved if both February / March and Q4 achieve 100%. This is possible but remains a risk as increased activity is also a dependent factor in delivery as well, and won't be known until performance data comes in.

Exception Reports are provided within the main report for all areas where performance is not on track. A summary overview, plus an estimate of whether performance is recoverable is as follows:

☒ 18-weeks from Referral to Treatment: ESCCG (c/o Burton, Derby & multiple small providers)

January saw performance below the required 92% rate (91.2% achieved: the lowest rate recorded all year). Burton Hospital returned to national reporting in November, and while the Trust has achieved the standard overall in the three months since, it has been missed on two out of three occasions for our CCG's patients. Performance has dipped below 92% at Derby Hospitals too in the last couple of months. Our cumulative rate remains below the standard in January, and is still recoverable subject to 93%+ being recorded in both February and March.

☒ 4-hour A&E waits, from arrival to admission, transfer or discharge: ESCCG (c/o Burton & Derby)

January saw a slight improvement in the overall rates recorded by both Burton and Derby Hospitals. However their combined, cumulative year-to-date rates are well below the 95% standard. Taking into consideration past actual patient breaches, projected activity levels, contract plans and current performance, it is impossible for either to achieve the 4-hour standard across 2016/17. However Burton's local monitoring data ("Good Morning Burton") show the Trust well above 95% in March, so performance has been recovered and will be reflected in future Governing Body reports.

☒ 14-day Cancer Waits to first outpatient appointment, breast symptoms: ESCCG (c/o Burton)

January saw non-delivery of the standard, owing to eight patients breaching out of 62 seen, all at Burton. The standard is not being achieved cumulatively and is irrecoverable even if February / March both achieve 100% rates. Burton is not delivering the standard either at Trust-wide level; although a number of breaches are due to patient choice (declining an appointment offered within target time). A number are due to limited internal capacity, which is deemed clinically inappropriate and will be tackled with further performance improvement actions should the last two months under-performance become a trend rather than a one-off (prior to Christmas the standard had been recovered fully at Burton and ESCCG levels).

☒ 31-day Cancer Waits to treatment, all cancers: ESCCG (c/o Burton, Derby + Circle, Nottingham)

January saw non-delivery of the standard, owing to three patients breaching out of 70 treated, although the standard is still being achieved cumulatively. As Burton and Derby are generally delivering the standard, then as long as the target is delivered each month for the rest of the year for our patients, then we should be compliant at CCG level across the year.

☒ 62-day Cancer Waits to first treatment, from urgent GP referral: ESCCG (c/o Burton & Derby)

January saw continued problems with this standard at ESCCG and provider levels, although with decreasing numbers of breaches at Burton / Derby. As both have delivery issues at Trust-wide level, it is now impossible that the CCG will achieve the standard across 2016/17 as a whole. There are Remedial Action Plans in place to address performance at both providers; however contractual penalties are waived owing to national rules about the Sustainability & Transformation Fund (STF). Both providers do stand to lose a significant proportion of their available STF money if performance is not met. So it is hoped that this is sufficient incentive to turn performance around in the next financial year. Both Providers have assured the CCG that no patients have come to harm as a result of breaching the standard.

☒ Eliminating Mixed Sex Accommodation - EMSA: ESCCG (c/o Burton)

January saw a slightly reduced number of breaches of this standard; and all were patients in Burton's Critical Care unit, with the Trust on escalation levels 3 or 4 at the time. Patients were fit for discharge from CCU to a ward bed, however none were available. Keeping the patients in a bed in CCU was however optimum care, so although breaches, there was no compromised clinical quality. Despite this, the breaches are fineable under NHS Standard Contract provisions, and will be enacted by the CCG.

☒ Ambulance Response Time: ESCCG (c/o West Midlands Ambulance - WMAS)

January saw continued non-delivery of the national 8-minute standard, with performance well below the required 75% target rate. WMAS is a national pilot site for the new definition of the national standard, and since the pilot commenced in June 2016, WMAS has not delivered a rate over 70%. However contract data shows 75% of patients in S Staffs waiting between 8.5 to 9 minutes for ambulance despatch.

Recommendations (what is expected from the Governing Body)

The Governing Body is provided with the report to give it ongoing assurances regarding Performance Management. This will help the Governing Body retain an active grip on performance in the areas that the CCG is held to account for delivery by NHS England. It is therefore asked to:

- **Acknowledge and discuss** the issues covered in the Performance Report
- **Be assured** that the Exception Reports for each under-performing area provide satisfactory assurance

Enclosures

Month 10 Performance Report 2016/17

ESCCG Performance Report 2016/17 - Summary Dashboard

CCG Assurance Framework 2016/17 Components

BETTER HEALTH <i>Improving the health & wellbeing of the population</i>	Unofficial Rating	(3/13 assessed KPIs = Red)	Q
	Requires Improvement	(Official awaited)	
BETTER CARE <i>Focussing on care redesign & performance</i>	Unofficial Rating	(6/21 assessed KPIs = Red)	Q
	Requires Improvement	(Official awaited)	
SUSTAINABILITY <i>Remaining in financial balance & securing good value</i>	Unofficial Rating	(Finance KPI = Red)	Q
	Requires Improvement	(Official awaited)	
LEADERSHIP <i>Quality of leadership, plans, partnering & governance</i>	Unofficial Rating	Good	Q
	(5/6 assessed KPIs = Green)	(Official due end Aug)	

Non-Assurance Framework Components

PERFORMANCE <i>Delivery of NHS Constitution commitments</i>	Outstanding	Good	M
	Requires Improvement	Inadequate	
FINANCIAL MANAGEMENT <i>Delivery of finance, activity + other plans</i>	Outstanding	Good	M
	Limited	Inadequate	

Note: Assessment Frequencies - Q = Quarterly / M = Monthly

EXCEPTION REPORTS (for M10 January unless otherwise stated)

KPI	Issue	Proposed Intervention (Method)	Expected Outcome Achievement Date
18 Weeks: incomplete pathways	<p>January data for ESCCG patients was again below the standard - at 91.2% (or 656 breaches out of 7,471 incomplete patient pathways). The total number of pathways has reduced while the over-18wk backlog is the same as the previous month: indicating an increase in the numbers of incomplete patients treated in month, where patients were waiting less than 18 weeks. As noted below, a number of key providers of patient choice are missing the 92% target.</p> <p>Our cumulative performance across 16/17 remains below the 92% threshold, at 91.7% as at January. Burton's performance for our patients was 91.8% (or 416 over 18 week patients out of 5,054 pathways). Burton were compliant provider-wide in January, achieving 92.3% (or 1,138 breaches out of 14,862 pathways - both slightly reduced on the previous month).</p> <p>The January positions for our patients at the other, larger volume providers of ESCCG patient choice (i.e. >20 patients seen in-month) shows the following:</p> <ul style="list-style-type: none"> • Notts Uni= 92.8% (64/69 <18wks) • Royal Wolves= 95.8% (23/24 <18wks) • Bham Children's= 98.1% (52/53 <18wks) • Nuffield Health = 94.6% (35/37 <18wks) • Rowley Hall= 100% (24/24 <18wks) • UHB= 93.2% (55/59 <18wks) • Sandwell & WB= 92.6% (25/27 <18wks) • Derby= 91.1% (1489/1635 <18wks, 146 >18) • UHNM= 85.1% (205/247 <18wks, 42 >18) • Uni Hosp Leics= 82.5% (33/40 <18wks) • ROH= 79.4% (27/34 <18wks) • HEFT= 86.8% (33/38 <18wks) 	<p>Due to STF rules, fines cannot be levied if the target / STF trajectory is achieved at provider-wide level.</p> <p>A RAP remains in place with Burton for General Surgery, Urology and T&O, with most milestones being delivered and recovery targeted by the Trust in March 2017. These specialties also have Waiting List Initiatives running throughout February / March to aid recovery + reduce backlogs to IST-recommended levels.</p> <p>Our Outsourcing Plan has redirected a small number of referrals from Burton to Derby Nuffield, Rowley Hall + Circle Nottingham, principally for General Surgery, T&O, Urology, Gastro, Ophthalmology + Gynae elective treatments.</p> <p>It is understood that S Derbyshire CCG has now been requested by NHSE to produce a Plan for Derby Hospitals: an offer has been made by the CCG to share our experiences and to participate in the production of this (even though ESCCG numbers at this provider are small).</p>	<p>RAPs = expected delivery of 92% across 16/17 at all providers re. NHS Improvement STF trajectories</p>
A&E: 4 hours to admission, transfer or discharge	<p>January data for ESCCG (inc. Virgin Care) patients is:</p> <ul style="list-style-type: none"> • Burton = 87.3% vs. 95% standard (1,157 breaches / 9,145 attendances); 89.7% YTD and no 12 hour+ trolley waits • Derby = 84.2% vs. 95% standard (2,386 breaches / 15,108 attendances); 87.7% YTD and 4 12 hour+ trolley waits <p>The majority of Burton's breaches were for ESCCG / Virgin Care (524 or 6% of total attendances) / SES&SPCCG (222 or 2.4%) + S Derbys CCG (213 or 2.3%) and all at the Queen's Hospital site.</p> <p>Burton's attendances + breaches were slightly decreased on the previous month. Derby experienced the same pattern for both attendances + breaches.</p>	<p>Burton RAP agreed: actions =</p> <ul style="list-style-type: none"> ✓ front-door streaming to OOH + Ambulatory Emergency Care ✓ Rapid Assessment & Treatment ✓ ED Majors Ambulant (lower acuity) patient trial ✓ Rapid Response model (with Virgin Care) ✓ AAC Medical Triage pilot schemes ✓ ambulance turnaround times (dedicated RAP also in situ) ✓ monitoring Internal Professional Standards ✓ ED Consultants taking decisions to admit for medical patients ✓ workforce recruitment (medical / nursing / ENPs) ✓ improved patient flow + timely discharge processes <p>Virgin Care RAP agreed covering Burton's ED RAP as above + additional LHE actions re. NHS111 / Out of Hours / Ambulance.</p> <p>Derby RAP agreed: actions =</p> <ul style="list-style-type: none"> ✓ whole-system Full Capacity Plan agreed ✓ ED 4-hour Programme Board established ✓ RCAs undertaken for all 12-hr+ trolley wait breaches ✓ workforce plan: recruitment of medics + nursing staff ✓ MAU outflow + timely transfers to base beds 	<p>RAPs = expect delivery of 95%+ in as many months as possible to achieve a high-as-possible YTD rate near to 95%</p> <p>(both Providers re. NHS Improvement STF trajectories)</p>

EXCEPTION REPORTS (for M10 January unless otherwise stated)

KPI	Issue	Proposed Intervention (Method)	Expected Outcome Achievement Date
Cancer: 62 day waits from urgent GP referral to treatment	<p>January data for ESCCG patients is: 82.4% vs. the 85% standard, or 6 breaches out of 34 treated, which is a big improvement on the previous month's performance; YTD = 74.9% (67 breaches / 267 treated). Patient breach details are as follows:</p> <p>■ 3 breaches solely at BHFT, who achieved 85.4% overall in January (or 7.5 breaches out of 51.5 treated), all deemed to be unavoidable breaches within the 15% threshold:</p> <ul style="list-style-type: none"> - Admitted gynae patient with complex diagnosis + multiple investigations, treated d72 - Admitted lower GI patient cancelling multiple investigations, treated d185 - Admitted lower GI patient cancelling investigation + unavailable for earlier date, treated d87 <p>■ 1 breach solely at Derby (who achieved 73.6% overall in January (or 30 breaches out of 113.5 treated):</p> <ul style="list-style-type: none"> - Admitted lower GI patient with previous heart attack so needed anaesthetic assessment + needed tattoo which wasn't performed at 1st colonoscopy, treated d81 • 2 breaches shared between Burton + Derby: - Admitted upper GI patient due to delay on pathway (time to be referred to Derby on day 29, with 12 days for biopsy + 12 days for CT to be done, then patient required further investigations before treatment plan was agreed), treated d105; <p>■ Admitted gynae patient needing 3 biopsies to confirm initial diagnosis at Burton, then tertiary referral at day 102 + Derby unable to treat patient within target, treated d125</p>	<p>Discussion at CQRMs to ascertain any patient harm: no harm previously indicated for similar occurrences.</p> <p>RAP agreed with Burton Feb-17, key actions:</p> <ul style="list-style-type: none"> ✓ improved governance + internal monitoring / reporting ✓ improved diagnostics + capacity / demand modelling ✓ improved endoscopy + radiology turnaround times ✓ pathway redesign + capacity / demand modelling ✓ multi-diagnostic centre pilot ✓ RCAs + lessons learned from 62 breaches (reported to key meetings) ✓ BHFT to work with ESCCG to utilise data from Cancer Research UK + BHFT re. GP cancer dashboard / "mind maps" for GP referral / ED diagnoses <p>Derby's RAP + Programme Board continue to manage issues + actions:</p> <ul style="list-style-type: none"> ✓ referral review by all partners ✓ additional in-week Urology theatre sessions + OP capacity ✓ flexible cystoscopy capacity + additional lists for OP / One-Stop clinics ✓ pathway / service changes for Lung cancers ✓ recruitment of additional personnel for Gynae cancers ✓ extra theatre capacity 	Expect delivery across Q4 16/17
Cancer: 14 day breast (cancer not initially suspected)	<p>January data for ESCCG patients is: 87.1% vs. the 93% standard, or 8 breaches out of 62 seen; YTD = 90.3% (58 breaches / 601 seen).</p> <p>All breaches were at Burton, who achieved 88.9% overall (12 breaches out of 108 seen). Of these:</p> <ul style="list-style-type: none"> • 3 were due to patient choice: cancelling earlier appointments within target time, with patients seen at 16-19 days • 5 due to insufficient outpatient capacity, with patients all seen at 17 days 	<p>Discussion at CRB + CQRM to ascertain any patient harm: no harm previously indicated for similar occurrences.</p> <p>Contractual actions to be applied (i.e. CPN + RAP sought) as January has now confirmed x2 months consecutive failure at Burton. No fines to be applied until or if Q4 shows non-achievement.</p>	Expect delivery across Q4 16/17
Cancer: 31 day to treatment, all	<p>January data for ESCCG patients is: 95.7% vs. the 96% standard, or 3 breaches out of 70 treated; YTD = 98.2% (10 breaches / 544 treated).</p> <p>The breaches were one each at Burton, Derby + Circle (Nottingham). Burton achieved 98.7% overall (1 breach out of 78 treated) and Derby achieved 95.3% (13 breaches out of 276 treated). The 3 breach reasons were:</p> <ul style="list-style-type: none"> • unable to offer TCI date < 31 days (admitted urological cancer, treated day 38) • patient choice rescheduling TCI (admitted skin cancer, treated day 35) • offered later surgery date not picked up through tracking (admitted breast cancer, treated day 33) 	<p>Discussion at Burton & Derby contract meetings to ascertain any patient harm: no harm previously indicated for similar occurrences.</p> <p>No contractual actions to be sought at Burton as provider is compliant. RAP to be sought via SDCCG for Derby if February continues under-performance (provider was compliant throughout Q3). No fines to be applied until or if Q4 shows non-achievement.</p>	Expect delivery across Q4 16/17

EXCEPTION REPORTS (for M10 January unless otherwise stated)

KPI	Issue	Proposed Intervention (Method)	Expected Outcome Achievement Date
Ambulance Response Times: 8 minutes (Red)	<p>January data for ESCCG + WMAS is: 62.7% + 67.2% respectively, against the new 75% response time standard that is being run by WMAS as a national pilot.</p> <p>Since the pilot commenced in June, WMAS has not delivered a rate over 70%. However contract data shows 75% of patients in S Staffs waiting between 8.5-9 minutes for ambulance despatch; whilst the last 15% of patients (taking the figure to 90%) are waiting 12 minutes on average.</p> <p>All cases waiting longer than 8 minutes are reviewed for clinical risk by regional / national clinical teams & Sheffield University. The CQC has identified robust incident management systems with assurance received from the Lead CCG Quality Team reflecting this. Results of the national pilot were expected to be published by the University of Sheffield in October but has been delayed - this will be discussed at the WMAS CQRM when received. The target itself is also currently being evaluated nationally as to the appropriateness of the measure.</p>	<p>WMAS are in receipt of STF funding: the Lead Commissioner (Sandwell & W Birmingham CCG) is currently reviewing the effect on performance requirements. Assurances have been given that the data, clinical outcomes / information + the analysis of incidents, breaches etc is being reviewed by NHS England & Sheffield University. All partners & WMAS have the right to revert back to the old system if they feel that the service is unsafe under the pilot.</p>	<p>Expect delivery in Q4 16/17</p>
Mixed Sex Accommodation	<p>January data for ESCCG + Burton patients is: 2 + 8 MSA breaches; YTD = 21 + 47 with the zero tolerance target failed.</p> <p>Burton's breaches were all in Critical Care when the Trust was on Escalation Level 3 or 4 (as is the case whenever breaches are reported), with fit for discharge patients not discharged from Critical Care owing to no ward beds being available. Although a breach of mixed-sex accommodation, this was still optimum / safe care for the patients involved.</p>	<p>Discussion at Burton CQRM: financial sanctions to be applied as set out in the NHS Standard Contract for avoidable MSA breaches - as these were all deemed avoidable, the CSU will apply the fines to monthly reconciliations.</p>	<p>Expect delivery in Q4 16/17</p>
Delayed Transfers of Care	<p>January data for Burton, when using the NHSE methodology for estimating rates, shows a DTOC rate of 3.7% against the national 3.5% target; with the total number of days delayed + actual delayed patients further reducing over the previous 2 months.</p> <p>70% of Burton's delays / days delayed remain Social Care-attributable, so the focus of improvement lies with the Local A&E Delivery Board, not the CCG's RAP (which addresses NHS-attributable delays only + is working in terms of reducing DTOCs / days delayed to the agreed trajectory).</p>	<p>Discussion at Burton CRB + CQRM: a RAP is currently agreed and in situ to address the causes of DTOCs for NHS-attributable delays only. This is progressing well, as evidenced by the positive performance described on the left. The overall 3.5% rate includes Social Care delays and is managed by the Local A&E Delivery Board outside of the RAP process, in line with LHE Operational + Winter Plans.</p>	<p>Expect delivery in Q4 16/17</p>

