# Agenda

<table>
<thead>
<tr>
<th>Agenda No</th>
<th>Item description</th>
<th>Enc./ Table / Pres.</th>
<th>Decision / To Note / Discussion / Information</th>
<th>Item Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome and Apologies for Absence: Stoke-on-Trent CCG: North Staffordshire CCG:</td>
<td>Verbal</td>
<td>To Note</td>
<td>RC 2.30pm (5 mins)</td>
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<tr>
<td>2</td>
<td>Declarations of Interest North Staffordshire CCG &amp; Stoke-on-Trent CCG: If any member of the Committee or invited attendee has any pecuniary interest, in any contract, proposed contract or other matter under consideration at this meeting he/she shall disclose the fact to the Chairman and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it unless agreed by the Chairman and members of the committee</td>
<td>Verbal</td>
<td>To Note</td>
<td>MWa (10 mins)</td>
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<tr>
<td>3</td>
<td>Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG</td>
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<td>4</td>
<td>Minutes from: Public Meeting In Common of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups’ Governing Bodies held on Tuesday 5th September 2017 Action List and Matters Arising</td>
<td>Enc. 4.1 Enc. 4.2</td>
<td>To Note / Decision</td>
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<td>5</td>
<td>Strategic</td>
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<td>2.35pm</td>
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<tr>
<td>5.1</td>
<td>Chairs Address and Matters Discussed in the Closed Section</td>
<td>Enc. 5.1</td>
<td>To Note</td>
<td>RC (10 mins)</td>
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<tr>
<td>5.2</td>
<td>Accountable Officers Report</td>
<td>Enc. 5.2</td>
<td>To Note</td>
<td>MWa (10 mins)</td>
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<td>6</td>
<td>Quality</td>
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<td>2.55pm</td>
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<tr>
<td>6.1</td>
<td>Quality Report</td>
<td>Enc. 6.1</td>
<td>To Note</td>
<td>TS (15 mins)</td>
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<td>7</td>
<td>Finance, Performance and Planning</td>
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<td>3.10pm</td>
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<tr>
<td>7.1</td>
<td>Financial Update – North Staffordshire and Stoke-on-Trent CCG</td>
<td>Enc. 7.1</td>
<td>Assurance</td>
<td>AM (15 mins)</td>
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<tr>
<td>7.2</td>
<td>Governing Board Performance Report</td>
<td>Enc. 7.2</td>
<td>Assurance</td>
<td>ZJ (15 mins)</td>
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<td>7.3</td>
<td>Commissioning Intentions</td>
<td>Enc. 7.3</td>
<td>To Note</td>
<td>CH (15 mins)</td>
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<tr>
<td>8</td>
<td>Committees - Reports and Matters for Decision</td>
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<td>4.05pm</td>
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<td>8.1</td>
<td>Planning and Commissioning Committees’ in Common Chairs Report</td>
<td>Enc. 8.1</td>
<td>Assurance/Decision</td>
<td>ZJ (10 mins)</td>
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<tr>
<td>8.2</td>
<td>Primary Care Commissioning Committee in Common Report</td>
<td>Enc. 8.2</td>
<td>Assurance/Decision</td>
<td>PD / MWo (10 mins)</td>
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<td>8.3</td>
<td>Organisational Development Committee in Common Report</td>
<td>Enc. 8.3</td>
<td>Assurance</td>
<td>FH (10 mins)</td>
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<tr>
<td>8.4</td>
<td>Transforming Care Partnership Board – Quarterly Update</td>
<td>Enc. 8.4</td>
<td>Noting</td>
<td>WA (10 mins)</td>
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<td>9</td>
<td>Any Other Business</td>
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<td>❖ Questions from the Public</td>
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<td>❖ Any other key issues</td>
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<td>Verbal</td>
<td>Information</td>
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**DATE/TIME OF NEXT MEETING:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
<th>Chair</th>
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<tbody>
<tr>
<td>Tuesday 7th November</td>
<td>2.30pm</td>
<td>Bridge Centre, Birches Head Road, Birches Head, ST2 8DD</td>
<td>AB</td>
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<td>2017</td>
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<tr>
<td>Tuesday 5th December</td>
<td>2.30pm</td>
<td>Bridge Centre, Birches Head Road, Birches Head, ST2 8DD</td>
<td>RC</td>
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<td>2017</td>
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Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups’ Governing Bodies held in Common  
Tuesday 5th September 2017, 2.30pm – 5.00pm  
The Auditorium, Bridge Centre, Birches Head Road, Birches Head, ST2 8DD 
Unconfirmed Minutes

### Present:

<table>
<thead>
<tr>
<th>Voting Members</th>
<th>Dr Alison Bradley (AB)</th>
<th>North Staffordshire CCG Clinical Chair (Meeting Chair)</th>
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<tbody>
<tr>
<td>North Staffordshire NS CCG:</td>
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<tr>
<td>Peter Dartford (PD)</td>
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<td>North Staffordshire CCG Lay Member, Patient and Public Involvement</td>
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<tr>
<td>Mike Edgley (ME)</td>
<td></td>
<td>North Staffordshire CCG Lay Member</td>
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<tr>
<td>Neil McFadden (NMcF)</td>
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<td>North Staffordshire CCG Lay Member, Governance</td>
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<tr>
<td>Voting Members</td>
<td>Dr Ruth Chambers (RC)</td>
<td>Stoke-on-Trent CCG Clinical Chair</td>
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<td>Stoke-on-Trent SOT CCG:</td>
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<tr>
<td>Dr Waheed Abbasi (WA)</td>
<td></td>
<td>Stoke-on-Trent CCG Clinical Director, Mental Health and Specialist Groups</td>
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<tr>
<td>Tim Bevington (TB)</td>
<td></td>
<td>Stoke-on-Trent CCG Lay Member</td>
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<td>Dr John Gilby (JG)</td>
<td></td>
<td>Stoke-on-Trent CCG Clinical Director, Primary Care</td>
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<tr>
<td>Simon Mellor (SM)</td>
<td></td>
<td>Stoke-on-Trent CCG Secondary Care Advisor</td>
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<tr>
<td>Margy Woodhead (MWo)</td>
<td></td>
<td>Stoke-on-Trent CCG Lay Member Patient and Public Involvement</td>
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<tr>
<td>Voting Members</td>
<td>Dr Steve Fawcett (SF)</td>
<td>CCGs’ Executive Medical Director</td>
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<td>Both CCGs:</td>
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<tr>
<td>Fiona Froggatt (FF)</td>
<td></td>
<td>CCGs’ Chief Operating Officer</td>
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<tr>
<td>Cheryl Hardisty (CH)</td>
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<td>CCGs’ Director of Commissioning</td>
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<tr>
<td>Zara Jones (ZJ)</td>
<td></td>
<td>CCGs’ Director of Strategy, Planning and Performance</td>
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<tr>
<td>Alistair Mulvey (AM)</td>
<td></td>
<td>CCGs’ Chief Financial Officer</td>
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<tr>
<td>Tracey Shewan (TS)</td>
<td></td>
<td>CCGs’ Director of Nursing and Quality</td>
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<tr>
<td>Marcus Warnes (MW)</td>
<td></td>
<td>North Staffordshire CCG Accountable Officer, Stoke-on-Trent CCG Interim Accountable Officer</td>
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<tr>
<td>Dr Lorna Clarson (LC)</td>
<td></td>
<td>Clinical Director, Partnerships and Engagement</td>
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### In attendance:

<table>
<thead>
<tr>
<th>Both CCGs:</th>
<th>Jessica Chaplin (JC)</th>
<th>CCGs’ Executive Assistant (<a href="#">minutes</a>)</th>
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<tbody>
<tr>
<td></td>
<td>Anna Collins (AC)</td>
<td>CCGs’ Head of Communications and Engagement</td>
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<td></td>
<td>Alex Palethorpe (AP)</td>
<td>CCGs’ Associate Director Corporate Services</td>
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### Observers:

<table>
<thead>
<tr>
<th>NHS England:</th>
<th>Oliver Newbold (ON)</th>
<th>Locality Director, Nottinghamshire and North Derbyshire</th>
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<tbody>
<tr>
<td>North Staffordshire LMC:</td>
<td>Paul Scott (PS)</td>
<td>North Staffordshire LMC Chair</td>
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<tr>
<td>Patient Congress Representative:</td>
<td>Jackie Jones (JJ)</td>
<td>Patient Congress, Patient Representative</td>
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<tr>
<td>Healthwatch:</td>
<td>Simmy Aktar (SA)</td>
<td>Healthwatch Stoke-on-Trent</td>
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<tr>
<td>Stoke-on-Trent City Council:</td>
<td>Dr Zafar Iqbal (ZI)</td>
<td>Director of Public Health, Stoke-on-Trent City Council</td>
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### Patients and Public:

10 Members of Public in attendance

### Apologies:

<table>
<thead>
<tr>
<th>SOT CCG:</th>
<th>John Howard (JH)</th>
<th>Stoke-on-Trent CCG Lay Member Governance</th>
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<tbody>
<tr>
<td>NS CCG:</td>
<td>Doug Robertson (DR)</td>
<td>North Staffordshire CCG Secondary Care Advisor</td>
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<tr>
<td>Both CCGs:</td>
<td>Dr Latif Hussain (LH)</td>
<td>CCGs’ Non-Executive GP Board Member</td>
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<td></td>
<td>Dr Richard Page (RP)</td>
<td>CCGs’ Non-Executive GP Board Member</td>
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<tr>
<td>Observers:</td>
<td>Karen Bryson (KB)</td>
<td>Staffordshire County Council Assistant Director of Public</td>
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NS Accountable Officer: Marcus Warnes  
SOT Interim Accountable Officer: Marcus Warnes  
NS Clinical Chair: Dr Alison Bradley  
SOT Clinical Chair: Dr Ruth Chambers OBE
### 2017/SEP/051 1. Welcome and Apologies for Absence

**Action**

AB welcomed members to the Public meeting of the North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies held in common.

AB welcomed LC to the meeting. LC had commenced in post as Clinical Director for Partnerships and Engagement working across North Staffordshire and Stoke-on-Trent CCGs. AB further welcomed Jackie Jones, Patient Congress Representative to the Governing Body,

Apologies were duly received and noted as above.

### 2017/SEP/052 2. Members’ Declarations of Interest

**North Staffordshire CCG:** There were no further declarations of interests declared at the meeting in respect to the items on the agenda.

**Stoke-on-Trent CCG:** There were no further declarations of interests declared at the meeting in respect to the items on the agenda.

### 2017/SEP/053 3. Confirmation of Quoracy

The meeting was confirmed as quorate for both North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies.

### 2017/SEP/054 4. Minutes, Action Sheet and Matters Arising

**Minutes from the meeting held on Tuesday 4th July 2017**

The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies duly received and approved the minutes of the public session of the North Staffordshire and Stoke-on-Trent CCG Governing Bodies held in Common on Tuesday 4th July 2017 – subject to a number of amendments to be made outside of the meeting to item 2017/JUL/040 – Finance Update.

**Actions from the meeting held on Tuesday 4th July 2017**

**2017/MAY/017 Governing Body Assurance Report**

FF informed the meeting that work was taking place around a Governance Review and there would be a formal update presented to the Governing Bodies once the work had been concluded. It was noted by the Governing Bodies that work was progressing. – Action carried forward

**2017/JUL/037 – Accountable Officers Report**

RC confirmed that Simon Whitehouse had met with the CCGs’ Lay Members on 25th July 2017, in order to improve Lay Member communication for the STP. PD added that the CCG Lay Members had been invited to a STP workshop in October 2017 – Action complete

**2017/JUL/043 – Audit Report**

It was confirmed that the Partnership and Stakeholder Engagement Internal Audit Report would be presented back to the October 2017 meeting – Action carried forward

**Matters Arising**

No further matters raised.

### 2017/SEP/055 5.1. Chairs’ Address

The meeting received the Clinical Chairs’ address for September 2017 from RC on behalf of both CCGs which provided an update in relation to the current environment the CCGs had been operating in and key areas of interest. The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies were asked to receive and note the Chairs’ address. Key points were highlighted to the meeting as follows:

RC acknowledged the hard work and commitment across both North Staffordshire and Stoke-on-Trent CCGs’ and front line staff in Primary, Community and Hospital settings in responding to the
Pressures across the system.

Pan Staffordshire Chairs’ Meeting
The Pan-Staffordshire Chairs’ meeting continued to be convened monthly, providing the opportunity for open and honest discussions across organisations in the Local Health Economy. The meeting now included key STP Leaders including the newly appointed chair of the STP.

Single Strategic Commissioning Structure and Single Accountable Officer
RC informed members that work had been progressing since the July Governing Body meeting regarding the development of the Single Strategic Commissioning Structure and Single Accountable Officer. North Staffordshire CCG and Stoke-on-Trent CCG had been working closely with the four other Staffordshire CCGs (Stafford and Surrounds CCG, East Staffordshire CCG, South East Staffordshire and Seisdon CCG and Cannock Chase CCG) to move the proposals forward. It was reported that the Governing Bodies of the six Staffordshire CCGs believed that the proposals would allow the CCGs to deliver the best outcomes for the populations across Staffordshire – with STP partners supporting the proposals also. It was highlighted to the meeting that each CCG would remain as separate statutory bodies with each CCG’s allocations remaining separate.

It was advised that North Staffordshire and Stoke-on-Trent CCGs’ held a membership event on Thursday 27th July 2017 to share the proposals with the GP Membership. The membership event was held in collaboration with the North Staffordshire LMC and was well attended by >100 GPs and Practice Staff. Following on from the GP Membership Event, practices were asked to endorse the proposals – the first endorsement was not supported by either memberships. The GP membership raised concerns on the governance and the need to ensure the local needs of patients were met. Subsequently, the CCGs agreed a number of caveats to assure the GP Membership, including the protection of CCG allocations and a clear commitment to support a Northern Staffordshire Alliance Board/MCP. The CCGs and LMC asked practices for a second endorsement and subsequently both North Staffordshire CCG and Stoke-on-Trent CCG Membership supported the proposals.

RC further reported that work was progressing well and interviews for the Single Accountable Officer for Staffordshire would take place on Wednesday 4th October 2017. The six CCG Chairs’ had been involved and lead in the process and would be involved in the shortlisting and interview process. It was noted that all work was taking place cohesively and the six Staffordshire CCGs’ were working closely throughout the process.

North Staffordshire and Stoke-on-Trent CCGs’ Annual General Meeting (AGM)
RC updated the meeting on the North Staffordshire and Stoke-on-Trent CCGs’ Annual General Meeting held in Common on Tuesday 18th July 2017. The AGM was well attended with a lot of engagement from Patients and Public. The meeting were advised that the CCGs had taken the concerns raised at the AGM and had a clear commitment to engage with patients, public and stakeholders and. The Question and Answer session had been extended at the end of this meeting to allow the Governing Bodies to address any areas of concern.

Clinical Senate
The Governing Bodies were advised that the Clinical Senate had published its findings on the Home First Model of Care and had concluded that Discharge to Assess (D2A) was effective and carefully considered. Furthermore, the Senate had made a number of recommendations to be included in the next stage of the assurance process and the CCGs were working to include the recommendations of the Clinical Senate.

SA informed the meeting that Healthwatch had received requests from the public for further information around the work taking place for the Single Strategic Commissioning Structure and Single Accountable Officer for Staffordshire – in particular to obtain assurances around the details of the proposals. RC responded that the caveats and conditions had been sent out to all North Staffordshire and Stoke-on-Trent CCGs’ GPs and it would be appropriate for these to be in the public domain.

**ACTION:** AP to share the Conditions for agreement for the Single Strategic Commissioning Structure and Single Accountable Officer with SA.

**SA**
To conclude, the North Staffordshire CCG Governing Body received and noted the Chairs’ Address for September 2017; and Stoke-on-Trent CCG Governing Body received and noted the Chairs’ Address for September 2017.

5.2 Accountable Officers Report

MW presented the Accountable Officer’s report, providing an update to the Governing Bodies around the current environment that the CCGs had been operating in. In addition, the paper the meeting received described progress with regard to A&E performance and D2A, the STP and My Care, My Way – Home First. The North Staffordshire and Stoke-on-Trent CCG Governing Bodies were asked to receive and note the report. Key points were highlighted as follows:

**Financial and QIPP Position 2017/18**

The Governing Bodies were advised that following on from the July meeting, work had taken place to mitigate the £4m of QIPP risk and the CCGs’ Corporate risks of £17.75m had also been fully mitigated. Consequently, the nil zero risk position was reported at the regional financial escalation meeting with Dr Paul Watson and the CCGs had subsequently been stepped down from the regional escalation meetings.

**A&E Performance and Discharge to Assess (D2A)**

It was reported to the meeting that A&E performance remained a challenge and was one of the most challenged A&E departments nationally – with significant challenges across the system including the high numbers of delayed transfers of care (DTOC). The CCGs were working with both Local Authorities on improved discharges for patients and reducing DTOCs. It was reported that a formal performance position for A&E was contained within the Governing Body Performance Report. It was noted by the Governing Bodies that a key driver for improving performance and reducing DTOCs was D2A.

MW further reported that the CCGs were working to implement an integrated D2A service with Stoke-on-Trent City Council, akin to the service for North Staffordshire Residents and it was hoped that there would be agreement for full roll out of D2A for North Staffordshire and Stoke-on-Trent CCG residents by 1st October 2017.

**My Care, My Way – Home First**

The CCGs had a strategic sense check with NHS England on the Model of Care on 28th July 2017. It was reported that this was the first stage of the assurance process and scoping work had taken place, led by ZJ, and a Pre-Consultation Business Case had been developed. It was highlighted to the meeting that the CCGs’ would not wait for formal consultation to engage with patients and public and local engagement events had been built in to take place over the Autumn 2017. The local engagement events would help to develop the options for the community hospitals and services, the findings from the engagement would form part of the formal consultation. It was noted by the Governing Bodies that the formal consultation would take place over a three month period.

PD confirmed that the first step of engagement was to allow for the CCGs to hear the concerns and identify the needs of the community. The engagement in the Autumn would look at the needs of the population, which in turn would be worked in to the pre-consultation business case.

**CQC System Review**

The Governing Bodies were informed that Stoke-on-Trent had been identified as one of 12 Local Authorities to undertake a programme of local system reviews of health and social care by the CQC. The review would look at the relationship between Health and Social care and how the system worked, including an assessment of the governance in place for the management of resources. The CQC would engage with local Stakeholders around their experiences. The review was being looked at as an opportunity for CQC to help to support the local system and findings would be reported to the Stoke-on-Trent Health and Wellbeing Board. The review commenced on 31st July 2017.

**Better Care Fund (BCF)**

It was reported that the BCF plans for Staffordshire and Stoke-on-Trent were to be submitted by 11th September 2017. Agreement had been obtained for the Staffordshire BCF and work was taking place to close a funding gap in the Stoke-on-Trent BCF before formal sign off.
Sustainability and Transformation Programme (STP)
The Governing Bodies were advised that Staffordshire and Stoke-on-Trent STP was one of the five STPs rated as ‘Requires improvement’. It was noted that the rating was due to concerns around delivery and the financial gap in plans.

JJ referred to the A&E Performance and the winter planning submissions that would need to be made by the end of September 2017 – it was queried how Patient Participation Groups (PPGs) and Localities could get involved in supporting resilience including sharing communications for D2A and other Winter schemes. MW responded that there was a winter communications plan and support from PPGs in supporting the plan would be welcomed.

PS referred to the BCF and highlighted the issues with cuts to services in 2016/17, such as Drugs and Alcohol Services in Staffordshire and asked if the new agreement would remunerate the funding issues going forward. MW responded that the BCF plan for 2017/19 would not reverse the cuts made previously but the 2017/19 BCF Plan should not result in cuts for Staffordshire County Council for Adult Social Care.

PS reported issues shared with the LMC around UHNM specialised referrals from GPs, whereby GPs were having great difficulty referring patients via the emergency portals and patients were sent to A&E due to the difficulties in referring – with reports that the frequency of issues were getting more frequent. SF acknowledged that this was an issue with the acute pathway and other portals – the CCGs had begun discussions on how to improve this and work was taking place with the GP Interface Group to work through solutions on how to improve the pathways.

To conclude, the North Staffordshire CCG Governing Body received and noted the Accountable Officer’s Report; and Stoke-on-Trent CCG Governing Body received and noted the Accountable Officer’s report.

2017/SEP/057

6.1 Quality Report

TS presented the Quality Report in respect of both CCGs’ to provide assurances that the structures and processes were in place to monitor and ensure safe, high quality services for the people of North Staffordshire and Stoke-on-Trent. The report presented to the Governing Bodies focused on items of business discussed at the Quality Committees in Common in July 2017. The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the Quality Report and to ratify the revised Safeguarding Commissioning Strategy 2017-2020. Key points were presented as follows:

Children and Social Work Act 2017
The Quality Committees received an update on the new Children and Social Work Act which aimed at making provision about looked after children, adopted children and child safeguarding and performance. The Act would impact on how Local Safeguarding Children Boards are set up and managed and three partners (Health, Police and Social Care) were given the responsibility to do this.

CQC Review of Staffordshire’s Services for Children Looked After and Safeguards
It was reported to the Governing Bodies that following on from the CQC’s review of health services for Children Looked After across Staffordshire, the Safeguarding Children Board had a role to monitor the actions identified from the review. Consequently, the CCGs held a workshop to develop a merged action plan and the action plan had been reviewed with the majority of actions rated as green. Furthermore, it was noted by the Governing Bodies that as a consequence of the review the Staffordshire CCGs appointed a stand-alone designated Nurse for Looked After Children who had commenced in post as at the time of the meeting.

Safeguarding Commissioning Strategy
The meeting were advised that the Quality Committees received the CCGs Safeguarding Commissioning Strategy 2017-2020, which had been reviewed in light of the legislation changes. The Strategy outlined a strategic approach to ensure safe and effective safeguarding services for adults and children in North Staffordshire and Stoke-on-Trent. The Governing Bodies duly ratified the Decision of the Quality Committee to approve the Safeguarding Commissioning Strategy 2017-2020.
Quality Assurance of Local Providers

North Staffordshire Combined Healthcare NHS Trust
It was reported to the Governing Bodies that there had been an improvement in waiting times for Child and Adolescent Mental Health Services (CAMHS). It was noted that recruitment in to the CAMHS service continued with appointments to the posts of Clinical Psychologist for Autistic Spectrum Disorder, Family Therapist and Cognitive Behavior Therapists and a Head of Service.

EZEC (Patient Transport)
It was reported that there were concerns with performance of EZEC against the key performance indicators and thresholds. For May 2017 average performance was reported at 77.34% against a 90% threshold. Although it was reported to the Governing Bodies that there had been some improvements seen following on from EZEC extending the hours of the Patient Transport and Liaison officer role. Furthermore, a meeting took place in May 2017 to enhance complaints and incident reporting for EZEC.

Vocare (GP OOH)
It was reported that Vocare received a CQC visit on 22nd March 2017 and the service was rated as ‘requires improvement’. The areas rated as requires improvement were ‘are services safe, effective and well led’. It was confirmed that the CCGs quality team were working closely with Vocare to support and to aid any understanding of breaches and to improve reporting.

University Hospitals of North Midlands (UHNM) - Cancer Long Waits Report
The Governing Bodies were asked to note that as at 13th August 2017, there was a total of five patients on the 104 day waits list. It was noted that these figures were the lowest in three years although the CCGs maintain a zero tolerance for these figures.

Staffordshire and Stoke-on-Trent Partnership Trust
TS advised the meeting that Julie Tanner, Director of Workforce and Development at SSOTP attended the July meeting to provide an update. The Quality Committees were updated that monitoring of safe staffing continued with community and community hospitals to maintain a focus on safe caseload. In addition, the CCGs Quality Team had joined SSOTP on their internal quality visits which included visits to Newcastle Physiotherapy Team, Children's Speech and Language Service, Paediatric and Adult Occupation Therapy and District Nurse Focus Groups.

Infection Prevention and Control
The Governing Bodies were informed that as at the end of May 2017 both Stoke-on-Trent CCG and North Staffordshire CCG were within their cumulative objectives for C. Diff and all three main providers had been RAG rated as green as at the time of the meeting.

Quality Strategy Implementation Plan
It was reported that the Quality Committees received assurance on the delivery and progress that had been made throughout 2016/17 and 2017/18 to date in the implementation of the Quality Strategy. Furthermore, the Quality Team would attend a Patient Congress meeting to review progress further and to look at proposed actions moving forward.

PD added that engagement with Patient Congress for the Quality Strategy and subsequent implementation plan was extremely positive and the Patient Congresses were keen to continue to support.

To conclude, the North Staffordshire CCG Governing Body received and noted the Quality Reports for July 2017 and ratified Safeguarding Commissioning Strategy 2017-2020; and Stoke-on-Trent CCG Governing Body received and noted the Quality Reports for July 2017 and ratified Safeguarding Commissioning Strategy 2017-2020.

2017/SEP/058 7.1 Financial Update – North Staffordshire CCG and Stoke-on-Trent CCG
AM presented the meeting with a paper detailing the month four financial position across the CCGs. The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the contents of the report. Key points were detailed as follows:
The meeting were informed that the CCGs’ had official notification of the revised control totals as a consequence of the Capped Expenditure Process (CEP) – the revised control total was £1.08m deficit across both CCGs. As at month 4 the CCGs were reporting an £0.11m in year deficit – which was a favourable variance against plan. As at month 4 the CCGs were forecasting that they would hit their control totals. It was highlighted that a key cornerstone for the financial plan was the delivery of the QIPP Programme, which as at the time of the meeting was broadly on plan. Furthermore, it was highlighted that as at month 4 Prescribing and Continuing Healthcare were forecasting to be under plan at year end based on forecasts developed in month 4. AM highlighted that the CCGs’ financial performance against running costs was RAG rated as green and forecasting was showing the CCGs would be within plan at year end. The CCGs’ had achieved compliance with the Better Payment Practice Code as at month 4.

AM referred to the Month 1 contract queries for 2017/18 with UHNM previously reported to the Governing Bodies, the meeting were informed that processes had been revised and subsequently the issues had been resolved. It was highlighted that previously Month 1 queries in 2016/17 had escalated to arbitration and the improved relationships with UHNM was highlighted as a driver in resolving the issues for 2017/18.

TB requested further assurance around the UHNM relationships and the process for fines, if applicable in 2017/18. AM responded that in 2016/17 there was a difference in view around the contract challenges and an independent auditor had been appointed to work through the matters. Furthermore, it was highlighted that in 2016/17 fines were not applicable but for 2017/18 fines for performance were included and a discussion was ongoing around application of fines. It was noted by the Governing Bodies that the CCGs’ did not include reliance on fines within their financial plan.

NMcF requested an update on the CCGs’ progress against the CEP. AM responded that there was four areas of focus for the CEP which included Enhanced Locality working, CQINS – non-NHS Spend, Medicines and Workforce and sustainability would be addressed through the CEP.

To conclude, the North Staffordshire CCG Governing Body received and noted the Month 4 Financial Position update and Stoke-on-Trent CCG Governing Body received and noted the Month 4 Financial Position update.

ZJ presented the meeting with the month three performance report. The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies were asked to receive and note the contents of the performance report. Key points were detailed as follows:

It was highlighted that the national cancer patient experience results for 2016 had been published. With the rating for both CCGs’ remaining the same as previous reports with a score of 8.8 out of 10 – which was a better than average score. It was noted by the Governing Bodies that the bowel screening pilot would commence in September 2017 and the CCGs had approved a proposal to look at risk stratification. There had been a peak in activity for Cancer 62 day waits and the relevant penalties were being applied as a part of the contract process – although unvalidated data indicated that activity was beginning to go down. An update was provided in relation to 18 weeks RTT, with 13 out of 18 reportable specialties not achieving the 18 week target – although it was noted UHNM were still undertaking validation following on from the implementation of the Patient Administration System and this would continue in to quarter three. It was noted that the CCGs’ and UHNM were holding a Board to Board meeting in October 2017, which would follow up on the actions set at the previous meeting in May 2017. The meeting were further advised that there had been a deterioration in performance for E-referrals, although the position had begun to improve. It was noted by the Governing Bodies that A&E performance had shown a marginal improvement from months one – three (validated) although there had been a decline in performance shown in invalidated data.

PS referred to 111 performance and the increase in Ambulance dispositions from 111 – with concerns raised by GPs to the LMC that a patient had an ambulance when they could have been managed within a Primary Care setting. SF responded that looking at national data, Staffordshire were in the middle range compared to other areas for A&E and Ambulance dispositions. It was
further added that the 111 Board were looking into the option to have an A&E Consultant Screening and work was taking place to see if this was a sustainable option. SF further added that A&E dispositions were driven by the national pathfinder which was a risk adverse system.

ME referred to 111 performance in June 2017 – where there had been 7,000 less calls to 111 although dispositions to A&E and Ambulances had increased by c3%. SF responded that the 111 commissioners were holding providers to account and that this would be addressed at the Finance and Performance Committee in September 2017.

MW asked the Governing Bodies to note the impact that QIPP schemes were having on the system – it was noted that looking at performance across the West Midlands there had been the biggest decrease in non-elective admissions.

MWo raised that there was confusion with patients around the Influenza and Pneumococcal vaccines and queried if the CCGs’ were working to support patients to decide and providing the relevant information for patients in relation to the vaccines. SF responded that the CCGs Primary Care Team had supported the Northern Staffordshire GP Federation to get information on the Influenza Vaccine to patients who were eligible and the CCGs’ are sending out letters on behalf of practices inviting eligible patients for vaccination.

To conclude, the North Staffordshire CCG Governing Body received and noted the Month three performance report; And Stoke-on-Trent CCG Governing Body received and noted the Month three performance report.

<table>
<thead>
<tr>
<th>2017/SEP /060</th>
<th>8.1 North Staffordshire and Stoke-on-Trent CCG WRES Report</th>
</tr>
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<tbody>
<tr>
<td>The meeting received an update on the Workforce Race Equality Standard (WRES). The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the update and to agree for the WRES template to be published on both CCGs’ webpages. CH presented key points as follows:</td>
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<td>The Governing Bodies were advised that NHS England had mandated WRES for all NHS Commissioners. Workforce ethnicity data was gathered and North Staffordshire and Stoke-on-Trent CCGs’ reported jointly on the WRES to NHS England, due to the overall small workforce figures. Highlights from the report were noted by the Governing Bodies as; (1) The proportion of staff who have self-reported their ethnicity had increased; (2) No formal disciplinary action had been taken in 2016/17 and (3) Based on data BME staff were represented of an overage of the two CCGs BME population.</td>
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<td>The CCGs would be developing a WRES action plan in conjunction with the CSU’s Equality Business Partner – with regular updates as required to be presented back to the Governing Bodies.</td>
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<td>The North Staffordshire CCG Governing Body approved for the North Staffordshire and Stoke-on-Trent CCG WRES Report to be published on the website and received and noted the WRES update; and Stoke-on-Trent CCG Governing Body approved for the North Staffordshire and Stoke-on-Trent CCG WRES Report to be published on the website and received and noted the WRES update.</td>
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<tr>
<th>2017/SEP /061</th>
<th>9.1 Audit Committees in Common Chairs Report</th>
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<tr>
<td>The meeting received the Audit Committees in Common Chairs’ report, summarising the key issues discussed at the CCG Audit Committees meeting held in common on Tuesday 15th August 2017. The North Staffordshire and Stoke-on-Trent CCG Governing Bodies were asked to ratify the policies for Information Governance and Conflict of Interest Policy, to approve the approach to be taken for the development of the Risk Management Strategy, Policy and Assurance Framework and to receive and note the contents of the report. Key points were highlighted as follows:</td>
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<td>A brief overview of the matters discussed by the Audit Committees was provided as follows; (1) Counter fraud progress review; (2) Internal Audit Progress report and the Internal Audit Charter for 2017/18; (3) External Audit Letters for 2016/17; (4) Risk management strategy, policy and assurance framework; (5) Information Governance Update – including the updated Information Governance Policy; (6) Freedom of Information Activity for Quarter one 2017/18 and (7) Conflict of Interest Policy.</td>
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</table>
To conclude, the North Staffordshire CCG Governing Body ratified the Information Governance Policy and the Conflict of Interest Policy, approved the approach to be taken for the update of the Risk Register and received and noted the contents of the Audit Committee Chairs’ Report. Furthermore, the Governing Bodies were assured that the CCGs Audit Committees were discharging their duties.

and the Stoke-on-Trent CCG Governing Body ratified the Information Governance Policy and the Conflict of Interest Policy, approved the approach to be taken for the update of the Risk Register and received and noted the contents of the Audit Committee Chairs’ Report. Furthermore, the Governing Bodies were assured that the CCGs Audit Committees were discharging their duties.

2017/SEP /062

The meeting received the Planning and Commissioning Committees in Common Chairs report, detailing the matters discussed at the August 2017 meeting in common of the North Staffordshire and Stoke-on-Trent CCGs’ Planning and Commissioning Committees. The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies were asked to ratify the decisions made by the August Planning and Commissioning Committees and to receive and note the summary of key issues contained within the report. Key points were presented as follows:

It was noted that the Planning and Commissioning Committees were advised of a disparity in the commissioning of Spirometry services in North Staffordshire and Stoke-on-Trent. Discussions would take place on how best to manage Spirometry in the future. The CCGs would develop an options appraisal which would include finance, potential QIPP and explore ways the service could be delivered in the future.

The Governing Bodies were advised that members received a proposal and timeline for developing QIPP in 2018/19 for the CCGs’, which was underpinned by the RightCare principles to work collaboratively across the Local Health Economy to address unwarranted clinical variation. It was highlighted that there needed to be clarity around decision making on a case by case basis and the RightCare decision tool would be used to look at feasibility of ideas. The importance of ensuring robust clinical engagement with both Patient Congress and GP Membership was recognised by the Planning Committee. The Governing Bodies duly ratified the process that would be taken to develop the 2018/19 QIPP Programme.

It was advised that the Planning and Commissioning Committees considered a recommendation for the future commissioning of community gynaecology services within North Staffordshire. A recommendation was received from the Procurement Committees to offer Direct Contract Award to Health Harmonie for community gynaecology from 1st April 2017 – 31st March 2018. The service was aligned to the service in Stoke-on-Trent CCG and there would be a review to tender the services jointly in 2018. The Governing Bodies duly ratified the decision to offer Direct Contract Award for Community Gynaecology for 1st April 2017 – 31st March 2018.

It was noted that the Planning and Commissioning Committees received a service specification for Home First Service – which would support improvement in service delivery to align services including Track and Triage, Intermediate Care, Night Allocation Service, EMI Stay at Home and Palliative Care. Robust engagement had taken place and the evidence informed the development of the Service Specification. The Governing Bodies duly ratified the decision that the Home First Service Specification was appropriate.

A further update was provided whereby the Planning and Commissioning Committee received a report setting out a proposal for the commissioning of risk stratified follow-up and the recovery package for those living with or beyond cancer. It was noted that the long term implication of the transformation would be cost neutral and would offer quality improvements. The Governing Bodies duly ratified the decision to approve the Risk Stratified follow-up and the recovery package for those living with or beyond cancer.

The Governing Bodies were advised that the Planning Committees received a report setting out Teriparatide as an alternative treatment option for the secondary prevention of osteoporotic fragility fractures in postmenopausal women who have an unsatisfactory response for first line drugs. The Planning and Commissioning Committee concluded that a piece of work was required around

NS Accountable Officer: Marcus Warnes
NS Clinical Chair: Dr Alison Bradley

SOT Interim Accountable Officer: Marcus Warnes
SOT Clinical Chair: Dr Ruth Chambers OBE
rationale and this would take place independent of CPAG to provide a framework and assurance around commissioning.

It was reported that the Planning and Commissioning Committee received a proposal for a QIPP scheme that could deliver efficiency savings in the region of £95,000 per year. The proposal was for an infant feed scheme, for first line infant feed products of children who were lactose intolerant. The voucher scheme would make the cost of supply equitable across all infants and would apply to children up to the age of two years. It was highlighted that the Planning and Commissioning Committees agreed for the proposal to be explored.

The Governing Bodies were asked to note that the meeting received an update on GRASP clinical System and discussions took place around the gradual roll out. It was noted that the tool would be voluntary for Practices to use.

In summary, The North Staffordshire CCG Governing Body received and noted the Planning and Commissioning Committees in Common Report and ratified the following decisions; (1) The process for 2018/19 QIPP Development; (2) The decision to offer Director Contract Award for Community Gynaecology; (3) Home First Service Specification was appropriate; (4) The Risk Stratified follow-up and the recovery package for those living with or beyond cancer and; (5) and the Recommendations in terms of use of Teriparatide for the treatment of Osteoporosis outside NICE.

And Stoke-on-Trent CCG Governing Body received and noted the Planning and Commissioning Committees in Common Report and ratified the following decisions; (1) The process for 2018/19 QIPP Development; (2) The decision to offer Director Contract Award for Community Gynaecology; (3) Home First Service Specification was appropriate; (4) The Risk Stratified follow-up and the recovery package for those living with or beyond cancer and; (5) and the Recommendations in terms of use of Teriparatide for the treatment of Osteoporosis outside NICE.

### 2017/SEP /063 9.3 Primary Care Commissioning Committees in Common Chairs’ Report

The Governing Bodies received the Primary Care Commissioning Committee in Common Chairs’ Report, detailing the matters discussed at the July and August meetings. The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the matters discussed and to ratify the decisions made. PD presented key points as follows:

A brief overview of the matters discussed at the Primary Care Commissioning Committees was detailed as; (1) GP Forward View – Milestone Plan; (2) NHS England Resilience Funding; (3) Primary Care Quality – Memorandum of Understanding and Quality Reporting Schedules; (4) Northern Staffordshire Primary Care Delivery Group.

It was noted by the Governing Bodies that the Primary Care Commissioning Committee had received an update on the GP Forward View and the work that was taking place on a pan-Staffordshire approach. A programme management office had been implemented to oversee and support the delivery of the key work programmes of Access, workforce, workload/resilience, New Models of Care and Infrastructure – IT and Estates. The Pan-Staffordshire Lead, Lynn Millar, attended the Committee and would continue to attend on a rolling basis to provide updates and assurance to the Committees. The Governing Bodies ratified the Primary Care Commissioning Committees decision to approve a Pan-Staffordshire approach and the Governance Structure for the GP Forward View.

It was further noted by the Governing Bodies that the August meeting in Common of the Primary Care Commissioning Committee received the Quality Schedule for the Shropshire and Staffordshire CCGs and NHS England Primary Care Team Memorandum of Understanding (MoU) document. It was highlighted that the only two matters out of scope under Level 3 Delegated Commissioning was the Performance list and complaints management – which remained as retained functions of NHS England. MWo added that the Committees were receiving excellent bi-monthly quality reports with comprehensive information sharing. The Governing Bodies duly ratified the Quality Schedule for the MoU document.

In summary, the North Staffordshire CCG Governing Body received and noted the Primary Care Commissioning Committee in Common Chairs’ report for the July and August meeting and ratified the GP Forward View Governance Structure and the Quality Schedule for the Shropshire and Staffordshire CCGs and NHS England Primary Care Team MoU;
and Stoke-on-Trent CCG Governing Body received and noted the Primary Care Commissioning Committee in Common Chairs’ report for the July and August meeting and ratified the GP Forward View Governance Structure and the Quality Schedule for the Shropshire and Staffordshire CCGs and NHS England Primary Care Team MoU.

### 2017/SEP/064 9.4 Organisational Development Committee in Common Chairs Report

The Bodies received the Organisational Development Committees in Common Chairs Report. The report summarised the business discussed at the June and July 2017 meetings. The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the contents of the report and to ratify the decisions made by the Committees. FH presented key details as follows:

A brief overview of the matters discussed by the Organisational Development Committees was provided as follows: (1) Career Break Policy; (2) Agreement of a 1% Silver on call payment to be continued as per local agreement and reviewed in March 2018; (3) An update on the Establishment Review Group, whereby it was agreed that the Weekly Executive Team meetings would consider any vacancies and re-banding requests; (4) An update on the staff survey, with a response rate of 71%; (4) An update on the Primary Care Learning and Development; (5) The Equality and Inclusion Update report; (6) the CCGs Display Screen Equipment (DSE) Policy; (7) CCG Structure and Running Costs; and (8) an update on the Staff Engagement Group.

The Governing Bodies duly ratified the following HR Policies agreed at the Organisational Development Committees; Exit Questionnaire Policy, Inclement Weather Policy, Secondary Employment Policy, Smoking Policy, Statutory and Mandatory Training Policy, Working time Policy and the DSE Policy.

The North Staffordshire CCG Governing Body duly ratified the following HR Policies agreed at the Organisational Development Committees; Exit Questionnaire Policy, Inclement Weather Policy, Secondary Employment Policy, Smoking Policy, Statutory and Mandatory Training Policy, Working time Policy and the DSE Policy and received and noted the Organisational Development Committee in Common Chairs report for June and July 2017; and Stoke-on-Trent CCG duly ratified the following HR Policies agreed at the Organisational Development Committees; Exit Questionnaire Policy, Inclement Weather Policy, Secondary Employment Policy, Smoking Policy, Statutory and Mandatory Training Policy, Working time Policy and the DSE Policy and received and noted the Organisational Development Committee in Common Chairs report for June and July 2017.

### 2017/SEP/065 9.5 Patient and Patient Public Involvement and Patient Congress Report – including update on Citizens’ Jury

The Bodies received the Patient and Public Involvement and Patient Congress Update report. The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies were asked to receive and note the report and the work that is ongoing to communication and engage with patients, public and staff. AC presented key points as follows:

The Governing Bodies noted that Dr Lorna Clarson had commenced in post as the Clinical Director for Partnerships and Engagement from 4th September 2017. In addition, an apprentice had been recruited from Newcastle-under-Lyme College to work on digital communications. It was reported to the meeting that the CCGs would launch materials in alternative languages to reduce A&E pressures – materials had been developed in Polish and Urdu advising patient to use local channels to inform patients about alternative services to A&E. Furthermore, the annual antibiotics campaign had been developed locally and would launch to coincide with flu vaccination season. Work was progressing at pace for the Citizens’ Jury and service users would be called upon to provide information and evidence to support the work.

A discussion took place around Care Navigation and SA reported that there had been mixed feedback around Care Navigation and Active Signposting. It was noted that an issue reported was that patients did not feel comfortable advising the Receptionists at their GP Practice of their issues. AC responded that measures were being put in place to assure patients, including a pre-recorded message from a GP to advise patients of the process and why the information is being requested.

The North Staffordshire CCG Governing Body received and noted the Patient and Public
Involvement and Patient Congress Update report and were assured that the CCGs had measures in place to fulfil their duties to engage with their local population of North Staffordshire; and Stoke-on-Trent CCG Governing Body received and noted the Patient and Public Involvement and Patient Congress Update report and were assured that the CCGs had measures in place to fulfil their duties to engage with their local population of Stoke-on-Trent.

2017/SEP/068 10 Any other Business

Questions from the Public

AB explained to the meeting that following on from the motion of ‘No Confidence’ submitted at the AGM, the CCGs’ had extended the question and answer session of the meeting to enable further dialogue to take place with Patients and Public, reflecting the CCGs commitment to maintain open and transparent engagement.

1. Ian Syme (IS) stated that the motion of no confidence was submitted not only from the Pensioners Convention but was submitted with the support of UNISON, UNITE, Royal College of Nursing, Save Bradwell Hospital, Save Leek Hospital, 4 out of 5 Local MPs and individual members of the public.

IS further referred to the statement and highlighted the various and serious accusations contained within the motion of ‘No Confidence’ Statement. IS stated that the My Care, My Way public consultation only referred to the beds at Longton Cottage Hospital beds and now there was temporary closure of c160 beds across Stoke-on-Trent and North Staffordshire and when challenged, the CCGs had said the beds would not re-open. IS further relayed concerns from partner organisations around community hospitals and the future provision of in-patient services at the sites. In addition, IS referred to privatisation and involvement of private sector in health.

MW responded that the CCGs had been clear that the beds would not formally be closed until formal consultation had taken place and the CCGs' remained committed to a robust consultation process. The CCGs' were investing in better services within the community to get patients home in the most appropriate place. Furthermore, other services continued to be provided at Leek Moorlands Hospital and would continue to be provided.

MW responded to the privatisation statement and advised that NHS Commissioners had always involved homes for bed care and private providers such as Nursing Homes had always been utilised by Commissioners to support patients.

MW further responded in relation to My Care, My Way engagement and the need to ensure patients were cared for at home. In North Staffordshire, 80% of patients had been discharged to home first. It was highlighted that both Stoke on Trent and North Staffordshire CCGs have each commissioned c.2,500 hours of Home First capacity, with the majority of patients getting the care they needed.

The CCGs’ were confident they had the health and social care in place to support the model of care and the CCGs’ had been working with the Local Authorities and the CCGs’ had full confidence in their plans.