THE NHS CONSTITUTION - Delivery of Commitments

Green = indicators at specified standards Red = indicators not at specified standards											G		R				
											At or above Standard (Std)		Below Standard (Std)				
Indicator	Std	15/16	LATEST PERFORMANCE DATA (* Provisional - subject to change)												YTD	YTD Met?	Trend
Referral to Treatment (RTT) Waiting Times for non-urgent, Consultant-led treatment - ESCCG																	
Incompletes (yet to start treatment) do not wait > 18 wks	92%	94.2%	92.3%	92.7%	91.4%	91.6%	91.8%	91.6%	92.3%	91.9%	91.4%	91.2%			91.7%	N	↓
Number of patients waiting more than 52 weeks (Unify Total)	0	11	2	2	2	3	2	2	2	2	2	0			19	N	↓
CCG-responsible 52 wk breaches (minus NHSE patients)	0		0	0	0	1	0	0	0	1	1	0			3	N	↓
Diagnostic Test Waiting Times - ESCCG																	
Patients should not wait > 6 weeks from referral	99%	99.1%	99.7%	99.4%	97.4%	98.3%	96.3%	98.8%	97.9%	99.8%	99.9%	99.9%			98.5%	N	↑
A&E Waiting Times within 4 hours of arrival - 1st figure = Burton; 2nd figure = Derby																	
Patients admitted, transferred or discharged < 4 hrs	95%	92.9%	88.3%	89.1%	90.3%	91.9%	87.6%	91.91%	91.3%	91.5%	87.2%	87.3%			89.7%	N	↑
		92.9%	88.1%	90.0%	89.1%	86.0%	91.3%	87.0%	89.6%	87.8%	84.1%	84.2%			87.7%	N	
Cancer Waits - max 2 week wait for 1st outpatient appointment, all patients referred urgently - ESCCG: Overall % + No. breaches / patients treated																	
Patients referred by a GP with suspected cancer	93%	95.4%	96.8%	95.0%	94.2%	96.0%	97.7%	96.3%	96.2%	96.2%	97.7%	94.3%			96.0%	Y	↓
			270	321	308	309	374	314	306	356	293	283			3134		
			279	338	327	322	383	326	318	370	300	300			3263		
Breast symptom patients (cancer not initially suspected)	93%	82.3%	82.8%	75.0%	87.8%	95.5%	100.0%	93.8%	100.0%	95.6%	90.9%	87.1%			90.3%	N	↓
			48	51	65	42	57	61	50	65	50	54			543		
			58	68	74	44	57	65	50	68	55	62			601		
Cancer Waits - max 1 month wait from diagnosis to first definitive or subsequent treatments - ESCCG: Overall % + No. breaches / patients treated																	
From diagnosis to first definitive treatment, all cancers	96%	96.7%	98.3%	100.0%	97.9%	100.0%	95.7%	98.3%	100.0%	100.0%	95.6%	95.7%			98.2%	Y	↑
			59	66	46	40	45	58	54	56	43	67			534		
			60	66	47	40	47	59	54	56	45	70			544		
Subsequent treatments: surgery	94%	96.2%	100.0%	100.0%	92.3%	50.0%	83.3%	77.8%	100.0%	100.0%	66.7%	100.0%			91.0%	N	↑
			5	8	12	1	10	7	13	7	2	6			71		
			5	8	13	2	12	9	13	7	3	6			78		
Subsequent treatments: anti-cancer drugs	98%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	Y	↔
			19	11	11	9	11	17	11	12	8	9			118		
			19	11	11	9	11	17	11	12	8	9			118		
Subsequent treatments: radiotherapy	94%	95.1%	90.0%	94.1%	100.0%	90.9%	100.0%	92.3%	85.7%	90.5%	94.1%	94.4%			93.1%	N	↑
			9	16	13	10	11	12	12	19	16	17			135		
			10	17	13	11	11	13	14	21	17	18			145		

THE NHS CONSTITUTION - Delivery of Commitments

Green = indicators at specified standards											Red = indicators not at specified standards											G		R			
																						At or above Standard (Std)		Below Standard (Std)			
Indicator	Std	15/16	LATEST PERFORMANCE DATA (* Provisional - subject to change)												YTD	YTD Met?	Trend										
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar													
Cancer Waits - max 2 month wait, from referral to first definitive treatment, all cancers (* denotes local standard) - ESCCG: Overall % + No. breaches / treated																											
For urgent GP referrals for cancer	85%	83.3%	89.7%	78.4%	66.7%	76.2%	69.2%	73.9%	84.0%	63.0%	55.6%	82.4%			74.9%	N	↑										
			26	29	18	16	18	17	21	17	10	28			200												
			29	37	27	21	26	23	25	27	18	34			267												
Referrals from an NHS screening service	90%	95.0%		75.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			97.5%	Y	↔										
				3			3	5	6	6	7	9			39												
				4			3	5	6	6	7	9			40												
Following Consultant decision to upgrade patient priority	95%	92.1%	100.0%	100.0%	100.0%		100.0%	100.0%	80.0%	100.0%	100.0%	75.0%			91.9%	N	↓										
			6	3	5		2	5	4	1	2	6			34												
			6	3	5		2	5	5	1	2	8			37												
Category A Ambulance Calls - at ESCCG (1st), WMAS (2nd)																											
Cat A emergency response arriving < 8 minutes (Red 1)	75%	73.4%	73.5%	83.3%											77.6%	Y	↑										
		78.5%	76.8%	75.6%											76.2%												
Cat A emergency response arriving < 8 minutes (Red 2)	75%	74.99%	77.6%	74.2%											75.9%	Y	↓										
		75.1%	75.1%	73.7%											74.4%												
Emergency response arriving < 8 minutes (Red)	75%				69.6%	70.4%	78.8%	64.0%	62.4%	72.5%	66.3%	62.7%			68.2%	N	↓										
					69.1%	67.3%	68.5%	67.1%	64.6%	65.5%	65.6%	67.2%			66.7%												
Cat A ambulance arriving at scene within 19 minutes	95%	94.6%	95.2%	94.7%											94.9%	N	↓										
		97.2%	97.2%	97.1%											97.1%												
Mixed Sex Accommodation breaches: ESCCG-wide position (1st), Burton Hospital (2nd) - Unify reported positions																											
Minimise breaches (ESCCG)	0	31	0	1	1	2	0	0	3	7	5	2			21	N	↓										
Minimise breaches (BHFT)	0	52	0	3	4	6	0	0	4	11	11	8			47	N	↓										
Cancelled Operations (locally-agreed standard with Burton Hospital, not an operational standard)																											
Non-clinical reasons on/after admission day (inc. of surgery), offered new date <28d or funded at time/hospital of choice	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	Y	↔										
Mental Health Care Programme Approach (CPA) - SSSHFT																											
% in adult specialties on CPA followed up < 7 days of discharge from inpatient care in the period	95%	97.4%			92.1%			97.0%			90.6%				92.7%	N	↓										
					35/38			32/33			48/53																
Overall Assurance Statement: Outstanding / Good / Limited Assurance / Not Assured														Limited Assurance													

Title	Policy Approvals Update	
Reporting to	Governing Body	
Date of Meeting	30 th March 2017	
Commissioning Lead(s)	Author(s)	
Paul Winter	Paul Winter	
Purpose of the Report (Please select)		
Approval <input checked="" type="checkbox"/>	Assurance	Discussion <input checked="" type="checkbox"/>

Key Points / Executive Summary

This report provides the Governing Body with an overview of recently-reviewed CCG policies, in line with their required update frequencies.

(a) **Changes to Corporate Human Resources (HR) Policies**

There were a number of HR policies formally reviewed by the Remuneration Committee at its January 2017 meeting – these were produced by the CSU's HR Team and consulted upon with the Staff Partnership Forum:

- **Maternity, Paternity & Adoption Leave** – this policy and accompanying guidance sets out maternity entitlements for pregnant employees working within the CCG in accordance with the NHS Agenda for Change Terms & Conditions Handbook and statutory rights within employment legislation. The provisions indicate what responsibilities and/or actions required by line managers and employees at different stages of the employee's pregnancy and during Maternity Leave. It is intended to give the employee relevant information and is not an exhaustive account of all the regulations. It outlines the provisions and provides guidance for line managers and employees on both statutory and occupational entitlements.
- **Management of Sickness Absence** – to provide a clear and robust framework / guidance for consistent absence management across all CCG employees that is in line with all legal requirements and best practice approaches (this includes specific guidance on absence types i.e. terminal illness, stress, recurring absence, medical redeployment etc). To ensure adherence to the policy and that supportive interventions / activity is provided, fairly, consistently and in line with our duty of care to improve employee health and wellbeing.
- **Managing Work Performance** – to provide a clear and robust framework / guidance for consistent performance management across all CCG employees, in line with all legal requirements and best practice approaches. To ensure adherence to the policy and that supportive interventions / activity is provided, fairly, consistently and aims to support all CCG employees perform to the required standard and improve employee performance.
- **Disciplinary** – to help and encourage employees to achieve / maintain acceptable standards of conduct; and to ensure that fair, equitable and reasonable action is taken promptly and appropriately where acceptable standards of conduct are not maintained. It is important that this Disciplinary Policy is not used punitively, but is instead used to ensure that satisfactory conduct is maintained by all employees and the reputation of the CCG is maintained. In addition the Disciplinary Policy should be used to reinforce the CCG's commitment excellent standards of service, as well as ensuring this is done within a safe environment for staff, visitors and the general public.

(b) **Changes to Corporate Business Conduct Policy**

The QIPP, Finance & Performance Committee approved an updated Anti-Fraud, Bribery & Corruption Policy and Response Plan at its January 2017 meeting.

The purpose of this policy is to outline the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within ESCCG. The policy contains the procedure to be followed when employees or members of the public wish to raise concerns in connection with actual or suspected fraud, bribery or corruption. The ultimate aim of the policy is to protect the patients, staff, property, finances and reputation of the CCG.

This policy applies to all employees of ESCCG, and should also be used by interim, agency staff, contractors or suppliers, to report any concerns they may have. The CCG will adhere to the NHS Protect quality standards and procedures, as well as the NHS Anti-Fraud Manual, when investigating cases and imposing sanctions.

Full copies of the policies are available for pre-Governing Body meeting perusal, on the CCG's website at:

<http://eaststaffsccg.nhs.uk/publications/policies>

Recommendations (what is expected from the Governing Body)

The Governing Body is asked to **ratify** the policies.

Enclosures

None

EAST STAFFORDSHIRE CCG AND SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG

JOINT QUALITY COMMITTEE

Wednesday 11 January 2017, 1.00 pm
Holiday Inn, Burton on Trent

	Quoracy	13.04.16	11.05.16	08.06.16	13.07.16	10.08.16	14.09.16	7.10.16	09.11.16	14.12.16	11.01.17	08.02.17	08.03.17
PRESENT													
Lynne Smith (Chair) (LS) Lay Member for Quality (ES CCG)	Quorum shall be no less than five core members, to include: one Lay Member, one Clinical Quality Lead or Secondary Care Consultant plus one CCG representative from each CCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	X		
Anne Heckels (AH) Lay Member Patient & Public Involvement /Finance & Performance (SES&SP CCG)		✓	✓	X	✓	X	✓	✓	✓	✓	✓		
Paul Gallagher (Vice Chair) (PG) Lay Member Quality (SES&SP CCG)		X	✓	✓	✓	✓	X	✓	✓	✓	✓		
Ron Dougan (RD) Lay Member Patient & Public Involvement (ES CCG)		X	✓	✓	✓	✓	✓	✓	✓	X	X		
Raj Saha (RS) Secondary Care Consultant (ES CCG)								✓	X	X	X		
Doug Robertson (DR) Secondary Care Consultant (SES&SP CCG)		X	X	✓	X	✓	X		X	X	X		
Dr Adrian Parkes (AP) Clinical Director Quality (SES&SP CCG)		X	✓	X	✓	X	✓	X	✓	✓	X		
Dr Liz Gunn (LG) Clinical Lead (ES CCG)		✓	✓	✓	X	✓	✓	✓	✓	No longer works for ES CCG as Clinical Lead			
Dr Miriam Masaud (MMA) Clinical Lead (ES CCG)										X	✓		
Heather Johnstone (HJ) Chief Nurse/Director of Quality & Safety		✓	✓	✓	X	✓	✓	✓	✓	X	✓		
Allison Heseltine (AHe) Deputy Director of Nursing, Quality & Safety (SES&SP CCG)		X	✓	✓	✓	✓	X		✓	✓	✓		
Steve Forsyth (SF) Head of Nursing & Quality (SES&SP CCG)		X	✓	X	X	Left the organisation 18.9.16							
Paul Winter (PW) (Head of Performance & Governance (ES CCG)		X	✓	✓	✓	✓	✓	✓	✓	✓	✓		

	Quoracy	13.04.16	11.05.16	08.06.16	13.07.16	10.08.16	14.09.16	7.10.16	09.11.16	14.12.16	11.01.17	08.02.17	08.03.17
Maresh Mistry (MM) Head of Medicines Optimisation (SES&SP CCG)		X	X	X	X	X	X		X	Left organisation 11.11.16			
Jan Sensier (JS) Chief Executive (Healthwatch Staffordshire)		✓	X**	X**	✓	X**	X	✓	✓	✓	X		
Katie Montgomery (KLM) Clinical Quality Improvement Manager (SES&SP CCG)		✓	✓	X	✓	✓	✓		✓	✓	✓		
Letitia Murray (LM) Clinical Quality Improvement Manager (ES CCG)		✓	✓	✓	✓	✓	✓		X	✓	✓		
Jenny Napier-Dodd (JN-D) Clinical Quality Improvement Manager (Stafford & Surrounds/Cannock Chase CCGs)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nigel Williams (NW) Clinical Quality Improvement Manager (SES&SP CCG)		✓	✓	✓	✓	X	✓		✓	✓	✓		
Debbie Vucetic (DV) Clinical Quality Improvement Manager (ES CCG)		✓	✓	✓	✓	✓	✓	✓	✓	X	✓		
Sue Wilson (SW) Clinical Quality Improvement Manager (ES CCG)		✓	✓	✓	✓	X	✓	✓	✓	✓	✓		
Rob Boland (RB) Quality Improvement Support Manager (SES&SP CCG)		✓	✓	✓	✓	✓	X		X	✓	✓		
William Hill (WH) Quality Support Facilitator (ES, SES&SP, SAS and CC CCGs)							✓		✓				
Mary Johnson (MJ) Senior Medicines Optimisation Pharmacist (SES&SP CCG)									✓				
Sue Bamford (SB) Head of Medicines Optimisation (ES CCG)		✓		✓		X**							
Rebecca Hough (RH) Governance Manager (SES&SP CCG)		✓	X	✓	✓	X	X		✓	✓	✓		
Lisa Bates (LB) Lead Nurse Adult Safeguarding				X			X			✓			
Kristine Brayford-West (KB-W) Designated Nurse Safeguarding Children				✓			✓			No longer works for the organisation			
Jackie Derby (JD) Head of Infection Prevention & Control		✓				✓				✓			
Fleur Fernando (FF) Partnership & Engagement Manager (SES&SP CCG)		X	X	✓	X	X	X		X	X	X		
Eleanor Wood (EW) Senior Primary Care Development Manager (SES&SP CCG)			✓		✓		X		✓		X		

	Quoracy	13.04.16	11.05.16	08.06.16	13.07.16	10.08.16	14.09.16	7.10.16	09.11.16	14.12.16	11.01.17	08.02.17	08.03.17
Judy Bird (JB) Primary Care Manager (ES CCG)		X	✓		X		X	No longer works for ES CCG					
Julie Hughes (JH) Primary Care Manager (ES CCG)		X	X		X		X		✓		✓		
Aileen Farrar (AF) (Healthwatch Staffordshire)			✓**	✓**		✓**							
Lisa Evans (LE) Head of Quality Improvement			✓		✓			No longer works for the organisation					
IN ATTENDANCE													
Mike Calverley (MC) Locality Public Health Partnership & Commissioning Lead					✓								
Lynn Tolley (LT) Head of Quality & Safety (Stafford & Surrounds/Cannock Chase CCGs)					✓	✓	X			✓	X		
Tracey Finney (TF) Executive Assistant (Minutes)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

AGENDA ITEM NO	MINUTES	ACTION
1.	<p>Welcome and Apologies</p> <p>Dr Miriam Masoud, Clinical Lead at ES CCG, was welcomed to the meeting.</p> <p>Apologies received from: Lynne Smith (LS), Ron Dougan (RD), Raj Saha (RS), Doug Robertson (DR), Dr Adrian Parkes (AP), Jan Sensier (JS)</p>	
2.	<p>Declaration of Conflicts of Interest</p> <ul style="list-style-type: none"> HJ works across all 4 CCG's and PG works across 4 CCG's PG is the Patient & Public Involvement Lay Member for Cannock Chase CCG and Chair of the CC/SAS Joint Quality Committee MMa works in A&E at BHFT <p>Quoracy</p> <p>The meeting was declared as quorate.</p>	
3.	<p>Minutes of the Previous Meeting held on the 14 December 2016</p> <p>The Minutes of the meeting held on the 14 December 2016 were agreed as a true and accurate record with the following amendment:</p> <p>Agenda item 10 SSOTP:</p> <p>Line to be added - <i>AP expressed his concerns regarding the length of time</i></p>	

	<i>being taken to address some of the inefficiencies with regard to the Trust.</i>	
4.	Actions from the Previous Meetings held on the 14 December 2016 Action sheet updated as attached.	
5.	Patient Engagement SES&SP CCG Verbal report given by AH. Nothing to report from the Patient Council due to the January 2017 meeting being cancelled. A comms and engagement workshop was held on the 10 January 2017 across CC, SAS and SES&SP CCGs with the aim of rolling out a model of patient engagement across the three CCGs utilising best practice. The Patient Council will continue to meet and the District Groups will be strengthened. The workshop highlighted the importance of ensuring patient experience is embedded within quality. The feedback from patient representatives at the workshop was positive, with all feeling that their voices were listened to.	
6.	Primary Care Quality Report ES CCG Members received the report produced by JH. No further updates on the report were given. HJ commented that for both the ES CCG and SES&SP CCG reports she had noted there was no reference to the work being carried out on delegated commissioning in relation to quality. She stressed the importance of the primary care report as CCGs move towards delegated commissioning. JH agreed to expand on this in the next report. SES&SP CCG Members received the report produced by EW. HJ raised the following queries which will be raised with EW outside of the meeting: <ul style="list-style-type: none"> • What is happening with GP avoidable incidents and is there any data. • Has there been any progress on the quality team joining practice visits. • What is being done with practices who do not send their practice nurses to PLT events, in order to ensure practice nurse education. 	

7.	<p>Soft Intelligence Report</p> <p>Members received the report produced by LM.</p> <p>No further updates on the report were given.</p> <p>LM highlighted some formatting issues with the report – an updated version can be obtained from TF if required.</p> <p>HJ commented that consideration needed to be given to how additional actions can be incorporated into the report, especially the ‘you said we did’ section. LM reported that she is looking at how that information could be added in and was working with the Datix team to improve processes.</p> <p>HJ asked for clarity on page 1 of the report in terms of whether soft intelligence had increased or decreased across both CCGs. LM replied that it had decreased in SES&SP CCG and increased in ES CCG. Discussions have been held with ES CCG practices about what they view as soft intelligence. LM is working with the primary care team to ensure that clinical incidents are not logged as soft intelligence.</p>	
8.	<p>Quality Impact Assessment (QIA)</p> <p>Verbal report given by KLM.</p> <p>The November and December 2016 QIA meetings were cancelled due to insufficient QIA's being submitted.</p> <p>Training sessions are planned to take place in January and February 2017 to raise awareness of the QIA process. Although targeted at commissioning teams, these will be open for other staff to attend. KLM thanked quality team colleagues for their assistance in the development of the training.</p> <p>In relation to refining the electronic QIA tool, there has been an increase in the original quote received from CSU. KLM and LT to explore alternative options available. The current tool continues to be used alongside a manual tracking system.</p>	
9.	<p>GP 60 Second Reporting</p> <p>Verbal report given by MM.</p> <ul style="list-style-type: none"> Currently there is no chest physiotherapy and pulmonary rehabilitation service in East Staffs – patients with long term conditions such as COPD could benefit from this and avoid hospital admission. LM reported that VCIL had informed the CQRM of the appointment of a new physician in November 2016 who was currently reviewing all outstanding patients and referrals and was planning to liaise with GPs 	

	<p>regarding the appropriateness of referrals. LM will raise the issue of the chest physiotherapist with commissioning colleagues.</p> <ul style="list-style-type: none"> Long delays after referral to physiotherapy when service was taken over by VCIL. LM to raise with VCIL. BHFT switchboard continues to have problems and delay clinics as GPs try to get through. DV to raise with Trust. Delays with leg ulcer clinic – one surgery has calculated 20 hours of nursing time is being used a week for patients who should be seen in this clinic. LM reported that she is working with VCIL on an audit tool to carry out an audit of the issues with the clinic. Recent clinical incident where a Dermatology referral was declined under the grounds of POLCV and the GP wasn't informed. The patient came to harm as the condition progressed and required major surgery. DV to raise with the Trust. No clear urgent referral time frame for Dermatology. DV to raise with the Trust. Podiatry service has been rejecting a lot of referral even when they meet their criteria on the referral form. LM to raise with VCIL GPs feel they are prescribing a lot more prescriptions e.g. bandages that were previously prescribed by the district nurse teams, and increasing GP workloads. Query if there is a lack of prescribing nurses. LM to raise with VCIL. <p>PG thanked MM for providing a list of issues in advance of the meeting. The committee agreed it would be useful to have these circulated with papers for future meetings from both MM and AP. HJ to contact AP.</p>	<p>LM</p> <p>LM</p> <p>DV</p> <p>DV</p> <p>DV</p> <p>LM</p> <p>LM</p>
10.	<p>Quality Reports all key providers</p> <p>Assurance The committee are asked to consider separate assurance levels for Safety and Quality for each provider. Members are asked to note that any agreement of any level less than assured in relation to safety would require immediate escalation to the relevant Governing Body with a recommendation of any action to be taken.</p> <p>Staffordshire & Stoke on Trent Partnership Trust (SSOTP) Members received the report produced by JN-D and presented by KLM.</p> <ul style="list-style-type: none"> Friends and Family Carers response data – the dashboard should read 97% not 7%. 	

	<ul style="list-style-type: none"> • The Trust's Director of Nursing has met with the CQC and been informed a follow up inspection will take place soon after the start of April 2017. Four weeks notice of the visit will be given to the Trust. • The delayed themed reviews into governance structures, MCA, DNAR have now been re-scheduled for the February 2017 CQRM. • The Trust's concerns regarding achievement of some of the EOL objectives were due to be brought to the December 2016 CQRM, this was deferred by the Trust to January 2017, however were not brought to this meeting. A small group will now be convened to urgently discuss the concerns in order that the CCG can offer any support possible. • A remedial action plan has now been accepted in terms of the EPRR. This is in the process of being implemented. Further update in the February 2017 quality report. • A detailed review of pressure ulcers has been completed by the Trust and will be submitted to the Trust Board in January 2017, followed by submission to the CQRM in February 2017. • A significant rise in re-scheduled community nurse visits was seen in November 2016. This will be discussed at the January 2017 CNAG meeting. The Trust's IT system, RiO, is unable to track the history of re-scheduled visits, therefore a manual audit will be undertaken to provide further assurance. Concerns regarding the ability of RiO to produce performance data have also been raised via the Contract Review Board. • Following a benchmarking exercise, the Trust has reduced its appraisal compliance target from 95% to 90%, which will make the Trust compliant with this metric. <p>PG asked whether there was any update on the actions agreed at the meeting between LS, HJ and AHe and Stuart Poynor, Chief Exec at SSOTP. HJ agreed to revisit and review the actions with AHe and LS.</p> <p>HJ highlighted the high incidence of pressure ulcers reported. JN-D reported that there is a significant increase, however not all are recorded as SI's as they are not deemed as avoidable and attributable. The data also includes grade 2 pressure ulcers as well.</p> <p>HJ noted the low number of staffing incidents in Tamworth and Lichfield which does not correlate with the committee's understanding of staffing issues within the Trust. JN-D reported that the staffing vacancies are within social care and that community nursing teams are almost fully staffed. AHe commented that the Trust had appointed a number of newly qualified staff and the CCGs would be monitoring the sustainability of this workforce.</p>	<p>HJ/AHe</p>
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	<p>Members agreed the following assurance levels for SSSFT:</p> <p>SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Burton Hospital NHS Foundation Trust (BHFT) Members received the report produced by DV.</p> <p>DV informed the committee that two 12 hour trolley breaches had been reported for ES CCG patients (both VCIL patients) in November 2016. The RCA's have been discussed at the CQRM and the Trust has agreed to re-submit with more information about the patient's care from a quality perspective.</p> <p>PG asked about the never event that had occurred in Ophthalmology for patient undergoing cataract surgery. DV reported that she was still waiting on the RCA.</p> <p>AHe asked where the Trust were in terms of the SI action plan. DV replied that this had been incorporated into the wider CQC action plan and would be discussed at the February 2017 CQRM. An improvement in the number of SI's is being seen and the number of RCA's are decreasing.</p> <p>PG queried whether there were still issues with radiology. DV reported that performance is improving and BHFT are working with DHFT.</p> <p>Members agreed the following assurance levels for BHFT:</p> <p>SAFETY: <i>Assured</i> QUALITY: <i>Assured</i></p> <p>Following the agreement of assurance for BHFT, the committee went on to debate the quality and safety assurance and escalation procedure and scoring matrix. HJ suggested that the process may need reviewing outside of the committee and it was agreed this would take place at a Quality Team Development Session.</p> <p>Derby Teaching Hospital NHS Foundation Trust (DHFT) Members received the report produced by LM.</p> <p>The following verbal updates were given:</p> <ul style="list-style-type: none"> • An action plan is in place for cancer 62 day waits and is being monitored by NHS England. The lead commissioner has reported they are assured on DHFT's actions. • The Trust has a number of SI's on their system that are not being 	
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	<p>closed within the agreed timescale in the SI Framework. The provider has given assurance however that they are following the framework. The Trust have been challenged why internal incidents are not being reported as SI's as there appear to be acts of omission which have contributed to these incidents occurring. The Trust has given assurance that internal incidents receive the same level of scrutiny as SI'.</p> <ul style="list-style-type: none"> • National Reporting and Learning System (NRLS) – the Trust is considered to be in the lower 25% of all reporters compared to the previous reporting period when they were within the middle 50%. When the lead commissioner was asked about this, they were not aware the Trust reported to NRSL and had therefore not challenged the Trust on the issue. The Trust has reported the drop is due to the separation from the Community Hospitals. • Neurology – The Trust has reported an increase in the number of referrals which has had an impact on their service. They are considering the use of specialist nurses to aid the situation. <p>PG queried the level of data being provided by the Trust with AH asking whether the lead commissioner receives any more data. LM replied that as it is not specified in the contract the lead commissioner do not receive any more data than that seen in the report. HJ and DV informed the committee that numerous attempts have been made to change the contract and improve reporting. HJ reported that the lead commissioner have appointed a new chief nurse who she is arranging to meet in order to discuss working together.</p> <p>Members agreed the following assurance levels for DHFT: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Virgin Care Improving Lives (VCIL) Members received the report produced by LM.</p> <p>HJ reminded the committee that VCIL are a prime contractor for a large proportion of services in the ES CCG area. In the first month of reporting to the committee no data on the prime contractor role was received, therefore assurance was only scored in respect of community services. ES CCG have however stated that if the data cannot be separated out and this results in a lower assurance score for VCIL, it is the responsibility of VCIL as prime contractor to do this. From this point on VCIL should be considered as a provider of services and the relevant data from BHFT and DHFT should be considered in one score for both VCIL's roles. Assurance has been received from VCIL and BHFT that from February 2017 onwards the data will be separated.</p>	
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	<p>The following verbal updates were given by LM:</p> <ul style="list-style-type: none"> • An issues log has been created for the CQRM, which includes neurology services and leg ulcer clinics. • LM is assisting VCIL with the creation of an audit tool to audit the leg ulcer clinics. • Contractual discussion are taking place with VCIL to change the minimum age for patients to receive continence products (currently 24 years). • A number of issues related to the Emergency Department (ED) at BHFT have been discussed with VCIL, including nurse streaming service, rapid response team and the out of hours service. A review in response of soft intelligence related to out of hours was undertaken by LM and SW and will be reported on to a future committee. • An error on the dashboard was highlighted under local avoidable events – this should be green as 0 were reported in November 2016. <p>HJ queried whether the retained cannula reported on page 17 of the report was attributable to VCIL. LM replied any patient attending BHFT on the emergency care pathway and over the age of 18 would become a VCIL patient.</p> <p>HJ highlighted that the report stated that safety thermometer data shows high levels of harm free care, however there was no percentage shown in the report. She asked if this could be included in future reports in order that comparisons could be made with other providers and LM agreed to report this.</p> <p>Members agreed the following assurance levels for VCIL: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Royal Wolverhampton Hospital NHS Trust (RWT) Members received the report produced by KLM.</p> <p>PG highlighted the increase in SI's, KLM stated that there are still concerns in this area with no improvements being seen.</p> <p>AH and PG are shortly to meet with lay member colleagues from Wolverhampton CCG and will be asking for their views on concerns at RWT. AH asked KLM whether she felt the Trust were taking any responsibility for their problems. KLM replied that they are aware of the issues and are trying to put actions in place however no improvements are being seen in the outcomes of these actions. Regular meetings are held with the lead</p>	
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	<p>commissioner in between CQRM's. The Terms of Reference for the CQRM have also been revised which should result in the meeting more quality focussed in the future.</p> <p>Members agreed the following assurance levels for RWT: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>EZEC (Non-Emergency Patient Transport) Members received the report produced by RB.</p> <p>EZEC took over the provision of non-emergency patient transport from NSL with effect from the 1 October 2016. There have been some issues with the contract and the data provided from both EZEC and the CSU contract management team perspective. These issues have now been resolved and more data is expected for the next quality report.</p> <p>Members agreed the following assurance levels for EZEC: SAFETY: <i>Assured</i> QUALITY: <i>Partial Assurance</i></p> <p>Staffordshire Doctors Urgent Care (SDUC) 111 Members received the report produced by NW.</p> <ul style="list-style-type: none"> • SDUC 111 are now part of the A&E Board and gold command on call for commissioners and are more integrated into the urgent care system. • There are ongoing concerns with the SI process but work is being carried out with both 111 and OOH on this. <p>SW queried whether the East Staffs incident on page 4 of the report was an OOH issue rather than 111. NW replied that the CCG had been looking at these issues from a patient journey perspective. SDUC are being asked to look at the whole pathway and recognise that any delays or exacerbation to the patient's condition need to be taken into account.</p> <p>PG asked whether complaints data was received from 111, NW replied that it was, however there had been none reported for SES&SP CCG for September and October 2016.</p> <p>HJ asked for clarity on the reference to NHS licencing on page 5 of the report. NW explained that 111 pathways have to follow a licencing procedure in order to make them risk adverse. However as SDUC is the provider for both 111 and OOH, they use Standard Operating Procedures (SOP) to address any patient or system process issues, however this circumvents the licencing</p>	
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	<p>procedure. HJ commented that where 111 pathways have failed this has tended to be due to a deviation from the pathway. NW asked the committee to take assurance from the fact that any licence changes are made by Vocare and are therefore company wide.</p> <p>PG highlighted the number of safeguarding referrals on page 4 of the report and asked what the reasons for those would be. NW explained that these referrals are not made due to any issues caused by 111, but would be due intelligence they have gathered. Referrals follow the safeguarding procedures and SDUC have also been working with the CCG's safeguarding teams.</p> <p>Members agreed the following assurance levels for SDUC 111: SAFETY: Assured QUALITY: Partial Assurance</p> <p>South Staffordshire & Shropshire Foundation Trust (SSSFT) Members received the report produced by KLM.</p> <p>Members were asked to note the incorrect report had been circulated with the meeting papers.</p> <p>KLM reported that a significant drop to 33% was seen for the psychiatric liaison service in November 2016. This has been escalated to the Contract Review Board. This service sits in A&E at both BHFT and County Hospital.</p> <p>HJ highlighted that the Trust reported they did not submit Q2 Friends and Family data, however it does appear on the Friends and Family website. KLM to check with Trust if data was submitted.</p> <p>Members agreed the following assurance levels for SSSFT: SAFETY: Assured QUALITY: Assured</p> <p>West Midlands Ambulance Service (WMAS) Verbal update provided by NW.</p> <p>No report presented today due to a number of issues including the December 2016 CQRM being cancelled and ongoing contract negotiations between WMAS and the lead commissioner. Assurance was given in terms of no serious safety issues being highlighted by the lead commissioner. NW has also contacted the lead commissioner to ensure no concerns are being raised at the CQRM meeting today which the committee should be aware of. A report will be sent to the February 2017 committee.</p>	<p>KLM</p>
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	<p>Small Contracts</p> <p>Members received the report produced by AHe and WH.</p> <p>The report is to inform the committee of any reported quality and safety issues occurring in organisations of small contract value. There are no formal CQRMs for these contracts, however some organisations are linked to other providers and will be monitored via their CQRMs. Quality and safety is monitored Members were asked to review the report and email TF of any organisations that are not shown on the list.</p> <p>In terms of the assurance letters that are now being sent to providers, PG asked whether any feedback had been received. HJ reported that she had received feedback from BHFT, VCIL, RWT and SSOTP. AHe advised quality leads they would need to send reasons for assurance to TF for the letters to be sent out.</p>	
11.	<p>Quality Surveillance Group</p> <p>Verbal update given by HJ.</p> <p>A thematic review of CAMHS is being planned. Paul Sanders, Health & Wellbeing Programme Lead from Public Health England (PHE) attended the meeting to give a presentation on suicide prevention. He informed the group that PHE would not be able to support the implementation of the Staffordshire Suicide Prevention Strategy. Copy of the slides from the presentation are available from HJ.</p>	
12.	<p>Safeguarding Adults</p> <p>Members received the report produced by LB.</p> <p>A verbal update was given to the December 2016 meeting.</p> <p>No queries were raised.</p>	
13.	<p>Serious Incident Report</p> <p>Members received the report produced by the Risk Team. No queries were raised.</p>	
19.	<p>Items to Report to Governing Body</p> <ul style="list-style-type: none"> • None <p>Items to Report to Other CCG Committees</p> <ul style="list-style-type: none"> • None 	

	Items for Escalation to the Area Team <ul style="list-style-type: none"> • None 	
20.	Items for the Risk Register and leads identified <ul style="list-style-type: none"> • None 	
21.	Any Other Business <p>HJ informed members that a joint meeting between the CC/SAS and ES/SES&SP Joint Quality Committees will be piloted in February 2017. She asked the committee to consider the appointment of an interim chair for the meeting and following discussion given that PG is the majority stakeholder with three CCGs HJ recommended PG for the role.</p> <p>Members agreed to appoint PG as interim chair.</p> <p>The appointment of Chair and review of the terms of reference will take place if agreement is reached to join the two committees together on a permanent basis.</p>	
	Date and time of next meeting <p>Thursday 9 February 2017, Cedar Tree Hotel, Rugeley, 1.00 pm</p>	

JOINT QUALITY COMMITTEE

Thursday 9 February 2017, 1.00 pm
 Cedar Tree Hotel, Rugeley, WS15 1DY

	Quoracy	09.02.17	09.03.17
Paul Gallagher (PG) Interim Chair Lay Member for PPI (CC CCG) Lay Member for Quality (SES&SP CCG)		✓	
Lynne Smith (LS) Lay Member for Quality (ES CCG)	Quorum shall be no less than five core members, to include: one Lay Member, one Clinical Quality Lead or Secondary Care Consultant plus one CCG representative from each CCG	✓	
Anne Heckels (AH) Lay Member Patient & Public Involvement /Finance & Performance (SES&SP CCG)		✓	
Jan Toplis (JT) Lay Member (CC CCG)		✓	
Diane Smith (DS) Lay Member (SAS CCG)		✓	
Raj Saha (RS) Secondary Care Consultant (ES CCG)		X	
Doug Robertson (DR) Secondary Care Consultant (SES&SP CCG)		X	
Dr Adrian Parkes (AP) Clinical Director Quality (SES&SP CCG)		✓	
Dr Pat Staite (PS) GP (CC CCG)		✓	
Dr Miriam Masaud (MMa) Clinical Lead (ES CCG)		✓	
Dr Kate Millward (KM) Clinical Leader – GP (SaS CCG)		✓	
Heather Johnstone (HJ) Chief Nurse/Director of Quality & Safety		✓	
Allison Heseltine (AHe) Deputy Director of Nursing, Quality & Safety (CC, SAS, SES&SP CCG)		✓	
Lynn Tolley (LT) Head of Quality & Safety (CC, SAS, SES&SP CCG)		✓	
Paul Winter (PW) (Head of Performance & Governance (ES CCG)		✓	
Jan Sensier (JS) Chief Executive (Healthwatch Staffordshire)		✓	
Katie Montgomery (KLM) Clinical Quality Improvement Manager (CC, SAS, SES&SP CCG)		X	
Letitia Murray (LM) Clinical Quality Improvement Manager (ES CCG)		X	
Jenny Napier-Dodd (JN-D) Clinical Quality Improvement Manager (CC, SAS, SES&SP CCG)		✓	
Kay Roberts (KR) Quality Improvement Manager (CC, SAS, SES&SP CCG)		X	

	Quoracy	09.02.17	09.03.17
Nigel Williams (NW) Clinical Quality Improvement Manager (CC, SAS, SES&SP CCG)		X	
Debbie Vucetic (DV) Clinical Quality Improvement Manager (ES CCG)		✓	
Sue Wilson (SW) Clinical Quality Improvement Manager (ES CCG)		✓	
Rob Boland (RB) Quality Improvement Support Manager (CC, SAS, SES&SP CCG)		✓	
William Hill (WH) Quality Support Facilitator (CC, SAS, SES&SP CCG)		✓	
Lesley Arnold (LA) Quality Improvement Support Officer (CC, SAS, SES&SP CCG)		✓	
Mary Johnson (MJ) Senior Medicines Optimisation Pharmacist (SES&SP CCG)			
Sue Bamford (SB) Head of Medicines Optimisation (ES CCG)		✓	
Sharuna Reddy (SR) SN Pharmaceutical Advisor (CC/SAS CCG)		✓	
Rebecca Hough (RH) Governance Manager (CC, SAS, SES&SP CCG)		✓	
Lisa Bates (LB) Lead Nurse Adult Safeguarding			
Jackie Derby (JD) Head of Infection Prevention & Control			
Eleanor Wood (EW) Senior Primary Care Development Manager (SES&SP CCG)			
Tracey Cox (TC) Senior Primary Care Development Manager (CC/SAS CCG)			
Julie Hughes (JH) Primary Care Manager (ES CCG)			
Tracey Finney (TF) Executive Assistant (Minutes)		✓	

AGENDA ITEM NO	MINUTES	ACTION
1.	Welcome and Apologies Apologies received from: Raj Saha (RS), Doug Robertson (DR), Nigel Williams (NW), Letitia Murray (LM), Kay Roberts (KR), Katie Montgomery (KLM)	
2.	Declaration of Conflicts of Interest <ul style="list-style-type: none"> MMA works in A&E at BHFT KM and PS are members of GP First Federation 	

	Quoracy The meeting was declared as quorate.	
3.	Minutes of the Previous Meeting ES CCG/SES&SP CCG 11 January 2017 The Minutes of the meeting held on the 11 January 2017 were agreed as a true and accurate record. CC/SAS CCG 12 January 2017 The Minutes of the meeting held on the 12 January 2017 were agreed as a true and accurate record.	
4.	Actions from the Previous Meeting ES CCG/SES&SP CCG 11 January 2017 Action sheet updated as attached CC/SAS CCG 12 January 2017 Action sheet updated as attached.	
5.	Patient Engagement SES&SP CCG Verbal report given by AH. The Patient Council held on the 1 February 2017 discussed the new proposals for a joint patient engagement model across CC, SAS and SES&SP CCGs. A presentation from AH was also given on the work of the quality team, which is valued by the members of the Patient Council. A copy of the new Quality report to the Governing Bodies was also shared with members. The three PPI Lay Members for CC, SAS and SES&SP have been working towards sharing learning across the three CCGs in terms of face to face management with the public. At the workshop held on the 10 January 2017 it was proposed to move to one Patient Council meeting linking with the Governing Bodies and Comms & Engagement Committee. The membership will be widened to include more representatives from the Voluntary Sector as well as Healthwatch. Sitting below that group will be four district patient groups with representatives from all the key areas the CCGs serve. It is recognised that there is work to be done to ensure engagement from those hard to reach groups. KM suggested contacting local secondary schools to link in with pupils who have an interest in working within health services. JS also suggested linking in with Young Healthwatch. AH agreed to forward these suggestions to Adele Edmondson, Comms and Engagement Manager.	