2. Pamela Wood (PW), Councillor for Staffordshire Moorlands District Council, asked if there was truth in a rumour that had been circulating that Leek Moorlands Hospital would fully close in 2019. Furthermore, it was queried why the CCGs’ allowed SSOTP to invest £1.2m on a new minor injuries unit if the Hospital was to be closed. In addition, PW requested a response on the rumours that John Munroe Hospital was looking to purchase the Leek Moorlands Hospital Site and the CCGs would receive payment if the site was sold.

MW responded that there were no plans at all to close Leek Moorlands Hospital by October 2019 and the CCGs would continue to engage with Patients and Public, and the CCGs were planning engagement events between October and December 2017 and the outcome of the consultation would feed in to the pre-consultation business case to be presented to NHS England. Significant work would take place to engage with the local population to shape the proposals and no decisions would be made without consultation.

NS Accountable Officer: Marcus Warnes
SOT Interim Accountable Officer: Marcus Warnes
NS Clinical Chair: Dr Alison Bradley
SOT Clinical Chair: Dr Ruth Chambers OBE
MW responded regarding the Minor Injuries Unit and investments were made as work needed to take place to ensure that the services provided were fit for purpose and safe.

MW further responded to the rumour regarding John Munroe Hospital and the Leek Moorlands Hospital Site - it was firmly stated that there were no plans to sell off the site and the CCGs do not own any assets nor property. ON also responded that there was no vehicle for the CCGs to receive payment on any estates owned by providers.

3. Sybil Ralphs (SR) queried if Leek Moorlands Hospital Community Beds were not permanently closing, why did SSOTP staff who worked on the wards have to interview for new jobs. It was also queried if the CCGs had considered the proposals to use Leek Moorlands Hospital as a centre of excellence for dementia care.

MW responded that as the beds were temporarily closed, the staff needed to be redeployed in to other services. In terms of the potential options for Leek Moorlands Hospital, the CCGs would capture all options and suggestions during the engagement process in order to inform the pre-consultation business case.

4. Alison Gardener (AG), Councillor for Newcastle District Council, stated that the public were not convinced over the temporary closures. Furthermore, AG expressed concerns that an AIRS ward at Bradwell Hospital had been closed and the Jackfields Ward at Haywood Hospital had been re-opened. AG questioned the rationale of closing the AIRS ward at Bradwell if another ward was to be re-opened.

MW responded that Jackfields Ward had not been re-opened as an AIRS ward. The Jackfields Ward had been re-opened to decant capacity as UHNM were moving beds in to Jackfields on a temporary basis whilst building work took place for more Acute beds and to build capacity for winter. It was stated that this was an acute ward and patients were paid for on PBR. CH reiterated that Jackfields ward was being used as an Acute Ward and not for Intermediate Care Capacity.

5. AG requested to see the impact of patient flow and if the Temporary Closure of Community Beds had improved patient flow and saved money.

CH responded that the CCGs had that information, in particular on Medically Fit For Discharge Patients and this would be shared with AG.

**ACTION:** CH to share information on patient flow and if any savings had been made for the CCGs' following on from the temporary closure of Community Beds.

6. Andy Day (AD), Co-ordinator of North Staffordshire Pensioners Convention, stated that at the Longton Overview and Scrutiny Committee in 2015 assurances were provided around the closure of community beds. Furthermore, AD stated that if the action taken by the CCGs was the right action to take in relation to Community Hospitals, why was the Staffordshire Moorlands District Council planning on escalating a motion of no confidence to the secretary of state?

MW responded that the CCGs did not require beds to provide Intermediate Care and there was not the demand, due to the model of care. It was noted that the consequence of the D2A model of care was that the beds were not needed as patients were getting home – which resulted in the temporary closure of the beds. It was highlighted that patients were getting the most appropriate care in the right place. Furthermore, MW stated that the consultation and engagement would ensure that the CCGs’ were providing the best possible services to patients, in the best place.

MW responded further around the work that had taken place around Community Hospitals. The CCGs had duly followed process and completed the template for NHS England for significant service changes and it was anticipated that further information would be requested. ON further responded that NHS England had a duty to ensure that all proposals were thorough and attributed the delays to a number of unavoidable factors, including Purdah. It was highlighted that NHS England was happy to provide a timetable of the work that had taken place and to
clearly attribute any delays that had been caused.

7. IS stated that initially the population were behind the My Care, My Way – Model of Care and since the initial consultation there had been 168 beds temporarily closed and stated that these were major service changes that had taken place without formal consultation.

ON responded that NHS England did support the new models of care and the CCGs and NHS England worked closely to ensure that the service model was agreed appropriately. There has been a process, duly followed, by NHS England and the CCGs and work would take place to look at the process for the future.

8. AG stated that the work that the CCGs had undertaken around the new model of care was a large scale service change that had to go through the correct panels, such as the overview and scrutiny committee. AG requested assurance that the CCGs had followed the legal due process.

MW responded that in terms of local engagement, throughout the process the CCGs had engaged on the work that was planned and have followed the process set out by NHS England appropriately. In addition, the CCGs had followed the three tests put in place by Simon Stephens and progressed through the clinical senate. The CCGs felt that all the work had been completed as requested and through the appropriate channels to ensure the CCGs complied with due process.

9. PW referred to a previous comment made around UHNMT adding additional Acute beds and asked why there were not enough beds at the Acute Trust; and why additional beds needed to be built for capacity?.

CH responded that demand had changed and continued to change and the additional Acute Beds were being built to support resilience over the winter period. The CCGs' continue to model to ensure that capacity is sufficient, which includes looking at the Acute bed base to review capacity and resilience.

Date and Time of next meeting

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Chair</th>
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<tbody>
<tr>
<td>Tuesday 3rd October 2017</td>
<td>10am – 11.30am</td>
<td>The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD</td>
<td>PD</td>
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</table>

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes. These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting’s minutes.

Signed: .............................................................. Position: .......................... Date:.................................

NS Accountable Officer: Marcus Warnes
NS Clinical Chair: Dr Alison Bradley
SOT Interim Accountable Officer: Marcus Warnes
SOT Clinical Chair: Dr Ruth Chambers OBE
## Action Tracker from September 2017 Governing Body Meeting
### Public Session

<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>REFERENCE</th>
<th>AGENDA ITEM</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Outcome / update</th>
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<tbody>
<tr>
<td>07/16/16 – 01/11/16</td>
<td>9.1</td>
<td>Governing Body Assurance Report</td>
<td>It was agreed that there was a need to include additional detail within the front sheets so that members could see the pertinent points and asks of the item; and to detail the ‘so what’ within the report to allow focussed discussion. The contents of the report needed to be specific and concise.</td>
<td>Alex Palethorpe/Fiona Hamill</td>
<td>Work was taking place around a Governance Review and there would be a formal update presented to the Governing Bodies once the work had been concluded</td>
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<tr>
<td>04/07/2017</td>
<td>Audit Report</td>
<td>2017/JUL 043</td>
<td>Progress against the Partnership and Stakeholder Engagement Internal Audit Report Action Plan to be presented back to the Governing Bodies in October 2017</td>
<td>Anna Collins</td>
<td>Deferred to November 2017 Meeting due to Internal Audit Completing their review of the Action plan.</td>
</tr>
<tr>
<td>05/09/2017</td>
<td>Chairs’ Address</td>
<td>2017/SEP /055</td>
<td>AP to share the Conditions for agreement for the Single Strategic Commissioning Structure and Single Accountable Officer with SA.</td>
<td>Alex Palethorpe</td>
<td>The information sent to GP Practices including the conditions for endorsement have been shared with</td>
</tr>
<tr>
<td>05/09/2017</td>
<td>Any other Business</td>
<td>2017/SEP /068</td>
<td>CH to share information on patient flow and if any savings had been made for the CCGs' following on from the temporary closure of Community Beds.</td>
<td>Cheryl Hardisty</td>
<td>Verbal update to be provided at meeting.</td>
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</table>
This report will provide an update to the North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies in common around the current environment in which the CCGs have been operating.

The North Staffordshire and Stoke-on-Trent CCG Governing Bodies are asked to:

I. Receive and note the contents of the Clinical Chairs’ Address

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
### Key Requirements:

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### Acronyms

Listed within report.

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Introduction
The CCGs continue to work closely and effectively with system partners during this nationally difficult time across the health and social care economy.

We would like to acknowledge the outstanding efforts across the CCGs and in collaboration with our partners to respond to the pressures on urgent care, NHS constitutional standards, our financial position, planning requirements, delivery of our financial recovery plan, and the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP). These continue to be our key priorities.

We are, as always, grateful for the hard work and dedication of the CCG staff and front line staff in primary, community, mental health and hospital settings, and would like to thank everyone for their continued professionalism and support.

Pan-Staffordshire Chairs’ Meeting
The Pan-Staffordshire Chairs’ meetings continue to be held on a monthly basis and are attended by Chairs of both the Local Health Economy and the Local Authorities. The purpose of the Group is to lead on building trust and relationships between organisations and to promote collaborative working; to support the alignment and the progress of the STP; and to support the health and social care drive to engage and involve patients and citizens in their care and delivery of the STP.

Single Strategic Commissioning Structure and Single Accountable Officer
North Staffordshire and Stoke-on-Trent CCGs continue to work with the four other Staffordshire CCGs (Stafford and Surrounds CCG, East Staffordshire CCG, South East Staffordshire and Seisdon CCG and Cannock Chase CCG) to create a single strategic commissioning body across Staffordshire and Stoke-on-Trent and a Single Accountable Officer across Staffordshire.

Following on from endorsement from the GP Membership to progress with the proposals, as reported in the September report, work has been progressing in relation to the appointment of a Single Accountable Officer across Staffordshire. We have been involved in the shortlisting process and we will be on the interview panel on 4th October 2017 to ensure that the appointment made is suitable for our CCGs and Local Health Economy.

Once the appointment has been made, work will progress to develop the proposals and governance structures for the Single Strategic Commissioning Structure. We will work to ensure that the structure allows for any decisions that are locally sensitive will be delivered through robust locality arrangements. Whilst the CCGs’ will move to work as a ‘Committee in Common’ across the six Staffordshire CCGs, each CCG will remain as separate statutory bodies with their own allocations remaining separate.

North Staffordshire and Stoke-on-Trent CCG are working closely with the Southern Staffordshire CCGs and NHS England to move forward with the proposals and we will continue to ensure that the structure will streamline and strengthen commissioning arrangements to deliver better outcomes for the population of Staffordshire and Stoke-on-Trent.

North Staffordshire and Stoke-on-Trent CCGs’ Community Conversation and Antibiotic Awareness Campaign
North Staffordshire and Stoke-on-Trent CCGs’ will be holding their next Community Conversation on Thursday 12th October 2017, 2.00pm – 4.30pm; Foxlowe Arts Centre in Leek and it will focus on Medicines Waste. In Staffordshire and Stoke-on-Trent around £6m of medicines are returned to pharmacies, which will usually be destroyed as these cannot be used by anyone else. At the Community Conversation we would like to get the views of Patients and Public on how GPs, Pharmacies and everyone who orders and uses medicines can help to stop the waste of medicines.

The Community Conversation will take place during the CCGs’ 2017 Antibiotic Awareness Campaign and locally we have developed cards for patients that will be distributed by GPs, practice nurses and pharmacists will be giving patients cards explaining why “You have not been prescribed an antibiotic today”. The cards will include practical advice for patients on how to best treat ailments such as coughs and colds.
Our Communications Team have also worked on videos for patients covering topics such as ‘Do I Need Antibiotics’, ‘When and How to use Antibiotics’ and ‘Keeping Antibiotics Effective’ – these have been developed in collaboration with local pharmacists and our Medicines Optimisation Team Pharmacists and the videos provide patients with practical advice and information to support the safe and effective prescribing of antibiotics. The videos are available on both CCGs' webpages –

https://www.stokeccg.nhs.uk/stoke-your-services/what-you-need-to-know/antibiotics-campaign
https://www.northstaffscrg.nhs.uk/stoke-your-services/what-you-need-to-know/antibiotics-campaign

CQC Review of Local Health and Social Care Economy of Stoke-on-Trent
Stoke-on-Trent CCG were involved in the CQC review of the Stoke-on-Trent local system for Health and Social Care. The CCG provided a lot of input in to the review including input in relation to delayed transfers of care and commissioning arrangements across Health and Social Care.

The review findings are due to be reported to the Stoke-on-Trent Health and Wellbeing Board in October 2017 and the CCG will welcome the findings as an opportunity to look at areas of good practice and to also identify opportunities to improve services and outcomes for the population of Stoke-on-Trent. We look forward to receiving the findings and will report back further details once available.

Care Navigation - helping people access the right service at the right time
Virtually everyone who calls a GP surgery to make an appointment asks to see to a GP, but very often help will be available more quickly from other highly skilled medical professionals such as nurses or pharmacists, or from another services, including the voluntary sector, who can support people with a wide range of social, emotional or practical needs.

Many GP practices across Stoke-on-Trent and North Staffordshire are participating in our Care Navigation project. Receptionists from those practices are receiving training as care navigators, to help them to direct patients to the most appropriate source of help. Receptionists will then be able to refer to information about other services that are available, either in the practice, other NHS providers or the wider care and support sector.

In order to carry out this role the receptionists will have access to up-to-date web based information about local services in the health and care system. Many practices have already added a telephone message delivered by a Partner or Senior GP explaining the reasoning behind reception staff asking patients more specific questions.

If the public don’t want to answer the questions which the receptionists ask, they are not obliged to do so however by doing so we can make sure that those people who really need to see a GP can see them as soon as possible.

Community Hospitals – Engagement with Patients and Public
The CCGs remain committed to engaging with Patients and Public to ensure that our services fit the needs of the populations of North Staffordshire and Stoke-on-Trent CCGs. We will be carrying out events throughout October – December 2017 to gather the views of patients, public and stakeholders to look at local need and the future of local healthcare services.

The events will provide an opportunity to help to develop the options for Community Hospitals and services provided in Leek, Bradwell, Cheadle, Longton and Haywood Hospitals. The events will help to shape the proposals which will be included within the pre-consultation business case.

Formal consultation on the final options and proposals will commence in 2018.

Weekly Health Column – The Sentinel
Dr. Ruth Chambers OBE continues to write a weekly Health column for the Sentinel readers. The column links in with national awareness and advice days, and is published online and in print every Tuesday. Topics for September have focused on Flu Vaccinations and Antibiotic Resistance.
This report will provide an update to the Governing Boards around the current environment that the CCGs have been operating in. It describes progress with regard to A&E performance and Discharge to Assess, My Care, My Way – Home First and the CQC system review.

I provide an update on the CCGs’ financial position, the Better Care Fund plans and CCG reconfiguration proposals as well as matters of local and national interest.

The Governing Bodies are requested to:
- Note the contents of the report.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
### Strategic objectives supported by this paper

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### Acronyms

- QIPP – Quality, Innovation, Productivity and Prevention
- A&E – Accident and Emergency
- UHNM – University Hospitals of North Midlands NHS Trust
- CQC – Care Quality Commission
- LMC – Local Medical Committee

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*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
1.0 Financial and QIPP Position 2017/18

1.1 As I have reported previously, the CCGs' combined QIPP target for 2017/18 is £29.6m (c4.1%) to achieve a revised £1.08m deficit control total. Delivery of QIPP savings is key to delivering the CCGs' control total. Whilst the CCGs' overall risks have been fully mitigated and we are reporting a zero risk position to NHSE which remains the case, there are emerging risks to delivery which we are managing. These relate primarily to a small number of schemes and through the rigorous and robust QIPP management arrangements we have in place; QIPP performance is being micro-managed on a week by week basis to secure delivery.

1.2 At month 4, the CCGs were on track against their QIPP trajectory, with 16% of QIPP savings planned for the first quarter of the year, and on track in terms of the overall financial position. A full report on the CCGs' financial positions and QIPP delivery is provided in the finance report later on the agenda.

2.0 A&E Performance and Discharge to Assess (D2A)

2.1 A&E performance remains a challenge, and the most recent position is contained in the performance report later on the agenda. As a system we are required to have robust plans in place to manage over winter and given performance during the summer, which has been unacceptably poor, we have work to do to build the required resilience needed to cope. Winter planning submissions have been developed and will have been submitted by the time of the meeting.

2.2 In reality, urgent and emergency care pressures remain throughout the year, and whilst planning for winter is important, building resilience into the system to cope all year with increasing demand and surges in demand is critical.

2.3 The main areas we need to address as a system to improve performance include the changes required in internal system, process, culture and behavior within UHNM, along with the continued challenges we face caused by the high number of delayed transfers of care (DTOC) requiring a health or social care service to facilitate discharge, which is primarily an issue for Stoke-on-Trent residents. The Emergency Care Intensive Support Team (ECIST) has been supporting the system to make the required improvements, along with supporting the Trust to improve its internal performance. The CCGs have been working with the two local authorities on improving discharge and reducing DTOCs, key to which is D2A.

2.4 I have reported previously that through the implementation of D2A, the CCGs, Staffs County Council and SSOTP have made and maintained significant improvements in discharge processes and DTOC rates for North Staffs residents; such that there are minimal delays experienced with 80% of complex discharges being expedited within 24 hours and a maximum wait of two days. The CCGs and Stoke-on-Trent City Council have been working together to implement an integrated service for Stoke-on-Trent residents and had been making good progress. However, failure to date to reach agreement and submit a BCF plan presents a significant risk in this regard. A BCF update is presented later in this report.

2.5 Due to persistently poor A&E performance, the CCG chairs and myself, the Chair and CEO of UHNM were invited to a meeting in London on 18 September 2017 to set out improvement expectations. Representatives from the 21 most challenged systems were in attendance along with the Secretary of State, Simon Stevens, Jim Mackey and Pauline Phillip. Weekly local meetings/conference calls have now been initiated with the regulators to ensure the necessary actions are being taken to secure the required improvements.

3.0 My Care, My Way – Home First

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
3.1 The future of the community hospitals and the services they provide will be subject to formal public consultation. As I reported last month, following a strategic sense check on 28 July 2017 with NHS England, which is the first stage of the assurance process, it is clear that it will take longer for the case for change required for us to formally consult on our proposals to be agreed. Zara Jones, Director of Strategy, Planning and Performance is taking the executive lead for production of the case for change and overall coordination of the process through to national sign off of a final business case next year. The process is likely to take up to 12 months to conclude.

3.2 Zara has scoped the process from start to finish. To enable us to secure further public and stakeholder involvement in the development of the Pre-Consultation Business Case (PCBC), rather than wait until we formally consult, we have built in further local engagement events between October and December 2017 that will focus on developing the options for the community hospitals and services. Once fully worked up, these will then form the main focus of the consultation itself.

3.3 In the meantime, services will continue to be provided from the community hospitals.

4.0 CQC System Review

4.1 As reported last month, the CQC was asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 12 local authority areas. Stoke-on-Trent is one of 12 local authority areas selected and whilst the review is focused on the residents of Stoke-on-Trent, it is not an inspection of the City Council, but will involve the whole system.

4.2 These reviews, exercised under the Secretaries of State's Section 48 powers, will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources.

4.3 The review commenced at the end of July 2017 and the CQC has looked specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review does not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

4.4 The initial review findings have been shared with system leaders and are intended to highlight what is working well and where there are opportunities for improving how the system works, enabling the sharing of good practice and identifying where additional support is needed to secure better outcomes for people using services. The purpose of the reviews is to provide a bespoke response to support areas such as Stoke-on-Trent facing the greatest challenges to secure improvement. On completion of the review the CQC’s findings will be reported to the Stoke-on-Trent Health and Wellbeing Board.

4.5 The review concludes with a local summit scheduled for the end of October 2017.

5.0 Better Care Fund (BCF)

5.1 Good progress has been made on both the Staffordshire and the Stoke-on-Trent BCF plans, which were both to be submitted by 11 September 2017. The Integrated Better Care Fund (IBCF) for both local authorities, which set out how they would invest their share of the funding allocated nationally to increase adult social care capacity and support the NHS to reduce DTOCs, was signed off by the CCGs and local authorities at the BCF Programme Board last month. The IBCF forms part of the BCF.

5.2 Both BCF plans were considered by the Boards in close session last month agreed prior to submission on 11 September 2017.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
5.3 The Staffordshire BCF plan was agreed by the five Staffordshire CCGs and Staffordshire County Council. It met all the BCF conditions with the exception of the DTOC trajectory target to be achieved by November 2017. The Council and CCGs agreed a trajectory with a target of the end of July 2017. As a result, correspondence has been received to the effect that the DTOC trajectory is not acceptable and if it does not conform to the November target, there is a risk that the plan will not be approved.

5.4 If the plan is not approved, the CCGs and NHS will not be able to transfer funding expected by the Council through the BCF. This presents a risk of £19m to the Council. The CCGs and Council are continuing to liaise with NHSE on the issue of the trajectory and a further update will be provided at the meeting.

5.5 Stoke-on-Trent CCG and the City Council were not able to reach agreement on funding expected by the Council from the CCGs through the BCF and as a result, no plan was submitted on 11 September 2017. However, further work was subsequently undertaken to close the financial gap and agreement has now been reached with the City Council with a fully compliant BCF plan due to be submitted on 28 September 2017.

5.6 For both BCFs, both CCGs have met the minimum mandated contribution, which is a combination of cash and services and an inflationary uplift.

6.0 CCG Reconfiguration Proposals

6.1 Following endorsement by the CCGs' memberships of a move to a single strategic commissioning structure (Committee in Common) of all six CCGs across Staffordshire and Stoke-on-Trent with a single accountable officer, the six CCGs initiated the recruitment process for the single AO. The interviews are scheduled for 4 October 2017.

6.2 The endorsement of member practices was contingent upon a range of conditions that were shared with the other CCGs and agreed. These conditions address the appointment process for the single Accountable Officer, the makeup and operation of the Committee in Common (CIC), the protection of individual CCG budgets and continued support for a northern Staffordshire alliance/virtual MCP.

6.3 Once the single AO is appointed, they will be leading with the six CCG chairs the development and implementation of the CIC, strategic commissioning function and locality arrangements. Ideally, subject to the agreement of the CCG boards, members and NHS England, these will be agreed and in place by the end of March 2018.

7.0 Recommendations

7.1 The Governing Bodies are requested to:

7.1.1 Note the contents of the report.

Marcus Warnes
Accountable Officer
October 2017

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
Purpose: To provide each Governing Body with assurance that structures and processes are in place to promote, monitor and ensure safe, high quality health services for the people of North Staffordshire and Stoke-on-Trent. This report focuses on items of business discussed at the Quality Committee ‘in common’ meeting held on 13th September 2017.

Items of discussion included:

1. UHNM Presentation: “Sit Up, Get Dressed, Keep Moving” “A Deconditioning Awareness and Prevention Campaign for Staff, Patients and the Public” page 3
2. Quarter 1 Patient Experience Report – Insight Report (1 April 2017 to 30 June 2017) page 4
3. Quarter 1 GP Events Report page 4
4. Healthwatch Staffordshire – Update on activity June 2017 – August 2017 page 4
5. Healthwatch Stoke-on-Trent – Update on current activities page 5
6. Quality Assurance of Local Providers pages 6-10
   6.1 Care Homes Contracted to deliver Continuing Healthcare Services in Staffordshire
   6.2 North Staffordshire Combined Healthcare NHS Trust (NSCHT)
   6.3 Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP)
   6.4 University Hospital of North Midlands NHS Trust (UHNM)
   (Items includes cancer long wait reporting)
7. Directly Commissioned Care Home Beds (Page 10)
8. Infection and Prevention Control (IPC) (Page 11)
9. Clinical Risk Register (Page 11)
11. North Staffordshire and Stoke-on-Trent CCG Professional Forum Terms of Reference (page 12)
12. QSG and Risk Summit Guidance (Page 12)

The Governing Body ‘in common’ is asked to note for assurance the items discussed at the September Quality Committees ‘in common’.

Which other CCG committee and/or Group has considered this report

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We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
### Summary of risks relating to the proposal

Detailed within the main body of the report.

### Any statutory/regulatory/legal/NHS constitutional/NHSE assurance/governance implications

Paper includes reference to the NHS Constitutional Standards.

### Strategic objectives supported by this paper

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### Acronyms

Detailed within the main body of the report.

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*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
1. **UHNM Presentation: “Sit Up, Get Dressed, Keep Moving”**
“A Deconditioning Awareness and Prevention Campaign for Staff, Patients and the Public”

Consultant Lead- Dr. Amit Arora, Advanced Nurse Practitioner (ANP)-Amanda Futers and senior Therapist-Emily Massey.

The Quality Committees “in common” opened with a presentation from ANP, Amanda Futers on behalf of UHNM. The informative presentation gave an overview of the campaign and highlighted the following key messages:

- Hospitalised patients spend 83% of their time in bed (particularly older adults).
- This inactive period reduces functional status and affects psychological and social wellbeing. **It is preventable for many!**
- Public and workforce awareness of this condition is poor and the campaign seeks to address this via education and communication.
- It is a Multi-disciplinary approach to maintaining and optimising physical, mental and social function during illness and encouraging self-care.

**For many it could be the difference between going home and going into a home. The simple message is “Sit up….Get dressed… Keep moving”**

**Support requested from CCGs.**

- Support for printing and information within primary care GP surgeries, Care Homes, Community Hospitals & patient groups/forums.
- IT Communications throughout the local health economy.
- Building on the successes via a local twitter and Facebook link through NHS Networks.
- Acknowledgement of UHNM leading on campaign

2. **Quarter 1 Patient Experience Report – Insight Report** (1 April 2017 to 30 June 2017 (extracted on 3 July 2017.)

The total number of pieces of feedback received in quarter one is 211; this is a decrease when compared with the previous quarter’s 282. The number of PALS enquiries is a decrease from the previous quarter from 104 to 72. There were 19 complaints received; this is also a decrease from the previous quarter’s 36. Ten MP letters were received; this is a decrease from the previous quarter’s 22. Of the 211 pieces of patient feedback, 123 were related to “Access and Waiting”.

The service with the highest number of feedback items this quarter was the Royal Stoke at University Hospital of North Midlands. The specialties with the highest feedback were Ophthalmology with six PALS enquiries all related to access to appointments and Accident and Emergency with one complaint and four media articles.

Ten Members of Parliament (MP) letters have been received during quarter one, eight of these related to ‘access to services’. The MP letters involve three services: Commissioning Decisions (6), CHC (2), District Nursing (1) and one about a Residential Home.

There have been no referrals received from the Parliamentary Health Service Ombudsman in Q1.

Examples of lessons learnt were included in the report.

Response to satisfaction surveys posted six to eight weeks after the complaint has closed remains poor but in line with the experience of our local providers. In Q4, 22 were posted out and 5 were returned completed.

3. **Quarter 1 GP Events Report**
In this quarter there were 245 GP Events reported on the Datix system by 48 GP Practices across both Stoke-on-Trent and North Staffordshire CCGs. This is a slight decrease from Quarter 4 of 2016-17 with 261 events reported by 45 practices and 287 events reported by 42 practices in Quarter 3.

During Quarter 1, there was a backlog in the triage of GP Events reported on the Datix system. This was due to capacity issues experienced by the GP Event Reporting Project Manager and clinical support. This has now been addressed with a Clinical Associate providing dedicated support at the monthly review meetings, as well as focused weekly support from the Quality Nurse Leads to ensure that all events are clinically triaged.

As would be expected UHNM was the most reported service in Q1 (135 events). The top subjects are: discharge issues, medication issues and delays in receiving clinical information. There has been an increase in the number of slips, trips and falls events reported. All of these events are related to care homes and have been shared with the CCG Adult Safeguarding Lead Nurses and the relevant Local Authority for their quality monitoring profiling.

The report contained examples of lessons learnt in the format: “You said, We listened, We did” which will be shared with the practices via the GP Event Reporting newsletter.

4. Healthwatch Staffordshire – Update on activity June 2017 – August 2017

A detailed quarterly report was received outlining the current work plan of Healthwatch Staffordshire, examples of which included:

- **Hospital Discharge**
  This report is complete and due for publication.

- **Activities in Care Homes**
  This project is a comparative study looking at the physical and mental wellbeing of residents who may or may not have access to a range of activities. The report is now complete and is available at: [www.healthwatchstaffordshire.co.uk](http://www.healthwatchstaffordshire.co.uk)

- **Enter and View Visits**
  An update was provided, reports are available at: [www.healthwatchstaffordshire.co.uk](http://www.healthwatchstaffordshire.co.uk).

- **Neurology Project**
  Healthwatch are planning phase 3 of this project to evaluate the Motor Neurone Disease Red Flag tool for GPs which helps to identify early symptoms and are going to create one for Parkinson’s and Multiple Sclerosis. The Phase 2 report is due to be sent to the CCGs with a survey about people presenting to their GPs with neurology symptoms. Consideration is also being given to looking at the impact of not being given sufficient support and information at diagnosis and the lack of psychological and specialist support, in order to make a case that NICE Guidance should be mandatory practice.

- **Funding for the Future**
  Due to a low response to their survey this project is to be relaunched in September. The overall objective is to highlight the impact of service reductions/closure and highlight vulnerable groups that have been affected by more than one service.

- **Staffordshire Drugs and Alcohol services funding cuts**
  Following the County Council decision to reduce funding for drug and alcohol services, Healthwatch are now looking at reshaping this project to explore over the next 12 months the impact that this has on the service user. Healthwatch also want to work with service users and providers about how existing services can be shaped to have maximum impact.

- **Healthwatch Project: Red 2 Green**

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Healthwatch are working with the Emergency Care Improvement Programme (ECIP) and Royal Stoke University Hospital who have adopted the approach. The driver behind the project is that; sometimes patients spend days in hospital that do not directly contribute towards their discharge, it is believed that by working better together we can reduce the number of these ‘red days’ in favour of value-adding ‘green days’. The approach encourages patients to be more involved in their care during their hospital stay.

Healthwatch plan to interview 100 Patients’ to ask them if they would feel confident to ask four key questions about their stay in hospital:

- 1. What is the matter with me?
- 2. What is going to happen?
- 3. When am I going home?
- 4. What is needed to get me home?

5. **Healthwatch Stoke-on-Trent – Update on current activities**

A detailed quarterly report was received outlining the current activities of Healthwatch Stoke-on-Trent, examples of which include:

- **Enter and View**
  Two Enter and View visits took place in the period and a further three are scheduled before the end of September 2017.

- **Gatekeepers**
  Healthwatch Stoke- on- Trent worked closely with Voices of Stoke and Expert Citizens to highlight issues faced by those of no fixed abode when attempting to register with a GP. A card has been produced detailing what should be expected when registering with a GP. [http://www.healthwatchstokeontrent.co.uk/gatekeepers/](http://www.healthwatchstokeontrent.co.uk/gatekeepers/)

- **Drug and Alcohol service**
  Following the collapse in April 2017 of Lifeline, the drug and alcohol service has been managed by a ‘triumvirate of organisations made up NSCHT, Bac O’Connor and Addaction. On request of the Council, Healthwatch plan undertake a series of quality assessment visits to help monitor the replacement service.

- **Reports due for publication in September 2017**
  - My Care My Way - work with UHNM continues, to understand patient experiences (elderly) whilst following different pathways through to discharge. 2017.
  - While We Were Waiting - focus is upon Special Educational Needs (SEN), specifically services offered by CAMHS and Educational Psychology such those related to Autism and learning difficulties

- **Community Hospitals**
  Healthwatch Stoke is keen to capture public comment and feedback to inform the CCGs of patient voice in response to the temporary closure of Community Hospital beds, therefore, the Community hospitals survey has been relaunched. Visit - [http://bit.ly/sthosps](http://bit.ly/sthosps)

- **Neurology**
  Healthwatch Stoke is part of a health economy working group with other Healthwatch’s from Staffordshire and Shropshire as well as the Staffordshire Neurologic Alliance. This effort, facilitated by NHS England, builds upon work carried out in recent years by different stakeholders in the hope of identifying a model of delivery for neurology services.

- **Healthwatch Stoke Award**
  Healthwatch Stoke have had their work over the past year recognised by Healthwatch England at the Annual Conference. The award recognises that we worked with our colleagues at Healthwatch Staffordshire to make sure people had a say in the development of their local STP.
6. Quality Assurance of Local Providers

6.1 VOCARE (GP Out of Hours)
Members received the provider quality assurance report and noted that; Staffordshire Doctors Urgent Care commenced a new 3 year current contract on 1st August 2017.

Reports at CQRM (June data) show that:
- The workforce has shrunk Pan-Staffordshire by circa 20 GPs.
- 93.27% of Stoke-on-Trent and North Staffordshire patients were seen by SDUC and commenced treatment within the prioritisation time determined by the NHS 111 Service as being necessary for the safe clinical management of the relevant Patient.
- During June 2017 the FFT ‘would recommend this service to friends and family’ for OOH SDUC (Staffordshire House) was 96%. This is based on 669 responses.

The CCGs Quality Leads and Commissioning Manager undertook an announced quality visit to Staffordshire House on the morning of 19th August 2017. There were concerns raised on reviewing the rotas as there appeared to be gaps in the workforce as well as reduced opening times of the OOH centre based at the Haywood Hospital.

It was noted that the Quality Surveillance Group (August meeting) increased the Quality Surveillance Rating for this provider to Enhanced.

An Extraordinary meeting took place for Pan Staffordshire CCGs and Virgin Healthcare on 5th September 2017 to discuss Vocare GP OOHs provision. It was agreed to hold an executive to executive meeting including all Pan Staffordshire Commissioners. Further, CQRM membership and terms of reference will change to include a CCG Director of Nursing as the chair.

6.2 Care Homes contracted to deliver Continuing Healthcare Services in Staffordshire
Midlands and Lancashire Commissioning Support Unit (MLCSU) provide the Continuing Health Care and Funded Nursing Care service on behalf of the 6 Staffordshire CCGs. MLCSU representatives presented a report to members which provided details of the Quality Reporting data, an update on the current work streams and the progress and planned activities specifically in relation to the monitoring of the quality of care being delivered within Nursing Homes as commissioned by the CCGs for the provision of Continuing Healthcare Services. This is the first time committee has received such a report.

Individual Package Activity (IPA) Program Board is held on a monthly basis and is attended by key representatives from each CCG to ensure there is governance and oversight of the delivery of CHC/FNC services from a commissioning and quality perspective. MLCSU report to IPA Board on a monthly basis to facilitate commissioning decisions and enable confirm and challenge in respect of commissioned services from a quality and performance perspective.

All care packages provided by Registered Care Homes are procured using a Dynamic Purchasing System (DPS) known as ‘ADAM’. All care homes are required to sign an NHS Standard Care Home Contract prior to enrolment on this DPS system.

Offers are ranked based on a 60% quality weighting and a 40% cost weighting. The CQC individual ratings aligned to the 5 key indicators (safe, effective, caring, responsive, well led) are used to calculate the quality score i.e. Care Homes that have an overall GREEN rating from CQC will be allocated a higher quality scored in comparison to those providers with an overall AMBER rating. Any providers with a CQC suspension in place, or if there are other areas of concern, are excluded from receiving requirement details entered onto the ‘ADAM’ system.

Members were updated on the current quality improvement work which includes for example:

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
• A desk top manual audit of all Care Home Quality reports has been completed to clinically review the data submitted for the period Jan 17 to May 17 (inclusive). There were no trends or themes relating to quality concerns identified from the care home quality reports reviewed. Any provider identified as an outlier against any of the key indicators has been contacted and improvement actions agreed where required. However, when triangulated with other relevant data no significant areas of concern have been identified.

• The Individual Quality Audit (IQA) tool has been implemented to ensure that at each contact with patients eligible for CHC/FNC funding, the Nurse Assessors are documenting information regarding the quality of services provided. This audit process is focussed on the individual care package provision to ensure that the provider is meeting the assessed needs of the person.

6.3 North Staffordshire Combined Healthcare NHS Trust (NSCHT)
Members noted that the Trust is expecting a Care Quality Commission (CQC) visit imminently. Note that we have since been advised at CQRM that the "Well Led" inspection is scheduled for 31st October 2017 which means visits will be undertaken ahead of this date.

Members were advised that the CAMHS waiting times continue to be closely monitored and are reviewed weekly not only by the CAMHS Team but also by the Executive Team for the Trust. Significant progress has been made and NSCHT are now meeting the national target of seeing everyone within 18 weeks for initial assessment with on-going monitoring of performance on a weekly basis. The CAMHS teams have monitoring measures in place to review young people who have been assessed and have introduced screening for the right intervention and if appropriate, sign posting to other services.

A recent quality monitoring visit to the CAMHS Hub by the CCG Quality Team confirmed the service managers are proactively managing this and the trajectories remain on target.
Stoke-on-Trent City Council Overview and Scrutiny Committee is due to take place on 19th October with a presentation on CAMHS.

6.4 Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP)
Members noted that the Medical Director left the Trust on 16th September and discussions are taking place with NHS Improvement regarding the options available.

Community Hospitals Nursing Staffing- Leek Hospital - As part of the implementation of ‘My Care, My Way - Home First’, the health economy continues to introduce processes to discharge patients home from the acute hospital with the appropriate support when they are medically fit rather than into another bed, unless they need one. The inpatient wards at Leek Community Hospital will temporarily close to admissions at the end of October 2017. Public consultation on the future of community hospitals will commence following completion of the NHS England assurance process.

North Staffordshire & Stoke-on-Trent CCG’s Director of Nursing & Quality, SSOTP’s Director of Nursing & Quality & UHNMs’s Chief Nurse visited Leek Community Hospital on 27th July to understand acuity and any discharge delays. As a result of significantly reduced staffing levels SSOTP decided to close Cottage Ward (Leek) w/c 7th August.

SSOTP continue to closely monitor the staffing levels on Saddler Ward (Leek) as staff seek redeployment and alternative opportunities. There are on-going discussions by the Director of Nursing at SSOTP with the Director of Nursing at UHNM and the CCG Director of Nursing and Quality exploring options to cover these shifts.

Members received an update on Community Nursing and noted that the Community Nursing Assurance Group (CNAG) which monitors community nurse staffing levels has now become business as usual within the CCGs assurance processes. Further, the CCGs have been able to triangulate the improvements reported at CNAG during the District Nursing focus groups in June 2017. The Committee received the full District Nursing Focus Group report which identified continuous improvement across the service.

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Members noted and acknowledged SSOTP’s hard work and commitment along with Social Care and CCG safeguarding colleagues in supporting the requirement to assess and relocate residents from a Nursing Home within a short time period and at short notice following safeguarding concerns.

6.5 University Hospitals of North Midlands NHS Trust (UHNM)

Members noted that the Trust is expecting a Care Quality Commission (CQC) visit imminently.

The report covered those performance and quality standards not met in June 2017. Key areas highlighted included:

**A&E 4 Hour Wait**
The Trust level of performance in June was 81.4% below the national standard of 95%.
The committee noted that a single 12 hour breach occurred on the 4th September. An RCA has been completed as required. There was a delay in receipt of the RCA; this is understood to be due to the need to liaise with North Staffordshire Combined Healthcare NHS Trust as it was a mental health bed that was required.

**Cancer Long waits**
The Trust did not achieve the national 62 day Cancer performance against the national standard (85% of patients treated/discharged within 62 days from referral). Trust level performance in May was 78.7%. Demonstrable progress is, however, being made with a reduction in the >104 and >62 day backlog.

There are multiple reasons behind the Trust's underperformance against the 62 day target. The recovery trajectory sets out sustainable delivery to be achieved in Q4. Non-recurrent funding has been provided to the Trust to support the delivery of the target in September and as such the Trust will work to deliver the target in September but cannot guarantee sustainable performance until Q4. The Trust actions include:

- Concerted effort to get long waiters through the system, improvements have been seen in colorectal and work is continuing with urology and the long waiters on their 62 day Patient Tracking Lists are continuing to reduce and trend is going in positive direction
- Clinical/directorate management teams are continuing to identify additional surgical capacity for cancer and additional capacity is being sourced at the County site
- The weekly cancer performance meetings continue for Planned Care, each individual patients pathway is discussed to identify updates and actions to mitigate delates in the pathway
- Cancer 62 day recovery plan and sustainability plan has been produced in response to national drive to achieve 62 day standard by September 2017.
- Key elements of the 62 day recovery plan is utilised of new, non-recurrent funding of £463k, to enhance patient tracking and review, together with building in additional capacity.

The latest position as at w/e 3rd September is:

- 62+ day waiters current position is now 72
- 104+ day cohort (total of 5), as of 17/09/17.

<table>
<thead>
<tr>
<th>CCG</th>
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<tbody>
<tr>
<td>Stoke on Trent CCG</td>
<td>3</td>
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<tr>
<td>North Staffs</td>
<td>1</td>
</tr>
<tr>
<td>Stafford &amp; Surrounds</td>
<td>1</td>
</tr>
</tbody>
</table>

National Cancer Patient Experience Survey 2016 Results (published July 2017)
Members noted the Executive Summaries for; UHNM, North Staffordshire and Stoke-on-Trent CCGs.
The National Cancer Patient Experience Survey 2016 is designed to monitor national progress on the following:

- Cancer care
- To provide information to drive local quality improvements

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• To assist commissioners and providers of cancer care and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. The findings detail a very positive patient experience. However, the report shows that there could be an improvement in the GP and practice support during their cancer treatment.

Overall when asked to rate their care on a scale of zero (very poor) to 10 (very good), North Staffordshire and Stoke-on-Trent respondents gave an average rating of 8.8 (national average 8.7). The Trust’s overall score was 8.6. Full national results and other reports are available at http://www.ncpes.co.uk/

It was noted that the full survey results were discussed at the STP Cancer Oversight Board with a view to developing an action plan to address specific issues highlighted by the survey.

**MRSA bacteraemia**

There have been two cases of MRSA bacteraemia (post 48 hours) in June 2017 at the UHNMI. Both cases are patients who have multiple conditions and these are repeat specimens. All UHNMI policies and procedures have been followed, therefore, it has been agreed that these cases will be referred to seek arbitration to a 3rd party. Since the Quality Committee it has been confirmed that arbitration has been agreed in one case, the other remains in process.

**Pan Staffordshire Maternity Transformation Programme (MTP)**


The MTP has established a governance structure, to submit regular updates to the STP Health & Care Transformation Board, which is planned to commence from September 2017. The Local Maternity System (LMS) is required to establish a shared vision and plan by October 2017 on how to implement Better Births by the end of 2020/21. However, a draft operational plan will first need to be submitted to NHS England by the end of September 2017.

7. **Directly Commissioned Care Home Beds**

The Committee were advised that, due to sustained pressure within the health economy’s urgent care system, the CCG’s have increased the number of spot purchased by 14. Therefore the CCGs have in total 25 spot purchased beds in the health economy at four different locations; 19 EMI nursing, 4 general nursing/palliative and 2 EMI residential. Track & Triage are monitoring patients in spot purchased beds to ensure that patients’ assessments are taking place in a timely manner. Discussions are taking place to review the capacity of the therapy wrap around support. The CCG’s are undertaking due diligence ahead of awarding a contract with a provider for 10 EMI nursing beds.

8. **Infection and Prevention Control (IPC)**

Members were pleased to note the IPC report which advised that:
- Both North Staffordshire and Stoke on Trent CCGs are under trajectory for Clostridium difficile
- No avoidable MRSA bacteraemia this year to date
- Both CCGs are under trajectory for E.coli BSIs

9. **Clinical Risk Register**

Members reviewed the Clinical Risk Register and agreed to support and recommend the following changes:
- Closure of 3 risks:

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**Risk ID 84:** due to the changes in the planned procurement for cancer. New risk to be included in the future if appropriate.

**Risk ID 88:** There is a risk of UHNM failing to complete the Initial Health Assessment (IHA) process within statutory timeframe - performance now satisfactory and sustainability being seen – to be monitored through day to day operational systems.

**Risk ID 91:** access to Diabetes Consultant - no performance or quality concerns being raised (old risk to be closed)

**Risk ID TBC1:** There is a risk of the CCGs failing to achieve the 52 week target, resulting in poor patient experience and potential delays in treatment. Proposed initial risk score 15 – current risk score 15.

**Risk ID TBC2:** Patients placed in spot purchased community beds, for transitional support and care of people being discharged from hospital, do not experience optimal care e.g. care does not properly meet their needs and result in timely assessment and streamlined discharge, Proposed initial risk score 12 – current risk score 12.

**Risk ID TBC3:** There is a risk that the CCGs are unable to quantify potential quality impacts associated with performance breaches within GP Out of Hours (Vocare). The majority of breaches occur within shortest timescales set by NHS pathways/ NHS 111 for a clinical to speak to a patient e.g. potentially those with the highest clinical need. Proposed initial risk score 16 – current risk score 16.


Members received an assurance paper on the QIA process noting that the assessing and monitoring of the impact of QIPP plans on service delivery is not a one off exercise but an on-going, iterative process. Quality Committee receives quarterly updates as part of the assurance process and can request presentation of individual schemes.