	<p>Two patient stories were reported:</p> <ul style="list-style-type: none"> • SSOTP Diabetes Service. Patients are being sent letters stating they will be discharged if they do not notify the service if they cannot attend appointments. However when patients contact the service they reach an answerphone and are not receiving call backs. KLM to raise this with the Trust. • SDUC 111. A patient was telephoned at 1.30 am asking them to contact their GP as soon as possible in relation to blood tests. <p>ES CCG LS informed the committee that Ron Dougan (RD), PPI Lay Member for ES CCG had had to stand down from his role. The committee recorded their thanks to RD for his contribution and the value he brought to the committee.</p>	KLM
6.	<p>Complaints, PALS and Soft Intelligence</p> <p>Members received the report.</p> <p>HJ agreed to take any queries back to the CSU team who produce the report. Feedback will also be given to David Brewin (DB), Head of Complaints and PALS.</p> <ul style="list-style-type: none"> • No themes or trends related to SSOTP. • PG identified that the report for each CCG appears to be in different formats. • LS asked if more qualitative data could be included to provide more assurance. • DS asked whether there was a mechanism to include suggestions as well as complaints and compliments. <p>JS reported that Healthwatch are currently undertaking a project on access to community services and agree to bring a report back to the April 2017 meeting.</p> <p>JS stated that triangulation of data from different sources had been looked at previously; however this had proved not to be possible. She agreed to bring a prototype report to the committee on the feedback received from Healthwatch on different services.</p> <p>JS also reported that UHNM have asked Healthwatch to work with them on their complaints procedure, and are looking at a peer review approach across</p>	<p>JS</p> <p>JS</p>

	the county. CCG support and involvement would be welcomed.	
7.	<p>Risk Register</p> <p>ES CCG Members received the report produced by PW.</p> <ul style="list-style-type: none"> Two new risks have been added to the register. A54 Neurology service provision – BHFT and A55 Neurology service provision – BHFT & VCIL Risk A52 HCAs (C-Diff Trajectory) has been re-scored higher. Risk A50 Tier 3 Waistlines is proposed for closure by the risk owner. No risks have been rescored lower. <p>The committee agreed to the closure of Risk A50.</p> <p>LS queried whether Risk A48 Non-emergency patient transport should be closed as the service has now been re-procured. PW stated that the risk has been changed from procurement based risk to high dependency transfer and commissioning. The risk is likely to be closed and a new risk opened.</p> <p>JT queried Risk A39 Safeguarding – MCA/DoLS and asked whether any additional staff had been recruited to assist with the backlog of DoLS applications. PW agreed to take this back to the risk owner.</p> <p>PW clarified that the report was for the committees' approval. Report Approved.</p> <p>CC, SAS and SES&SP CCG Members received the report produced by RH.</p> <ul style="list-style-type: none"> Two proposed new risks are awaiting approval from the Risk Group. Risk 259 relating to the reopening of UHNM Children's Emergency Centre and Risk 260 relating to safeguarding capacity. Two recommendations for closure will be discussed at the Risk Group on the 14 February 2017. Risk 127 avoidable MRSA and Risk 242 relating to the lack of experienced workforce for children and young people at A&E County Hospital. LS requested Risk 236 be amended to reflect that the lack of a Suicide Action Plan is currently the issue with managing suicide risk. RH agreed to update the register with the risk owner. 	PW
8.	<p>Quality Impact Assessment</p> <p>Members received the report produced by KLM and presented by LT.</p> <p>Governance processes have now been strengthened and a robust audit</p>	

	<p>process is in place.</p> <p>The plans to procure a new QIA tool have now been placed on hold.</p> <p>HJ raised the following queries:</p> <ul style="list-style-type: none"> • Use of acronyms within the report. • Retrospective £5 per head QIA – needs to be clearer why this review is retrospective. • Clarity on the differences between Stage 1 and Stage 2 QIAs. • How is the outcome from each QIA reported to other CCGs. <p>Members agreed to discuss Agenda Item 12 QIA Terms of Reference at this point in the meeting.</p>	
9.	<p>GP 60 Second Reporting</p> <p>CC CCG Verbal report given by PS.</p> <p>Smoking cessation services across Staffordshire have been decommissioned by Staffordshire County Council (SCC). KM confirmed that practices had been informed that referrals for smoking cessation could no longer be made. JS highlighted that the issue of public health cuts had been discussed at previous committees and she had raised this with SCC. Healthwatch are currently carrying out a survey on the impact of public health cuts called Funding for the Future, JS agreed to share the link to the survey with the committee and asked if this could be shared as appropriate. A specific survey has also been carried out on drug and alcohol services. JS raised her concerns that although individual Community Impact Assessments (CIA) have been carried out, no cumulative assessment has been undertaken for those people effected by some or all of the cuts. AH asked whether the CIA for smoking cessation services could be requested and LT agreed to ask for a copy of this.</p> <p>ES CCG No items for discussion reported.</p> <p>SES&SP CCG Members received the report from AP.</p> <ul style="list-style-type: none"> • Referrals to Good Hope Hospital being turned down due to lack of capacity. • Issue with no discharge summary issued for a patient which meant the GP was not aware patient had been discharged. KR to raise with Trust. 	<p>LT</p> <p>KR</p>

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	<p>quality leads in the committee and taken into account by committee members when scoring that provider.</p> <p>AHe asked members to note the assurance level reported for BHFT on the front cover sheet was inaccurate. This should read full assurance for both safety and quality.</p> <p>Staffordshire & Stoke on Trent Partnership Trust (SSOTP) Members received the report produced by KLM and presented by JN-D.</p> <p>HJ raised the following queries:</p> <ul style="list-style-type: none"> • The report front cover sheet states that the Trust will receive a follow up inspection visit from CQC to focus on areas rated as 'requiring improvement' and 'outstanding'. Queried as there were no areas rated as 'outstanding' by CQC. JN-D explained this was the description used by the Trust's Director of Nursing for areas of significant concern or check maintenance of areas that were performing well. AHe stated she felt thought this was the worded used by CQC. HJ asked that unless formally rated by CQC as having areas outstanding, these words should either be clarified or omitted. • CQC recommendations on page 3 of the report. Clarity needed on whether the Trust is making any progress against the CQC recommendations. JN-D reported this has been raised with the Trust on several occasions which has resulted in the deep dives to CQRM, however not completely assured by these. AHe/LT to discuss this with KLM. • Three clinical care incidents reported relating to three separate patients with dysphagia. Further information required on what the issue was and action put in place by the Trust. • Assurance required on harm free care as reporting is poor with new harm consistently exceeding national levels. <p>The following other queries were raised:</p> <ul style="list-style-type: none"> • Graph 4 on page 13 of the report re pressure ulcer documentation issues. MMA queried whether there were any pressure ulcers not being documented. JN-D replied that she did not believe so; however documentation was an issue that had been raised at the pressure ulcer review group. Chronology and level of information contained in patient notes was not sufficient to evidence whether pressure ulcers were unavoidable. These then have to be reported as an SI. • SW highlighted that the low number of incidents reported for East Staffs on page 6 of the report would be expected as the Trust do not provide services in East Staffs. 	<p>KLM</p> <p>KLM</p>
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	<p>backlog. Discussions have taken place at the ES CCG Governing Body in respect of GPs reviewing the waiting list to confirm which patients may be removed or need to take priority. The data needs to be validated prior to sharing with practices. Once agreed a communication will be sent out to practices.</p> <p>KM queried the drop off in cancer 62 days for first treatment numbers. DV replied that a remedial action plan is in place and the CCG is working closely with the Trust to improve these numbers.</p> <p>LS highlighted the two breaches for cancer 31 day for subsequent treatment where that treatment is surgery and asked how soon patients had been seen. DV reported that both patients had been offered appointments within the target time however had chosen to reschedule.</p> <p>HJ highlighted that the dashboard showed HSMR mortality data but further on in the report went on to discuss SHMI and advised that reports needed to be consistent.</p> <p>Members agreed the following assurance levels for BHFT: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Virgin Care Improving Lives (VCIL) Members received the report produced by LM and presented by DV.</p> <p>Members were reminded that scoring for VCIL is in respect of community services, with a score for the prime contractor role being determined outside of the meeting.</p> <p>The following queries were raised:</p> <ul style="list-style-type: none"> • PG highlighted that 2 complaints were reported for December 2016 in the dashboard, but the narrative on page 3 of the report stated 12. DV replied that the number reported was 2. • Vacancy rate on the dashboard is given in numbers for some months and percentages for other. LS requested that these are reported in one format only in future. HJ also highlighted that the dashboard is reporting 11 vacancies in December 2016 with the narrative stating 25. DV replied that this is a cumulative figure for November (14) and December (11). • LS asked whether, given the issues that SSOTP have experienced in recruiting nursing staff, VCIL were more successful. DV replied that VCIL have been able to recruit staff and assured the committee that any vacancies were due to increasing establishments and not an inability to recruit. 	
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	<ul style="list-style-type: none"> • LS highlighted that the newly appointed pulmonary rehabilitation physiotherapist has resigned. DV assured the committee that VCIL have secured 3 slots a week from BOC healthcare and are looking to recruit a replacement member of staff. • JN-D highlighted the 6.5 District Nursing vacancies and whether this would have an impact on SSOTP with staff possibly leaving the Trust to join VCIL. <p>Members agreed the following assurance levels for VCIL Community Services:</p> <p>SAFETY: Assured QUALITY: Assured</p> <p>West Midlands Ambulance Service (WMAS) Members received the report produced by NW and presented by RB.</p> <p>HJ highlighted WMAS receiving an Outstanding rating following their CQC inspection.</p> <p>The following queries were raised for NW:</p> <ul style="list-style-type: none"> • Sheffield University were clinically evaluating all red cases as part of the national ARP pilot. LS asked for the outcome of this. • There has been no CQRM since November 2016; LS asked whether a meeting had been held in January 2017. AHe reported that WMAS have proposed moving to a quarterly CQRM via the Contract Review Board. This is currently being considered. AHe also stated that NW has been asked to review governance between the locality group and regional group. • SAS CCG is an outlier for red responses and JT asked if there was a reason for this. JS asked if there was a trajectory for performance to improve. <p>SW highlighted that the scoring matrix does not allow for organisations where CQRM's are continually cancelled. To be considered as part of the review of the scoring matrix.</p> <p>Members agreed the following assurance levels for WMAS:</p> <p>SAFETY: Assured QUALITY: Partial Assurance</p> <p>The committee asked that WMAS be informed that assurance levels would be impacted if CQRM meetings continued to be cancelled.</p>	
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University Hospital North Midlands

Members received the report produced by JN-D.

The following points were raised:

- KM highlighted the continued issues with A&E performance. JS stated that some of the issues are related to systems. Patients are not reporting any adverse experiences.
- AP asked how assured the committee could be assured on never events and the Trust's response. JN-D replied that three never events have been reported in the last three months. The Trust is following correct procedures for reporting and has a robust evaluation process in place.
- DS stated that it would be useful to have more information on how the Trust are working with WMAS to reduce ambulance demand, but also how they are working with other agencies.
- DS asked for assurance on the deep dives carried out by the Trust given lack of assurance into the deep dives carried out by SSOTP. JN-D replied that a high level of assurance is being provided by the Director of Nursing and the Human Resources team. JN-D is carrying out a deep dive into falls, evaluating RCA's and the action plans from those. The Trust has a clinical excellence framework and work with each ward area to evaluate the domains within this framework.
- LS asked that despite a number of actions reported, there are no reasons given for the Trust's failure to meet their cancer targets and asked if this could be included in future reports.
- LS asked for HSMR or SHMI mortality data to be included on the dashboard in future reports as this has not been reported since July 2016.
- MMA asked whether the ambulance handover >60 minutes was a cumulative figure including the >30 minutes data. JN-D replied that yes this was a cumulative figure.

Members agreed the following assurance levels for UHNM:

SAFETY: *Partial Assurance*

QUALITY: *Partial Assurance*

Royal Wolverhampton Hospital NHS Trust (RWT)

Members received the report produced by JN-D.

	<p>The following queries were raised:</p> <ul style="list-style-type: none"> • PG asked whether two never events had been reported by the Trust. JN-D replied this was correct, with one in September 2016 and one in October 2016. • LS queried whether the friends and family figures for the number of staff who would recommend were correct as these seemed to be low. JN-D agreed to check whether this was recommend or not recommend. • Appraisal rate target on the dashboard is 80%. JN-D to raise at the CQRM that the committee is not happy with this target. • DS highlighted the development of the frequent attenders project and asked JN-D if she could provide her with more information on the project. • AP asked for more assurance that the Trust are learning from never events as there appears to be no evidence of this. AHe reported that a conversation had been held with the Chief Nurse at Wolverhampton CCG. The CCG have carried out a visit to the Trust and are supporting an external review. The mitigations recommended have been taken forward by the Trust. • JN-D asked about the no harm proforma for >52 week breaches. JN-D reported this is an initiative put in place by KLM with the Trust. This was due to be presented at the last CQRM. JN-D will chase the Trust for a copy. <p>Members agreed the following assurance levels for RWT: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Heart of England Foundation Trust (HEFT) Members received the report produced by KR and presented by AHe</p> <p>No additional information was reported and no questions raised.</p> <p>Members agreed the following assurance levels for HEFT: SAFETY: <i>Assured</i> QUALITY: <i>Partial Assurance</i></p> <p>Dudley Group NHS Foundation Trust (DGHFT) Members received the report produced by KR and presented by AHe.</p> <p>Apologies were given for the issues with the data content within the report</p>	<p>JN-D</p> <p>JN-D</p>
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	<p>circulated with the meeting papers. An updated report is available on request.</p> <p>The following queries were raised:</p> <ul style="list-style-type: none"> • PG highlighted the increase in the number of SIs reported. KR to raise this with the Trust. • Cancer reporting on the dashboard states available quarterly, DV stated this is monthly data. AHe to feed this back to KR. • LS highlighted missing data from the dashboard which is received from other providers and asked if this could be included in future reports. • LS reminded the committee that there had previously been an issue with a delay in issuing clinical letters, with a KPI being issued by the lead commissioner. She asked if this was still a concern or had been resolved by the introduction of the KPI. KR to raise this with the Trust. <p>Following discussion, the committee agreed that given the lack of data within the report an assurance level could not be concluded this month. A more comprehensive report to be submitted to the March 2017 meeting.</p> <p>SDUC OOH</p> <p>Members received the report produced by NW and presented by LT.</p> <p>LT informed the committee that the provider had failed to submit a quality report on time for the November 2016 period. The report was received on the 30 January 2017. This was challenged at the January 2017 CQRM and escalated to the Contract Review Board for action and will be discussed at the February 2017 CQRM.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> • The provider are still manually counting appraisals and mandatory training and do not have an electronic system in place. An action plan and trajectory for receipt of data has been requested. • LS highlighted the difference in the information in the VCIL report and this report and asked if VCIL were receiving more information. LT stated that NW is aware of this and will speak to DV regarding this outside of the meeting. • JT asked if there was any impact on patients due to the reported staffing shortages, particularly in Cannock and Stafford. LT replied that there is no evidence of any patients coming to harm, with cover always being obtained. The provider has ceased its policy of 	<p>KR</p> <p>KR</p>
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	<p>enhanced payments for short notice booking of shifts. Whilst difficulties were encountered during the transition period, this has overall been a successful process leading to more stability within the GP rota. MMA asked if anything was known about the issues with the indemnity package Vocare were providing for GPs and this could possibly be linked to staffing shortages.</p> <ul style="list-style-type: none"> LS highlighted the patient feedback comments, with many saying no further action could be taken due to lack of detail. She felt this was an opportunity lost by the provider to investigate the themes behind the feedback. NW to feed this back to SDUC OOH. <p>Members agreed the following assurance levels for SDUC OOH: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p> <p>Walsall Healthcare NHS Trust Members received the report produced by NW and presented by RB.</p> <p>The following queries were raised:</p> <ul style="list-style-type: none"> SW asked if there was any reason the Trust did not know they if they were compliant with duty of candour as no data had been reported between September and December 2016. LT reported that the Trust are undertaking an audit and cleansing process of all incidents etc and updates should be provided in future quality reports. LS asked whether the Trust had an action plan in place for the follow up appointment backlogs and if there was a date by when these would be reduced. RB replied that the issue had been discussed at CQRM and an action plan is in place, but he was not aware of a date. LS asked if the next quality report could include details of how the Trust is performing against the plan. JS asked whether the committee should be concerned about mortality rates at the Trust as the report states that hospital deaths are continuing to rise and it is unclear whether this is a system issue. RB replied that the Trust are looking into their mortality reporting and are carrying out an 18 point review of care. Mortality reporting will be monitored by the CQRM. <p>Members agreed the following assurance levels for Walsall: SAFETY: <i>Partial Assurance</i> QUALITY: <i>Partial Assurance</i></p>	
11.	Medicines Optimisation	

	<p>CC/SAS.SES&SP</p> <p>Members received the report produced by SR.</p> <p>The report includes information on the three CCGs performance on antibiotic prescribing targets and also incidences of C-Diff. The report also discusses Use of Point of Care C-Reactive Protein (CRP) tests in primary care.</p> <p>Members agreed to discuss Agenda Item 13 Strategic Medicines Management at this point in the meeting.</p> <p>ES CCG</p> <p>Members received the report produced by SB.</p> <p>SB informed the committee that changes had been made to the report to include a rag rating for the CCGs position against both the national baseline and a local rating. The committee approved these changes to the report.</p> <p>No questions were raised.</p>	
12.	<p>QIA Terms of Reference (TOR)</p> <p>Discussed after Agenda item 8.</p> <p>The QIA Terms of Reference were presented to the committee for approval.</p> <p>Changes have been made to the membership and quoracy sections of the TOR to ensure lay member representation from all four CCGs. If a QIA specifically affects one CCG and that lay member is not able to attend, an opportunity must be given for that lay member to be able to provide feedback on the QIA. JT asked whether all lay members were able to join the group as she has not been invited to attend. PG advised that Sally Young, Director of Governance, is reviewing lay member roles and would be able to advise which lay members should attend.</p> <p>The TOR were Approved subject to the following amendments:</p> <p>Core membership should read</p> <ul style="list-style-type: none"> Deputy Director of Nursing, Quality and Safety or Head of Nursing, Quality & Safety or Assistant Head of Nursing, Quality & Safety. <p>Lay member representation:</p> <ul style="list-style-type: none"> To be changed to indicate the number of lay members who are core members of the group. 	
13.	Strategic Medicines Management	

	<p>Discussed after Agenda item 11.</p> <p>Controlled Drug Local Intelligence Network (LIN) Members received the report produced by SR.</p> <p>Area Prescribing Group (APG) Members received the report produced by SR.</p> <p>SR brought to the committee's attention guidelines for gluten-free prescribing which were approved by the APG and Diabetes Guidelines which will be presented to the CCG Membership Boards for review.</p> <p>A number of issues have been identified in relation to shared care agreements and a mapping exercise of what shared care agreements are currently in use and any gaps is to be undertaken. This report will be brought to a future meeting.</p>	
14.	<p>Serious Incident Report</p> <p>Members received the reports for both ESCCG/SES&SP CCG and CC/SAS CCGs produced by the Risk Team.</p> <p>No questions were raised.</p>	
15.	<p>Items to Report to Governing Body</p> <ul style="list-style-type: none"> Decommissioning of Smoking Cessation Services <p>Items to Report to Other CCG Committees</p> <ul style="list-style-type: none"> None <p>Items for Escalation to the Area Team</p> <ul style="list-style-type: none"> None 	
20.	<p>Items for the Risk Register and leads identified</p> <ul style="list-style-type: none"> None 	
21.	<p>Any Other Business</p> <p>PG proposed holding a second joint committee in March 2017, after which an evaluation will take place on taking this forward. The committee agreed to this proposal.</p>	

	<p>HJ reported that she has been nominated for the West Midlands Leadership Academy Recognition Awards – Inspirational Leader Award. She is one of three finalists and will attend the award ceremony on the 28 February 2017.</p> <p>LT asked the committee for their feedback on the changes to the provider quality reports. PG asked if reports could be more consistent in reporting in future.</p>	
	<p>Date and time of next meeting</p> <p>Thursday 9 March 2017, 1.00 pm, Rugeley Community Centre, Burnthill Lane, Rugeley, Staffs, WS15 2HX.</p>	

EAST STAFFORDSHIRE CCG
QIPP, Finance and Performance Committee

Minutes of the Meeting held on Wednesday, 21 December 2016,
at 1.00 pm
Meeting Room 1, Edwin House, Burton-on-Trent

Present	David Harding Dr Charles Pidsley Wendy Kerr Paul Winter	(Chair) Governance Lay Member, ESCCG GP & Clinical Chair, ESCCG Chief Finance Officer, ESCCG Head of Performance and Governance (ESCCG)
In Attendance	Charlotte Evans Emily Davies Samantha Cook Sharon Finney Kirsten Owen Sarah Gipp	Commissioning Project Manager (Agenda items 7 & 8 only) Programme Manager (Agenda items 7 & 8 only) Head of Contracting and Information, CSU (Agenda item 8 only) Senior Commissioning Manager (Agenda item 11 only) Project Manager, ESCCG (Agenda Items 13 only) Secretary, ESCCG (Minutes)
		ACTION
QFP(11)01	WELCOME AND INTRODUCTION David Harding welcomed everyone to the Meeting.	
QFP(11)02	APOLOGIES Apologies were received from Tony Bruce, Accountable Officer (ESCCG), Ron Dougan, PPI Lay Member	
QFP(11)03	QUORACY AND DECLARATIONS OF INTEREST The meeting was quorate. A declaration was made by Dr Pidsley against item 13 Delegated Commissioning – Due Diligence.	
QFP(11)04	MINUTES OF THE MEETING HELD ON 23 NOVEMBER 2016 The minutes were accepted as a true record.	
QFP(11)05	ACTION FROM THE PREVIOUS MEETING HELD ON 23 NOVEMBER 2016 Please see attached Action Sheet.	
QFP(11)06	FINANCE REPORT 2016/17: MONTH 8 The report was taken as read. Wendy Kerr gave a verbal update:- 6.1 There is no significant change from last month, ESCCG are still on plan to deliver the forecast position planned. 6.2 A risk highlighted to Committee Members is Continuing Healthcare with a forecast total £847k over spend, fortnightly conference calls are in place with the host Commissioner to review the position. Wendy Kerr explained the overspend is due to high cost patients, low volume and issues with their new system 'Adam' for this cohort of patients. 6.3 £1.6m has been incorporated in the forecast outturn for the increased RTT activity issue for both Burton Hospital and Derby Hospital. Burton Hospitals are carrying out waiting list initiatives during October, November and December this is being monitored closely by CSU. There were no further questions. The Committee accepted the report.	
QFP(11)07	PERFORMANCE REPORT 2016/17: MONTH 7	

	<p>The report was taken as read. Paul Winter gave a verbal update:-</p> <p>7.1 An omission of detail was reported in the activity plan summary box however the information was included in the activity table and also the Financial Report.</p> <p>7.2 Confirmation has been received from Burton Hospital that the 6 week wait diagnostic target has recovered at Trust Level and they have delivered their remedial action plan and reached 99.4%.</p> <p>7.3 A 62 day RAP for cancer standards has been agreed.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(11)08	QIPP REPORT 2016/17: MONTH 7	
	<p>The report was taken as read. Charlotte Evans gave a verbal update:-</p> <p>8.1 ESCCG are on plan to meet their target based on the forecast outturn at M7 £5,019k.</p> <p>8.2 The schemes underperforming are currently being off-set against large savings from other schemes. It is felt the total plan will be reached.</p> <p>8.3 Dr Pidsley enquired if the pain clinic financial reduction will affect service delivery. Charlotte Evans explained it is a transfer to tariff based model and will not affect staffing of the service. Emily Davies advised a detailed review has been carried out against last years specification and specifications for the next 2 years the quality of service has not diminished, but ESCCG were overpaying for the service. A review of the Service will be carried out for those patients in Uttoxeter to see if access is required.</p> <p>There were no further questions. The committee accepted the report,</p>	
QFP(11)09	CMET REPORT 2016/17: MONTH 7	
	<p>The report was taken as read. Samantha Cook gave a verbal update:-</p> <p>9.1 The forecast outturn for M7 for all contacts is showing over performance of £193k, the Acute Contract is showing an under performance of £176k combined, driven mainly by Burton Hospitals and Derby Hospitals contracts.</p> <p>9.2 Burton Hospitals has an under performance in non-electives, which appears to be paediatric driven.</p> <p>9.3 There is an activity Increase which is thought to be waiting list initiatives to bring back RTT. Wendy Kerr suggested that next month the RTT provision between Derby Hospital and Burton Hospital may need to be changed.</p> <p>9.4 David Harding queried Burton and Derby under performance discussion took place as to why this might be.</p> <p>9.5 Nuffield Derby was discussed at the November QF&P Committee around the uncertainty in the spike on activity suggesting this may have been the start of a trend, it appears to be a spike, as the data shows normal levels this month. Wendy Kerr reported there is nothing on RTT data that suggests a backlog, forecast outturn is overstated by £50k this will be corrected next month.</p> <p>9.6 UHNM activity is showing costs and activity significantly lower than reported last month across all points of delivery, however UHNM SLAM data submitted for M7 has reinstated their M6 position which has moved their M6 position by £170k more, this increase is due to recording their activity codes incorrectly, this has now been adjusted at Month 7 reporting's.</p> <p>9.7 There is an over performance on £414k on Non-acute Trusts made up of 2 trusts SSSFT and WMAS. SSSFT are showing an over performance on PICU and case management. WMAS has reduced slightly in month (£7k), this contract is at second stage mediation.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(11)10	QIPP PLANNING 2017/18	

	<p>The report was taken as read. Emily Davies/Charlotte Evans gave a verbal update:</p> <p>10.1 For 2017/18 the QIPP total is £6,589k.</p> <p>10.2 An updated version of QIPP was circulated to Committee Members to show the number of transactional and transformational schemes which have been added.</p> <p>10.3 David Harding asked for the probability of £4.2k, Emily Davies reported a number of transactional schemes will be included in the Contract and feel 100% positive about these schemes:- Adult Weight Management – scheme has been agreed. Chronic Pain Management – scheme has been agreed. Patient Transport – scheme has been agreed. Medicines Management – probability of scheme being agreed. POLCV – This is a re-run of the scheme which has always delivered, with the Audit Programme in place this will allow ESCCG to apply penalties if not adhered too. CHC - negotiations have commenced about mitigations and alternative model of delivery. Coding and counting negotiated into Contract – scheme has been agreed.</p> <p>10.4 Dr Pidsley asked if the Adult Weight Management Service changes will affect patient delivery, Emily Davies confirmed this is following the NICE standard specification ensuring quality is not compromised this is about efficiency savings only. Emily Davies reported SSOTP already deliver a Tier 3 service but there is no specification in place and no agreed price between ESCCG and SSOTP. Dr Pidsley suggested asking Derby Hospital to look at the specification, Charlotte Evans confirmed discussions have taken place with both Derby Hospital and SSOTP. Charlotte Evans to ensure the specification is shared with Derby and report any amendments relating to the Tier 3 service as part of the anticipated negotiations between January – March 2017.</p> <p>10.5 First Outpatient and First to Follow Up – This is part of transformation plan with Burton Hospital to align plans, mitigating any risks by aligning CQUINS.</p> <p>10.6 STP Burton – ESCCG are working with Burton to deliver current plans on transformation to align to ESCCG QIPP plans, awaiting agreement on contract as whole prior to further discussions regarding STP monies.</p> <p>There were no further questions. The committee accepted the report.</p>	Charlotte Evans
QFP(11)11	FINANCIAL PLAN UPDATE 2017/19	
	<p>The report was taken as read. Wendy Kerr gave a verbal update:</p> <p>11.1 Conversations have taken place between ESCCG and NHS England to look at ways of working together to aim for delivery of the £4.2m control total.</p> <p>11.2 One option put forward by ESCCG to NHS England was towards activity reductions in the contract against Burton Hospitals and the Nuffield. ESCCG have revisited Nuffield value and Burton Hospitals savings have been taken off drugs as ESCCG feel the drug spending has been potentially over stated.</p> <p>11.3 Local Authority – ESCCG pay the Joint Commissioning Unit £76k, ESCCG will have to pay a small amount for the Mental Health Contract but notice has been given for the remaining contract,</p> <p>11.4 Local Authority Section 256 Money – £2.4m has to be given to the Local Authority as part of the BCF but ESCCG have to agree what this money is used for. Looking at this year's funding there appears to be a £300k cross subsidy for other CCGs, ESCCG will be allocating the £300k against other things that are currently paid for by the CCG into</p>	

	<p>the BCF where feasible.</p> <p>11.5 CHC the opportunity will be far greater if agreement is reached following current negotiations.</p> <p>11.6 Planning guidance states ESCCG have to put £3 per head, per population for primary care, this has to be spent over a 2 year period and NHS England have agreed this spend can be deferred to 2018/19.</p> <p>11.7 Parity of Esteem – Nationally ESCCG have to invest the same growth of money in mental health as allocation, ESCCG have 2.49% increase in allocation the expectation is mental health spend should go up by 2.49% ESCCG cannot fund this and it has been agreed to only pay for what is needed to be delivered for constitutional standards.</p> <p>11.8 STP Withdrawal Contributions - ESCCG are not giving STP £150k, the alternative would be to cut patient services, they will have to manage on less money or use other contributions from those who have greater benefit that ESCCG regarding control total delivery.</p> <p>11.9 Devolved budgets for Primary Care- The 1% non-recurrent headroom of £170k would be used towards the bottom line, again principle accepted by NHS England.</p> <p>There were no further questions. The committee accepted the report.</p>	
QFP(11)12	IMPROVING PERFORMANCE AGAINST NATIONAL CANCER TARGETS	
	<p>The report was taken as read. Sharon Finney gave a verbal update:-</p> <p>12.1 A Task and Finish Group was drawn up to look at 62 Day Cancer Waits.</p> <p>12.2 Burton Hospital and Derby Hospitals are both consistently failing the Cancer 62 Day Wait Target.</p> <p>12.3 Burton Hospital are also failing on diagnostic imaging reporting.</p> <p>12.4 Paul Winter reported the 6 week Cancer Standard is now being met.</p> <p>12.5 Cancer Research UK have indicated there is a low rate of early diagnosis for ESCCG patients, there is a high rate of diagnosis in emergency settings, a low percentage of screening uptake in particular bowel, breast and cervical, a low number of patients with valid staging recorded and they unsure if GPs are safety netting, but can confirm that GPs are now using the new 2 week wait referral form.</p> <p>12.6 To address the issues with Burton Hospital around performance, a contract performance notice has been issued requesting a remedial action plan, this was received last week with a trajectory for recovery and this has been approved and will be monitored against the contract.</p> <p>12.7 Discussions have taken place regarding patients being screened through the emergency portal and not taking up the low uptake of screening. Cancer Research UK have agreed to give free research, which will support with this and have identified 6 practices they would like to focus their training on.</p> <p>12.8 David Harding asked if we will meet the 62 day cancer target wait, Sharon Finney reported there is a trajectory in place, Paul Winter suggested at Q4 they could possibly reach the target and advised Derby are already subject to a trajectory plan but we are not the Lead Commissioner in the contract, Wendy Kerr suggested writing to the Derby Commissioners to ask for evidence of the 2 year RAP and who is accountable to make sure this is being pushed forward and suggested Steve Kent take this issue up at the Derby Contracting Meeting.</p> <p>There were no further questions. The Committee accepted the report,</p>	Sharon Finney/ Steve Kent
QFP(11)13	POLICIES REVIEW	
	<p>Paul Winter gave a verbal update:-</p> <p>13.1 The IG Hand Book and Strategy have been reviewed by the CSU IG Team in conjunction with Paul Winter these policies are up for approval</p>	

	<p>by members of the QF&P Committee however there are no material changes to the Policy. Committee Members gave approval for use of the same to handbook and policy as previously agreed.</p> <p>13.2 The Risk Management Operation Procedure is up for renewal in January by Internal Audit however they may recommend some changes to the procedure. Committee Members are happy for this policy to be reviewed at the February QF&P Committee.</p> <p>13.3 Anti-Fraud, Bribery and Corruption Response Policy, David Harding noted this is on the Agenda for the December Audit committee. Paul Winter asked Committee Members if this policy should be reviewed at the Audit Committee rather than QF&P Committee, David Harding suggested asking the Auditors at the Audit Committee in December.</p> <p>There were no further questions.</p>	Paul Winter
QFP(11)14	PRIMARY CARE	
	<p><u>Delegated Commissioning – Due Diligence</u></p> <p>Kirsten Owen gave a verbal update:</p> <p>14.1 The application for delegated commissioning was submitted on 5 December to the NHS England Regional Team and has been approved and sent onto the National Team for consideration, the outcome will be early January.</p> <p>14.2 If supported ESCCG have until February to return a delegation agreement which will identify what will be delegated to the CCG and what will be retained by NHS England, this will be returned to be ratified by NHS England Governing Body Meeting in March ready for go-live in April.</p> <p>14.3 As part of application a letter was sent indicating this was in principle and subject to satisfactory due diligence and we have the right to withdraw our application.</p> <p>14.4 In terms of the financial progress we have had some of ESCCG questions answered however ESCCG are not satisfied with their response and Wendy Kerr has flagged this Chris Riley at NHS England and asked for a number of meetings early next year to get these resolved to enable ESCCG to finalise their report and financial due diligence.</p> <p>14.5 ESCCG need to ensure the contracts are stable before taking them over, obtaining a level of understanding around the practices in terms of number of GPs, ages of GPs any concerns or queries, looking at their quality dashboard.</p> <p>14.6 Quality Due Diligence is being led by Kirsten Owen on behalf of PAN Staffordshire, Shropshire and Telford. The first workshop was held in November bringing together the Quality Leads of NHS England and CCGs this also included Complaints Leads and those working from a GP Appraisal and revalidation perspective, another Event has been organised for January 2017 which will include Clinical Leads from Practices and Representatives from the LMC,</p> <p>14.7 Work is ongoing around the memorandum of understanding and should be consolidated in January.</p> <p>14.8 Dr Pidsley reported Assura are offering sums of money to purchase GP premises, query being could this impact on rent reimbursement. Wendy Kerr confirmed that District Valuer involved in evaluation.</p> <p>There were no further questions.</p>	
QFP(11)15	FOR APPROVAL	
	<p><u>Local Digital Roadmap</u></p> <p>15.1 This item was discussed and approved at the November QF&P Committee but due to Quoracy has been brought back to the December Committee for ratification.</p>	

	<p>15.2 Committee Members gave approval.</p> <p><u>Subject Access Request Standard Operating Procedure</u></p> <p>Paul Winter gave a verbal update:</p> <p>15.3 There are no changes to this Procedure, Committee Members are happy to accept the roll-over of this policy.</p> <p>There were no further questions.</p>	
QFP(11)16	FOR INFORMATION	
	<p><u>Information Governance Bi-Monthly Report</u></p> <p>16.1 Committee Members have noted this report.</p>	
QFP(11)17	ITEMS FOR ESCALATION TO GOVERNING BODY	
	None	
QFP(11)18	ANY OTHER BUSINESS	
	None	
QFP(11)19	DATE OF NEXT MEETING	
	Wednesday, 25 January 2017, 1pm to 3pm, Meeting Room 1, Edwin House, Burton on Trent.	

EAST STAFFORDSHIRE CCG

QIPP, Finance and Performance Committee

Minutes of the Meeting held on Wednesday, 25 January 2017
at 1.00 pm
Meeting Room 1, Edwin House, Burton-on-Trent

Present	David Harding Dr Charles Pidsley Wendy Kerr Paul Winter	(Chair) Governance Lay Member, ESCCG GP & Clinical Chair, ESCCG Chief Finance Officer, ESCCG Head of Performance and Governance (ESCCG)
In Attendance	Charlotte Evans Emily Davies Samantha Cook Nicola Harkness Julie Hughes Kirsten Owen Sarah Gipp	Commissioning Project Manager (Agenda items 6 & 12 only) Programme Manager (Agenda items 6 & 12 only) Head of Contracting and Information, CSU (Agenda item 8 only) Chief Operating Officer, ESCCG (Agenda items 11 and 16 only) Primary Care Manager, ESCCG (Agenda Item 15 only) Project Manager, ESCCG (Agenda Item 15 only) Secretary, ESCCG (Minutes)
		ACTION
QFP(01)01	WELCOME AND INTRODUCTION David Harding welcomed everyone to the Meeting.	
QFP(01)02	APOLOGIES Apologies were received from Tony Bruce, Accountable Officer (ESCCG)	
QFP(01)03	QUORACY AND DECLARATIONS OF INTEREST The meeting was quorate. A declaration was made by Dr Pidsley against the following: <ul style="list-style-type: none"> Item 15 -Primary Care Delegated Commissioning Item 16 – Local Authority Service Reductions Paul Winter notified Committee Members the wording ‘pecuniary/non-pecuniary’ will be removed on the Quoracy and Declaration of Interest section of the Corporate Agenda and will be replaced with the following: <i>‘If any member has any interest in any contract, proposed contract or other matter under consideration at this meeting, he/she shall disclose the fact to the Chair and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it’.</i>	
QFP(01)04	MINUTES OF THE MEETING HELD ON 21 DECEMBER 2016 The minutes were accepted as a true record.	
QFP(01)05	ACTIONS FROM THE PREVIOUS MEETING HELD ON 21 DECEMBER 2016 Please see attached Action Sheet.	
QFP(01)06	FINANCE REPORT 2016/17: MONTH 9 The report was taken as read. Wendy Kerr gave a verbal update:-	

	<p>6.1 ESCCG are still on target to deliver their financial position.</p> <p>6.2 There are 3 months left to year end and ESCCG are getting close with forecast positions, there is headroom but not a lot should things significantly move.</p> <p>6.3 Deep dive sessions have been arranged with the Medicines Management Team around prescribing.</p> <p>6.4 Meetings have been held with Burton Hospitals as activity levels increased in November and impacted on the position, this was forecasted as provision for RTT, there is still some provision remaining in ESCCG plan for RTT work.</p> <p>6.5 The specialities ophthalmology and dermatology do not have an RTT below 92% but are showing an increase in activity. Providers have been made aware and will be challenged should they continue to increase activity in these specialities. ESCCG are observing these figures closely.</p> <p>6.6 Dr Pidsley notified Committee Members of soft intelligence received around ophthalmology, indicating ophthalmologists frequently carry out Consultant to Consultant referrals. Looking at the reasons for this it is not always a valid referral and suggested asking BI to look at the referral rates. Wendy Kerr to discuss with Sharon Finney.</p> <p>6.7 Derby Hospital are achieving their RTT.</p> <p>6.8 Fortnightly calls being held around CHC.</p> <p>6.9 David Harding queried figures on the Table 5 – ‘Acute Commissioning Analysis’ the Burton year to date reads £423 but on Table 7 – ‘Burton Detail’ the year to date figure reads £370.844, this also happens with the Derby Contract. Wendy Kerr to check with Samantha Cook.</p> <p>6.10 Burton Hospital have confirmed they are keen for a year-end settlement and this will hopefully be finalised by the end of February.</p> <p>6.11 The Internal Audit Charter paper is for information only this was approved at the January Audit Committee and will be presented to the January Governing Body.</p> <p>There were no further questions. The Committee accepted the report.</p>	<p>Wendy Kerr</p> <p>Wendy Kerr</p>
QFP(01)07	QIPP REPORT 2016/17: MONTH 8	
	<p>The report was taken as read. Charlotte Evans gave a verbal update:</p> <p>7.1 The forecast outturn stands at £5,019k, on plan with £3,005k completed and £4,145k saved.</p> <p>7.2 Schemes behind plan remain the same</p> <p>7.3 Work is underway to offset any underperformance.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)08	PERFORMANCE REPORT 2016/17: MONTH 8	
	<p>The report was taken as read. Paul Winter gave a verbal update:-</p> <p>8.1 A 52 week wait breach under the category ‘Other’ (oral and maxilla-facial) at Walsall Healthcare was reported in November’s National Data this remains the same for December no other details have been received as yet. Paul Winter has raised this with the Provider to ensure we are alerted earlier on future breaches. Dr Pidsley enquired what the procedure was and why it could not be carried out at either Burton or Derby Hospitals, Paul Winter to ascertain further details. Wendy Kerr suggested linking in with Sam Cook to ensure CSU are pushing with the BI Team sharing of key information.</p> <p>8.2 18 Week Elective RTT – This relates to Burton. ESCCG are aware of</p>	Paul Winter