- From the ongoing monitoring of 2016/17 QIPP Schemes we are aware of one scheme with current negative quality impacts. An unintended consequence of the change in the financial envelop in the QIPP re: Hearing Aids was that two providers have given notice which has resulted in reduced choice and increased waiting times. The Quality Impact Assessment is being updated at the request of Quality Committee.
- One QIA Panel was held on the 14th August to discuss 2017/18 schemes and more QIA Panels are scheduled.
- The CCG has agreed the process and timeline for the development of 2018/19 QIPP. QIA Panel(s) will take place prior to the Executive Confirm & Challenge so that the outcome is known ahead of the final sign off.

11. **North Staffordshire and Stoke on Trent CCG Professional Forum Terms of Reference**

The Professional Forum Terms of Reference were agreed. The forum is the independent voice for Nurses, Allied Health Professionals [AHP] and Quality Professionals working within North Staffordshire and Stoke on Trent CCGs.

The purpose of the Forum is to: support members, sharing best practice, strategic influencing, and strategic leadership.

12. **QSG and Risk Summit Guidance**


Quality Surveillance Groups (QSGs) bring together different parts of the health and care system, to share intelligence about risks to quality.
This edition of the guidance has also been revised in response to changes signalled in two other recent publications – the NQB’s Shared Commitment to Quality (December 2016) and Next Steps on the Five Year Forward View (March 2017).

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We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

Public Paper

Report to
North Staffordshire CCG & Stoke on Trent CCG Governing Body

Title
Month 5 Financial Position

Meeting Date
3rd October 2017

Sponsor Director
Alistair Mulvey (Chief Financial Officer)

Action required
Decision [ ]
Discussion [ ]
For assurance/For Information [ ]

Purpose of the paper, key issues, points and recommendations

This paper provides a summary of the CCGs’ financial performance as at the end of August 2017 (Month 5).

The table below highlights the revised control total, at month 5 the CCG is forecasting to deliver the £0.3m in-year surplus for Stoke on Trent CCG and £1.4m in-year deficit for North Staffordshire CCG.

<table>
<thead>
<tr>
<th>CCG</th>
<th>Previous Control Total £'000</th>
<th>Movement in Control Total £'000</th>
<th>Revised Control Total Month 3 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Staffordshire</td>
<td>(2,500)</td>
<td>1,110</td>
<td>(1,390)</td>
</tr>
<tr>
<td>Stoke on Trent</td>
<td>(1,000)</td>
<td>1,310</td>
<td>310</td>
</tr>
<tr>
<td>Total</td>
<td>(3,500)</td>
<td>2,420</td>
<td>(1,080)</td>
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</tbody>
</table>

The year to date position for both CCGs combined is a £0.06m in-year deficit (North Staffs £0.66m deficit, Stoke on Trent £0.60m surplus). This compares to a planned position at month 5 of a £0.34m deficit (North Staffs £0.47m deficit, Stoke on Trent £0.13m surplus). This is a favourable variance of £0.28m across the two CCGs.

The component elements of the above financial performance are reflected within the table below;

<table>
<thead>
<tr>
<th>CCG</th>
<th>Plan to Month 5 £’000</th>
<th>Actual to Month 5 £’000</th>
<th>Variance to Month 5 £’000</th>
<th>Full Year Plan £’000</th>
<th>Full Year Forecast £’000</th>
<th>Forecast Variance £’000</th>
<th>Bought Forward £’000</th>
<th>Cumulative Position £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Staffordshire</td>
<td>(469)</td>
<td>(657)</td>
<td>(188)</td>
<td>(1,390)</td>
<td>(1,390)</td>
<td>0</td>
<td>(6,828)</td>
<td>(8,218)</td>
</tr>
<tr>
<td>Stoke on Trent</td>
<td>133</td>
<td>596</td>
<td>463</td>
<td>310</td>
<td>310</td>
<td>0</td>
<td>(2,498)</td>
<td>(2,188)</td>
</tr>
<tr>
<td>Total</td>
<td>(336)</td>
<td>(61)</td>
<td>275</td>
<td>(1,080)</td>
<td>(1,080)</td>
<td>0</td>
<td>(9,326)</td>
<td>(10,406)</td>
</tr>
</tbody>
</table>

Within the overall financial position the following key points should be noted:

- At month 5 QIPP delivery is reported at £7.86m (North Staffs £3.16m, Stoke on Trent £4.70m), this is against an original QIPP plan delivery at month 5 of £8.77m (North Staffs £3.54m, Stoke on Trent £5.23m).

- The CCG’s are on plan at month 5, with adverse expenditure variances within Out of Area Mental Health placements, and acute contracts being offset by favourable variances within delegated primary care, prescribing and against reserves.

- Prescribing and Continuing Healthcare are both forecasting favourable variances at year end based on forecasts.

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We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

- Net Risk of Nil is reported at month 5 across the two CCGs combined, this is consistent with reporting at month 4 although there is now disparity between CCGs with North Staffs reporting £0.68m of net risk and Stoke on Trent having £0.68m of additional mitigations.

As required by financial planning guidance the CCGs has not committed the 0.5% headroom reserve of £3.3m (North Staffs £1.4m, Stoke on Trent £1.9m). This is a reduction from the 1% which the CCG was required to hold in 16/17, with the other 0.5% protected in 17/18 for CCG investments, an element has been used to fund the 50% in 2017/18 of the £3 per head identified in the primary care 5 year forward view and the remainder is currently allocated to mitigate financial risk attached to the Transforming Care Partnership.

The Governing Body is asked to note:

1. The CCG’s at this relatively early stage in the year have forecast to achieve the planned deficit positions of £1.1m for the financial year (North Staffs £1.4m deficit, Stoke on Trent £0.3m surplus).
2. The CCG’s are reporting a net risk of Nil against the forecast, consistent with the level of net risk reported in month 4, although individually North Staffs is reporting net risk £0.68m and Stoke CCG is reporting additional mitigations of £0.68m.
3. Initial SLAM data for Month 4 received from UHNM indicates under performance at a value of £0.01m (North Staffs £0.32m under, Stoke on Trent £0.31m over) for the reporting period which is adjusted to £1.08m of under performance (North Staffs - £0.85m under performance, Stoke on Trent £0.23m under performance) after taking into account of contractual adjustments. UHNM have included contractual fines in the SLAM data as at Month 4, this performance is against contract rather than budget and once uncontracted QIPP is included the CCGs move to an over spend.
4. QIPP programme slippage as at Month 5 is £0.91m (North Staffs £0.38m, Stoke on Trent £0.53m) against planned levels as reported in the Non-ISFE submission, this is due to the phasing on the Non-ISFE being based on the original financial plan submission, with schemes being developed further since the submission and the phasing being revised. NHS England plan to re-align the Non-ISFE monitoring to the latest CCG QIPP phasing in future months.
5. Both CCGs achieved compliance with the Better Payment Practice Code with more than 95% of invoices being paid within 30 days up to month 5, although Stoke on Trent CCG failed to achieve the targets within August.
6. Both CCG’s met the statutory requirements for cash balances on the 31st August with balances less than 1.25% of the monthly drawdown.

Which other CCG committee and/or Group has considered this report

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Other agreements</th>
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</thead>
<tbody>
<tr>
<td>Finance and Performance Committee</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Summary of risks relating to the proposal

- The CCGs have a planned QIPP programme of £29.31m (North Staffs £11.90m, Stoke on Trent £17.41m). Of this an element of risk is attached to delivery, at month 4 this is reported as £4.07m (North Staffs £1.63m, Stoke on Trent £2.44m).
- The month 5 position for UHNM is based on month 4 SLAM data, the forecast position assumes future QIPP delivery based on the latest forecasts.
- Risk is recognised against the delivery of Capped Expenditure Process schemes, this equates to £1.00m.
We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

- The CCGs are continuing to report risk at month 5 against over performance for Mental Health, this is predominantly Out of Area placements and Mental Health Assessments

### Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

The CCGs control total is a deficit of £1.1m (North Staffs £1.4m deficit, Stoke on Trent £0.3m surplus) and therefore the CCGs are not meeting all of their statutory targets which require delivery of a 1% surplus.

### Strategic objectives supported by this paper

<table>
<thead>
<tr>
<th>Our shared Goals:</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Empowered Staff</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Commissioning Health Outcomes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Seamless Partnerships</td>
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<td></td>
</tr>
<tr>
<td>4. Responsible Use of Resources</td>
<td>✓</td>
<td></td>
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### Key Requirements:

<table>
<thead>
<tr>
<th>Key Requirements:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a Quality Impact Assessment been completed?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Has an Equality Impact Assessment been completed?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Has Engagement activity taken place with Stakeholders/Practice/Public and Patients</td>
<td>✓</td>
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</tbody>
</table>

### Acronyms

Set out in the body of the report.
Month 5 Financial Position 2017/18

1. Background

North Staffordshire CCG & Stoke on Trent CCG report achievement against their key financial duties and plans both monthly and annually. This report discusses the position to the end of August 2017 (Month 5) and the forecast for the remainder of the financial year 2017/18.

2. Executive Summary

At month 5 the year to date position for both CCGs combined is a £0.28m favourable variance against plan, with a £0.06m in-year actual deficit reported against plan (North Staffs £0.66m deficit, Stoke on Trent £0.60m surplus). This compares to a planned position at month 5 of a £0.34m deficit (North Staffs £0.47m deficit, Stoke on Trent £0.13m surplus).

The high level dashboard below provides performance detail against each key metric. This report further outlines the key drivers of the adverse financial performance, areas of mitigation and a summary of the year end position.

3. Financial Duties and Plans 2017-18

In 2017-18, the Income & Expenditure plans of the CCG are to:

- Deliver a £1.1m in year deficit (North Staffs £1.4m deficit, Stoke on Trent £0.3m surplus) and deficit against allocated Revenue Resource Limit (RRL) [Against a mandated planning requirement of 1% surplus].
- Contain expenditure within an overall cash limit
- Contain expenditure within the Running Cost target of £10.63m (North Staffs £4.64m, Stoke on Trent £5.99m)
- Deliver a QIPP of £29.31m (North Staffs £11.90m, Stoke on Trent £17.41m)
The table below highlights the key requirements of the updated financial plan submitted on the 13th July:

<table>
<thead>
<tr>
<th>2017/18 Financial Plan Headlines</th>
<th>Stoke</th>
<th>North Staffs</th>
<th>Combined</th>
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<tr>
<td>Surplus/ (Deficit)</td>
<td>£0.3m</td>
<td>(£1.4m)</td>
<td>(£1.1m)</td>
</tr>
<tr>
<td>QIPP Em's</td>
<td>£17.4m</td>
<td>£11.9m</td>
<td>£29.3m</td>
</tr>
<tr>
<td>QIPP %</td>
<td>4%</td>
<td>3.90%</td>
<td>4%</td>
</tr>
<tr>
<td>Allocation Growth</td>
<td>£7.6m</td>
<td>£5.5m</td>
<td>£13.1m</td>
</tr>
<tr>
<td>Contingency (Exc Delegated Primary Care)</td>
<td>£2.0m</td>
<td>£1.4m</td>
<td>£3.4m</td>
</tr>
<tr>
<td>Contengency %</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Non Recurrent Headroom</td>
<td>£3.9m</td>
<td>£2.8m</td>
<td>£6.7m</td>
</tr>
<tr>
<td>Non Recurrent Headroom %</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Net Risk Identified</td>
<td>£3.8m</td>
<td>£5.4m</td>
<td>£9.2m</td>
</tr>
</tbody>
</table>

The summary financial performance dashboard is shown below:-

<table>
<thead>
<tr>
<th>Description of financial duties</th>
<th>Month 5 Stoke on Trent CCG</th>
<th>North Staffordshire CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain expenditure within the revenue resource limit and deliver to a planned surplus (normally 1%)</td>
<td>A</td>
<td>The CCGs financial plan is an in-year surplus of £0.31m - at month 5 the CCG is reporting to deliver the £0.31m surplus, net risk has been reported as nil at month 5. The CCGs revised financial plan is an in-year deficit of £1.4m - at month 5 the CCG is reporting to deliver the £1.4m deficit.</td>
</tr>
<tr>
<td>Maintain expenditure within a Maximum Cash Draw down Limit (cash limit).</td>
<td>A</td>
<td>The CCG has drawn down £153.25m in the year and with BSA requirements of £20.41m giving a total cash requirement of £173.66m. The drawdown is lower than planned year to date, and represents 40.19% of the Maximum Cash Drawdown. The CCG has drawn down £120.46m in the year and with BSA requirements of £14.46m giving a total cash requirement of £134.92m. The drawdown is slightly higher than planned, but this due to the phasing of payments within delegated co-commissioning.</td>
</tr>
<tr>
<td>Maintain capital expenditure within the delegated limit from the Area Team.</td>
<td>G</td>
<td>The CCG has received notification of any capital allocation in 17/18. The CCG has received notification of any capital allocation in 17/18.</td>
</tr>
<tr>
<td>Ensure running costs are within the set allocation per head of population.</td>
<td>G</td>
<td>The CCG has an allocation of £5.99m for running costs which is slightly reduced from last year. At month 5 the running costs is within plan and is forecast to be within plan at year end. The CCG has an allocation of £4.64m for running costs which is slightly reduced from last year. At month 5 the CCG is within budget and is forecast to be within budget at year end.</td>
</tr>
<tr>
<td>Ensure a minimum of 0.5% contingency is held.</td>
<td>A</td>
<td>The CCG has 0.5% contingency within the financial plan this is fully utilised mitigating risk which has been identified at month 5. The CCG has 0.5% contingency within the financial plan this is fully utilised mitigating risk which has been identified at month 5.</td>
</tr>
<tr>
<td>Ensure that 1% of funds remain uncommitted</td>
<td>G</td>
<td>The CCG has a reserve which remains uncommitted as required by financial planning guidelines. Its value is £1.93m (0.5%). The CCG has a reserve which remains uncommitted as required by financial planning guidelines. Its value is £1.41m (0.5%).</td>
</tr>
<tr>
<td>Delivery of QIPP targets</td>
<td>A</td>
<td>The CCGs QIPP Plan is valued at £17.41m. There is evidence of slippage at MS, planned savings £5.23m, delivery £4.70m. For the majority of schemes, contracts will have to under perform to achieve delivery of the QIPP programme and/or additional schemes are required to deliver plan. The CCGs QIPP Plan is valued at £11.9m. There is evidence of slippage at MS, planned savings £3.56m, delivery £3.14m. For the majority of schemes, contracts will have to under perform to achieve delivery of the QIPP programme and/or additional schemes are required to deliver plan.</td>
</tr>
<tr>
<td>Ensure compliance with the Better Payment Practice Code (BPPC) – “Late Payment of Commercial Debt”</td>
<td>A</td>
<td>The CCG delivered 97.4% in 30 days against the number of NHS and 97.2% against non NHS invoices paid to the end of August 2017. Although in month targets were missed. The CCG delivered 98.1% in 30 days against the number of NHS and 95.7% against non NHS invoices paid to the end of August 2017.</td>
</tr>
</tbody>
</table>

4. **Position to Date - Maintain expenditure within the resources allocated**

The year to date position as at 31st August 2017 against the revised financial is a deficit of £0.06m (North Staffs £0.66m deficit, Stoke on Trent £0.60m surplus), against a planned position of a £0.34m deficit (North Staffs £0.47m deficit, Stoke on Trent £0.13m surplus). The trajectory of the financial plan is highlighted below with the actual position being a £0.27m favourable variance (North Staffs £0.19m adverse, Stoke on Trent £0.46m favourable) to plan.

The phasing of the chart has been updated to reflect the latest financial plan submission on the 13th June and is outlined below:
The year to date as at month 5 variances are highlighted below, prescribing is now within budget as month 3 PMD data has been received and expenditure is less than planned, the over spend in Mental Health is predominately Mental Health Out of Area placements and Mental Health assessments with the majority of the variance against Stoke on Trent CCG.

Acute is predominately UHN, Nuffield and other Private Providers with the impact of 2016/17 contributing to the variance, delegated primary care and running costs continue to be within budget year to date and are forecast to be within budget at year end. The majority of “other” is favourable variances against reserves.

The table below details the financial performance against key budgetary elements. In summary the table highlights:
• Acute Services is over spent year to date and the forecast is an over spend of £2.4m across both CCGs, this is predominately against Nuffield and Other Private Providers, £6.73m is recognised as risk at month 5 against UHNM based on the month 4 SLAM data.

• Mental Health services is significantly over spent year to date, largely driven by an increase in the number of out of area metal health placements and mental health assessments.

• Continuing Health Care is forecast to be under plan at year end based on data at month 5 and takin into account anticipated future QIPP delivery, although is over spent at month 5 due to the impact of 16/17.

• Running Costs is currently under spent year to date and is forecasting to plan at year end.

Table 2

<table>
<thead>
<tr>
<th>Combined CCGs</th>
<th>Year to Date Position</th>
<th>CCG Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YTD budget £000</td>
<td>YTD Actual £000</td>
</tr>
<tr>
<td>Acute</td>
<td>132,105</td>
<td>135,150</td>
</tr>
<tr>
<td>Mental Health</td>
<td>31,378</td>
<td>32,849</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>19,890</td>
<td>20,805</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>42,281</td>
<td>41,863</td>
</tr>
<tr>
<td>Primary Care</td>
<td>6,216</td>
<td>7,403</td>
</tr>
<tr>
<td>Prescribing</td>
<td>35,829</td>
<td>35,719</td>
</tr>
<tr>
<td>Other</td>
<td>5,960</td>
<td>5,437</td>
</tr>
<tr>
<td>Primary Care Co Commissioning</td>
<td>27,879</td>
<td>27,435</td>
</tr>
<tr>
<td>Running Costs</td>
<td>4,426</td>
<td>4,276</td>
</tr>
<tr>
<td>Reserves</td>
<td>5,247</td>
<td>0</td>
</tr>
<tr>
<td>Total Revenue Spend</td>
<td>311,212</td>
<td>310,937</td>
</tr>
<tr>
<td>Surplus/(Deficit)</td>
<td>-4,222</td>
<td>0</td>
</tr>
<tr>
<td>Total CCG</td>
<td>306,990</td>
<td>310,937</td>
</tr>
<tr>
<td>Carried Forward Balance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In-Year Position</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The ‘In-Year’ position reports solely on the performance in 17/18 and is reporting a deficit of £0.06m at month 5 which is a £275k favourable variance against the planned position. The forecast is a £1.1m deficit across the two CCGs in-year which is a cumulative deficit of £10.41m when taking into account the carried forward deficits from 16/17.

5. **Ensure running costs are contained within the allocation of £10.63m**

Running Cost allocation is £10.63m (North Staffs £4.64m, Stoke on Trent £5.99m) which the CCGs should not exceed. At month 5 the CCGs are reporting an under spend of £151k (North Staffs £nil, Stoke on Trent £151k under) as the CCGs continue to exercise control over spend in this area. The CCGs are forecast to remain within budget at year end.

6. **Quality, Innovation, Productivity and Prevention (QIPP)**

The opening QIPP plan totalled £29.31m (North Staffs £11.90m, Stoke on Trent £17.41m). Appendix 2 highlights the original plan summary; delivery to Month 5 and the forecast out-turn. As at Month 5 there is slippage in the QIPP programme of £0.91m (North Staffs £0.38m, Stoke on Trent £0.53m).
against planned levels as reported in the Non-ISFE submission. This is due to developments to QIPP schemes and phasing changes on schemes between the financial plan submissions in March for which the non-ISFE return is based on and where the CCG is up to in Month 5. The CCGs are forecasting to deliver £28.60m (North Staffs £12.01m, Stoke on Trent £17.59m) based on the latest performance data, at Month 5 £4.07m (North Staffs £1.75m, Stoke on Trent £2.62m) of risk is also recognised to the delivery of the programme.

7. Cash Flow - Maintain expenditure within a maximum cash drawdown limit
The CCGs had drawings to the end of August 2017 of £247.35m (North Staffs £134.92m, Stoke on Trent £173.66m) against its planned requirement of £308.58m (North Staffs £134.38m, Stoke on Trent £312.77m), for the same period, including the requirements notified from the Business Services Authority. It is expected that cash payments will increase in future months relating to agreements with local authorities for BCF and other joint agreements. Both CCG’s met the statutory requirements for cash balances on the 31st August with balances less than 1.25% of the monthly drawdown.

8. Ensure compliance with the Better Payment Practice Code (BPPC)
The CCGs are expected to comply with the Confederation of British Industry (CBI) Prompt Payment Code. This requires the CCGs to pay 95% of valid invoices within 30 days of receipt. North Staffs CCG performance up to 31st August 98.1% based on count for NHS payables (95.6% by value). For non NHS payables the position was 95.7% based on count (96.6% by value). Stoke on Trent CCG performance up to 31st July stood at 97.4% based on count for NHS payables (99.4% by value). For non NHS payables the position was 97.2% based on count (95.8% by value). Both CCGs met the targets for the period to the end of August 2017 year to date, although in the month of August Stoke on Trent CCG failed to meet both targets achieving 91.7% for NHS by count and 93.2% for Non NHS by count, the CCG is taking urgent action to address this issue and is working with I.T as the deterioration has been caused by I.T issues with the Oracle system.

9. Strategic Support
The CCGs are required to set aside 1% of their baseline recurrent allocation to be used each year on a non-recurrent expenditure basis, this equates to £6.7m (North Staffs £2.8m, Stoke on Trent £3.9m) Throughout 2017/18 0.5% is required to be un-committed in line with NHS E planning guidance as a risk reserve. The other 0.5% is to be utilised for non-recurrent investments, of this an element has been used to fund 50% of the £3 per head in 2017/18 which is identified in the primary care 5 year forward view, this equates to (North Staffs £0.32m, Stoke on Trent £0.42m). The remainder is currently allocated to mitigating financial risk attached to the Transforming Care Partnership. At month 5 the CCG continues to report in line with NHS E guidance.

10. Balance Sheet
The CCGs individual Statements of Financial Position as at 31st August 2017 (Appendix 3) shows the level of inter-indebtedness between the CCGs and other parties (mainly NHS providers). Significant entries include the value of Accounts Payable at £39.67m (North Staffs £16.31m, Stoke on Trent £23.36m). These balances are less than those reported at month 4 as the CCGs have resolved a number of issues with providers through the agreement of balances process and therefore the associated invoices have now been paid reducing the accounts payable values.

11. Financial Risks
The CCGs highlighted net risks of £9.16m (North Staffs £5.37m, Stoke on Trent £3.79m) in the financial plan submission on the 30th March 2017, as at month 5 the net risk has been updated and is now determined to be Nil across both CCGs as further mitigations have been developed and identified.

The improvement in the level of risk management has been through an action based focus on steps to address potential issues and pressures proactively. Key movements include a reduction in QIPP risk by £3m and the recognition, as mitigation, of penalties (not contract challenges) for failing
performance by acute providers. The position accommodates the required improvement to the £1.08m revised Control Total.

The chart below show the movement in Gross Risk between the March 30th Financial Plan and the position reported at month 5.

The chart below show the movement in Mitigations between the March 30th Financial Plan and the position reported at month 5.

Risks will continue to be critically reviewed as more data becomes available through the financial year, in addition mitigations will be continually sought to provide further headroom where possible.

Recommendation:
The Governing Body is asked to note:-
I. The contents of this report and executive summary regarding the combined CCG performance against 2017-18 financial duties to the end of Month 5;

II. The key drivers of risk that have impacted upon the financial position;

III. The CCGs sub-committees and working groups have discussed in detail the forecast outturn and range of mitigating actions to deliver the CCGs back to its planned control totals. That work has been undertaken to develop solutions to mitigate the financial and operational risks.

IV. The mitigations identified to reduce the level of net risk to nil, which otherwise may result in failure to deliver to its constitutional requirements.

V. The performance against the other financial metrics
Explanatory Notes to Support the Combined Summary Board Table (April to August 2017) [Section 4]

### Contractual Performance of Providers/Budgetary Performance

The Month 4 SLAM data for the contract with **University Hospitals North Midlands NHS Trust** (UHNM) has now been received, and has been processed to arrive at a position for Month 5. Activity levels are above contract indicating over performance, although after taking into account some level of agreed data adjustments, fines and the impact of marginal rate tariff at Month 5 the position against contract is an under spend of £1.08m (North Staffs £0.85m, Stoke on Trent £0.23m). Over-performance is reported in Outpatient First attendances, Day Case and Elective activity. This is partly off-set by Outpatient Follow up and Outpatient Procedures being under spent and Non Elective is close to budget which is in contrast to 16/17 which saw high levels of over spend in this area. The forecast position is to plan at month 5 but the CCG acknowledges £6.73m (North Staffs £2.65m, Stoke on Trent £4.08m) of risk which is discussed further in the paper, this has been reported to NHS England and the CCG will have to ensure mitigations are delivered to avoid an adverse variance materialising. In 17/18 UHNM is no longer signed up to the STF which therefore means commissioners are able to apply penalties to the contract if the trust breaches various performance measures and targets, as at month 5 the CCGs have identified £6.58m of contractual penalties and fines as a mitigation against financial risk.

The CCGs are now in receipt of SLAM reporting information for July relating to **private provider acute** contracts which indicates that expenditure is over plan with a £1.90m (North Staffs £0.26m, Stoke on Trent £1.64m) year to date variance, the Nuffield contract accounts for £0.58m of this over spend and this is partly due to the impact of the 16/17 being higher than forecast due to an increase in activity in March.

Monthly reporting data to the end of July has been received from **West Midlands Ambulance Trust**. The reported position year to date at Month 5 is less planned values with the CCGs reporting an under spend of £359k (North Staffs £125k, Stoke on Trent £234 k). In 16/17 expenditure was significantly over plan so early indications show this trend has not continued into 17/18, the CCGs are being prudent in forecasting and are not expecting the same levels of under spend to continue over the winter months with a forecasted under spend of £201k (North Staffs £107k, Stoke on Trent £94k).

**Prescribing** data received to the end of June indicates that spending is below planned levels for both CCGs. The position at month 5 is an under spend of £0.11m (North Staffs £0.14m over, Stoke on Trent £0.25m under), this is forecast to be an under spend of £2.98m (North Staffs £1.21m, Stoke on Trent £1.77m). The forecast under spend assumes future QIPP and Capped Expenditure Process delivery of £3.97m (North Staffs £1.59m, Stoke on Trent £2.38m), a level of risk is still recognised and forecasts will be further developed based on dialogue with the Associate Director of Medicines Optimisation.

The CCG has an annual budget for **Continuing Care** and **Funded Nursing Care** of £48.10m (North Staffs £23.87m, Stoke on Trent £24.23m); this budget also covers the CSU costs relating to the assessment and nursing team. The CCG, in line with CSU growth forecasts, increased the resources allocated to this area of expenditure by around 6%. As at month 5 the CCGs are reporting an over spend of £0.92m North Staffs £0.11m, Stoke on Trent £0.81m), this is predominately within Continuing Care and the prior year impact of CQUIN payments, although this is partly offset by Funded Nursing Care being within plan. The CCGs are forecasting to be £1.09m (North Staffs £0.70m, Stoke on Trent £0.39m) under plan at year end through reductions in activity and savings generated through QIPP schemes.

Costs of **individual patients** with mental health/learning disability care requirements have over spent at month 5 by £1.42m (North Staffs £0.62m over spent, Stoke on Trent £0.80m over spent). This is an area that has seen a significant increase in levels of over spending over the last 12 months and the trend has continued in 2017/18. Going forward the CCGs are undertaking a review of forecasting methods in this area to
determine if the overspending is likely to continue, if there is any likelihood of discharge to alternative settings, and to ensure that contributions from the CCG and Local Authorities are appropriately assigned under S117 requirements. The CCGs have also seen a significant increase in costs attached to Mental Health Assessments although the level of over spend is more prevalent in Stoke CCG with an over spend of £81k at month 5, the CCG is undertaking analysis with the CSU and Stoke City Council to determine whether this increase in likely to continue going forward and will update forecasts to reflect the outcome at month 6.

On the 1st April 2017 the CCGs were granted authority for the delegated commissioning of Primary Care, the initial allocation transfer was £65.31m. In month 5 the CCGs received additional allocations of £1.71m (North Staffs £1.37m, Stoke on Trent £0.34m) to cover legacy issues relating to the transfer of allocations. The year to date performance is outlined below, the CCGs are reporting a £445K under spend year to date and expenditure is currently forecast at planned levels.

<table>
<thead>
<tr>
<th>Category</th>
<th>Annual Budget (£)</th>
<th>YTD Budget (£)</th>
<th>YTD Actual (£)</th>
<th>YTD Variance (£)</th>
<th>Forecast (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensing &amp; Prescribing</td>
<td>1,000,342</td>
<td>397,027</td>
<td>397,210</td>
<td>183</td>
<td>1,000,342</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>1,703,970</td>
<td>652,593</td>
<td>625,272</td>
<td>-27,321</td>
<td>1,703,970</td>
</tr>
<tr>
<td>General Practice APMS</td>
<td>5,050,847</td>
<td>2,104,508</td>
<td>2,109,859</td>
<td>5,351</td>
<td>5,050,847</td>
</tr>
<tr>
<td>General Practice GMS</td>
<td>39,700,725</td>
<td>16,445,558</td>
<td>16,395,135</td>
<td>-50,423</td>
<td>39,700,725</td>
</tr>
<tr>
<td>General Practice PMS</td>
<td>2,681,745</td>
<td>1,108,415</td>
<td>1,150,305</td>
<td>41,890</td>
<td>2,681,745</td>
</tr>
<tr>
<td>Other GP Services</td>
<td>2,545,174</td>
<td>1,050,520</td>
<td>796,086</td>
<td>-254,434</td>
<td>2,545,174</td>
</tr>
<tr>
<td>Premises Costs Reimbursements</td>
<td>7,515,077</td>
<td>3,278,089</td>
<td>3,118,301</td>
<td>-159,788</td>
<td>7,515,077</td>
</tr>
<tr>
<td>QOF</td>
<td>6,823,120</td>
<td>2,842,674</td>
<td>2,842,674</td>
<td>0</td>
<td>6,823,120</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>67,021,000</strong></td>
<td><strong>27,879,384</strong></td>
<td><strong>27,434,842</strong></td>
<td><strong>-444,542</strong></td>
<td><strong>67,021,000</strong></td>
</tr>
</tbody>
</table>
## North Staffordshire & Stoke on Trent CCGs - Combined QIPP Delivery April to August 2017/18

### Appendix 2

<table>
<thead>
<tr>
<th></th>
<th>17/18 Target</th>
<th>YTD</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td>% of Allocation</td>
<td>£m</td>
</tr>
<tr>
<td><strong>Transactional QIPP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute services</td>
<td>7.85</td>
<td>1.1%</td>
<td>2.84</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>1.05</td>
<td>0.1%</td>
<td>0.36</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>1.44</td>
<td>0.2%</td>
<td>0.50</td>
</tr>
<tr>
<td>Continuing Care Services</td>
<td>6.82</td>
<td>0.9%</td>
<td>1.44</td>
</tr>
<tr>
<td>Primary Care services</td>
<td>3.42</td>
<td>0.5%</td>
<td>0.64</td>
</tr>
<tr>
<td>Other Programme Services</td>
<td>0.00</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Commissioning Services Total</td>
<td>20.58</td>
<td>2.8%</td>
<td>5.79</td>
</tr>
<tr>
<td>Running Costs</td>
<td>0.70</td>
<td></td>
<td>0.05</td>
</tr>
<tr>
<td><strong>Transactional QIPP TOTAL</strong></td>
<td>21.28</td>
<td>2.9%</td>
<td>5.84</td>
</tr>
<tr>
<td><strong>Transformational QIPP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute services</td>
<td>7.98</td>
<td>1.1%</td>
<td>2.93</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>0.00</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>0.04</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Continuing Care Services</td>
<td>0.00</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Primary Care services</td>
<td>0.00</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Programme Services</td>
<td>0.00</td>
<td>0.0%</td>
<td>0.00</td>
</tr>
<tr>
<td>Commissioning services Total</td>
<td>8.02</td>
<td>1.1%</td>
<td>2.93</td>
</tr>
<tr>
<td>Running Costs</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Transformational QIPP TOTAL</strong></td>
<td>8.02</td>
<td>1.1%</td>
<td>2.93</td>
</tr>
<tr>
<td><strong>Unidentified QIPP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL QIPP</strong></td>
<td>29.31</td>
<td>3.9%</td>
<td>8.77</td>
</tr>
</tbody>
</table>
### North Staffs - Statement of Financial Position
**As at 31st August 2017**

<table>
<thead>
<tr>
<th>Statement of Financial Position</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Current Assets</td>
<td>294,000</td>
</tr>
<tr>
<td>Cash</td>
<td>34,722</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>4,018,554</td>
</tr>
<tr>
<td>Current Assets</td>
<td>4,053,276</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>4,347,276</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>16,308,933</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>16,308,933</td>
</tr>
<tr>
<td>Long Term Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings incl. In Year</td>
<td>(11,961,657)</td>
</tr>
<tr>
<td>Total Taxpayers Equity</td>
<td>(11,961,657)</td>
</tr>
</tbody>
</table>

**TOTAL EQUITY + LIABILITIES** | 4,347,276

### Stoke on Trent - Statement of Financial Position
**As at 31st August 2017**

<table>
<thead>
<tr>
<th>Statement of Financial Position</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Current Assets</td>
<td>248,379</td>
</tr>
<tr>
<td>Cash</td>
<td>78,935</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>4,087,157</td>
</tr>
<tr>
<td>Current Assets</td>
<td>4,414,471</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>4,414,471</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>23,363,748</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>23,363,748</td>
</tr>
<tr>
<td>Long Term Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings incl. In Year</td>
<td>(18,949,277)</td>
</tr>
<tr>
<td>Total Taxpayers Equity</td>
<td>(18,949,277)</td>
</tr>
</tbody>
</table>

**TOTAL EQUITY + LIABILITIES** | 4,414,471
The purpose of the month 4 performance report is to provide a summary of performance and activity across North Staffordshire (NS) and Stoke-on-Trent (SOT) Clinical Commissioning Groups (CCG). The report provides an update on actions against the Improvement and Assessment Framework (IAF) lowest quartile indicators based on the refreshed Q4 dashboard.

**NHS Constitution at Month 4**

The following constitutional standards are not achieving at month 4. Month 3 performance is shown in brackets as a comparison.

- 75% Category A ambulance – NS remains below the target 65.58% (64.75%) and SOT has seen a decline and is below target at 69.1% (75.99%). No CCGs across the West Midlands are currently meeting this target.
- Accident and Emergency 4 hour wait – 80.88% (81.07%)
- 18 weeks from referral to treatment – SOT 82.18% (82.16%) and NS 82.92% (82.92%)
- 52 week breach - numbers have increased for SOT to 16 (13) and increased for NS to 9 (6)
- Cancer access standards
  - SOT only: Maximum 62 day wait from urgent GP referral to first definitive treatment SOT 73.60% (77.46%)
  - NS only: Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) NS 90.30% (100%)
  - Maximum 31-day wait for subsequent treatment where that treatment is surgery NS 91.67% (96.55%)
  - Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy NS 91.43% (97.87%)

**Other Performance at Month 4**

WMAS

- Hear and Treat has seen a 0.1% decrease in SOT and a 0.1% increase in NS. Neither CCG are meeting the local target.
- See and Treat has seen a 0.7% decrease in SOT and a 1.2% increase in NS. Both NS and SOT remain above the local target.
- See and Convey performance has increased by 0.8% in SOT and by 1.4% in NS. Neither CCG are meeting the local target.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
**The Finance and Performance Committee is asked to**

Receive and Note the
- The contents of the performance report and key messages
- Key actions against each indicator

**Which other CCG committee and/or Group has considered this report**

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Other agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Summary of risks relating to the proposal**

The mitigating actions being taken to address areas of non-delivery of constitutional targets and IAF indicators could have an impact on levels of CCG contracted activity. Where non-delivery of NHS Constitutional Standards indicates an adverse impact on patient safety this is investigated by the CCG Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).

**Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications**

Monitoring performance is a statutory duty of the CCG as stated in their respective constitutions.

**Strategic objectives supported by this paper**

<table>
<thead>
<tr>
<th>Our shared Goals:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Empowered Staff</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>2.</strong> Commissioning Health Outcomes</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Seamless Partnerships</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Responsible Use of Resources</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Key Requirements:**

<table>
<thead>
<tr>
<th>Key Requirements:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Has a Quality Impact Assessment been completed?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>2.</strong> Has an Equality Impact Assessment been completed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Has Engagement activity taken place with Stakeholders/Practice/Public and Patients?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Acronyms**

Explained within the body of the report.

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Month 4
Performance Report
2017/18
<table>
<thead>
<tr>
<th>Performance area</th>
<th>Update September 2017</th>
</tr>
</thead>
</table>
| Better Health                         | **Smoking at Time of Delivery (SATOD)**  
• Quarter 1 17/18 published national data shows an *improvement* since quarter 4 16/17 in the percentage of women smoking at time of delivery. SOT has reduced by 1.2% and NS has reduced by 1.1%.  

**Neonatal Mortality and Morbidity**  
• The CCGs are working with Pan Staffs Clinical Leads via the Pan Staffs Maternity and New-born Quality and Safety Network in order to improve outcomes.  

**Obesity (percentage of children aged 10-11 classified as overweight or obese)**  
• Performance is based on data from 2015.  
• Both CCGs have remained relatively static in their performance with only a 0.1% increase which is in line with a rise also seen in the national trend. Stoke on Trent (SOT) CCG is performing in the lowest quartile nationally and North Staffordshire (NS) CCG is in the inter-quartile range.  
• The CCGs are working closely with Local Authority colleagues in this area and Director of Public health for Stoke-on-Trent City Council (SOT CC) has been invited to the Finance and Performance Committee in October to update on this work.  

**Falls injuries in people aged 65 and over**  
• SOT CCG is seeing a downward trend in numbers, which is positive, and getting nearer to national performance as reported at quarter 4.  
• Based on the recommendations made in the focused performance review, presented in August, and in advance of the falls service tender, commissioners will identify any areas of work being undertaken by better performing peers and viability locally of anything identified.  
• As part of Staffordshire’s Sustainable Transformation Plan (STP) the ‘Prevention’ work stream is focusing on falls as a priority area.  

**Anti-microbial resistant (AMR) appropriate prescribing**  
• Data shows that SOT CCG are above the 1.161 target value with performance at 1.186 in June.  
• The antibiotic campaign started week commencing 11th September 2017.  
• The Prescribing Local Improvement Scheme (PLIS) 2017/18 incorporates a quality and a cost component. All prescribers in a practice (including all locums) should sign up as Antibiotic Guardians.  
• Antibiotic audits have now commenced in the top 5 highest prescribing practices in each CCG for overall antibiotic prescribing  

**Quality of life for carers**  
• SOT CCG are working with SOT CC to develop a Carers Delivery Programme to support the priorities in the carers strategy. The Terms of Reference have been agreed for the Carers Steering Group that will oversee the delivery of the programme.  
• NS CCG are working with Staffordshire County (StCC) to review the Carers Hub Carers, respite access, pathway mapping of carers journeys.  

### KEY MESSAGES
Better Care

**Adult Social Care**
- SOT CC are looking to re-procure their care home market during September 2017 with new contracts awarded and set of new KPIs. The CCGs are involved in this work.
- The Better Care Fund for the SOT and NS iBCF (improved better care funding) has been made available by NHSE over the next 3 years on a sliding scale. Guidance mandates that this is used for protection of social care and both CCGs are working with individual local authorities to ensure plans in line with this. Part of the funding for SOT has been committed to enhance safeguarding and will focus on this to reduce the number of homes undergoing large scale investigation and to support those that are under large scale investigation to implement plans for improvement.

**Cancer 62 day wait from urgent GP referral to first definitive treatment for cancer**
- SOT has seen a deterioration to 73.61% (77.46%). NS are now meeting the target at 89.70% (76.19%)

**Cancer 104 day waits**
- As at 10th September there were 7 patients that had breached the 104 day wait.

**Cancers diagnosed at an early stage and One year survival**
- Early diagnosis is being progressed through primary care: Macmillan Nurse Primary Care Facilitator Macmillan GP posts recruited to.
- The data on patients presenting at emergency portals has been collated and themes are to be reviewed.
- An audit of 2 week wait referrals was undertaken by the CCGs in August 2017 with an action plan being developed.

**Mental Health - Crisis Care (crisis care and liaison mental health services transformation)**
- A full review of the Crisis Care Pathway will commence in quarter 3 2016/17 and plan to be completed quarter 4 2016/17.
- A “Place of Safety” Business Case has been received from Combined Healthcare outlining provision of 2 places of safety to keep patients locally where possible. The business case aims to provide an additional place of safety from Q1 18/19.

**Mental Health - Out of area placements (for acute mental health inpatient care – transformation)**
- For all bed types a commissioning lead and/or Quality Nurse attend the bed meetings to support repatriation closer to home to an appropriately supported facility at the earliest opportunity.

**Learning Disability (reliance on specialist inpatient care for people with a learning disability and/or autism)**
- At the end of August 2017, the position against the agreed revised trajectories with NHS England was:
  - CCG cohort trajectory End Q2 = 30  Actual = 25 (5↓target).
  - NHS England Specialised Commissioning trajectory End Q2 = 32  Actual = 37 (5↑target).
**Better Care**

**Delivery of an integrated urgent care service**
- A progress update on the Urgent and emergency care milestone tracker (the overarching plan for the urgent care system) was submitted to NHSE and I on the 23 August 2017.

**Inequality in emergency admissions for urgent care sensitive conditions; Emergency admissions for urgent care sensitive conditions**
- Both CCGs have seen an improvement in performance following a number of actions implemented in late 2016/17. The broader strategies including Exemplar Front Door, Childrens Assessment Unit Pathway and the Ambulatory Emergency Care work have supported the success in reducing the need for attendance/admission.
- As part of the 2018/19 QIPP Development Workshop held at the end of August 2017, this has been identified as an area to take to outline proposal.

**% patients admitted, transferred or discharged from A&E within 4hrs (95%)**
- The Joint Investigation is progressing as per contractual process and timescales. The first contract management meeting took place on 23rd June 2017 with the Joint investigation agreed on 27th June 2017, to be completed by 22 September 2017.

**Delayed Transfers of Care (DTOC)**
- At July 2017 there has been an increase in the number of DTOCs with performance sitting at 6.14%, which is above the agreed trajectory of 4.6%.
- An increase in length of stay (LOS) within the community bed base means that the movement from acute into non acute beds has slowed down, increasing DTOCs.

**18 week RTT and 52 week waits**
- 12 out of 18 reportable specialties at UHNM are not achieving the 18 week target.
- In order for UHNM to achieve the 92% standard they would need to clear 6,113 patients from the backlog.
- The Ophthalmology waiting list stands at 2974 (a decrease of 69 patients since M3), with 446 patients waiting over 18 weeks (a decrease of 22 patients since M3). The specialty is currently performing at 85% referral to treatment time.
- There are a total of 25 52 week breachers
  - All 16 of the SOT 52 week breaches occurred at UHNM; 13 were in General Surgery and 3 were in Urology.
  - All 9 of the NS 52 week breaches occurred at UHNM; 5 were in General Surgery, 2 were in Urology and 2 were in Trauma and Orthopaedics.