	<p>this and have been putting in RTT provision.</p> <p>8.3 62 Day Cancer Waits – This has failed for the past 2 years however the percentage rate is slightly reducing.</p> <p>8.4 31 Day Cancer Waits – Radiotherapy was previously compliant, fewer patients have been treated at Derby with same the number of breaches however Derby as a Trust are achieving but not on the RTT report. Wendy Kerr advised that Derby Hospitals have reported a robust plan is in place for Cancer this has not been shared with ESCCG and at present there does not seem to be any improvement.</p> <p>8.5 A&E this time last year we were not achieving 95% and it is felt we will not achieve again this year.</p> <p>8.6 Ambulance Response Time - This is a changed target measure.</p> <p>8.7 Care Programme Approach - This is a new target.</p> <p>8.8 Delayed Transfer of Care – This has significantly improved, even though flagged as a failing measure.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)09	CONTRACT UPDATE 2016/17: MONTH 8	
	<p>The report was taken as read. Samantha Cook gave a verbal update:-</p> <p>9.1 The forecast outturn position at month 8 is showing an over performance of £362k which is 1% against plan, this is made up of £370k on acute contracts and an adverse movement of £214k in-month.</p> <p>9.2 Burton Hospital have moved £733k from an under to over performance due to RTT backlog deliveries.</p> <p>9.3 Activity increases in month 8 are due to movement on Burton's challenged specialities due to waiting list initiatives for urology, general surgery and T&O. There is also movement in Burton's non-challenged specialities like dermatology, neurology etc, there is a RAP around the challenged specialities on RTT.</p> <p>9.4 Additional changes have been made to reflect some favourable movements around BADs and Venous sampling which have been agreed as part of the reconciliation process a total of £217k, this has been fed into position for this month as over activity and has been agreed with the Trust.</p> <p>9.5 Paul Winter reported medium wait times have reduced for non-challenged specialties, ophthalmology is at 4 weeks, dermatology, rheumatology are at 5 weeks and cardiology is 3 weeks. Dr Pidsley queried the wait times for cardiology and suggested a mini audit is carried out on waiting list times for cardiology patients referred by GP practice.</p> <p>9.6 Since producing the finance report a potential error has been identified on Direct Access where Burton Hospital have overstated their position it should be Virgin Care activity and they have allocated it as CCG activity, this equates to £100k and will be addressed for next months report.</p> <p>9.7 Derby Hospitals £500k for RTT has been moved into the Burton contract, this has moved their position to £970k under performance.</p> <p>9.8 The non-acute contracts are showing as an over-performance of £326k these are SSSFT and WMAS.</p> <p>9.9 Dr Pidsley enquired if the shading in graph 8a Derby Hospital Financial Summary is incorrect as some of the negative totals are black and some red. Samantha Cook suggested this may be a formatting issue and will look into this.</p> <p>9.10 The pelvic reconstruction procedure carried out at UHNM is very expensive Dr Pidsley asked why this is not covered under specialised operations. Wendy Kerr suggested it may be coders have incorrectly</p>	<p>Dr Pidsley</p> <p>Samantha Cook</p> <p>Samantha</p>

	<p>coded or changed practice on coding. Samantha Cook to ascertain if trust has changed coding practice.</p> <p>There were no further questions. The Committee accepted the report.</p>	Cook
QFP(01)10	FINANCIAL PLANS 2017-19	
	<p>The report was taken as read. Wendy Kerr gave a verbal update:-</p> <p>10.1 ESCCG have completed their first cut of contract plans with a gap of £2.3m, meetings have been carried out with NHS England and another check will be held towards the end of January to ensure all items are implemented. NHS England have made it clear they will not change ESCCG's control total.</p> <p>10.2 There will be changes with the specialised services' algorithm as NHS England are currently carrying out a review of what CCGs and Specialised Services will deliver. Based on ESCCG's algorithm they have taken £962k from ESCCG as it is felt that Specialist Services will be picking up more of ESCCG costs. Data shared to date by Providers suggests that ESCCG will incur more costs as a result of IR not less and hence suggests a cost pressure of £1.2m, difference to be resolved Prior to 1 April. Work has commenced with 3 key Providers and Social Services.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)11	PERFORMANCE TRAJECTORIES 2017-19	
	<p>The report was taken as read. Paul Winter gave a verbal update:</p> <p>11.1 In line with national guidance each CCG has to set planning trajectories for each constitution priority measures for over a 2 year period.</p> <p>11.2 A brief summary of the individual planning lines submitted to NHS England has been produced to give Committee Members assurance that ESCCG are meeting requirements in all measures.</p> <p>There were no further questions. The committee accepted the report.</p>	
QFP(01)12	DELIVERING THE FIVE YEAR FORWARD VIEW IN EAST STAFFORDSHIRE: ESCCG OPERATIONAL PLAN 2017-19	
	<p>The report was taken as read. Nicola Harkness gave a verbal update:-</p> <p>12.1 It was initially agreed across Staffordshire CCGs and the narrative plan would be on a Staffordshire basis, the first draft went in to NHS England who have now decided the Operational Plan needed to be at individual CCG level due to differences in activity, finance and local economy.</p> <p>12.2 The key contributors to the plan are Nicola Harkness, Wendy Kerr, Paul Winter and Heather Johnstone.</p> <p>12.3 The paper outlines the strategic developments that are required and being worked on, what the must-do areas are and plans in place to deliver these. Some of these plans are on a Staffordshire footprint ie personal health budgets, learning disability, CHC etc. The more local plans are the action taken around cancer and planned admissions through Improving lives.</p> <p>12.4 Assurance was given that numbers have been aligned.</p> <p>12.5 This is an NHS England plan not a patient/public facing plan.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)13	QIPP PLANNING 2017/18 AND 2018/19	
	<p>The report was taken as read. Emily Davies gave a verbal update:</p>	

	<p>13.1 The report remains the same as last month showing how the QIPP has been identified for 2017/18 and 2018/19.</p> <p>13.2 An update to the report is to RAG rate where ESCCG are in terms of contracts and mobilisation plans and provide mitigating actions for schemes RAG rated amber.</p> <p>13.3 David Harding queried the unidentified number of -678 for 2018/19 Emily Davies reported the expectations is from September the work up plans will commence to address this. Wendy Kerr advised there are other issues surrounding this figure as ESCCG may challenge NHS England in 2018/19 if all other requirements achieved. Also QIPP is likely to move out based on what happens during 2017/18 so refresh is likely. ESCCG need to build headroom into QIPP requirements.</p> <p>13.4 The additional planning time from contract sign off has made a difference to planning the QIPP.</p> <p>13.5 David Harding congratulated everyone involved in the QIPP planning.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)14	ESCCG NON-CLINICAL RISK REGISTER Q3 2016/17	
	<p>The report was taken as read. Paul Winter gave a verbal update:</p> <p>14.1 2 new risks have been added:- Risk No 2.48 Specialised Services Risk no 2.49 Impact of HRG4+</p> <p>14.2 No existing risks have been scored higher.</p> <p>14.3 Committee Members were asked for approval to close the following risk: Risk No 2.47 BHFT IT System Upgrade due to full resumption of all national reporting + performance compliant (bar 3 specialties above but subject to ongoing RAPs); no further repeat citing of v^ being a problem by Trust Ops staff - recommend closure of risk on this basis.</p> <p>14.4 Risk No 2.25 (Better Care Fund) Wendy Kerr suggested re-scoring this lower as ESCCG are now in receipt of the signed document, this is no longer an issue for 2016/17.</p> <p>14.5 An audit has been carried out on the risk register which recommended that the risk register be discussed more formally at Committee Meetings or comments recorded in more detail. Price Waterhouse Cooper have also suggested changing the layout of the report, this is to be discussed further.</p> <p>14.6 All Committee Members present approved the recommendations to the Risk register.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)15	INFORMATION GOVERNANCE TOOLKIT	
	<p>Paul Winter gave a verbal update:</p> <p>15.1 The Bi-monthly report will be discussed at the February QF&P Committee.</p> <p>15.2 ESCCG are progressing well with the toolkit, with a 60% compliance rate and on track to reach 91% target for full declaration by March.</p> <p>15.3 The Toolkit has to be signed off in March, Committee Members were asked for approval to give Wendy Kerr authority to sign off the IG submission toolkit as SIRO.</p> <p>15.4 All Committee Members present gave approval.</p>	

	There were no further questions.	
QFP(01)16	PRIMARY CARE	
	<p><u>Primary Care IM&T Performance Dashboard (Q3)</u></p> <p>The report was taken as read. Julie Hughes gave a verbal update:</p> <p>16.1 The report is a summary outline of current projects in line with the local digital roadmap with an update of the quarterly dashboard.</p> <p>16.2 Wendy Kerr referred to the ESCCG E-Referral target for Quality Premium which is 80% usage by 31 March and notified Committee Members that a National CQIN has just been approved for 80% usage by 30 September and noted these are not aligned. ESCCG are currently working at 20% of usage, following discussions with Burton Hospitals as part of contracting discussion it became apparent it was more complicated than just an IM&T issue and a National CQUIN of 80% was agreed by 30 September.</p> <p>16.3 The Q2 data RAG rated Red for Practices will move into Green for the Q3 report, this is due to the data not coming through from NHS Digital.</p> <p>16.4 The Electronic Prescribing target is 80% usage not 80% of CCG Practices.</p> <p>16.5 All in-patient and out-patient letters should now be sent via E-discharge. The next stage of discussions will be around A&E Letters.</p> <p>16.6 Patient On-line – NICE support is being provided from the Patient Board, Dr Clyde Prince, NHS England will also be providing support for this project. Julie Hughes to meet with Dr Prince to see how to move this forward.</p> <p>16.7 All Committee Members congratulated Julie Hughes for her work on this project.</p> <p>There were no further questions.</p> <p><u>Primary Care Delegated Commissioning Progress</u></p> <p>The report was taken as read. Kirsten Owen gave a verbal update:</p> <p>16.8 The application has been made and ESCCG will be notified of the outcome on 8 February, we are aware this was supported by NHS England Midlands and the East Regional Teams.</p> <p>16.9 ESCCG are currently working with NHS England around the financial due diligence as we have not had the level of information requested.</p> <p>16.10 Agreement has been reached and by 14 February ESCCG will have their budget for 2017/18 along with cashflow projections.</p> <p>16.11 An area of concern is discretionary spend, NHS England's winter funding this year for ESCCG has been higher than normal, discussions with NHS England will be taking place around the possibility of phasing the discretionary spend over a number of years if delegated only no resource from ESCCG 1% Primary Care recurrent budget available.</p> <p>16.12 The form of delegation of agreement was shared with Committee Members, this will be the agreement that all CCGs will sign up to. An area of concern about the agreement is where it states NHS England can add additional functions as they wish, the questions ESCCG would like raise is do we have right of decision around these agreements, further discussions will take place with NHS England.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)17	LOCAL AUTHORITY SERVICE REDUCTIONS	
	The report was taken as read. Nicola Harkness gave a verbal update:-	

	<p>17.1 The report provided clarity on LA service reduction.</p> <p>17.2 There is an immediate impact on 2 services for ESCCG which are Tier 3 Weight Management and the Specialised School Nursing Service.</p> <p>17.3 Other areas which have been identified are listed in the report, some services are where funding was transferred across in 2013 by Public Health to SCC, some of the services are where the County Council Commission and have full responsibility for but are reducing, this will have an impact on healthcare provision. Some services are where ESCCG passport money through under Section 256 BCF Plan for the Council to commission.</p> <p>17.4 ESCCG are working with colleagues from other CCGs to ensure a co-ordinated approach is taken in liaising with the Council.</p> <p>17.5 ESCCG Executive Team have agreed to carry out a review of services locally, this will be discussed at Governing Body.</p> <p>There were no further questions. The Committee accepted the report.</p>	
QFP(01)18	HEALTH AND SAFETY AUDIT AND INSPECTION REPORT	
	18.1 The report is noted and will be discussed at Audit Committee.	
QFP(01)19	FIRE RISK ASSESSMENT	
	19.1 The report is noted and will be discussed at Audit Committee.	
QFP(01)20	FOR APPROVAL	
	<p>20.1 <u>Information Governance Policy</u></p> <p>20.2 This policy should have been presented to Committee Members back in July it was an oversight by the Information Governance Team, CSU.</p> <p>20.3 There are no major changes to the policy.</p> <p>20.4 It was agreed Paul Winter would adapt the Policy to become aligned to a CCG Policy.</p> <p>20.5 All Committee Members present were happy to approve the policy.</p>	Paul Winter
QFP(01)21	FOR INFORMATION	
	<p>21.1 <u>Freedom of Information Quarter Report 01/10/2016 to 31/12/2016</u></p> <p>All present noted the report.</p>	
QFP(01)22	ITEMS FOR ESCALATION TO GOVERNING BODY	
	None	
QFP(01)23	ANY OTHER BUSINESS	
	<p>23.1 <u>GP Executive for QF&P Committee</u></p> <p>23.2 David Harding asked if a replacement has been found for Dr Gunn's position on the QF&P Committee, Dr Pidsley advised there is no availability at present, it was suggested to look at changing the Quoracy of the Terms of Reference.</p>	Paul Winter
QFP(01)24	DATE OF NEXT MEETING	
	Thursday, 23 February 2017 commencing 9.30am to 11.30am, Meeting Room 1, Edwin House, Burton on Trent.	

Audit Committee

Minutes of the Audit Committee held on Thursday 22 December 2016
 10:00am – 11:00am, Meeting Room 1, Edwin House, Burton on Trent

Present:	David Harding Wendy Kerr Lynne Smith Paul Winter Raj Saha James Cook Paul Harvey Neil Mohan Joanna Watson Alison Breadon	Lay Member for Governance (Chair) Chief Finance Officer - ESCCG Lay Member for Quality Head of Performance and Governance Secondary Care Consultant (arrived 10:30am) Grant Thornton Grant Thornton Local Counter Fraud Specialists, PricewaterhouseCoopers PricewaterhouseCoopers PricewaterhouseCoopers
In Attendance:	Cheryl Higgins	Secretary, Minutes

AGENDA ITEM	MINUTES OF THE AUDIT COMMITTEE	ACTION
AC(12)01	WELCOME AND APOLOGIES	
	Welcome David Harding welcomed everyone to the meeting Apologies Apologies were received from Ron Dougan and Raj Saha for late attendance.	
AC(12)02	QUORACY AND DECLARATION OF INTEREST	
	The meeting was quorate and there were no declarations of interest to note.	
AC(12)03	MINUTES OF MEETING AND MATTERS ARISING – 27 OCTOBER 2016	
	The minutes were approved as a true and accurate record with the following amendment: 3.1 AC(10)12: Bullet point 1 should read Charter Mark not Charter Marking.	
AC(12)04	ACTION LOG – 27 OCTOBER 2016	
	4.1 All actions are updated within the Action Log.	
AC(12)05	INTERNAL AUDIT	
	The paper was taken as read. Joanna Watson provided a verbal update: Key areas discussed: 5.1 Corporate Governance: Terms of Reference have now been agreed for the conflict of interest review which will be undertaken in February 2017 with one team completing the core work across all Staffordshire CCG's. This will provide some benefits around sharing of good practice. Paul Winters has requested for this to be bought forward to January and PWC are happy to pull this forward. 5.2 Risk Management: The scope of the review has been agreed and field work will be commencing in January 2017. 5.3 Finance: The finance review has been completed and the draft report has been issued to the CCG. The review concentrated on budgetary control and forecasting and there were no recommendations made. The report will be submitted to the next Audit committee meeting for assurance.	

	<p>5.4 Business Intelligence: The provider specification documents have been reviewed and a draft report has been issued. A review of how the CCG works with their current provider will also be done and a brief memo of the findings will be issued.</p> <p>5.5 QIPP: The challenges for the CCG around QIPP and identifying opportunities. A meeting has been arranged in January with specialists from the Health Advisory scheme at PWC to see if improvements can be made with the process and help the CCG identify further areas to explore for the future. A focus group to encourage GP engagement with QIPP will be suggested to the Steering Group which is being arranged.</p> <p>5.6 Contract Management: It was agreed at the last Audit Committee meeting to defer this to next year.</p> <p>5.7 Partnership Engagement: Terms of reference have been agreed and work will begin in January to examine whether the CCG has appropriate governance arrangements and controls in place over contracts where other organisations are leading. The review will focus on the contract with The Royal Derby NHS Foundation Trust and SSSFT.</p> <p>5.8 IG Toolkit: A review will be carried out across all Staffordshire GGC's as back office function should be common to all. However initial findings show there are differences. Further work will be undertaken in the next quarter and the toolkit will be reviewed to identify the areas for detailed analysis.</p> <p>5.9 IT Risk Diagnosis: A workshop was held in December and the specialist team are currently validating some key controls. Once this validation is completed a draft report will be issued in January.</p> <p>5.10 Clarity was sought regarding the partnership engagement review of Royal Derby NHS Foundation Trust and whether South Derbyshire CCG would be asked how they perceive the CCG manage the contract. Wendy Kerr confirmed that weekly executive calls with Derby had recently been cancelled but after escalation these had now resumed.</p> <p>5.11 Appendix shared for information:</p> <ul style="list-style-type: none"> • Cyber Security – It was confirmed this is being tested as part of the IT risk diagnostic work. • PWC report on Health and Social Care Architecture. • Recent publication on Solving bed blocking in the NHS • Mandatory gender pay gap reporting. <p>5.12 Alison Breadon tabled a copy of the new Non Executive Director programme for the next six months.</p> <p>Internal Audit Follow-up Report The report was taken as read. Joanna Watson provided a verbal update.</p> <p>Key areas discussed:</p> <p>5.13 A sample of the implemented recommendations from the May 2016 audit recommendation tracker were tested and the findings showed these had been appropriately implemented.</p> <p>5.14 Negotiations are currently taking place to agree the governance arrangements for the collaborative element of Virgin Care delivered services which will be included within future contracts.</p> <p>5.15 It was confirmed that GC8 meetings are held with Virgin Care on a monthly basis.</p> <p>5.16 Following initial discussions a collaborative forum is also being developed where the CCG can work with Virgin Care to achieve outcomes without crossing contractual boundaries.</p> <p>5.17 Implemented actions: It was noted that the responsible person for</p>	
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	<p>5/11 conflict of interest policy, 6/11 governing body register of interests and 7/11 risk sharing is Paul Winter and not Debbie Vucetic as recorded.</p> <p>5.18 Paul Winter provided assurance that the CCG does have a fully compliant committee's register of interests.</p> <p>5.19 Clarity was sought on the status update to 4/11 quality measures and reporting requirements as it would appear that since the original recommendation to provide a more easily understood format this has been updated to report that it has always been in an easily understood format. Wendy Kerr advised that the recommendation was based on the 14/15 contract format and the recommendations were implemented for the 15/16 contracts which were the contracts reviewed by the auditors.</p> <p>Key Outcome: There were no further questions. The committee accepted the report.</p>	
AC(12)06	EXTERNAL AUDIT	
	<p>James Cook provided a verbal update:</p> <p>Key areas discussed:</p> <p>6.1 The interim field visit is scheduled for early January 2017 so there has not been a lot of movement since the last meeting.</p> <p>6.2 Board papers and minutes have been reviewed and a planning meeting has been held with the audit team.</p> <p>6.3 A brief update is being produced on the NED's networking event held in Birmingham and will be circulated early in the new year.</p> <p>6.4 It was confirmed that the events held relating to governance and annual reporting have been beneficial and any finance events will feed into the timetable to assist the chief accountant and enable an early understanding of any accounting issues.</p> <p>Key outcome: There were no further questions. The committee accepted the report.</p>	
AC(12)07	COUNTER FRAUD SERVICES	
	<p>The paper was taken as read. Neil Mohan provided a verbal report.</p> <p>Key areas discussed:</p> <p>7.1 An ongoing work programme which is showing either ahead of schedule or on schedule for the various areas of work.</p> <p>7.2 There have been no referrals from the CCG this year but it is important for staff to stay aware of the real fraud issues.</p> <p>7.3 The report contains a summary of emerging national issues and developments that may be relevant to the CCG and have been fed into the fraud risk assessment in agreement with CCG management.</p> <p>7.4 A lunch and learn event has been arranged for CCG staff in February as part of the continuing learning process.</p> <p>7.5 Assurance was provided that all circulars received by the CCG are sent onto staff. These contain details and real evidence of frauds that are reported.</p> <p>7.6 The CCG Anti-Fraud and Bribery Response policy is due for review and Neil Mohan agreed to work with Paul Winters to complete the review.</p> <p>Key Outcome: There were no further questions. The committee accepted the</p>	

	report.	
AC(12)08	ACCOUNTS	
	<p>Review of Annual Accounts Timetable</p> <p>Key areas discussed:</p> <p>8.1 Important dates have been highlighted to ensure audit meetings have been scheduled to allow the process to be carried out and for accounts to be agreed and signed off appropriately. A more detailed plan will be submitted to the January meeting.</p> <p>8.2 The draft Internal Audit Report is due on 17 March which falls before the March Audit committee meeting. It was agreed the report could be circulated for comments which can then be submitted to the March committee meeting.</p> <p>Monthly Financial Report for Board</p> <p>Key areas discussed:</p> <p>8.3 To provide awareness to the audit committee on where the CCG was in terms of the financial position being submitted to the board which demonstrates the CCG is still on track to deliver the financial plan.</p> <p>8.2 Discussions are currently being held to agree next year's financial plans which have identified a surplus position if the CCG are able to deliver on this year's plan.</p> <p>8.3 The Virgin disputes were discussed and a process agreed to meet with the External Auditors.</p> <p>Key Outcome: There were no questions. The committee accepted the report.</p>	Wendy Kerr
AC(12)09	GOVERNANCE MATTERS – REVIEW OF WAIVERS AND PROCUREMENTS	
	<p>The paper was taken as read. Paul Winter provided a verbal update:</p> <p>Key areas discussed:</p> <p>9.1 No additions have been added to the register. However two extensions have been agreed for temporary staff contracts.</p> <p>9.2 Contracts have been extended to maintain sustainability whilst the CCG await confirmation whether they have achieved Delegated Primary Care status. This has resulted in a delay to a review of the primary care structure which will be undertaken once a decision has been received.</p> <p>9.3 An increase in the value for legal support from Blake Morgan has also been included.</p> <p>9.4 Business cases for all the above amendments have been completed and submitted to NHS England.</p> <p>Key Outcome: There were no questions. The committee accepted the report.</p>	
AC(12)10	PROPOSED DATES FOR 2017 AUDIT MEETINGS AND BUSINESS CYCLE FOR 2017/18	
	<p>Audit Committee Meetings</p> <p>Key areas discussed:</p> <p>10.1 October date is a Saturday and David Harding asked if this meeting could be moved to September. Wendy Kerr and Cheryl Higgins to review dates to ensure they align to the draft financial timetable.</p>	Wendy Kerr / Cheryl Higgins

	Business Cycle for 2017/18 The paper was taken as read. Key areas discussed: 10.2 The draft internal audit report is due in March with the final report being submitted to the April Audit meeting. Crosses on the business cycle need amending to align.	
AC(12)11	AUDIT RECOMMENDATION TRACKING REPORT	
	Wendy Kerr provided a verbal update: Key areas discussed: 11.1 Discussed fully under Internal Audit Progress Report. One outstanding action relates to the Virgin Care contract which is operating under GC8 whilst negotiations continue to take place. The implementation dates have been revised to March 2017. Key Outcome: The committee noted the actions and accepted the report.	
AC(12)12	ITEMS FOR ESCALATION TO GOVERNAING BODY	
	There were no items identified for escalation to Governing Body.	
AC(12)13	ANY OTHER BUSINESS	
	13.1 A regular policy update section is discussed at QF&P and the reviewed Management of Policies Policy was submitted to the December meeting for approval. The policy states Audit committee have no policy approval powers. This means a reporting method for the Anti-Fraud policy would need to be identified. It was agreed this could be done through the QF&P Committee as the LCFS would be involved in the review.	
	DATE AND TIME OF NEXT MEETING Thursday 26 January 2017 – 10:00am-11:30am, Room 3, Edwin House, Burton on Trent (papers due by c.o.p 17 January 2017)	

SIGNED: **DATE:** **(Chairman)**

EAST STAFFORDSHIRE CLINICAL COMMISSIONING GROUP

Minutes of the East Staffordshire Clinical Commissioning Steering Group (SG) Meeting
held on Tuesday 17 January, 12.45pm

Present:	Dr Satveer Poonian Dr Charles Pidsley Dr D Atherton Dr S Dhanasingh Dr R Fulford Dr H Skinner Dr J Tansey Dr T Scheel Dr J Crosse Dr P Jones Dr A Zaidi Dr R Singh Dr W Lim Dr S Jones Dr A Wong Dr J Bull Dr C Faarup Sonia Senior John Evans Michele Fildes Trish Dunn Rob Paton Gail Pyatt	Chair, Mill View Surgery Clinical Chair, Bridge Surgery Balance Street Surgery Winhill Practice Dove River Practice Tutbury Practice Trent Meadows Medical Practice Trent Meadows Medical Practice Trent Meadows Medical Practice Trent Meadows Medical Practice Trent Meadows Medical Practice All Saints Surgery Carlton Group Northgate Practice Bridge Surgery Abbots Bromley Surgery Peel Croft Surgery Practice Manager, Alrewas Practice Practice Manager, Yoxall Practice Practice Manager, Trent Meadows Practice Practice Manager, Gordon Street Surgery Practice Manager, Wetmore Road Surgery Practice Manager, Barton Family Practice
In Attendance	Emma Keeling Kirsten Owen Nicola Harkness Julie Hughes	PA to AO and COO, ESCCG (Minutes) Project Manager, ESCCG Chief Operating Officer, ESCCG Primary Care Manager
	MINUTES	ACTION
SG(01)01	APOLOGIES	
	Apologies were noted from: Tony Bruce, Dr Okoye-Barton Family Practice	
SG(01)02	DECLARATIONS OF INTEREST	
	<ul style="list-style-type: none"> All members declare an interest in the GP Federation Alexin. Dr Alex Wong declares an interest due to a community matron being a patient at Bridge Surgery. 	
SG(01)03	CHAIRMAN'S OPENING REMARKS	
	<ul style="list-style-type: none"> Dr Satveer Poonian welcomed everyone to the meeting. 	
SG(01)04	MINUTES OF PREVIOUS MEETING HELD ON 20 December 2016	
	The minutes were agreed as a true and accurate record.	
SG(01)05	ACTIONS FROM PREVIOUS MEETINGS	
	<ul style="list-style-type: none"> All actions updated are presented within the action log. 	
SG(01)06	CHAIRS REPORT	
	The paper was taken as read: Dr Charles Pidsley provided a verbal update: <ul style="list-style-type: none"> The newly procured Adult Autistic Spectrum Disorder service is being reported as already experiencing delays with patients referrals. Soft intelligence is requested to be reported on any delays or issues related 	

	<p>to accessing the service to ascertain how effective the service is proving to be.</p> <ul style="list-style-type: none"> • A recent direct referral to the service in Dudley by a GP although proved effective, did not result in the patient receiving a diagnosis to confirm the condition, and the referral was rejected. This has resulted in a new referral having to be made and a delay for the patient. • POLCV Policy: Recent audits completed appears to show that the majority of referrals are compliant with the policy with a small amount of breaches identified. A future audit of referrals for hip and knee replacement at Derby Hospital is to be completed shortly. • Cancer Research UK is very keen to offer free help and support to practices with low screening uptake. This relates particularly to practices with high proportions of Ethnic minority patients. Encouragement to take up the offer of help was suggested as they have a good track record in this area. 	
SG(01)07	IMPROVING LIVES	
	<p>Nicola Harkness asked practices to highlight areas of concern or soft intelligence:</p> <p>Key Areas Highlighted:</p> <ul style="list-style-type: none"> • District Nurses at Tutbury Health Centre have been given notice to leave the premises due to an unreasonable increase in the rent by NHS Property Services. The concern is not only that of finding new premises but that relationships built with community teams could now be potentially damaged. Queries have been raised with Property services with a response not yet received. All information has been forwarded to Emily Davies and Christine Emmerton. • The quality of the temporary ECG machine being used by Virgin Care (VC) is a concern. A recent visit by the Rapid Response team to an elderly patient in a nursing home generated a very poor trace reading that could not be completely relied upon for accuracy potentially putting the patient at risk. • There has been no recent update on Lumira for GP's from VC, practices have therefore asked this be requested. • The Care Co-Ordination Centre (CCC) is reported as still having no GP clinician in place and only a part time community geriatrician therefore an update and progress is requested on the clinician based service. Nicola Harkness has asked VC to share with practices the governance structure of the CCC and the plan in place to ensure this service is on track. This will be also be raised during the contract meeting. • Practices feel there is a real lack of engagement with GP's from the CCC when identified patients enter the service and regularly patients are referred back into the care of the GP by the CCC whom inform they are not suitable. • Trent Meadows are concerned about the expected loss of their community matron as a result of VC recruiting her to the CCC. This raises issues with a gap in service and lack of workforce. • Intelligence reports there is a lack of staff available within VC to cope with the numbers being referred into the CCC. They also do not appear to be delivering what they have promised to do and are presenting a service that is not deliverable or being transformed. • SSOTP have received the specification for The Community Dietician for the Uttoxeter area and have raised an interest in providing the service. The option for BHFT to provide the service in the interim is being looked 	<p>Nicola Harkness</p>

	<p>at however no timescale is known at present. It is confirmed this service was not in the scope of the Virgin contract and it is acknowledged there is a gap in commissioning of this service for the Uttoxeter area.</p> <ul style="list-style-type: none"> Nicola Harkness confirmed that VC are contracted to meet the NHS Constitutional standards and are held to account on the as is transfer of the community services as set out in the contract. If they wish to change the service provision model this would require approval and agreement of the CCG. This is an outcomes based contract where if these are not met any resulting financial risks will then lie with VC and potentially they could be financially penalised as a result. Contract levers are in place to hold VC to account should they not be delivering the services on an as is basis. On a positive note practices are reporting staff that have transferred over to VC are happy working for them. 	
SG(01)08	PRIMARY CARE OPPORTUNITIES	
	<p>The paper was taken as read:</p> <p>Key Areas Discussed:</p> <ul style="list-style-type: none"> NHSE are holding workshops that are open to everyone to further inform on the Primary Care Opportunities available to general practice. The Care Navigators option is about signposting patients to the right part of the general practice provision but has to be a service that is designed to work for East Staffs patients. Dr Charles Pidsley thanked Dr Howard Skinner for the work he has undertaken on behalf of the GP's in the GP Co-Operative. No other colleague has come forward to fill the role. Alexin has negotiated the NHS healthchecks for practices and has requested for expressions of interest for applying for the practice pharmacy view. Dr Howard Skinner drew attention to what he believes the distinction between what the CCG's needs for federation and working at scale is and the broader and holistic goals of co-operative working. The original intention of working together was to facilitate discussion between colleagues and to interact with the STP and 5 year forward view. The element of GP's shaping their own future is separate to those tasks and he believed there was not enough of a collective of GP's to change working practices. Bill Gowans is set to visit on 16 February to discuss the STP with local GP's alongside meeting with Gulshan Kaul within his role in the LMC to potentially discuss the direction of travel for general practice. Mike Pyrah has offered to attend an evening meeting to describe what he can offer and would aim to bring GP colleagues from existing Federations to describe how their federations work to initiate discussions and thinking around East Staffs practices future working together. This meeting will be set for March. Working at scale, within clusters and together is felt as being key to changing working practices. Understanding what each practice does is imperative to understanding what is required in order to progress the programme of work required however commitment is required from GP's for this to be successful. Discussions were held on how this leadership arrangement would work for general practice in being able to release GP's to undertake this work. Ideas raised included having a pool of GP's paid for by the CCG for practices or having a pool of funding available where practices would self-manage how to spend the monies and where they feel it is best 	

	<p>suited.</p> <ul style="list-style-type: none"> It is noted this is a programme of work that is for the GP's to complete that is supported by the CCG. However the ownership and direction of any co-operative or Federation belongs to the GPs for the benefit of GPs. The benefit to the CCG is that it is hoped this activity will strengthen general practice so that it can innovate and take on funding for additional investment in general practice linked to additional work streams. 	
SG(01)09	SOFT INTELLIGENCE	
	<ul style="list-style-type: none"> A GP recently visited a residential home and was asked to review the DNAR due to the WMAS informing they will not honour the agreement post 30 days or if it does not state indefinitely. Dr Charles Pidsley will email Mark Docherty of WMAS and copy in Heather Johnstone to raise these concerns and clarify the correct pathway to follow. There continues to be no Neurologist based at BHFT with the hospital informing there are no plans to recruit. Derby Hospital can only see follow up patients and will not receive new referrals. The only option at present is to refer to Stoke Hospital. Referring via the electronic system is an issue with Derby Hospital as they appear to be sitting in the system and are not being returned. The recommendation is to write out a referral form and back up with direct contact. Contractual actions are being taken in relation to the gap in service which is believed due to not being able to recruit to the position. An investigation is underway on the number of patients waiting and the risks this may pose, further information will be given once known. Nicola Harkness informed she has raised questions with the Local Authority in relation to concerns raised on the potential decommission of the weight management tier 1 and 2. A response is awaited. 	<p>Dr C Pidsley</p> <p>Nicola Harkness</p>
SG(01)10	AOB	
	<ul style="list-style-type: none"> Concerns were raised on the potential capacity issues of the AVS that had been initiated to aid the GP workload and avoiding admission for patients. On a number of occasions a practice had been informed they are at maximum capacity and not able to make any visits. Julie Hughes informed the AVS has not been at capacity on numerous occasions and therefore trends will be looked into to further understand if times slots can be catered to benefit the GP's needs in a more effective way. Practices were requested to inform the CCG if they experience any difficulties when accessing the service. 	Julie Hughes
	Tuesday 21 February 2017 at 12:45pm, Robert Peel Suite, Holiday Inn, Burton Upon Trent, DE14 2WF	

SIGNED:
(Chairman)

DATE:

EAST STAFFORDSHIRE CLINICAL COMMISSIONING GROUP

Minutes of the East Staffordshire Clinical Commissioning Steering Group (SG) Meeting
held on Tuesday 21 February 2017, 12.45pm

Present:	Dr Satveer Poonian Dr Charles Pidsley Dr Miriam Masaud Dr D Atherton Dr S Dhanasingh Dr R Fulford Dr A Prasad Dr J Tansey Dr R Singh Dr W Lim Dr A Wong Dr J Bull Dr C Faarup Louise Rhodes Pauline Boden John Evans Trish Dunn Gail Pyatt	Chair, Mill View Surgery Clinical Chair, Bridge Surgery GP Executive, ESCCG Balance Street Surgery Winshill Practice Dove River Practice Wetmore Road Surgery Trent Meadows Medical Practice All Saints Surgery Carlton Group Bridge Surgery Abbots Bromley Surgery Peel Croft Surgery Reg, Stapenhill Medical Centre Practice Manager, Northgate Practice Practice Manager, Yoxall Practice Practice Manager, Gordon Street Surgery Practice Manager, Barton Family Practice
In Attendance	Angie Gough Kirsten Owen Nicola Harkness Emily Davies Sharon Finney	Secretary, ESCCG (Minutes) Project Manager, ESCCG Chief Operating Officer, ESCCG Head of Transformation and Commissioning, ESCCG Commissioning Manager, ESCCG
	MINUTES	ACTION
SG(02)01	APOLOGIES	
	Apologies were noted from: Dr Simon Jones, Northgate Surgery; Dr Howard Skinner, Tutbury Practice and Tony Bruce, Accountable Officer, ESCCG.	
SG(02)02	DECLARATIONS OF INTEREST	
	<ul style="list-style-type: none"> All members declare an interest in the GP Federation Alexin. 	
SG(02)03	CHAIRMAN'S OPENING REMARKS	
	<ul style="list-style-type: none"> Dr Satveer Poonian welcomed everyone to the meeting. 	
SG(02)04	MINUTES OF PREVIOUS MEETING HELD ON 20 December 2016	
	<ul style="list-style-type: none"> The minutes were agreed as a true and accurate record. 	
SG(02)05	ACTIONS FROM PREVIOUS MEETINGS	
	<ul style="list-style-type: none"> All actions updated are presented within the action log. 	
SG(02)06	CHAIRS REPORT	
	The paper was taken as read: Dr Charles Pidsley provided a verbal update: <ul style="list-style-type: none"> Assurance was given that the Diabetes Network report recommendations are for guidance purposes and not intended to be a contractual agreement. The recommendations cover diabetes care in East Staffordshire with some recommendations being for GPs and some for the local Diabetes Network. Clarification was sought about which of the recommendations are intended for GPs. 	