---

<table>
<thead>
<tr>
<th>Performance area</th>
<th>Update September 2017</th>
</tr>
</thead>
</table>
| Better Care      | **Delivery of an integrated urgent care service**  
|                  | • A progress update on the Urgent and emergency care milestone tracker (the overarching plan for the urgent care system) was submitted to NHSE and I on the 23 August 2017. |
|                  | **Inequality in emergency admissions for urgent care sensitive conditions; Emergency admissions for urgent care sensitive conditions**  
|                  | • Both CCGs have seen an improvement in performance following a number of actions implemented in late 2016/17. The broader strategies including Exemplar Front Door, Childrens Assessment Unit Pathway and the Ambulatory Emergency Care work have supported the success in reducing the need for attendance/admission.  
|                  | • As part of the 2018/19 QIPP Development Workshop held at the end of August 2017, this has been identified as an area to take to outline proposal. |
|                  | **% patients admitted, transferred or discharged from A&E within 4hrs (95%)**  
|                  | • The Joint Investigation is progressing as per contractual process and timescales. The first contract management meeting took place on 23rd June 2017 with the Joint investigation agreed on 27th June 2017, to be completed by 22 September 2017. |
|                  | **Delayed Transfers of Care (DTOC)**  
|                  | • At July 2017 there has been an increase in the number of DTOCs with performance sitting at 6.14%, which is above the agreed trajectory of 4.6%.  
|                  | • An increase in length of stay (LOS) within the community bed base means that the movement from acute into non acute beds has slowed down, increasing DTOCs. |
|                  | **18 week RTT and 52 week waits**  
|                  | • 12 out of 18 reportable specialties at UHNM are not achieving the 18 week target.  
|                  | • In order for UHNM to achieve the 92% standard they would need to clear 6,113 patients from the backlog.  
|                  | • The Ophthalmology waiting list stands at 2974 (a decrease of 69 patients since M3), with 446 patients waiting over 18 weeks (a decrease of 22 patients since M3). The specialty is currently performing at 85% referral to treatment time.  
|                  | • There are a total of 25 52 week breachers  
|                  | • All 16 of the SOT 52 week breaches occurred at UHNM; 13 were in General Surgery and 3 were in Urology.  
|                  | • All 9 of the NS 52 week breaches occurred at UHNM; 5 were in General Surgery, 2 were in Urology and 2 were in Trauma and Orthopaedics. |
## UPDATE BY IAF INDICATORS IN LOWER QUARTILE – BETTER HEALTH

<table>
<thead>
<tr>
<th>CCG</th>
<th>Indicator</th>
<th>Update provided at Month 4</th>
</tr>
</thead>
</table>
| SOT/NS  | Maternity                              | • Quarter 1 17/18 published national data shows an **improvement** since quarter 4 16/17 in the percentage of women smoking at time of delivery. SOT has reduced by 1.2% and NS has reduced by 1.1%.  
• The Smoking in Pregnancy action group project metrics are seeing an impact in relation to the evidence based measures put in place. The local data shows a 38.8% increase in the number of women who are being CO screened at the time of booking.  
• The CCGs are working with Pan Staffs Clinical Leads via the Pan Staffs Maternity and New-born Quality and Safety Network in order to improve outcomes. |
|         | Neonatal Mortality and Morbidity       |                                                                                                                                                                                                                                                                                                                                                         |
| SOT     | Obesity                                | • Both CCGs have remained relatively static in their performance with only a 0.1% increase which is in line with a rise also seen in the national trend. SOT CCG is performing in the lowest quartile nationally and NS is in the inter-quartile range.  
• SOT CC continues it’s programme of work as outlined in the Stoke-on-Trent Healthy (SOT) Weight Strategy 2016-2019 to reduce the percentage of children in year 6 who are very overweight. This includes supporting parents, carers and children to choose walking and cycling as the preferred method of transport to school; increasing participation in school sport as part of European City of Sport 2016; positive parenting and action in schools; to make Stoke-on-Trent a Sustainable Food City; the timely identification and management of overweight and obesity; effective communication for tackling obesity and influencing change through advocacy.  
• The CCGs are working closely with Local Authority colleagues in this area and Director of Public health for SOT CC has been invited to the Finance and Performance Committee in October to update on this work. |
| SOT     | Injuries from falls in people >65 years | • Proxy data indicates that the CCG will see a further reduction next quarter in the number of falls seen in over 65’s resulting in an emergency admission. National performance has remained relatively static over the 12 month period. SOT CCG is seeing a downward trend in numbers and getting nearer to national performance as reported at quarter 4.  
• Based on the recommendations made in the focused performance review, presented in August and in advance of the fall service tender, commissioners will identify any areas of work being undertaken by better performing peers and their viability locally  
• The tender for new community falls service to commence in October 2017.  
• A meeting is to be held with Staffordshire and Stoke on Trent Partnership NHS Trust on the 18th September to agree in year service improvements, streamline internal pathways and raise falls awareness  
• As part of Staffordshire’s Sustainable Transformation Plan (STP) the ‘Prevention’ work stream is focusing on falls as a priority area. |
**UPDATE BY IAF INDICATORS IN LOWER QUARTILE – BETTER HEALTH**

<table>
<thead>
<tr>
<th>CCG</th>
<th>Indicator</th>
<th>Update provided at Month 4</th>
</tr>
</thead>
</table>
| SOT   | AMR appropriate prescribing      | • See page 10 which shows SOT trend data to June 2017.  
• Data shows that SOT CCG are above the 1.161 target value with performance at 1.186 in June which is comparable performance, allowing for seasonality, with the same period in 2016.  
• The CCGs are continuing to take a focused approach to overall antibiotic prescribing through audits, practice visits by pharmacists, campaigns and monthly monitoring of individual practice prescribing.  
• Antibiotic audits have now commenced in the top 5 highest prescribing practices in each CCG for overall antibiotic prescribing and the top 5 practices in each CCG for co-amoxiclav prescribing. Audits will be completed by end of September for review by pharmacists prior to a mid-year review practice visit to discuss audit findings.  
• The antibiotic campaign started week commencing 11th September 2017.  
• The Prescribing Local Improvement Scheme (PLIS) 2017/18 incorporates a quality and a cost component. The quality element of the scheme supports the antimicrobial stewardship agenda. Practices need to satisfy the criteria of both components (cost and quality) to be eligible for any payment under this scheme.  
• All prescribers in a practice (including all locums) should sign up as Antibiotic Guardians. Practices are encouraged to use the Antibiotic Guardian campaign email signature strip logo on all correspondence and to also display the logos and website links on the practice website. |
| NS    | Quality of life for carers       | • SOT CCG are working with SOT CC to develop a Carers Delivery Programme to support the priorities in the carers strategy. The Terms of Reference have been agreed for the Carers Steering Group that will oversee the delivery of the programme.  
• NS CCG are working with St CC to review the Carers Hub Carers, respite access, pathway mapping of carers journeys.  
• Planning events and information for carer’s rights day in November 2017 to heighten awareness and support for carers.  
• The carers hub are delivering a 12 week activity programme for carers from September to early December. The sessions covers a range of activities and provides an opportunity to meet other carers. |
### North Staffordshire Clinical Commissioning Group

#### UPDATE BY IAF INDICATORS IN LOWER QUARTILE – BETTER CARE

<table>
<thead>
<tr>
<th>CCG</th>
<th>Indicator</th>
<th>Update provided at Month 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOT/NS</td>
<td>Adult Social Care</td>
<td>• SOT CC are looking to re-procure their care home market during September 2017 with new contracts awarded and set of new KPIs. The CCGs are involved in this work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Skype project, ‘Connecting Care Homes and Practices Project’ is ongoing looking for full rollout for November 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Part of the track and triage service specification is to offer a direct line to nursing and residential homes for clinical and advisory support this will be proactively marketed to the top 15 - 20 nursing and residential homes based on previous months A&amp;E and admission data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Better Care Fund for the SOT and NS iBCF (improved better care funding) has been made available by NHSE over the next 3 years on a sliding scale. Guidance mandates that this is used for protection of social care and both CCGs are working with individual local authorities to ensure plans in line with this. Part of the funding for SOT has been committed to enhance safeguarding and will focus on this to reduce the number of homes undergoing large scale investigation and to support those that are under large scale investigation to implement plans for improvement.</td>
</tr>
<tr>
<td>SOT/NS</td>
<td>Cancer</td>
<td>• The most recent data available is 2015. Performance for early diagnosis in both CCGs has remained more or less static since 2013. One year survival rates have slowly increased and improved in both CCGs from 1999 to 2014.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early diagnosis is being progressed through primary care: Macmillan Nurse Primary Care Facilitator Macmillan GP posts recruited to.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Cancer Intelligence Group (CIG) is in the process of being set up. The purpose of the group is to understand local routes to diagnosis better in order identify actions to support early diagnosis. The data on patients presenting at emergency portals has been collated and themes are to be reviewed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An audit of 2 week wait referrals was undertaken by the CCGS in August 2017 with an action plan being developed and agreed to improve the quality of referrals will recommended implementation to start in quarter 3 2017.</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>• See pages 21 onwards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHS England and NHS Improvement have set specific expectations that CCG’s actively monitor and address areas of poor performance particularly in respect of long waiter (&gt;104 days). As part of this process the CCG notify UHNM by letter every time there is a &gt;104 day breach requesting confirmation for each patient when the diagnosis will be confirmed and where a diagnosis is confirmed when the patient is booked for treatment.</td>
</tr>
</tbody>
</table>
### UPDATE BY IAF INDICATORS IN LOWER QUARTILE – BETTER CARE

<table>
<thead>
<tr>
<th>CCG</th>
<th>Indicator</th>
<th>Update provided at Month 4</th>
</tr>
</thead>
</table>
| SOT/NS    | Mental Health                                 | • **Crisis Care and liaison mental health**  
  • Out of area placements (OAP) for acute mental health inpatient care  
  • **Learning Disability**  
  • A full review of the Crisis Care Pathway will commence in quarter 3 2016/17 and plan to be completed quarter 4 2016/17. The aim of the review is to ensure that the provision reflects the needs of the local population including appropriate support packages to help prevent crisis from occurring and the provision of advice and support when a person is in crisis to prevent the escalation of needs.  
  • A “Place of Safety” Business Case has been received from Combined Healthcare outlining provision of 2 places of safety to keep patients locally where possible. The case will be reviewed at the Joint Planning and Commissioning Committee in October. The business case aims to provide an additional place of safety from Q1 18/19.  
  • Actions in place to reduce OAP and increase provision as part of the local care pathway include  
    • an additional 4 flats providing supported accommodation were commissioned to facilitate early discharge and create additional acute capacity. The flats did not become operational until 1 August and will reduce usage but not see full effect until 18/19.  
    • additional Psychiatric Intensive Care Unit (PICU) capacity on a Staffordshire STP footprint to reduce out of area placements with local capacity available from quarter 4 2017/18.  
    • For all bed types a commissioning lead and/or Quality Nurse attend the bed meetings to support repatriation closer to home to an appropriately supported facility at the earliest opportunity.  
  • At the end of August 2017, the position against the agreed revised trajectories with NHS England was:  
    • The CCGs are performing against their end of quarter 2 trajectory of 30 - actual = 25 (5↓ target).  
    • NHS England Specialised Commissioning trajectory end of quarter 2 of 32 - actual = 37 (5↑ target).  
    • The TCP continues to improve operational processes to ensure delivery against the required milestones and plan.  
  • A progress update on the Urgent and emergency care milestone tracker (the overarching plan for the urgent care system) was submitted to NHS E and I on the 23 August 2017. |
| SOT/NS    | Delivery of an integrated urgent care service |                                                                                                                                                                                                                         |
## UPDATE BY IAF INDICATORS IN LOWER QUARTILE – BETTER CARE

<table>
<thead>
<tr>
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<th>Indicator</th>
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</tr>
</thead>
</table>
| SOT/NS| • Inequality in emergency admissions for urgent care sensitive conditions | Both CCGs have seen an improvement in performance following a number of actions implemented in late 2016/17 with the broader strategies outlined below showing success in reducing the need for attendance/admission.  
  • Exemplar Front Door – has supported 14% reduction in the 65+age group  
  • CAU Pathway - fewer admissions, bringing more in line with peers. Based on a reductions linked to the CAU pathway – 31% reduction year on year  
  • AEC  
  • As part of the 2018/19 QIPP Development Workshop held at the end of August 2017, NELS and ACS have been identified as an area to take to outline proposals. In particular to focus on changes in key patient groups, especially care for frail older patients.  
  • GP practices participate in a Quality Improvement Framework which focuses on some of the larger health issues facing our patient population including Chronic Obstructive Pulmonary Disease, Asthma, Diabetes, Atrial Fibrillation, Heart Failure and Hypertension.  
  • The CCGs commission a Reducing Admissions Local Improvement Scheme, which targets the reduction or maintenance where stable of inappropriate A&E attendances and Emergency Admissions.  
  • Practices undertake regular risk stratification of their registered patient list to target those patients most at risk. The Aristotle risk stratification tool commissioned by the CCGs, includes ACS conditions as part of the risk factors. |
| SOT/NS| • % patients admitted, transferred or discharged from A&E within 4hrs (95%) | UHNMs performance as at month 4 is 80.88% a deterioration in performance since month 3.  
  • Broader strategies for reducing the need for emergency admission are being successful.  
  • See page 17 for actions. |
| SOT/NS| • Delayed Transfers of Care (DTOC)                                       | At July 2017 there has been an increase in the number of DTOCs with performance sitting at 6.14%, which is above the agreed trajectory of 4.6%.  
  • NHS attributable delays – 1873; Social care attributable days – 491; Both – NA.  
  • An increase in length of stay (LOS) within the community bed base means that the movement from acute into non acute beds has slowed down, increasing DTOCs. There is a particular issue with EMI bed based assessment where LOS in the acute has increased due to difficulties in flowing out of Ward 4 and Bradwell Hall EMI beds. |
| SOT/NS| • 18 week RTT                                                            | 12 out of 18 reportable specialties at UHNMs are not achieving the 18 week target.  
  • See pages 18 to 19 for constitutional targets. |
AMR APPROPRIATE PRESCRIBING - STOKE ON TRENT CCG

CCGs in ENGLAND: Antibacterial items/STAR PU

Selected CCG: STOKE ON TRENT

- 2017/18 Target Value: 1.161 or below
- Selected CCG Current Value (Apr-17, May-17, Jun-17): 1.191, 1.189, 1.186
- England CCGs median: 1.072, 1.072, 1.070
## NHS CONSTITUTIONAL STANDARDS AT M4 – STOKE ON TRENT CCG

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral To Treatment waiting times for non-urgent consultant-led treatment</td>
<td></td>
<td>May</td>
<td>Jun</td>
</tr>
<tr>
<td>Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral</td>
<td>92%</td>
<td>91.40%</td>
<td>90.85%</td>
</tr>
<tr>
<td>Zero tolerance of over 52 week waiters</td>
<td>0</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Diagnostic test waiting times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral</td>
<td>99%</td>
<td>99.70%</td>
<td>99.81%</td>
</tr>
<tr>
<td>Cancer waits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93%</td>
<td>93.70%</td>
<td>94.58%</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)</td>
<td>93%</td>
<td>95.00%</td>
<td>94.87%</td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>94.69%</td>
<td>93.80%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>75.00%</td>
<td>84.21%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen</td>
<td>98%</td>
<td>100.00%</td>
<td>96.55%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy</td>
<td>94%</td>
<td>100.00%</td>
<td>95.65%</td>
</tr>
<tr>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>85%</td>
<td>70.97%</td>
<td>75.64%</td>
</tr>
<tr>
<td>Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers</td>
<td>90%</td>
<td>58.82%</td>
<td>87.50%</td>
</tr>
<tr>
<td>Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient</td>
<td>0</td>
<td>92.59%</td>
<td>94.44%</td>
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<tr>
<td>Ambulance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes – Red (New ARP Measure)</td>
<td>75%</td>
<td>75.00%</td>
<td>70.96%</td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes – Red 1</td>
<td>75%</td>
<td>78.95%</td>
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</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes – Red 2</td>
<td>75%</td>
<td>74.42%</td>
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<tr>
<td>Category A calls resulting in an ambulance arriving at the scene within 19 minutes (Red 19)</td>
<td>95%</td>
<td>98.72%</td>
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<tr>
<td>A&amp;E Waits (University Hospitals of North Midlands NHS Trust)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department</td>
<td>95%</td>
<td>79.26%</td>
<td>79.93%</td>
</tr>
<tr>
<td>No waits from decision to admit to admission (trolley waits) over 12 hours</td>
<td>0</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Healthcare Acquired Infections (*2017/18 Full Year Target)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HCAI measure (MRSA)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>HCAI measure (Clostridium difficile infections)</td>
<td>Mth : 7</td>
<td>Yr : 87</td>
<td>18</td>
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<td>Mixed Sex Accommodation Breaches</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mixed Sex Accommodation Breaches</td>
<td>0</td>
<td>0</td>
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### NHS CONSTITUTIONAL STANDARDS AT M4 – NORTH STAFFORDSHIRE CCG

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
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</thead>
<tbody>
<tr>
<td><strong>Referral To Treatment waiting times for non-urgent consultant-led treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral</td>
<td>92%</td>
<td>91.01%</td>
<td>90.53%</td>
</tr>
<tr>
<td>Zero tolerance of over 52 week waiters</td>
<td>0</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td><strong>Diagnostic test waiting times</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral</td>
<td>99%</td>
<td>99.75%</td>
<td>99.72%</td>
</tr>
<tr>
<td><strong>Cancer waits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93%</td>
<td>93.20%</td>
<td>94.09%</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)</td>
<td>93%</td>
<td>97.37%</td>
<td>94.34%</td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>97.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>84.21%</td>
<td>87.50%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen</td>
<td>98%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy</td>
<td>94%</td>
<td>97.62%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>85%</td>
<td>71.19%</td>
<td>79.37%</td>
</tr>
<tr>
<td>Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers</td>
<td>90%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient</td>
<td>No Target</td>
<td>96.15%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8minutes – Red (New ARP Measure)</td>
<td>75%</td>
<td>66.97%</td>
<td>71.34%</td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8minutes – Red 1</td>
<td>75%</td>
<td>76.12%</td>
<td></td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8minutes – Red 2</td>
<td>75%</td>
<td>75.80%</td>
<td></td>
</tr>
<tr>
<td>Category A calls resulting in an ambulance arriving at the scene within 19 minutes (Red 19)</td>
<td>95%</td>
<td>95.18%</td>
<td></td>
</tr>
<tr>
<td><strong>A&amp;E Waits (University Hospitals of North Midlands NHS Trust)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients should be admitted, transferred or discharged within 4hours of their arrival at an A&amp;E department</td>
<td>95%</td>
<td>79.26%</td>
<td>79.93%</td>
</tr>
<tr>
<td>No waits from decision to admit to admission (trolley waits) over 12 hours</td>
<td>0</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td><strong>Healthcare Acquired Infections (<em>2017/18 Full Year Target</em>)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCAI measure (MRSA)</td>
<td>Mth : 5</td>
<td>Yr : 61</td>
<td>8</td>
</tr>
<tr>
<td>HCAI measure (Clostridium difficile infections)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Sex Accommodation Breaches</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Actions

• Performance management of the provider continues via the contract, with a number of Contract Performance Notices open and money withheld, as agreed trajectories have not been met.
• Revised remedial action plans (RAPs) and trajectories are being agreed as original trajectories were not achieved.
• Out of area impact – Staffordshire will become a standalone service from 2 October 2017, no longer supporting other areas of the Vocare group including Somerset, Devon and London.
• Vocare have commissioned a review by a sector expert to review staffing profiles and call routing.
• Vocare are reviewing the ANP role and the current gaps in the rota and providing ongoing support and training for staff with higher referral rates.
• Staffordshire CCGs have introduced a new NHS111 integration and access board which sits as a part of the Staffordshire Transformation Programme (STP) with representation from CCGs and providers – chaired by Mark Seaton.
• Staffordshire are a part of a small scale pilot funded by the Health Foundation to introduce the Ask NHS app to patients in the area. This tool will allow patients to make some self-care decisions as well as be to undergo a symptom checker. Patients who require a conversation with a clinician will be placed in the clinical queue in NHS111.
• THE CCGs are continuing to work with the provider to advance Direct Booking and agree clear metrics across Staffordshire.
## AMBULANCE – West Midlands Ambulance Service (WMAS)

### Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>SOT M4</th>
<th>Trend from M3</th>
<th>YTD</th>
<th>NS M4</th>
<th>Trend from M3</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat A (new ARP measure)</td>
<td>75%</td>
<td>69.1%</td>
<td>↓</td>
<td>73.08%</td>
<td>65.60%</td>
<td>↑</td>
<td>64.30%</td>
</tr>
</tbody>
</table>

### Category 1: 8 Minutes 75th percentile

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Staffordshire CCG</td>
<td>154</td>
<td>00:09:00</td>
</tr>
<tr>
<td>Stoke on Trent CCG</td>
<td>343</td>
<td>00:08:29</td>
</tr>
<tr>
<td>WMAS Performance</td>
<td>5,634</td>
<td>00:08:55</td>
</tr>
</tbody>
</table>

### Category 1: 8 Minutes 90th percentile

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Staffordshire CCG</td>
<td>154</td>
<td>00:10:28</td>
</tr>
<tr>
<td>Stoke on Trent CCG</td>
<td>343</td>
<td>00:10:38</td>
</tr>
<tr>
<td>WMAS Performance</td>
<td>5,634</td>
<td>00:11:47</td>
</tr>
</tbody>
</table>

### Performance

<table>
<thead>
<tr>
<th>Performance</th>
<th>Local Target</th>
<th>SOT M4</th>
<th>Trend from M3</th>
<th>NS M4</th>
<th>Trend from M3</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear and Treat (H&amp;T)</td>
<td>&gt;7%</td>
<td>3.10%</td>
<td>↓</td>
<td>3.20%</td>
<td>↑</td>
<td>4.00%</td>
</tr>
<tr>
<td>See and Treat (S&amp;T)</td>
<td>&gt;37%</td>
<td>39.50%</td>
<td>↓</td>
<td>41.60%</td>
<td>↑</td>
<td>37.50%</td>
</tr>
<tr>
<td>See and Convey (S&amp;C)</td>
<td>&lt;56%</td>
<td>57.40%</td>
<td>↑</td>
<td>55.10%</td>
<td>↓</td>
<td>58.50%</td>
</tr>
</tbody>
</table>

### Average Turnaround Times

<table>
<thead>
<tr>
<th>Average Turnaround Times</th>
<th>Target</th>
<th>M4 actual</th>
<th>Trend from M3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Stoke University Hospital (RSUH)</td>
<td>30 mins</td>
<td>29</td>
<td>←</td>
</tr>
<tr>
<td>County Hospital</td>
<td>30 mins</td>
<td>23</td>
<td>←</td>
</tr>
</tbody>
</table>

### Handover time duration

<table>
<thead>
<tr>
<th>Conveyances into hospital</th>
<th>Total Conveyed</th>
<th>Total Handovers recorded</th>
<th>0-15 mins</th>
<th>15-30 mins</th>
<th>30-45 mins</th>
<th>45-60 mins</th>
<th>Over 1 hr</th>
<th>0-30 mins</th>
<th>30-60 mins</th>
<th>Over 1 hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Hospital (Stafford)</td>
<td>913</td>
<td>892</td>
<td>97.7%</td>
<td>863</td>
<td>41</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>852</td>
<td>61</td>
</tr>
<tr>
<td>Royal Stoke Univ Hosp</td>
<td>5,153</td>
<td>4,399</td>
<td>85.4%</td>
<td>3188</td>
<td>1,442</td>
<td>445</td>
<td>67</td>
<td>11</td>
<td>2780</td>
<td>2357</td>
</tr>
<tr>
<td>Total conveyed</td>
<td>48736</td>
<td>42736</td>
<td>88.8%</td>
<td>26708</td>
<td>15976</td>
<td>4073</td>
<td>959</td>
<td>402</td>
<td>22379</td>
<td>24998</td>
</tr>
</tbody>
</table>

- SOT is no longer achieving the target for national Category A calls resulting in an emergency response arriving within 8 minutes. Performance has decreased by 6.9% and now stands at 69.1%. North Staff is currently standing at 65.0% (an increase of 0.9%) but is still below the target of 75%.
- H&T has seen a 0.1% decrease in SOT and a 0.1% increase in NS. Neither CCG are meeting the local target.
- S&T has seen a 0.7% decrease in SOT and a 1.2% increase in NS. Both NS and SOT remain above the local target.
- S&C performance has increased by 0.8% in SOT and by 1.4% in NS. Neither CCG are meeting the local target.
- In M4 SOT has seen a -1.36% decrease in over-performance against contract. YTD -2.33%
- In M4 NS has seen no variance between performance and contract activity. YTD -3.16%
- For M4 75% of patients in SOT waited on average 00:09:00 minutes.
- For M4 75% of patients in NS waited on average 00:08:29 minutes.
**Actions**

- The co-ordinating commissioner, Sandwell and West Birmingham CCG (S&WB CCG) is reviewing and amending the current WMAS contract to ensure the new national metrics from the Ambulance Response Pilot and key performance indicators underpin delivery. This will include work to look at regional versus local performance.
- All 22 CCGs are to work closer together to improve performance and share best practice.
- The Hospital Ambulance Liaison Officer service specification is now being coordinated regionally and a workshop to be held on the 8th September 2017.
- S&WB CCG to write to all Associate Commissioners, describing the plan for winter monies and specific focus areas for the service.
- The Paramedic Acute Visiting Service is now in place. The pilot Acute Visiting Scheme (AVS) provides a rapid response service for patients requiring a home visit as determined by a Paramedic already within a patient’s home.
- Further work is planned with WMQRS to support increase in non-conveyance, which is a WMAS CQUIN for the next two years. The CQUIN is in relation to a reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department.

### AMBULANCE – West Midlands Ambulance Service (WMAS)

<table>
<thead>
<tr>
<th>Assigned Incident Volume Against Contract Volume</th>
<th>Apr ’17</th>
<th>May ’17</th>
<th>Jun ’17</th>
<th>Jul ’17</th>
<th>Aug ’17</th>
<th>Sep ’17</th>
<th>Oct ’17</th>
<th>Nov ’17</th>
<th>Dec ’17</th>
<th>Jan ’18</th>
<th>Feb ’18</th>
<th>Mar ’18</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Staffordshire CCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>actual</td>
<td>2,759</td>
<td>2,850</td>
<td>3,060</td>
<td>3159</td>
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<tr>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>variance vol +/-</td>
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<td>-214</td>
<td>62</td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>variance % +/-</td>
<td>-7.83%</td>
<td>-6.99%</td>
<td>2.08%</td>
<td>0.00%</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>variance vol +/-</td>
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<td>-160</td>
<td>-3</td>
<td>-71</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>variance % +/-</td>
<td>-4.79%</td>
<td>-3.13%</td>
<td>-0.06%</td>
<td>-1.36%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Variances:** Red = ‘above contract’ Green = ‘within contract’

**Actions**

- The co-ordinating commissioner, Sandwell and West Birmingham CCG (S&WB CCG) is reviewing and amending the current WMAS contract to ensure the new national metrics from the Ambulance Response Pilot and key performance indicators underpin delivery. This will include work to look at regional versus local performance.
- All 22 CCGs are to work closer together to improve performance and share best practice.
- The Hospital Ambulance Liaison Officer service specification is now being coordinated regionally and a workshop to be held on the 8th September 2017.
- S&WB CCG to write to all Associate Commissioners, describing the plan for winter monies and specific focus areas for the service.
- The Paramedic Acute Visiting Service is now in place. The pilot Acute Visiting Scheme (AVS) provides a rapid response service for patients requiring a home visit as determined by a Paramedic already within a patient’s home.
- Further work is planned with WMQRS to support increase in non-conveyance, which is a WMAS CQUIN for the next two years. The CQUIN is in relation to a reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department.
North Staffordshire Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group

**UHNMA&E**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>UHN M4</th>
<th>Trend from M3</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% of patients discharged or admitted within 4 hours</td>
<td>95%</td>
<td>80.88%</td>
<td>↑</td>
<td>81.54%</td>
</tr>
<tr>
<td>Zero tolerance for 12 hour waits from decision to admit</td>
<td>0</td>
<td>0</td>
<td>↔</td>
<td>0</td>
</tr>
</tbody>
</table>

**North Staffs CCG**

<table>
<thead>
<tr>
<th>A&amp;E</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan (incl Contracted QIPP, FOH, deal)</td>
<td>2,956</td>
<td>3,075</td>
<td>2,964</td>
<td>3,166</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12,161</td>
</tr>
<tr>
<td>Actual (incl FoH deal)</td>
<td>3,155</td>
<td>3,461</td>
<td>3,251</td>
<td>3,427</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13,294</td>
</tr>
<tr>
<td>Variance above plan</td>
<td>199</td>
<td>386</td>
<td>287</td>
<td>261</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1133</td>
</tr>
<tr>
<td>% variance above plan</td>
<td>7%</td>
<td>13%</td>
<td>10%</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9%</td>
</tr>
</tbody>
</table>

**Stoke on Trent CCG**

<table>
<thead>
<tr>
<th>A&amp;E</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan (incl Contracted QIPP, FOH, deal)</td>
<td>5,010</td>
<td>5,211</td>
<td>5,024</td>
<td>5,367</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20,612</td>
</tr>
<tr>
<td>Actual (incl FoH deal)</td>
<td>5,388</td>
<td>5,743</td>
<td>5,578</td>
<td>5,953</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22,662</td>
</tr>
<tr>
<td>Variance above plan</td>
<td>378</td>
<td>532</td>
<td>554</td>
<td>586</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2050</td>
</tr>
<tr>
<td>% variance above plan</td>
<td>8%</td>
<td>10%</td>
<td>11%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
</tr>
</tbody>
</table>

**Actions**

- The Joint Investigation is progressing as per contractual process and timescales. The first contract management meeting took place on 23rd June 2017 with the Joint investigation agreed on 27th June 2017, to be completed by 22 September 2017.
- The CCGs are leading the full roll out of Discharge to Assess (D2A) by November 2017.
- The CCGs have commissioned a Paramedic Acute Visiting Service (from the 30 August 2017), where GPs will support paramedics to keep clinically appropriate patients at home.
- The CCGs are supporting the management of demand through the integrated Urgent Care Centre and GP Out Of Hours with primary care streaming at the front door. This was operational 24/7 with effect from 1st August 2017. The service has successfully diverted an average of 53 patients per day between 1st and 31st August 2017. Please note this does not include 8 days' worth of data due to reporting issues.
## UHNMG Specialty Performance

<table>
<thead>
<tr>
<th>Treatment Function Name</th>
<th>M4</th>
<th>Trend</th>
<th>Backlog clearance required to achieve 92% at M4</th>
<th>Increase/ Decrease in backlog since M3</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>70.9%</td>
<td>↑</td>
<td>1316</td>
<td>+40</td>
</tr>
<tr>
<td>Urology</td>
<td>67.2%</td>
<td>↓</td>
<td>719</td>
<td>-3</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>67.4%</td>
<td>↑</td>
<td>672</td>
<td>+22</td>
</tr>
<tr>
<td>ENT</td>
<td>91.7%</td>
<td>↓</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>85.0%</td>
<td>↓</td>
<td>208</td>
<td>-22</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>92.7%</td>
<td>↓</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>66.6%</td>
<td>↑</td>
<td>125</td>
<td>+19</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>92.1%</td>
<td>↑</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>97.6%</td>
<td>↓</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Medicine**</td>
<td>93.1%</td>
<td>↓</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>96.9%</td>
<td>↑</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiology</td>
<td>70.2%</td>
<td>↓</td>
<td>787</td>
<td>+85</td>
</tr>
<tr>
<td>Dermatology</td>
<td>91.0%</td>
<td>↓</td>
<td>12</td>
<td>-1</td>
</tr>
<tr>
<td>Thoracic Medicine</td>
<td>72.8%</td>
<td>↑</td>
<td>580</td>
<td>+235</td>
</tr>
<tr>
<td>Neurology</td>
<td>74.3%</td>
<td>↑</td>
<td>516</td>
<td>+88</td>
</tr>
<tr>
<td>Geriatric Medicine**</td>
<td>96.9%</td>
<td>↑</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>74.8%</td>
<td>↑</td>
<td>450</td>
<td>+39</td>
</tr>
<tr>
<td>Other</td>
<td>83.3%</td>
<td>↑</td>
<td>934</td>
<td>+115</td>
</tr>
</tbody>
</table>

**Small volume of patients on waiting list**

### RTT waiting times
- 12 out of 18 reportable specialties at UHNMG are not achieving the 18 week target.
- In order for UHNMG to achieve the 92% standard they would need to clear 6,113 patients from the backlog, compared to 5,893 in M3 (an increase of 220 patients).

### Speciality Changes
- Gastroenterology has seen an improvement this month and is now achieving the 92% standard.
- ENT has dipped just below the 92% standard and would need to clear 9 patients from its backlog to achieve 92%
- Plastic surgery (92.1%) and Oral surgery (92.7%) are very close to falling below the 92% standard.
- Thoracic medicine has fallen a further 7.6% below the target and now needs to clear 580 patients from its backlog in order to achieve 92%
- The Ophthalmology waiting list stands at 2974 (a decrease of 69 patients since M3), with 446 patients waiting over 18 weeks (a decrease of 22 patients since M3). Overall performance has improved by 0.5% since the previous month. In order for UHNMG to achieve the 92% standard they would need to clear 208 patients from the backlog.

### 52 Week Waits
- All 16 of the SOT 52 week breaches occurred at UHNMG; 13 were in General Surgery and 3 were in Urology.
- All 9 of the NS 52 week breaches occurred at UHNMG; 5 were in General Surgery, 2 were in Urology and 2 were in Trauma and Orthopaedics.
- At 14/09/17 there were 31 +52 week waits at UHNMG of which 7 had a TCI (6x Gen Surgery, 1x Urology) and 24 with no TCI (14 x Gen Surgery, 2x Urology and 8x Neurosurgery).
REFERRAL TO TREATMENT (RTT) & PATIENTS WAITING OVER 52 WEEKS

Actions

• The Joint Investigation (JI) for RTT and 52 weeks is progressing as per contractual process and timescales. JI review meeting took place on 7th September with the JI to be finalised by 15th September.
• Commissioners continue to attend the specialty weekly access meetings at UHN. As a result, the pelvic floor and endometriosis pathways (general surgery) have been identified as problem areas which will be reviewed jointly.
• Tier 3 services
  • For Gynaecology, Minor Hand Surgery, ENT and Ophthalmology a paper has been presented to the Planning and commissioning committee in common (PCCC) to agree and approve the re-tender of these services for the procurement process to commence in September 2017 and contracts to be in place 1st April 2018.
  • Currently the CCG choice and referral centre diverted 71.4% of referrals to the community services for the period April - July 17/18.
**CANCER SERVICE ACCESS**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>SOT Latest month</th>
<th>Trend from previous month</th>
<th>SOT YTD</th>
<th>NS Latest month</th>
<th>Trend from previous month</th>
<th>NS YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP (Target 93%)</td>
<td>93%</td>
<td>97.90%</td>
<td>↓</td>
<td>98.85%</td>
<td>98.80%</td>
<td>↓</td>
<td>99.17%</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)</td>
<td>93%</td>
<td>100.00%</td>
<td>↔</td>
<td>98.83%</td>
<td>90.30%</td>
<td>↓</td>
<td>96.78%</td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>96.30%</td>
<td>↑</td>
<td>96.27%</td>
<td>98.30%</td>
<td>↑</td>
<td>98.53%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>100.00%</td>
<td>↑</td>
<td>98.79%</td>
<td>91.70%</td>
<td>↓</td>
<td>92.27%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen</td>
<td>98%</td>
<td>100.00%</td>
<td>↔</td>
<td>100.00%</td>
<td>100.00%</td>
<td>↔</td>
<td>100.00%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy</td>
<td>94%</td>
<td>97.80%</td>
<td>↑</td>
<td>95.28%</td>
<td>91.40%</td>
<td>↓</td>
<td>97.32%</td>
</tr>
<tr>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>85%</td>
<td>73.60%</td>
<td>↓</td>
<td>76.76%</td>
<td>89.70%</td>
<td>↑</td>
<td>81.73%</td>
</tr>
<tr>
<td>Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers</td>
<td>90%</td>
<td>100.00%</td>
<td>↔</td>
<td>97.73%</td>
<td>100.00%</td>
<td>↔</td>
<td>86.88%</td>
</tr>
<tr>
<td>Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient</td>
<td>No Target</td>
<td>92.60%</td>
<td>↑</td>
<td>90.27%</td>
<td>83.80%</td>
<td>↓</td>
<td>88.48%</td>
</tr>
</tbody>
</table>

**SOT Breach Reasons**
- 62 day first definitive treatment – 19 x patients; 9 x complex, 4 x patient choice, 3 x capacity, 2 x no reason documented, 1 x theatre list cancelled

**NS Breach Reasons**
- 2 ww breast – 3 x patients; 1 x patient choice, 1 x admin error, 1 x capacity (cancelled clinic)
- 31 day wait (surgery) 2 x patients; both capacity
- 31 day wait (radiotherapy) – 3 x patients; 2 x clinical reason, 1 x patient choice

**104 Day Wait**
- 7 patients as at 10th September 2017.

**Actions**
- Penalties are currently being applied as part of the contract process.
- The Joint Investigation for 62 day standard and screening is progressing as per contractual process and timescales. The first contract management meeting took place on 23rd June 2017 to be completed by 23rd August 2017.
As of 10/09/2017 there were 67 patients recorded on the PTL list as waiting in in excess of 62 days.
This takes UHN just below the regional trajectory of 69.
Based on the 104 day information received back from UHNH for patients on the WL week ending 3rd September for the 5 patients breaching

- 3 were Stoke (1 has a TCI)
- 2 were NS (1 has a TCI)
- As of 10/09/2017 there were 7 patients waiting in excess of 104+ days.
In October 2016, Staffordshire and Stoke-on-Trent published its Sustainability and Transformation Plan (STP). This was the product of collaboration between NHS commissioners and providers working with the local authorities and other stakeholders. It set out a strategic case for change and a shared vision for a radical redesign of health and care services over the five year period to 2020/21.

While Staffordshire and Stoke on Trent commissioners have agreed two-year contracts with providers for the period 2017-19 which include some but by no means all of the measures by which the ambitions of the STP will be realised. The CCGs do not expect an intensive contracting round for 2018/19 however, it is nonetheless important that an opportunity is taken to restate the strategic direction of travel in order to reflect developments over the past 12 months.

The prime purpose of this year’s commissioning intentions is not to duplicate the STP but to restate the CCGs commitment to its ambitions, reaffirm the organising principles and to articulate, with more granularity, the actions which will serve to deliver a clinically and financially sustainable system. These intentions should be used to support providers’ strategic, operational, financial, workforce and business plans for the medium term.

The North Staffordshire and Stoke-on-Trent CCG Governing Bodies are asked to:
Receive and note for assurance.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
### Our shared Goals:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Empowered Staff</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Commissioning Health Outcomes</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Seamless Partnerships</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Responsible Use of Resources</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Key Requirements:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a Quality Impact Assessment been completed</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Has an Equality Impact Assessment been completed?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Has Engagement activity taken place with Stakeholders/Practice/Public and Patients</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Acronyms

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
Dear Caroline

STAFFORDSHIRE AND STOKE ON TRENT COMMISSIONING INTENTIONS 2018/19

Purpose

In October 2016, Staffordshire and Stoke-on-Trent published its Sustainability and Transformation Plan (STP). This was the product of collaboration between NHS commissioners and providers working with the local authorities and other stakeholders. It set out a strategic case for change and a shared vision for a radical redesign of health and care services over the five year period to 2020/21.

Since then, NHS commissioners have agreed two-year contracts with providers for the period 2017-19 which include some but by no means all of the measures by which the ambitions of the STP will be realised. The CCGs do not expect an intensive contracting round for 2018/19 however, it is nonetheless important that an opportunity is taken to restate the strategic direction of travel in order to reflect developments over the past 12 months.

The prime purpose of this year’s commissioning intentions is not to duplicate the STP but to restate the CCGs commitment to its ambitions, reaffirm the organising principles and to articulate, with more granularity, the actions which will serve to deliver a clinically and financially sustainable system. These intentions should be used to support providers' strategic, operational, financial, workforce and business plans for the medium term.

Context

The ‘5 Year Forward View’ (5YFV) heralded a significant opportunity for us to transform our health and care system through the establishment of new models of care built on patient-centred services delivered through a ‘left-shift’ of care away from a hospital setting.

The STP is our delivery vehicle for achieving this change and outlines the key challenges facing the local health economy and commits all partners to a programme of transformation in order to release savings in excess of the £245m stated in the published STP in order to address the structural gap in affordability. For 2018/19, this translates to system wide savings of around 4% of turnover which are scheduled to be driven by changes in commissioned levels of activity and delivery of Provider CIPs. The intentions set out in this letter are firmly rooted in the overall context of the STP and are necessary if we are to achieve the scale and nature of the reform required.

The Staffordshire and Stoke on Trent Local Health Economy continues to experience an extremely challenged operating environment, all partners are under increased pressure to deliver significant savings and efficiencies to enable a return to recurrent financial balance, for 2017/18 the economy is facing a deficit of around £128m and this is not sustainable moving forward. Consequently, there will be very difficult decisions that have to be made in order to balance the books, for this reason there will be
no additional investment unless it is supported by a robust business case clearly demonstrating the return on such investment.

There is currently a disconnect between the timelines of the STP programme critical paths for activity reductions and system redesign implementation and the requirement to have granularity at a HRG level. This is proving a challenge however the approach to mitigating the risk has been identified, and we are reviewing accelerated plans for inclusion in the operating plan aligned to the STP.

Therefore as a Health Economy we need to:
Work in partnership to deliver a sustained reduction in the per capita cost of health and care services for residents of Staffordshire and Stoke-on-Trent
Return to a sustainable clinical and financial position as soon as is possible
Maximise the impact of current investment on improving patient outcomes and delivering value for money and optimising productivity
Ensure that we maximise the impact of our current contracts and that contract management is robust
Work with providers to reduce unnecessary activity from elective specialties as outlined in the right care programme to reduce costs. Transferring activity to lower acuity care settings where appropriate (Shift Left).

Accept and work within the shared care record project “your care record” and maximise the benefits of all clinicians having access to the same clinical information

Whilst these Commissioning Intentions are focussed predominantly on our Local Health Economy, we recognise that a significant proportion of our population access their acute care from other STP areas. We will work with neighbouring health economies to ensure the impact of our commissioning intentions on non-Staffordshire providers are understood and recognised. Similarly we will identify the impact of neighbouring STPs on Staffordshire providers.

**Strategic Commissioning**

The publication of these Commissioning Intentions runs slightly ahead of a reconfiguration of commissioning arrangements in Staffordshire and Stoke-on-Trent. All six CCGs have committed to the appointment of a single Accountable Officer and it is anticipated that an announcement on the outcome of the appointment process will be made in the Autumn.

The appointment of a single Accountable Officer and subsequent transition to a strategic commissioning model across Staffordshire and Stoke-on-Trent should be seen as a catalyst to an acceleration of pace in the realisation of STP ambitions and delivery of the 5YFV.

**STP alignment**

The CCGs commissioning intentions have been designed to be congruent with the STP model of care, for ease of reference these are repeated here:

- We will work with the wider population to stay healthier and independent by focusing on improving wellbeing and preventing illness, by involving people in all the decisions which affect them and by responding faster when problems arise.
- We will deliver more care in the community with less need for patients to go to hospital.
- We will make our services more joined up so that everyone involved in the patients care can work together.
- We will improve the quality of care people receive by simplifying and improving access to it and by ensuring that the professionals are part of a motivated team who have the time and skills to help.
- When patients do need to go to hospital, we will treat patients more efficiently and effectively and discharge back home as soon as they are ready.
STP priority programmes

As with 2017/18 Commissioning Intentions, the focus will be on pursuing transformational change through a small number of integrated work-streams working under the banner of the STP and underpinned by strong governance and assurance arrangements. All programmes continue to develop a range of potential solutions to the delivery of more integrated, collaborative, efficient and effective service delivery models as outlined below.

- Focused prevention – individuals and groups most at risk of ill health or dependency will be offered targeted interventions with a focus on prevention to promote healthy ageing and tackle health inequalities
- Enhanced primary and community care – services will be reviewed to harness the benefits of integration through the introduction of New Models of Care to enable the frail elderly and those with long term conditions to live independent lives and avoid costly and often unnecessary emergency admissions
- Effective and efficient planned care – services will be reviewed through the lens of the Right Care programme approach to optimise planned care pathways across the spectrum of acute services including diagnostic, cancer and end of life services
- Simplify urgent & emergency care system – a focus on ensuring that people receive the right care, in the right place, at the right time and with the right level of clinical expertise to meet their needs. Key to these changes will be the recognition that highly responsive urgent care services will be accessible outside of the traditional A&E setting
- Reduce the cost of services – the collaborative and coordinated delivery of efficiency savings across both commissioner and provider organisations including workforce review and redesign to provide strategic fit with the future models of service delivery

Appendix 1 provides more detail on the changes to the scope of current services across 2017/18 and 2018/19. For ease of reference, these are segmented to show those schemes previously communicated in September 2016 but which will have a sustained relevance throughout the contracting period as well as new schemes being brought forward for 2018/19. Whilst the detail on the schemes may be new, it is important to note that they represent the delivery mechanism for the shared commitments articulated through the STP.

Operating principles

To underpin the delivery of the STP work streams, the CCGs have adopted a number of operating principles which will serve to guide the actions of colleagues in their approach to transformation.

Seamless Partnerships
Good health and social care cannot be delivered by the NHS alone. We will work with partners and the voluntary sector to commission the right services from the right providers in the right place. Key to knowing whether this is working is full patient and public involvement in all decision making and through the commissioning cycle.

Benchmarking
We will review and improve our services, through comparing our services, processes and performance to the very best NHS organisations or to best practice elsewhere in the public, private or third sector. To maximise our learning and look to gain assurance as to the effectiveness of existing ways of working as well as providing a valuable means for identifying opportunities for improvement, doing things more effectively and efficiently in the future to deliver better quality patient experience and outcomes.

Commissioning Health Outcomes
In commissioning clinical services, the CCGs, in line with legislation, will seek to:
- meet the needs of people who use clinical services;
- improve the quality of clinical services;
improve the efficiency and productivity of the provision of clinical services

Our service review and procurement will consider clinical dependencies between services and reflect both National and local priorities.

We will commission health care services that are sustainable using the ‘Home First’ principle where appropriate. Mental health will be given parity of esteem with physical health. We will monitor and act upon patient experience making sure that patient safety will not be compromised.

Through the ‘Home First’ approach and ‘Right Care’ Programme, undertaking whole system strategic changes, by the review and change to clinical pathways; we want to prevent illness and to help those who are unwell to manage their conditions. We want to avoid unnecessary hospital admissions and make sure that people can go home as soon as they are fit enough, improving their experience and outcomes.

Contracting for commissioning intentions and application of business rules

The CCGs continue to believe that a key enabler to the successful delivery of the 5YFV and local STP ambitions is a review of payment reform options to better align incentives towards integration and patient-centred services.

To support this, the CCGs will create a new STP Contract Forum with a specific remit to bring forward and evaluate options for contract and payment reform to facilitate new models of contracting which will act to enable the development of New Models of Care and a focus on outcomes. This forum will only be a success with the input of colleagues from across the full range of the health and social care architecture.

In parallel to the consideration of future options, the CCGs will need to continue to have confidence that payments to providers are accurate and reflective of the service delivered. We have identified a number of specific areas for review that commissioners will pursue during the 2018/19 planning process and these are set out in appendix 2.

Conclusion

To conclude, the underlying economic conditions of our local health economy, together with the 5YFV and the ambitions set out in our STP require us to work more closely than ever before. NHS commissioners reaffirm their commitment to working in partnership with providers to identify and jointly agree affordable, local solutions to these challenges to maintain high quality patient care and a strong local health economy. Please note that the contents of this letter will be subject to the issue of any further national guidance. In the meantime, we welcome a constructive and pro-active level of discussion on these Commissioning Intentions.

Yours sincerely

Cheryl Hardisty
Director of Commissioning
Stoke-on-Trent and North Staffordshire Clinical Commissioning Group
Appendix 1 - CHANGES TO THE SCOPE OF CURRENT SERVICES FOR 2018/19

We intend to develop a comprehensive range of service specifications during 2018/19 in line with STP programme priorities, National guidance and local population needs. These specifications will be notified formally through contractual processes. We have identified the following services for change or transformation:

**Focused Prevention**

**2017/18**
- Phased introduction of pre-diabetic intervention programmes, including a review of bariatric surgery to manage LTC.
- Extension of ‘making every contact count’ programme.
- Implementation of healthy workplace programmes across NHS employers.
- Falls prevention programme.

**Enhanced primary and community care**

**2017/18**
- Commission services across Staffordshire through the development and embedding of new models of care through MCP models
  - Recommissioning of the Hub to co-ordinate capacity and support MCPs (North).
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams
  - Review Community reablement and rehabilitation services to reflect national benchmarking and best practice including integrating services with health intermediate care.
  - Review of community hospital bed based provision to support emerging New Models of Care.
  - Review and re-specification of Long Term Condition services aligned with MCPs.
- Review of access to diagnostics in the community, including GP direct access pathology to support providers in their efficiency programmes (Carter Review).
  - Electronic ordering of pathology tests.
  - Review of anticoagulation testing and dosing. (Includes East Staffordshire).
- Expanded use of Personal Health Budgets

**2018/19**
- Development of a geriatrician led MDT approach including both health and social care practitioners supporting admission avoidance within the targeted care homes.
- The focus will be on reducing the non-elective admissions in the top 20 nursing and residential homes across Stoke on Trent and North Staffordshire who are responsible for 38% of all admissions at a cost of £3.5m (North Only)
- To reduce admissions by one third, which will result in a reduction in NEL admissions by c.400 in 2018-19. The model will provide a supportive in reach and will be a standalone service to ensure that access and support will be focused on care homes only. (North Only)
- Development of elderly care facilitators/integrated living co-ordinators (North).
- Continued development of enhanced care to reduce urgent admissions from nursing homes
- Review and redesign of Rheumatology Services reflecting interdependencies with Community Musculoskeletal Services for NS & SOT CCGs (North Only)
- Implement the enhanced health in care homes framework across nursing homes (South CCGs).
  Working with general practice networks and the implementation of the Nursing home Local
Implementation Schemes, enhanced EOL support via local hospices and working collaboratively with Staffordshire County Council. This will result in 30% reduction in ambulance conveyances, A&E attendances and non-elective admissions from those homes.

- Commission services in line with the recommendations of the guidance set out in the General Practice 5 year Forward View.
  - Securing Excellence in GP IT Services 16/18’ is introducing a greater range of core requirements for technology services to be provided by vendors to general practice via GPIT budgets
  - Exploring options available to support GP systems currently in use across practices to develop access to online consultations
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams.

End of Life

2018/19

- We will review current end of life services in order develop consistent care coordination to support early identification of those at the end of life, maximising quality of life and ensuring that they are cared for and die in their place of choice.
  - Build upon the Outcomes Framework developed through the Transforming Cancer and EOL Programme.
  - Review of local co-ordination services to develop a service specification to support palliative and end of life care co-ordination (this includes review of the Palliative care Centre in North Staffs and Stoke).
  - Review the community based services which are currently in place for palliative and EOL care.
  - Ensure the electronic palliative and EOL care co-ordination solution is integrated with the STP Integrated Care Record and links hospices and care homes with the wider NHS
  - Implementation of education and training programmes for care homes (as part of the Enhanced Health in Care Homes Framework)
  - An EOL dementia Admiral Nurse has been commissioned by the Douglas Macmilian Hospice and Dementia UK and that we will be working to incorporate this work in with the CCG EOL work steam.
  - Development of EOL Programme Board as part of the STP.

Medicines optimisation

2017/18

- The CCGs will only fund high cost drugs where initiation requests and continual reviews are made through Bluteq.
- Providers are expected to adhere and work within the relevant area joint formulary, unless there are no clinically suitable formulary drugs available. CCG prescribers may refuse to continue or initiate non-formulary drug requests when clinically suitable formulary alternatives are available. All non-formulary drug choices should have rationale communicated to the prescriber.
- The CCGs requires that any initiation of relevant joint formulary classified red drugs for new patients are dispensed and supplied to patients by the hospital pharmacy or via homecare arrangements. From Month 6 onwards, the CCG will aim to agree an SDIP with the providers to repatriate all patients prescribed RED drugs according to the provider joint formulary. This is largely on safety grounds, as drugs have been classed as RED i.e. hospital only through the formulary review process. Providers need to ensure that appropriate hospital pharmacy or homecare arrangements are in place to pick up the prescribing/supply.
- As a continuation from 2016-17, where a biological drug is required and there is a biosimilar available, we expect all providers to use the lowest acquisition cost biological available for new patients. This in many cases, this will be the biosimilar. For existing patients, we require all providers to continue to switch patients to low acquisition cost biologicals in line with the existing
gain/risk-sharing agreements in place. Where new opportunities come available, we shall work with providers to agree suitable and appropriate financial arrangements in order to incentivise the provider to implement processes to maximise early adoption and prescribing.

- The CCGs require providers to adhere in full to agreed Shared Care Policies (including the production of ESCA’s).
- Providers are required to establish systems and practices to ensure that patients requiring acute treatment, identified as a result of pre-operative assessment, or urgent treatment required for outpatients are supplied/prescribed appropriate treatment. Providers should not defer to GPs to prescribe on their behalf in these instances.

2018/19

- Providers are required to assess the suitability of all appropriate patients for medicines to be provided via homecare company arrangements, and if found clinically suitable, offer the option of homecare to patients.
- The CCGs will implement an alternative process for the supply of dressings required by community nurses, replacing GP-generated FP10 prescriptions with a direct supply model. South Staffordshire CCGs wish to pilot a step-down pathway for rheumatoid arthritis patients receiving biologic drugs but are considered to be in remission. The protocol and pathway will be jointly produced.

Effective and efficient planned care

2017/18

- Commissioners will be developing a Bariatric surgery services pathway and policy. The pathway will include medical and surgery intervention
  - Review of current community and secondary care provision
  - Development of Tier 3 service
  - Integration with secondary care
- Ophthalmology pathways including cataracts (in line with the STP programme) that can be delivered in a fully integrated community clinics to manage a range of treatments and interventions
- Review of Gastroenterology services,
  - review of clinical assessment and treatment services.
  - Gastrointestinal - Outline plan for a pathway that avoids inappropriate hospital admissions for patients with constipation
- Collaboration with Specialised Commissioning at NHS England e.g. maternity pathway.
- Continue to work towards the achievement of seven day services across the health and social care economy. (Includes East Staffordshire patients aged 19 and under).
- Introduction of block pathway prices for identified planned care pathways (East Staffordshire CCG).
- Implementation of advice and guidance prior to GP referral via E-RS and a Consultant Hotline.
- Commissioners will work with providers to understand C2C referral activity and review the current policy.

2018/19

- Pre-operative assessment - work collaboratively with UHN to design and deliver an alternative cost and clinically effective model.
- Respiratory - implement a pathway for the management of patients with community acquired pneumonia
- Catheter Pathway- Repatriate the clinically appropriate cohort of patients currently being referred to SAU for catheter related issues, to the commissioned District Nursing Service..
- Develop a pathway for GP direct access to ELF testing (fatty liver disease) in the community
- Review the pelvic floor pathway
• Review Spinal pathway in line with the STP programme/ work-stream
• Review Fracture Clinic service at RSUH
• Streamline elective care pathways - Enhance patient pathways to minimise unnecessary follow up appointments by increasing number of telephone follow up for patients who do not require a face to face consultation.
• Review and develop community/tier 3 clinical assessment and treatment services for the specialties outlined below. Commissioners preferred approach will be to work with our existing NHS acute providers to re-design pathways and agree local payment mechanisms for these services which will ensure seamless integration with tier 4, services :
  o Cardiology – all non-invasive services
  o Gynaecology.
  o ENT - Review of existing services in Cannock & Stafford and new provision in South East Staffs & Seisdon CCG
  o Urology
  o Neurology
  o Dermatology – review of existing community services
  o Gastroenterology, review of clinical assessment and treatment services and the use of point of care testing for faecal calprotectin.
• Musculoskeletal Work stream
  o Chronic pain management – development of new pathway and procurement of service
  o Podiatric – MSK & surgery pathway and service redesign
  o Development of Staffordshire wide MSK Intermediate service and reprocurement
  o MSK rehabilitation – review and redesign
  o Development of cervical pain pathway
  o Development of elbow, hand, Acute knee and F&A pathways
  o Review of pre-operative assessment process
  o Use of technology across a range of specialties to improve outpatient flows.
  o Review of the provision and specification of Rheumatology services in the South of the County, with particular reference to the use of Ultrasound and mechanisms through which these services are funded.
• Commissioners will work with providers to review pre-op assessment activity and opportunities for direct listing for low-risk procedures
• Commissioners will work with providers to identify areas for opportunity in General Surgery outcomes, using the Getting It Right First Time (GIRFT) guidance.
• Procedures of Limited Clinical Value(POLCV) Policy, now known as the Policy for Excluded and Restricted procedures ( ERP), will continue to be reviewed and updated as evidence is reviewed. Providers should be aware that MSK procedures in the POLCV policy have been removed from the ERP and are subject to separate, more detailed policies that providers will be required to comply with.
• After a successful implementation the Blueteq prior approval system will continue to be developed for the purpose of Individual funding requests, and prior approval of both restricted procedures contained within the ERP and MSK policies and High-cost( PBR- excluded) drugs.

Cancer

2018/19
• Increase awareness of the signs and symptoms of cancer, early detection through screening and optimize cancer identification through timely 2week wait referrals and commissioning a dedicated surveillance service for people who have been identified as being at moderate risk of breast cancer.
• Targeted increase in uptake in screening.
• Review and redesign diagnostic services to ensure timely capacity is available to support pathways including enhancing GP direct access where appropriate.
• Continue the systematic review of cancer pathways, in collaboration with the West Midlands Cancer Alliance to ensure patients are seen in the right place by the right clinician at the right time, reducing the number of appointments where appropriate by the use of ‘one stop’ clinics, assistive technologies, implementation of risk stratified pathways starting with breast, prostate and colorectal and provision of evidence-based holistic needs assessment and support.
• Revise cancer pathways to ensure that patients who are not diagnosed with cancer are efficiently transferred to the most appropriate pathway. Where appropriate interventions will be deliver in the community, closer to home.
• Reduction in elective/day case for cancer (ESCCG).

Simplify urgent and emergency care

2018/19
• By means of the UEC Milestone Tracker (the single overarching system plan for urgent care), deliver:
  o **Enhancements to NHS 111** – implementation of NHS 111 Online, integration, increased clinical input and increased booking functionality.
  o **Improved GP access** - GP Practices to meet seven national core requirements and increasing population coverage evening and weekend appointments.
  o **An Urgent Treatment Centre** – full attainment of the mandated service specification by March 2018 and complete the consultation regarding the current facilities (e.g., WICs, MIUs, Primary Care Access Hubs etc.).
  o **Enhancements to the ambulance service** – full implementation of the Ambulance Response Programme recommendations and reduction in conveyances.
  o **Enhancements to hospital flow** – attainment of the 95% constitutional standard, zero 12 hour trolley breaches, timely ambulance handover, provision of ambulatory emergency care, enhanced frailty pathway, full implementation of SAFER and implementation of the emergency care dataset.
  o **Optimised discharge processes** – full implementation of Discharge to Assess, minimise CHC assessment in the acute trusts and full implementation of the high impact changes for delayed transfers of care (DToC).
  o **Specialist mental health care in A&E** - 24-hour ‘core 24’ mental health teams, which will effectively manage client presenting in the A&E with mental health conditions.
  o **Liaison Psychiatry** - On-site Liaison Psychiatry in place at RSUH from 7am to 11pm with overnight, off-site support from Mental Health Access service & Home Treatment Team. Current one hour wait time standard in service specification

• County Hospital Redesign
  o Remodel the emergency and urgent care service, improving admission avoidance at the front door and improving discharge flow. The enablers to achieve this will be:
    o A redesign of the A&E front door to incorporate GP screening and an Urgent Treatment Centre to manage primary care illnesses and injury
    o Exemplar Front of House
    o Discharge to Assess (operational at the Front and Back door of the acute non-elective pathway)
    o Ambulatory/frail assessment unit
    o Reduction of non-elective acute medical beds
    o Increase in community beds/home based services

• Community Hospitals Redesign (Tamworth and Lichfield)
  o Remodel the access to Minor Injury Units at both sites removing open access provision to illness services through re-provision to a GP Same Day Access Service;
  o The review and reduction of community ward based beds, including a reduction in the bed complement that reflects improved working practices;
  o The change in a proportion of the beds into a discharge to assess service; and
  o Investment of an element of savings from redesign into an Early Supported Discharge.
Establishment of an ‘Urgent Care Centre’ model at the County Hospital site that provides GP-led services for a minor illness in children and young people.

Evaluation of the Care Co-ordination service which is currently in place for Stafford and Surrounds CCG.

Continue to work towards the achievement of consistently staffed seven day services across the health and social care economy with a particular emphasis on those services that support Urgent Care and timely flow through the hospital (including, but not limited to, AEC, Exemplar Front Door and D2A)

Commissioners will collaborate on the implementation of the new national specification for integrated urgent care published in August 2017.

Continuing Health Care

2018/19

Over recent years, the CCGs have experienced exponential growth in both demand and price for CHC services. The CCGs launched a new CHC Strategy in July 2017 which set out a new blueprint for CHC services across Staffordshire and Stoke-on-Trent and requires an extensive overhaul of the current service arrangements together with the supporting systems and processes.

- New fasttrack protocols have been established in 2017/18 and will continue throughout 2018/19.
- CHC assessments in an acute setting will be minimised to a level of 15% or less of all CHC assessments.
- The CCG will review the feasibility of introducing a ‘dynamic purchasing system’ for CHC domiciliary care.
- The CCG is actively considering the establishment of a consolidated and integrated assessment and eligibility service which will complete all CHC DSTs originating from a community setting.

Mental Health

2018/19

Commissioning services in line with the recommendations of the guidance set out in the Mental Health 5 Year Forward View through the following work streams:

- Crisis Support for Children and Young People
- Re-specification of primary care mental health services, including IAPT.
- Review of the personality disorder pathway
- Continuing to work towards zero Out of Area Acute Placements through the review of crisis care pathways and community pathways
- Continue to support the development of the recovery service for patients with Severe Mental Illness
- Support the development of an STP approach to PICU services including solutions for Female PICU

Implementation of the CAMHS Transformation plan - 2018-2019 priority to include Crisis Support for C&YP

Review of dual-diagnosis pathway.

Review the Crisis Pathway across South Staffordshire and develop a transformation plan as part of STP.

Review and take steps to manage bed occupancy including demand and capacity analysis to inform the development of improved acute pathways.

Review local rehabilitation pathways to support future commissioning intentions.
• Support the expansion of Liaison and Diversion services for people in the Criminal Justice System
• Commission additional psychological therapy to deliver national targets of increased therapists in primary care and achieve the 25% access rates by 2020/21.
• Review and recommission the pathway for adult autism services.

Perinatal Mental Health

2018/19
There will be a national investment of £365m from 2015/16-2020/21 for phased work programme to build capacity and capability and increase access to specialist support, closer to home, including through:
• increased supply of multi-disciplinary specialist community perinatal mental health teams
• increased supply of specialist inpatient beds (Mother and Baby Units)
• perinatal mental health networks covering England (as recommended in NICE guidelines).
• Healthcare professionals should be trained, competent and confident in recognition, treatment and support for women with perinatal mental health problems.
• Redesign of perinatal mental health pathway.

Dementia

2017/18
• To implement the recommendations of the Prime Ministers Challenge on Dementia 2020.
• Achieve and sustain high levels of dementia diagnosis.
• Achieve high levels of dementia care planning and post-diagnostic support

2018/19
• Improvements in rate of dementia patients offered annual face-to-face appointments to review their diagnosis/care plan or advanced care plan
• Implementation of the Memory Support Service to ensure post diagnostic support is delivered in line with NHSE guidance.
• Sustain and work towards the NHSE guidance that 77% of patients in primary care with a recorded diagnosis of dementia received a face to face care plan review in the previous 12 months. Ensure the quality of the plans through the memory support services.

Learning Disabilities

2017/18
• Implementation of the Transforming Care Programme in partnership with Local Authorities to step down and repatriate patients from Hospital placements.

• 2018/19Implementation of a Community Forensic Practitioner service to support people with learning disabilities and/or autism.
• Consideration of investment into intensive support for Children and Young People with learning disabilities and/or autism.

Maternity Services

2017/18
• To implement the recommendations of the National Maternity Review and the Maternity Transformation Programme.
• Respond appropriately to the findings and recommendations of the NHS England review of maternity services at County Hospital.

**Children and Young People's services**

**2018/19**

• Re-Procurement of the Special School Nursing Service, Annual Health Review Assessment (Looked After Children), Enuresis and Continence Assessments.
• Embed Integrated Children's Community Services model - The model will ensure consistent clinical oversight and a seamless service for children, young people and their families and ensure that local children are able to access the required services they need as close to home as possible, taking into account the need for appropriate levels of skills and expertise to treat acute and chronic conditions.

**All Providers**

• To deliver consistent ward based discharge activity seven days per week to minimise delay and reduce fluctuation.
• Review of service lines to ensure we commission services that are good value in terms of efficiency and quality.
• Implementation of the 10 Universal Capabilities within the Digital Roadmap by March 2018.

**East Staffordshire**

East Staffordshire CCG has commissioned Virgin Care Services Limited as its Prime Contractor via a fixed price, outcomes based contract between 2016 and 2023 for patients aged 19 and over. Therefore, a number of the planned transformation activities listed below for 2017/18 and 2018/19 are within the scope of the VCSL contract (as defined by the Virgin Care Services algorithm) and captured within their planned strategic service model, which has already been contracted for. This includes transformation activity in the following areas:

• Enhanced primary and community care
• Acute Services
• Urgent Care
• End of Life

For this reason, and the avoidance of doubt, East Staffordshire CCG will not directly be undertaking any transformation work in the above areas as listed (unless explicitly stated) or will only be involved in those elements of the pathway that are outside of the Virgin scope, unless otherwise explicitly stated.

For all other areas, it is to be assumed that East Staffordshire CCG is party to the planned transformation work.
Appendix 2

This document is being issued as formal notice of Commissioners intentions with regard to counting and coding changes for 18/19 in accordance with Service Condition 28 of the Contract.

1) The CCG will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date.

2) The Trust is required to outline any drug or device uplift over and above the unit price paid via the schedule 6 data submissions.

3) The Trust is required to outline any drugs where VAT is not being paid via the schedule 6 data submissions.

4) Locally agreed or non-tariff prices will be reviewed including review of non-consultant led outpatient tariffs.

5) Commissioners would like to carry out a review of any day-case activity with a view to working with the Trust to move this activity to outpatient settings where clinically appropriate to do so using. Analysis of Acute Elective, Day case and Outpatient Procedures against the British Association of Day Surgery (BADS) guidance.

6) The Trust must work to report in line with schedule 6 requirements with the support of commissioners. The data will be at patient level and will be submitted via the Midlands and Lancashire DSCRO. A template must be agreed for each service type before contract sign off which will include a timetable for submission and specified data quality improvements of submissions.

7) Commissioners will review non consultant led pathways in line with regional best practice and national clinical verified sources.

8) Commissioners expect that the correct treatment function code must be used for outpatient activity aligning this to the correct main specialty code for the activity.

9) Providers must be able to demonstrate contract positions prior to any adjustments made to the specialised IR.

10) Outpatient telephone consultations: Where clinically appropriate Providers will be expected to move to telephone consultations. This activity must replace face-to-face follow up attendances. They will not be paid as additional activity.

11) Outpatient Nurse Led activity – Commissioners would expect any Outpatient activity seen by a nurse to be coded and charged via a locally agreed price and appropriately coded using the NHS data dictionary guidelines.

12) Planned procedure not carried out – Commissioners will only pay a locally agreed tariff for activity that is for medical or patient reasons (WH50A), for activity that is for other or unspecified reasons (WH50B), commissioners will include a local price of £0.

13) A locally agreed price will be determined for patients attending A&E who leave before being treated.
14) Multiple diagnostic tests occurring on the same day will be reviewed to ensure correct clinical coding is applied. This applies to any scans that occur in more than one area. For the avoidance of doubt, the default position is that only one National Tariff HRG will be chargeable per patient per modality per day.

15) Procedures of low clinical value will be adhered to and challenged. Any exclusions from the policy must be supported and evidenced by IFR approval. Any patients that have been approved via IFR will be given a unique identifier (Blueteq number if using Blueteq for approval) within an agreed field in SUS.

16) Neonatal level of care field to be populated in accordance with data dictionary national codes. For avoidance of doubt this is codes 0,1,2,3

17) Activity will be coded as regular day/night attendances with a locally agreed price. This is where a patient is admitted electively during the day or night as part of a planned series of regular admissions for an ongoing regime of broadly similar treatment and who is discharged the same day/next morning

In addition to the counting and coding changes listed above, Commissioners will also be expecting the following additional information items to be included in the contract for 18/19:

18) Additional information will be required from patient level monitoring, therefore commissioners will be requesting the following SUS data fields are completed:
   - All admissions should be time stamped including a discharge ready date
   - Outpatient appointment should be time stamped
   - All critical care admissions must include a discharge ready date
   - All critical care admissions must display the number of organs supported per day
   - Ambulance incident number (CAD ID) to be populated in A&E submission. This will allow tracking of patients between both A&E and ambulance services

19) A timetable must be agreed during the contract negotiation process for SLAM and non-SUS patient level information submissions to commissioners (No later than 3 working days post the SUS inclusion date)

20) Maternity antenatal and postnatal pathway: patient level data will be required to be submitted to the Midlands and Lancashire DSCRO using a standard template that will be sent to providers. Where a patient has been charged multiple times by the same provider or by more than one provider, only the initial community midwifery assessment will be paid by commissioners in accordance with PBR guidance. Commissioners also require a list of practice lead provider designations in order to validate the correct lead provider for the antenatal pathway

21) Best practice tariffs: All activity flagged as best practice tariff where all compliance cannot be demonstrated through SUS will require additional local data feeds and information requirements to be made in order for payment to be validated and then processed

22) For unbundled and critical care activity the commissioner will be using the activity submitted via SUS for payment methodologies

23) The commissioner will require the provider to supply sufficient information through the schedule 6 templates in order to correctly identify activity related to innovation and technology tariff activity.
24) All data submitted via the schedule 6 datasets will be coded in line with current ODS and data dictionary specifications.

25) Providers will use the latest version of the published PSS tool and any agreed derogations between specialised commissioning, the CCG and the provider will be fully documented in the contract(s) and logic shared with the CSU.

26) Activity will be identified in both local monitoring (SLAM) and SUS where it relates to any prime contractor arrangements.

27) The CCG will expect Providers to absorb all internal cost pressures within existing funding levels (taking into account the impact of the national tariff adjustment).

28) All local prices must be made explicit, with full definitions, and agreed at the point of agreement of the contract. Such prices are subject to NHSI rules of disclosure and agreement.

29) The CCG will seek to ensure that local prices relating to activity growth reflect actual marginal cost of delivering services.

30) The CCG will not pay for inherited or transferred costs that are not explicitly related to the services we commission.

31) Unless otherwise stated (explicitly) for 2017/18, providers are expected to deliver all NICE Quality Standards within the tariff costs.

32) The CCG will not accept any coding and counting changes that have not had the appropriate notice periods attached.

33) Where coding and counting changes are proposed by providers during the negotiation process, a commissioner based risk assessment will be required from providers prior to entering into any discussions regarding implementation. In addition, commissioners expect that any such coding changes will be underpinned by an appropriate in year risk share arrangement to protect both providers and commissioners from unanticipated financial risk.

34) The CCG will not fund activity at full or part inpatient tariff where such activity is clinically appropriate to be undertaken in an outpatient setting.

35) The CCG will clinically review activity that is being charged as an outpatient procedure to ensure that this is an appropriate tariff.

36) The CCG will work with Trusts to identify areas of activity which could be covered by a local tariff which supports innovative pathways that incentivise providers to reduce the number of emergency admissions and to reduce the average length of stay.

37) The CCG wants to ensure that all appropriate patients who attend A&E with conditions more amenable to community care and intervention are redirected following assessment to the appropriate setting in the community for their ongoing care. The CCG will seek to work with each acute provider to ensure that Access to Care is a key referral option 7 days a week and we increase the proportion of patients who can be discharged directly from A&E.

38) The CCG will be developing an appropriate set of metrics (or activity planning assumptions) on key indicators of non-elective efficiency which will reflect a sharing of financial risk between the commissioners (in relation to commissioner-induced demand) and the provider (in relation to provider-induced demand).
39) The CCG will seek to apply differential pricing adjustments to tariff (tariff minus) where providers restrict the patient complexity that they treat.

40) Commissioners expect that any service changes or developments are supported by a business case and approved by the CCG before services commence. Where this process is not followed Commissioners do not expect to be charged for such change or development, until such time that a local agreement is reached.

41) Monthly data challenges will continue to be raised and the commissioner require a timely response to them in accordance with contracted timescales.

42) The burden of proof for payment of BPT rests with the provider and the CCG will not pay BPT unless fully evidenced. Trusts need to give 6 months’ notice with supporting information, if they wish to start claiming new best practice tariffs or supplements in 17/18 so that the commissioner has the opportunity to validate that the activity being carried out satisfies the best practice requirements.

43) Where a patient attends separately for Diagnostic or Nurse treatment that would have otherwise been part of the original attendance, these attendances should not be charged unless part of an agreed pathway or is a nationally tariff-defined unbundled diagnostic test.

44) Commissioners expect Trusts to adhere to the data dictionary definition of Consultant and Non-Consultant activity. Activity carried out by Allied Health Professionals, e.g. physiotherapy, Occupational Therapy et al are to be classified and charged as "Non consultant Led Activity".

45) Unless otherwise explicitly agreed for certain treatment programmes, patients attending for minor and repeat procedures on a serial basis over a short period of time, should be classified as regular day attenders and charged at an agreed local price reflective of the resources expended and the substance of their treatment.

46) Non adherence to Consultant to Consultant policies will be challenged.

We recognise that not all counting and coding challenges apply to all providers. Those which apply will be reviewed and discussed within contract negotiation meetings.
Dear Neil

STAFFORDSHIRE AND STOKE ON TRENT COMMISSIONING INTENTIONS 2018/19

Purpose

In October 2016, Staffordshire and Stoke-on-Trent published its Sustainability and Transformation Plan (STP). This was the product of collaboration between NHS commissioners and providers working with the local authorities and other stakeholders. It set out a strategic case for change and a shared vision for a radical redesign of health and care services over the five year period to 2020/21.

Since then, NHS commissioners have agreed two-year contracts with providers for the period 2017-19 which include some but by no means all of the measures by which the ambitions of the STP will be realised. The CCGs do not expect an intensive contracting round for 2018/19 however, it is nonetheless important that an opportunity is taken to restate the strategic direction of travel in order to reflect developments over the past 12 months.

The prime purpose of this year’s commissioning intentions is not to duplicate the STP but to restate the CCGs commitment to its ambitions, reaffirm the organising principles and to articulate, with more granularity, the actions which will serve to deliver a clinically and financially sustainable system. These intentions should be used to support providers’ strategic, operational, financial, workforce and business plans for the medium term.

Context

The ‘5 Year Forward View’ (5YFV) heralded a significant opportunity for us to transform our health and care system through the establishment of new models of care built on patient-centred services delivered through a ‘left-shift’ of care away from a hospital setting.

The STP is our delivery vehicle for achieving this change and outlines the key challenges facing the local health economy and commits all partners to a programme of transformation in order to release savings in excess of the £245m stated in the published STP in order to address the structural gap in affordability. For 2018/19, this translates to system wide savings of around 4% of turnover which are scheduled to be driven by changes in commissioned levels of activity and delivery of Provider CIPs. The intentions set out in this letter are firmly rooted in the overall context of the STP and are necessary if we are to achieve the scale and nature of the reform required.

The Staffordshire and Stoke on Trent Local Health Economy continues to experience an extremely challenged operating environment, all partners are under increased pressure to deliver significant savings and efficiencies to enable a return to recurrent financial balance, for 2017/18 the economy is facing a deficit of around £128m and this is not sustainable moving forward. Consequently, there will be very difficult decisions that have to be made in order to balance the books, for this reason there will be...
no additional investment unless it is supported by a robust business case clearly demonstrating the return on such investment.

There is currently a disconnect between the timelines of the STP programme critical paths for activity reductions and system redesign implementation and the requirement to have granularity at a HRG level. This is proving a challenge however the approach to mitigating the risk has been identified, and we are reviewing accelerated plans for inclusion in the operating plan aligned to the STP.

Therefore as a Health Economy we need to:
Work in partnership to deliver a sustained reduction in the per capita cost of health and care services for residents of Staffordshire and Stoke-on-Trent
Return to a sustainable clinical and financial position as soon as is possible
Maximise the impact of current investment on improving patient outcomes and delivering value for money and optimising productivity
Ensure that we maximise the impact of our current contracts and that contract management is robust
Work with providers to reduce unnecessary activity from elective specialties as outlined in the right care programme to reduce costs. Transferring activity to lower acuity care settings where appropriate (Shift Left).

Accept and work within the shared care record project “your care record” and maximise the benefits of all clinicians having access to the same clinical information

Whilst these Commissioning Intentions are focussed predominantly on our Local Health Economy, we recognise that a significant proportion of our population access their acute care from other STP areas. We will work with neighbouring health economies to ensure the impact of our commissioning intentions on non-Staffordshire providers are understood and recognised. Similarly we will identify the impact of neighbouring STPs on Staffordshire providers.

**Strategic Commissioning**

The publication of these Commissioning Intentions runs slightly ahead of a reconfiguration of commissioning arrangements in Staffordshire and Stoke-on-Trent. All six CCGs have committed to the appointment of a single Accountable Officer and it is anticipated that an announcement on the outcome of the appointment process will be made in the Autumn.

The appointment of a single Accountable Officer and subsequent transition to a strategic commissioning model across Staffordshire and Stoke-on-Trent should be seen as a catalyst to an acceleration of pace in the realisation of STP ambitions and delivery of the 5YFV.

**STP alignment**

The CCGs commissioning intentions have been designed to be congruent with the STP model of care, for ease of reference these are repeated here:

- We will work with the wider population to stay healthier and independent by focusing on improving wellbeing and preventing illness, by involving people in all the decisions which affect them and by responding faster when problems arise.
- We will deliver more care in the community with less need for patients to go to hospital.
- We will make our services more joined up so that everyone involved in the patients care can work together.
- We will improve the quality of care people receive by simplifying and improving access to it and by ensuring that the professionals are part of a motivated team who have the time and skills to help.
- When patients do need to go to hospital, we will treat patients more efficiently and effectively and discharge back home as soon as they are ready.
STP priority programmes

As with 2017/18 Commissioning Intentions, the focus will be on pursuing transformational change through a small number of integrated work-streams working under the banner of the STP and underpinned by strong governance and assurance arrangements. All programmes continue to develop a range of potential solutions to the delivery of more integrated, collaborative, efficient and effective service delivery models as outlined below.

- Focused prevention – individuals and groups most at risk of ill health or dependency will be offered targeted interventions with a focus on prevention to promote healthy ageing and tackle health inequalities
- Enhanced primary and community care – services will be reviewed to harness the benefits of integration through the introduction of New Models of Care to enable the frail elderly and those with long term conditions to live independent lives and avoid costly and often unnecessary emergency admissions
- Effective and efficient planned care – services will be reviewed through the lens of the Right Care programme approach to optimise planned care pathways across the spectrum of acute services including diagnostic, cancer and end of life services
- Simplify urgent & emergency care system – a focus on ensuring that people receive the right care, in the right place, at the right time and with the right level of clinical expertise to meet their needs. Key to these changes will be the recognition that highly responsive urgent care services will be accessible outside of the traditional A&E setting
- Reduce the cost of services – the collaborative and coordinated delivery of efficiency savings across both commissioner and provider organisations including workforce review and redesign to provide strategic fit with the future models of service delivery

Appendix 1 provides more detail on the changes to the scope of current services across 2017/18 and 2018/19. For ease of reference, these are segmented to show those schemes previously communicated in September 2016 but which will have a sustained relevance throughout the contracting period as well as new schemes being brought forward for 2018/19. Whilst the detail on the schemes may be new, it is important to note that they represent the delivery mechanism for the shared commitments articulated through the STP.

Operating principles

To underpin the delivery of the STP work streams, the CCGs have adopted a number of operating principles which will serve to guide the actions of colleagues in their approach to transformation.

Seamless Partnerships
Good health and social care cannot be delivered by the NHS alone. We will work with partners and the voluntary sector to commission the right services from the right providers in the right place. Key to knowing whether this is working is full patient and public involvement in all decision making and through the commissioning cycle.

Benchmarking
We will review and improve our services, through comparing our services, processes and performance to the very best NHS organisations or to best practice elsewhere in the public, private or third sector. To maximise our learning and look to gain assurance as to the effectiveness of existing ways of working as well as providing a valuable means for identifying opportunities for improvement, doing things more effectively and efficiently in the future to deliver better quality patient experience and outcomes.

Commissioning Health Outcomes
In commissioning clinical services, the CCGs, in line with legislation, will seek to:
- meet the needs of people who use clinical services;
- improve the quality of clinical services;
improve the efficiency and productivity of the provision of clinical services

Our service review and procurement will consider clinical dependencies between services and reflect both National and local priorities.

We will commission health care services that are sustainable using the ‘Home First’ principle where appropriate. Mental health will be given parity of esteem with physical health. We will monitor and act upon patient experience making sure that patient safety will not be compromised.

Through the ‘Home First’ approach and ‘Right Care’ Programme, undertaking whole system strategic changes, by the review and change to clinical pathways; we want to prevent illness and to help those who are unwell to manage their conditions. We want to avoid unnecessary hospital admissions and make sure that people can go home as soon as they are fit enough, improving their experience and outcomes.

**Contracting for commissioning intentions and application of business rules**

The CCGs continue to believe that a key enabler to the successful delivery of the 5YFV and local STP ambitions is a review of payment reform options to better align incentives towards integration and patient-centred services.

To support this, the CCGs will create a new STP Contract Forum with a specific remit to bring forward and evaluate options for contract and payment reform to facilitate new models of contracting which will act to enable the development of New Models of Care and a focus on outcomes. This forum will only be a success with the input of colleagues from across the full range of the health and social care architecture.

In parallel to the consideration of future options, the CCGs will need to continue to have confidence that payments to providers are accurate and reflective of the service delivered. We have identified a number of specific areas for review that commissioners will pursue during the 2018/19 planning process and these are set out in appendix 2.

**Conclusion**

To conclude, the underlying economic conditions of our local health economy, together with the 5YFV and the ambitions set out in our STP require us to work more closely than ever before. NHS commissioners reaffirm their commitment to working in partnership with providers to identify and jointly agree affordable, local solutions to these challenges to maintain high quality patient care and a strong local health economy. Please note that the contents of this letter will be subject to the issue of any further national guidance. In the meantime, we welcome a constructive and pro-active level of discussion on these Commissioning Intentions.

Yours sincerely

Cheryl Hardisty
Director of Commissioning
Stoke-on-Trent and North Staffordshire Clinical Commissioning Group
Appendix 1 - CHANGES TO THE SCOPE OF CURRENT SERVICES FOR 2018/19

We intend to develop a comprehensive range of service specifications during 2018/19 in line with STP programme priorities, National guidance and local population needs. These specifications will be notified formally through contractual processes. We have identified the following services for change or transformation:

Focused Prevention

2017/18
- Phased introduction of pre-diabetic intervention programmes, including a review of bariatric surgery to manage LTC.
- Extension of ‘making every contact count’ programme.
- Implementation of healthy workplace programmes across NHS employers.
- Falls prevention programme.

Enhanced primary and community care

2017/18
- Commission services across Staffordshire through the development and embedding of new models of care through MCP models
  - Recommissioning of the Hub to co-ordinate capacity and support MCPs (North).
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams
  - Review Community reablement and rehabilitation services to reflect national benchmarking and best practice including integrating services with health intermediate care.
  - Review of community hospital bed based provision to support emerging New Models of Care.
  - Review and re-specification of Long Term Condition services aligned with MCPs.
- Review of access to diagnostics in the community, including GP direct access pathology to support providers in their efficiency programmes (Carter Review).
  - Electronic ordering of pathology tests.
  - Review of anticoagulation testing and dosing. (Includes East Staffordshire).
- Expanded use of Personal Health Budgets

2018/19
- Development of a geriatrician led MDT approach including both health and social care practitioners supporting admission avoidance within the targeted care homes.
- The focus will be on reducing the non-elective admissions in the top 20 nursing and residential homes across Stoke on Trent and North Staffordshire who are responsible for 38% of all admissions at a cost of £3.5m (North Only)
- To reduce admissions by one third, which will result in a reduction in NEL admissions by c.400 in 2018-19. The model will provide a supportive in reach and will be a standalone service to ensure that access and support will be focused on care homes only. (North Only)
- Development of elderly care facilitators/integrated living co-ordinators (North).
- Continued development of enhanced care to reduce urgent admissions from nursing homes
- Review and redesign of Rheumatology Services reflecting interdependencies with Community Musculoskeletal Services for NS & SOT CCGs (North Only)
- Implement the enhanced health in care homes framework across nursing homes (South CCGs).
  Working with general practice networks and the implementation of the Nursing home Local
Implementation Schemes, enhanced EOL support via local hospices and working collaboratively with Staffordshire County Council. This will result in 30% reduction in ambulance conveyances, A&E attendances and non-elective admissions from those homes.

- Commission services in line with the recommendations of the guidance set out in the General Practice 5 year Forward View.
  - Securing Excellence in GP IT Services 16/18’ is introducing a greater range of core requirements for technology services to be provided by vendors to general practice via GPIT budgets
  - Exploring options available to support GP systems currently in use across practices to develop access to online consultations
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams.

End of Life

2018/19

- We will review current end of life services in order develop consistent care coordination to support early identification of those at the end of life, maximising quality of life and ensuring that they are cared for and die in their place of choice.
  - Build upon the Outcomes Framework developed through the Transforming Cancer and EOL Programme.
  - Review of local co-ordination services to develop a service specification to support palliative and end of life care co-ordination (this includes review of the Palliative care Centre in North Staffs and Stoke).
  - Review the community based services which are currently in place for palliative and EOL care.
  - Ensure the electronic palliative and EOL care co-ordination solution is integrated with the STP Integrated Care Record and links hospices and care homes with the wider NHS
  - Implementation of education and training programmes for care homes (as part of the Enhanced Health in Care Homes Framework)
  - An EOL dementia Admiral Nurse has been commissioned by the Douglas Macmilian Hospice and Dementia UK and that we will be working to incorporate this work in with the CCG EOL work steam.
  - Development of EOL Programme Board as part of the STP.

Medicines optimisation

2017/18

- The CCGs will only fund high cost drugs where initiation requests and continual reviews are made through Blueteq.
- Providers are expected to adhere and work within the relevant area joint formulary, unless there are no clinically suitable formulary drugs available. CCG prescribers may refuse to continue or initiate non-formulary drug requests when clinically suitable formulary alternatives are available. All non-formulary drug choices should have rationale communicated to the prescriber.
- The CCGs requires that any initiation of relevant joint formulary classified red drugs for new patients are dispensed and supplied to patients by the hospital pharmacy or via homecare arrangements. From Month 6 onwards, the CCG will aim to agree an SDIP with the providers to repatriate all patients prescribed RED drugs according to the provider joint formulary. This is largely on safety grounds, as drugs have been classed as RED i.e. hospital only through the formulary review process. Providers need to ensure that appropriate hospital pharmacy or homecare arrangements are in place to pick up the prescribing/supply.
- As a continuation from 2016-17, where a biological drug is required and there is a biosimilar available, we expect all providers to use the lowest acquisition cost biological available for new patients. This in many cases, this will be the biosimilar. For existing patients, we require all providers to continue to switch patients to low acquisition cost biologicals in line with the existing
gain/risk-sharing agreements in place. Where new opportunities come available, we shall work with providers to agree suitable and appropriate financial arrangements in order to incentivise the provider to implement processes to maximise early adoption and prescribing.

- The CCGs require providers to adhere in full to agreed Shared Care Policies (including the production of ESCA’s).
- Providers are required to establish systems and practices to ensure that patients requiring acute treatment, identified as a result of pre-operative assessment, or urgent treatment required for out-patients are supplied/prescribed appropriate treatment. Providers should not defer to GPs to prescribe on their behalf in these instances.

**2018/19**

- Providers are required to assess the suitability of all appropriate patients for medicines to be provided via homecare company arrangements, and if found clinically suitable, offer the option of homecare to patients.
- The CCGs will implement an alternative process for the supply of dressings required by community nurses, replacing GP-generated FP10 prescriptions with a direct supply model. South Staffordshire CCGs wish to pilot a step-down pathway for rheumatoid arthritis patients receiving biologic drugs but are considered to be in remission. The protocol and pathway will be jointly produced.

**Effective and efficient planned care**

**2017/18**

- Commissioners will be developing a Bariatric surgery services pathway and policy. The pathway will include medical and surgery intervention
  - Review of current community and secondary care provision
  - Development of Tier 3 service
  - Integration with secondary care
- Ophthalmology pathways including cataracts (in line with the STP programme) that can be delivered in a fully integrated community clinics to manage a range of treatments and interventions
- Review of Gastroenterology services ,
  - review of clinical assessment and treatment services.
  - Gastrointestinal - Outline plan for a pathway that avoids inappropriate hospital admissions for patients with constipation
- Collaboration with Specialised Commissioning at NHS England e.g. maternity pathway.
- Continue to work towards the achievement of seven day services across the health and social care economy. (Includes East Staffordshire patients aged 19 and under).
- Introduction of block pathway prices for identified planned care pathways (East Staffordshire CCG).
- Implementation of advice and guidance prior to GP referral via E-RS and a Consultant Hotline.
- Commissioners will work with providers to understand C2C referral activity and review the current policy.

**2018/19**

- Pre-operative assessment - work collaboratively with UHNM to design and deliver an alternative cost and clinically effective model.
- Respiratory - implement a pathway for the management of patients with community acquired pneumonia
- Catheter Pathway- Repatriate the clinically appropriate cohort of patients currently being referred to SAU for catheter related issues, to the commissioned District Nursing Service..
- Develop a pathway for GP direct access to ELF testing (fatty liver disease) in the community
- Review the pelvic floor pathway
• Review Spinal pathway in line with the STP programme/work-stream
• Review Fracture Clinic service at RSUH
• Streamline elective care pathways - Enhance patient pathways to minimise unnecessary follow up appointments by increasing number of telephone follow up for patients who do not require a face to face consultation.
• Review and develop community/tier 3 clinical assessment and treatment services for the specialties outlined below. Commissioners preferred approach will be to work with our existing NHS acute providers to re-design pathways and agree local payment mechanisms for these services which will ensure seamless integration with tier 4, services:
  o Cardiology – all non-invasive services
  o Gynaecology.
  o ENT - Review of existing services in Cannock & Stafford and new provision in South East Staffs & Seisdon CCG
  o Urology
  o Neurology
  o Dermatology – review of existing community services
  o Gastroenterology, review of clinical assessment and treatment services and the use of point of care testing for faecal calprotectin.
• Musculoskeletal Work stream
  o Chronic pain management – development of new pathway and procurement of service
  o Podiatric – MSK & surgery pathway and service redesign
  o Development of Staffordshire wide MSK Intermediate service and reprocurement
  o MSK rehabilitation – review and redesign
  o Development of cervical pain pathway
  o Development of elbow, hand, Acute knee and F&A pathways
  o Review of pre-operative assessment process
  o Use of technology across a range of specialties to improve outpatient flows.
  o Review of the provision and specification of Rheumatology services in the South of the County, with particular reference to the use of Ultrasound and mechanisms through which these services are funded.
• Commissioners will work with providers to review pre-op assessment activity and opportunities for direct listing for low-risk procedures
• Commissioners will work with providers to identify areas for opportunity in General Surgery outcomes, using the Getting It Right First Time (GIRFT) guidance.
• Procedures of Limited Clinical Value(POLCV) Policy, now known as the Policy for Excluded and Restricted procedures (ERP), will continue to be reviewed and updated as evidence is reviewed. Providers should be aware that MSK procedures in the POLCV policy have been removed from the ERP and are subject to separate, more detailed policies that providers will be required to comply with.
• After a successful implementation the Blueteq prior approval system will continue to be developed for the purpose of Individual funding requests, and prior approval of both restricted procedures contained within the ERP and MSK policies and High-cost (PBR-excluded) drugs.

Cancer

2018/19
• Increase awareness of the signs and symptoms of cancer, early detection through screening and optimize cancer identification through timely 2week wait referrals and commissioning a dedicated surveillance service for people who have been identified as being at moderate risk of breast cancer.
• Targeted increase in uptake in screening.
• Review and redesign diagnostic services to ensure timely capacity is available to support pathways including enhancing GP direct access where appropriate.

• Continue the systematic review of cancer pathways, in collaboration with the West Midlands Cancer Alliance to ensure patients are seen in the right place by the right clinician at the right time, reducing the number of appointments where appropriate by the use of ‘one stop’ clinics, assistive technologies, implementation of risk stratified pathways starting with breast, prostate and colorectal and provision of evidence-based holistic needs assessment and support.

• Revise cancer pathways to ensure that patients who are not diagnosed with cancer are efficiently transferred to the most appropriate pathway. Where appropriate interventions will be deliver in the community, closer to home.

• Reduction in elective/day case for cancer (ESCCG).

**Simplify urgent and emergency care**

**2018/19**

• By means of the UEC Milestone Tracker (the single overarching system plan for urgent care), deliver:
  - **Enhancements to NHS 111** – implementation of NHS 111 Online, integration, increased clinical input and increased booking functionality.
  - **Improved GP access** - GP Practices to meet seven national core requirements and increasing population coverage evening and weekend appointments.
  - **An Urgent Treatment Centre** – full attainment of the mandated service specification by March 2018 and complete the consultation regarding the current facilities (e.g. WICs, MIUs, Primary Care Access Hubs etc.).
  - **Enhancements to the ambulance service** – full implementation of the Ambulance Response Programme recommendations and reduction in conveyances.
  - **Enhancements to hospital flow** – attainment of the 95% constitutional standard, zero 12 hour trolley breaches, timely ambulance handover, provision of ambulatory emergency care, enhanced frailty pathway, full implementation of SAFER and implementation of the emergency care dataset.
  - **Optimised discharge processes** – full implementation of Discharge to Assess, minimise CHC assessment in the acute trusts and full implementation of the high impact changes for delayed transfers of care (DToC).
  - **Specialist mental health care in A&E** - 24-hour ‘core 24’ mental health teams, which will effectively manage client presenting in the A&E with mental health conditions.
  - **Liaison Psychiatry** - On-site Liaison Psychiatry in place at RSUH from 7am to 11pm with overnight, off-site support from Mental Health Access service & Home Treatment Team. Current one hour wait time standard in service specification

• County Hospital Redesign
  - Remodel the emergency and urgent care service, improving admission avoidance at the front door and improving discharge flow. The enablers to achieve this will be:
    - A redesign of the A&E front door to incorporate GP screening and an Urgent Treatment Centre to manage primary care illnesses and injury
    - Exemplar Front of House
    - Discharge to Assess (operational at the Front and Back door of the acute non-elective pathway)
    - Ambulatory/frail assessment unit
    - Reduction of non-elective acute medical beds
    - Increase in community beds/home based services

• Community Hospitals Redesign (Tamworth and Lichfield)
  - Remodel the access to Minor Injury Units at both sites removing open access provision to illness services through re-provision to a GP Same Day Access Service;
  - The review and reduction of community ward based beds, including a reduction in the bed complement that reflects improved working practices;
  - The change in a proportion of the beds into a discharge to assess service; and
  - Investment of an element of savings from redesign into an Early Supported Discharge.
• Establishment of an ‘Urgent Care Centre’ model at the County Hospital site that provides GP-led services for a minor illness in children and young people.
• Evaluation of the Care Co-ordination service which is currently in place for Stafford and Surrounds CCG.
• Continue to work towards the achievement of consistently staffed seven day services across the health and social care economy with a particular emphasis on those services that support Urgent Care and timely flow through the hospital (including, but not limited to, AEC, Exemplar Front Door and D2A)
• Commissioners will collaborate on the implementation of the new national specification for integrated urgent care published in August 2017.

Continuing Health Care

2018/19

• Over recent years, the CCGs have experienced exponential growth in both demand and price for CHC services. The CCGs launched a new CHC Strategy in July 2017 which set out a new blueprint for CHC services across Staffordshire and Stoke-on-Trent and requires an extensive overhaul of the current service arrangements together with the supporting systems and processes.
  o New fastrack protocols have been established in 2017/18 and will continue throughout 2018/19.
  o CHC assessments in an acute setting will be minimised to a level of 15% or less of all CHC assessments.
  o The CCG will review the feasibility of introducing a ‘dynamic purchasing system’ for CHC domiciliary care.
  o The CCG is actively considering the establishment of a consolidated and integrated assessment and eligibility service which will complete all CHC DSTs originating from a community setting.

Mental Health

2018/19

• Commissioning services in line with the recommendations of the guidance set out in the Mental Health 5 Year Forward View through the following work streams:
  o Crisis Support for Children and Young People
  o Re-specification of primary care mental health services, including IAPT.
  o Review of the personality disorder pathway
  o Continuing to work towards zero Out of Area Acute Placements through the review of crisis care pathways and community pathways
  o Continue to support the development of the recovery service for patients with Severe Mental Illness
  o Support the development of an STP approach to PICU services including solutions for Female PICU
• Implementation of the CAMHS Transformation plan - 2018-2019 priority to include Crisis Support for C&YP
• Review of dual-diagnosis pathway.
• Review the Crisis Pathway across South Staffordshire and develop a transformation plan as part of STP.
• Review and take steps to manage bed occupancy including demand and capacity analysis to inform the development of improved acute pathways.
• Review local rehabilitation pathways to support future commissioning intentions.
- Support the expansion of Liaison and Diversion services for people in the Criminal Justice System
- Commission additional psychological therapy to deliver national targets of increased therapists in primary care and achieve the 25% access rates by 2020/21.
- Review and recommission the pathway for adult autism services.

**Perinatal Mental Health**

**2018/19**
There will be a national investment of £365m from 2015/16-2020/21 for phased work programme to build capacity and capability and increase access to specialist support, closer to home, including through:
- increased supply of multi-disciplinary specialist community perinatal mental health teams
- increased supply of specialist inpatient beds (Mother and Baby Units)
- perinatal mental health networks covering England (as recommended in NICE guidelines).
- Healthcare professionals should be trained, competent and confident in recognition, treatment and support for women with perinatal mental health problems.
- Redesign of perinatal mental health pathway.

**Dementia**

**2017/18**
- To implement the recommendations of the Prime Ministers Challenge on Dementia 2020.
- Achieve and sustain high levels of dementia diagnosis.
- Achieve high levels of dementia care planning and post-diagnostic support

**2018/19**
- Improvements in rate of dementia patients offered annual face-to-face appointments to review their diagnosis/care plan or advanced care plan
- Implementation of the Memory Support Service to ensure post diagnostic support is delivered in line with NHSE guidance.
- Sustain and work towards the NHSE guidance that 77% of patients in primary care with a recorded diagnosis of dementia received a face to face care plan review in the previous 12 months. Ensure the quality of the plans through the memory support services.

**Learning Disabilities**

**2017/18**
- Implementation of the Transforming Care Programme in partnership with Local Authorities to step down and repatriate patients from Hospital placements.
- 2018/19Implementation of a Community Forensic Practitioner service to support people with learning disabilities and/or autism.
- Consideration of investment into intensive support for Children and Young People with learning disabilities and/or autism.

**Maternity Services**

**2017/18**
- To implement the recommendations of the National Maternity Review and the Maternity Transformation Programme.
• Respond appropriately to the findings and recommendations of the NHS England review of maternity services at County Hospital.

Children and Young People's services
2018/19
• Re-Procurement of the Special School Nursing Service, Annual Health Review Assessment (Looked After Children), Enuresis and Continence Assessments.
• Embed Integrated Children’s Community Services model - The model will ensure consistent clinical oversight and a seamless service for children, young people and their families and ensure that local children are able to access the required services they need as close to home as possible, taking into account the need for appropriate levels of skills and expertise to treat acute and chronic conditions.

All Providers
• To deliver consistent ward based discharge activity seven days per week to minimise delay and reduce fluctuation.
• Review of service lines to ensure we commission services that are good value in terms of efficiency and quality.
• Implementation of the 10 Universal Capabilities within the Digital Roadmap by March 2018.

East Staffordshire
East Staffordshire CCG has commissioned Virgin Care Services Limited as its Prime Contractor via a fixed price, outcomes based contract between 2016 and 2023 for patients aged 19 and over. Therefore, a number of the planned transformation activities listed below for 2017/18 and 2018/19 are within the scope of the VCSL contract (as defined by the Virgin Care Services algorithm) and captured within their planned strategic service model, which has already been contracted for. This includes transformation activity in the following areas:

• Enhanced primary and community care
• Acute Services
• Urgent Care
• End of Life

For this reason, and the avoidance of doubt, East Staffordshire CCG will not directly be undertaking any transformation work in the above areas as listed (unless explicitly stated) or will only be involved in those elements of the pathway that are outside of the Virgin scope, unless otherwise explicitly stated.

For all other areas, it is to be assumed that East Staffordshire CCG is party to the planned transformation work.
Appendix 2

This document is being issued as formal notice of Commissioners intentions with regard to counting and coding changes for 18/19 in accordance with Service Condition 28 of the Contract.

1) The CCG will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date.

2) The Trust is required to outline any drug or device uplift over and above the unit price paid via the schedule 6 data submissions.

3) The Trust is required to outline any drugs where VAT is not being paid via the schedule 6 data submissions.

4) Locally agreed or non-tariff prices will be reviewed including review of non-consultant led outpatient tariffs.

5) Commissioners would like to carry out a review of any day-case activity with a view to working with the Trust to move this activity to outpatient settings where clinically appropriate to do so using. Analysis of Acute Elective, Day case and Outpatient Procedures against the British Association of Day Surgery (BADS) guidance.

6) The Trust must work to report in line with schedule 6 requirements with the support of commissioners. The data will be at patient level and will be submitted via the Midlands and Lancashire DSCRO. A template must be agreed for each service type before contract sign off which will include a timetable for submission and specified data quality improvements of submissions.

7) Commissioners will review non consultant led pathways in line with regional best practice and national clinical verified sources.

8) Commissioners expect that the correct treatment function code must be used for outpatient activity aligning this to the correct main specialty code for the activity.

9) Providers must be able to demonstrate contract positions prior to any adjustments made to the specialised IR.

10) Outpatient telephone consultations: Where clinically appropriate Providers will be expected to move to telephone consultations. This activity must replace face-to-face follow up attendances. They will not be paid as additional activity.

11) Outpatient Nurse Led activity – Commissioners would expect any Outpatient activity seen by a nurse to be coded and charged via a locally agreed price and appropriately coded using the NHS data dictionary guidelines.

12) Planned procedure not carried out – Commissioners will only pay a locally agreed tariff for activity that is for medical or patient reasons (WH50A), for activity that is for other or unspecified reasons (WH50B), commissioners will include a local price of £0.

13) A locally agreed price will be determined for patients attending A&E who leave before being treated.
14) Multiple diagnostic tests occurring on the same day will be reviewed to ensure correct clinical coding is applied. This applies to any scans that occur in more than one area. For the avoidance of doubt, the default position is that only one National Tariff HRG will be chargeable per patient per modality per day.

15) Procedures of low clinical value will be adhered to and challenged. Any exclusions from the policy must be supported and evidenced by IFR approval. Any patients that have been approved via IFR will be given a unique identifier (Blueteq number if using Blueteq for approval) within an agreed field in SUS.

16) Neonatal level of care field to be populated in accordance with data dictionary national codes. For avoidance of doubt this is codes 0,1,2,3

17) Activity will be coded as regular day/night attendances with a locally agreed price. This is where a patient is admitted electively during the day or night as part of a planned series of regular admissions for an ongoing regime of broadly similar treatment and who is discharged the same day/next morning

In addition to the counting and coding changes listed above, Commissioners will also be expecting the following additional information items to be included in the contract for 18/19:

18) Additional information will be required from patient level monitoring, therefore commissioners will be requesting the following SUS data fields are completed:
   - All admissions should be time stamped including a discharge ready date
   - Outpatient appointment should be time stamped
   - All critical care admissions must include a discharge ready date
   - All critical care admissions must display the number of organs supported per day
   - Ambulance incident number (CAD ID) to be populated in A&E submission. This will allow tracking of patients between both A&E and ambulance services

19) A timetable must be agreed during the contract negotiation process for SLAM and non-SUS patient level information submissions to commissioners (No later than 3 working days post the SUS inclusion date)

20) Maternity antenatal and postnatal pathway: patient level data will be required to be submitted to the Midlands and Lancashire DSCRO using a standard template that will be sent to providers. Where a patient has been charged multiple times by the same provider or by more than one provider, only the initial community midwifery assessment will be paid by commissioners in accordance with PBR guidance. Commissioners also require a list of practice lead provider designations in order to validate the correct lead provider for the antenatal pathway

21) Best practice tariffs: All activity flagged as best practice tariff where all compliance cannot be demonstrated through SUS will require additional local data feeds and information requirements to be made in order for payment to be validated and then processed

22) For unbundled and critical care activity the commissioner will be using the activity submitted via SUS for payment methodologies

23) The commissioner will require the provider to supply sufficient information through the schedule 6 templates in order to correctly identify activity related to innovation and technology tariff activity.
24) All data submitted via the schedule 6 datasets will be coded in line with current ODS and data dictionary specifications

25) Providers will use the latest version of the published PSS tool and any agreed derogations between specialised commissioning, the CCG and the provider will be fully documented in the contract(s) and logic shared with the CSU

26) Activity will be identified in both local monitoring (SLAM) and SUS where it relates to any prime contractor arrangements.

27) The CCG will expect Providers to absorb all internal cost pressures within existing funding levels (taking into account the impact of the national tariff adjustment).

28) All local prices must be made explicit, with full definitions, and agreed at the point of agreement of the contract. Such prices are subject to NHSI rules of disclosure and agreement.

29) The CCG will seek to ensure that local prices relating to activity growth reflect actual marginal cost of delivering services.

30) The CCG will not pay for inherited or transferred costs that are not explicitly related to the services we commission.

31) Unless otherwise stated (explicitly) for 2017/18, providers are expected to deliver all NICE Quality Standards within the tariff costs.

32) The CCG will not accept any coding and counting changes that have not had the appropriate notice periods attached.

33) Where counting and coding changes are proposed by providers during the negotiation process, a commissioner based risk assessment will be required from providers prior to entering into any discussions regarding implementation. In addition, commissioners expect that any such coding changes will be under pinned by an appropriate in year risk share arrangement to protect both providers and commissioners from unanticipated financial risk.

34) The CCG will not fund activity at full or part inpatient tariff where such activity is clinically appropriate to be undertaken in an outpatient setting.

35) The CCG will clinically review activity that is being charged as an outpatient procedure to ensure that this is an appropriate tariff.

36) The CCG will work with Trusts to identify areas of activity which could be covered by a local tariff which supports innovative pathways that incentivise providers to reduce the number of emergency admissions and to reduce the average length of stay.

37) The CCG wants to ensure that all appropriate patients who attend A&E with conditions more amenable to community care and intervention are redirected following assessment to the appropriate setting in the community for their ongoing care. The CCG will seek to work with each acute provider to ensure that Access to Care is a key referral option 7 days a week and we increase the proportion of patients who can be discharged directly from A&E.

38) The CCG will be developing an appropriate set of metrics (or activity planning assumptions) on key indicators of non-elective efficiency which will reflect a sharing of financial risk between the commissioners (in relation to commissioner-induced demand) and the provider (in relation to provider-induced demand).
39) The CCG will seek to apply differential pricing adjustments to tariff (tariff minus) where providers restrict the patient complexity that they treat.

40) Commissioners expect that any service changes or developments are supported by a business case and approved by the CCG before services commence. Where this process is not followed Commissioners do not expect to be charged for such change or development, until such time that a local agreement is reached.

41) Monthly data challenges will continue to be raised and the commissioner require a timely response to them in accordance with contracted timescales.

42) The burden of proof for payment of BPT rests with the provider and the CCG will not pay BPT unless fully evidenced. Trusts need to give 6 months’ notice with supporting information, if they wish to start claiming new best practice tariffs or supplements in 17/18 so that the commissioner has the opportunity to validate that the activity being carried out satisfies the best practice requirements.

43) Where a patient attends separately for Diagnostic or Nurse treatment that would have otherwise been part of the original attendance, these attendances should not be charged unless part of an agreed pathway or is a nationally tariff-defined unbundled diagnostic test.

44) Commissioners expect Trusts to adhere to the data dictionary definition of Consultant and Non-Consultant activity. Activity carried out by Allied Health Professionals, e.g. physiotherapy, Occupational Therapy et al are to be classified and charged as "Non consultant Led Activity".

45) Unless otherwise explicitly agreed for certain treatment programmes, patients attending for minor and repeat procedures on a serial basis over a short period of time, should be classified as regular day attenders and charged at an agreed local price reflective of the resources expended and the substance of their treatment.

46) Non adherence to Consultant to Consultant policies will be challenged.

We recognise that not all counting and coding challenges apply to all providers. Those which apply will be reviewed and discussed within contract negotiation meetings.
Dear Paula

**STAFFORDSHIRE AND STOKE ON TRENT COMMISSIONING INTENTIONS 2018/19**

**Purpose**

In October 2016, Staffordshire and Stoke-on-Trent published its Sustainability and Transformation Plan (STP). This was the product of collaboration between NHS commissioners and providers working with the local authorities and other stakeholders. It set out a strategic case for change and a shared vision for a radical redesign of health and care services over the five year period to 2020/21.

Since then, NHS commissioners have agreed two-year contracts with providers for the period 2017-19 which include some but by no means all of the measures by which the ambitions of the STP will be realised. The CCGs do not expect an intensive contracting round for 2018/19 however, it is nonetheless important that an opportunity is taken to restate the strategic direction of travel in order to reflect developments over the past 12 months.

The prime purpose of this year’s commissioning intentions is not to duplicate the STP but to restate the CCGs commitment to its ambitions, reaffirm the organising principles and to articulate, with more granularity, the actions which will serve to deliver a clinically and financially sustainable system. These intentions should be used to support providers’ strategic, operational, financial, workforce and business plans for the medium term.

**Context**

The ‘5 Year Forward View’ (5YFV) heralded a significant opportunity for us to transform our health and care system through the establishment of new models of care built on patient-centred services delivered through a ‘left-shift’ of care away from a hospital setting.

The STP is our delivery vehicle for achieving this change and outlines the key challenges facing the local health economy and commits all partners to a programme of transformation in order to release savings in excess of the £245m stated in the published STP in order to address the structural gap in affordability. For 2018/19, this translates to system wide savings of around 4% of turnover which are scheduled to be driven by changes in commissioned levels of activity and delivery of Provider CIPs. The intentions set out in this letter are firmly rooted in the overall context of the STP and are necessary if we are to achieve the scale and nature of the reform required.

The Staffordshire and Stoke on Trent Local Health Economy continues to experience an extremely challenged operating environment, all partners are under increased pressure to deliver significant savings and efficiencies to enable a return to recurrent financial balance, for 2017/18 the economy is facing a deficit of around £128m and this is not sustainable moving forward. Consequently, there will be very difficult decisions that have to be made in order to balance the books, for this reason there will be
no additional investment unless it is supported by a robust business case clearly demonstrating the return on such investment.

There is currently a disconnect between the timelines of the STP programme critical paths for activity reductions and system redesign implementation and the requirement to have granularity at a HRG level. This is proving a challenge however the approach to mitigating the risk has been identified, and we are reviewing accelerated plans for inclusion in the operating plan aligned to the STP.

Therefore as a Health Economy we need to:
Work in partnership to deliver a sustained reduction in the per capita cost of health and care services for residents of Staffordshire and Stoke-on-Trent
Return to a sustainable clinical and financial position as soon as is possible
Maximise the impact of current investment on improving patient outcomes and delivering value for money and optimising productivity
Ensure that we maximise the impact of our current contracts and that contract management is robust
Work with providers to reduce unnecessary activity from elective specialties as outlined in the right care programme to reduce costs. Transferring activity to lower acuity care settings where appropriate (Shift Left).

Accept and work within the shared care record project “your care record” and maximise the benefits of all clinicians having access to the same clinical information

Whilst these Commissioning Intentions are focussed predominantly on our Local Health Economy, we recognise that a significant proportion of our population access their acute care from other STP areas. We will work with neighbouring health economies to ensure the impact of our commissioning intentions on non-Staffordshire providers are understood and recognised. Similarly we will identify the impact of neighbouring STPs on Staffordshire providers.

**Strategic Commissioning**

The publication of these Commissioning Intentions runs slightly ahead of a reconfiguration of commissioning arrangements in Staffordshire and Stoke-on-Trent. All six CCGs have committed to the appointment of a single Accountable Officer and it is anticipated that an announcement on the outcome of the appointment process will be made in the Autumn.

The appointment of a single Accountable Officer and subsequent transition to a strategic commissioning model across Staffordshire and Stoke-on-Trent should be seen as a catalyst to an acceleration of pace in the realisation of STP ambitions and delivery of the 5YFV.

**STP alignment**

The CCGs commissioning intentions have been designed to be congruent with the STP model of care, for ease of reference these are repeated here:

- We will work with the wider population to stay healthier and independent by focusing on improving wellbeing and preventing illness, by involving people in all the decisions which affect them and by responding faster when problems arise.
- We will deliver more care in the community with less need for patients to go to hospital.
- We will make our services more joined up so that everyone involved in the patients care can work together.
- We will improve the quality of care people receive by simplifying and improving access to it and by ensuring that the professionals are part of a motivated team who have the time and skills to help.
- When patients do need to go to hospital, we will treat patients more efficiently and effectively and discharge back home as soon as they are ready.
STP priority programmes

As with 2017/18 Commissioning Intentions, the focus will be on pursuing transformational change through a small number of integrated work-streams working under the banner of the STP and underpinned by strong governance and assurance arrangements. All programmes continue to develop a range of potential solutions to the delivery of more integrated, collaborative, efficient and effective service delivery models as outlined below.

- Focused prevention – individuals and groups most at risk of ill health or dependency will be offered targeted interventions with a focus on prevention to promote healthy ageing and tackle health inequalities
- Enhanced primary and community care – services will be reviewed to harness the benefits of integration through the introduction of New Models of Care to enable the frail elderly and those with long term conditions to live independent lives and avoid costly and often unnecessary emergency admissions
- Effective and efficient planned care – services will be reviewed through the lens of the Right Care programme approach to optimise planned care pathways across the spectrum of acute services including diagnostic, cancer and end of life services
- Simplify urgent & emergency care system – a focus on ensuring that people receive the right care, in the right place, at the right time and with the right level of clinical expertise to meet their needs. Key to these changes will be the recognition that highly responsive urgent care services will be accessible outside of the traditional A&E setting
- Reduce the cost of services – the collaborative and coordinated delivery of efficiency savings across both commissioner and provider organisations including workforce review and redesign to provide strategic fit with the future models of service delivery

Appendix 1 provides more detail on the changes to the scope of current services across 2017/18 and 2018/19. For ease of reference, these are segmented to show those schemes previously communicated in September 2016 but which will have a sustained relevance throughout the contracting period as well as new schemes being brought forward for 2018/19. Whilst the detail on the schemes may be new, it is important to note that they represent the delivery mechanism for the shared commitments articulated through the STP.

Operating principles

To underpin the delivery of the STP work streams, the CCGs have adopted a number of operating principles which will serve to guide the actions of colleagues in their approach to transformation.

Seamless Partnerships
Good health and social care cannot be delivered by the NHS alone. We will work with partners and the voluntary sector to commission the right services from the right providers in the right place. Key to knowing whether this is working is full patient and public involvement in all decision making and through the commissioning cycle.

Benchmarking
We will review and improve our services, through comparing our services, processes and performance to the very best NHS organisations or to best practice elsewhere in the public, private or third sector. To maximise our learning and look to gain assurance as to the effectiveness of existing ways of working as well as providing a valuable means for identifying opportunities for improvement, doing things more effectively and efficiently in the future to deliver better quality patient experience and outcomes.

Commissioning Health Outcomes
In commissioning clinical services, the CCGs, in line with legislation, will seek to:
- meet the needs of people who use clinical services;
- improve the quality of clinical services;
improve the efficiency and productivity of the provision of clinical services

Our service review and procurement will consider clinical dependencies between services and reflect both National and local priorities.

We will commission health care services that are sustainable using the ‘Home First’ principle where appropriate. Mental health will be given parity of esteem with physical health. We will monitor and act upon patient experience making sure that patient safety will not be compromised.

Through the ‘Home First’ approach and ‘Right Care’ Programme, undertaking whole system strategic changes, by the review and change to clinical pathways; we want to prevent illness and to help those who are unwell to manage their conditions. We want to avoid unnecessary hospital admissions and make sure that people can go home as soon as they are fit enough, improving their experience and outcomes.

Contracting for commissioning intentions and application of business rules

The CCGs continue to believe that a key enabler to the successful delivery of the 5YFV and local STP ambitions is a review of payment reform options to better align incentives towards integration and patient-centred services.

To support this, the CCGs will create a new STP Contract Forum with a specific remit to bring forward and evaluate options for contract and payment reform to facilitate new models of contracting which will act to enable the development of New Models of Care and a focus on outcomes. This forum will only be a success with the input of colleagues from across the full range of the health and social care architecture.

In parallel to the consideration of future options, the CCGs will need to continue to have confidence that payments to providers are accurate and reflective of the service delivered. We have identified a number of specific areas for review that commissioners will pursue during the 2018/19 planning process and these are set out in appendix 2.

Conclusion

To conclude, the underlying economic conditions of our local health economy, together with the 5YFV and the ambitions set out in our STP require us to work more closely than ever before. NHS commissioners reaffirm their commitment to working in partnership with providers to identify and jointly agree affordable, local solutions to these challenges to maintain high quality patient care and a strong local health economy. Please note that the contents of this letter will be subject to the issue of any further national guidance. In the meantime, we welcome a constructive and pro-active level of discussion on these Commissioning Intentions.

Yours sincerely

Cheryl Hardisty
Director of Commissioning
Stoke-on-Trent and North Staffordshire Clinical Commissioning Group
Appendix 1 - CHANGES TO THE SCOPE OF CURRENT SERVICES FOR 2018/19

We intend to develop a comprehensive range of service specifications during 2018/19 in line with STP programme priorities, National guidance and local population needs. These specifications will be notified formally through contractual processes. We have identified the following services for change or transformation:

Focused Prevention

2017/18
- Phased introduction of pre-diabetic intervention programmes, including a review of bariatric surgery to manage LTC.
- Extension of ‘making every contact count’ programme.
- Implementation of healthy workplace programmes across NHS employers.
- Falls prevention programme.

Enhanced primary and community care

2017/18
- Commission services across Staffordshire through the development and embedding of new models of care through MCP models
  - Recommissioning of the Hub to co-ordinate capacity and support MCPs (North).
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams
  - Review Community reablement and rehabilitation services to reflect national benchmarking and best practice including integrating services with health intermediate care.
  - Review of community hospital bed based provision to support emerging New Models of Care.
  - Review and re-specification of Long Term Condition services aligned with MCPs.
- Review of access to diagnostics in the community, including GP direct access pathology to support providers in their efficiency programmes (Carter Review).
  - Electronic ordering of pathology tests.
  - Review of anticoagulation testing and dosing. (Includes East Staffordshire).
- Expanded use of Personal Health Budgets

2018/19
- Development of a geriatrician led MDT approach including both health and social care practitioners supporting admission avoidance within the targeted care homes.
- The focus will be on reducing the non-elective admissions in the top 20 nursing and residential homes across Stoke on Trent and North Staffordshire who are responsible for 38% of all admissions at a cost of £3.5m (North Only)
- To reduce admissions by one third, which will result in a reduction in NEL admissions by c.400 in 2018-19. The model will provide a supportive in reach and will be a standalone service to ensure that access and support will be focused on care homes only. (North Only)
- Development of elderly care facilitators/integrated living co-ordinators (North).
- Continued development of enhanced care to reduce urgent admissions from nursing homes
- Review and redesign of Rheumatology Services reflecting interdependencies with Community Musculoskeletal Services for NS & SOT CCGs (North Only)
- Implement the enhanced health in care homes framework across nursing homes (South CCGs). Working with general practice networks and the implementation of the Nursing home Local Implementation Schemes, enhanced EOL support via local hospices and working collaboratively with
Staffordshire County Council. This will result in 30% reduction in ambulance conveyances, A&E attendances and non-elective admissions from those homes.

- Commission services in line with the recommendations of the guidance set out in the General Practice 5 year Forward View.
  - Securing Excellence in GP IT Services 16/18’ is introducing a greater range of core requirements for technology services to be provided by vendors to general practice via GPIT budgets
  - Exploring options available to support GP systems currently in use across practices to develop access to online consultations
  - Support the development of locality community hubs around clusters of GP practices and underpinned by integrated care teams.

End of Life

2018/19

- We will review current end of life services in order develop consistent care coordination to support early identification of those at the end of life, maximising quality of life and ensuring that they are cared for and die in their place of choice.
  - Build upon the Outcomes Framework developed through the Transforming Cancer and EOL Programme.
  - Review of local co-ordination services to develop a service specification to support palliative and end of life care co-ordination (this includes review of the Palliative care Centre in North Staffs and Stoke).
  - Review the community based services which are currently in place for palliative and EOL care.
  - Ensure the electronic palliative and EOL care co-ordination solution is integrated with the STP Integrated Care Record and links hospices and care homes with the wider NHS
  - Implementation of education and training programmes for care homes (as part of the Enhanced Health in Care Homes Framework)
  - An EOL dementia Admiral Nurse has been commissioned by the Douglas Macmilian Hospice and Dementia UK and that we will be working to incorporate this work in with the CCG EOL work steam.
  - Development of EOL Programme Board as part of the STP.

Medicines optimisation

2017/18

- The CCGs will only fund high cost drugs where initiation requests and continual reviews are made through Blueteq.
- Providers are expected to adhere and work within the relevant area joint formulary, unless there are no clinically suitable formulary drugs available. CCG prescribers may refuse to continue or initiate non-formulary drug requests when clinically suitable formulary alternatives are available. All non-formulary drug choices should have rationale communicated to the prescriber.
- The CCGs requires that any initiation of relevant joint formulary classified red drugs for new patients are dispensed and supplied to patients by the hospital pharmacy or via homecare arrangements. From Month 6 onwards, the CCG will aim to agree an SDIP with the providers to repatriate all patients prescribed RED drugs according to the provider joint formulary. This is largely on safety grounds, as drugs have been classed as RED i.e. hospital only through the formulary review process. Providers need to ensure that appropriate hospital pharmacy or homecare arrangements are in place to pick up the prescribing/supply.
- As a continuation from 2016-17, where a biological drug is required and there is a biosimilar available, we expect all providers to use the lowest acquisition cost biological available for new patients. This in many cases, this will be the biosimilar. For existing patients, we require all providers to continue to switch patients to low acquisition cost biologicals in line with the existing gain/risk-sharing agreements in place. Where new opportunities come available, we shall work
with providers to agree suitable and appropriate financial arrangements in order to incentivise the provider to implement processes to maximise early adoption and prescribing.

- The CCGs require providers to adhere in full to agreed Shared Care Policies (including the production of ESCA’s).
- Providers are required to establish systems and practices to ensure that patients requiring acute treatment, identified as a result of pre-operative assessment, or urgent treatment required for outpatients are supplied/prescribed appropriate treatment. Providers should not defer to GPs to prescribe on their behalf in these instances.

2018/19
- Providers are required to assess the suitability of all appropriate patients for medicines to be provided via homecare company arrangements, and if found clinically suitable, offer the option of homecare to patients.
- The CCGs will implement an alternative process for the supply of dressings required by community nurses, replacing GP-generated FP10 prescriptions with a direct supply model. South Staffordshire CCGs wish to pilot a step-down pathway for rheumatoid arthritis patients receiving biologic drugs but are considered to be in remission. The protocol and pathway will be jointly produced.

Effective and efficient planned care

2017/18
- Commissioners will be developing a Bariatric surgery services pathway and policy. The pathway will include medical and surgery intervention
  - Review of current community and secondary care provision
  - Development of Tier 3 service
  - Integration with secondary care
- Ophthalmology pathways including cataracts (in line with the STP programme) that can be delivered in a fully integrated community clinics to manage a range of treatments and interventions
- Review of Gastroenterology services
  - review of clinical assessment and treatment services.
  - Gastrointestinal - Outline plan for a pathway that avoids inappropriate hospital admissions for patients with constipation
- Collaboration with Specialised Commissioning at NHS England e.g. maternity pathway.
- Continue to work towards the achievement of seven day services across the health and social care economy. (Includes East Staffordshire patients aged 19 and under).
- Introduction of block pathway prices for identified planned care pathways (East Staffordshire CCG).
- Implementation of advice and guidance prior to GP referral via E-RS and a Consultant Hotline.
- Commissioners will work with providers to understand C2C referral activity and review the current policy.

2018/19
- Pre-operative assessment - work collaboratively with UHNIM to design and deliver an alternative cost and clinically effective model.
- Respiratory - implement a pathway for the management of patients with community acquired pneumonia
- Catheter Pathway- Repatriate the clinically appropriate cohort of patients currently being referred to SAU for catheter related issues, to the commissioned District Nursing Service..
- Develop a pathway for GP direct access to ELF testing (fatty liver disease) in the community
- Review the pelvic floor pathway
- Review Spinal pathway in line with the STP programme/ work-stream
Review Fracture Clinic service at RSUH
Streamline elective care pathways - Enhance patient pathways to minimise unnecessary follow up appointments by increasing number of telephone follow up for patients who do not require a face to face consultation.
Review and develop community/tier 3 clinical assessment and treatment services for the specialties outlined below. Commissioners preferred approach will be to work with our existing NHS acute providers to re-design pathways and agree local payment mechanisms for these services which will ensure seamless integration with tier 4, services:
  - Cardiology – all non-invasive services
  - Gynaecology.
  - ENT - Review of existing services in Cannock & Stafford and new provision in South East Staffs & Seisdon CCG
  - Urology
  - Neurology
  - Dermatology – review of existing community services
  - Gastroenterology, review of clinical assessment and treatment services and the use of point of care testing for faecal calprotectin.
Musculoskeletal Work stream
  - Chronic pain management – development of new pathway and procurement of service
  - Podiatric – MSK & surgery pathway and service redesign
  - Development of Staffordshire wide MSK Intermediate service and reprocurement
  - MSK rehabilitation – review and redesign
  - Development of cervical pain pathway
  - Development of elbow, hand, Acute knee and F&A pathways
  - Review of pre-operative assessment process
  - Use of technology across a range of specialties to improve outpatient flows.
  - Review of the provision and specification of Rheumatology services in the South of the County, with particular reference to the use of Ultrasound and mechanisms through which these services are funded.
Commissioners will work with providers to review pre-op assessment activity and opportunities for direct listing for low-risk procedures
Commissioners will work with providers to identify areas for opportunity in General Surgery outcomes, using the Getting It Right First Time (GIRFT) guidance.
Procedures of Limited Clinical Value(POLCV) Policy, now known as the Policy for Excluded and Restricted procedures ( ERP), will continue to be reviewed and updated as evidence is reviewed. Providers should be aware that MSK procedures in the POLCV policy have been removed from the ERP and are subject to separate, more detailed policies that providers will be required to comply with.
After a successful implementation the Blueteq prior approval system will continue to be developed for the purpose of Individual funding requests, and prior approval of both restricted procedures contained within the ERP and MSK policies and High-cost (PBR- excluded) drugs.

Cancer
2018/19
- Increase awareness of the signs and symptoms of cancer, early detection through screening and optimize cancer identification through timely 2week wait referrals and commissioning a dedicated surveillance service for people who have been identified as being at moderate risk of breast cancer.
- Targeted increase in uptake in screening.
- Review and redesign diagnostic services to ensure timely capacity is available to support pathways including enhancing GP direct access where appropriate.
• Continue the systematic review of cancer pathways, in collaboration with the West Midlands Cancer Alliance to ensure patients are seen in the right place by the right clinician at the right time, reducing the number of appointments where appropriate by the use of ‘one stop’ clinics, assistive technologies, implementation of risk stratified pathways starting with breast, prostate and colorectal and provision of evidence-based holistic needs assessment and support.

• Revise cancer pathways to ensure that patients who are not diagnosed with cancer are efficiently transferred to the most appropriate pathway. Where appropriate interventions will be deliver in the community, closer to home.

• Reduction in elective/day case for cancer (ESCCG).

Simplify urgent and emergency care

2018/19

• By means of the UEC Milestone Tracker (the single overarching system plan for urgent care), deliver:
  o Enhancements to NHS 111 – implementation of NHS 111 Online, integration, increased clinical input and increased booking functionality.
  o Improved GP access - GP Practices to meet seven national core requirements and increasing population coverage evening and weekend appointments.
  o An Urgent Treatment Centre – full attainment of the mandated service specification by March 2018 and complete the consultation regarding the current facilities (e.g.WICs, MIUs, Primary Care Access Hubs etc.).
  o Enhancements to the ambulance service – full implementation of the Ambulance Response Programme recommendations and reduction in conveyances.
  o Enhancements to hospital flow – attainment of the 95% constitutional standard, zero 12 hour trolley breaches, timely ambulance handover, provision of ambulatory emergency care, enhanced frailty pathway, full implementation of SAFER and implementation of the emergency care dataset.
  o Optimised discharge processes – full implementation of Discharge to Assess, minimise CHC assessment in the acute trusts and full implementation of the high impact changes for delayed transfers of care (DToC).
  o Specialist mental health care in A&E - 24-hour ‘core 24’ mental health teams, which will effectively manage client presenting in the A&E with mental health conditions.
  o Liaison Psychiatry - On-site Liaison Psychiatry in place at RSUH from 7am to 11pm with overnight, off-site support from Mental Health Access service & Home Treatment Team. Current one hour wait time standard in service specification

• County Hospital Redesign
  o Remodel the emergency and urgent care service, improving admission avoidance at the front door and improving discharge flow. The enablers to achieve this will be:
  o A redesign of the A&E front door to incorporate GP screening and an Urgent Treatment Centre to manage primary care illnesses and injury
  o Exemplar Front of House
  o Discharge to Assess (operational at the Front and Back door of the acute non-elective pathway)
  o Ambulatory/frail assessment unit
  o Reduction of non-elective acute medical beds
  o Increase in community beds/home based services

• Community Hospitals Redesign (Tamworth and Lichfield)
  o Remodel the access to Minor Injury Units at both sites removing open access provision to illness services through re-provision to a GP Same Day Access Service;
  o The review and reduction of community ward based beds, including a reduction in the bed complement that reflects improved working practices;
  o The change in a proportion of the beds into a discharge to assess service; and
  o Investment of an element of savings from redesign into an Early Supported Discharge.

• Establishment of an ‘Urgent Care Centre’ model at the County Hospital site that provides GP-led services for a minor illness in children and young people.
- Evaluation of the Care Co-ordination service which is currently in place for Stafford and Surrounds CCG.
- Continue to work towards the achievement of consistently staffed seven day services across the health and social care economy with a particular emphasis on those services that support Urgent Care and timely flow through the hospital (including, but not limited to, AEC, Exemplar Front Door and D2A)
- Commissioners will collaborate on the implementation of the new national specification for integrated urgent care published in August 2017.

Continuing Health Care

2018/19
- Over recent years, the CCGs have experienced exponential growth in both demand and price for CHC services. The CCGs launched a new CHC Strategy in July 2017 which set out a new blueprint for CHC services across Staffordshire and Stoke-on-Trent and requires an extensive overhaul of the current service arrangements together with the supporting systems and processes.
  - New fastrack protocols have been established in 2017/18 and will continue throughout 2018/19.
  - CHC assessments in an acute setting will be minimised to a level of 15% or less of all CHC assessments.
  - The CCG will review the feasibility of introducing a ‘dynamic purchasing system’ for CHC domiciliary care.
  - The CCG is actively considering the establishment of a consolidated and integrated assessment and eligibility service which will complete all CHC DSTs originating from a community setting.

Mental Health

2018/19
- Commissioning services in line with the recommendations of the guidance set out in the Mental Health 5 Year Forward View through the following work streams:
  - Crisis Support for Children and Young People
  - Re-specification of primary care mental health services, including IAPT.
  - Review of the personality disorder pathway
  - Continuing to work towards zero Out of Area Acute Placements through the review of crisis care pathways and community pathways
  - Continue to support the development of the recovery service for patients with Severe Mental Illness
  - Support the development of an STP approach to PICU services including solutions for Female PICU
- Implementation of the CAMHS Transformation plan - 2018-2019 priority to include Crisis Support for C&YP
- Review of dual-diagnosis pathway.
- Review the Crisis Pathway across South Staffordshire and develop a transformation plan as part of STP.
- Review and take steps to manage bed occupancy including demand and capacity analysis to inform the development of improved acute pathways.
- Review local rehabilitation pathways to support future commissioning intentions.
- Support the expansion of Liaison and Diversion services for people in the Criminal Justice System
• Commission additional psychological therapy to deliver national targets of increased therapists in primary care and achieve the 25% access rates by 2020/21.
• Review and recommission the pathway for adult autism services.

Perinatal Mental Health

2018/19
There will be a national investment of £365m from 2015/16-2020/21 for phased work programme to build capacity and capability and increase access to specialist support, closer to home, including through:
• increased supply of multi-disciplinary specialist community perinatal mental health teams
• increased supply of specialist inpatient beds (Mother and Baby Units)
• perinatal mental health networks covering England (as recommended in NICE guidelines).
• Healthcare professionals should be trained, competent and confident in recognition, treatment and support for women with perinatal mental health problems.
• Redesign of perinatal mental health pathway.

Dementia

2017/18
• To implement the recommendations of the Prime Ministers Challenge on Dementia 2020.
• Achieve and sustain high levels of dementia diagnosis.
• Achieve high levels of dementia care planning and post-diagnostic support

2018/19
• Improvements in rate of dementia patients offered annual face-to-face appointments to review their diagnosis/care plan or advanced care plan
• Implementation of the Memory Support Service to ensure post diagnostic support is delivered in line with NHSE guidance.
• Sustain and work towards the NHSE guidance that 77% of patients in primary care with a recorded diagnosis of dementia received a face to face care plan review in the previous 12 months. Ensure the quality of the plans through the memory support services.

Learning Disabilities

2017/18
• Implementation of the Transforming Care Programme in partnership with Local Authorities to step down and repatriate patients from Hospital placements.

• 2018/19Implementation of a Community Forensic Practitioner service to support people with learning disabilities and/or autism.
• Consideration of investment into intensive support for Children and Young People with learning disabilities and/or autism.

Maternity Services

2017/18
• To implement the recommendations of the National Maternity Review and the Maternity Transformation Programme.
• Respond appropriately to the findings and recommendations of the NHS England review of maternity services at County Hospital.
Children and Young People’s services

2018/19

- Re-Procurement of the Special School Nursing Service, Annual Health Review Assessment (Looked After Children), Enuresis and Continence Assessments.
- Embed Integrated Children’s Community Services model - The model will ensure consistent clinical oversight and a seamless service for children, young people and their families and ensure that local children are able to access the required services they need as close to home as possible, taking into account the need for appropriate levels of skills and expertise to treat acute and chronic conditions.

All Providers

- To deliver consistent ward based discharge activity seven days per week to minimise delay and reduce fluctuation.
- Review of service lines to ensure we commission services that are good value in terms of efficiency and quality.
- Implementation of the 10 Universal Capabilities within the Digital Roadmap by March 2018.

East Staffordshire

East Staffordshire CCG has commissioned Virgin Care Services Limited as its Prime Contractor via a fixed price, outcomes based contract between 2016 and 2023 for patients aged 19 and over. Therefore, a number of the planned transformation activities listed below for 2017/18 and 2018/19 are within the scope of the VCSL contract (as defined by the Virgin Care Services algorithm) and captured within their planned strategic service model, which has already been contracted for. This includes transformation activity in the following areas:

- Enhanced primary and community care
- Acute Services
- Urgent Care
- End of Life

For this reason, and the avoidance of doubt, East Staffordshire CCG will not directly be undertaking any transformation work in the above areas as listed (unless explicitly stated) or will only be involved in those elements of the pathway that are outside of the Virgin scope, unless otherwise explicitly stated.

For all other areas, it is to be assumed that East Staffordshire CCG is party to the planned transformation work.
Appendix 2

This document is being issued as formal notice of Commissioners intentions with regard to counting and coding changes for 18/19 in accordance with Service Condition 28 of the Contract.

1) The CCG will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date

2) The Trust is required to outline any drug or device uplift over and above the unit price paid via the schedule 6 data submissions

3) The Trust is required to outline any drugs where VAT is not being paid via the schedule 6 data submissions

4) Locally agreed or non-tariff prices will be reviewed including review of non-consultant led outpatient tariffs

5) Commissioners would like to carry out a review of any day-case activity with a view to working with the Trust to move this activity to outpatient settings where clinically appropriate to do so using. Analysis of Acute Elective, Day case and Outpatient Procedures against the British Association of Day Surgery (BADS) guidance

6) The Trust must work to report in line with schedule 6 requirements with the support of commissioners. The data will be at patient level and will be submitted via the Midlands and Lancashire DSCRO. A template must be agreed for each service type before contract sign off which will include a timetable for submission and specified data quality improvements of submissions

7) Commissioners will review non consultant led pathways in line with regional best practice and national clinical verified sources

8) Commissioners expect that the correct treatment function code must be used for outpatient activity aligning this to the correct main specialty code for the activity

9) Providers must be able to demonstrate contract positions prior to any adjustments made to the specialised IR

10) Outpatient telephone consultations: Where clinically appropriate Providers will be expected to move to telephone consultations. This activity must replace face-to-face follow up attendances. They will not be paid as additional activity

11) Outpatient Nurse Led activity – Commissioners would expect any Outpatient activity seen by a nurse to be coded and charged via a locally agreed price and appropriately coded using the NHS data dictionary guidelines

12) Planned procedure not carried out – Commissioners will only pay a locally agreed tariff for activity that is for medical or patient reasons (WH50A), for activity that is for other or unspecified reasons (WH50B), commissioners will include a local price of £0.

13) A locally agreed price will be determined for patients attending A&E who leave before being treated
14) Multiple diagnostic tests occurring on the same day will be reviewed to ensure correct clinical coding is applied. This applies to any scans that occur in more than one area. For the avoidance of doubt, the default position is that only one National Tariff HRG will be chargeable per patient per modality per day.

15) Procedures of low clinical value will be adhered to and challenged. Any exclusions from the policy must be supported and evidenced by IFR approval. Any patients that have been approved via IFR will be given a unique identifier (Blueteq number if using Blueteq for approval) within an agreed field in SUS.

16) Neonatal level of care field to be populated in accordance with data dictionary national codes. For avoidance of doubt this is codes 0,1,2,3

17) Activity will be coded as regular day/night attendances with a locally agreed price. This is where a patient is admitted electively during the day or night as part of a planned series of regular admissions for an ongoing regime of broadly similar treatment and who is discharged the same day/next morning

In addition to the counting and coding changes listed above, Commissioners will also be expecting the following additional information items to be included in the contract for 18/19:

18) Additional information will be required from patient level monitoring, therefore commissioners will be requesting the following SUS data fields are completed:
- All admissions should be time stamped including a discharge ready date
- Outpatient appointment should be time stamped
- All critical care admissions must include a discharge ready date
- All critical care admissions must display the number of organs supported per day
- Ambulance incident number (CAD ID) to be populated in A&E submission. This will allow tracking of patients between both A&E and ambulance services

19) A timetable must be agreed during the contract negotiation process for SLAM and non-SUS patient level information submissions to commissioners (No later than 3 working days post the SUS inclusion date)

20) Maternity antenatal and postnatal pathway: patient level data will be required to be submitted to the Midlands and Lancashire DSCRO using a standard template that will be sent to providers. Where a patient has been charged multiple times by the same provider or by more than one provider, only the initial community midwifery assessment will be paid by commissioners in accordance with PBR guidance. Commissioners also require a list of practice lead provider designations in order to validate the correct lead provider for the antenatal pathway

21) Best practice tariffs: All activity flagged as best practice tariff where all compliance cannot be demonstrated through SUS will require additional local data feeds and information requirements to be made in order for payment to be validated and then processed

22) For unbundled and critical care activity the commissioner will be using the activity submitted via SUS for payment methodologies

23) The commissioner will require the provider to supply sufficient information through the schedule 6 templates in order to correctly identify activity related to innovation and technology tariff activity.
24) All data submitted via the schedule 6 datasets will be coded in line with current ODS and data dictionary specifications.

25) Providers will use the latest version of the published PSS tool and any agreed derogations between specialised commissioning, the CCG and the provider will be fully documented in the contract(s) and logic shared with the CSU.

26) Activity will be identified in both local monitoring (SLAM) and SUS where it relates to any prime contractor arrangements.

27) The CCG will expect Providers to absorb all internal cost pressures within existing funding levels (taking into account the impact of the national tariff adjustment).

28) All local prices must be made explicit, with full definitions, and agreed at the point of agreement of the contract. Such prices are subject to NHSI rules of disclosure and agreement.

29) The CCG will seek to ensure that local prices relating to activity growth reflect actual marginal cost of delivering services.

30) The CCG will not to pay for inherited or transferred costs that are not explicitly related to the services we commission.

31) Unless otherwise stated (explicitly) for 2017/18, providers are expected to deliver all NICE Quality Standards within the tariff costs.

32) The CCG will not accept any coding and counting changes that have not had the appropriate notice periods attached.

33) Where counting and coding changes are proposed by providers during the negotiation process, a commissioner based risk assessment will be required from providers prior to entering into any discussions regarding implementation. In addition, commissioners expect that any such coding changes will be underpinned by an appropriate in year risk share arrangement to protect both providers and commissioners from unanticipated financial risk.

34) The CCG will not fund activity at full or part inpatient tariff where such activity is clinically appropriate to be undertaken in an outpatient setting.

35) The CCG will clinically review activity that is being charged as an outpatient procedure to ensure that this is an appropriate tariff.

36) The CCG will work with Trusts to identify areas of activity which could be covered by a local tariff which supports innovative pathways that incentivise providers to reduce the number of emergency admissions and to reduce the average length of stay.

37) The CCG wants to ensure that all appropriate patients who attend A&E with conditions more amenable to community care and intervention are redirected following assessment to the appropriate setting in the community for their ongoing care. The CCG will seek to work with each acute provider to ensure that Access to Care is a key referral option 7 days a week and we increase the proportion of patients who can be discharged directly from A&E.

38) The CCG will be developing an appropriate set of metrics (or activity planning assumptions) on key indicators of non-elective efficiency which will reflect a sharing of financial risk between the commissioners (in relation to commissioner-induced demand) and the provider (in relation to provider-induced demand).
39) The CCG will seek to apply differential pricing adjustments to tariff (tariff minus) where providers restrict the patient complexity that they treat.

40) Commissioners expect that any service changes or developments are supported by a business case and approved by the CCG before services commence. Where this process is not followed Commissioners do not expect to be charged for such change or development, until such time that a local agreement is reached.

41) Monthly data challenges will continue to be raised and the commissioner require a timely response to them in accordance with contracted timescales.

42) The burden of proof for payment of BPT rests with the provider and the CCG will not pay BPT unless fully evidenced. Trusts need to give 6 months’ notice with supporting information, if they wish to start claiming new best practice tariffs or supplements in 17/18 so that the commissioner has the opportunity to validate that the activity being carried out satisfies the best practice requirements.

43) Where a patient attends separately for Diagnostic or Nurse treatment that would have otherwise been part of the original attendance, these attendances should not be charged unless part of an agreed pathway or is a nationally tariff-defined unbundled diagnostic test.

44) Commissioners expect Trusts to adhere to the data dictionary definition of Consultant and Non-Consultant activity. Activity carried out by Allied Health Professionals, e.g. physiotherapy, Occupational Therapy et al are to be classified and charged as “Non consultant Led Activity”.

45) Unless otherwise explicitly agreed for certain treatment programmes, patients attending for minor and repeat procedures on a serial basis over a short period of time, should be classified as regular day attenders and charged at an agreed local price reflective of the resources expended and the substance of their treatment.

46) Non adherence to Consultant to Consultant policies will be challenged.

47) For Non-critical care activity occurring in non-discrete critical care beds on Ward 222 (non-invasive ventilation) Commissioners no longer want this activity counted and coded as critical care activity but want this to be counted and coded as an Outpatient Procedure.

48) For Same day Outpatient and Spell Admission/Discharge CCGs want MS pre-assessments followed by admission for infusion to be counted and coded as Ward Attender.

49) Multiple Same Day Outpatient Activity: Ophthalmology: for additional attendances CCGs want this activity to be counted and coded as an MDT first and follow up, rather than individual attendances.

50) Multiple Same Day Outpatient Activity: Respiratory Medicine: Where the additional attendance is supporting the consultant to complete the attendance (e.g. MRSA swab, fit for surgery checks) that is currently counted and coded as a single attendance, CCGs want this to be counted and coded as a single MDT attendance rather than multiple attendances.
51) Subcutaneous injections: CCGs want this activity to be counted and coded as an Outpatient attendance rather than admission/daycase.

52) Day case activity with no procedure codes: CCGs want this activity to be counted and coded as an Outpatient attendance rather than admission/daycase.

53) Venous sampling CCGs want this activity to be counted and coded as an Outpatient attendance rather than admission/daycase.

54) Radiotherapy preparation CCGs want this activity to be counted and coded as an Outpatient attendance rather than admission/daycase.

55) For Early Pregnancy Assessment Unit activity covered by the anti-natal/maternity pathway tariff CCGs expect UHNM to count and code this activity in accordance with National Tariff.

We recognise that not all counting and coding challenges apply to all providers. Those which apply will be reviewed and discussed within contract negotiation meetings.
The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common are asked to Note the summary of key issues and Ratify the decisions made from the Planning and Commissioning Committee in Common held on Tuesday, 5th September 2017. Details as follows:

- **Note** the Finance Report
- **Ratify** the Commissioning Intentions for 2018/2019
- **Note** the NHSE Consultation on items which should not be prescribed to Primary Care
- **Ratify** the Tier 3 Minor Hand Surgery Contract Service Specification
- **Ratify** the Home First Service Specification
- **Ratify** the Tier 3 Community Services Procurement (ENT, Gynaecology and Ophthalmology)
- **Note** the Psychiatric Intensive Care Unit (PICU) Development
- **Ratify** the Clinical Priorities Advisory Group (CPAG) process male and female sterilisation review
- **Note** the Critical Care Rehabilitation Follow up Clinics
- **Ratify** the recall of people determined to be at moderate risk of breast cancer following generic testing / review of family history

**Which other CCG committee and/or Group has considered this report**

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Other agreements</th>
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<tr>
<td>Meeting in Common of the North Staffordshire and Stoke-on-Trent CCGs’ Planning and Commissioning Committee</td>
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**Summary of risks relating to the proposal**

Not applicable

**Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications**

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
Strategic objectives supported by this paper

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<tr>
<th>Our shared Goals:</th>
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<tr>
<td>1. Empowered Staff</td>
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<td>2. Commissioning Health Outcomes</td>
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<td>3. Seamless Partnerships</td>
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<td>4. Responsible Use of Resources</td>
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Key Requirements:

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<tr>
<td>Has a Quality Impact Assessment been completed?</td>
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<tr>
<td>Has an Equality Impact Assessment been completed?</td>
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<tr>
<td>Has Engagement activity taken place with Stakeholders/Practice/Public and Patients</td>
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Acronyms

ENT – Ears, Nose and Throat
PICU – Psychiatric Intensive Care Unit Development
CPAG – Clinical Priorities Advisory Group
SSSFT – South Staffordshire and Shropshire Foundation Trust

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Summary of key issues from the Planning and Commissioning Committee in Common held
on Tuesday, 12th September 2017

Finance Report

The Committee in Common received a summary of the CCGs financial performance as at the end of July 2017 (Month 4). The report included a breakdown of the Primary Care Delegated budget under level three delegated Commissioning of Primary Care. This is a favourable variance of £0.13m across the two CCGs.

Members noted the summary report.

Commissioning Intentions for 2018/2019

The Committee in Common received a report which set out the proposed process for developing North Staffordshire and Stoke-on-Trent CCGs commissioning intentions for 2018/2019. The purpose of our commissioning intentions is to inform our health and care providers and partners regarding our priorities for 2018/2019. They should be used to inform providers' strategic, operational, financial, workforce and business plans, and will underpin contract setting discussions.

The Committee were informed that in relation to framing principles, work was taking place to ensure that there would be a full alignment across both CCGs’. It was highlighted that in a number of areas there was a differential spend across the CCGs’ and work would take place in order to ensure full alignment across North Staffordshire and Stoke-on-Trent. It was noted that the weekly Executive Team meeting had approved the principles for alignment.

The Committee in Common duly noted the contents of the report and supported the proposed approach to develop our Commissioning Intentions as part of our wider Planning Process.

The North Staffordshire and Stoke-on-Trent CCGs' Governing Bodies Meeting in Common is asked to ratify the decision made by the Joint Planning and Commissioning Committee in Common.

NHSE Consultation on items which should not be prescribed to Primary Care

The Committee in Common received a report sets out the consultation process launched by NHSE on restricting available of certain medicines on the NHS.

The consultation is set out in three parts as below:

1. It lists 18 medicines / groups of medicines that NHSE considers low priority for NHS funding and is seeking views on the level of restriction that should be placed on prescribing of these medicines.
2. NHSE is also seeking views on a proposed system for maintaining the list, adding further medicines and reviewing the status of existing items on a time to time basis.
3. NHSE is also seeking views on the next stage of the programme which involves producing a consultation document on medicines that are available for purchase over the counter.

Members were informed that the consultation will close on the 21st October 2017. The consultation is open generally to everyone and locally we have raised the profile of the consultation. However, the CCG should submit an organisational response to the consultation, and therefore the Medicines Optimisation Team and the CCG Communications Team have taken the following steps to gather local views, namely (1) organised We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

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patients focus groups: On 24th September in Leek and 28th September in Hanley and (2) emailed all practices with a questionnaire requesting views from clinicians.

It was noted that there was a proposal for the CCGs’ to run their own survey alongside the NHS England Consultation, although on further discussion it was concluded that there was not the need and focus groups would be a more suitable way to consult with patients and population to form the organisational response. The focus groups would look at the medications listed by NHS England in their consultation. It was requested that the CCGs’ organisational response was presented back to the Planning Committee for agreement prior to submission to NHS England. As at the time of the meeting, there had been 12 email responses from GPs across the two CCGs’. The CCGs would also compare their finalised local response against the National feedback.

The Committee in Common duly noted the process to compose the CCGs’ response on the NHS England consultation on items which should not be prescribed to Primary Care; with the finalised CCGs’ response to be presented to the Committee in October for approval prior to submission to NHS England.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to Note the decision made by the Joint Planning and Commissioning Committee in Common.

**Tier 3 Minor Hand Surgery Contract Service Specification**

The Committee in Common received a report sets out the recommendation of the Procurement Committee for the approval of future commissioning arrangements for Tier 3 Minor Hand Surgery. The Service Specification presented aligned with the current service specification, with a number of amendments.

The Committee in Common duly discussed and agreed to proceed with (1) the procurement of the Tier 3 Minor Hand Surgery Service; (2) the draft service specification and (3) delegated authority to the Chair of the Committee to agree the final specification to be issued with the tender documentation. This was subject to the Chief Finance Officer reviewing the weighting and evaluation criteria.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to ratify the decision made by the Joint Planning and Commissioning Committee in Common.

**Home First Service Specification**

The Committee in Common received a report provides an overview of the Fast Track Homecare (End of Life) procurement and sought approval to award the contract to the preferred provider.

The existing contract was awarded as a 12 month pilot through a competitive process and extended for 6 months to allow for re-procurement. The current contract terminates on the 31st October 2017. To date all KPIs have been achieved with a year-end turnout of 99.8% activity.

The aim of the Fast Track Homecare service is to provide dedicated, high quality domiciliary type care for those patients identified in the last 3 months of life, irrespective of geographic location, to facilitate speedy discharge from home and to enable people to achieve their preferred place of care and/or death when this is home.

The service has been procured as a block arrangement based on a total contract activity of 40,000 face-to-face delivered hours of care per year with a 60/40 split between North Staffordshire and Stoke-on-Trent CCGs. This ensures availability of provision and aimed to achieve competitively priced services. The current contract value is £758,760. Whilst this contract is awarded on block arrangements, there is a tolerance of 5% against under of over-performance within the contract.

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Through a competitive tendering process a total of three bids were received which have been evaluated and a panel has scored each element based on a weighted scoring system. It should be noted that as part of the tender process the financial allocation was not published and therefore the decision was made on the basis that there is a requirement to test the market.

Following interviews and further moderation there is now a preferred provider of services, however the bid (as were all received bids) falls outside of the CCG financial envelope. Details as follows:

- Provider A (Ranked 1) £795,600
- Provider B (Ranked 2) £819,180
- Provider C (Ranked 3) £978,400

The Committee in Common duly (1) noted the contents of the report and procurement process and (2) agreed the award of a two year contract, with an option of a one year extension to the preferred provider.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to ratify the decision made by the Joint Planning and Commissioning Committee in Common.

**Tier 3 Community Services Procurement (ENT, Gynaecology and Ophthalmology)**

The Committee in Common received a report sets out the proposed recommendation for the future commissioning of the ENT, Gynaecology and Ophthalmology Community Tier 3 services for Stoke-on-Trent and North Staffordshire CCGs.

Members noted that the Procurement Committee on the 20th July 2017 recommended that due to the similarity of all services being focussed, that they should be procured collectively. However, following further procurement advice a risk has been highlighted with regards to procuring these services as a multi-lot approach as the services are unrelated in terms of patient cohorts, type of services to be delivered both diagnostics and intervention, including surgery. Procurement has therefore advised that the services are procured as single tenders rather than a multi-lot tender as this will be complex to manage in terms of resource and could prevent providers from bidding.

The Committee in Common duly (1) noted the contents of the report; (2) considered the recommends of the Procurement Committee on the 20th July 2017 with regards to a joint tender for all these services, noting the identified risks with this approach and (3) agreed and approved the re-tender of these services as separate contracts for the procurement process to commence in September 2017. This was subject to the Service Specifications being shared with the Committees and the Chief Finance Officer to review both the Service Specifications, evaluation criteria and score weighting to obtain assurance on behalf of the Committee.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to ratify the decision made by the Joint Planning and Commissioning Committee in Common.

**Psychiatric Intensive Care Unit (PICU) Development**

The Committee in Common received a report which sets out the development of a PICU (Psychiatric Intensive Care Unit) at Harplands Hospital by North Staffordshire Combined Healthcare NHS Trust (NSCHT) and the proposed response to a business case submitted by NSCHT. The CCGs analysed the business case received and the CCGs informed NSCHT that they would look to commission two of the six beds. Members had been asked to support a further negotiation in relation to a full understanding of the costings model.

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Currently there is no provision for PICU in the CCG’s area and when necessary patients are travelling outside of Staffordshire to access PICU. It was highlighted that SSSFT had 11 PICU beds, which were for Male only and there had been a local need for PICU beds, which the CCGs purchased on a needs basis.

If approved, the CCG would review the need for the beds on a yearly basis and data would be monitored and looked at regularly and mapped against previous trends. The agreement would be formalised through a contract variation and the CCGs quality team would work to benchmark the quality and need of the PICU. The CCGs quality team would also carry out quality visits to the PICU facility.

The Committee in Common duly requested that a discussion took place with the CCGs’, North Staffordshire Combined Healthcare Trust and South Staffordshire and Shropshire Foundation Trust (SSSFT) to look at the proposals on an STP approach and to understand both the local and broader need. It was further stated that as the CCGs moved to a single strategic commissioning structure approach across Staffordshire, work needed to take place to ensure alignment and need across the STP footprint where appropriate. To also explore the provision with SSSFT and the need for an STP approach.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to note the decision made by the Joint Planning and Commissioning Committee in Common.

Clinical Priorities Advisory Group (CPAG) process male and female sterilisation review

The Committee in Common received a report which summarised the development of a commissioning policy for male and female sterilisation. It was noted that this report now includes further information requested by the Committee in May and June 2017 to facilitate a clinical discussion on the forward plans for the interventions. The Planning Committees were asked to recommend the development of a Commissioning Policy for Male and Female Sterilisation.

Members noted that the report considered the clinical arguments raised and social factors including social care and care of unwanted infants. The argument in relation to unintended pregnancies detailed in the paper was countered by the reduction in complication rates associated with sterilisation and the use of long term contraception. It was suggested that there may need to be a county-wide approach with the Local Authorities and that the sterilisation policy could be developed jointly with the Local Authorities also.

The Committee in Common duly agreed that work would take place to look at Male and Female Sterilisation outside of the CPAG; and to take into consideration further factors including access to Family Planning and Sexual Health Services to identify where the best investment would lie.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to note the decision made by the Joint Planning and Commissioning Committee in Common.

Critical Care Rehabilitation Follow up Clinics

The Committee in Common received a report around the provision of a robust, fit purpose multi-disciplinary Critical Care patient pathway enabling improved patient outcomes with a focus on enhanced rehabilitation providing a 7 day service, reductions in length of stay on the unit, reductions in overall hospital length of stay for ex Critical Care patients, reductions in re-attendances and NEL readmissions for ex Critical Care patients.

Members noted that the business case outlines the resource required to deliver a robust, multi-disciplinary rehabilitation service across Surgical PODs (3-6) of the Critical Care unit and is underpinned by the GPICS and NICE CG83 recommendations on rehabilitation and patient follow up. Furthermore, the proposals had been taken through CPAG and achieved a score of c125.
The Committee in Common duly concluded that they could not approve the business case without further information on the following points (1) clarification required from University Hospital North Midlands (UHN) to ensure that the cohort of patients were Critical Care patients and not Intensive Care patients; (2) ensure a correlation with CPAG scoring with the cohort of patients; (3) clarification on the conditions the follow-up clinics would support; (4) assurance that there was not an overlap with services already provided, i.e. out in community; and (5) what services would the clinics provided over and above the normal practice.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to note the decision made by the Joint Planning and Commissioning Committee in Common.

**Recall of people determined to be at moderate risk of breast cancer following generic testing / review of family history**

The Committee in Common received a report which sets out a proposal to direct commission from University Hospital North Midlands (UHN) regular surveillance for people who have been identified as being at moderate risk of developing breast cancer.

Members were informed that the CCGs’ were in a position to progress the business case with UHN and the scheme was a small and important scheme. The surveillance would be commissioned from UHN and the service would take responsibility for logging and tracking patients who were identified as moderate risk of developing breast cancer. GPs would no longer be required to periodically refer patients. It was noted that there would be no change to the surveillance methodology. The financial impact was highlighted as a reduction from £175 to £85. It was anticipated that the scheme would implement in year.

The North Staffordshire and Stoke-on-Trent Planning and Commissioning Committee In Common duly discussed and supported the proposed surveillance service for people identified at moderate risk of breast cancer to be commissioned by UHN.

The North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies Meeting in Common is asked to ratify the decision made by the Joint Planning and Commissioning Committee in Common.
Public Paper

Report to: North Staffordshire and Stoke-on-Trent CCG’s Governing Bodies – Meeting in Common

Title: Summary of matters discussed at the Primary Care Commissioning Committees in Common meeting on Tuesday 5th September 2017

Meeting Date: Tuesday 3rd October 2017

Committee Chairs: Margy Woodhead, Lay Member PPI Stoke-on-Trent CCG
Peter Dartford, Lay Member PPI North Staffordshire CCG

Action required

<table>
<thead>
<tr>
<th>Purpose of the paper, key issues, points and recommendations</th>
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<tr>
<td>The report provides a summary of the main issues considered by the North Staffordshire and Stoke-on-Trent CCGs’ Primary Care Commissioning Committees meeting in common on Tuesday 5th September 2017.</td>
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<tr>
<td>Areas discussed included:</td>
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<tr>
<td> Extended Access Work Programme</td>
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<td> Finance Update – Delegated Budgets</td>
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<td> Re-investment of Personal Medical Services (PMS Budgets)</td>
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<td> Primary Care Quality Assurance Report</td>
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<td> An update on Midway Medical Centre relocation of services</td>
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<td> Locality Leads Group Terms of Reference</td>
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<tr>
<td>The Governing Bodies of North Staffordshire and Stoke-on-Trent CCGs’ Governing Bodies are asked to:</td>
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<tr>
<td>i. Receive and note the matters discussed at the Tuesday 5th September 2017 Primary Care Commissioning Committee meetings held in Common.</td>
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<tr>
<td>ii. Ratify the following decisions made by Primary Care Commissioning Committees;</td>
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<td> Approve the arrangements for the Re-investment of PMS Budgets</td>
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Which other CCG committee and/or Group has considered this report

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Other agreements</th>
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<tbody>
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<td>None.</td>
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Summary of risks relating to the proposal

N/A

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

As included within report.
Adherence to Terms of Reference

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
### Strategic objectives supported by this paper

<table>
<thead>
<tr>
<th>Our shared Goals:</th>
<th>Yes</th>
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<tbody>
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### Key Requirements:

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<tr>
<td>1. Has a Quality Impact Assessment been completed? N/A</td>
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### Acronyms

PCCC – Primary Care Commissioning Committee.

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We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees
Meeting in Common

This briefing summarises the key items discussed at the North Staffordshire and Stoke-on-Trent CCGs’ Primary Care Commissioning Committees in Common on Tuesday 5th September 2017. The CCGs’ established the Primary Care Commissioning Committees following the delegation of Primary Care to the CCGs with effect from 1st April 2017. The main matters considered at the July and August meetings which the Committees wish to draw the Governing Bodies attention to are as follows:

1. North Staffordshire and Stoke-on-Trent CCG GP Forward View Update – Extended Access Work Programme

Lynn Millar, Director of Primary Care for South Staffordshire CCGs’ and Mark Rayne, Primary Care Manager for South Staffordshire CCGs’ attended the meeting to provide an update to the Committees on the work that was taking place for the Extended Access Work Programme. The Extended Access Work Programme is a key development area for the GP Forward View. All six Staffordshire CCGs have been working closely to ensure an aligned approach - a overarching task and finish group has been set up to support delivery.

Key aims of the Extended Access Work programme are detailed as:

- Ensuring that 100% of the Staffordshire Patient Population have access to extended hours primary care services;
- A core requirement to commission a minimum of additional 30 minutes consultation capacity per 1,000 patient population – rising to 45 minutes per 1,000 patient population.

A specification will be developed by November 2017 for the delivery of Extended Hours and there will be a procurement process to obtain a provider for additional hours of General Practice Access. The procurement process will take place on a Pan-Staffordshire basis by April 2018. Engagement events are to take place with potential providers in due course to highlight the requirements for the service. The Governing Bodies across Staffordshire will receive the procurement model for formal sign off in November 2017.

Engagement for the Extended Access Work Programme will be through obtaining an understanding of each Locality across Staffordshire and profiles for each locality have been developed in order to obtain a greater understanding of need based on localities. Patient engagement will take place through working closely with Patient Participation Groups across Staffordshire.

The Governing Bodies are asked to note a concern raised at the meeting, in relation to provision of Extended Access in North Staffordshire and Stoke-on-Trent. Under the updated Extended Hours Direct Enhanced Service (DES) Specification practices that closed for half a day would be unable to provide Extended Hours. The CCGs are in the process of understanding the impact of this on Northern Staffordshire Practices under the updated DES Specification. The risk will be added to the Risk Register.

The Primary Care Commissioning Committee requested the Extended Access Work Programme continued to be reported as a standing agenda item for six months.

2. Finance Update

The September meeting in Common received its first formal Finance Update for the Delegated Primary Care Budgets. Alistair Mulvey, Chief Finance Officer presented the report which detailed performance against the delegated budgets and reserves against which in-year cost pressures will need to be managed. Month four financial position showed an underspend for Stoke-on-Trent CCG of £201,000 and £115,000 for Stoke-on-Trent CCG. Work is taking place to strengthen financial forecasting, with Staffordshire CCGs working closely to obtain a level of relativity.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
3. Re-investment of Personal Medical Services (PMS) Budgets

The Committees received a proposal for the re-investment of PMS Budgets, proposals were presented as follows;

- Continue to support the investment of £0.20 per head of population for resting ECG and 24 hour Blood Pressure Monitoring under the Treatment Room Enhanced Service;
- To use the 2017/18 PMS Premium Savings of £0.44 per registered patients to invest in to the Treatment Room Enhanced Service;
- To include DMARDs and Hepatitis B Vaccine to the Treatment Room Enhanced Service for 2017/18 for the increased investment;
- PMS Premium Funding continues to be re-invested through the Treatment Room Enhanced Services, subject to approval of further schemes to be included for the increased investment.

The CCGs commenced the reduction in PMS Premium Payment in 2016/17, which would be phased over five years. North Staffordshire CCG has one PMS practice remaining and Stoke-on-Trent CCG have four PMS contracts remaining – it was anticipated that these numbers would reduce over the next five years.

The DMARDs Treatment Room Service proposal has been developed in collaboration with the CCGs and the LMC. The proposal has been developed following on from concerns regarding the prescribing of DMARDs and a number of caveats have been included in the scheme to ensure the suitability for General Practice. The CCG and LMC have also worked to develop the Hepatitis B Treatment Room Service and although it sits outside of core GMS it was identified that the vaccine was best delivered in a Primary Care setting for patients with renal impairment.

The Primary Care Commissioning Committees approved the proposals for the re-investment of PMS Budgets. The Governing Bodies are asked to ratify the decision of the Primary Care Commissioning Committees.

4. Primary Care Quality Assurance Report

The Primary Care Quality Assurance Report presented to the Committees provided an update on the Care Quality Commission (CQC) ratings for North Staffordshire and Stoke-on-Trent CCG Practices as at the time of the meeting. There is a high number of practices with ‘Good’ and ‘Outstanding’ ratings, reflecting the high quality of care provided to patients by General Practice. The Committees also received a summary of CQC themes by domain and work was taking place to address issues identified where applicable.

5. Midway Medical Centre – Update on relocation

The relocation of Midway Medical Centre to co-location with Lyme Valley Practice went well with no formal issues nor risks to report. Patient Engagement for the re-location has been supported by Healthwatch. A formal review of Midway Medical Centre will take place alongside Hanley Health and Wellbeing Pilot Service to review effectiveness and will be presented to the Primary Care Commissioning Committees in November 2017.

6. Other items discussed include:-

- Risk Register - Work would take place to develop a stand-alone Primary Care Risk Register as it was reported that other CCGs had adopted the approach to ensure that any risks were appropriately logged, mitigated and clear actions were developed.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
Locality Leads Group – The Locality Leads Group Terms of reference have been developed and will provide a forum for Localities to inform and influence the CCGs Commissioning Decisions. The meeting will be chaired by Dr John Gilby, Clinical Director for Primary Care. The meeting will not be a formal sub-group of the committee.
We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

Report to: Meeting in Common of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Governing Bodies

Title: Organisational Development Committee in Common Report

Meeting Date: Tuesday 3rd October, 2017

Sponsor Director: Fiona Froggatt, Chief Operating Officer

Action required: Decision √ Discussion For assurance/For Information √

Purpose of the paper, key issues, points and recommendations

This paper sets out to provide a summary of the business discussed at the Organisational Development Committee Meeting in Common held on 19th September 2017.

The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies are asked to:

i. **Ratify** Appraisal Policy, Training and Development Policy, and Health and Wellbeing Policy attached at Appendix 1,2 and 3

ii. **Receive and note** the matters discussed at the September 2017 meeting in Common of the Organisational Development Committees.

The Committee considered the items of business outlined in the update report below.

**Organisational Development Committee Meeting in Common – 19th September 2017**

1. **STP Redeployment**

   The Head of HR and OD presented a report to Members on the STP Redeployment Team.

   Members were updated on the established system wide Redeployment Team, hosted by SSSFT. The team identified a need to look effectively at how to identify potential redeployment opportunities across the whole system retaining key skills and competencies of staff, without paying excessive redundancy costs.

   All STP parties have agreed to the in principle agreement of sharing vacancies with the Redeployment Team prior to local or national advert to ensure the principles of the work-stream are adhered to. The CCGs are supportive of the agreed process in line with the wider commitments of the other stakeholders.

   The report detailed that the team have secured redeployment opportunities for a number of staff and have projected redundancy cost savings (if all trials are completed successfully) of £1,594,299.00

   The Committee approved to the redeployment clearing process for CCG vacancies (with ad hoc exceptions) prior to sharing with CCG staff. It was agreed that this process should be shared with all staff with immediate effect. It was noted that if any CCG occupied posts become at risk of redundancy in the future, postholders will be supported by the system wide Redeployment Team in addition to in house HR support.

2. **HR Policies**

   The Committee were updated on HR policy reviews which included, Appraisal Policy, Training and Development Policy, and Health and Wellbeing Policy attached at Appendix 1,2 and 3. Subject to minor amends the policies were approved.
3. Primary Care Learning and Development Terms of Reference
The Committee were updated on the proposed Terms of Reference for the Primary Care Learning and Development Sub-group which has been formed to manage and oversee the Primary Care Learning and Development budget and programme of work. The Committee approved the Terms of Reference subject to minor amendments.

4. Update on HR policies programme
The Committee were updated on the programme of HR policy reviews and approved the Quarter 3 and 4 work plan.

5. North Staffs and Stoke-on-Trent CCG Q1 workforce statistics
The Committee received the details of the Quarter 1 workforce metrics and were provided with assurance that the Head of HR and OD regularly monitors all HR metrics, with specific analysis of sickness absence trends and turnover. As part of the Staff Survey action plan, a Focus Group on Staff Wellbeing and Sickness absence has been arranged.

The Committee received and approved the Health & Safety, Fire and Security Annual Report from 1st April 2016 – 31st March 2017 which fulfills the CCGs legal responsibility for health and safety.

7. CCG Structure and Running Costs
The Chief Operating Officer provided an overall update on each of the CCG budgets in relation to HR and OD, and outlined that further work in the breakdown of spend would be undertaken.

8. Executive Team Decisions on Vacancies – Update
The Committee received a verbal update, and it was agreed that the Establishment Structure needed to be updated including any current vacancies.

9. Any Other Business
The Committee were updated on the Workforce Wellbeing Charter, which is currently funded by the Chamber of Commerce. It was agreed that before the funding ceases at the end of December, a staff wellbeing survey will be conducted along with evidence of the CCGs wellbeing initiatives with a view to accreditation for the Wellbeing Charter.

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<tr>
<th>Committee/Group</th>
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**Summary of risks relating to the proposal**
None

**Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications**
None

**Strategic objectives supported by this paper**

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

### Our shared Goals:

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### Acronyms

None.
# Health and Wellbeing Policy

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<tr>
<td>Author (inc Job Title):</td>
<td>Caroline Lawrence, Head of HR and OD Lisa Ellis, Corporate Services Manager</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>(Name of responsible Committee)</td>
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<tr>
<td>Date ratified:</td>
<td>September 2017</td>
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<td>Review date:</td>
<td>September 2020</td>
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<tr>
<td>Target audience:</td>
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1. Introduction

The North Staffordshire and Stoke on Trent Clinical Commissioning Groups (the CCGs) recognises the contribution of its employees and is committed to providing good working conditions and health and safety standards beyond the basic standards set out in the Health and Safety at work Act 1974. The CCGs aim to be a ‘healthy organisation’ with engaged and positive employees who recognise the CCGs commitment to their health and wellbeing.

The NHS Constitution includes a commitment to “Provide support and opportunities for staff to maintain their health, well-being and safety”. This commitment remains as strong now as it did when the NHS Constitution was launched in January 2010.

There is strong evidence that shows that NHS organisations that support the health and well-being of their staff achieve a range of positive outcomes. The NHS Health and Wellbeing Review (Boorman Review November 2009) states that NHS organisations prioritising staff health and well-being achieve enhanced performance, improve patient care, are better at retaining staff and have lower rates of sickness absence.

The level of health and well-being of the workforce is therefore a key indicator of organisational performance and patient outcomes. The evidence makes it clear that cultures of engagement, mutuality, caring, compassion and respect for all - staff, patients and the public - provide the ideal environment within which to care for the health of the nation.

The Health and Wellbeing Policy provides the CCGs with the framework to take a proactive and engaging approach to enhancing the health and wellbeing of our staff.

The health and wellbeing of the CCGs employees will be achieved through a number of wellbeing initiatives, support mechanisms and the Staff Engagement Forum.

This policy should be read in conjunction with the following policies: Dignity at Work, Career Break, Working Time Directive, Absence Management, Flexible Working, Home Working, DSE and Alcohol and Substance Misuse.

2. Background

This policy has been developed with the eight elements of workplace wellbeing, with key behaviours and actions:

<table>
<thead>
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<th>Key behaviours</th>
<th>Actions</th>
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<tr>
<td>Leadership</td>
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<tr>
<td>Shared strategic vision</td>
<td>Prevention</td>
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<td>Engagement</td>
<td>Intervention</td>
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<td>Communication</td>
<td>Evaluate and act</td>
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3. Key Metrics

There are a number of metrics that indicate the overall health of the workforce in most organisations, including at the CCGs.

These include though aren't limited to:

- Sickness absence rates and trends
- Staff turnover rates
- Staff survey results
- Stress Assessment Tool
- Staff temperature check
The CCGs will monitor the range of metrics and employee feedback to help understand the needs of staff and what the key issues are relating to health and wellbeing.

Sickness absence rates and trends are monitored by the CCGs and reported to the Organisational Development Committee on a quarterly basis.

The 2017 Staff Survey results indicated a number of potential factors of employee wellbeing which may or may not be directly influencing the current levels of morale and energy across the organisation.

As the CCGs continue to build knowledge, skills, behaviours and culture of a high performing organisation, having resilient employees with the knowledge, skills and tools to recognise stress triggers and health signals and proactively manage them will be central to an engaged, healthy workforce.

4. **Purpose**

The purpose of this document is to set out the overarching Health and Wellbeing Policy and themes for the CCGs. The Policy covers both preventative activity to minimise the risks of ill health and reactive activity to support staff with health and wellbeing concerns.

The Policy views health and wellbeing from two perspectives: organisational responsibility and work based action, as well as encouraging employees to take responsibility for their own health and wellbeing outside of work as part of their everyday life.
5. **Support for Wellbeing Initiatives**

The CCGs have significant wellbeing initiatives for all staff to ensure the principles of engagement and alignment to the Organisational Strategy are underpinned.

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6. **Strategic Objectives**

Reflecting the four key themes of health safety and wellbeing in the model above links to the CCGS induction, values based appraisal and OD Strategy.

7. **Promoting Positive Mental Health**

It is the responsibility of the CCGs to promote a positive working environment and prevent and manage as far as possible risks to mental health. The CCGs recognises that there are many challenges in the working environment. These can include:
• Staff shortages
• Financial pressures
• Organisational change

The CCGs aims to ensure that any risks are minimised with good, clear, two-way communication and making the best use of available resources.

The CCGs have a Flexible Working Policy and a comprehensive Work-Life Balance Policy and a Home Working Policy offering a range of flexible working and leave options which balance with home commitments.

Managers have a key role in promoting the wellbeing of their teams. They also have the responsibility to protect themselves from stress and a right to promote their own mental health. Managers are responsible for effective team and line management that reduces risk factors and promotes a positive working environment for mental health.

It is the manager’s responsibility to ensure that employees are given regular supervision and support. In addition that they are given reasonable influence over how they do their jobs, have scope for varying conditions and are given opportunities to develop and fully utilise their skills.

Managers should ensure that individuals have clearly defined objectives and responsibilities and are provided with good management support, appropriate training and adequate resources to do their job and that the Working Time Directive is adhered to.

Staff should work in an environment that is not detrimental to their mental health and wellbeing. It is the responsibility of staff to understand their own health and safety (including mental health) and that of other colleagues.

Staff will not be discriminated against on the grounds of mental health problems or be discriminated against if experiencing mental health problems.

You should report matters of concern regarding health and safety, including risks to the mental health of yourself or others, to your line manager.

It is your responsibility to attend an Occupational Health appointment if reasonably requested by your line manager. This may be whilst you are off sick or at any time if the manager is sufficiently concerned about your wellbeing.

The CCGs will ensure that those suffering from mental distress are managed fairly and consistently, whatever the cause. All matters relating to individual members of staff and mental health problems will be treated in the strictest confidence.

The CCGs aims to create a culture of support within the workplace where you can talk about mental health problems without the fear of stigma or discrimination. You are encouraged to talk with your line manager or any of the Mental Health First Aiders, in confidence, about your support needs at work.

The CCGs have developed a robust Alcohol and Sub-misuse Policy, which should be read in conjunction with this policy.

8. **Domestic Abuse**

Domestic abuse is defined as the misuse of physical, emotional, sexual of financial control by one person over another, who is or have been in a relationship. This includes family members. Domestic abuse can include being threatened with abuse.

Domestic abuse happens in all groups and sections of society. Race, sexuality, disability, age, religion, culture, class or mental health may have an additional impact on the way domestic abuse is experienced, dealt with and responded to.
What can I do if I am experiencing domestic abuse?

You have the right to work in a supportive and confidential environment that does not discriminate against, or stigmatize you if you are experiencing domestic abuse. You are of course not obliged to tell anyone at work about your domestic situation, but there are a whole range of people within the CCG that you may find it helpful to talk, for example; your manager, Head of HR and OD, Trade Union Representatives, Occupational Health Staff/Counselling service or staff involved with child protection.

It is certainly advisable to talk to someone at work if you feel that your personal situation is affecting your work – specific details aren’t necessary but a joint approach to problem solving to resolve any work issues are essential.

Managers will ensure confidentiality by:

Ensuring private discussions and always gaining consent from the individual to share any information – except in cases where there are potential child protection issues which must be reported and bearing in mind the arrangements for dealing with circumstances where others may be put at risk, please see below.

Reporting of child protection issues:

Where child protection issues are raised, for instance if a member of staff reveals anything which suggested that a child is at risk from abuse (whether physical, emotional, sexual or neglected). In these circumstances the manager must discuss concerns with the member of staff and encourage them to contact Social Services, preferably with consent. If the manager is unsure about doing this, they should discuss this first with the CCG’s Safeguarding Team.

Arrangements for where others may be put at risk

With the express permission of the member of staff in question, managers have a duty to maintain a secure environment for all employees and this will be made easier if colleagues are aware of potential risks. However, it is important that the manager agrees with the individual what information can be disclosed. In these circumstances colleagues privy to this information must be reminded that the information is confidential and that there are risks to the member of staff if it is disclosed.

Ensuring that all team members are aware that under no circumstances should the workplace or personal details of individuals be divulged unless consent is given by the individual concerned.

Ensuring that information contained in the member of staff’s personal file will not be divulged to anyone without the permission of the individual or the manager.

9. Culture

Developing a cultural “conscience” which puts employee wellbeing at the centre of enabling staff to given their best in a safe and welcoming environment requires top down commitment from the Executive and Senior Managers.

All managers will be required to commit to and appropriately prioritise the CCGs responsibilities as an employer to the wellbeing of its workforce.

Embedding good practice into daily operational activity and behaviours requires:

- Clear values and vision of what we are aiming to achieve
- Close working with the Executive Team and workforce on developing policies, including reports on exit interviews metrics
- A consistent communications strategy and two-way dialogues to build on achievement to date
- Recognition of good practice and celebration of successes
• A learning culture practice encouraging staff to share knowledge and skills

Employee Health Benefits Scheme

The CCGs have a number of options for extending health benefits to staff, including

• Cycle to work scheme
• Weekly health walks (in conjunction with the Council and public health)
• Running club (in conjunction with the Council)
• Free yoga sessions (in conjunction with the Council)
• Salary sacrifice schemes for membership access to discounted services and activities, e.g. gym membership

Supporting the strategic aims are a number of operational objectives, including though not limited to:

• To provide a safe system of work for all staff, including any external contractors
• To reduce work related injuries and illnesses and improve wellbeing in the workplace
• To reduce risk ratings in work station risk assessments
• To embed health and safety and risk management in the custom and proceed of all our activities

The CCGs will ensure that:

• All staff are up to date with their Statutory and Mandatory Training relevant for their role
• Ensure that there is a relevant policy in place to support a robust system for the reporting and investigation of incidence and near misses within the organisation and that staff are training in the reporting of such incidents or near misses. Also ensure that the finding from any investigations are shared with staff in order to support organisational learning
• Ensure that appropriate number of staff are training as Fire Wardens, First Aiders, Mental Health First Aiders and Wellbeing Champions

10. Prevention

Staff are encouraged to take personal responsibility and should look after themselves and have self-compassion. Working in such a busy caring environment means that staff may not take the time to look after themselves and develop healthy habits. Creating a culture that supports and encourages health and wellbeing can help staff realise the value of self-compassion and take personal responsibility for their own health.

11. Intervention

The CCGs has a number of interventions in place to assist staff, which all staff are able to access.

12. Supported Working

The CCGs will aim to make the following pledges:

• To embed the principles of the chronic conditions guidelines to ensure that those with acute and chronic conditions at work are managed in the best way possible with reasonable flexibilities and workplace adjustments
• Use Occupational Health services for support
• Include a section on the health and wellbeing of employees within annual report and/or on the CCGs website. The CCGs will record sickness absence rate and actively manager this through line management and as an organisation.
• Encourage staff to stop smoking by facilitating onsite stop smoking support services
• The CCGs offer annual influence vaccination vouchers, which are available to all staff
• The CCGs have Mental Health First Aiders in the workplace who can support staff and managers with any mental health conditions
The CCGs have two fully trained Wellbeing Champions, who are able to, in confidence provide advice and signposting on a range of wellbeing initiatives.

All staff are requested read the Employers and Managers Guidance on Managing Mental Wellbeing and Resilience, which contains a stress risk assessment to support employees at work.

13. Implementation

Implementation of this strategy will ensure that the CCGs complies with a number of duties and responsibilities aimed at improving staff health and wellbeing and meets the NHS Constitutions commitment to “Provide support and opportunities for staff to maintain their health, wellbeing and safety”.

The Boorman Review highlighted a number of factors shown to have a significant impact on the successful implementation, maintenance and continuous improvement of health and wellbeing programmes and practices within organisations.

These include:

- Achieving board and senior leadership engagement and sponsorship
- Building the business case for investing in health, safety and employee wellbeing beyond the minimum legislation requirements
- Developing and implementing a health and wellbeing strategy with clear, measureable step change aims
- Developing and maintaining management competence in and commitment to dealing with employee health and safety and wellbeing
- Ensuring the management of health safety and wellbeing into an organisations performance management metrics and cultural "consciousness"

14. Statement of Compliance with the Equality Act 2010

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. The Act prohibits discrimination on the basis of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex or sexual orientation. It also means that each manager or member of staff involved in implementing the policy must have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

15. Review

This policy will be reviewed every 3 years but can be reviewed at any time if the CCGs deem it necessary to do so or a review is requested by staff side or management. The review will be in line with NHS guidelines.

16. Further information

The CCGs have two fully qualified Wellbeing Champions, who are able to provide advice and signposting on a number of areas.
# Training and Development Policy

<table>
<thead>
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<th>CL/LE</th>
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<tbody>
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<tr>
<td>Author (inc Job Title):</td>
<td><em>Caroline Lawrence, Head of HR and OD</em>  <em>Lisa Ellis, Corporate Services Manager</em></td>
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<td>Ratified by:</td>
<td>(Name of responsible Committee)</td>
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<td>Date ratified:</td>
<td></td>
</tr>
<tr>
<td>Review date:</td>
<td>July 2020</td>
</tr>
<tr>
<td>Target audience:</td>
<td>All staff</td>
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1. **Policy Statement**

North Staffordshire and Stoke on Trent Clinical Commissioning Group (the CCGs) place great importance on maintaining high standards of performance. This policy provides a fair and objective process to enable all employees to ensure that those standards are met in every aspect of the CCGs operations.

2. **Equality Statement**

All public bodies have a statutory duty under the Equality Act 2010 to “set out arrangements to assess and consult on how their policies and functions impact on race equality”. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion. The CCGs endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their carers and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

3. **Introduction**

The Training and Development Policy reflects the CCGs belief in the need to develop all employees, to enable them to do their job effectively and to develop to their highest potential. The policy links intrinsically to the OD Strategy and Plan to ensure all staff have the same access to all training and development opportunities.

The policy linked intrinsically to the CCGs Organisational Strategy and Plan, to ensure all staff have the same access to the training and development needs. The purpose of the policy is to ensure that the CCGs are resourced at all times, with people who have the appropriate competence and experience to achieve its purpose and meet future needs. This policy describes the responsibilities of individual staff and their line managers in implementing key aspects of the training cycle and is intended to guide all staff in meeting their learning and development requirements and responsibilities.

4. **Scope**

This policy applies to all employees of the CCGs and temporary staff (where applicable). The policy should be read in conjunction with the CCGs Organisational Development Plan and Strategy.

5. **Policy Statement**

The CCGs encourages the training and development of all employees in the knowledge and skills required to competently perform their role, particularly when they take up a new post.

Training and development may encompass a wide range of activities including classroom training, e-learning, coaching, mentoring, shadowing, secondments, workbooks and workshops, webinars, self-study and further education where applicable. In some cases staff may be seconded to other organisations where this offers a clear learning and development opportunity. Training and development activities may be evaluated as appropriate for efficiency and evaluation will also be used to ensure staff are benefiting from these activities and to improve their overall effectiveness at work. This will also ensure that the financial commitment made by the CCGs to develop its staff is well invested.

6. **Duties and Responsibilities**

Staff
• Discussing learning and development needs at appraisals and one to one meetings throughout the year with their line manager
• Being proactive in identifying and assessing potential learning opportunities available to them
• In the event that non-completion of training results in a cost to the CCGs, the employee will normally be required to pay the amount in full.

**Line managers**

• Line managers are responsible for ensuring that the development needs of all staff are given fair consideration
• Ensuring all new staff complete the CCGs corporate induction on, or as near to the first day of their employment as is possible
• Holding regular discussions and reviews with staff on their learning and development progress within the context of the annual CCGs performance appraisal
• Ensuring all staff complete any booked training or cancel these in a timely manner if no longer required
• Ensure the completion of mandatory training normally within the first 4 weeks of employment
• Ensuring staff are aware of the changed requirements in role as a result of learning undertaken
• All Managers will undertake training on conducting performance appraisals to ensure they have the skills and knowledge to undertake this process effectively

**Human Resources**

• Identify and facilitate access to a wide range of learning opportunities to meet all staff learning needs, service delivery and overall CCGs objectives
• Maintaining central electronic records concerning CCGs training activities and attendance for training delivered
• Providing programme administration (like course booking, evaluation forms etc.)

**7. Identifying learning and development needs**

Development needs may be identified at several levels: those that apply to the CCGs as a whole, those at a group level and those which apply to individual employees. Mechanisms are in place to identify training and development needs at each of these levels.

The CCGs wide training and development objectives are aligned to our common purpose

Group training needs will be identified following HR planning and budgetary constraints.

At an employee level, the annual performance appraisal process is the main vehicle for recognising and planning training and development. A 6-monthly review of progress will also be undertaken.

The employee and their line manager are responsible for ensuring that the training needs are followed through.

**8. Eligibility**

Training relating to personal development plans are available to all CCGs employees, including employees working part-time hours, or undertaking flexible working. In order to be eligible, employees must have:

• Completed all mandatory training;
• Completed an up to date performance appraisal, if they are in their first year of employment with the CCGs
• Submitted a completed training form with approval from their line manager to HR. The training forms can be found in Appendix 1 and Appendix 2 of this policy.
9. **Equality and Diversity**

- Equality and diversity principles are incorporated into all aspects of the CCGs approach to people management, such as workforce planning, recruitment and selection, performance management, learning and development, leadership development, workplace health and safety and workplace relations.

- The CCGs will ensure that training materials and facilities are tailored to individual needs wherever possible, including access for people with disabilities and visual and hearing impairment. This will include ensuring that online training websites meet the required access standards and that training venues are compliant with the Equality Act.

10. **Process**

- The employee should submit their form, to their line manager who will discuss the application with the Head of HR and OD in line with the OD Plan and budget commitments.

- Staff should make every effort to attend training that they have committed to attend. If staff must withdraw from training, they will first seek their line manager’s permission to do so, before confirming this to HR, along with an explanation for the non-attendance.

- Employees must provide a minimum of 10 working days’ notice if they are unable to attend a training/workshop that they have been booked onto.

- Non-attendance as a result of sickness will be treated as acceptable only upon receipt of evidence, such as self-certification.

11. **Time allocation for training and development**

- Training and development activities required by the CCGs will usually take place during work time.

- Training and development activities that are encouraged by the CCGs but not essential and may take place during work time, or may involve study in the employee’s own time, during evenings and weekends.

- Where training takes place in normal work hours, the employee and their line manager will work together to arrange cover where necessary.

- Part time staff who work additional hours to participate in training and development activities required by the CCGs outside of their usual pattern of work (but within normal work hours) will usually be able to agree time off in lieu. This should be done following approval from their line manager.

12. **Qualifications**

**Funding of training/further qualifications**

- The CCGs first priority will always be the delivery of statutory and mandatory training to staff followed by the delivery of training required to meet immediate business needs. When, in discussion with their line manager, the benefit of undertaking professional training or further qualification is identified the line manager should see advice from HR at the earliest opportunity.

- The line manager will be asked by HR to elaborate on the necessity of the qualification taking into account the following criteria:
a) the qualification is necessary for the employee to do their job; or,

b) the qualification will develop the employees portfolio skills in a manner which will have a direct benefit to the CCG.

- Following the process outlined in Section 8, the application will be considered by the Chief Operating Officer in the first instance, as an appropriate application of the training budget. Any application for support which exceeds £750 in any financial year, or that represents a multi-year commitment, will be considered by the Executive Team.

- Where there are multiple applications for support

- Staff should be aware of this process and recognise that any personal investment or registration on courses without prior approval is undertaken at risk and does not obligate the CCG to subsequently reimburse costs, support the costs in future years or agree to study leave.

- Where the funding for the qualification is agreed, the CCGs will then be prepared to consider funding and study leave (refer to section 13). The funding will only include the cost of the course fee for the qualification. This will usually be for completion of a first degree, where the individual does not have one.

- Subsequent to the funding approval, the CCGs will require the employee to commit to continuing in employment with the CCGs for a minimum period of 24 months post the date of the course completion. In the event that the employee leaves the CCGs during their period of study or in the 24 months post completion, the employee will be expected to re-pay the full cost of the course. Costs of any course will reduce on a sliding scale outlined in Appendix 4.

- Exceptional circumstances where the cost commitment would not be pursued would be for the following
  - The employee transfers to a new employer under TUPE arrangements
  - The employee is made redundant by the CCGs

13. Study leave and training expenses

- It is expected that individuals will agree the arrangements for study leave with their manager, prior to signing up for a course. Individuals are expected to undertake normal course work within their own time. Where possible the CCGs will act reasonably to support an individual while ensuring work priorities are not compromised.

- Individuals may be entitled to up to 5 day’s paid study leave per year. Study leave is dependent on the qualification and leave would need to be taken at a time convenient to the needs of the service and to the individual.

- The CCGs will fund the cost of the course

14. Learning Log

A learning log is a useful tool to track learning, professional development and training undertaken. The learning log can be used by the employee to help develop their skills, knowledge and experiences to embed learning. As part of their career development it may be a helpful way to reflect upon skills developed and knowledge acquired. These aspects can be particularly useful information for the employee during performance appraisal meetings with their line manager and when considering further areas of development- either in terms of training, or in terms of areas of work.

The log is also helpful for applying for internal roles as it can show the employee their development and have a clear record of how they have developed their skills.
Please refer to Appendix 3 for a simple format of a learning log. This is a suggested format, staff could use whichever format that works best for them.

15. **Associated Documentation**

This documentation should be read in conjunction with the CCGs: -

- Expenses policy
- Appraisal policy
- NHS terms and conditions of work handbook

16. **Implementation and Monitoring**

Training is monitored and reported to the Organisational Development Committee which has a role in overseeing the CCGs talent management arrangements

17. **Statement of Compliance with the Equality Act 2010**

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010, as outlined in Appendix 5. The Act prohibits discrimination on the basis of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex or sexual orientation. It also means that each manager or member of staff involved in implementing the policy must have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

18. **Counter Fraud**

The CCGs are committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

19. **Review**

This policy will be reviewed every 3 years but can be reviewed at any time if the CCG deems it necessary to do so or a review is requested by staff side or management
Appendix 1

External Training Course/Event

Name of employee: ………………………………………………………………………………………………

Job title: …………………………………………… Directorate: ……………………

Please provide details below of the external training course you would like to attend
during normal working hours

Date(s): …………………………………… Duration ……………………………………

Course Attending (title): …………………………………………………………………………………

Provider …………………………………………………………………………………………………

Location: …………………………………………………………………………………………………

Costs (if any): ……………………………………………………………………………………………

Statutory and Mandatory Training is up to date YES/NO

Or; the following modules are have not yet been completed

……………………………………………………………………………………………………………………

Outline of why the course will be of benefit to your current role or personal development
linked to a recent 1-1 or identified during your appraisal:

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

Describe how you will share/cascade the training/learning/development to other colleagues?

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

Signature of employee: …………………………………………… Date: ……………………………

Line Manager

I can confirm I give my consent for the above employee to attend the training course
outlined above during normal work time and have sought the appropriate approval from HR
in relation to the cost of the course.

Managers approval: …………………………………………………

Name: ……………………………………………………………

Position: ……………………………………… Date: …………………

Please note it is the responsibility of the employee to book the training event
This form should be sent to HR once approval has been given for recording on personal file
Appendix 2

**Internal training course/event**

Name of employee: …………………………………………………………………………………

Job title: …………………………………………… Directorate: …………………

Please provide details below of the Internal training course you would like to attend during normal working hours

Date(s) : ............................................. Duration ...........................................

Course Attending (title): ………………………………………………………………………

Was this course identified in your appraisal? Yes ☐ No ☐

If not, please describe how the course will be of benefit to you in your role

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

Signature of employee:

………………………………………………………………………….... Date………………

**Line Manager**

I can confirm I give my approval for the above employee to attend the course/event

Managers signature: …………………………………………………

Print Name: …………………………………………………

Position: …………………………………………………

Date: …………………………………………………

Please note it is the responsibility of the employee to book the training event
This form should be sent to HR once approval has been given for recording on personal file
# Learning Log

<table>
<thead>
<tr>
<th>Date of Activity</th>
<th>Activity</th>
<th>What did I learn?</th>
<th>Comments/How can I share the learning?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Further Education Support Agreement

Name of employee: .................................................................

Job title: ........................................ Directorate: .................

Course Attending (title): ..................................................

Provider .................................................................

Location: ...............................................................

Date(s): ................................. Duration ............................

Costs: .................................................................

Recovery Arrangements:

During the course of study: all cost incurred during that academic year, plus 50% of previous years costs, if any.

Following the completion date of the course:

0 – 12 months 50% of the total course fee to be repaid

13 – 18 months 25% of the total course fee to be repaid

19 - 24 months 10% of the total course fee to be repaid

Financial support or time off for exams are not available for re-sits

Employee

I am signing to confirm that I understand and agree to the above recovery arrangements. I understand that if I leave the CCG before the completion of the recovery period I agree to the balance being deducted from my final salary.

If this is insufficient to cover the balance, a repayment plan will be put in place.

Employee’s Signature: ..........................................................

Print Name: .................................................................

Date: ........................................................................
**Equality monitoring form - Training and Development**

Please indicate your answers below with an X:

### What is your ethnic group?

(This includes colour, nationality, including citizenship and ethnic or national origins)

<table>
<thead>
<tr>
<th>White</th>
<th>Mixed / Multiple ethnic groups</th>
<th>White &amp; Black Caribbean</th>
<th>White &amp; Black African</th>
<th>White &amp; Asian</th>
<th>Any other Mixed / Multiple ethnic background, please describe below</th>
</tr>
</thead>
<tbody>
<tr>
<td>English / Welsh / Scottish / Northern Irish / British</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Polish</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other European, please state</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other White background, please state</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other, please describe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black / African / Caribbean / Black British</td>
<td>African</td>
<td>Irish</td>
<td>Gypsy or Irish Traveller</td>
<td>Other, please describe</td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black British</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other Black / African / Caribbean background, (please describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>Arab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other ethnic group, please describe</td>
<td></td>
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</table>

**Prefer not to say**

### What is your age category?

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<tr>
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<th>20 - 24</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 - 44</th>
<th>45 - 49</th>
<th>50 - 54</th>
<th>55 - 59</th>
<th>60 - 64</th>
<th>65 - 69</th>
<th>70 - 74</th>
<th>75 - 79</th>
<th>80 and over</th>
<th>Prefer not to say</th>
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</thead>
</table>

### What is your religion or belief?

<table>
<thead>
<tr>
<th>Buddhism</th>
<th>Christianity</th>
<th>Hinduism</th>
<th>Islam</th>
</tr>
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<tbody>
<tr>
<td>Judaism</td>
<td>Sikhism</td>
<td>Other, please describe</td>
<td>Prefer not to say</td>
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</table>
### What is your sexual orientation?

<table>
<thead>
<tr>
<th>Heterosexual</th>
<th>Lesbian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Other</td>
<td>Prefer not to say</td>
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</table>

### Marriage & Civil Partnership: What is your relationship status?

<table>
<thead>
<tr>
<th>Married</th>
<th>Single</th>
<th>Divorced</th>
<th>Lives with Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separated</td>
<td>Widowed</td>
<td>Civil Partnership</td>
<td>Other</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pregnancy and Maternity

(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period). Please tick or circle as appropriate:

<table>
<thead>
<tr>
<th>Are you pregnant at this time?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you recently given birth? (within the last 26 week period)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>

### Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

<table>
<thead>
<tr>
<th>Physical disability (please describe)</th>
<th>Sensory disability eg Deaf, hard of hearing, Blind, visually impaired (please describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health need</td>
<td>Learning disability or difficulty</td>
</tr>
<tr>
<td>Long term illness (please describe)</td>
<td>Other, please describe</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>

### Caring Responsibility: Do you care for someone?

Definition of a carer:

‘A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.’

*Source: Carers Trust* [https://carers.org/what-carer](https://carers.org/what-carer)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for young person(s) aged younger than 24 years of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for adult(s) aged 25 to 49 years of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for older person(s) aged over 50 years of age</td>
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<td></td>
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# Appraisal Policy

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<p>|                     | <strong>Lisa Ellis, Corporate Services Manager</strong> |
| Ratified by:        |                              |
| (Name of responsible Committee) |                     |
| Date ratified:      |                              |
| Review date:        | July 2020                    |
| Target audience:    | All staff                    |</p>
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<tr>
<td>4. The Appraisal Period</td>
<td>3</td>
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<tr>
<td>5. Values Based Approach</td>
<td>3 – 4</td>
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<td>6. Line Manager Responsibility</td>
<td>4</td>
</tr>
<tr>
<td>7. Staff Responsibility</td>
<td>4</td>
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<tr>
<td>8. Procedure</td>
<td>4 - 5</td>
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<td>9. Appraisal Documentation</td>
<td>5</td>
</tr>
<tr>
<td>10. Training</td>
<td>5</td>
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<tr>
<td>11. Grievances</td>
<td>6</td>
</tr>
<tr>
<td>12. Confidentiality and Professional Relationships</td>
<td>6</td>
</tr>
<tr>
<td>13. Monitoring and Review</td>
<td>6</td>
</tr>
<tr>
<td>Appendix 1 – Values Based Appraisal Documentation</td>
<td>7 - 13</td>
</tr>
<tr>
<td>Appendix 2 – Values</td>
<td>14 - 16</td>
</tr>
<tr>
<td>Appendix 3 – Mid-Year Review/Objectives</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 4 – Statutory and Mandatory Training Plan</td>
<td>18</td>
</tr>
</tbody>
</table>
1. **Policy Statement**

The North Staffordshire and Stoke on Trent Clinical Commissioning Groups (the CCGs) recognises the importance of staff engagement and the value that an effective appraisal brings to staff to help them to develop and grow in their role. An effective appraisal process acknowledges the contribution of staff, the work that they do and helps them understand how their role contributes to improving outcomes for the CCGs overall vision. A formal appraisal process has a positive impact on staff engagement and organisational values.

A ‘Values Based Appraisal’ approach and documentation has been adopted by the CCGs and reflects the importance that our values and behaviours have and which underpins our aspiration for all staff. It will encourage staff to reflect on how they have demonstrated each of the CCGs values (Appendix 2) in their work in the past year in additional to their other achievements and challenges in their role.

The appraisal procedure will not be used as a disciplinary or capability mechanism to deal with poor performance. If concerns are such, these will be addressed by the Performance Management Policy.

2. **Equality Statement**

All public bodies have a statutory duty under the Equality Act 2010 to “set out arrangements to assess and consult on how their policies and functions impact on race equality”. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

North Staffordshire CCG and Stoke-on-Trent CCG endeavours to challenge discrimination, promote equality and respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their carers and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

3. **Equality Analysis**

In order to meet these requirements, a single equality impact analysis is used to assess all North Staffordshire CCG and Stoke-on-Trent CCG policies, procedures and guidelines.

4. **The Appraisal Period**

The appraisal period will run for twelve months normally from 1st April to 31st March. Mid-year reviews should also be undertaken to monitor and provide support to staff and should follow the same format as year end appraisals.

5. **Values Based Approach**

The CCGs Values Based Appraisal outlines the process through a ‘5 step’ approach:

**Step 1** Preparation for the appraisal process

**Step 2** Undertake the appraisal process (Appendix 1): review job role, objectives and achievements from the last year

**Step 3** Values (examples can be found in Appendix 2). Discuss how they have demonstrated each of the CCGs values in their work in the past year
Step 4  Discuss and agree objectives for the next year and agree date for mid-year review (appendix 3)
Step 5  Discuss and agree appraisee’s learning and development needs for a PDP and agree strategies to meet them

6. **Line Manager (appraisers)** have a responsibility to familiarise themselves with this policy and have a day to day responsibility for implementation, and:

- Provide clarity and confirmation of the CCGs objectives, common purpose, values and behaviours and ensure that objectives and priorities are aligned to them. This will provide clarity and guidance for the appraiser and appraisee when setting team and individual objectives.
- Ensure that appraisers and appraisees understand their responsibilities in preparing for the appraisal as set out in the appraisal documentation (Step 1) and the appraisal process is applied consistently and fairly cross all staff
- Ensure that they and the appraisers in their teams have appropriate skills in delivering effective appraisals and receive training if required, to ensure that high standards for appraisal are maintained
- Ensure that appraisers keep up to date records of appraisals and PDPs for all their staff for monitoring purposes
- Check staff are up to date with statutory and mandatory training (Appendix 4)
- Discuss any barriers to achieving objectives

7. **Staff (apprisees)** have a responsibility to:

- Be aware of the CCGs objectives, common purpose, values and behaviours and individual team/service priorities and objectives.
- Consider how their job and role contributes to the wider CCGs purpose and priorities and ensure that their job description is kept up to date and relevant to their role
- Be aware and understand the importance and value of an effective appraisal process and the potential benefits for improvements to children/students
- Participate in the appraisal process, understand and adhere to guidance set out in this policy
- Prepare for their annual appraisal and review meetings and understand their responsibilities in the process
- Undertake training, learning and development as identified in their PDP
- Meet the agreed objectives set as part of the appraisal process
- Seek help and support to prepare for the annual appraisal where appropriate. Be pro-active in the process
- Consider shadowing or coaching to achieve objectives, through discussion with your line manager

8. **Procedure**

The appraisal process will take the form of a two-way discussion/conversation between the appraiser and the appraise about achievements, successes and concerns during the previous year. It will reflect on and discuss how the appraise has demonstrated the CCGs values in their work during the past year and it will review progress towards achieving the set objectives.

There should be ‘no surprises’ during the annual appraisal and any concerns that the appraiser may have, should have been addressed as and when such concerns/issues arose during the year as part of the line-management role. The job description and the previous objectives and PDP should be available for reference.

**New starters:** All employees should have an annual appraisal. When employees join the CCGs they are required to have an initial review with their line manager to set objectives and a PDP within 3 months of starting. This will ensure they are clear on how their role aligns with their team/function
and CCGs priorities and identifies the learning and development they need in their role. The objectives would then formally be reviewed as part of the annual appraisal during the appraisal window.

One to One meetings: These are an important aspect of the appraisal process as they provide regular contact with the line manager and ongoing support for staff. They are an opportunity for managers/appraisers to have a two-way/team conversation about current issues or concerns, celebrate and acknowledge success and provide ongoing feedback for staff. It provides time to have discussions about progression of objectives and any learning or development required.

It is recommended that all staff have a monthly one to one meetings and these should be recorded, including any actions required by who and when and a copy kept by the individual and line manager.

10. The Appraisal Documentation ‘5 Step’ Approach

Step 1 - Preparation for the appraisal process

- Appraiser gives 1 months' notice of the appraisal to enable the staff member to prepare
- Appraiser to direct appraisee to the Appraisal Policy and documentation
- Allocate sufficient time and provide privacy
- Both review last years' PDP/objectives
- Appraiser and appraisee to consider progress towards achieving objectives and personal development for discussion. Complete prior to appraisal if appropriate
- Appraisee completes (appraiser to consider in preparation for a discussion) an example of how you have demonstrated each of the CCGs Values in your work in the last 12 months
- To make best use of the time in the appraisal you should send a copy of your completed appraisal documentation to your appraiser one week prior to your appraisal

Step 2 - Undertake the appraisal process: review job role, objectives and achievements from the last year

- Discuss what has gone well and the challenges faced during the last year
- Discuss the extent to which the individual has met the objectives set and PDP

Step 3 - Values and Behaviours

- Discuss how the appraisee has demonstrated each of the CCGs values in their work in the past year. Discuss areas for development.

Step 4 - Discuss and agree objectives for the next year with the appraisee

- Identify personal objectives for the coming year. Discuss how these will fit with the priorities and objectives of the CCGs.
- Discuss how they will demonstrate CCGs values and behaviours with areas for development.

Step 5 - Discuss and agree training/learning and development needs to meet objectives

- Discuss and agree training/learning and development needs of individuals as part of the PDP and agree strategies to meet those needs.
- The PDP will be confidentially held by the appraiser and the appraisee and reviewed at agreed meetings. However there may be occasions when this document will be made available should other circumstances demand, e.g. for capability and/or disciplinary purposes.

11. Training

It is essential that appraisers have adequate training in this important role to ensure that they have the skills and confidence to deliver high quality appraisals and that appraisees report that the
appraisal process is effective and meaningful. The appraisal process will help support, engage and enable support staff to “be the best they can be” in their role, further information can be obtained by the Head of HR and OD.

12. **Grievances**

Where a member of staff raises a grievance during the appraisal process, the appraisal or performance management process may be temporarily suspended in order to deal with the grievance. Where the grievance and any performance management issue identified through the appraisal are related it may be appropriate to deal with both issues concurrently.

13. **Confidentiality and Professional Relationships**

The appraisal process will be confidential, only the appraiser’s line manager will be provided with access to the appraisee’s performance review plan.

The process of gathering evidence for performance review is not expected to compromise normal professional relationships between members of the team. The appraiser will consult with, and seek to secure the agreement of, the appraisee before seeking information from other colleagues about his/her work.

14. **Monitoring and Review**

The Head of HR and OD will monitor the operation and effectiveness of the CCGs appraisal arrangements.

This policy will be subject to regular review by the CCGs Organisational Development Committee at not more than two yearly intervals to ensure that it remains appropriate to the needs of the CCG
VALUES BASED APPRAISAL DOCUMENTATION

A good appraisal is an effective way of helping staff understand the valuable contribution they make to the CCGs. It makes clear what links ‘the work that I do’ to the values and common purpose of the CCGs.

This appraisal should not be done in isolation, it should be linked to regular conversations and monitoring (1-1) meetings with your line manager. It should also be linked to professional and or any development frameworks relevant to your role. Ongoing issues should be addressed during regular meetings.

This document should be used to record the annual appraisal during your appraisal window. Progress towards achieving objectives will be reviewed through regular meetings (which could be individual or team meetings).

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Date of Appraisal:</td>
<td></td>
</tr>
<tr>
<td>Date of last Appraisal</td>
<td></td>
</tr>
<tr>
<td>Name of Appraiser:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
</tbody>
</table>

Both the Appraiser and the Appraisee will keep a copy of all appraisal documentation for their own records. To ensure that the CCGs and your team have an accurate record of the number of completed appraisals, it is important that you send a completed copy of this appraisal to the Head of HR and OD within 4 weeks of the appraisal.
## The Appraisal Process – 5 Steps

| Step 1 – Preparation | • Give adequate notice of the appraisal to enable staff to prepare  
| | • Review job role, last years’ objectives and Personal Development Plan (PDP)  
| | • Consider and acknowledge current training, professional requirements and monitoring notes  
| | • Allocate sufficient time and provide privacy  
| | • Review Statutory and Mandatory training compliance  
| | • Send completed appraisal documentation one week prior to appraisal |

| Step 2 – Undertake the appraisal process: Objectives/Achievements | • Reflect on what has gone well, what hasn’t and the challenges faced during the last year  
| | • Discuss the extent to which the individual has met the objectives set in last year’s objectives and Personal Development Plan (PDP) |

| Step 3 – Undertake the appraisal process: CCGs Values | • Discuss the extent to which the individual has demonstrated the CCGs values expected of everyone in their role |

| Step 4 – Discuss and agree objectives | • Consider the CCGs common purpose identifying individual and or team objectives for the coming year (relevant to role)  
| | • Agree with individuals their contribution to the CCGs and team objectives and link to CCGs Values and Behaviours |

| Step 5 – Discuss and agree learning and development needs | • Identify their learning and development needs necessary to support delivery of the identified objectives  
| | • Identify learning and development needs necessary to demonstrate CCGs Values  
| | • Agree strategies to meet their learning and development needs as part of their Personal Development Plan (PDP) |
Reflections of the past twelve months

Appraiser and Appraisee complete below in their preparation for the appraisal meeting

A: **Summary of progress towards achieving objectives and Personal Development Plan** - Appraiser and Appraisee to reflect on the past 12 months.

Consider: **Overall achievements, what has been done well, what has been done less well: low and high points, work-life balance, personal wellbeing and lone working**

Consider: **Last years' objectives and PDP and to what extent these have been achieved.**

**Appraisee**

**Appraiser**
**Values:** – Appraiser to consider and Appraisee to complete in preparation for the appraisal meeting. For more information on the CCGs Values on Appendix 2

<table>
<thead>
<tr>
<th>Values</th>
<th>Give one example of how you have demonstrated each of the CCGs Values in your work in the last 12 months <em>(discuss with the Appraiser during the appraisal meeting)</em></th>
<th>Areas for development? <em>(Appraiser and Appraisee to discuss and include in PDP)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>We do the right thing</td>
<td></td>
<td></td>
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<tr>
<td>We empower Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We are caring and compassionate</td>
<td></td>
<td></td>
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<tr>
<td>Make promises we can keep</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives/PDP:</th>
<th>Not met</th>
<th>Partially met</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Annual Objectives

Both the Appraiser and Appraisee consider in preparation for the appraisal. It is helpful to think of a maximum of 3 objectives (individual or team) that are aligned with the CCGs common purpose and also include individual learning and development needs.

Appraiser and Appraisee to agree the final objectives chosen.

<table>
<thead>
<tr>
<th>Objective (individual or team)</th>
<th>Learning, development or support required to meet objectives (use to develop PDP)</th>
<th>Evidence</th>
<th>Timescale for objective to be achieved</th>
<th>Expected Outcome and Measurement of Achievement</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
## Personal Development Plan

<table>
<thead>
<tr>
<th>Learning, development or support required to meet objectives</th>
<th>How will the learning, development or support required be met?</th>
<th>Who will provide the support required? (Internal to your team, internal to the CCGs or is external funding required? Please outline costs)</th>
<th>Timescales to achieve development</th>
<th>Expected outcomes or measurement of achievement</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Signed: 

Appraisee 

Date: 

Signed: 

Appraiser 

Date:
Values (how we will behave)

- **We Do the Right Thing** by making commissioning decisions that are clinically safe
- **We empower staff** by encouraging them to be open minded to change and courageous in the way they make decisions
- **We are Caring and Compassionate** by having thoughtful intelligent conversations and put the best interests of the people we commission for at the centre of what we do
- **We will only make promises we can keep**, so people can trust our decisions

North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group
Our Common Purpose

Our Mission (why we are here)
We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

Our Vision (where we are going)
We will be more effective and innovative commissioners of better health outcomes by delivering the principle of ‘Home First’ through care at home and community based services.

We will commission joined up care for our local population (from health service providers and the voluntary sector) in a way that helps them to feel empowered to care for themselves, prevent illness and remain independent for as long as possible.

Our Goals (how we will get there)
- Commissioning Safe, Accessible, High Quality Health Outcomes
- Seamless Integration & Partnerships
- Empowering Our Staff
- Responsible Use of Resources

North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group
Priority areas we will focus on to deliver our goals

North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group
## Mid-Year Review / Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Success Criteria</th>
<th>Reviewee’s mid-year progress comments</th>
<th>Reviewer’s mid-year progress comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>4.</td>
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<td>5.</td>
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</tr>
</tbody>
</table>
## Statutory and Mandatory Training Plan

<table>
<thead>
<tr>
<th>What are my Statutory and Mandatory Training Requirements</th>
<th>Frequency required</th>
<th>Target date for completing training</th>
<th>Actual date of completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Safety</td>
<td>Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Governance</td>
<td>Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>Every three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraud and Bribery</td>
<td>Every three years</td>
<td></td>
<td></td>
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<tr>
<td>Health and Safety</td>
<td>Every three years</td>
<td></td>
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<tr>
<td>Moving and Handling</td>
<td>Every three years</td>
<td></td>
<td></td>
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<tr>
<td>PREVENT</td>
<td>Every three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Adults</td>
<td>Every three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Children</td>
<td>Every three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control</td>
<td>Every three years</td>
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</tbody>
</table>
This paper sets out the work programme and next set of key milestones for Transforming Care (people with learning disabilities, and/or autism who display behaviour that challenges, including those with a mental health condition).

Members are asked to note the direction of travel and national requirements to be delivered through the Staffordshire and Stoke-on-Trent Transforming Care Partnership (TCP).

- The total number of patients currently within the Transforming Care Programme (TCP) for Staffordshire and Stoke-on-Trent CCG commissioned patients = 28 (Q2 target by the end of September 2017 = 29).

- Staffordshire and Stoke-on-Trent TCP remain within the National Escalation process rated as ‘amber’. Work is underway to further improve operating processes within the programme and a recovery action plan is in place. The Senior Responsible Officer for the TCP, Heather Johnstone has introduced an internal weekly reporting process to escalate issues of concern and share good practice.

- The TCP led by Heather Johnstone, Senior Responsible Officer (SRO) participated in a very positive national ‘Board to Board’ which took place in Birmingham on 4th July 2017 chaired by Ray James, Director of Health, Housing and Adult Social Care, Enfield and Professor Jane Cummings, Chief Nursing Officer, England. Formal positive feedback was provided and actions are being taken by the TCP to deliver against the requirements. The TCP team has formally followed up the offer of support with the National Team.

- The TCP have now mobilised all of the work streams for the programme which include: Timely Discharge, Admission Avoidance/Strengthening Community Services, Workforce Development, Finance, Provider Market Development, Children and Young People’s Pathway (including CYP Autism pathway), Adult Autism pathway and the development of the provision of a short term alternatives to admission and respite.

- Further funding has been received from NHS England to support the development of a Community Forensic Service.

- Further work is being undertaken on agreeing the financial risk share and implementing contracting arrangements across the TCP.
The Learning Disabilities Mortality Review (LeDeR) Programme (2015 – 2018) is in the process of being established led by East Staffordshire CCG. A Project Manager has been seconded from the Stafford and Surrounds CCGs Quality Team to lead the work programme.

Which other CCG committee and/or Group has considered this report

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Other agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Staffordshire CCG’s Joint Quality Committee</td>
<td></td>
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</tbody>
</table>

Summary of risks relating to the proposal

The TCP holds a risk register and risks include issues around workforce capability, future community placements and impact on the Intensive Support Teams.

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Strategic objectives supported by this paper

<table>
<thead>
<tr>
<th>Our shared Goals:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Empowered Staff</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>2. Commissioning Health Outcomes</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>3. Seamless Partnerships</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>4. Responsible Use of Resources</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

Key Requirements:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a Quality Impact Assessment been completed?</td>
<td>√</td>
</tr>
<tr>
<td>2. Has an Equality Impact Assessment been completed?</td>
<td>√</td>
</tr>
<tr>
<td>3. Has Engagement activity taken place with Stakeholders/Practice/Public and Patients</td>
<td>√</td>
</tr>
</tbody>
</table>

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCP – Transforming Care Partnership</td>
<td></td>
</tr>
<tr>
<td>CTR – Care and Treatment Review</td>
<td></td>
</tr>
<tr>
<td>CETR – Care, Education and Treatment Review</td>
<td></td>
</tr>
<tr>
<td>LAEP – Local Area Emergency Protocol</td>
<td></td>
</tr>
<tr>
<td>CYP – Children and Young People</td>
<td></td>
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</tbody>
</table>

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

Staffordshire and Stoke-on-Trent Transforming Care Partnership

Briefing for North Staffordshire and Stoke-on-Trent Governing Body – September 2017

For people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition

1. Staffordshire and Stoke-on-Trent Transforming Care Partnership (TCP)

Progress towards achieving Trajectories

<table>
<thead>
<tr>
<th>Final trajectories submitted to DCO teams</th>
<th>Year 2 (2017/18)</th>
<th>Year 3 (2018/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>as at 30/06/17</td>
<td>as at 30/06/18</td>
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<tr>
<td></td>
<td>as at 30/09/17</td>
<td>as at 30/09/18</td>
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<tr>
<td></td>
<td>as at 31/12/17</td>
<td>as at 31/12/18</td>
</tr>
<tr>
<td></td>
<td>as at 31/03/18</td>
<td>as at 31/03/19</td>
</tr>
<tr>
<td>( \text{NHS England commissioned inpatients} )</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>( \text{Inpatient Rate per Million GP Registered Population NHS England commissioned} )</td>
<td>36.52</td>
<td>35.41</td>
</tr>
<tr>
<td>( \text{CCG commissioned inpatients} )</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>( \text{Inpatient Rate per Million GP Registered Population CCG commissioned} )</td>
<td>33.20</td>
<td>32.09</td>
</tr>
<tr>
<td>( \text{Total No. of Inpatients with learning disabilities and/or autism}^{*} )</td>
<td>63</td>
<td>61</td>
</tr>
<tr>
<td>( \text{TCP level; and by TCP of origin} )</td>
<td>69.71</td>
<td>67.50</td>
</tr>
<tr>
<td>( \text{Total Inpatient Rate per Million GP Registered Population} )</td>
<td>33</td>
<td>32</td>
</tr>
</tbody>
</table>

- Expected March 2019 position is in line with the trajectory, but the ambition is to go further.
- 13 CCG commissioned beds in line with the mid-point of BRS planning assumptions of between 10 – 15 per million population.
- 22 secure places commissioned by NHS England Specialised Commissioning in line with the mid-point of BRS planning assumptions of 20 to 25 per million population.

As at the 20th September 2017 we can report that the total number of patients in CCG commissioned beds is 28 patients. There have been 5 admissions (1 from North Staffordshire and 1 from Stoke-on-Trent) and 3 discharges (2 from Stoke-on-Trent) during the quarter from the CCG cohort. This is within the trajectory assigned for the quarter (July–September 2017) to be achieved of 29 patients.

For NHS England Specialised Commissioning, the target assigned to the quarter is 32, currently there are 37 individuals in NHS E Specialised commissioned placements therefore 5 over target.

Staffordshire and Stoke-on-Trent Transforming Care Partnership (TCP) continues to focus on action against key deliverables for the programme to improve services for people with learning disabilities and/or autism and drive whole system change.

The TCP formally remains as “amber” within the national escalation process and we continue to meet with NHSE colleagues on a monthly basis through the ‘Confirm and Challenge’ process and a recovery action plan is in place.

2. Client Summary – North Staffordshire and Stoke-on-Trent CCG commissioned patients

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
The position within the North Staffordshire and Stoke-on-Trent CCGs cohort at as 20th September is as follows:

**North Staffordshire CCG – 4 individuals**
- Three individuals remain in active treatment with predicted discharge dates planned for 2018.
- One individual is being assessed by future providers for community placement.

**Stoke-on-Trent CCG – 9 individuals**
- Three individuals are undergoing assessments by providers for a future community placement.
- Two individuals are undergoing transition to the new community provider.
- Two individuals continue to receive appropriate treatment in hospital.
- One individual is being assessed to transfer to secure services.
- One individual was admitted this week on 15th September 2017.

### 3. Transforming Care Work stream Updates

A governance structure is in place and we are working to a revised live Project Plan which sets out high level deliverables and includes action owners for each of the following work streams:

- Timely and Appropriate Discharge (including Provider Market Development)
- Admission Avoidance/ Strengthening Community Services (including development of provision of a short term alternative to admission resource)
- Workforce Development
- Finance
- Children and Young People’s Pathway (Learning Disabilities)
- Children and Young People’s Pathway (Autism)
- Adult Autism Pathway

Each work stream has a designated Lead Officer from within the TCP Partnership, an action plan and timescales for delivery. The TCP Steering Group currently meets fortnightly to discuss progress with each work stream. Issues and concerns are discussed and escalated as required to the Transforming Care Partnership Board.

The project team complete a weekly escalation report to the Senior Responsible Officer to inform her of key events and achievements, to highlight any areas of concern and to request direct support if required.

An update is provided below on the current status of the work stream areas.

### 3.1 Timely & Appropriate Discharge

There is now in place an accurate database which captures live information for each client. Each patient has a unique identifier which allows us to monitor the exact stage they are in their discharge pathway and to ensure all next required actions are in progress. This has resulted in a more streamlined process where required actions are anticipated.

Joint Working processes with agreed roles and responsibilities with NHSE Specialised Commissioning case workers and Local Authority social care workers have been agreed and are now embedded. This has significantly reduced delays in the discharge process.

*We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.*
Key processes within the discharge pathway have been identified and associated delays noted. Workshops have been completed to develop solutions to further streamline the pathway.

Each patient has a detailed Person Centred Care and Support Plan which identifies all their holistic community placement needs following discharge. A workshop was held on 8th September 2017 with Commissioners, Local Authority representatives and the CCG Complex Case Nurse team to review and scope the needs of the this cohort of patients with a view to identifying what to commission going forward. This will allow more specific briefing to the potential provider regarding both short term and longer term provision requirements.

3.2 Admission Avoidance/Strengthening Community Services and Workforce Development

NHSE funding awards have been allocated to the Transforming Care programme to be used for strengthening community services to increase the ability to prevent admissions to a hospital setting.

Work is in progress to agree the deployment of additional resource in line with NHSE recommendations e.g. the development of short term accommodation to be available as an alternative to admission and recruitment of forensic experts in the community to support patients who have been identified to be at risk of or have had prior contact with the Criminal Justice System.

A project plan has been established and options are being explored on potential sites for use as a short term alternative to hospital admission.

Admission prevention strategies including improved joint working between community providers and the introduction of new Local Area Emergency protocols (LAEP’s) is having a positive effect and many potential admissions are now being avoided.

3.3 Finance

Staffordshire County Council had presented the risk share proposal to their internal Star Chamber and to the Portfolio Holder in mid-August. CCGs have been informed that the Local Authority have requested some amendments and as a result further discussions will be held between the SRO and Director of Care from Staffordshire County Council to review the counter proposal. A meeting to discuss this has been scheduled for 20 September 2017. Revised proposals will be shared with CCGs.

CCG Commissioners have met with Stoke-on-Trent City Council representatives on the 7th September 2017 to update on the risk share arrangement progress with Staffordshire County Council and progress the negotiations on the transfer of future contracting arrangements for Stoke-on-Trent individuals to community placements from the CCG to Stoke-on-Trent City Council. Work is progressing towards formal sign off and implementation of this process.

3.4 Children and Young People’s Learning Disability and Autism Pathway

A work programme is in place to deliver the requirements of ‘Building the Right Support’ and meetings scheduled on a three weekly basis with Commissioner representatives from social care, health and education. The key focus currently is through workshops mapping the pathway for children and young people with learning disabilities and/or autism and taking forward the investment from the national Transformation funding into CYP intensive support services on a North and South Staffordshire basis.

3.5 Adult Autism Pathway

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.
A workshop is being scheduled for mid-October for Commissioners to identify current processes, pathways, models of care and concerns with the adult autism pathways.

4. Learning Disabilities Mortality Review (LeDeR) Programme

This work stream is now being led by East Staffordshire CCG and Rob Boland has been appointed as Project Manager for a 12 month secondment.

Chris Adams, Staffordshire and Stoke-on-Trent Transforming Care Programme Manager
Jenny Napier-Dodd, Work stream Lead/Quality Improvement Manager
Katie Emery, Programme Officer for Transforming Care
20th September 2017

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.