	<ul style="list-style-type: none"> The recommendations have been ratified by the Diabetes Network which includes GPs within the Network. Approval was sought to the report and recommendations being publicised on the ESCCG Patient Board website as best practice with GP Steering Group approval noted. It was agreed this would be supported, subject to the re-wording of the second recommendation removing the requirement for a named GP in surgery handbooks or on the practice websites. <p>ACTION: Dr Charles Pidsley will re-phrase the second recommendation for approval by Dr Prasad.</p>	Dr Charles Pidsley
SG(02)07	IMPROVING LIVES	
	<p>Emily Davies asked practices to highlight areas of concern or soft intelligence:</p> <p>Key Areas Highlighted:</p> <ul style="list-style-type: none"> Rapid Response nurses have been telephoning surgeries late in the day and interrupting surgeries to speak with GPs and then expecting the GP to undertake a home visit. This is becoming more frequent as Virgin Care does not have a doctor. Clarification has been sought from Chris Garner of Virgin Care and Gulshan Kaur (LMC) about clinical responsibility for patients being managed by Rapid Response but the issue has not been resolved. A further 'grey area' highlighted was regarding discharge from hospital into intermediate or virtual beds with clarification needed over who has clinical responsibility for these patients. Nicola Harkness informed that this is an ongoing issue which fits in with VCL plans around 'discharge to assess' and will be addressed within that workstream. Issues were raised with the Care Coordination Centre only having a part time GP and part time Geriatrician and it was suggested that discussions could take place directly with Virgin Care at their upcoming event at Branston on 7 March 2017. Dr Charles Pidsley encouraged his colleagues to attend the event to address these issues. Clarity has been sought from Chris Garner and Paul Whiteside over what is core and non-core work and it is felt that this point may need to be negotiated. Nicola Harkness provided reassurance that ESCCG will pick up the governance issues with our Quality Team around the Care Coordination Centre and virtual beds. Virgin Care will also be asked to engage with the LMC as appropriate to ensure a shared understanding around discharge to assess and virtual beds. <p>ACTION: Emily Davies to request the Quality Team to raise and resolve governance issues around the Care Coordination Centre and virtual beds with Virgin Care.</p> <ul style="list-style-type: none"> A patient was discharged from hospital into the intermediate service and due to a lack of capacity in the team it was reported that it would be week before the matron could see the patient so the GP was requested to visit. <p>ACTION: Emily Davies to raise issues regarding a patient being discharged from hospital into the intermediate service and the GP having to visit the patient with ESCCG Quality Lead for VCL Contract</p> <ul style="list-style-type: none"> A surgery was unable to contact the Rapid Response Team via telephone and had to contact them via the SPA service. However, once contacted they dealt with the patient and ensured they were in a safe 	<p>Emily Davies</p> <p>Emily Davies</p>

	<p>place. It was felt that there were good and bad points from that experience.</p> <ul style="list-style-type: none"> Feedback was provided that when at capacity the Rapid Response Team are very reluctant to take referrals. ESCCG will discuss this matter with Virgin Care. <p>ACTION: Emily Davies to raise the issue of the Rapid Response Team being reluctant to take referrals when at capacity with ESCCG VCL Contract Director.</p>	Emily Davies
	<ul style="list-style-type: none"> Recently the hospital discharged a cancer patient into the community who had a DVT and metastasis and the GP was not made aware. The importance was stressed that GPs need to be made aware of all discharges. <p>ACTION: Emily Davies to raise the issue of GPs needing to be made aware of all discharges with ESCCG Quality Lead for VCL Contract.</p>	Emily Davies
	<ul style="list-style-type: none"> Confirmation has been gained from the VCL District Nurses that they will cover QOF related items as long as the patient is housebound. They will also be covering diabetic foot problems but cannot cover COPD. ESCCG will provide feedback to Virgin Care on the individual soft intelligence provided. With regard to the larger governance arrangements a briefing will be given by the Quality Team at a future Steering Group meeting. Additionally, further work will be undertaken to check which services are now different to the 'as is' services originally transferred to Virgin Care. <p>ACTION: Emily Davies to request feedback report from ESCCG Quality Lead for VCL Contract and briefing to be given at April Steering Group Meeting.</p>	Emily Davies
SG(02)08	ASD PILOT: SUPPORTING INDEPENDENT SERVICE	
	<p>Rose Rankin, Supporting Independence Service for Social Care working on the ADS pathway and Jeanette Napper, Service Delivery Lead for Staffordshire County Council, provided a verbal update:</p> <p>Key Areas Discussed:</p> <ul style="list-style-type: none"> The ASD pilot is running from July 2016 to May 2017 and since July the service has received 53 referrals. These referrals include patients from included districts and cover a mixture of age ranges from 14 years to late adulthood. It was envisaged when the pathway was set up that the service would support patients during the period in between referral and diagnosis of autism and provide assistance with connecting people to communities, helping them to access employment pathways and travel training. It was hoped that by supporting these patients in this way that on some occasions the cost and longer term dependency that a diagnosis of autism might bring could be avoided. The service also helps unblock and address misconceptions about autism. It was confirmed that the majority of referrals have been appropriate but many people attending the service have declined the offer of support as they are only seeking a diagnosis. In those instances the service offers as much as they can to that person as quickly as possible and they have had one person who has not proceeded through to diagnosis. Several other service users have tried to return to the service after diagnosis. 	

	<p>The service is being revaluated and they would like to look at working with GPs to look at ways of avoiding everybody proceeding through to the diagnosis stage thus helping reduce dependency on services.</p> <ul style="list-style-type: none"> Concerns were raised that diagnosis could be sought for many reasons not least that it could satisfy the definition under the Disability Discrimination Act which patients could see as a passport to other things including financial assistance. By law everybody with a diagnosis is entitled to a statutory assessment for care and support and the Supporting Independence Service was set up to support people waiting for the assessment and to prevent them getting into crisis. The service also supports people who have had an assessment and may be disappointed if they do not achieve the criteria for help and support. Out of the 800 people seen by the service across Staffordshire only 115 have gone through to assessment and even then it is not guaranteed that they will be eligible for financial assistance. Therefore, the service assist people with universal offers, helping them maximise the welfare benefits via DWP and assisting with tenancy issues. The service supports children with the transition into adulthood whilst waiting for their assessment with access to assisted technology, travel training and training on how to access health services. The service is a pilot in South Staffordshire and receives referrals from East Staffordshire, Cannock, Stafford, Tamworth, Lichfield and South Staffordshire. As long as the GP referring is based in South Staffordshire the patient will be eligible for the service even if they reside outside of the South Staffordshire area. It is understood that this is also true for the diagnostic service. Concerns were raised about a disconnect with East Staffordshire in the pathway and it was confirmed that ESCCG are not the Lead Commissioner for this service and any issues should be reported back to ESCCG to raise with the Lead Commissioner. Details are to be provided confirming the process of referring into the service which will be circulated to the GPs. <p>ACTION: Further information to be provided by the Supporting Independence Service regarding the process of referring into the service for distribution to GPs. Angie Gough to chase the service for this information.</p> <ul style="list-style-type: none"> The GPs raised concerns that the service was originally put to them as being somewhere they should send a patient if they need a diagnosis but as the service aims to support patients and avoid diagnosis on some occasions there is a complete shift on what the GPs perceived the service to be about. Therefore, further information regarding the service was requested. 	<p>Angie Gough</p>
SG(02)09	CANCER RESEARCH UK: SCREENING UPDATE	
	<p>Sharon Finney provided a verbal update:</p> <ul style="list-style-type: none"> Apologies were received from Emily Skeet. Emily Skeet works for Cancer Research UK who are undertaking work with the NHS on cancer prevention. She is the dedicated resource for this area and is focusing on increasing the uptake of screening for cancer so that patients can be diagnosed earlier and increase survival rates. The local data analysis shows low uptake of screening in the area particularly for breast, cervical and bowel and we are lower than the national average in these areas. The data shows that many patients are 	

	<p>diagnosed when attending an emergency portal and again this figure is higher than the national average. Many patients are diagnosed when the cancer is at stage 3 or 4 when ideally it should be at stage 1 or 2, therefore, patients have a lower chance of survival and we are not meeting the target for the national ambition of 1 year survival post cancer diagnosis of 70%</p> <ul style="list-style-type: none"> Emily Skeet will be present at the evening workshop on 1 March 2017 providing individual practice profiles and GPs are encouraged to engage with her. This event is fully subscribed with 48 GPs attending. Broader cancer work is being undertaken by ESCCG on a cancer plan including working with NHS England to improve access to screening and working with the acute Trust to help them support the delivery of constitutional standards. There is a multi-diagnostics pilot being undertaken at BHFT which can be used when unsure of the anatomical site of the cancer. The pilot is being run for 12 months and they are not planning to expand it at the present time. Concerns were raised that this may be abdominal or GI based only and clarity will be sought. <p>ACTION: Sharon Finney to provide further information to GPs on how to get in touch with the multi-diagnostics service at BHFT to seek clarity.</p> <ul style="list-style-type: none"> Emily Skeet has undertaken a lot of work with practices with large ethnic minority groups and has ways of encouraging screening. Dr Miriam Masaud is very interested in working with Emily Skeet in respect of this and will engage with her on 1 March. 	<p>Sharon Finney</p>
SG(02)10	THE BIG SIX AND CCN SERVICE	
	<p><u>The Big 6</u> Sian Calderwood, Commissioning Manager for South Staffordshire CCG's for Maternity and Children's Services, undertook a presentation on the Implementation of the Big 6 across Staffordshire (copy attached):</p> <p>Key areas discussed:</p> <ul style="list-style-type: none"> Over the past few years issues have been raised regarding meeting the needs of paediatric patients and there has been a consistent lack of coordinated care across Staffordshire. This is evidenced in data from Rightcare which shows Staffordshire has areas to improve. Gloucestershire CCG initially created the Big 6 in response to similar problems currently experienced by Staffordshire. The Big 6 covers the 6 most common conditions that paediatric patients present with at A&E or urgent care services. Staffordshire have created their Big 6 in response to this. The clinical pathway was created with clinicians and is what GPs are already doing and does not contain new clinical information. The parent advice sheet provides the next steps for parents if their child's symptoms change following attending the GP surgery or A&E and provides local phone numbers for services. The Big 6 is available in East Staffordshire on Map of Medicine and in PDF format. Feedback given from Stafford and Surrounds CCG shows that during the initial 3 months admissions to A&E reduced in some elements and showed no reduction in others, however, previous winter trends have increased dramatically over the past few years so no increase is considered quite impressive. As it is no longer mandatory for GPs to undertake a paediatric placement 	

	<p>it is felt important that primary care and community teams have got clear information to work from in treating paediatric patients.</p> <ul style="list-style-type: none"> Following on from the Big 6 there will be a South Staffordshire Children's Clinical Network looking at new models of care and sharing best practice and ideas. If anyone is interested in being part of the network they can contact Sian Calderwood. <p>Key areas discussed:</p> <ul style="list-style-type: none"> Concerns were raised that the abdominal pain pathway states refer to Burton Queens Hospital when they are not taking patients and further clarity was sought on this point as it is a safety issue. Sian Calderwood will feedback comments about the 111 service being listed before GPs, although it was confirmed that if the parent has the booklet they will have already visited the GP and will be telephoning to inform that symptoms have escalated. <p>ACTION: Sian Calderwood to feedback concerns about the abdominal pain pathway stating to refer to Burton Queens Hospital when they are not taking patients, together with comments about the 111 service being listed before GPs on the Parent Advice Sheet.</p> <p><u>CNN Service</u> Heather Parr, Team Leader for the Community Children's Nursing Team based in Burton undertook a presentation.</p> <p>Key areas discussed:</p> <ul style="list-style-type: none"> The CNN Service covers ESCCG and parts of South Derbyshire and has been around for many years. Their remit includes children with long term health conditions as well as acute care needs. The service appears on each of the clinical pathways within the Big 6 and a GP can refer to them to provide support for families. If a child requires referral to hospital then the CNN Service have the ability to telephone the ward to get the child assessed or they can refer back to the GP if appropriate. The service response time for an acute referral is to contact the family within 3 hours to undertake a telephone assessment. All assessment tools are based on NICE guidelines and follow a traffic light system. The service then ranges from a one-off telephone call and then discharge or a daily visit if the families are anxious and require increased support. Families are encouraged to telephone the CNN team if they are concerned prior to the next visit. Hours of the service were extended to 8pm last year in an attempt to engage GPs and allow referrals to be made during afternoon surgery with the potential that the child could still be seen that day. GPs are encouraged to read the quarterly newsletter which includes referral rates, news and useful information about the service. Examples of chronic conditions dealt with include supporting families with nasogastric tube changing, gastrostomy site care, central venous line care for oncology, blood taking, and methotrexate injections for children with arthritis. It was confirmed that in addition to this the service does cover children with constipation. <p>Key areas discussed:</p> <ul style="list-style-type: none"> Nicola Harkness informed that the CNN nurses work for the Mental Health Trust at SSSFT which is a separate contract with some of the therapists also working for SSOTP. 	<p>Sian Calderwood</p>
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	<ul style="list-style-type: none"> Concerns were raised over the value of the contract as some of the figures for admissions were quite high as children seen by the service at A&E department were then sent to the paediatric ward which constitutes an admission. <p>ACTION: Nicola Harkness to review the emergency paediatric admissions pathway and confirm new arrangements.</p>	Nicola Harkness
SG(02)11	NEUROLOGY SERVICE	
	<p>Key areas discussed:</p> <ul style="list-style-type: none"> Discussions took place regarding the gap in neurology services with BHFT having no consultant neurologist since July 2016. Urgent first referrals are being covered by DHFT & UH&M. ESCCG are aware of the gap in services and backlog of follow up's and as it is in the scope of the Virgin Care contract are working with them to establish the clinical risk to patients on the waiting list. The new emerging issue about first outpatient referrals with BHFT and DHFT is being pursued via the contract route and ESCCG are looking to work with Virgin Care and BHFT to ascertain a sustainable solution for Neurology. Other providers are being considered including Wolverhampton and Nottingham to ascertain if they can take first outpatient referrals. There is a national shortage of neurologists and ESCCG are working with the West Midlands Network to ascertain if there is capacity elsewhere in the system and to understand what the rest of the region is doing. This is an ongoing issue since July and is being discussed from a quality prospective at CQRM for BHFT and Virgin Care contracts. Assurances were given that the providers will not be paid for services that they are not providing. Discussions took place over the suggestion from Governing Body that a list could be produced by BHFT and circulated to GPs to gain an understanding of how many patients there are in the system waiting for first appointments or follow up's. Dr Charles Pidsley apologised about the draft letter being sent out to GPs in error and read the response by Dr Gulshan Kaur which confirmed that the LMC was unable to support the proposal and raised concerns about medical legal risks and the need for it to be commissioned by BHFT or ESCCG. Dr Charles Pidsley has responded with supporting GMC and RCGP guidance about GPs duty of care to patients in terms of making referrals. Concerns were raised about the level of work the search of patients would cause the GPs but it was agreed that GPs have a duty of care to refer patients appropriately and ensure the referral is effective and safe. This view is supported by several coroners' cases which have concluded that the GPs responsibility is not fully discharged at the point of referral. There are 600 East Staffordshire patients on the list and it was suggested that if BHFT produce the list and circulate it then the GP could note if the patient is being seen elsewhere and indicate if they are a priority or stable. However, it was agreed that it is not the GPs responsibility to discharge the patient. There is no additional capacity in the Adult Ability Service due to the increase in numbers of elderly patients with neurological disorders. However, Virgin Care have already considered where there is a crossover of patients which will assist with checking the list. Concerns were raised about the medical legal aspect noted in Dr Gulshan Kaur's letter and advice will be sought from the defence bodies with Dr Charles Pidsley to contact MDDUS, Dr Miriam Masaud to contact MDU 	

	<p>and Dr John Tansey to contact MPS.</p> <p>ACTION: Advice to be sought from the various defence bodies over the medical legal aspect noted in Dr Gulshan Kaur's letter. Dr Charles Pidsley to contact MDDUS, Dr Miriam Masaud to contact MDU and Dr John Tansey to contact MPS.</p> <ul style="list-style-type: none"> Dr Charles Pidsley committed to investigate possible commissioning and payment for the GPs checking the lists with the Executive Team and will suggest that BHFT send out the lists promptly. <p>ACTION: Dr Charles Pidsley to investigate possible commissioning and payment of the GPs checking the lists with the Executive Team and to suggest to BHFT that the send out the lists promptly.</p> <ul style="list-style-type: none"> Assurances were given that ESCCG will be taking up the matter of BHFT monitoring patients via the contract quality route as it is unacceptable that assurances have been previously given and we have still reached this point. If GPs identify failures to act on symptoms when checking the list they can feed back to ESCCG Quality Team to enable it to be reported at CQRM so systems on reporting backlogs can be strengthened. Concerns were raised over DHFT not taking new referrals with Magnus Harrison informing GPs to send patients to Stoke. Emily Davies informed that ESCCG have not been informed of this issue and she will seek clarification via the Quality Team. <p>ACTION: Emily Davies to raise the issue of DHFT not taking new referrals with ESCCG Quality Team.</p> <ul style="list-style-type: none"> The draft letter sent out in error will also be revised and re-sent. <p>ACTION: Dr Charles Pidsley will revise the letter sent out in error and re-send.</p>	<p>Dr Charles Pidsley/ Dr Miriam Masaud/ Dr John Tansey</p> <p>Dr Charles Pidsley</p> <p>Emily Davies</p> <p>Dr Charles Pidsley</p>
SG(02)12	SOFT INTELLIGENCE	
	<p>Key areas discussed:</p> <ul style="list-style-type: none"> A GP surgery have been waiting over 3 weeks for urgent x-ray and scan results and also has issues with not receiving discharge letters. A formal complaint has been put in about the discharge letters and a response has been received but still no discharge letter. It was felt that these are ongoing issues that have been the case for many years. Dr Charles Pidsley has previously raised it with Magnus Harrison and will raise it again. ESCCG will look at raising it via the contract route. <p>ACTION: Dr Charles Pidsley to discuss the issue of discharge letters with Magnus Harrison.</p> <p>ACTION: ESCCG to look at raising the issue of discharge letters via the contract route.</p> <ul style="list-style-type: none"> A consultant Gynaecologist at BHFT fitted an IUD and then informed the patient to attend their GP for a 6 week check. It was felt that if the Gynaecologist felt that the check was necessary they should be undertaking it and it was confirmed that the checks are not a requirement under FSRH. The consultant in Fertility at BHFT saw a patient and referred them back to the GP for additional blood tests. This was considered to 	<p>Dr Charles Pidsley</p> <p>Emily Davies</p>

	<p>be inconvenient for the patient and a waste of time when the consultant could have given them the form and they could have had the blood test that day in the same building. It was agreed that this was unacceptable, however, it was suggested it may be down to contract issues with them only being sub-contracted to provide the highly specialised treatment. However, from 1 April 2017 the service is being re-provided so the GP will only have to identify a fertility issue and refer to secondary care. It was suggested that the GP concerned could send a letter to the consultant and copy in Magnus Harrison.</p> <p>ACTION: GP to send a letter to the consultant raising the issue and copy in Magnus Harrison.</p>	Dr John Tansey
SG(02)13	AOB	
	<p><u>Local Authority Reductions</u></p> <ul style="list-style-type: none"> Concerns were raised that as NHS Health Checks are commissioned by the County Council there is the possibility that the service could be cut. John Evans provided reassurance that he understands there is an agreement in place for 3 years and there is no break notice. A gap has arisen in the community substance misuse team which will result in patients accessing treatment in a different way via group sessions. It is felt that this will lead to people with alcohol or substance misuse problems attending A&E. ESCCG are aware of this issue and discussions are taking place with other CCG colleagues and Staffordshire County Council (Commissioner) about the delivery of the model, safety and quality. Cannock and Stafford are leading on this on behalf of all CCG's and Heather Johnson and her team are doing detailed Quality Impact Assessments. Concerns were raised over the risk to GP surgeries in employing staff to undertake services commissioned by Public Health when services are being reduced. ESCCG are not informed in advance of the services being reduced and therefore are undertaking work looking at the reductions they are aware of which will impact on primary and secondary care and this will be presented to Governing Body this week. ESCCG are also in discussion with Staffordshire County Council to gain clarity on their processes and the impact of reductions on the current service provision in both primary and secondary care. For ESCCG the reductions will impact across all of the providers. It was agreed that this items could be discussed further at Governing Body. <p><u>Local Agreement for Notice Periods Relating to Removal of Patients</u></p> <ul style="list-style-type: none"> Any practices looking to remove patients who are outside their boundaries from their practice list were requested to discuss with neighbouring practices in reasonable time. <p><u>AVS (Acute Visiting Service)</u></p> <ul style="list-style-type: none"> GPs have previously raised issues about all AVS slots being used 	

	<p>before 12:00 noon and Julie Hughes has agreed with the AVS to split the slots equally with 8 in the morning and 8 in the afternoon. A point has been made that this has not fully solved the issue and discussion took place over the potential alternative splits of the slots to ensure that slots are available in the afternoon without underutilising the service. Julie Hughes is to be requested to look at the figures to see what time of day the visit requests are received to assist with looking at reorganising the slots.</p> <p>ACTION: Julie Hughes to provide information on figures to confirm what time of the day the AVS visits are requested to assist with looking at reorganising the slots.</p> <ul style="list-style-type: none"> It was stressed that the AVS must be used appropriately so it benefits all GPs and patients and it was confirmed that there are mechanisms in place to ensure that it is used appropriately including GPs providing returns stating the reason for the referral and Julie Hughes has sight of the audits of accepted and rejected visits included in the AVS report. Nicola Harkness to circulate a breakdown of visits rejected and where they were signposted to with the minutes. <p>ACTION: Julie Hughes to provide a breakdown of visits that were rejected by the AVS showing where they were signposted to, visits that converted into an admission and visits that went into an appointment slot.</p>	<p>Julie Hughes</p> <p>Julie Hughes</p>
SG(02)14	Next meeting: Tuesday 21 March 2017, Robert Peel Suite, Holiday Inn, Burton on Trent, DE14 2WF	

SIGNED:
(Chairman)

DATE: